

EMS Subcommittee

Monday, January 11, 2021 - 9:00 am
HELD VIRTUALLY

Robin DeLoria - Chairman

Chairman DeLoria called this subcommittee to order at 9:00 am with the following in attendance: Clayton Barber, Robin DeLoria, Shaun Gilliland, Ken Hughes, Noel Merrihew, Jim Monty, Ike Tyler, Patty Bashaw, Mike Mascarenas, Dan Palmer, Matt Watts, Davina Winemiller, and Rob Wick. Jeffrey Subra was absent.

Also present: Dina Garvey

DELORIA: I would like Rob and Patty to take the lead on this. I mean you provided us with this PowerPoint presentation and updates. I printed mine out, but if you do have the ability to share that on the screen, feel free to do so. So, whatever of you guys would like to take charge of it, feel free.

WICK: Okay, so if everyone has the PowerPoint up, we can go through that first, I suppose. The first page that is just a bit of a narrative, an overview and I think most of the folks here in the committee, this is just kind of rehashing everything that we know is just more for the benefit of the rest of the Board. That they would be able to kind of read through some of this stuff and kind of get the footnotes from the rest of the year.

So, I will move on to the second slide here. So, those milestones, first and foremost, right there in bold is Covid-19, as soon as that hit that caused quite a few changes throughout the way that Patty and Matt and the rest of the EMS team had to deal with a lot of the operational level of response. We didn't really know how a lot of that stuff was going to take effect. Correct me if I'm wrong Patty, but it seems like early on there wasn't as much of an effect that we had postured for as what you folks are seeing now in a way that you're resourcing individual agencies and training them and get them all squared away for the points of distribution and some of the things that you're been doing in the background outside of the things associated with this grant.

BASHAW: Yeah, absolutely, I think the biggest thing is getting the information out to the agencies on what they need to do to get scheduled for the vaccinations at the hospitals, and now some of the health centers and then I daily get calls of, hey, this happened and what should I be doing on the EMS side and normally they all have done a really great job in making sure that they're wearing their own stuff.

Classes have started, both the paramedic and the EMT course and those courses, the paramedic course is in person, because there's only five people in here, I think five or six. The EMT course has started and it's full, I think there's like 17. So, that will be remote, except for the hands on part, like Wednesdays, because it's hands on and then there's specific guidelines that they need to follow to do that.

Public Health obviously does have the lead for the pause, but we have been helping them with the logistical side and it's just been really busy and then just as a side note the EMS providers, particularly in the south are really getting a lot of call volume.

WICK: Right, so a lot of the posturing that we did earlier in last year, we're really starting to see the benefits of now. Having the additional medic cars that we need to place on order, that was quite a bit ahead of where we had scheduled it, adding more staff, adding more contracts with the localities. We kind of hit fast forward, went a little bit, compared to the original schedule that we had, but it sounds like it's all been really needed.

BASHAW: Yeah, I bet at any given time there are probably 3 or 4 EMS providers that are being quarantined. Generally, not from an EMS call, but from something outside of that work field. We, the County, have one that comes off this week, Tuesday, but again it was for an outside activity and not work related.

WICK: Okay, so aside from some of the key milestones here, again most of the folks here on the committee are aware of different things that we had to go and get approval for, as we were marching through, getting these different things moving forward. So, most of that, again, is going to be for the rest of the Board moving forward.

Okay, so last meeting we did put up a staffing report, because there was some confusion or just lack of information of kind of where people were for a brief time, we were kinda moving some people around and hiring some new folks and what is on the screen right now, for both the folks that have been hired last year and three new positions that we've got in the budget for this year.

BASHAW: And with that being said, Personnel is a little bit behind because the training and the quarantines that they're dealing with, of employees, but the two positions for Westport and E'town/Lewis are over there a couple weeks ago, now, I think and they assured me that they would be posted this week.

WICK: Okay and along with that, here's a little bit of history, that I touched on, briefly, of the trainings that we've done. Actually, some of these are even before just this last year, but will give you a more of a higher level summary of some of the trainings that have been done, as part of this whole program, going back, even to 2018. So, from the bottom right corner there was a certified first responder course in 2018 and then also an EMT course and then moving on to more recently, in February of last year there was another EMT course that was done and then from November of '19 into January of 2020 there was an advanced EMT class and then just last year they did yet another EMT class and then I think we left out, Patty, I seem to remember there being another class that is going through right now. I think we had it in the agenda notes, but it didn't make it to this slide. There's another training going on, right?

BASHAW: Yeah, there's an EMT course that started January 4th, I don't know, I would have to look, but I think other than that they're all on here. Every year we try and do an EMT course. Now, that we have an additional instructor. I am actually not teaching this course that is up right now.

Mike Weller is, so, you know, that's a good thing, so, I am not working at night, as well. Anyway, I don't think there's anything missing, Rob.

WICK: Okay and again for the Committee's benefit, Mike Weller is one of our new hires. You might have seen him on a previous slide.

Okay, so a couple of some metrics updates from our Smartsheet Dashboard, keeping track of all the different call volumes, both total calls and dropped calls. This is from last year. You can see the big uptick that we had in Ticonderoga, which was a major concern going forward as part of this program is everything that was really just lacking in terms of support and in the Ticonderoga, Moriah and Crown Point areas and so compared to last year moving forward to this past year, you can see the dramatic decrease. The increase in the call volume associated with the Essex County staff and medic car 1,228 responses and then in Ticonderoga just 11 dropped calls for the year; which is staggering. The impact that we've been able to make and then you know, the overall call volume that has gone up. Look and you see the red circle on the screen and Willsboro/Essex and Etown/Lewis, the call responses has doubled and tripled in some cases for those communities. So, that really speaks to the ability for the entire system to be able to respond overall.

TYLER: I have a question, is that response for Etown is because they're being called to come to Westport?

BASHAW: No, because we had that in 2019. When I looked at this chart and I guess it missed me when I reviewed this. It has Etown/Lewis doing 45 calls, if I'm reading this right? And we did almost 300 calls in 2019. So, I'll look at that and we'll talk about that Rob.

MONTY: Patty, does that include transports from Etown Hospital, that 407 and Willsboro, transports from the assisted living facility? So, if you broke those out, personally I think that would be a little more accurate, not that those things aren't important, but it'd be a little more accurate. Another thing that sticks out to me on here, Ausable Forks/Jay had more dropped calls in 2020 than they did in '19. Crown Point/Lamoille has substantially more than they had the year before, if I'm reading this right and yeah Ticonderoga did drop quite a bit.

BASHAW: I'm just trying to see what you're looking in.

MONTY: If you look at the dropped calls for Ausable Forks in the 2019 matrix.

BASHAW: Yup

MONTY: And you come over here in the 2020, it shows 8 dropped calls versus 1 in 2019.

BASHAW: Right

MONTY: And then Lamoille showed 1 and then they show 11 this year.

BASHAW: Oh, I see, yup, I got it.

MONTY: One of our things was making sure Crown Point/Lamoille had that, or they had some service.

BASHAW: So, I think that's just Crown Point and Matt can you speak to whether or not you guys dropped any calls?

WATTS: So, that would be the first response part of it. I believe Lamoille, if they dropped anyone, that was second call, like we were on a first call and a second call came out and Ticonderoga handled it for us. I don't think there was any first dropped calls for Lamoille. I think that was all first department, first response.

MONTY: So, that's not an accurate number then?

BASHAW: Let's go back and check. I bet you that should read just Crown Point Fire Department for their first response.

DELORIA: Patty, I have a question, I am looking at the Crown Point/Lamoille calls for the 2019, if I was reading this right it was 322 and they dropped down to a 168, are those numbers accurate?

BASHAW: Well, we gave and Rob can speak to this. This stuff comes out of the CAD, I don't know where he's showing Crown Point/Lamoille, if he's combined those numbers. So, Rob could probably speak to that better than I could.

WICK: Yeah, those were probably combined, because probably what a lot of those response numbers are, if you look at all the increased numbers we have associated with Medic Car 1, I would assume that a lot of those calls that would have been the deficit would have been taken on my MC1.

DELORIA: Okay, I see that now. The 228, Rob?

WICK: Yup

DELORIA: Very good, thank you.

BASHAW: What I'll do, what we'll do Jim is breakout Crown Point in Lamoille, so it's more clear.

MONTY: Thank you.

WICK: Okay, alright, so if there's interest, we can move on to the budget. I don't know if we want to review that here or not? If the Committee has had a chance to review that?

DELORIA: Throw that up on the screen, Rob, if you can, for everybody that doesn't have a copy in front of them.

Patty, where are we at getting some money back from the State on this and where are we potentially going forward with spending? Because I think for the most part, putting the brakes on this until something transpired on that. So, if you could bring the committee up to date on that topic, I'd appreciate it.

BASHAW: So, Rob sent out, I don't know if it went out to the whole committee or not, you know Rob, if that did go out to the whole committee?

WICK: The update from last week?

BASHAW: Yes, yes

WICK: No, it didn't go out to the entire committee, but I did plan on briefing them today on that.

BASHAW: Okay, so basically what DOS was saying is get your and Rob correct me if I'm saying this wrong, but get your paperwork in sooner than later. He felt pretty comfortable that they'd be able to process that first claim and then right behind that, push the second claim. Does that sound right; Rob?

WICK: Yeah, so there's the first claim that's still hanging out there for whatever reason. The Finance Department required that some of the line items kind of get reallocated; which I don't quite understand because everything in the claim was directly as the grant was written and the grant agreement, so everything is kind of appended to each line item, the way it should have been.

And we know that each claim is only going to be reimbursed 80%, but once the disbursed claim is approved, again. Then we have some items we have to move around anyway within the budget, a budget modification that has to get approved and between the County and the DOS, at least with the representative, our technical contact, the budget modification has been squared away. It's just getting that first claim in, because the first claim is all 2019 costs. So we want to get that in, do the budget mod, because we did move somethings around throughout 2020 to adjust somethings that were needed. So, we get that budget mod done and claim everything for 2020. So, within two claims we should be getting everything made back to us that has been on hold from 2019 and 2020, at least 80% of that. Does that make sense?

BASHAW: And as far as the agencies go, we're getting revenue back from Moriah and I believe it's this month we start, yes, January, we start getting revenue back from Ti and then Schroon Lake will be back up next in May, I think it is. Also, the billing's moving forward. I think I already told you that the Medicare has been approved, Medicaid's in the works, and I've already started talking to some of the agencies, because of how we're going to do it is, with the fee schedule that you guys approved, we have to do a, I guess, it's going to be a contract, because that's what Dan Manning likes, but a contract with the agencies. So, they will actually be able to bill for the higher amount, because there'll be an ALS call if our medics show up on it and then we can get, we will

get back the ALS portion. So, it's a win-win for not only, well the agency and obviously for us to continue to increase our revenue for the program.

DELORIA: Patty, I got a question for you. We have the fly cars, those individuals, perhaps from time to time are going to have a higher degree of training. If those medic cars respond to a call, is that formulated in, so that when we do this medical billing that that's a factor in how much are we going to charge?

BASHAW: Yes, yup. If they're not needed, obviously, there won't be a charge to the agency. If they get on with the agency and provide a higher level of care, than yes, there will be a flat fee or getting that money back, unless it's like a Medicare call, and say they only get like \$100.00 back, I think the agreement and I'll have to look at it, but I think the agreement is that if they get no money back or very little, like so, if we're charging them \$120.00 and they're only getting back \$100.00 than it doesn't really help either one of us. So, there's that caveat that got written into the contract.

DELORIA: Okay, then with the revenue, this is a revenue question, where does it go? You picked me up, bill my insurance company, my insurance company sent a check to who? Where is all the revenue going?

BASHAW: Well, that's a really good question and it's something that I wish we could impact. About half of the time the check comes directly back to the billing company, which is awesome. But, sometimes, like one of the Blues, I think Excellus, as a matter of fact, the check goes back to the person and it is fraud if they cash the check and keep the money, but sometimes that does happen. When that does happen, EMR is really good about beating the bushes to get that money back, because it is fraudulent if the patient does that.

DELORIA: Is any of the revenue or checks coming from insurance companies going to the various ambulance squads, the responders or is it all coming to the County?

BASHAW: No, it goes back to the agency and then we will bill the agency that flat fee that you guys approved, depending on the category of care that was delivered.

DELORIA: Okay, when you say agency, who is the agency? The one collecting the revenue?

BASHAW: So, the EMS agency will receive back the money from the insurance. The County will bill the EMS agency a flat rate for the level of care provided.

DELORIA: Alright, put some data together so that I can understand that, because all I'm seeing is a whole bunch of red flags and maybe you can work with Mike Mascarenas on this and put something together that makes sense. I think that's a very complicated matter when we talk about revenue and is this a countywide EMS program? We're getting ready to apply for a certificate of need or permanent certificate. So, I mean, I think everybody on the committee needs to

understand where is the money going? Who' collecting it? How can we audit it? How can we keep track of it? Do you understand where I'm going with that?

BASHAW: Yeah, that's all easy to provide, because they explained that to you when they came and did that presentation and Linda, Linda Wolf said that there are ways to audit the reports that we get, so, we'll just put it to paper.

DELORIA: Alright, Mike Mascarenas, if you could maybe, somehow reach out into that realm and see if you can make sure that that's all working correctly? I'd appreciate it.

MASCARENAS: Yes

GILLILLAND: Rob, can I ask a question?

WICK: Yes, sir

GILLILLAND: So, Patty, we had discussed initially, shifting a centralized County billing system that would centralize everything and so basically the funds flow in that concept will be reverse of what you set up here. And I understand that these various billing companies and stuff would take a 5%, 10% cut from the revenue that's going to each of the agencies. So, I guess the question is wouldn't it be better for all involved if you had a centralized system that was taking 5% once and then we turn around and pay the various agencies in the county system? The County would retain, like you said the ALS or transport or whatever portion of what the County does?

BASHAW: I totally agree with you, because like you said, right now it's 3% and yes, would be coming out of each and every one of us. The reason we did it this way was to expedite getting revenue back into the County account. It will, so I guess the part that we would struggle with a little bit is getting buy-in from the agencies. We can start appropriating that to see if, on a sidebar I will talk to you guys and see about how we can do that. I totally understand what you're saying. It will be interesting to see how much kickback we would get from the agencies.

GILLILLAND: Yeah, I would be interested, because it would seem to me that the EMS agency wants to concentrate on its core skills; which is taking care of patients and not doing billing. So, I mean...

BASHAW: Right now...

GILLILLAND: I'd be surprised if anybody wanted to push back on that.

BASHAW: Well, right now they really aren't doing the billing. It's pretty easy, you go out and take care of a patient, you complete the report and the report automatically, because we're doing to reports on iPads, it gets sent to the billing company, they code it, and then it gets sent to the appropriate insurance company and then the revenue comes back. There would be definitely a gain though would be that 3% that you're talking about.

GILLILLAND: So, each one has to have a contract and renegotiate contracts with these billings agencies and things and it just seems like this is extended bureaucracy that could be centralized. The second question that I have for you is what happens with fire districts that own, we have a number of fire districts that run the ambulances still; right?

BASHAW: Yeah, I think it's like three, Newcomb...

GILLILLAND: So, what happens with those fire districts, as far as billing goes? If they can?

BASHAW: So, right now, because of legislation they still cannot bill. So, we talked about this in the very beginning. We would contract, remember we had this conversation with the State? We can contract with the fire departments to provide EMS coverage for their area and then reimburse them a contracted fee to provide EMS for that area. So, yes we had talked about that.

GILLILLAND: My point of that question was, as if we, if we had a centralized billing system whereby the County was billing services for the county portions of it then you know the fire districts would be able to get some, could still get some revenue from it, acting under the County's EMS, countywide EMS system, fire districts providing a service could get reimbursements for it.

BASHAW: And it would be consistent.

MONTY: Patty, this is the third time I've heard come up about the agencies not being happy. We gotta remember the agencies aren't driving this program. The County is driving this program. So, I think we got to take that into account, that if the agencies don't want to comply then they don't have to be in the program.

I know we had some talk about things going on in Ti. You were going to talk to them and handle that out because they weren't sure if they were going to do it. Have we gotten any further with that?

BASHAW: Yes, Ti's been settled. I worked with Joe Giordano, and he can definitely speak to this. I worked with Joe numerous times and including with Dr. Claus on how Ti would be handled down there with Lamoille and Ti EMS and the Town and the end result is Ti was; Ti is still going to be the first agency up. Ti took on both employees, so that's good. Ti has also put on some extra coverage. So, their coverage is more paid then volunteer at this point and we should see still a pretty steady number of coverage for them. So, yeah, yes, that's been resolved and Joe could even speak to that, if you'd like.

GIORDANO: Good morning, sorry, I'm just jumping on now. You're talking about, the question was, about Ti and Lamoille? Ti EMS and Lamoille?

BASHAW: The question basically was, you know, how did the whole thing turn out down there. And Ti maybe not taking on that second person and they're not, they might not be able to afford any of the coverage, but it has been settled with a lot of work on your end.

GIORDANO: Yeah, in the interest of time, I know it's pushing up against the next set of meetings, but both Patty and Dr. Clause have been very helpful in clarifying and helping us understand in our town just the needs and the operational aspects of both agencies, because Ti, because of Moses Ludington, Elizabethtown Community Hospital and the need for transports, that element, it's been predominately handled by Lamoille, needs to remain with Lamoille and Ti EMS really serves that, as Dr. Claus said, the scene to hospital portion of it. So, the Board was able to help resolve some of the internal issues by going through the efforts that we did and hopefully we'll see the fruits of the outcome of the arrangement moving forward. So, I think it was very, very productive, very, very, very needed and necessary and I think at the end, hopefully it will be much more beneficial for the operations of emergency services and Ticonderoga.

DELORIA: Okay, did any of the committee members have questions that need to be answered?

TYLER: I just have one quick one, Robin, please, just when do we expect, maybe a timeline when Westport and Elizabethtown will be hired for?

BASHAW: So, it's posted, will be posted this week. Erica said it would be posted this week. It gets posted for 10 days. We have to interview the folks and so on.

TYLER: So, a month and a half, two months?

BASHAW: Oh, I say a month.

TYLER: A month, thank you.

DELORIA: Okay, anybody else on committee that would like to ask a question that can't wait? Okay, Patty, Robert, everybody that showed up, I thank you very much. If there are questions moving forward, feel free to email out to the group and maybe we can solve some of this stuff, the questions before our next meeting and we'll do it by email. Okay, thank you all for coming, we stand adjourned.

**AS THERE WAS NO FURTHER BUSINESS TO COME BEFORE THIS TASK FORCE IT WAS
ADJOURNED AT 10:00 AM.**

Respectively Submitted,

Dina Garvey, Deputy Clerk
Board of Supervisors