## Anderson County Board of Commissioners EMS Audit Advisory Committee MINUTES August 24, 2017

**Members Present**: Randy Walters (Project Manager), Phil Warfield (Vice Chair) Rickey Rose, Jerry White, Shain Vowell, Steve Newby, Chief Darryl Kerley, Theresa Scott, Jodie Turner, Dale Isabell, Stephanie Fox, and Dave Anderson, Sr. (Secretary)

**Also Present**: Fitch Consultants, via audio sound system (audio issues, County Project Manager needed to repeat committee members' questions to the consultants)

Absent: Chair, Myron Iwanski, family emergency

Project Manager Walters opened the meeting and gave control of the meeting to Vice Chair Phil Warfield. Mr. Warfield called for a motion to approve the August 15, 2017, minutes. Mr. Jerry White motioned for approval, Mr. Shain Vowell seconded, approval was unanimous.

## Item #1 – Consultants' Experiences

See Fitch Consultants Biographies, herewith.

## Item #2 – Purposes

Consultants relayed these purposes:

- Respond to RFP;
- Assessment of cost;
- Document best practices;
- Identify areas for improvement;
- Fact finding—good and bad;

## Item #3 – Miscellaneous Notes

- Medicare fee schedule can be found at EMS.gov
- Anderson and Roane are urban counties
- Biggest expense—cost of readiness
- > Decline of revenue and funding is the biggest factor on all public servants' minds
- > Feds delegated cost of EMS to local government in 2002
- > Feds only contribute to cost for Medicaid recipients
- Feds—squeeze on healthcare
- Fee chart—Medicare or Medicare Advantage

- Local EMS inability to collect for services rendered is due to customers being on fixed income (Social Security, etc.), inability to pay, struggle for co-pay, etc.—these are absorbed by EMS as uncollectable revenues
- > Affluent communities are not normal demographics for all services
- Very few EMS providers are self-sustaining and able to survive on their billings. They tend to be in affluent areas. Most are subsidized with tax money.
- Info Data Request (IDR)
  - Information data collection tool
  - o Scope for project—completion in 225 days or sooner
  - Everything needed to complete project
  - Thirty (30) pages of questions that could turn into one hundred (100), tailored to project—the questions preclude individual interviews and are geared toward:
    - Budget last five (5) years
    - Analysis previously completed
    - Responsiveness
    - Quality of data
    - Ambulance deployment analysis
    - Claim reviews—same approach as Inspector General
    - Accuracy in billing
    - Collection of funds for services
    - Areas of risk that can slow down payment
  - Imagine an IDR as the last test done before seeing the doctor.
- > Onsite work
  - Employee issues
  - o Information provided to County Leadership about how EMS functions
  - $\circ$  Talk with staff
  - Employees' survey (anonymous)
  - o Working conditions of crews
  - Many key stakeholders identified
  - Review of organizational chart
- Regular Project Updates (EKG Report of Project)
  - Every two weeks
  - Current actions, objectives, outcomes, what is needed for the consultants to go forward
- ➢ Fifty benchmarks
  - Helps Operations and Finance come together
  - Best practices—decisions for improvement
- Day 170
  - o First draft
  - $\circ \quad \text{Questions and answers} \quad$
- > Final report
- Work Plan Meeting, September 14, 2017
  - IDR description
  - $\circ$  Benchmarks

<u>Adjournment</u> - The meeting adjourned with parting words by Mr. Walters. Mrs. Jerry White motioned to adjourn; Chief Darryl Kerley seconded; all agreed.