



CAPSTONE
TRANSPORTATION

**Pre Hospital Care Emergency Medical Ambulance
Services for the Baker ASA
RFP 2022-02**





May 20th, 2022

Jason Yencopal

Emergency Management Director

Baker County RFP

Dear Jason Yencopal and Proposal Evaluation Committee Members:

The Baker ASA contains rural communities within Oregon state that provide an excellent place to live, work, play and raise a family. Capstone Transportation appreciates the opportunity to serve both counties while working with local Fire Departments in order to further improve the health and protection of the people the counties, as its emergency ambulance services provider.

Capstone Transportation is fairly new, but our leadership team has over 20 years of combined experience in the healthcare industry. This experience will help drive innovation, dedication and collaboration to your EMS system design.

Capstone focuses on several concepts to help meet the healthcare need of the community. Jack Stout is considered the father of high performance in EMS and transformed how communities thought about the relationship between efficiency, policy, and patient centric care in their EMS systems. In addition, we focus on the Triple Care framework of healthcare and are committed to collaborating with other healthcare providers including hospitals, fire departments, and community health focusing on reducing per capita cost, improving patient experiences, and improving patient outcomes.

Capstone also recognizes that cooperation with our firefighter partners is essential to ensuring that the community receives the best, most comprehensive emergency medical service. We look forward to working with each local fire department.

In the following proposal, we describe the plan of deployment, as well as how we will welcome ambulance crewmembers already serving Baker to join the Capstone team and stay in each respected community. We describe in detail our commitment to safety and quality and ways we can improve EMS while reducing the cost over time.

Again, we appreciate the opportunity to present our proposal look forward to answering any questions you may have.

Travis Spencer

Travis Spencer- EMS Director
Fellow of American College of Paramedic Executives



Proposal 2022-02

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Executive Summary

Capstone Transportation is honored to submit this proposal to the Baker ASA to be the exclusive provider of emergency ground ambulance services. We are confident that upon reviewing our proposal, you will understand the overall value our service can provide to your community. Capstone is fairly new in the transportation business but noticed a gap in medical and non-medical transportation throughout the United States. Idaho has been the first location in which we started EMS and has been successful in producing a sustainable model that we want to expand in other markets.

Capstone has provided non-emergency transport across Idaho for approximately 4 years. We have partnered with 911 agencies to provide 911 assists and partnered with healthcare facilities to assure that we provide better service and patient care. In that time, we have been involved in several changes in the industry including improving health data exchange between hospitals and EMS, culture of safety, and intelligent risk taking.

Even though Capstone is still growing, we are fully prepared to cater to the specific needs of the citizens of your county. Our company is known for fostering an entrepreneurial culture of ownership coupled with a field-driven, flat structure, which empowers local leaders and their teams to provide superior solutions to the specific medical needs of the communities they serve.

The following page is an overview of the key points of our proposal.





Capstone will evaluate and collaborate with County Commissioners to find ways to improve EMS services throughout Baker by focusing on the public utility model. The public utility model focuses on delivering highest levels of care, financial stability and a professional environment while increasing value. The idea of "that is how we have always done it" tends to lead to decreased care, increased costs, and financial strain.

Capstone will provide the requested two 24 hour ALS ambulances and 1 backup ALS ambulance. We expect to be able to provide this service on October 1, 2022, however we will continue to work with the county and notify of any delays due to current staffing issues, current work staff shortages, or COVID related delays the have effected our industry as a whole.

Personnel will be certified in accordance to Oregon Administration rules.

Capstone will help build the relationship between our providers and the local fire departments, police departments, and hospital systems as they are essential to the overall prehospital environment.

As a performance-based contract, Capstone will continually review and hone resource allocation and vehicle deployment to match demand. However, we want to work with the county to determine any waste of resources and the deployment plans to eventually reduce the financial strain that the current plan/system creates .

All ambulances will be equipped with all state required ALS equipment including but not limited to cardiac monitors, gurneys, IV pumps, and ventilators.

Capstone will be working closely with the hospital and other healthcare facilities to focus on the triple aim of healthcare. This will include, but is not limited to, improving patient care in prehospital settings, working towards a solution to the lack of interfacility transport options to the community, and reducing the use of costly transports via air ambulance.

Capstone will provide medical supplies to the local fire department free of charge in a one-for-one exchange on-scene.

Capstone will work with local dispatch center to assure that all staff have communication plans to assure additional resources, mutual aid requests, and mass causality incidents are established prior to events.



KEY PERSONNEL

Jami Cobley - President/Executive Director



(208) 577-1611
jcobley@victoryMTC.com

Jami is an experienced manager with expertise in the transportation business. She has brought Victory EMS and Medical Transport to become a Flag Flying facility. This is the highest honor within our company and is not easily obtained. Jami is exceptional in customer relations and continues to help other companies in Capstone continue to improve.

Travis Spencer - EMS Director

(208)-286-1444
tspencer@victoryMTC.com

Travis has been in EMS for over 20 years. He has been involved in both government 911 ran agencies and interfacility transports. He is a Certified Flight Paramedic, Community Paramedic, Licensed Practical Nurse, and is a Fellow of the American College of Paramedic Executives.



Kristin Hicks

Marketing / Community Relations
(208) 724-3613
KrHicks@EnsignServices.net

Angela D'Ambrose

Accounts Receivable
Specialist/Billing Specialist
(208) 286-4173
ADAmbrose@Ensignservices.net

KEY PERSONNEL SUPPORT CENTER

Glenn Matthews - President Quorum Services



(949) 487-9500

GMatthews@EnsignServices.net

Glenn provides support to all of Capstone Transportation. Glenn provides guidance and development of leaders within the healthcare industry. Glenn moved to Capstone after successfully developing a skilled nursing facility in California.

Juli Tweedy - Director Of Risk Management

(520)-777-0556

JTweedy@CapstoneTransport.com



Juli is a licensed attorney with a focus on decreasing risks and increasing safety. Juli has experience in management of claims and preventing litigation. She currently resides in Arizona and provides services for all Quorum entities.

Greg Triska



Accounting Resource

(602)-313-4561

GTriska@EnsignServices.net

Craig Frazier



IT Manager

(214)-770-2976

cfrazier@qrmsc.com



Experience

Over the last four years, Capstone has grown Victory EMS to become a well respected EMS transportation service in the Southern Idaho region by adapting to the industry needs. We serve and work collaboratively with community leaders, other local EMS agencies, skilled nursing facilities, and hospital systems to improve the private transportation industry.



In order to develop true partnerships within the communities we serve, Capstone welcomes the input from the local fire department in the final selection process of response within your community. We focus on five essential concepts in the business. These included on time performance, professionalism, safety, customer service, and good patient care.

We want to work closely with county commissioners, local fire departments, and hospital systems to develop efficient deployment plans for the rural areas of Oregon. We believe working in hand-in-hand which builds trust that benefits everyone, including the community. Input from the citizens when it comes to decision making is crucial in fostering teamwork. Looking into alternative models and considering newer ideas in EMS is another benefit we provide that expands our reach into our patient's homes. Utilizing the idea of the Triple Aim, we can work together to focused on getting all providers within a medical community to work together within Baker ASA region.

The history of Capstone can be traced back to our current leadership team's experience and different background experiences. Through our success and failures in the industry, we have been able to show that providing EMS services is not just the responding to EMS calls but being involved in the community, our providers, and focusing on our companies values known as CAPLICO.



Company Values

CAPLICO

Customer Second

Accountability

Passion For Learning

Love one another

Intelligent Risk Taking

Celebrate

Ownership





Company Values

CAPLICO

Customer Second

If employees are the top priority, they provide better care. This means taking their concerns seriously, resolving issues without fear of retaliation, and ensuring that staff is paid for annual code of conduct and compliance training.

Accountability

Everyone at every level has a voice and is empowered to speak. They are expected to act responsibly in addressing requirements and areas that need improvement.

Passion For Learning

Educating employees promotes better care for patients and residents who cannot care for themselves.

Love One Another

This enables staff to approach each other about problems from a caring perspective. "If you don't believe someone cares, it feels like they're just trying to tell you what to do," she explains.

Intelligent Risk-taking

Fully understanding potential consequences and rewards of an action leads to better decisions, improved safety, and increased benefits.

Celebration

The company highlights large and small victories. A successful outside audit might lead to a compliance team-hosted cookout. Without celebrating our successes, we are not giving enough credit for the hard work our team does.

Ownership

Everyone should be responsible for making improvements and how they can be actively engaged in implementing them.



Personnel Licenses

Victory will regulate all personnel licensing within two systems. Traumasoft, Victory's dispatch and scheduling system, maintains records of all the employees' certificates and notifies the employee and supervisors of expiring certificates up to 90 days before expiration.

Name:	Eff Date:	Exp Date:		
Drivers License	04/19/2016	04/17/2024	View Document	Upload Document
CPR Certification (Cardio Pulmonary Resuscitation)	06/01/2021	06/01/2023	View Document	Upload Document
ACLS Advanced Cardiac Life Support	11/17/2020	11/30/2022	View Document	Upload Document
Critical Care Certification	06/30/2021	06/30/2025	View Document	Upload Document
National Registry License	03/31/2021	03/31/2023	View Document	Upload Document
PALS Pediatric ALS	11/02/2021	11/02/2023	View Document	Upload Document
State License	03/01/2021	03/21/2023	View Document	Upload Document

The secondary check is with Imagetrend EPCR software. When an employee's State EMS license is close to expiration, the system will automatically notify both the employer and employee. If the license does expire, the system automatically removes the employee from the EPCR system.

Release Form

Your Paramedic 2011 license expires on 3/30/2023

I acknowledge my license expiration above, understand that it is unlawful for me to provide care after that date and agree to the Privacy Statement below.

I agree to the following Data Privacy Statement.

Having two checks assures that no person is providing care without a valid license.

Agency Licenses

State EMS License

Capstone will be applying for credentialing in Oregon per requirements of Oregon Health Authority. Capstone currently holds these licenses in the State of Idaho:

- Critical Care Interfacility
- Paramedic Standby
- Paramedic Prehospital Support
- Critical Care Air Medical
- Paramedic Interfacility

There is no restriction of our license and will be applying for Oregon once contract secured.

Other Professional Licenses

In addition, Capstone remains compliant with the following professional licenses in Idaho. We plan on obtaining the following in Oregon to meet the demands of the Agency License.

- Idaho Board of Pharmacy license #61049LS
- DEA license # MV6526668

Currently only Idaho EMS agency compliant with new Federal licensing requirements
Protecting Patient Access to Emergency Medications Act (PPAEMA)

- Waived CLIA license # 13D2175061

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MV6526668	05-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	MLP-AMBULANCE SERVICE	06-15-2021
VICTORY MEDICAL TRANSPORT DBA VICTORY EMS 655 N FIVE MILE RD BOISE, ID 837138025		



IDAHO STATE BOARD OF PHARMACY
 P.O. Box 83720 Boise, Idaho 83720-0067
 Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Victory Medical Transport DBA Victory EMS dba Victory EMS

**Limited Service Drug Outlet Registration
 Registration No: 61049LS**

Training

Capstone Transportation understands that our employees are the core that drives our business and we do our best to ensure each and every member of our team are given the tools to help them succeed within our organization. Our core values of Customer Second and Passion for Learning helps support this belief.

All new employees will be mandated to attend our orientation and training classes. During their time, employees will be required to complete training classes as a prerequisite to their employment at Capstone. The areas of concentration during training are centered around clinical/documentation, customer service, and patient care. Capstone takes pride in shaping future leaders of EMS.

CLASSROOM (40 HOURS)	CLINICAL (40 HOURS)
Company overview/history	Driving Checklist
FTO introduction/Assignment	Equipment Checkoff
HIPPA/Infection Control/Hazardous/Communications	Patient Care Reports
Review of SOP/Protocols	Interpersonal Communications
Benefits/PTO	Safety Procedures
Customer Service/Professional Conduct	Shift Responsibilities
Charting/Billing practices/Legal	Pharmacology
Equipment Use/Lifting Techniques	Patient care under FTO guidance
Mapping and Navigation	Vehicle Preparation
EVOC training and Driving Course	Regular performance meeting

Training

All employees will be required to have the following prior to employment

- Current Approved Oregon State Paramedic or EMT license
- AHA CPR certification
- Current driver's license

Paramedics will be required to have additional prior to employment

- AHA ACLS/PALS

Within 12 months of employment, and repeated every 2 years. All staff will be required to complete additional training

- Advance Trauma Life Support
- Neonatal resuscitation
- START Triage

Personnel will be hired for the Baker area. Our human resource team will be actively involved with helping with the hiring process. We will also be extending an offer to existing paramedics/fire department personnel for positions within Capstone Transportation. Per Oregon regulations, all Paramedics will have 3 years or associates degree at minimum. New paramedics/EMTS will have a 2 month FTE period that can be extended by FTO and Director of Operations

Baker City: 48 hours = 1 FTE

Paramedic FTE: 7

EMT FTE: 7

PRN Staff: 3-4 minimum

Supervisory Roles:

Director Of Operations

Roles Include: Day to day operations, reporting, attending county meetings, purchasing
1 FTE salaried employee

EMS Director - Travis Spencer

Location: Boise region

Split FTE hours

Training

Current Number of Employees:

Capstone Transportation Boise Location

1 President

1 EMS Director

1 Dispatch Manager/Operations Manager

5 RN

6 Critical Care Paramedics

9 Paramedics

23 EMT



All current employees are required to have 10 hours of mandatory yearly training on HIPAA, compliance, harassment in the workplace, infection prevention and control, obligation to report abuse, and safety culture.

Our experience ranges from the new EMT/Paramedic to staff that have multiple years experience in EMS.

- EMTs are required to have Idaho State EMS license, CPR certification, valid drivers license
- Paramedics are required to have Idaho State EMS license, CPR, ACLS, valid drivers license
 - Critical Care are required to have same as Paramedics and the Certified Flight Paramedic or Critical Care Paramedic certificate,
- EMS Director currently holds Fellow of the American College of Paramedic Executives, Certified Flight Paramedic, Licensed Practical Nurse, Community Paramedic, Tactical Paramedic

Supervision of the Baker region will be completed by the Director of Operations. The Director of Operations will directly report to the EMS Director and President for any HR issues. The Director of Operations will be required to give weekly updates on the culture, staffing, operations, and new hire updates.

Ambulance Staffing

Baker Staffing:

Requested Staffing from RFP

ALS Unit 1:

3.5 Full Time Paramedic FTE

3.5 Full Time EMT FTE

ALS Unit 2:

3.5 Full Time Paramedic FTE

3.5 Full Time EMT FTE

3-4 PRN staff for sick/vacation time

Backup ALS Unit 3 (Utilized if primary vehicles out of service area)

Call back staffing

1 Paramedic - Pull Operation Manager/Call in staff

1 EMT - Call in EMT staff

Capstone will be working with the County to determine the coverage of the area. According to the RFP requirements, the minimum ambulance coverage requires two 24 hour ALS ambulances. The current call volume places the Unit Hour Utilization (UHU) at a 0.09. The typical 911 system runs a UHU of 0.3 - 0.5 in order to maintain financial stability. UHU is typically calculated by dividing the number of transports by the number of unit hours. In other words, an ambulance that performs four transports in a 12-hour shift has a UHU of $4/12$, or 0.33. The Baker ASA has some regions of the county that have extended response times up to 2 hours leaving areas potentially uncovered. Current call volume gives each ambulance approximately 2.5 calls per 24 hour shift. With the 80% of the payor mix being Medicare and Medicaid, the current call volume to coverage would not be feasible without a significant subsidy.

However, call volume also shows 80% of the call volume is located in the Baker City region. Average response time was 3.71 minutes in city limits. Due to majority of calls being in Baker City, the 2 Primary vehicles will be staff in the Baker City limits.

Ambulance Staffing

Comparing to ambulance services in surrounding areas including Washington County Idaho and Payette County Idaho, the number of staff ambulances vs call volume in the Baker ASA is significantly lower. Payette County runs over 3200 calls per year including 911 and interfacility transports with 2 full time vehicles and one 12 hour transfer car. Washington County runs around 1600 calls per year with 1 full time ambulance and 1 backup vehicle, this area also including 911 and interfacility transports. The current staffing per call volume for the Baker County RFP could be a significant less financial burden on the citizens if exploring the concept of alternative staffing during peak hours, reducing staffing during down times, and including interfacility transports into the current plan.

As for rural and frontier regions of the ASA, Capstone will work closely with the QRUs and air medical transport to determine the nature of the call and the delayed response time. Any life threatening or near life threatening transport will rely on QRU and air medical transports for treatment, providing weather permitted. Capstone will also be working with surrounding departments to determine if mutual aid could respond and transport with shorter response times.

Each ambulance will be owned and operated by Capstone Transportation. The ambulances will be combination of Type 1, 2, and 3. Due to the weather history of Baker area, the ambulances will have preference of 4X4 or AWD.

Baker ASA may have additional support vehicles including SUV Chase Vehicle that can be utilized to help with mutual aid request, paramedic intercept, or other requests that would not require a transport ambulance.

Failure to meet committed level of service can occur for several reasons. Staffing can reduce due to the following, most reasons would be unpredicted or out of our control

- Pandemics
- Immediate termination due to wrong doing
- Lack of available resources/lack of qualified staffing

Capstone has been pressed with all of the above in the past. We have a commitment to the community to still provide the service. Staffing PRN employees can help with undesired loss of staff. The second response is to utilize overtime as needed. Unfortunately, if an ambulance cannot be fully staffed, the vehicle coverage will be reduced at a minimum of 1 primary ALS vehicle and 1 BLS vehicle.

Ambulance Staffing

Hiring practices for filling vacant positions or new positions consists of our HR support resources to help get advertisements out to help fulfill the slots. They will target potential candidates utilizing resources such as Indeed, Workday, and other popular hiring platforms. The new employee will be required to pass background check and urine drug screening prior to employment. The employee will also need to have FTO phase consistent of required 2 months training prior to being released.

The remote area of Baker County and the current drop in the EMS workforce across the nation has a huge impact on staffing. As wages continue to increase, ambulance reimbursement remains stagnant, and cost of living increases; the ability to find and recruit staffing is harder than ever. The county will have to be flexible and understanding of the need to adjust staffing levels, level of services, and continue to work with Capstone to assure that the citizens receive the best possible care. As described previously, we are looking to work with the current staffing at the fire department and attempt to recruit those employees that are interested in continuing a career within EMS.

Recruitment is just as important as hiring. Capstone works together with our employees to create a welcoming community. Capstone is known for its very unique work force as we focus on customer second/employee first. We employ people from all different backgrounds and experiences in an attempt to have a well rounded, versatile group of people. We also view our employees as people, not just numbers, always being there for the employee to help. Capstone employees voluntarily participates in the Employee Emergency Fund, an employee sponsored fund to help other employees in need.

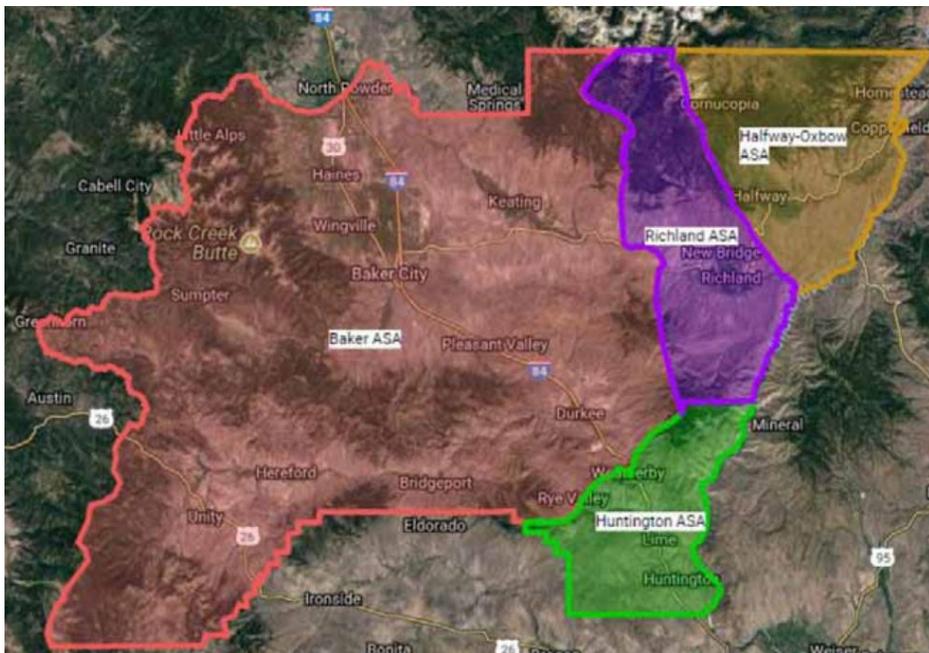
Employees can access our robust benefit packages that provide them with many options to choose in order to maintain a healthy life and life balance. Many of the benefits include medical, dental, vision, paid time off, discount tickets, discount gym membership, 401K options, and many other unexpected death or injury packages.



Coverage Plan

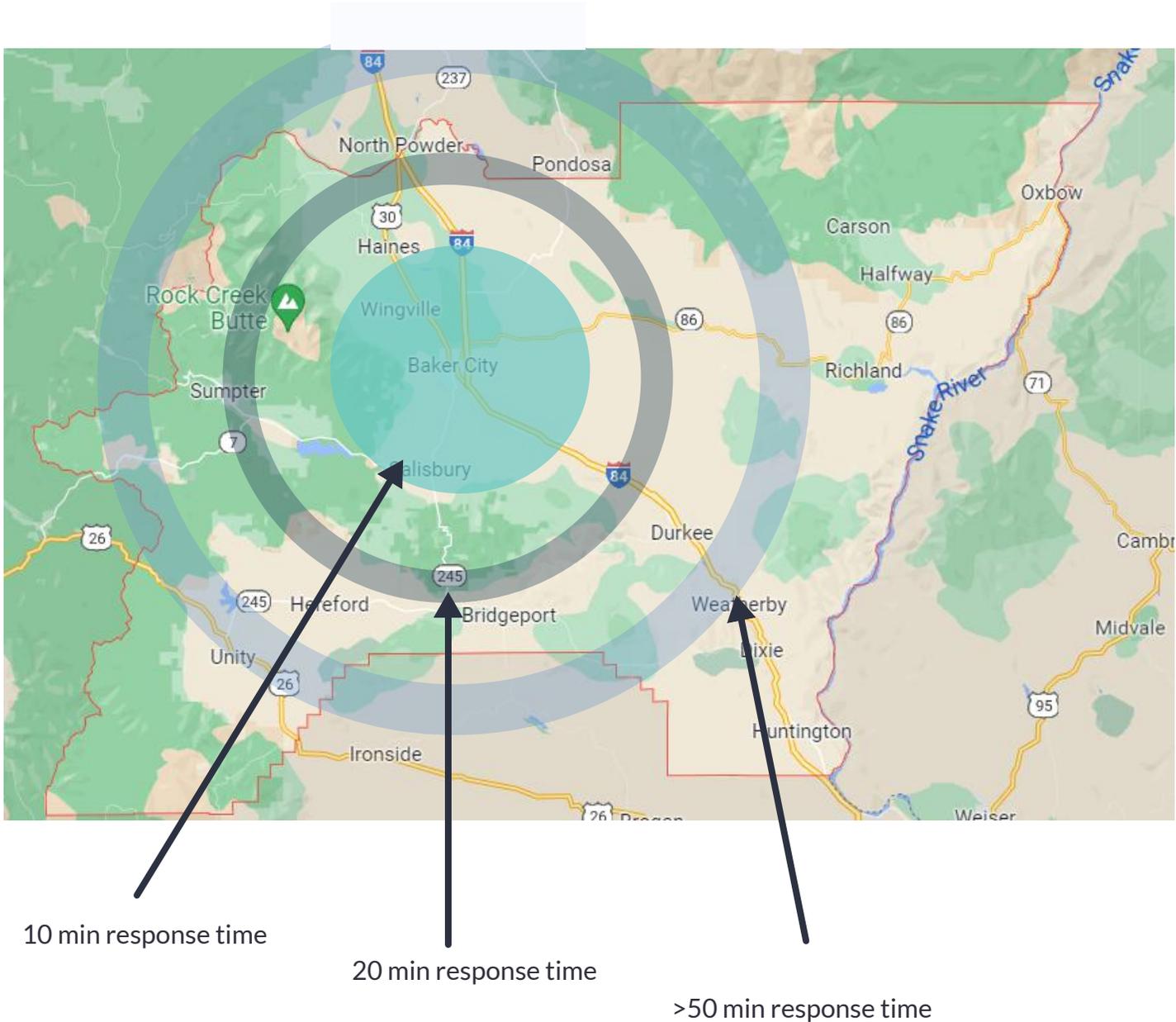


Baker County lies on the eastern side of Oregon and touches the Idaho border. The Baker ASA RFP area runs from the most western side of Baker County and ends at the Richland/Huntington ASA borders. The majority of call volume exists within the Baker City region.



Coverage Plan

Baker City also lies in the central location of the county ASA, leading to response times to rural areas with the best possible outcomes. One of the longest response times will be to Unity, Oregon. This area has a population of around 70 people. With the help of mutual aid requests, air medical transports, and QRU units, the citizens will still receive the care that they may need. Baker City is also centrally located on I84 and has access to Hwy 86 and 203. Baker City also contains the area hospital, Saint Alphonus Baker City location.



Communication Equipment

Capstone will be providing each ambulance with one mobile radio
Crew members will be assigned a portable radio when on staff- typically 2 per crew
Each ambulance will have assigned one cell phone with important numbers programmed for each.

The radios will be UHF/VHF frequency and will be capable to communicate within the frequencies of each important channel including but not limited to

- County Dispatch
- Air Medical Support
- Hospital communications
- Tactical Channels
- Mutual Aid Channels
- Fire Department
- Police Department

Operations Manager will be equipped with one portable radio and one cell phone.
EMS Director and Executive director will also be assigned to carry cell phones.

On call staff will be notified of need for coverage via scheduling/texting feature that will send messages to the staff via private cell phone numbers.

Staff will be able to place availability and view their current schedule via a scheduling application.



Additional Technology

Health Data Exchange

In Partnership with Kno2 and Image trend, Capstone Transportation has been in beta stage of the health data exchange module within our electronic patient care system. The system facilitates the automatic, bidirectional exchange of the pre-hospital reports.

ImageTrend integration includes

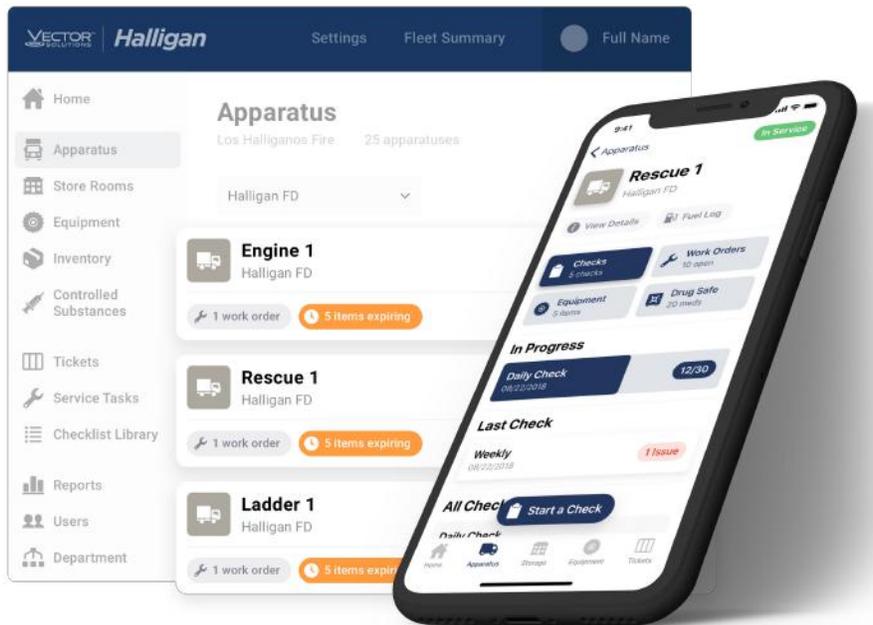
- EMS is able to instantly query Carequality's network of more than 600,000 care providers to access critical patient health information in the field
- Automated exchange of prehospital records, outcome, and other important demographic information. The system currently automatically faxes the prehospital EPCR to hospital records department
- Future integration with hospital documentation software to automatically import EMS charting into hospital charts without the need for faxing
- Future integration to allow EMS providers patient outcome information

In addition, Imagetrend EPCR system allows for EMS staff to document out in the field, pull historical EKG data, and import cardiac monitor data directly into the patient care report. The administration staff has access to extensive patient care reporting, QI/QA features, uploading to state and NEMSIS data, and tracking of interventions performed in the field.



Additional Technology

Vector Solutions Software



Capstone Transportation manages assets and other critical items such as supplies, equipment, and inventory utilizing Vector Solutions Check it application. The application allows for tracking of the following:

- Medical supplies and expiration dates of supplies in ambulance
- Medical supplies and expiration dates of restock rooms
- Narcotic tracking compliant with DEA regulations
- Reduction of medical supply waste by monitoring use
- Equipment preventative maintenance tracking
- Vehicle repairs and preventative maintenance



Additional Technology

Adverse Events and Safety



Samsara Cameras are installed in every vehicle. This allows for:

- Live coaching of distractions or speeds
- Cloud recording and access for any reported events
- Instant notification of accidents
- GPS tracking

THE ONE THING WE FOCUS
ON THE MOST
SAFETY
WILL BE THE ONE THING PEOPLE
DON'T GIVE US RECOGNITION
FOR

Capstone Transportation practices Just Culture. Just Culture refers to a system of shared accountability which encourages employees to self report any incidents, injuries, or accidents.

Capstone continues to focus on safety by providing Quarterly Safety training with staff, encouraging non-code responses unless it is a time sensitive emergency, and stressing that patient safety always overrides time performance, We know that our employees and patients are the most important part of our company and must be safe during all stages of operations.

Mutual Aid/Regional Support

Capstone will be working closely with other agencies surrounding the Baker ASA to assure that Oregon residents are assisted whenever needed. We will be evaluating and reestablishing any existing mutual aid agreements, in addition, to working on additional partnerships. These partnerships may include, but not limited to

- Local QRU units
- Air medical support (Lifeflight, Reach Medical, Air Saint Lukes, Emergency Airlift)
- Local Ground Transports (North Powder, La Grande, Treasure Valley Paramedics, AMR)
- Out of state agencies (Payette County Paramedics, Washington County Paramedics)

Capstone will be participating and active with any state or regional planning in order to assure that regional support is provided when needed. Upon a MCI, all local resources will be pulled immediately and utilized during the initial size up of the situation. As the situation progresses, we will be pulling resources from surrounding areas, state national disaster crews, and out of state resources. As with any MCI, the determination of the severity and the need to pull resources will be determined in a case by case basis of the situation.

In addition, Baker ASA will be cooperative with any request for additional support outside our ASA as long as coverage is still maintained in the area and we maintain a less than 2% of request per month. That determination will be based off a case by case basis and the following additional factors.

- Minimum Coverage of 1 ALS ambulance must be maintain in the County for 911 response
- BLS ambulance may be sent to mutual aid request to assure ALS coverage in county
- Requested time of resource may be restricted
- Staff must have at least 12 hour rest period before returning to work for major events
- Staff should be offered debriefing and counseling post any major event
- Life threatening calls will be prioritized for mutual aids requests

Plan to Meet Response Times

Response times have been a very controversial topic in EMS for some time. The "standard" time was originally derived while studying cardiac arrest survival in early 1970's in Seattle. It was noted that survival actually was attributed to 3 factors: reducing response times of less than 8 minutes, first responders providing CPR, and citizen CPR training. However, cardiac arrests represent a small portion of EMS responses.

A study in 2009 in a metropolitan county with a population of 750,000 patient received data on the effects of response times.

The conclusion, of the 3,270 emergency transports in 2004, they identified 373 study patients (RT > 10:59 min) and a random sample of 373 controls (RT < or = 10:59 min). Survival to hospital discharge was 80% (76% to 84%) for study patients vs. 82% (77% to 85%) for control. The ending conclusion is that response times do not have significant results on outcomes.

A separate study in 2019, "Is Use of Warning Lights and Sirens Associated with Increase Risk of Ambulance Crashes? A Contemporary Analysis Using National EMS Information Data" compares ambulance accidents/crashes with use of lights and sirens.

The conclusion, Among 19 million included 911 scene responses, the response phase crash rate was 4.6 of 100,000 without lights and sirens and 5.4 of 100,000 with lights and sirens (AOR 1.5; 95% CI 1.2 to 1.9). For the transport phase, the crash rate was 7.0 of 100,000 without lights and sirens and 17.1 of 100,000 with lights and sirens (AOR 2.9; 95% CI 2.2 to 3.9). The ending conclusion is the use of lights and sirens is associated with increased risk of ambulance crashes. EMS should weigh these risks against any potential time savings associated with lights and sirens.

Capstone continues to discuss safety as our highest priority. We propose that time standards be evaluated for the life threatening emergencies including cardiac arrest, severe trauma, and strokes. However, the majority of medical emergencies should not be subjected to the response times requirement.

Plan to Meet Response Times



Majority of calls are within the Baker City region. Capstone will continue to focus on the recommended times in the Trauma Systems Standards (OAR 333-200-0080) for all time sensitive emergencies. Expected response times include

- 10 minutes in and around Baker City
- 20 minutes to just outside city limits
- 1 hour to frontier regions

We will be working with QRU, Fire, Air Medical Response, and mutual aid requests to help reduce times. The area has very severe weather at times and will have some effect on response times. It is highly recommended that the first provider on scene updates all other responding units of need for lights and sirens. This will assure that all providers are safe and able to provide the care to the community.

Capstone will continue to evaluate the call types and response times to assure a balance between safety and response times. One accident of a response vehicle could lead to a strained EMS system, possible loss of life, increased risk of worker's compensation, potential harm to bystanders, and unjustified lawsuits.

Garaging of Vehicles

Capstone will initially work with Baker City to see if any options are available to garage vehicles where they are currently located.

If unable to secure location, we will look into the area of the city to find one or two areas for garaging. It would be preferred to have one central location to reduce unnecessary driving, restocking, doubling of supplies, and admin offices. The living quarters will need to have enough rooms for each employee to have personal space/sleep areas, a common living room area, and a kitchen area for meals. We will also need rooms for Operations Manager office and charting area for crew members. The location must have at least room for 3 vehicles to be indoors.

If negotiations with the county can help utilize staffing time for interfacility transports, Capstone could seek additional help from the local hospital on a potential location for ambulance garaging. Often times, hospitals will work with agencies on getting ambulances garaged at the hospital locations knowing that they have a partner when it comes to transporting patients.



Support of County/Community

- Emergency Management
 - a. Baker ASA should have an integrated role in the response to any request by the Emergency Management. Capstone will assure that the minimum requirements for any MCI request does not leave the local area without coverage.
 - b. EMS involvement in any emergency operation should be understood as extraordinary events that can occur to anyone. Capstone will work at its highest capability to assist during any requests. The staff will be required to do yearly training over any protocols, mutual aid agreements, and communication equipment in order to assure that we are prepared for any requests. The Director of Operations shall also be fully involved with emergency management meetings and development of plans.
- 2. Community Support: Training should be offered for free to the community and frequently. This training can include but not limited to
 - a. Hands only CPR/AED training (American Heart Association)
 - b. Stop the Bleed ([ACS Committee on Trauma](#) (ACS COT))
 - c. Narcan administration (substance Abuse and Mental Health Services)
 - d. When to call 911
 - e. Schools and daycare training

All the above trainings would be free to the public.

- 3. Special Event Service
 - a. Capstone will participate, free of charge, any events that request if made from Emergency Medical Director and are not a for profit event. Events such as parades, sporting events, road races, holidays, public safety drills and tactical operations. For profit events, such as rodeos, vehicle races, fundraising events, and other public/private events will be charged at our set standby rate for services and service level.

Ambulance Rates

SERVICE	CODE	FEE
ALS non emergent	A0426	\$638.00
ALS Emergent	A0427	\$1413.00
BLS non-emergent	A0428	\$531.00
BLS emergent	A0429	\$1190.00
Advance Life Support 2	A0433	\$2500.00
Specialty Care Transport	A0434	\$3000.00
Ground Milage	A0425	\$22.00/mile
ALS standby		\$175 / hour
BLS standby		\$50.00 / hour
Wait times	30 min min	\$2.50/min
Helicopter Response		\$650.00
Lift Assist		\$100.00

Ambulance Rates

Rate determination

- Medicare rate (40% of billed revenue)
Medicare rates are paid fractionally compared to billed out
Average Medicare payment: \$534.00 per transport
- 2. Medicaid rate (40% of billed revenue)
Medicaid rates are paid at lower fractional rate compared to Medicare
Average Medicaid payment: \$385.00 per transport
- 3. Commercial rates (15% of billed revenue)
Max rates set by payor per in-network agreements
Average commercial payment: \$1,075.00 per transport
- 4. Uninsured/uncollectable (5% of billed revenue)
Average payment: \$300.00/ transport average

With the expected call volume and payor mix, the average patient charge per transport would be around \$573.00/transport.

Average daily cost of service: \$4,000.00 per day

Average daily call volume: 4.10 calls per day

Average daily call revenue: \$2,349.30 call revenue per day

There is essentially no significant gain to charge different pricing to residents/non residents due to the payor mix determining the overall payment for services rendered.

* These numbers do not include additional loss of revenue such as refusals, non-billable ambulance requests, non-billable standby requests, increases in staffing, fuel, supply usage, supply disposal, or other medical supplies.

Reimbursement of Services

Capstone will agree to pay a yearly reimbursement charge to the county for the use of 911 dispatch operational costs, CAD systems, and dispatch records request.

The EMS dispatch would incorporate approximately 10-15% of the resource time for dispatch and other additional fees that are indirectly associated with the county operational costs. This yearly cost would be projected at \$30,000.00/year.

Fee for Service

Capstone will be requesting a total of \$1,280,000 subsidy per year for requested services.

3% expected increase per year with any additional increases to be determined by the board.

Cost based by Call Volume/Time on Task:

Baker City: \$896,000

Baker County: \$384,000.00

For the One Month Ending Monday, January 31, 2022

	January 2022	January 2021	Variance	QTD 2022	QTD 2021	Variance	YTD 2022	YTD 2021	Variance
TOTAL REVENUE	1,398,439.78	1,458,517.78	(60,078.00)	1,398,439.78	1,458,517.78	(60,078.00)	1,398,439.78	1,458,517.78	(60,078.00)
<i>Ensign % of Revenue</i>	<i>16.96%</i>	<i>13.08%</i>	<i>3.88%</i>	<i>16.96%</i>	<i>13.08%</i>	<i>3.88%</i>	<i>16.96%</i>	<i>13.08%</i>	<i>3.88%</i>
OPERATING EXPENSES									
Regular Wages	509,140.15	610,151.65	(101,011.50)	509,140.15	610,151.65	(101,011.50)	509,140.15	610,151.65	(101,011.50)
O/T Wages	91,438.74	111,814.07	(20,375.33)	91,438.74	111,814.07	(20,375.33)	91,438.74	111,814.07	(20,375.33)
Total Wages	600,578.89	721,965.72	(121,386.83)	600,578.89	721,965.72	(121,386.83)	600,578.89	721,965.72	(121,386.83)
<i>O/T % of Total Wages</i>	<i>15.23%</i>	<i>15.49%</i>	<i>(0.26%)</i>	<i>15.23%</i>	<i>15.49%</i>	<i>(0.26%)</i>	<i>15.23%</i>	<i>15.49%</i>	<i>(0.26%)</i>
Payroll taxes	63,619.39	107,430.25	(43,810.86)	63,619.39	107,430.25	(43,810.86)	63,619.39	107,430.25	(43,810.86)
<i>Payroll tax % of Wages</i>	<i>10.59%</i>	<i>14.88%</i>	<i>(4.29%)</i>	<i>10.59%</i>	<i>14.88%</i>	<i>(4.29%)</i>	<i>10.59%</i>	<i>14.88%</i>	<i>(4.29%)</i>
Benefits	68,113.97	95,050.65	(26,936.68)	68,113.97	95,050.65	(26,936.68)	68,113.97	95,050.65	(26,936.68)
<i>Benefits % of Wages</i>	<i>11.34%</i>	<i>13.17%</i>	<i>(1.83%)</i>	<i>11.34%</i>	<i>13.17%</i>	<i>(1.83%)</i>	<i>11.34%</i>	<i>13.17%</i>	<i>(1.83%)</i>
Total Personnel Costs	732,312.25	924,446.62	(192,134.37)	732,312.25	924,446.62	(192,134.37)	732,312.25	924,446.62	(192,134.37)
Purchased Services	179,761.52	272,639.32	(92,877.80)	179,761.52	272,639.32	(92,877.80)	179,761.52	272,639.32	(92,877.80)
Insurance	66,820.42	150,757.90	(83,937.48)	66,820.42	150,757.90	(83,937.48)	66,820.42	150,757.90	(83,937.48)
Repairs & Maintenance	33,567.45	58,039.92	(24,472.47)	33,567.45	58,039.92	(24,472.47)	33,567.45	58,039.92	(24,472.47)
Other admin expenses	84,256.52	79,082.19	5,174.33	84,256.52	79,082.19	5,174.33	84,256.52	79,082.19	5,174.33
Bad debt expense	7,366.13	50,187.27	(42,821.14)	7,366.13	50,187.27	(42,821.14)	7,366.13	50,187.27	(42,821.14)
<i>Bad debt % of Revenue</i>	<i>0.53%</i>	<i>3.44%</i>	<i>(2.91%)</i>	<i>0.53%</i>	<i>3.44%</i>	<i>(2.91%)</i>	<i>0.53%</i>	<i>3.44%</i>	<i>(2.91%)</i>
Utilities	1,568.70	2,124.22	(555.52)	1,568.70	2,124.22	(555.52)	1,568.70	2,124.22	(555.52)
Miscellaneous	(66,310.36)	(8,088.39)	(58,221.97)	(66,310.36)	(8,088.39)	(58,221.97)	(66,310.36)	(8,088.39)	(58,221.97)
TOTAL OPERATING EXPENSES	1,039,342.63	1,529,189.05	(489,846.42)	1,039,342.63	1,529,189.05	(489,846.42)	1,039,342.63	1,529,189.05	(489,846.42)
Management Fees	69,921.97	56,369.11	13,552.86	69,921.97	56,369.11	13,552.86	69,921.97	56,369.11	13,552.86
EBITDAR	289,175.18	(127,040.38)	416,215.56	289,175.18	(127,040.38)	416,215.56	289,175.18	(127,040.38)	416,215.56
Rent and property tax	17,318.45	20,059.41	(2,740.96)	17,318.45	20,059.41	(2,740.96)	17,318.45	20,059.41	(2,740.96)
EBITDA	271,856.73	(147,099.79)	418,956.52	271,856.73	(147,099.79)	418,956.52	271,856.73	(147,099.79)	418,956.52
Depreciation	23,544.49	47,145.30	(23,600.81)	23,544.49	47,145.30	(23,600.81)	23,544.49	47,145.30	(23,600.81)
(Gain) And Loss On Disposal		10,920.40	(10,920.40)		10,920.40	(10,920.40)		10,920.40	(10,920.40)
Interest (Income) Expense	29,868.07	41,280.29	(11,412.22)	29,868.07	41,280.29	(11,412.22)	29,868.07	41,280.29	(11,412.22)
EBT	218,444.17	(246,445.78)	464,889.95	218,444.17	(246,445.78)	464,889.95	218,444.17	(246,445.78)	464,889.95
NET INCOME	218,444.17	(246,445.78)	464,889.95	218,444.17	(246,445.78)	464,889.95	218,444.17	(246,445.78)	464,889.95

Capstone Consolidated - No Elim
 Statement of Cash Flows

	For the one month ending		
	2022	2021	
	January	January	Variance
Cash flows from operating activities:			
Net income	\$218,444	(\$246,446)	\$464,890
Adjustments to reconcile net income to net cash provided by operating activities:			
Depreciation and amortization	23,544	47,145	(23,601)
Provision for doubtful accounts	7,366	50,187	(42,821)
(Gain) Loss on disposal of assets	-	10,920	(10,920)
Loss on closure of New England operations	-	(8,088)	8,088
Change in operating assets and liabilities			
Accounts receivable	(141,971)	(97,709)	(44,262)
Prepaid expenses and other assets	18,962	83,423	(64,462)
Accounts payable	(16,606)	(30,729)	14,123
Accrued wages and related liabilities	138,164	67,751	70,413
Operating lease obligations	(750)	(678)	(72)
Other accrued liabilities	19,024	(13,957)	32,981
Accrued self-insurance liabilities	-	-	-
Change in other assets	(20)	1,450	(1,470)
Other accrued liabilities LT	-	-	-
Net cash provided by operating activities	266,157	(136,730)	402,887
Cash flows from investing activities:			
Purchase of property and equipment	(7,252)	(2,471)	(4,781)
Cash proceeds from the sale of fixed assets and insurance proceeds	-	8,300	(8,300)
Net cash used in investing activities	(7,252)	5,829	(13,081)
Cash flows from financing activities:			
Proceeds from intercompany debt	237,606	325,408	(87,802)
Payments on intercompany debt	(429,794)	(492,263)	62,469
Proceeds from liability insurance financing	-	-	-
Payments on liability insurance financing	(22,543)	(52,257)	29,714
Net cash (used in) provided by financing activities	(214,730)	(219,112)	4,382
Net (decrease) increase in cash and cash equivalents	44,175	(350,013)	394,188
Cash and cash equivalents beginning of periods	218,978	685,676	(466,699)
Cash and cash equivalents at end of period	\$ 263,152	\$ 335,664	\$ (72,511)

Capstone Consolidated - No Elim
 For the One Month Ending Monday, January 31, 2022

	2022	2021	MTD Change	2021	YTD Change
	January	December		December	
ASSETS					
1076 Capstone Invs Bank Account	\$263,152.49	\$218,977.52	\$44,174.97	\$218,977.52	\$44,174.97
TOTAL CASH	263,152.49	218,977.52	44,174.97	218,977.52	44,174.97
1127 Capstone AR	1,666,024.00	1,600,035.59	65,988.41	1,600,035.59	65,988.41
1145 AR Miscellaneous	69,549.24	3,082.50	66,466.74	3,082.50	66,466.74
1195 Facility (Ensign) AR	269,472.74	261,045.75	8,426.99	261,045.75	8,426.99
TOTAL ACCOUNTS RECEIVABLE	2,005,045.98	1,864,163.84	140,882.14	1,864,163.84	140,882.14
1320 Private	(354,262.84)	(347,985.51)	(6,277.33)	(347,985.51)	(6,277.33)
TOTAL ALLOWANCE FOR DOUBTFUL ACCOUNTS	(354,262.84)	(347,985.51)	(6,277.33)	(347,985.51)	(6,277.33)
ACCOUNTS RECEIVABLE NET OF ALLOWANCE	1,650,783.14	1,516,178.33	134,604.81	1,516,178.33	134,604.81
1718 Prepaid Property Insurance	217,503.76	234,128.33	(16,624.57)	234,128.33	(16,624.57)
1735 Prepaid Other	63,058.68	65,395.68	(2,337.00)	65,395.68	(2,337.00)
1739 Prepaid Rent	8,686.63	8,686.63	0.00	8,686.63	0.00
TOTAL PREPAID EXPENSES	289,249.07	308,210.64	(18,961.57)	308,210.64	(18,961.57)
PREPAID EXPENSES AND OTHER CURRENT ASSETS	289,249.07	308,210.64	(18,961.57)	308,210.64	(18,961.57)
TOTAL CURRENT ASSETS	2,203,184.70	2,043,366.49	159,818.21	2,043,366.49	159,818.21
1810 Leasehold Improvements	5,823.00	5,823.00	0.00	5,823.00	0.00
1815 Fixed Equipment	48,707.70	48,707.70	0.00	48,707.70	0.00
1825 Minor Moveable	603,668.41	603,668.41	0.00	603,668.41	0.00
1830 Furniture and Fixtures	5,709.11	5,709.11	0.00	5,709.11	0.00
1835 Computer Equipment	153,928.44	153,928.44	0.00	153,928.44	0.00
1845 Vehicles	776,994.53	776,994.53	0.00	776,994.53	0.00
1809 Fixed Asset Clearing Account	7,252.04	0.00	7,252.04	0.00	7,252.04
TOTAL FIXED ASSETS - COST	1,602,083.23	1,594,831.19	7,252.04	1,594,831.19	7,252.04
1860 Leasehold Improvements	(533.78)	(501.43)	(32.35)	(501.43)	(32.35)
1865 Fixed Equipment	(23,802.42)	(23,310.04)	(492.38)	(23,310.04)	(492.38)
1875 Minor Equipment	(340,239.89)	(331,561.93)	(8,677.96)	(331,561.93)	(8,677.96)
1880 Furniture & Fixtures	(1,964.17)	(1,916.60)	(47.57)	(1,916.60)	(47.57)
1885 Computer Equipment	(113,110.69)	(109,543.98)	(3,566.71)	(109,543.98)	(3,566.71)
1890 Vehicles	(573,153.61)	(562,426.09)	(10,727.52)	(562,426.09)	(10,727.52)
TOTAL ACCUMULATED DEPRECIATION	(1,052,804.56)	(1,029,260.07)	(23,544.49)	(1,029,260.07)	(23,544.49)
FIXED ASSETS NET	549,278.67	565,571.12	(16,292.45)	565,571.12	(16,292.45)
1891 ROU Asset-Op Lease (R/E)	440,013.42	440,013.42	0.00	440,013.42	0.00
1892 ROU Asset A/D-Op Lease (R/E)	(245,234.73)	(234,806.34)	(10,428.39)	(234,806.34)	(10,428.39)
2294 Op Lease Clearing	9,605.98	9,597.87	8.11	9,597.87	8.11
TOTAL ROU ASSETS	204,384.67	214,804.95	(10,420.28)	214,804.95	(10,420.28)
1937 M/Care License	350,399.75	350,399.75	0.00	350,399.75	0.00
INTANGIBLE AND OTHER ASSETS, NET	350,399.75	350,399.75	0.00	350,399.75	0.00
1700 Deposits Utilities	2,100.00	2,080.00	20.00	2,080.00	20.00
1710 Deposits Rent	19,902.66	19,902.66	0.00	19,902.66	0.00
Restricted & Other Assets	22,002.66	21,982.66	20.00	21,982.66	20.00
TOTAL OTHER LONG TERM ASSETS	372,402.41	372,382.41	20.00	372,382.41	20.00
TOTAL ASSETS	3,329,250.45	3,196,124.97	133,125.48	3,196,124.97	133,125.48
LIABILITIES AND STOCKHOLDERS' EQUITY					
2005 + 2006 Accounts payable - trade	9,755.49	10,467.21	(711.72)	10,467.21	(711.72)
2015 Accrued AP	95,401.17	111,295.27	(15,894.10)	111,295.27	(15,894.10)
TOTAL TRADE PAYABLES	105,156.66	121,762.48	(16,605.82)	121,762.48	(16,605.82)
2141 + 2131 Accrued Payroll	226,806.35	0.00	226,806.35	0.00	226,806.35
2031 Accrued Manual Payroll	22,834.87	220,128.82	(197,293.95)	220,128.82	(197,293.95)
2140 Accrued Incentives	410,749.82	377,998.18	32,751.64	377,998.18	32,751.64
1407 + 1408 Payroll Clearing	(3,214.48)	(89.98)	(3,124.50)	(89.98)	(3,124.50)
1410 Payroll - In-house Checks	(2,298.22)	0.00	(2,298.22)	0.00	(2,298.22)

2070 Garnishments Payable	1,871.10	0.00	1,871.10	0.00	1,871.10
2080 Federal Payroll Taxes Payable	72,232.77	0.00	72,232.77	0.00	72,232.77
2040 + 2045 Accrued Vacation	82,374.38	75,155.31	7,219.07	75,155.31	7,219.07
2081 Deferred Employer FICA Emergency	205,152.75	205,152.75	0.00	205,152.75	0.00
TOTAL ACCRUED WAGES AND RELATED LIABILITIES	1,016,509.34	878,345.08	138,164.26	878,345.08	138,164.26
2291 Op Lease Liability ST	0.00	138,495.27	(138,495.27)	138,495.27	(138,495.27)
TOTAL CURRENT OP LEASE LIABILITIES	0.00	138,495.27	(138,495.27)	138,495.27	(138,495.27)
2050 Accrued Other	223,307.44	199,128.96	24,178.48	199,128.96	24,178.48
2079 Accrued Auto Liability Insurance	331,192.57	321,124.18	10,068.39	321,124.18	10,068.39
2101 Accrued Auto Damage Insurance	0.00	0.00	0.00	0.00	0.00
2135 Personal Property Taxes	2,233.25	17,456.51	(15,223.26)	17,456.51	(15,223.26)
TOTAL OTHER ACCRUED LIABILITIES	556,733.26	537,709.65	19,023.61	537,709.65	19,023.61
2108 ST insurance policy financing	45,367.73	67,910.75	(22,543.02)	67,910.75	(22,543.02)
TOTAL CURRENT LIABILITIES	1,723,766.99	1,744,223.23	(20,456.24)	1,744,223.23	(20,456.24)
NET INTERCOMPANY PAYABLE - ENSIGN	6,178,709.14	6,370,896.54	(192,187.40)	6,370,896.54	(192,187.40)
2292 Op Lease Liability LT	490,539.97	352,044.70	138,495.27	352,044.70	138,495.27
2293 Op Lease Liability A/D	(278,715.17)	(267,544.85)	(11,170.32)	(267,544.85)	(11,170.32)
TOTAL LONG TERM OP LEASE LIABILITIES	211,824.80	84,499.85	127,324.95	84,499.85	127,324.95
TOTAL LONG TERM LIABILITIES	211,824.80	84,499.85	127,324.95	84,499.85	127,324.95
TOTAL LIABILITIES	8,114,300.93	8,199,619.62	(85,318.69)	8,199,619.62	(85,318.69)
STOCKHOLDERS' EQUITY					
2403 Capital Contribution- New Ventures	2,045,302.38	2,045,302.38	0.00	2,045,302.38	0.00
2325 Retained Earnings, Prior Year	(7,048,797.03)	(7,625,996.10)	577,199.07	(7,625,996.10)	577,199.07
Current Year Income	218,444.17	577,199.07	(358,754.90)	577,199.07	(358,754.90)
TOTAL STOCKHOLDERS' EQUITY	(4,785,050.48)	(5,003,494.65)	218,444.17	(5,003,494.65)	218,444.17
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	3,329,250.45	3,196,124.97	133,125.48	3,196,124.97	133,125.48
Balance Sheet Account	218,444.17	577,199.07	(358,754.90)	577,199.07	(358,754.90)
IS accounts	(218,444.17)	(577,199.07)	358,754.90	(577,199.07)	358,754.90

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Prior Experience

Capstone is new to the EMS industry. Capstone established Victory EMS around 2019 and currently provides EMS transports throughout Idaho. Victory currently owns 3 ambulances with a call volume of 2300 calls a year. Our deployment has one 24 hour ambulance, 1 ambulance deployed 11-6 during peak days of the week, and 1 backup vehicle that EMS Director can utilize during excessive requests for transports.

Victory provides more than just interfacility transports. Victory has multiple agreements with 911 agencies to provide 911 assists. We also have 24/7 standby service at the Western Idaho Crisis Center, and provide standby assists to events such as rodeos, music fests, physical events, and other public events. We also work closely with the community and provide free services including training, public education events, and nursing home events.

Victory has been fully involved in the fight against COVID. Victory has 100% vaccinated/exemption employees. We have worked hand in hand with Idaho State, our nursing facilities, long term care hospitals, and area hospitals to assure that we provide safe and appropriate transports for COVID related patients. We also were able to introduce high flow NC system into the ambulance to continue the treatment from bedside to bedside for our patients.

Victory has been and will continue to adapt and change the transport industry. With focus on safety and improving the patient's experience, Victory has been labeled by its patients as the limo of the ambulance services. The facilities appreciate the transparency and the emphasis on communication.

Our team is exceptional and continues to change the industry. From our President to our HR team, our team and support center continues to focus on CAPLICO and creating a different culture in EMS. We no longer focus on what has always been done, but what can be done.

Victory is considered a Flag Flying Company within our organization. In 2021, we exceeded certain standards including safety, turnover, collections, customer survey results, and employee satisfaction. The flag is awarded yearly and only a small number of agencies within the organization win the flag every year.

Audit Results

Capstone conducts yearly audits and performs audits on personnel files, personnel certificates, HIPAA standards, narcotic compliance, state required equipment standards, vehicle compliance, and billing. Capstone is proud to show an overall 99.11% compliance rating for 2021

Annual

2021 HIPAA Compliance Audit Summary Report

Location: Victory Medical Transportation

Date: August 6, 2021

The following summarizes the findings of the HIPAA Compliance Audit performed of at this location. This summary contains a description of our work, the opinions assigned, and recommendations for improvement. Please review and respond to this report within your operation's Quality Assurance Process.

Current Audit Score		
	Score	Pass/Fail
Overall Score:	99.11%	Pass
Risk Level	Low	

2020 Audit Score		
	Score	Pass/Fail
Overall Score	100%	Pass

Department	Score	Risk Level
Location Site:	100.00%	Low
General HIPAA	100.00%	Low
Business Office/HR/Dispatch/Administration Score	98.26%	Low

Department	Score	Risk Level
Location Site:	100%	Low
General HIPAA	100%	Low
Business Office/HR/Dispatch/Administration Score	100%	Low

Risk Level Grid	
Low Risk	>= 95%
Moderate Risk	90.00% to 94.99%
High Risk	<89.99%

Claim Selection Process:

A 25 claim sample of Medicare Part B claims is randomly chosen using RATS stats computer generated selection process. From that sample 10 paid claims will be selected to be included in the audit.

Findings	Score	Criteria
Financial Error Rate	0.00%	Pass
Overall Department Score	94.52%	Substantially Compliant
Overall Outcome	Pass	

Department	Score	Criteria
Narcotics Compliance	100.00%	Compliant
Equipment Requirement Compliance	100.00%	Compliant
EMS Personnel Compliance	100.00%	Compliant
Vehicle Compliance	100.00%	Compliant
Billing Compliance	92.00%	Substantially Compliant

Risk Level Grid	
Compliant	>= 95%
Substantially Compliant	85 to 94.99%
Non-Compliant	<85%



Compliance Results
for 2021