



## EMS SUBCOMMITTEE ON TRAUMA

**MEETING MINUTES**  
**Tuesday, October 5, 2010**  
**Scheduled: 10:00 am until 1:00 pm**  
Mid Georgia Ambulance Service  
252 Holt Avenue  
Macon, Georgia 31201

### CALL TO ORDER

Mr. Ben Hinson called the October monthly meeting of the EMS Subcommittee on Trauma to order at the Mid Georgia Ambulance Service at 10:05 a.m.

<b>SUBCOMMITTEE MEMBERS PRESENT</b>	<b>SUBCOMMITTEE MEMBERS ABSENT</b>
Ben Hinson, Chair Subcommittee & GA Trauma Commission Member Rich Bias, GA Trauma Commission Member Ralph McDaniel – EMS Region One Chad Black – EMS Region Two Richard Lee – Region Four Lee Oliver – Region Five Blake Thompson – Region Six Jimmy Carver – EMS Region Seven Huey Atkins – Region Ten Courtney Terwilliger – EMSAC	Craig Grace – Region Eight David Moore – Region Nine Dr. Pat O’Neal - SOEMS Pete Quinones-Region Three Dr. Leon Haley

<b>OTHERS SIGNING IN</b>	<b>REPRESENTING</b>
Jim Pettyjohn Ryan Goodson Regina Medeiros Lawanna Mercer-Cobb Russ McGee Joe Robinson David Borghelli David Herrin Terry Cobb	Georgia Trauma Commission, Executive Director Georgia Trauma Commission, Com. Center Lead Medical College of Georgia Region 6 EMS Region 5 EMS Mid Georgia Ambulance Service Houston Healthcare/Houston County EMS LifeStar/Omniflight Laurens County EMS/E911

## **Welcome and Introductions**

Mr. Hinson welcomed all present at the meeting. Self-introductions were made. Mr. Hinson recognized a quorum of the voting members were present.

## **Approval of Minutes from September 7 Meeting**

The first order of business was the approval of the minutes from the 7 September 2010 subcommittee meeting presented by Mr. Pettyjohn.

Mr. Ralph McDaniel wished to clarify his statement on page 6 regarding the statement to transport to facilities outside the State of Georgia should be worded as, "We need to look at making eligible for EMS uncompensated reimbursement those patients taken to trauma centers outside of Georgia". This does not mean "making the facility eligible."

Mr. Huey Atkins stated that on Page 4, as a point of reference regarding the Uncompensated Care Recommendations, Mr. Pete Quinones was a part of that subcommittee as well, and spent a lot of time working on this. Pete should be listed.

## **MOTION #1 EMS Subcommittee 2010-10-05:**

**I make the motion to approve the minutes from the 7 September 2010 meeting as written with the above changes being noted.**

**MOTION BY:**

**SECOND:**

**ACTION:**

**Rich Bias**

**Richard Lee**

The motion ***PASSED*** with no objections, nor abstentions.

## **AVLS PROGRAM UPDATE**

Mr. Ryan Goodson presented an update on the AVLS Program. The August EMS Subcommittee meeting included discussion of the use of AVLS in supervisor vehicles. Mr. Goodson was asked to connect with participating AVLS program agencies to define "supervisor vehicles and inquire about interest in having the AVLS units in the supervisor vehicles. Mr. Goodson reported surveys were taken in Region 5 and 6 where they were already using the AVLS units in their ambulances regarding the AVLS use for the supervisor's vehicle.

The information collected from participating services in the survey was:

- The majority of the services are operating some type of supervisor vehicle with the most common usage found to be some type of supplemental vehicle.
- At the minimum, it would staff an EMT or paramedic with a variety of EMS equipment, with some carrying fire equipment and all having minimum equipment to provide basic care.
- Vehicles were available on a 24/7 basis with the director being assigned the vehicle.
- Other agencies within Regions 5 and 6 had multiple vehicles with them being assigned and designated as a "take home" vehicle. Others were assigned on a rotation basis and not assigned to an individual person.
- The vehicles were owned by the county, hospital, or service that they operated in.
- All vehicles were marked with logo of service or hospital that was supporting it.
- Another indication was if there was a red light permit assigned to these vehicles. On the survey, all the services that were contacted had red light permits through the State of Georgia.
- The highest percentage of vehicles used included a truck-chassis type, F250, F350, or a heavy-duty 4-wheel type vehicle. In the smaller areas, we found Crown Victoria's that had been handed down from the Sheriff's department or EMA and some were using the SUV-type vehicle.

- Most of these vehicles played an overall response to the incident through dispatch, backing up ambulances, or responding when the county had no ambulances available.

The survey also asked the EMS services whether they planned to continue the use of the AVLS after the Commission project grants were completed. All of the participating agencies, with the exception of two indicated that they would continue using the AVLS after the grant had ceased with the Commission. It was questioned as to how they planned to continue this program, and the predominant answer was that they would seek funding from their county commissioners. The two services that hesitated related that in these financial times, they would not get the approval from their county to continue the program and this would have to be evaluated at a later date. Overall, everyone we contacted was pleased with the program. There was criticism with the lack of training on AVLS installation and In Motion website was less than helpful on installation as well.

Some counties are also exploring other uses for the AVLS equipment and had purchased additional equipment such as blue tooth technology to transmit 12 lead EKGs back to the hospital. Two other services reported they were integrating the AVLS equipment into their own CAD (Computer Assisted Dispatch???) system for dispatch. There was a lot of interest shown in buying additional InMotion and AVLS –associated equipment outside the grant.

Mr. Goodson continued and stated the subcommittee had inquired during the August meeting about the availability of funds to provide AVLS devices in the supervisor's vehicles. GTRI stated that at the end of this fiscal year, there would be approximately \$30,000 to \$35,000 remaining in the grant.

In summary, the supervisor vehicles are widely used in the EMS industry in Regions 5 and 6 and do play a pivotal role, manpower, administrative duties, and other supplemental duties that help these counties.

### **Discussion:**

Mr. Jim Pettyjohn questioned whether or not the EMS services expressed interest in having the AVLS equipment in their supervisor vehicle. Mr. Goodson responded with "yes"; the majority would, with an exception of one county declining because they do not have a supervisor's vehicle.

Mr. Jim Pettyjohn stated he had spoken with Mr. Kirk Pennywitt, GTRI, confirmed that their 2009 contract was rolled over to fiscal year 2010 which ended in June and was extended again to the end of this calendar year. At the end of this calendar year, they will have approximately \$30,000.00 left in the contract and available. To date, they have paid for: the purchase of 200 units with 121 being committed, leaving 78 units available. One unit exploded or burned up and one unit arrived inoperable from the vendor.

GEMA is developing a work group to begin their process of rolling out phase two, year two. Their rollout will begin January 1, 2011, with 200-250 additional units by the end of the calendar year 2011. By end of 2012, they hope to have an additional 250 units. This would amount to approximately 700 units in the state over the next three years. GEMA will pick up airtime for everyone (including the Commission-sponsored AVLS program) beginning January 1, 2011. We are unsure how GEMA's roll out across the state will work.

Mr. Ryan Goodson stated, based on his survey, about 25 supervisor's units total were being requested

Mr. Ralph McDaniel asked for clarification on the unit that burned up. Mr. Blake Thompson stated the unit was at his service. He said the company had installed the unit and within minutes after installation, the unit burned up. It is uncertain as to the cause of this at this time.

Mr. Chad Black questioned what type of unit was in the vehicles. Mr. Thompson responded that his units have the GARMIN unit and the monitoring is done only by computer. Mr. Chad Black stated that in the

Approved 02 November 2010

supervisor vehicle, we need something that shows all units such as a laptop. The unit would not be of any use for a supervisor to accomplish this without the laptop.

Mr. Ben Hinson responded that a fitted truck provides them the Wi-Fi connectivity so that they can use a Toughbook or another type of laptop. He believes the priority is to get the AVLS in the vehicles with the Wi-Fi connectivity because any kind of laptop with blue tooth would hook-up.

Mr. Ryan Goodson added that one county expressed getting additional sign-ins to monitor their trucks and to use the supervisor's personal laptop to monitor this. These vehicles could be used as a mobile command post at an incident.

Mr. Jim Pettyjohn stated that there is a request for 25 units for supervisor vehicles with 24 on hand (held at GTRI) and an additional \$30,000.00 available to spend toward the program.

Mr. Lee Oliver asked if there would be any other services requesting units for their ambulances. Mr. Ryan Goodson stated there were three services in three counties that could be requesting these units.

Mr. Ben Hinson thanked Mr. Ryan Goodson for his report. The sub-committee needs to first determine what a supervisor vehicle is so we know what you have to do to qualify; secondly, get the numbers of supervisor vehicles seeking units, set a deadline by November 1 that if you haven't requested any units that we are going to move on and then in the request for that that we strongly suggest that you need a laptop for the supervisor vehicle if you get an AVLS unit. Is In-Motion limiting the log-ins by the grant standards? Mr. Goodson answered that they are limited to two log-ins per participating service.

Mr. Ben Hinson requested further clarification/description of a supervisor vehicle that is eligible for this. Mr. Ryan Goodson stated his survey findings are: a supervisor vehicle is a vehicle that is county-owned or service owned; is clearly marked; available 24-hours/day; responds to calls; and, has involvement in the county incident response plan. The red light certificate is not a requirement.

There was some discussion regarding unmarked vehicles and what the difference between a supervisor and a director's vehicle. Mr. Ben Hinson states we need to look at this definition and decide what marked these on a case-by-case basis.

Mr. Ben Hinson requests the consensus of the committee, the director's vehicle if it is owned by the county or service or a marked vehicle that is used by a supervisor according to Mr. Ryan Goodson's description. If there are exceptions, we can approve them at the monthly meetings. Mr. Ralph McDaniel agrees, but does not want to inadvertently eliminate the AVLS benefits to those that need them.

Mr. Ben Hinson states that we need to check on the ambulances first before we go further. Mr. Jim Pettyjohn suggested that we allow a week to contact the counties and services that do not have the units and give them a deadline to request the units. We can then move forward with the supervisor's vehicles. Mr. Ben Hinson sets November 1 as the deadline since the next subcommittee meeting is 02 November 2010.

Mr. Ryan Goodson asked Mr. Ben Hinson when you define supervisor vehicle will you have a requirement for number of vehicles per county due to the fact that some have multiple vehicles. He feels that we need some direction or definition on how many each service gets.

Mr. Lee Oliver asked again for the definition of the supervisor's vehicle. Mr. Pettyjohn responded that the definition is a county or serviced owned vehicle available 24 hours, seven days a week. The vehicle participates in the incident response plan of the county and the vehicle is marked.

Mr. Ben Hinson stated that in addition to this definition, we may need to consider the director vehicle if it is owned by the agency or the county, but at this time, this is strictly the supervisor's vehicle. Mr. Blake

Thompson feels that it should be supervisor or director's vehicle. Mr. Rich Bias asked Mr. Ryan Goodson if the director vehicles were included in the survey and he said no.

Mr. Ben Hinson questioned whether we should move on the motion for the definition of the director vehicle, or do we need to get the definition finalized first. Mr. Ben Hinson asked Mr. Jim Pettyjohn to provide a written definition of the supervisor's vehicle and when the county is contacted, we need to give them the description of the vehicle and remind them that to fully utilize the AVLS unit, they will need to have a laptop available. Mr. Jim Pettyjohn will work with Mr. Goodson to send this definition to each service.

Mr. Courtney Terwilliger stated we need to ask each service how many units they would request for supervisor vehicles to see if we have enough units for these vehicles. Mr. Jim Pettyjohn states we could have around 23-25 participating counties at the end of the day. Could we distribute a unit to the EMS services and let them determine what vehicle it goes in? Mr. Ben Hinson states that if we only have 23-25 units that it is self-explained. Mr. Jim Pettyjohn states we have three outstanding counties that need to be contacted.

Mr. Courtney Terwilliger suggested contacting InMotion to find out the cost of additional logins. Mr. Huey Atkins also asked if we could increase the login from two to four per service. Mr. Ben Hinson asked Mr. Jim Pettyjohn to contact Mr. Ralph Reichert and find out about increasing log-ins and additional information needed. Mr. Terry Cobb questions the limit of log-ins again and why we have only two and are we limited. Does it cost them extra to have extra log-ins? Mr. Ben Hinson requests that Mr. Jim Pettyjohn contact In-Motion and speak with them to see if we can allow additional log-ins, possibly five. Mr. Lee Oliver states that dispatch could consume the two log-ins and asked Mr. Jim Pettyjohn if the \$30,000.00 is still out there pending installation costs. Mr. Jim Pettyjohn states money is available above and beyond all other expenses. Mr. Ben Hinson asked Mr. Jim Pettyjohn to contact Mr. Ralph Reichert and find out about increasing log-ins and additional information needed.

### **AVLS RECORDS:**

Mr. Ben Hinson states the Attorney General Representative, Mr. Alex Sponseller, reported to the Trauma Commission that he does not think keeping the AVLS recording increases anyone's ability to access our records, other than having more records for them to get into if this data is kept permanently. He suggested that we need to ask the Trauma Commission to work with the legislature to broaden a law that was approved a couple years ago to provide protection of the AVLS archives from discovery when the Plaintiff's lawyers come knocking.

### **MOTION #2 EMS Subcommittee 2010-10-05:**

**I make the motion to recommend to the Trauma Commission to request the Legislature to broaden the law that was passed two years ago, which provided immunity from discovery to GEMA regarding the recording of data and information to provide similar protection to EMS services and the AVLS ambulance location data.**

**MOTION BY:**

**SECOND:**

**ACTION:**

Courtney Terwilliger

Huey Atkins

The motion ***PASSED*** with no objections, nor abstentions.

Further follow-up will be conducted by Jim Pettyjohn with Alex Sponseller of the Attorney General's Office for further clarification.

### **ROTOR WING SUBCOMMITTEE REPORT**

Approved 02 November 2010

Mr. Ralph McDaniel reports that after discussion at the last meeting he talked with Mr. Russ McGee who referred him to Dr. O'Neal trying to find out specifics with the licensing process. He reports that it is on hold until such point there is a State EMS director and deputy director in place. Nothing is going to move until that occurs. There is a license application and rules and regulations in place but no timeframe on rolling it out. This is not much of a subcommittee until we have licensing process.

Mr. McDaniel questions whether he can we bring folks in from the various providers and if there are funds provided for their travel expense. Mr. Hinson replied that he can bring providers, in but there is no money allowed for their travel expenses. Mr. Hinson states we need to get clinical data on morbidity and mortality so that when we move forward the group can tell us how we can use money to properly use rotor wing in our system in Georgia -- not driven by marketing or first-come, first-serve, but provide a system that really works.

Mr. Blake Thompson questions how many helicopters are in Georgia. Mr. Chad Black states there are 14-15 birds total within the state. Air methods has eight in the state, Omni Flight has two and provides three to Airmethods, (lease to Airmethods) Airmed has two and Airevac has three in South Georgia. Mr. Ben Hinson requests a report with names and locations of rotor wing services to be provided at the next meeting. Mr. McDaniel stated he will provide such a report.

#### **UPDATE FY 2010 EMS FUNDING PROGRAMS UPDATE**

##### **FY 2010 EMS Vehicle Equipment Replacement Grants:**

Mr. Jim Pettyjohn reports that he has been in touch with all 29 recipients and shared with them a sample work plan that addresses their budget to buy an ambulance. The two additional deliverables include the disposition report for the ambulance being replaced and a Return On Investment (ROI) plan to include how they are going to monitor for three years and show a positive impact on their community. All 29, with the exception of four, have submitted their signed Notice of Award letter back to DCH. Once they send it in to DCH, they will be receiving another letter from DCH. Once they receive that final letter, we will be working with them to receive their work plans and invoices and to get them their checks with no delays.

Mr. Hinson asked Mr. Pettyjohn if he would be meeting with Mr. Pete Quinones and some of his folks about the Return On Investment process that was discussed at our last meeting. Mr. Pettyjohn stated he had met with Mr. Quinones the week prior but deferred his report until Mr. Quinones is present. Mr. Quinones is not present today and Mr. Hinson states that he had brought forward to the Georgia Trauma Commission that we want some accountability. The Commission received it well and agreed but were also questioning accountability tools because hospitals have such different ways of measuring.

Mr. Pettyjohn added that as we do the pilot projects in Region 5 and Region 6, there are process improvements, performance improvement and accountability in the infrastructure we are building.

##### **FY 2010 EMS Uncompensated Care Program:**

Ms. Regina Medeiros reported that the FY 2010 Uncompensated Care Program has come to a close. There were 43 services that participated with \$2 million in charges. There was only \$1 million available, which leaves payment at 50 cents on the dollar. We are waiting on the completed W9 form from Coweta County. We are in the process of doing the check requests now and hope to have all the checks in the mail by October 15, 2010.

Mr. Ben Hinson thanked Ms. Medeiros for an outstanding job and great service. Mr. Jim Pettyjohn acknowledges that Ms. Regina Medeiros has gone above and beyond with no administrative fee for this. She took on this task last year as well and will be doing this in 2011.



Mr. Ben Hinson reports that the Trauma Commission did approve the recommendation of the sub-committee to use the Medicare rate structure as the placeholder to determine what uncompensated care is in the future. We are working with Alex Sponseller to make sure it does not violate S.B. 60 that says the average payment cannot be more than the average payment in the State Health Benefit Plan for EMS. However, the State Health Benefit Plan does not have an average payment for EMS and they do not know what they are paying and United Healthcare will not tell us. Our argument is we are going to use the Medicare rate as the placeholder but with payouts at roughly 50 cents on the dollar, (this is significantly lower than what the Medicare rate is); there would really be no argument about any State Benefit Health Plan Rate.

### **First Responder Training Grants:**

Mr. Courtney Terwilliger reported that the grant application period ended last month. Outstanding participants are being given 10 days to get the mail in our box. We have done multiple emails and the program managers have worked with us to make sure everyone received the information. After the 10 days are up, we will be gathering the information and putting it on a spreadsheet. Mr. Jim Pettyjohn will be involved in the scoring to determine who will be getting these awards. The grant check was received the last week in September.

By 15 October, we will be sending letters to those who applied for equipment grants detailing this is how many trucks they have, how much money per truck, how much you can spend, and what the grant dollars can be spent on.

First Responder grant letters will be going out to services that have been approved. They have to be approved by the state.

Mr. Hinson asked how many First Responder training grants were funded. Mr. Terwilliger stated 65 classes had been requested and we were only allowed 60 classes. He further asked Mr. Blake Thompson if that number of classes would be required each year. Mr. Thompson feels that it has impacted the rural areas, but in the future would like to see training go to a higher level such as EMT. Mr. Terwilliger also suggested the future opportunity of using some of the money to fund EMTB.

Mr. Hinson states there are Directors who simply send in letters for funding and do not get involved in anything.

Mr. Russ McGee stated at the end of last week his office had met with each service in Region 5 and all paperwork had been completed and sent in.

### **EMS UNCOMPENSATED CARE CRITERIA**

Mr. Huey Atkins presented a hand-out of a few things that had been discussed. He stated in talking with everyone there were three areas of concern with the way the reimbursement was being done.

Issue #1: The most difficult is trying to ease the process and using the data that is available. What we are recommending is through the data that is available, a list is provided for the services and that list would be made up of trip reports provided at the hospitals. In talking with Ms. Regina Medeiros and other trauma coordinators, much of this information is missing on paperwork or paperwork disappears.

The second component of this would be identifying the county of origination for these patients. This would help services identify patients who otherwise would not be accounted for. Mr. Huey Atkins asked if there were any questions or discussion. He gave the example if Hancock County transports a patient to Oconee Regional and then is transferred to Macon, Hancock County might not know that patient was transferred. If the list was developed that showed a patient originated in Hancock County, then Hancock County service could look and see this patient came out of my county and could look in their records and see that this patient does qualify and get reimbursement for it.

Ms. Regina Medeiros states that larger services have a better handle on this. She states we are missing a lot of transports from scenes to smaller hospitals because they do not understand the system and they also have no idea that the patient ended up in the trauma center.

Mr. Huey Atkins added that a lot of people relayed the same information to him if a service took a patient to a small community hospital and then the hospital called a helicopter service. The helicopter service knows, but the originating service may never know the disposition of the patient.

Ms. Regina Medeiros added that is very rare to get trip reports of the originating scene calls but get more of the hospital records from the ER that is transferring the patient. There has been some improvement made but it seems that the first trip sheet is usually missing.

Mr. Jim Pettyjohn questions how the service finds out if they have patients that are eligible for reimbursement. Ms. Regina Medeiros responds with suggesting that they contact the original hospital because they do not know which trauma center the patient was taken to. Mr. Jim Pettyjohn questions whether or not the state registry has a data element that captures or identifies the originating service area. Ms. Regina Medeiros responds they can only enter data they have received, and if the trip sheet is empty, it cannot be captured. There was further discussion regarding services not leaving trip reports or that trip reports get misplaced.

Mr. Lee Oliver questioned if everything is going electronic by January 1, 2011, is there a way to tie it all together, and is there a way to manipulate the trauma registry database and the JEMSIS database. Mr. Ben Hinson responds that you can do that if everything goes into the state electronically and if the state sends the PCR data fields to every hospital that the patient went to then the trauma registrar could look for missing information. Mr. Ben Hinson feels that the challenge is how we cannot put the name out there and until you make the connection, the only way this will work is if the original PCR is left at the facility and can be tracked back.

Ms. Regina Medeiros feels there needs to be some education for this program, possibly quarterly, to identify qualified patients. Communication Centers should be able to help with this. She further feels one thing this process has done is to build relationships with EMS, registrars, coordinators, etc.

Mr. Ben Hinson states the problem is how the Trauma Registry was not set up to track reimbursement issues, and the other part is the people getting paid are dependent on someone else doing something with the paperwork. Mr. Huey Atkins questioned whether the Trauma Registry could tell the EMS services more about the originating hospital to track the patients. Mr. Ben Hinson states there are 10,000 to 12,000 patients on the trauma registry every year.

Issue #2: The services that are transporting outside the State should be able to apply for reimbursement as long as they do not bypass another facility that is appropriate. Mr. Atkins reports that this is something everyone is in agreement with.

Mr. Jim Pettyjohn questions how we determine that. Mr. Ben Hinson suggested obtaining an affidavit from the service stating they did not bypass another qualified facility.

Mr. Richard Bias asks how we validate the patient meeting trauma criteria. Mr. Pettyjohn responds that they would be on the out-of-state trauma registry and then we would have to validate the out-of-state trauma registry is in line with ours.

Mr. Ben Hinson feels the problem is that we are operating under S.B. 60, which defines a trauma patient as someone on the trauma registry at a Georgia designated trauma facility so this may take a change in the statute. We need to look at the definition of the patient. Mr. Hinson requests that Mr. Pettyjohn contact Mr. Alex Sponseller to clarify this. Mr. Hinson states that we will take this to the Georgia Trauma Commission as a recommendation.



**MOTION #3 EMS Subcommittee 2010-10-05:**

**I make the motion to allow services that transport SB 60 qualifying trauma patients to designated Trauma Center Centers outside of Georgia to qualify for the Commission EMS Uncompensated Care program reimbursement in FY 2011 as long as an appropriate qualifying facility in Georgia was not closer or bypassed.**

**MOTION BY:  
SECOND  
ACTION:**

Huey Atkins  
Blake Thompson  
The motion **PASSED** with no objections, nor abstentions.

Further follow-up will be conducted by Jim Pettyjohn with Alex Sponseller of the Attorney General's Office for further clarification.

Issue #3: Reimbursement of the Medicare rates. Mr. Atkins feels that Mr. Courtney Terwilliger brought up a good point of reimbursement at a rate of 117% but is unclear regarding the amount since we cannot reimburse higher than what the state pays. Mr. Courtney Terwilliger stated that EMS is being paid between six and seventeen percent less than cost to do business with the idea that if we are reimbursing at cost with the 117% it would put us at cost.

Mr. Richard Bias states that the current model is not reimbursing charges or a rate. It is using charges or a rate to establish a distribution model evenly. Because we were using charges, there were appropriate concerns about the imbalance in that the Medicare rate was agreed to as a baseline to create a level playing field. So, whatever rate we talk about and add a multiplier to it mathematically, unless we actually think there is going to be enough money in the pot to provide full reimbursement, we are still talking about simply creating a level playing field.

Mr. Atkins added for ease of process, we do not know from one year to the next how many claims will be submitted. So that reimbursement rate can go up or down. The other alternative was to do a flat fee of \$500.00, and if you are in a rural area you get another \$250.00. Depending on how many claims are submitted, it is easily adjusted up or down. This may be an alternative for ease of process.

Mr. Hinson would like to get Mr. Russ Honeycutt to develop a model in an Excel sheet that Ms. Regina Medeiros might be able to test. Mr. Jim Pettyjohn asks if this would create a disincentive for services to continue to press for payment in some of the counties. He feels the Commission would not let us pay for a claim greater than what they would have already received. Will they get more from the Georgia Trauma Commission instead of the patient? He feels that the Attorney General's office will want to look at this. Mr. Hinson would like to revisit this at the next meeting.

**CONSENSUS RECOMMENDATIONS FOR FY 2011 EMS FUNDING**

Mr. Hinson states this is on here and he would like to see if there are any changes. Recommendations have been made and the Commission accepted these but we simply said there were some pieces that we might come back to again.

Uncompensated Care: We have already talked about what Mr. Atkins and his group came up with. The only thing hanging was the payment for transport to EMS, which provides transport to out-of-state trauma centers. We are going to tell them we want to do that but we have to see what law changes have to be made.

Vehicle Grant Equipment: Mr. Courtney Terwilliger stated he had sent an email out and suggests that we go back to the original criteria. The Trauma Commission has a great deal of heartache with anything subjective so he is making a recommendation to go back to the original objective criteria.

Mr. Hinson requested clarification that on year one, the numbers were stair-stepped and the second year it was still objective but we flattened out the stair-step as we did on the mileage. Mr. Terwilliger states this was the way they were scored and not the criteria. The criteria has been the same each year but improved the process on scoring to give more linear methodology.

**MOTION #4 EMS Subcommittee 2010-10-05:**

**I make the motion that the following application and scoring process be implemented for the EMS Vehicle Equipment Replacement Grant awards program for FY 2011:**

- i. A limit of one award per 911 zone and two awards per agency with those two awards per agency going to different 911 zones.**
- ii. A 911 zone cannot receive an award in two consecutive grant program years. One grant program year must pass before the 911 zone is again eligible to receive an award.**
- iii. Limit any 911 zone to a total of three awards in a 10-year period. FY 2009 grant program year was year one.**
- iv. DCH Grants Administration will administer the grant process with oversight by Trauma Commission executive director.**
- v. Use same scoring criteria and application as FY 2010 except for the 20% score reduction for services receiving a grant in the previous year. A 911 zone cannot receive an award in two consecutive grant program years. One grant program year must pass before the 911 zone is again eligible to receive an award.**
- vi. Application documents will be updated to reflect FY 2011 program deadlines. US Census Bureau 2009 population estimates will be resource for Georgia County densities.**
- vii. A validation committee will be established. Committee members will include: a DCH Grants Official, Trauma Commission executive director, and an EMS Subcommittee on Trauma appointed representative who is not applying for an EMS Vehicle Equipment Replacement Grant.**
- viii. All grant applications received by DCH will be validated and scores verified by the validation committee, i.e., is the application complete and is correct information placed on scoring calculator etc. Full committee must be present for all validation and scoring activities. Trauma Commission support and Office of EMS and Trauma staff may provide assistance in validation process.**
- ix. Validation committee will develop a rank-ordered-by-score list of all grant applications. This list will be presented to the Trauma Commission EMS Scoring subcommittee.**

- x. **Trauma Commission EMS Scoring will receive and review the validation committee's rank-ordered-by-score list and determine number of award and amount of each award.**
- xi. **Trauma Commission EMS Scoring subcommittee chair will submit final award list to full Trauma Commission for approval.**

**MOTION BY:**  
**SECOND**  
**ACTION:**

Rich Bias  
Richard Lee  
The motion ***PASSED*** with no objections, nor abstentions.

### **FIRST RESPONDER TRAINING GRANT**

Mr. Courtney Terwilliger responds that he has been beaten up a little bit with some of the fire services questioning why they did not receive the grant for first responder training. Mr. Hinson clarifies that the money is marked for EMS licensed services only.

### **OLD BUSINESS**

None

### **NEW BUSINESS**

Mr. Chad Black states that we need to push Amendment Two for the trauma system funding. Mr. Terwilliger says we need to get email addresses for the rural counties that received new trucks, equipment, etc. and we need to push this amendment.

Meeting adjourned: 12:30 p.m.

**Next meeting will be held Tuesday, November 2, 2010, in Atlanta, Georgia. Location to be determined.**

## **Recommendations for Uncompensated Care Reimbursement**

- 1. For ease of the process, it is recommended that utilizing the data collected by trauma coordinators, a list be provided that shows, a) qualifying patients transported by each service and, b) County of origination for patients transported to a qualifying Trauma Center. (should a service leave no or uncompleted paperwork that does not contain this criteria then reimbursement is not eligible for this transport)**
- 2. Allow services that transport patients to facilities outside of Georgia to qualify for reimbursement as long as an appropriate qualifying facility in Georgia was not closer or bypassed.**
- 3. Reimburse services, a) at Medicare rates (117%) plus mileage with the rural modifier, or for ease of the process, b) at a flat rate of \$500 plus an additional \$250 if in a rural county.  
The rates could easily be adjusted up or down with this formula to match available funds.**