

**House Bill 1728 Workgroup Meeting (Medevac)
Virginia Office of Emergency Medical Services
4240 Dominion Boulevard, Glen Allen, VA 23059
June 8, 2017
10:00 a.m.**

Representatives Present:	Representatives Absent:	OEMS Staff:	Guests:
Julia Marsden , Facilitator	Rob Hamilton , President, Med-Trans Air Medical Transport (representing medevac operators)	Tim Perkins, Technical Assistance Planner, VDH OEMS	Amanda Lavin, Office of Attorney General
Lt. Jay Cullen , Virginia State Police	Anita Perry , Medevac Committee Chair	Scott Winston, Assistant Director, VDH OEMS	Chris Shaffer, PHI Air Medical
Deputy Chief Eddie Ferguson , Goochland County Dept. of Fire, Rescue & Emergency Services		Camela Crittenden, Trauma & Critical Care Manager	Susan Smith, Carilion Clinic Lifeguard
Derrick S. Ruble , Director of 911 & Emergency Communications, Tazewell		Wanda Street, Secretary Senior, VDH OEMS (Transcriptionist)	Doug Gray, Virginia Association of Health Plans
James (Jim) Young , Insurance Policy Advisor, Virginia State Corporation Commission			Terry Austin, Air Methods
Bill Zeiser , Transportation Unit Supervisor, Virginia Department of Medical Assistance Services			John Ayers, Virginia Trial Lawyers Association
Kyle Shreve , Virginia Association of Health Plans			Kate Challis, HCA/Johnston-Willis Hospital
George Lindbeck , State Medical Director, Virginia Department of Health			Kelly Keener, PHI Air Medical
Paul Davenport , Vice President of Emergency Services, Carilion Clinic (representing VHHA)			Katie Boyle, VA Association of Counties
Erik Bodin , Director, VDH Office of Licensure and Certification			Ken Hutcheson, Williams Mullen
Paul Sharpe , Director of Trauma Services, Henrico Doctor's Hospital (representing VHHA)			David Poulsen, Air Methods
Ed Rhodes , Rhodes Consulting Group			T. C. Jones, VDH, Managed Care Program

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person																		
I. Call to order:	The meeting was called to order at 10:04 a.m. by the facilitator, Julia Marsden.																			
II. Introductions/Opening Statements:	Mrs. Marsden welcomed everyone to the meeting and she asked everyone around the room to introduce themselves. Before the introduction, she read the language of House Bill 1728. As you all know, a report to the State Health Commissioner is due October 14 and the findings and recommendations are due to the Governor and the General Assembly by December 1, 2017.																			
III. Review of the April 24, 2017 meeting minutes:	A motion was made to review and approve the April meeting minutes. A change was noticed by Derrick Ruble. On page 5 in the next to the last paragraph and near the end, the sentence should read, "...and was with Priority EMS, volunteer and paid, for about 12 years." It was recommended to remove "Senator" Marsden on page 2 and replace with "Mrs." Marsden. The minutes were approved as amended.	The minutes were approved as amended.																		
IV. Review of House Bill 1728 Language:	<p>Below is the House Bill 1728 language that Mrs. Marsden read prior to the introductions:</p> <p><i>That the Department of Health (the Department) shall convene a work group composed of stakeholders, including representatives of law enforcement, emergency medical services providers, health insurance providers, and other interested stakeholders, to review the rules, regulations, and protocols governing use of air transportation services, also known as air ambulances, in emergency medical situations. The Department shall also review the rules, regulations, and protocols governing dispatch of air transportation services providers in response to emergency medical situations and develop recommendations for changes to such rules, regulations, and protocols that will address differences in procedures governing dispatch of air transportation services providers in emergency medical situations, differences in billing that may affect individuals involved in emergency medical situations during which air transportation services providers are dispatched for the provision of air transportation, and other issues related to the use of air transportation services in emergency medical situations. The Department shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2017.</i></p>																			
V. Subgroup Work Session:	The workgroup was divided into three subgroups to discuss billing, regulations and dispatch.																			
VI. Identification of subgroups to address tasks:	<p>The subgroups are comprised of the following individuals:</p> <table border="0" data-bbox="449 1047 1165 1226"> <tr> <td><u>Regulations</u></td> <td><u>Dispatch</u></td> <td><u>Billing</u></td> </tr> <tr> <td>Anita Perry</td> <td>Derrick Ruble</td> <td>Bill Zeiser</td> </tr> <tr> <td>Paul Sharpe</td> <td>Jay Cullen</td> <td>Jim Young</td> </tr> <tr> <td>Ed Rhodes</td> <td>Eddie Ferguson</td> <td>Kyle Shreve</td> </tr> <tr> <td>George Lindbeck</td> <td>Erik Bodin</td> <td>Rob Hamilton</td> </tr> <tr> <td></td> <td></td> <td>Paul Davenport</td> </tr> </table> <p>Mr. Marsden recommended that each sub-group review the procedures that are currently in place in the State of Virginia to encompass all of the jurisdictions in Virginia. She also encouraged the subgroups to designate a spokesperson who will give the report. At the end of the day she would like the spokesperson to present an outline of what has been discussed and what you feel your next steps will be.</p> <p>The workgroup will reconvene after lunch to discuss the findings. Tim encouraged the audience members to join in on one of the subgroups to provide input or feedback as needed.</p>	<u>Regulations</u>	<u>Dispatch</u>	<u>Billing</u>	Anita Perry	Derrick Ruble	Bill Zeiser	Paul Sharpe	Jay Cullen	Jim Young	Ed Rhodes	Eddie Ferguson	Kyle Shreve	George Lindbeck	Erik Bodin	Rob Hamilton			Paul Davenport	
<u>Regulations</u>	<u>Dispatch</u>	<u>Billing</u>																		
Anita Perry	Derrick Ruble	Bill Zeiser																		
Paul Sharpe	Jay Cullen	Jim Young																		
Ed Rhodes	Eddie Ferguson	Kyle Shreve																		
George Lindbeck	Erik Bodin	Rob Hamilton																		
		Paul Davenport																		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>VII. Subgroup reports and next steps:</p>	<p>Mrs. Marsden stated that the EMS Community in Virginia is doing an incredible job and that's why we are here today. She thanked everyone who provides services and as a consumer she appreciates all of their efforts and the care and concern that they show to their patients.</p> <p>Each of the spokespersons for the three subgroups gave their brief report:</p> <p>Regulations – George Lindbeck George reported that their recommendations or areas of discussion included the following:</p> <ul style="list-style-type: none"> • An updated and maintained resource that describes HEMS providers that are based and operates in Virginia, which includes their base, charges or base rate and insurance network information. They are looking at materials from North Dakota and Arizona where they have accomplished this. This should be provided to HEMS users, particularly on the inter-facility side of things. They also discussed inter-facility transports vs. scene activations. • There should be some provision of financial information to patients or their spokespersons of the need for HEMS transport, options for inter-facility transport and the financial impact information that could include the network vs. non-network participation of the transporting agency. • Each institution that uses HEMS resources for inter-facility transport as an intramural resource to help the institution and transferring physician make informed decisions about how to transport people and how to evaluate the need for inter-facility transport and then what resources to use to affect those transports. There should be an online consultation resource available in real-time, there should also be some guidelines developed offline and also the ability to review those inter-facility transports retrospectively. As we have discussed earlier, there is a lot of overlap between these groups. • We need to update our educational resources and opportunities for pre-hospital and inter-facility. We did this about two years ago and we should pull that information out and look at it. We should probably increase the outreach to EMS physicians and our ED physicians. We should also keep in mind that many of our inter-facility transports don't originate from the Emergency Department. They come from PICU's, NICU's and cath labs, etc., don't necessarily involve the emergency department. We need to reach out to those departments as well. • We need to discuss the financial impact of self-referrals. This is in a situation where the HEMS resource is operating, if you will, but not necessarily owned, but contracted for an institution that then uses that resource to transport patients. There may be opportunities to inform patients or their spokesperson about the financial impact of that. • Examine the non-transport of scene activation based on HEMS crew evaluation. Just because they are called does not mean the patient gets transported. There may be an educational opportunity where HEMS crews evaluate the patient and determine if there is a need for air medical transport or not. • The subgroup also discussed local government information and education. <p>Dispatch – Jay Cullen Jay stated that they didn't really designate a spokesperson, but he will report on what was discussed:</p> <ul style="list-style-type: none"> • The subgroup also realized that there was a lot of overlap with the other subgroups, but they talked about the possibility of a centralized dispatch system for the State. This has been discussed in the past 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>and they revived that conversation. They also discussed that Maryland State Police has a similar system and they are possibly looking at finding out more about their system to see how it would work in Virginia. That was quickly moved on to the next topic which was a clearing house call center for dispatch. We came to the conclusion that this would only add another step in the call chain to get a helicopter.</p> <ul style="list-style-type: none"> • Then they discussed what they have done in the past which was to provide a map to the local dispatch centers to know where their closest helicopters are. They decided that there is a possibility that they could use some GIS technology where dispatchers could have this on their maps where they could click on the locality and it would show the closest helicopters with their contact information. Ultimately the conversation came down to the fact that the dispatchers know where the closest helicopters are and they know how to contact them. This is not an issue. They are not sure that dispatch is an issue for this committee it is more of a billing issue. • Basically they would like to go back and look at possibilities for some enhanced technology for the workgroup to provide some type of electronic mapping system for the local dispatch centers. • Another thing they discussed briefly was the statewide EMS frequency that is currently used on an antiquated system. They would like to look at a method where they could get some new equipment/technology to provide a universal frequency for helicopters throughout the state. • They also discussed education for dispatchers. <p>Billing – Kyle Shreve Kyle reported that there was quite a bit of overlap in their discussions as well, particularly in data sources.</p> <ul style="list-style-type: none"> • They talked a lot about the scope of what each subgroup should focus on. • They also discussed consumer education/information. • The number of complaints to the Bureau of Insurance. • The costs of HEMS services/who pays and when. This varies based on certain situations such as the type of insurance the patient has, what were the circumstances for the flight, was it a provider-to-provider transport or was it an emergency. If there was a claim paid on the back end, was it an in-network or out-of-network provider and what are some of the hurdles to getting the claims paid? • They agreed to try to pull data for the next meeting so that we have a better idea of the scope of the billing issues. They also want to compile it so that they have a clearer picture of Medicaid/Medicare data and how much of it is commercial. They will also look at different policy options and what other states are doing about situations such as this. <p>Mrs. Marsden asked if the committee at large had any additional information or questions.</p> <p>Derrick Ruble asked Tim for previous work that the Medevac committee has done in 2005.</p> <p>Mrs. Marsden stated that the billing subgroup will be looking at data. Is this data that each of you will be bringing to the next meeting? Kyle stated that yes. They hope to get data pulled from different states and the providers in the subgroup will try to get data on what their payer base looks like on how much of it is Medicare and how much of it is Medicaid to show where the problems lie.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Mrs. Marsden asked that the data be sent to Tim so that it can be posted on the OEMS website. She asked Tim if this is possible. Tim stated that as long as it is information that can be shared publicly. Tim stated that it may be best to just distribute it here and not on the website.</p> <p>Amanda stated that anything you bring before the workgroup is public and subject to FOIA (Freedom of Information Act). If shouldn't be shared, don't bring it. No patient identifying data can be shared.</p> <p>George Lindbeck shared some information about Arizona's basic rates. The workgroup briefly discussed this.</p>	
VIII. Public Comment:	None.	
X. Adjournment:	<p>Upcoming Meetings (Time and Location TBD): June 29 – Richmond Marriott Short Pump July 20 – Office of EMS August 24 – Richmond Marriott Short Pump September 14 – Office of EMS</p> <p>The meeting adjourned at approximately 1:55 p.m.</p>	

DRAFT