EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust
Special Meeting of the Financial, Investment, Nomination and Personnel Committee held on January 22, 2014, at 12:00 p.m., via video conference
EMSA Corporate Offices
1111 Classen Drive, Oklahoma City, OK 74103
1417 N. Lansing Ave., Tulsa, OK 74106

Minutes:

NOTICE AND AGENDA for the Committee Meeting of the Financial Investment, Nomination and Personnel Committee of the Board of Trustees of the Emergency Medical Services Authority, a Public Trust, was posted January 17, 2014, in the offices of the City Clerk of Oklahoma City at 3:50 p.m., and with the City Clerk of the City of Tulsa on January 17, 2014, at 4:06 p.m., more than 48 hours prior to the time set for the meeting.

The meeting was called to order at 12:08 p.m., by Mr. Joe Hodges.

TRUSTEES PRESENT

Mr. Phil Lakin
Mr. Joe Hodges
Mr. Larry McAtee
Mr. Mark Joslin
Dr. Jeffrey Goodloe

Trustee's Absent

Mr. Larry Stevens (Excused)

OTHERS PRESENT

Steve Williamson, EMSA
Kent Torrence, EMSA
Frank Gresh, EMSA
Kelli Bruer, EMSA
Angela Lehman, EMSA
Sara Bovaird, EMSA
Tracy Johnson, EMSA
Joanne McNeil, Paramedics Plus
James Blocker,
Mike Murphy, Paramedics Plus

Mr. Hodges said he is ready to start the meeting – let's go ahead with the KPI review.

Mrs. Lehman said that days to bill and days to payment are what we look at to see how long it takes us to get a claim or statement out the door to the first payment. In July we changed our EPCR, which caused a positive change to our processes. We receive the money quicker through the door than before. Our goal is 15 days and I would like to see it back to 10 days but don't want to burn them out right now – it has taken us 4 to 5 months to get back down to 15 days.

Mr. McAtee inquires as to how long it will take to get down to 10 days for payment to arrive?

Mr. Williamson adds that in the healthcare industry, 15 days is in the top 20% - we want to be at the optimum stage of 10 days.

Mr. McAtee would like to know exactly how we feel it would take to get to 10 days?

Mr. Hodges agrees that the KPI's are to track these goals – and if we are not meeting those goals then when can we expect them to?

Mrs. Lehman said that prior to November 1st, the contractor took 10 days to get to us, and then we took an additional 3 days to put it together. Then we went with a new EPCR which changed everyone's processes.

Mr. Hodges then inquired if once you have the processes down, when can we get an appropriate goal?

Mrs. Lehman stated that the girls have a daily goal of 15 without them working overtime. Until we change our processes with AMR on the RTA's, it is really hard to commit myself to give an exact date we expect to be at 10.

Mr. Williamson informed everyone that after the changeover on February 1st, we can commit to six months to see how we can hopefully reduce that time.

Mr. Hodges asked that once the process changes in February, that should give you some time to work on new processes to get it down to 10? So, if the committee is okay with this, we can look at next month for you to give us a goal for these?

Mr. Williamson agrees.

Mr. Lakin would like to add that some charts that he is showing as examples show by color coding how targets are met. We can show color coding on a chart for board attendance – 90% is target, you get green for being above 90%, yellow is caution which is 80%, and Act Now is Red at 70% or below. That would be a good way to keep up with board attendance.

As to the KPI Charts, you set the target and we can look at this detail and see what the past 12 months history is like. We can see if we are on target, or are we slightly off target or way off target. Therefore, if everything is green on the page then with respect to targets, we are okay. If we have some yellow or reds, then we have some problems

somewhere that we need to address. This is where I am wanting us to go – to be able to look at the chart and immediately know where any problems are.

Mr. Hodges believes this to be a great idea. He personally uses a Performance Improvement Report with the same color coding.

Will you walk us through this level of Emergency Transport Medical Services please?

Mrs. Lehman said that this helps to see productivity of staff – because we need to know how they are billing out the claims, whether it's AOS, BOS, SCT or AOS2. This report tells me two things, one is how have the transports changed? And are we doing more AOS emergencies versus BOS emergencies. It can tell me what level of transports have changed, and it could tell me if there are coding issues where they are billing out incorrectly.

SCT-AOS2 are the highest two levels of transports that we can do, and I just combined them because the numbers are such a small percentage of our transports. SCT transports are a slight increase in cash, and your BOS emergencies you are going to see a decrease in cash. Same thing on non-emergencies.

The last one is Total Care adjustments that help us keep in check so you know what kind of adjustments we are doing. I then divided it out by whether that write-off is for co-pays and deductibles for that patient, or if it's a denial from the insurance company. Then we have the Total Care adjustments where we are writing it off due to no coverage whatsoever.

Mr. Hodges said that he definitely feels we need to get to an executive summary with the color coded report. This will be just one section under that executive summary. We can do board attendance, or whatever other things we as a committee are working on.

Now let's go to the Start-up aid van and wheelchair transport.

Mr. Williamson said that at our last meeting we decided that the February or March Board Meeting is going to be very concise – most of the time is going to be spent on integrated mobile healthcare for ambulance services and how we play a part.

Mr. McAtee wondered if we were going to be called on to make a decision at that point?

Mr. Williamson answered that we are already entertaining contracts for other things, but wanted the Board to know why we are getting into this.

Mr. McAtee asked what role the trustees had in determining whether we think that is the right direction to go?

Mr. Williamson replied that the Board has all the responsibility to agree or to approve what direction we're going in. This is why I stated at the last meeting that we needed a workshop to bring all these items forward for the board to think about making a decision.

Mr. McAtee asked when the trustees should receive the information of what's going to be discussed about this board meeting today?

Mr. Williamson replied always the Friday before.

Mr. Hodges asked what the impetus was for why we are looking into this – just to remind the committee.

Mr. Williamson said that EMSA and our subcontractor thought it was appropriate to have one.

Mr. Hodges would like to see a kind of comprehensive type of organizational chart so that if someone wanted to audit EMSA; i.e., for example CMS Medicare comes in and says we want to look at your plan – then you give them an organizational chart that includes the ambulance provider, paramedics, etc.

Mr. Lakin has an a different question – asking Mr. Williamson what if he does not come into work tomorrow or ever again – who takes your place in that regard? Where is the succession plan on here?

Mr. Williamson said that the next step will be when you have approved the job function of the COO. As for right now, there is no heir apparent – there are shared functions. If accounting it would be Kent, IT issues would be addressed to Frank, and billing issues with Angie.

Mr. Lakin stated that there would be no head of the entity until we get that COO position filled.

Mr. Williamson replied that he hoped two to three months would be enough time. In the meantime, the Board would need to meet and appoint someone as an interim President/ CEO.

Mr. McAtee would like better communication all the way around. He said that we have discussed this COO position long enough. Let's get this job filled. When he hears two to

three months he takes that very literally. Let's come up with an acceptable date to have a COO in place.

Mr. Williamson then said that he would like to close applications no later than the end of March. Then in April, 2014, bring the ones we like in for the Board to interview. Then hopefully, give an offer to the best person by the end of May and optimistically have the new COO hired and sitting in his/her chair at EMSA no later than July 1, 2014. Mr. Williamson also added that we must post this position internally.

Mr. Hodges adds that we want to make sure that we have the best person hired. We don't want to make a mistake and go through all this again – that would take a very long time. Also, Mr. Hodges would like to see the organization chart updated with where the COO fits in and who reports to him/her.

Mr. Lakin agreed that July 1, 2014 was the exact date he was thinking of for this process. July 1st would be the green flag. Mr. Lakin also asked if we could update the organizational chart with a dotted line to show how Dr. Goodloe fits into the Board.

Mr. Hodges asked for an update on State Audit #15 under Perform Self-assessments.

Mr. Williamson said this Self-assessment form was all that we have – but we are open for suggestions.

Mr. Lakin then added that since we have this specific Self-assessment – let's use it and tweak and customize it over the next year until we feel it is perfect for EMSA's specific needs. We can get going with this to help ourselves better know what our needs are and to know what opportunities there are, and then to maybe further shape the KPI issues and to develop a better governance structure.

Adjourn

The Committee Meeting was adjourned at 12:52 p.m.

Sara G. Bovaird, Board Secretary