

Get Ready for the 65TH Annual Convention – Sept. 24-27

Siren

SUMMER 2013

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



EMS Documentation | Contractor Audits | Criminal Background Checks



CAA Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

CAA Mission

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

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Table of Contents

- 1 | **Chair's Message** | *Helen Pierson*
- 2 | **Executive Director's Report** | *June Iljana*
- 4 | **Legislative Update** | *Chris Micheli, Esq.*
- 6 | **Member News:** Governor Brown Announces Appointments; Hall Ambulance Service Names New Director of Media Services
- 7 | **EMS Law:** California EMS System Data Development and Core Quality Measures | *Dana Solomon*
- 8 | **CAA Elections:** 2013 CAA Elections – Slate of Candidates and Candidates' Statements
- 12 | **Feature Article:** Independent Contractor Audits Are On the Rise – What Can You Do to Protect Your Company? | *Krista M. Cabrera, Esq.*
- 14 | **Feature Article:** EEOC Issues New Guidance on Criminal Background Checks | *Spencer Harner, Esq.*
- 16 | **Feature Article:** Pregnancy Disability Leave 101 | *Mari Bradford*
- 17 | **Feature Article:** Onward to the Next Generation of EMS Documentation | *Jonathon S. Feit, MBA, MA*
- 18 | **65TH Annual Convention:** Schedule and Registration

Editorial Information

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

Chair's Message



Helen Pierson | *Chair of the Board*

Never a Dull Moment in the CAA

The California Ambulance Association has been providing value and benefits to members since its inception in 1947. At various times in our history we have had to devote more or less effort to different aspects of the association to keep up with the ever-evolving tide of issues our members face. Whether it's Medicare's change in administrative contractors, applying or reapplying for accreditation, bidding on RFPs, keeping up with advancements in technology or fighting for your cause at the Capitol, we truly never have a dull moment.

The most significant benefit is our advocacy on behalf of the private ambulance industry. The majority of our effort is devoted to identifying and addressing local, state and national regulatory issues that affect the ambulance industry. When policies are proposed that will make it more difficult for ambulance companies to serve their communities, as is very often true, we collect information and make our case against them. In addition, we identify needs within the ambulance industry and work proactively to see those changes made for the benefit of our members and their patients.

Whether we are sponsoring legislation or participating in committees and taskforces at the state level, we make sure the voice of our industry is heard and the impacts on our members are known by policymakers. Oftentimes our advocacy is successful, and sometimes we return to fight another day. A huge thank you to CAA Legislative & Agency Relations Committee Chair, Carol Meyer, and Legislative Advocate, Chris Micheli for their work in guiding us through the list of Senate and Assembly bills related to our business this year.

Another element of the Association's value is that of education. This requires keeping a vigilant eye on activity within the industry to spot trends and potential impacts, maintaining relationships with other industry stakeholders and regulators to ensure that we keep abreast of news and, of course, providing information to members that may impact how they serve their communities. Whether through the *Siren*, through our newly re-designed website, through member updates and alerts, through webinars, or through meetings and conventions, our goal is to ensure that our members know what is happening in EMS outside their own areas. Our Education Committee, led by Chairperson Jimmy McNeal, and greatly aided by June Iljana, Kim Ingersoll, and Jennifer Blevins, is putting the finishing touches on our Annual Convention with some great speakers and topics. I look forward to seeing you all there.

One of the less frequently mentioned benefits of membership in the CAA is access to discounts through our affiliates program. The CAA has agreements in place that offer savings to our members and benefits to the association. Since 1967, CAA members have been offered a 20% discount when they work with I.C. System, Inc. for receivables management. In addition, Ninth Brain EMS Management Software offers a 10% discount for new CAA-member customers. Many more partnerships are under development including savings on data service, fuel, printing, insurance, travel and more. For more information on the CAA affinity program, contact our Executive Director, June Iljana. She will be happy to tell you how you can take part in or take advantage of these great offers and get the most out of your CAA membership. 🌟

Executive Director's *Report*



June Iljana | *Executive Director*

CAA Board Votes to Approve Changes to Membership Categories

In a move intended to streamline the Association and focus on our core mission to represent private-sector ambulance providers, the Board of Directors has voted to approve changes to the CAA Bylaws affecting the membership categories. They are:

- The Out-of-State membership has been merged into the Associate Member category with no change to status or benefits.
- Not-for-Profit Public Ground Ambulance Services have been removed from the Associate Member category. This language was confusing in that it required non-profits to be public agencies to qualify. As always, non-profit ambulance services are invited to join the CAA as Active Members with full voting and office-holding privileges. Most already opt to do this.
- County or regional EMS agencies have been added to the Associate Member category. We welcome local EMS agencies to take part in the CAA to both provide and receive information important to effective administration of the EMS industry statewide.
- A new membership category for Non-Emergency Members has been created for services that are authorized or certified by their local EMS agency that don't provide or bill for emergency transports except when emergency transport is required due to disaster, mass casualty or mutual aid request. Entities that join under this category will have a reduced rate for dues. They will be able to serve on committees and a committee will be created to address issues specific to their needs, but they will not vote or hold office. Non-emergency providers will still have the option of joining the CAA as active members to receive full voting and office-holding privileges.
- A new category of membership has been created for Public Agencies. They will pay full dues and will have access to all information and discounts and they will be able to serve on committees, but they will not have a vote or hold office. This is consistent with the CAA's mission to represent private-sector ambulance services.
- There will no longer be an Honorary Membership. Instead, persons who have rendered distinguished service to the science and art of ambulance service, and whose names have been recommended by or to the Board of Directors and approved by a vote of 2/3 of the board, will receive Emeritus Recognition. They will continue to receive the Siren and will be recognized in the annual

Continued on page 3

Executive Director's Update

Continued from page 2

membership directory, however they will not be members of the Association and won't have a vote. They have the option to join the CAA as an associate or active member if they are working in the ambulance industry and wish to participate more fully in the CAA.

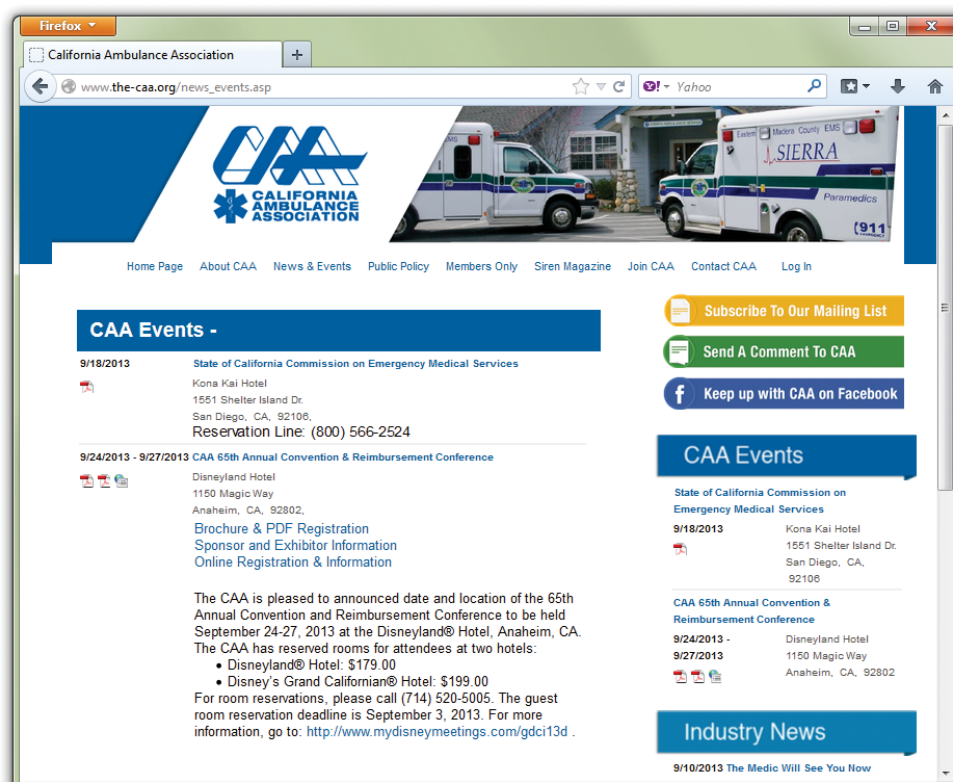
All of these changes will be implemented immediately for new members and in January for renewing members. As always, prospective members of the CAA are reviewed by the Ethics & Professionalism Committee which makes a recommendation to the board for approval. We will be contacting those who are affected by these changes over the next several months to facilitate the transition. The revised bylaws have been posted on the CAA website.

CAA Website is Up-To-Date and More Useful Than Ever

Speaking of our website, if it's been a while since you looked at the CAA website, it's time to visit. We've renovated to make it more organized, more updated, and more useful. We've added industry news that will be updated as frequently as news is available. In the member's only section of the website, we've added a list of bills the CAA is watching along with status, summaries and links, plus all of the letters

of support and opposition we've done this year. We've also created a comprehensive "Committees" section with a page for each committee including minutes of past meetings for the past year or so and upcoming agendas as available. In addition, all past Member Updates and Member

Alerts are posted for review. In addition, we have added buttons enabling visitors to send us comments, subscribe to our mailing list for general information, and a link directly to the CAA Facebook page where we post information of interest to ambulance service providers. ✱



CAA Statement on "Periodic Intervals" for Ambulance Provider Contracts

The Board of Directors of the California Ambulance Association has approved the following statement as the official position of the CAA regarding the "periodic interval" for competitive processes as required by Health & Safety Code Section 1797.224:

"The California Ambulance Association believes the state Emergency Medical Services Authority has an important role in oversight of local competitive processes for emergency ground ambulance transportation services to ensure that those processes support further development of an integrated statewide EMS system, as is consistent with their legislative responsibility. However, the CAA believes it was the intent of the legislature in creating

Health & Safety Code Section 1797.224, regarding competitive processes, that the local EMS agency retain authority for contracting in a way that, consistent with state law, best supports the goals and needs of the local EMS system and effectively meets the needs of the persons served. Therefore, CAA does not support establishing a universal regulatory time limit on local contracts but rather supports counties determining a contract duration or periodic interval that most responsibly meets the needs of their system, provides for competition, and ensures that providers will be encouraged to invest in infrastructure improvements that are necessary to produce improvements in service delivery and quality patient care." ✱



Legislative *Update*

Still a Long Way to Go

Chris Micheli | *CAA Legislative Advocate*

The CAA has been busy on behalf of the membership in the legislative and regulatory arenas during the first half of 2013 and we expect continued activity through the Fall to conclude the 2013 Legislative Session. There have been many bills and the state budget activities that have consumed our advocacy efforts in Sacramento and we have worked diligently to promote and protect CAA's members' interests.

Medi-Cal Provider Rates

As in the past few years, our primary focus this spring has been on efforts to increase Medi-Cal provider rates. This issue has had its ups-and-downs this year because of the legal, legislative and budgetary hurdles. For example, the federal courts have effectively upheld the State's 10% provider rate reduction. Anticipating this outcome, we joined a large coalition of providers pushing for AB 900 (Alejo) and SB 640 (Lara). Both of those measures had specific language to prevent the 10% provider rate reductions from taking effect. We anticipated that these measures would lead to serious budget negotiations to reverse or mitigate those rate reductions. Unfortunately, the Administration's strong opposition derailed these efforts to stop the provider rate reductions. We will work with DHCS on implementation of these reductions.

Legislation

AB 47 (Gatto)

Under the bill, the person responsible for a "swatting" call is guilty of an offense punishable by a fine not exceeding \$10,000, by imprisonment in a county jail not exceeding one year, if any person

sustained great bodily injury as a result of conduct arising out of and in the course of the police, sheriff, fire department, or emergency medical service dispatch. This bill would require, upon conviction, that the person shall also be liable for all reasonable costs incurred by any unnecessary emergency response. This bill would exempt from its provisions telephone calls made in good faith. CAA has been supporting this bill because the author agreed to our requested amendment to include EMS providers in the bill.

AB 355 (Cooley)

Existing law establishes the Emergency Medical Services Authority in the Health and Welfare Agency to administer a statewide system of coordinated emergency medical care, injury prevention, and disaster medical response. CAA is supporting this bill to appropriate \$1,000,000 from the General Fund to the EMSA to continue the Mobile Field Hospital program.

AB 633 (Salas)

Existing law provides that a health care provider is not liable for professional negligence or malpractice for any occurrence or result solely on the basis that the occurrence or result was caused by the natural course of a disease or condition, or was the natural or expected result of reasonable treatment rendered for the disease or condition. CAA has been working for several months with the author, opposition, several provider groups, the Civil Justice Association, and the California Chamber of Commerce on amendments to this bill, in order

to have the bill provide some level of immunity to employers when an employee provides voluntary emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency.

AB 902 (Gaines)

Existing law requires a person driving a vehicle on a freeway approaching a stationary authorized emergency vehicle that is displaying emergency lights, a stationary tow truck that is displaying flashing amber warning lights, or a stationary marked Department of Transportation vehicle that is displaying flashing amber warning lights, to approach with due caution and, before passing in a lane immediately adjacent to one of those specified vehicles, absent other direction by a peace officer, either proceed to make a lane change into an available lane not immediately adjacent to one of those specified vehicles, or slow to a reasonable and prudent speed that is safe for existing weather, road, and vehicular or pedestrian traffic conditions, as specified. CAA is supporting this bill to increase the fine for a violation of this law to a fine of not more than \$100.

AB 911 (Bloom)

The Warren-911-Emergency Assistance Act requires every local public agency to establish and operate a telephone system that automatically connects a person dialing "911" to an established public safety answering point through normal telephone service facilities. CAA is supporting this bill which would, commencing January 1, 2019, establish

Continued on page 5

Legislative Update

Continued from page 4

various requirements regarding 911 emergency call technology that would be applicable to operators of multiline telephone systems (MLTS).

AB 1333 (Hernandez)

Existing law authorizes the legislative body of a city, county, or district to enter into contracts for various services. CAA actively opposed this bill and helped defeat the measure in the Senate policy committee. It would have required a contract or memorandum of understanding with a total annual value of \$250,000 or more between a private party and a city, county, city and county, or district that contains an automatic renewal clause, the legislative body of the city, county, city and county, or district to, on or before the annual date by which the contract may be rescinded, adopt a resolution that either exercises or declines

to exercise the option to rescind the contract.

SB 191 (Padilla)

Existing law establishes the Maddy Emergency Medical Services Fund, and authorizes each county to establish an EMS fund for reimbursement of costs related to EMS. Existing law, until January 1, 2014, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. CAA is supporting this bill to extend the operative date of these provisions until January 1, 2021.

SB 556 (Corbett)

CAA has been working in opposition to this bill because it would impose unnecessary costs and burdens on private

EMS providers in this state. This bill would prohibit a person, firm, corporation, or association that is a nongovernmental entity and contracts to perform labor or services for a public entity from displaying on a vehicle or uniform a seal, emblem, insignia, trade, brand name, or any other term, symbol, or content that reasonably could be interpreted as implying that the labor or services are being provided by employees of the public agency, unless the vehicle or uniform conspicuously displays a specified disclosure. *



65TH Annual Convention & Reimbursement Conference

September 24-27, 2013 • Anaheim, CA

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Member News

Governor Brown Announces Appointments

Dan Burch, 47, of Turlock, has been appointed to the California Commission on Emergency Medical Services. Burch has been administrator at the San Joaquin County Emergency Medical Services Agency since 2005. He was a coordinator at Tuolumne County Emergency Medical Services Agency from 1997 to 2005 and a quality improvement coordinator at the Alpine, Mother Lode, San Joaquin Emergency Medical Services Agency from 1991 to 1997. Burch was a hospital corpsman 3rd class in the United States Navy from 1984 to 1986. He is president-elect of the Emergency Medical Services Administrators' Association of California. This position does not require Senate confirmation and there is no compensation. Burch is a Republican.

David Rose, 48, of Livermore, has been reappointed to the California Commission on Emergency Medical Services, where he has served since 2010. Rose has served in various positions at the Santa Clara County Fire Department since 1991, including fire captain-paramedic. He is a member of the California Professional Firefighters and is a former president of the Santa Clara Firefighters, IAFF Local 1171. This position does not require Senate confirmation and there is no compensation. Rose is a Democrat.

Eric Rudnick, 52, of Red Bluff, has been reappointed to the California Commission on Emergency Medical Services, where he has served since 2010. Rudnick has been medical director at Northern California Emergency Medical Services Inc. since 2010 and a consultant at the Rural Response Group since 2008. He has been medical director at the Santa Clara County Emergency Medical Services Agency Division of Public Health and an independent emergency medicine consultant since 2005. Rudnick served in multiple positions at Shasta Emergency Medical Group Inc. at the St. Elizabeth Community Hospital from 1996 to 2004 and at the Mercy Hospital Medical Center from 1993 to 2004. He is a member of the Emergency Medical Directors Association of California. Rudnick earned a Doctor of Medicine degree from the Medical College of Wisconsin. This position does not require Senate confirmation and there is no compensation. Rudnick is a Democrat. *

Hall Ambulance Service Names New Director of Media Services

Mark Corum Brings Wealth of Experience to New Position

Hall Ambulance Service Founder and President, Harvey L. Hall, is pleased to announce the appointment of Mark Corum as Director of Media Services. Under this newly developed position, Corum will take responsibility for carrying out Mr. Hall's vision with respect to Hall Ambulance's media relations and internal/external communications effort.

Corum brings over 25 years of media and strategic communications experience to his position including advertising, graphic arts, web design, and media relations.

Corum previously served 12 years (1996-2008) as Hall Ambulance's Public & Media Relations Director, where he received nationwide recognition for his passion to tell the story of emergency medical services. This devotion led to him being honored with the County of Kern EMS Department's Outstanding Performance in EMS Award in 2007.

In 2008, Corum ventured out on his own to start a communications business serving a select clientele that included Hall Ambulance Service, several ambulance companies outside of Kern County, and a few public safety associations. He also worked as a consultant for the California Ambulance Association (CAA) where he coordinated state-wide media coverage of the Association's Annual Stars of Life event; and produced the *Siren* newsletter.

"I am honored to be given the opportunity to return to Hall Ambulance Service, where I will be responsible for promoting and protecting the Hall Ambulance Service brand throughout Kern County."

Founded in 1971, Hall Ambulance Service, Inc. is the 9-1-1 paramedic provider of emergency medical services of these incorporated cities: Arvin, Bakersfield, California City, Maricopa, Shafter, Taft, Tehachapi, and the communities of Lamont, Frazier Park, Mojave, Rosamond, and Boron. *

Pending Members

Ramos Oil Co., Inc.
Commercial Member

Mercy Ambulance
Active Member

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

Cover photo credit: Mark Corum, Hall Ambulance Service, Inc.

Hall Ambulance Service, Inc. provides emergency medical transportation services for 87% of Kern County, California, including: 9-1-1 paramedic provider, critical care transport, and air ambulance services.

California EMS System Data Development and Core Quality Measures

Dana Solomon | *CAA Program Director*

The California EMS Authority (EMSA) is charged with collection and evaluation of statewide prehospital care data (CCR, Title 22, Div. 9, Ch. 4, Section 100147, 100169, 100170). EMSA is required to assess each EMS area, utilizing regional and local information, for “the purpose of determining the need for additional emergency medical services, coordination of emergency medical services and the effectiveness of such services” (HS 1797.174). The LEMSAs are required to plan, implement, and evaluate their local systems (HS1797.204). LEMSAs must submit data annually to EMSA as part of their EMSA-approved EMS Quality Improvement program.

In April 2012, EMSA received a grant from the California Health Care Foundation to review the existing California Emergency Medical Services Information System (CEMSIS), develop a set of EMS Core Measures, and engage local EMS agencies in working towards uniform reporting metrics. The timeline for completing the grant project was one year plus a three month extension granted by CHCF to enable more LEMSAs to submit data. The final report was due to CHCF by July 31, 2013.

“This process has allowed EMSA to make short and long term changes to our EMS data and information, to begin moving towards implementing new National EMS Information Systems (NEMSIS) data standards, and to position EMS to meet the challenge of integrating with electronic healthcare information systems,” said EMSA Chief Deputy Director Dan Smiley. “The development and implementation of EMS Core Measures was the first of its kind in the

nation and serves as the primary impact of this project.”

The California Ambulance Association was an active participant in this process as a member of EMSA’s Core Measures Task Force consisting of prehospital EMS providers, medical directors, local EMS agencies, hospitals and EMSA staff. The task force was asked to:

1. Assess the capacity of the California Emergency Medical Services Information System (CEMSIS) to deliver core performance measures.
2. Create a formal data system profile and written analysis to identify areas for data quality improvement and form an action plan to address the issues.
3. Work to reveal opportunities for both short-term and long-term data improvement plans.
4. Focus on achieving reliable measures that are high value and feasible within a short-term time frame.
5. Define and publish core measure sets for, clinical, response and transport for the entire state of California.
6. Submit data to the National EMS Information System (NEMSIS)
7. Conduct three training workshops for LEMSAs, EMS providers and Vendors.

How can you make sure that the information gathered in your response area is accurate?

- Electronic Pre Hospital Care reports (ePCR). If you are still using the hand written PCR, you will need to upgrade or continue to fall behind. Most ePCR

vendors are already preparing for NEMSAS 3.3.1. This year we hope to have several vendor’s at our California Ambulance Association Convention in September in Anaheim.

- Be sure you and your LEMSAs are on the same page. I can’t stress enough how important this is! Remember, they are working through some adjustments and upgrades as well.
- Make sure that you send your Clinical Care Coordinator, Quality Assurance Officer or whomever is responsible for your data collection and submission to one of several data system change rollout sessions in September. These are the dates and areas so far.

San Francisco > Thursday, September 5th

Sacramento > Monday, September 9th

San Diego > Wednesday, September 11th

Los Angeles > Thursday, September 26th

Bakersfield > Monday, September 30th

EMSA will also attempt to have one, along the central coast and another in Northern California. Specific times and Locations will be posted on the EMSA website.

Finally, when you review the final report to the California Health Care Foundation, remember the data collected was all retrospective and collected in a variety of different ways. Thus, it is very difficult to do any kind of verification or comparison with this retrospective analysis. The goal here is to have everyone on the same page, submitting the same data, using the same core measures and doing it in a much timelier manner. Please be proactive in this endeavor! 🌟

2013 CAA Elections Slate of Candidates

CAA active members have received their official ballots for the 2013-2014 California Ambulance Association elections. Active members are eligible to vote for candidates seeking election as Officers of the Association, Directors of the Board and members of the Ethics & Professionalism Committee.

In accordance with the bylaws, elections are conducted by mail only no later than August 27, 2013 with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on September 26, 2013 at the Disneyland® Hotel, Anaheim, CA. This gives every active member the opportunity to exercise their right to vote whether or not they are present at the Annual Membership Meeting.

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

Following are nominees for election to serve the CAA during its 2013-2014 operating year. Candidates were formally ratified by the Board of Directors during a conference call held on August 22, 2013. Results will be announced during the Annual Meeting of the Membership which will be held on September 26, 2013 at the Disneyland® Hotel, Anaheim, CA. *

Thank you for your time and participation in the CAA!

California Ambulance Association 2013-2014 CAA Elections — SLATE OF CANDIDATES —

NOMINEES FOR THE BOARD OF DIRECTORS (four positions, two-year terms):			
<input type="radio"/>	Helen Pierson	Medic Ambulance Service, Inc.	Vallejo, CA
<input type="radio"/>	Alan McNary	American Legion Post #108 Ambulance	Sutter Creek, CA
<input type="radio"/>	Richard Agotti	St. Joseph's Ambulance Service	San Rafael, CA
<input type="radio"/>	Bob Barry	Care Ambulance Service, Inc.	Orange, CA
NOMINEES FOR THE ETHICS & PROFESSIONALISM COMMITTEE (two positions, two-year term):			
<input type="radio"/>	Byron Parsons	First Responder EMS, Inc.	Chico, CA
<input type="radio"/>	Rick Roesch	Mercy Medical Transportation, Inc. & McCormick Ambulance	Mariposa, CA & Hawthorne, CA
NOMINEES FOR OFFICER POSITIONS (one-year term for each position):			
CHAIR:			
<input type="radio"/>	*Helen Pierson	Medic Ambulance Service, Inc.	Vallejo, CA
VICE CHAIR:			
<input type="radio"/>	*Alan McNary	American Legion Post #108 Ambulance	Sutter Creek, CA
SECRETARY/TREASURER:			
<input type="radio"/>	*Eb Muncy	Desert Ambulance Service	Barstow, CA
* Must be elected to the Board of Directors to be qualified to hold the position of officer of the Board of Directors.			

Continued on page 9

CAA Elections

Continued from page 8

Candidates for Director/Officer Positions



— Helen Pierson —

Medic Ambulance Service, Inc.
Vallejo, CA

Candidate for Director

*[must be elected to Board of Directors to qualify to hold office of Chair]
(One-Year Term)*

Candidate for Chair
(One-Year Term)

I have been proud of serving as a member on the Board of Directors for the last six years. Currently, I have had the privilege of being the Chair of the Board of Directors and my past experiences have been Chair of the Education Committee, Secretary/Treasurer and Vice Chair of the Board of Directors. These responsibilities gave me a wonderful opportunity to meet our members and learn more about the legislative side of our ambulance industry. It is fantastic to see our association growing and reaching out to all the private ambulance companies that serve this great state. One of the many things I have learned is that if we expect to be heard in Sacramento we need to be ONE voice and need the support of all of our members. It is

my goal to assist the Executive Director and the Board of Directors in reaching out to as many pre-hospital care providers with the opportunity to join our association so we can increase our membership. As a co-owner of Medic Ambulance Service since 1988 I have had the exposure to different aspects of the EMS industry and how it can affect your company's business. I believe educating our members in this ever changing industry of reimbursements is important. Our industry will see a lot of changes in the future and keeping our members informed and prepared needs to be one of our priorities as an association. I am proud to say I have been an active member of our association in formulating informative Annual Conventions. Your kind consideration to vote for me for another year as your Chair would be greatly appreciated. *

to provide the citizens of our State the best care possible, we in the EMS profession must continue to provide the best education to our fellow workers, provide state of the art equipment and continue to push for better reimbursement.

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

As past Chair of Ethics & Professional committee, I worked on revising and updating the Bylaws and Policies & Procedures of the CAA.

As current Vice Chair and past Chair of Ethics & Professionalism committee, I have seen the CAA progress like never before. Right now, the CAA is stronger than it ever has been and has a voice that is heard on the state level. I contribute this to our Executive Director, management team and my fellow Board Members. I am excited about the CAA and proud to be part of the leadership team.

As part of the leadership team of the CAA, we must continue to grow and be recognized as the leader in ground ambulance transportation. *



— Alan McNany —

American Legion Post #108 Ambulance
Sutter Creek, CA

Candidate for Director

*[must be elected to Board of Directors to qualify to hold office of Vice-Chair]
(One-Year Term)*

Candidate for Vice-Chair
(One-Year Term)

I have been in the EMS industry for over 24 years and I am very enthusiastic when it comes to EMS. With a strong desire

Continued on page 10

CAA Elections

Continued from page 9



— Eb Muncy —

Desert Ambulance Service
Barstow, CA

Candidate for Secretary/Treasurer
(One-Year Term)

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

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

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

I am 59 years old. I have been married for 41 years. I have two children and 5 grandchildren. *



— Bob Barry —

Care Ambulance Service, Inc..
Orange, CA

Candidate for Director
(Two-Year Term)

It has been my pleasure to serve you this past year as a member of your Board of Directors of the CAA and I thank everyone for the support you have given me and my colleagues this year. The CAA has been very active in researching and developing positions on several key issues that we are going to need to stay engaged, attentive, and focused on.

These include new rules and regulations that effect EOA's and .201/.224 rights, the implementation of AB678 and the potential GEMT reimbursement for fire agencies, and the implementation of Health Care Reform with the many mandates, regulations, and many unknowns.

Your current Board of Directors has worked extremely well together and will continue to face these challenges in the year ahead.

I again ask for your support and vote as your Board of Director. I feel I can continue to bring continuity and direction to the leadership of the CAA, and continue the work we have mapped out for the coming year. *



Richard Angotti

St. Joseph's Ambulance Service
San Rafael, CA

Candidate for Director
(Two-Year Term)

I have been on the CAA Board of Directors for four years now and previously, I was the Chair of the Ethics and Professionalism Committee. Throughout these years, I have always put the best interest of the membership first in my discussions and voting as a board member. As an ambulance service owner and having had to navigate all aspects of the ambulance business, I feel my experience and personal ethics have been of great value to the association. The California Ambulance Association has always been a part of my life as my father was President of the association nearly fifty years ago. I personally grew up with many generations of ambulance service industry leaders. I hope you put your trust in me to represent you at the table for the next two years. Thank you for being a member of the California Ambulance Association. *

Continued on page 11

CAA Elections

Continued from page 10

Candidate for Ethics & Professionalism Committee



Byron Parsons
First Responder EMS, Inc.
Chico, CA

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

I started my career in EMS as an EMT-1A in 1978, the same year I graduated from High School. I worked my way through school and received my AA degree in Paramedicine from Butte College in June of 1981. I have worked my entire adult life in EMS, first as an EMT-1A, then as a Paramedic, and the last 25 years as the CEO of an ambulance company. My wife Louwane and I have three daughters, Ellie (22), Emma (20), and Claire (17). I believe the California Ambulance Association is now in the best position in its history to represent the independent ambulance providers of California, and accomplish the changes that the industry will need to progress and excel into the future. I am grateful to the current Board of Directors for all of the hard work, service, and difficult decisions made on behalf of the Association. It will take continued support, dedication and volunteerism of the membership to continue the positive direction the Association has taken. I would be honored to serve the Association on the Ethics and Professionalism Committee. Thank you for your consideration. *



Rick Roesch
Mercy Medical Transportation Inc.
Mariposa, CA
McCormick Ambulance
Hawthorne, CA

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

I am running for office due to the fact that Private Providers are getting attacked on a daily basis in this State and we have to do something about it! I will do my best to promote Private Ambulance Providers in this State!

My first job in EMS was in 1979 as Controller for ILS in Hawaii. After that I received my CPA in 1984. I have been an owner since 1987 of several different ambulance services in the State and also in Hawaii.

Vote for me and I will do my best to further the cause of Private Ambulance Providers. *

CAA Membership is a Business Essential

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

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Independent Contractor Audits Are On the Rise – What Can You Do to Protect Your Company?

Krista M. Cabrera, Esq. | *Foley & Lardner LLP*

For years EMS providers (along with other types of employers) filled in employment gaps by using independent contractors, interns and even volunteers to perform various work functions. Until recently, employers utilized such non-employee labor without worry. However, in recent years, the Department of Labor (“DOL”), the Internal Revenue Service (“IRS”), state agencies, and the courts have become increasingly aggressive in their efforts to enforce laws regulating use of such non-employee labor. The uptick in enforcement efforts is a result of state and federal government agencies looking for opportunities to enhance their revenues. In fact in an unprecedented move, the IRS, the DOL and several related state agencies recently joined together and agreed to cooperate and share information regarding audits and investigations into employee misclassifications. This means that if the IRS conducts an audit, determines a provider misclassified employees as independent contractors and holds the employer liable for years of back taxes and penalties, the DOL may soon knock on that same provider’s door, perform its own audit and find the provider also is liable for unpaid wages and penalties. State agencies could follow next.

Last year the DOL conducted the largest number of investigations in recent history, collecting the most back wages it has collected to date (more than \$280 million). Notably, many of these enforcement efforts have been directed at the healthcare industry. With that sentiment in mind, this article examines the three most common non-employee classifications and examples of the rules the various enforcement agencies apply to each.

Independent Contractors:

Each agency that examines independent contractor classification uses its own unique test. Thus, there is no single bright line rule for employers to follow in making determinations regarding independent contractor status. For example, the DOL generally follows U.S. Supreme Court precedent to focus on the “economic reality” of the situation in determining whether a person is properly classified as an independent contractor. This view takes into account the extent to which the worker’s services are an integral part of the employer’s business (if the worker’s duties serve an important function for the company, it is more likely the person is an employee and not an independent contractor), the permanency of the relationship, the amount of the worker’s investment in facilities and equipment, the nature and degree of control by the principal (including who decides on what hours will be worked and who sets the pay rate), the worker’s opportunities for profit and loss, and the level of skill required in performing the job.

The IRS, on the other hand, applies a general rule that an individual is an independent contractor if the payer has the right to control or direct *only the result* of the work and not what will be done and how it will be done. The IRS examines many factors in making this assessment including whether the worker is evaluated or directed in job duties, whether expenses are reimbursed, whether the worker is paid hourly versus a flat fee, whether the worker receives benefits, and the permanence of the relationship.

To add even more confusion, courts have employed various different tests to determine independent contractor status, and state agencies utilize their own tests as well. Rather than attempting to determine whether the elements of each of these various tests are met, an employer should to look at the entire relationship with its independent contractors and consider the degree or extent of the right to direct and control the work. Generally speaking, the less control the employer exerts over the worker, the more likely the worker will be considered an independent contractor. In general, an employee (as distinguished from an independent contractor) is dependent on the business that he serves while an independent contractor typically performs work on his own terms, sets his own hours, uses his own equipment, performs work in which he has special expertise, and is hired to perform a specific project, for a finite time period, that is unrelated to the central business of the company. While each situation must analyzed based on the specific facts involved, looking at these general guidelines can help a provider to make an informed decision regarding classification of workers.

Unpaid Interns:

It should come as no surprise that the DOL is closely scrutinizing the use of unpaid interns as well. The DOL applies a six-part test to decide whether a worker is properly classified as an unpaid intern versus an employee. First, the internship must be similar to training the intern would receive from an educational institution. This means that the internship should be structured around a

Continued on page 13

Feature Article

Continued from page 12

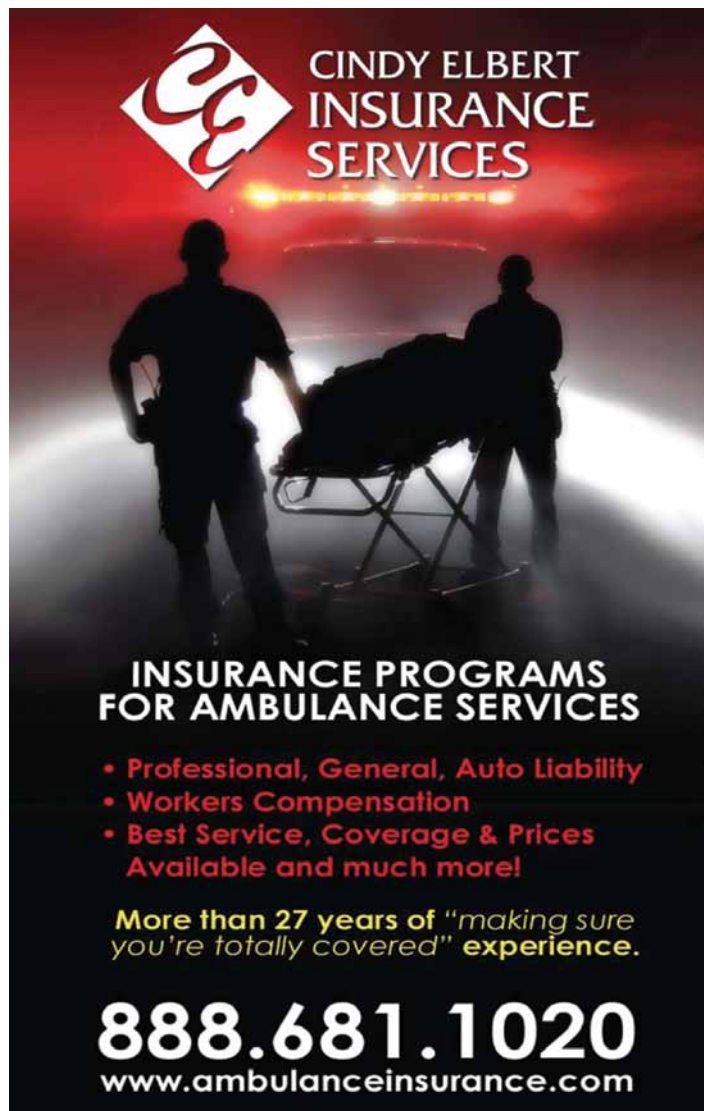
classroom or educational environment. Second, the internship should benefit the intern as opposed to the employer – a red flag is raised in a situation where the employer relies on the intern to do the company's work. Third, the intern must not displace existing employees. Thus, employers should be very careful about bringing in interns on the heels of a lay-off, and you should not use interns to augment your workforce. Fourth, the employer should not receive any advantage from using the intern and in fact a showing that the employer's operations are sometimes impeded by training the intern is good evidence of a true internship. Fifth, the intern should not be entitled to a job at the end of the internship. Therefore, providers should not use internships as trial periods for employment. Finally, the employer and the intern must understand that the intern is not entitled to wages.

Volunteers:

Under federal law employees may not volunteer services without pay to for-profit, private sector employers. Thus, unless your company qualifies as a non-profit, you must not allow people to "volunteer" to perform work without pay.

Conclusion:

Because misclassification violations implicate a wide range of laws and frequently involve multiple workers, they can represent significant liability for employers. Therefore, providers using independent contractors or other non-employee workers must ensure that these workers are properly classified. Among other things, this means making sure that when you classify a worker as an independent contractor, you are prepared to prove that your classification decision is warranted under all of the relevant laws, including but not limited to the Fair Labor Standards Act, state wage and hour laws, workers' compensation statutes, and the state and federal tax codes. *



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EEOC Issues New Guidance on Criminal Background Checks

Spencer Hamer, Esq. | Michelman and Robinson, LLP

The Equal Employment Opportunity Commission (EEOC) issued an updated enforcement guidance regarding employers' ability to consider candidate criminal records in hiring decisions. The EEOC's previous guidance was issued over two decades ago, when conducting criminal background checks was more difficult. The new guidance, according to the EEOC, is necessary for the electronic age.

According to the EEOC, a company that rejects all candidates with criminal records could be discriminating against certain minority groups, as some statistics suggest that these minority groups are convicted of some crimes at a rate higher than their percentage of the overall population. The EEOC believes that such a blanket ban could result in unlawful discrimination under the "disparate impact" theory of discrimination recognized by courts under federal and state anti-discrimination law, including California law.

Under disparate impact theory, employers can be found liable for discrimination without a plaintiff having to show proof of intentional discrimination, and based on statistical evidence alone. Regardless of their opinions on whether this legal theory is just, employers must accept the reality of the potential for liability in this area.

The guidance also expresses concern over the potential for background check errors. According to the EEOC, some data suggests that background screening companies mismatch people and records, (especially

people with common names), omit crucial information (for example, a person is arrested but then found innocent), reveal sealed or expunged information, provide misleading information, such as a single charge listed multiple times, and misclassify offenses, such as reporting a misdemeanor as a felony.

The EEOC recommends that employers allow applicants to explain results and discrepancies, and also suggests that employers objectively weigh the date of the offense, as well as its severity and relevance. If a candidate is denied employment based on a criminal record, the employer must show that the record directly conflicts with, or introduces, danger to the specific job for which the candidate was considered.

This guidance, if relied on by a court, will make it generally unlawful for an employer to implement a blanket ban on candidates with criminal records, with arguably minor exceptions in certain jobs and industries that prohibit hiring individuals with criminal records (e.g., nurses, teachers, day care providers, etc.) Under the new guidance, however, if an employer's policy is not job related and consistent with business necessity, the fact that it was adopted to comply with state law would not shield the employer from liability.

While the guidance does not have the same legal effect as a federal statute passed by Congress, it will be relied on by federal and state courts evaluating allegations of criminal background check discrimination.

The guidance makes the following recommendations about employer best practices:

- Eliminate policies or practices that exclude people from employment based on any criminal record;
- Train managers, hiring officials, and decisionmakers about anti-discrimination laws;
- Develop a narrowly-tailored written policy and procedure for screening applicants and employees for criminal conduct;
- Identify essential job requirements and the actual circumstances under which the jobs are performed;
- Determine the specific offenses that may demonstrate unfitness for performing such jobs;
- Identify the criminal offenses based on all available evidence;
- Determine the duration of exclusions for criminal conduct based on all available evidence;
- Include an individualized assessment;
- Record the justification for the policy and procedures;
- Note and keep a record of consultations and research considered in crafting the policy and procedures;
- Train managers, hiring officials, and decision makers on how to implement the policy and procedures consistent with anti-discrimination law;

Continued on page 15

Feature Article

Continued from page 14

- When asking questions about criminal records, limit inquiries to records for which exclusion would be job related for the position in question and consistent with business necessity; and
- Keep information about applicants' and employees' criminal records confidential. Only use it for the purpose for which it was intended.

Additional recommendations include:

- Before rejecting a candidate based on a criminal background check, make sure that the information is accurate. Also, make sure that the information creates a danger or direct conflict with the job duties at issue;
- Consider giving the candidate an opportunity to explain the information,
- making sure not to violate applicable law (for example, California law) about permitted areas of inquiry into criminal background;
- Be willing to consider good faith efforts by the applicant to rehabilitate;
- Consider the risks to other employees and your clients, and the obligation to maintain a safe workplace;
- Ensure that the background check provider understands and complies with all applicable law. Both federal and California law have specific limitations on what records can be inquired about and accessed – make sure your provider is familiar with these laws; and
- Give your provider a copy of the EEOC guidance and ask what steps they have taken to ensure that their practices are in compliance with its recommendations. ✱

Spencer Hamer, Esq. is a partner at Michelman and Robinson, LLP and a member of the Firm's Labor & Employment Department. Spencer provides counseling to employers on a variety of matters, including handbooks, anti-harassment policies, employment agreements, wage practices, discipline and discharge, management training, and workplace investigations. In addition, he routinely handles matters involving discrimination, harassment, breach of contract, family medical leave, individual and class action wage and hour disputes, unfair competition/ trade secrets, wrongful termination, privacy rights, and traditional labor law (NLRA).

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M&R healthcare attorneys **Kevin Warren** and **Andrew Selesnick** can be reached by phone at **(818) 783-5530** or by email at **kwarren@mrlp.com** and **aselesnick@mrlp.com**.

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Pregnancy Disability Leave 101

Mari Bradford | California Employers Association

You have suspected it for a while and *finally* your employee has told you that they are pregnant and will need to take time off to care for their baby. When an employee comes to you to request a leave of absence, it can be pretty overwhelming! What laws do you follow, how much time do I have to give them off, what about benefits, etc.?!?!? Depending on the size of your business, you will have certain laws that you need to follow. There are more than 300,000 babies born each month in the United States, so it is imperative that businesses be prepared for all of these new arrivals – one such rule is the Pregnancy Disability Leave (PDL) law for California employees.

If you have five or more employees on your payroll then your business is covered by PDL. If your employee headcount has fluctuated, you may still be covered by PDL. The law states that if an employer has had five or more employees in 20 consecutive weeks in this year or the preceding calendar year, you are also required to follow PDL guidelines. Employees who are covered by PDL are eligible to take the leave from the first day of employment – there is no waiting period or minimum number of hours an employee must work for you before they are eligible to take leave.

In order to be eligible for PDL as stated in the provision of the law, an employee must be “unable to perform any one or more of her essential job functions with undue risk to herself, the successful completion of her pregnancy or to other persons.” This means that a health care provider must certify that the employee is unable to perform her job functions; it does not mean that the employee walks in one day and says ‘I want six months off and you have to give it to me’.

When an employee qualifies for PDL, they are eligible to take up to four months or the equivalent of 88 work days. These guidelines are for an employee who works full-time, so if you have an employee who only works in your office 2 days a week, they would only be eligible for a prorated amount of PDL.

As with all leaves, you may require employees to provide certification from a healthcare provider that states the following information; 1) the leave is required due to the fact that the employee is unable to work all or some of the essential functions of the job, 2) the date disabled by pregnancy and 3) the expected duration of the leave. You can only ask this of an employee requesting PDL if you request it of all other employees. You do not want to single an employee out just because they are pregnant and ask them to provide documentation that you do not require other employees to provide.

The employee should give you at least 30 days notice when their leave will begin unless due to lack of knowledge of when the leave or transfer will begin because of a change in circumstances or because of medical emergencies, then as soon as practical.

You should review your employee handbook to check to see if you include language regarding notice requirements since you must inform employees what type of notice you require. Once you have a handbook, you are required by law to include information regarding PDL as well as any other leaves your employees are covered under. If you have not updated your handbook lately, now is the time to contact CEA to order the Sample Employee Handbook. All of the language that is required regarding PDL, notice requirements and other leave regulations is already written for you and ready to be shared with your employees.

PDL is an unpaid leave - you are not required to continue an employee's salary while they are on PDL. You may require an employee to use sick time while they are on PDL, but you cannot require them to use their vacation or PTO. If an employee would like to use their accrued vacation or PTO they may, but you cannot require them to use it or automatically pay it out to them while they are on leave without their approval. If you provide medical benefits to your employees, you are required to continue paying their benefits at the same level when they are on PDL.

If you have more than 50 employees in your business, then you will also need to follow the guidelines regarding FMLA (Family Medical Leave Act) and CFRA (California Family Rights Act). Employers who fall under a collective bargaining agreement (CBA) or are part of a public sector agency may also need to follow FMLA/CFRA guidelines, be sure to check with your HR representative or appropriate contact to determine which leave laws you must follow.

Once an employee has finished their PDL, you can request that they provide you with a note from their medical provider stating that they are able to return to work and are released from disability.

Upon the completion of PDL, the employee must be returned to their same or comparable position at the same pay they were receiving before they left.

There are very limited circumstances in which an employee may not be returned to their former position. If you have experienced a reduction in force during the employee's leave

Continued on page 17

Feature Article

Continued from page 16

of absence and their position would have been eliminated regardless of status, you may have legitimate grounds for termination.

If there is a not a request for a reasonable accommodation due to a medical condition or other disability, you are not required to honor a request for a different job, schedule or to extend their leave. Requests to return to a different position, work new hours, reduce their hours, etc. should be handled just like any similar request from another employee.

We strongly encourage you to contact CEA or consult legal counsel before you make any employment changes for an employee on a leave of absence.

Making Sense of It All

We know how confusing all of these laws can be, and that is where we come in. We are CEA, the California Employers Association. CEA is a not-for-profit human resource employers association that serves over 9,000 businesses throughout California. CEA is committed to providing our members with the information, clarity, and perspective they need to perform in today's business environment.

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For more information or assistance please call CEA at 800.399.5331 and visit our website at: www.employers.org. *

Onward to the Next Generation of EMS Documentation

Jonathon S. Feit, MBA, MA | Beyond Lucid Technologies, Inc.

If you're reading this, you know that emergency medical service is a hands-on profession; no one needs to tell you that care takes place at the patient's side, not back at base. Yet the tool that most EMS agencies across the country use to document patient transports – namely, the patient care record (PCR), whether on paper or electronic – is typically completed after-the-fact, back at base or on the side of the road between calls. This dynamic makes the PCR, in its current form, fundamentally an accounting document; it arrives too late into the hospital ED to offer significant clinical benefit. California is changing that, placing EMS where it belongs: at the center of the emergency healthcare system.

If EMS documentation can reach the ED while the rig is still in the field, then everyone tied to the patient's care can be notified about the patient's condition in advance of arrival at the hospital. This can be done today (*my own company makes it possible*), and the California EMS Authority's plan turns PCRs into the first

link in a chain known as a prehospital health information exchange (HIE). In a prehospital HIE, medics in the field will be able to look up patients' past medical histories, demographic information, billing and insurance details, and contact details, to provide more informed care – and then “close the loop,” sending PCRs into a hospital-based electronic health record (EHR), for dispersal to the myriad doctors and nurses who will provide subsequent care and need to know about the patient's condition.

Data is the currency of the realm.

CalEMSA's plan hinges on providers submitting PCRs digitally, so the it has mandated a shift from paper records to electronic ones (ePCRs) by the end of 2014. (The target date of December 31, 2014, includes not only a shift to ePCR, but specifically to a vendor that is compliant with version 3 of the National EMS Information System, for compatibility with hospital-side EHRs). This deadline corresponds to shifts happening elsewhere in the healthcare system under Obamacare. The City of Glendale

summarized these changes in a City Council Report on February 5, 2013: “The Federal Government has mandated that all medical records in the United States be converted to electronic format by 2014 ... Fire Departments have been working diligently on resolving this requirement in the most cost effective manner... reviewing Electronic Patient Care Reporting (ePCR) system in conjunction with the fire service, public health, participating hospitals, and county DHS [Dept of Homeland Security].”

As agencies undertake the shift toward ePCRs, it is essential that they remember to keep in touch with their local EMSA agency (LEMSA). To ensure statewide data compatibility – and that the state doesn't have to track down each individual EMS agency to fix what may turn out to be a minor technical issue with one report or another – ePCRs must be submitted to the state via the LEMSA. From there, they will be sent into the state's data repository, which is managed by ICEMA, a LEMSA in Southern California. *

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— Schedule of Events —

(Schedule Subject to Change)

Tuesday, September 24, 2013

11:30 am – 12:30 pm

Golf Check-In

12:30 pm

Annual Ray Lim Memorial Golf Tournament
Coyote Hills Golf Course
(shotgun start, box lunch)

Wednesday, September 25, 2013

8:00 am – 5:00 pm

Registration

9:30 am – 10:00 am

CAAPAC Committee

10:00 am – 11:00 am

Legislative & Agency Relations Committee

11:00 am – 12:00 pm

Membership Development & Services Committee

12:00 pm – 1:00 pm

Lunch – On Your Own
E & P Committee (closed meeting)

1:00 pm – 2:00 pm

Education Committee

2:00 pm – 5:00 pm

Board of Directors Meeting
This is an open meeting and everyone is welcome.

5:30 pm – 6:30 pm

Welcome Reception & Golf Awards

6:30 pm – 8:00 pm

Welcome Dinner with Special
Guest State Senator Mimi Walters

Thursday, September 26, 2013

7:30 am – 4:00 pm

Registration

7:30 am – 5:00 pm

CAA Marketplace

7:30 am – 8:30 am

Continental Breakfast in the CAA Marketplace

8:30 am – 9:30 am

Welcome & General Session: Patient Safety in EMS
Baxter Larmon, PhD, MICP
UCLA Center for Prehospital Care

9:30 am – 10:45 am

EXECUTIVE TRACK:

Polishing up the Brass: Ambulance Service Accreditation
Sarah McEntee – Commission on Accreditation of Ambulance Services
John Surface – Hall Ambulance Service, Inc.
Helen Pierson – Medic Ambulance Service, Inc.

REIMBURSEMENT TRACK:

Reimbursement: Getting Paid (and Keeping Your Money)
Andrew Selesnick, Esq. – Michelman & Robinson, LLP
Damaris Medina, Esq. – Michelman & Robinson, LLP

10:45 am – 11:15 am

Break in the CAA Marketplace

11:15 am – 12:30 pm

EXECUTIVE TRACK:

Political Capital: Are You Fully Invested?
Larry Moxley – Moxley International

REIMBURSEMENT TRACK:

Medicare Update - MAC Transition
Tammy Ewers – Noridian Healthcare Solutions LLC

Thursday, September 26 continues on next page

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— Schedule of Events —

(Schedule Subject to Change)

Thursday, September 26, 2013

12:30 pm – 2:00 pm

Opening Lunch & General Membership Meeting
Includes Legislative Update, Federal Lawsuit
Update and State Senate Candidate Jose Solorio
Chris Micheli – Aprea & Micheli
Kevin Warren – Michelman & Robinson

2:00 pm – 3:15 pm

EXECUTIVE TRACK:

Integrating Tactical EMS with Conventional EMS
Dave Rathbun – Georgia Health Sciences University, Center for Operational Medicine

REIMBURSEMENT TRACK:

Understanding the Federal Enforcement Task
Force Operating in Southern California
R. Michael Scarano, Esq. – Foley & Lardner LLP
Pamela Johnston, Esq. – Foley & Lardner LLP
Linda Kontos – United States Attorney's Office
Anderson Smithe – FBI

3:15 pm – 3:45 pm

Break in the CAA Marketplace

3:45 pm – 5:00 pm

EXECUTIVE TRACK:

Critical Pathways to Control Financial Challenges
Gary L. Jarvis, Jr. – Care West Insurance Risk Management, LLC

REIMBURSEMENT TRACK:

Medi-Cal Claims Processing Update and Medi-Cal
Recovery Audit
Therese Calcagno – Xerox State Healthcare, LLC
Amy Becerra – HMS

6:00 pm – 7:00 pm

Chair's Reception

7:00 pm – 10:00 pm

Annual Chair's Banquet & Awards

Friday, September 27, 2013

8:00 am – 12:00 noon

Registration

8:00 am – 9:00 am

Continental Breakfast

8:00 am – 8:45 am

MEMBERS ONLY SESSION:

Member-Only Roundtable Discussion:
Implementation of AB 97 Medi-Cal 10% Provider Cuts.
June Iljana – Executive Director, California Ambulance Association

8:45 am – 9:00 am

CAAPAC & Passport Prize Drawing

9:00 am – 10:30 am

EXECUTIVE TRACK:

Implementing the Ground Emergency Medical
Transportation Supplement
Scott Clough – Sacramento Metropolitan Fire District

REIMBURSEMENT TRACK:

5 Things Government Payors Don't Want You to Know (#1)
Ed Norwood – ERN/The National Council of Reimbursement Advocacy

10:30 am – 10:45 am

Break

10:45 am – 12:00 noon

EXECUTIVE TRACK:

Bras, Boyfriends, Tattoos and HR Trivia
Kim Parker – California Employers Association

REIMBURSEMENT TRACK:

5 Things Government Payors Don't Want You to Know (#2)
Ed Norwood – ERN/The National Council of Reimbursement Advocacy

12:00 noon Convention Adjourns – Thank You For Attending!

CAA 65th Annual Convention, Sep. 24-27, 2013 — REGISTRATION FORM

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FULL REGISTRATION

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After September 13, 2013:

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After September 13, 2013:

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Welcome Reception & Dinner (9/25/13):

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Opening Lunch (9/26/13):

Qty. _____ @ \$40 each = \$ _____ Total **M-2**

Chair's Reception/Banquet (9/26/13):

Qty. _____ @ \$80 each = \$ _____ Total **M-3**

Welcome Reception & Dinner (9/25/13):

Qty. _____ @ \$125 each = \$ _____ Total **M-1**

Opening Lunch (9/26/13):

Qty. _____ @ \$80 each = \$ _____ Total **M-2**

Chair's Reception/Banquet (9/26/13):

Qty. _____ @ \$160 each = \$ _____ Total **M-3**

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Raymond Lim Memorial Golf Tournament (9/24/13):

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Raymond Lim Memorial Golf Tournament (9/24/13):

Qty. _____ @ \$270 each = \$ _____ Total **S-1**

TOTAL REGISTRATION FEES = \$ _____

Please print or type all attendee names (even if they're only attending social functions) as they should appear on each name badge. Indicate the type of registration for each person (A-1, A-2, etc.) and the social activities each person will attend (S-1, S-2, etc.):

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E-mail

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

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CAA Headquarters

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833

(916) 239-4095 - phone • (916) 924-7323 - fax

www.the-caa.org • info@the-caa.org

AD SIZES AND RATES

Ad Size (WxH)		1x Rate	4x Rate
2 Page Spread	(16"x9½")	\$1,000	\$900
Full Page	(8½"x11")	\$750	\$675
¾ Page	(5"x10")	\$450	\$405
½ Page Horizontal	(7¼"x4½")	\$400	\$360
½ Page Vertical	(3½"x9¼")	\$400	\$360
¼ page	(3½"x4¼")	\$200	\$180
Business Card	(3½"x2¼")	\$150	\$135

PLEASE NOTE: if the artwork you provide does not conform to the above specifications, we reserve the right to alter the ad to fit these dimensions.

Unless otherwise stated, ads for this publication will be printed in **Full Color**.

ARTWORK SPECIFICATIONS

Please submit ads digitally where possible (PC format, not Mac) either on CD, or via E-mail. Such electronic submissions should be in EPS, TIF, or PDF format, including all fonts where applicable, and should be compatible with Adobe Photoshop, Illustrator, PageMaker, InDesign, or Acrobat. We will also accept camera-ready (printed) full-sized images suitable for scanning, at either 133 or 150 line screen. Please see above for specific ad sizes and dimensions. Artwork should be E-mailed to "Advertising c/o **CAA**" at info@the-caa.org or mailed to:

Advertising c/o **CAA**
2520 Venture Oaks Way
Suite 150
Sacramento, CA 95833

I will be submitting my ad:

- ☐ Camera-ready by mail
☐ Digitally on disc ☐ Via E-mail
☐ I need assistance designing a new ad
(we will discuss design rates separately)

PAYMENT TERMS

Advertisers are billed after their ad appears. A frequency discount is given to those who agree in writing (ie. this signed contract) to advertise in every issue of the calendar year, or in an equal number of consecutive issues. If the written agreement is not fulfilled, the advertiser is liable for the one-time rate charges. Advertisers who submit an ad contract but fail to submit artwork by the publication deadline will be invoiced.

CONDITIONS

- Advertisers and advertising agencies are liable for all content (including text, representations, and illustrations) of advertisements and are responsible, without limitation, for any and all claims made thereof against **The Siren**, the association, its officers, agents, or vendors.
- No advertiser is guaranteed placement, but every attempt will be made to provide the desired position.
- Publisher reserves the right to revise, reject or omit any advertisement at any time without notice.
- CAA** accepts no liability for its failure, for any cause, to insert advertisement.
- Publisher reserves the right to publish materials from a previous advertisement if new materials are not received by material deadline.
- The word "advertisement" will appear on any ad that resembles editorial material.
- Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk and should be clearly marked to facilitate return.
- No verbal agreement altering the rates and/or terms of this rate card shall be recognized.
- All advertisements, layout and designs produced for the advertiser by **CAA's** Graphic Staff will remain the property of **CAA**.
- All requests for advertising must be in writing, in the form of this signed contract, for the protection of both the advertiser and **CAA**.
- Once an order for advertising is placed, it cannot be withdrawn or cancelled in whole or in part.
- By signing this contract, advertiser agrees to pay in full for reserved space, even if the ad is not run due to lateness or absence of materials.

PLACING YOUR AD

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

Name of Company/Organization Being Advertised: _____

Billing Contact: _____

Billing Address: _____

Phone: _____ Fax: _____ E-mail: _____

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

Phone: _____ Fax: _____ E-mail: _____

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

Phone: _____ Fax: _____ E-mail: _____

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

Material Deadlines: _____ Fall 2013 _____ Winter 2014 _____ Spring 2014 _____ Summer 2014
10/18/13 1/10/14 4/11/14 7/11/14

METHOD OF PAYMENT

Please check one:

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

Card #: _____ Expiration Date: _____

Print Cardholder's Name: _____ Signature: _____

Cardholder's Billing Address: _____



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

FIRST CLASS
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**The Challenge
of Being Successful**

**IN
TOMORROWLAND**

65TH Annual Convention & Reimbursement Conference

— September 24-27, 2013 —

The Disneyland Hotel
Anaheim, CA

CAA Rates for Standard Rooms:

\$199 Grand California

\$179 Disneyland Hotel

Reserve your room by calling (714) 520-5005

Save the Date!