BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter of: RBR Management LLC, dba Community Ambulance Applicant and ABC Ambulance, Maricopa Ambulance, LLC, American Medical Response of Maricopa, LLC, Canyon State Ambulance, Southwest Ambulance and Rescue of Arizona, Life Line Ambulance Service, Southwest Ambulance Maricopa, Rural/Metro Corp - Maricopa, ComTrans Ambulance Service, Inc., Professional Medical Transport, Inc., and American Ambulance Intervenors	Docket No. 2017-EMS-0104-DHS (EMS No. 0283)

At: Phoenix, Arizona

Date: October 24, 2018

REPORTER'S TRANSCRIPT OF PROCEEDINGS

VOLUME 3

(Pages 565 through 856)

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BE IT REMEMBERED that the above-entitled and -numbered matter came on regularly to be heard before Office of Administrative Hearings, 1740 West Adams Street, Board Room C, Phoenix, Arizona, commencing at 8:45 a.m. on the 24th day of October, 2018.

BEFORE: Administrative Law Judge Tammy L. Eigenheer

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REPORTER'S TRANSCRIPT OF PROCEEDINGS

ALJ EIGENHEER: Okay. We are back on the record in Docket Number 2017-EMS-0104-DHS. It is October 24, 2018.

Again, my name is Tammy Eigenheer, the Administrative Law Judge. And all parties are present and represented.

And we will continue direct examination of Mr. Hestand.

I will remind you you are still under oath.

BRANDON HESTAND,

called as a witness on behalf of RBR Management, LLC, herein, having been previously sworn by the Administrative Law Judge to speak the truth and nothing but the truth, was examined and testified as follows:

ALJ EIGENHEER: Please proceed.

MR. MURPHY: Thank you, Your Honor.

DIRECT EXAMINATION (CONTINUED)

BY MR. MURPHY:

Q. First of all, Brandon, thanks for coming back.

MR. MURPHY: And if you could just scoot

over that way so I can see you, I would appreciate it. Thank you.

THE WITNESS: Yes, sir.

BY MR. MURPHY:

Q. Picking up where we left off --

MR. MURPHY: Your Honor, if you could pull up CA-233R, please. We will start on the second page of that. I'm -- I'm sorry, Your Honor. It's 233M. I apologize. Second page. You can see -- Up a little bit. I'm sorry. There we go. Okay.

BY MR. MURPHY:

Q. Mr. Hestand, you've been shown CA-233M which is an email string January 6, 2016, from you to a number of people. Do you see that exhibit?

A. Yes, sir.

Q. Can you read it for me and tell me if you recognize that as your email?

A. Would you like me to read it out loud, or am I just kind of --

Q. You can read it to yourself.

A. Okay. Thank you.

Q. Do you recognize that email as an email that you drafted?

A. I do.

MR. MURPHY: Okay. Move to admit 233M,

please.

ALJ EIGENHEER: Any objection?

MS. FICKBOHM: No objection.

MR. BELANGER: No, Your Honor.

ALJ EIGENHEER: 233M is admitted.

BY MR. MURPHY:

Q. Mr. Hestand, can you --

MR. MURPHY: Your Honor, if you could scroll up, so we can see the list of recipients. Thank you. It's an awkward exhibit.

BY MR. MURPHY:

Q. Mr. Hestand, can you tell me what this January 6, 2016, email is -- was sent in respect to?

A. Looks like per this email, there were a couple of instances where we had some delays in transport for patients going out of Chandler Regional to other facilities. It was sent to AMR representatives, plus I included my EMS medical director, my boss Janet Shepard, then the ED staff, charge nurse group, so they're all aware this conversation had occurred.

Q. And -- and you sent -- you sent this email in your capacity as an EM- -- EMS liaison?

A. Yes, sir.

Q. Okay. What were the issues that you were addressing on this email?

A. So in this one, there were two separate instances that were noted. One was a 14-year-old that was found to have a brain mass after displaying stroke-like symptoms. That was an urgent transport. The second was non-urgent where a patient had shifting sinuses that was affecting arterial flow.

Q. Is a stroke patient a 911 patient?

A. Not from our facility. If it was in the general public, then the answer would be yes. But from our facility, we're a higher level of care, so it's not appropriate use for a 911 from an ER.

Q. From your facility meaning -- which facility?

A. Chandler Regional.

Q. The emergency department --

A. Yes.

Q. -- at Chandler Regional?

A. Yes, sir.

Q. So it was an urgent transport.

A. That's correct.

Q. I wanted to get that clarification.

A. That's correct.

Q. And so what was the issue with that urgent transport, that 14-year-old stroke patient -- or, displaying signs of a stroke?

A. There was the delay in transport. Looks like it

was 45-minute ETA to pick up the patient. That is outside of what we would deem acceptable for an urgent transport. And I think that's kind of generally known that that's too long for that type of a transport. In that case specifically, that -- that child needed to be at a facility that's more appropriate than what we could provide carewise at Chandler Regional.

Q. And where -- where was that patient going, if you know?

A. I don't -- It doesn't say in the email. Be either PCH or Cardon's Children's, one of those two pediatric centers, more than likely.

Q. What -- what was the second case that -- that you raised with this group that included a AMR representative?

A. This was a non-urgent, but it was still shifting in the sinuses that was affecting flow in the facial area, which in and of itself would be problematic. If you're decreasing blood flow in any area of the body, it's -- it's a medical emergency, and you don't want that to happen. So that was, again, a delay. It looks like -- I'm sorry. It was an hour-and-45-minute ETA. I apologize; I said 45 minutes. I missed the hour portion of that. So it was a long transport, which, again, is not good. Even if it's a non-urgent case, an hour and 45 minutes for a transport out -- you know, going to a

facility that can specialize in taking care of that patient, it's not acceptable.

Q. What's, in your view, an urgent case versus a non-urgent case?

A. For me, an urgent case would be something that there's going to be either a loss of life or a detriment to the patient's condition and ability to function like they were, back to their normal baseline. That has to happen quickly. Urgent cases for -- for us are -- we're -- we're talking strokes that are going to go to Barrows, burns that will go to county, pediatric cases that will go to either PCH or Cardon's Children's. Those are the types of cases that we can stabilize them at the ER at Chandler and Mercy both, make sure those patients are hemodynamically stable for that transport, and then we get them out because of services not being not available in our facilities.

Q. Now, this email being dated January 2016, can you read that last line just above the thank-you?

A. "I realize that there are going to be growing pains as everyone gets used to this new process. However, this isn't the first time that I have been told that the call center personnel don't know about the Dignity Health/AMR agreement."

Q. What did you mean by "growing pains"?

A. Well, it's -- it's a new service. We're trying to make sure that this collaboration works. But it takes a while for the word to get out for people to -- you know, on shift -- doing shift work, there's communication that doesn't get through to everybody, emails. So there's going to be a time frame where that relationship takes to grow and word gets out.

Q. If we could just -- Was there a response, to the best of your recollection, to these two concerns that you raised with AMR?

A. I don't recall. I -- I don't recall.

Q. Is that -- You followed up again. Do you recall if you followed up by email or phone with anyone from AMR on this issue?

A. I don't recall specifically. I -- this is -- I would handle this like I do any other case where I would have sent an email. I have no doubt about that. I just don't recall the specifics behind it.

Q. Okay. And can you tell me and tell the judge why you sent this follow-up with Larissa Spraker? Who is Larissa Spraker?

A. So Larissa -- and I apologize if I don't get the right title for her, but she is one of our vice presidents, I think, of marketing, so she goes out and helps develop new relationships. So she was, I think,

instrumental or a key component of the partnership with AMR, if I remember correctly. Anything like this that happens with a new partnership, if she's involved in it, I make sure that she's included because she's the big chief over why that happened.

Q. Can you read that email into the record for us, please?

A. Sure. "Larissa - I don't -- I didn't know if I should copy you on the below email when I first sent it out. I spoke with Janet just to make sure that I didn't escalate things too quickly. I haven't heard anything back from -- yet from AMR on this, but I am concerned that this may become a trend. Just wanted to give you a heads-up. Please let me know if you have any questions for me or if there's anything I can help with."

MR. MURPHY: And then if we scroll to the top. Thank you, Judge.

BY MR. MURPHY:

Q. On January 8th, 2016, you were copied on an email from Larissa. Is that right?

A. Yes, sir.

Q. And does this indicate to you that there was some resolution with AMR?

MS. FICKBOHM: I'm going to object. Foundation.

BY MR. MURPHY:

Q. Did you --

MS. FICKBOHM: He didn't author this email.

BY MR. MURPHY:

Q. Did you -- did you review this email --

A. Sure.

Q. -- Mr. Hestand, when you received it?

A. Yes, sir.

Q. And what did you understand that email to tell you?

MS. FICKBOHM: I'm going to object --

BY MR. MURPHY:

Q. What did you understand --

MS. FICKBOHM: I'm going to object to relevance as to his understanding of what Jeff O'Malley is saying or what Larissa Spraker is saying.

MR. MURPHY: Your Honor, it's part of his job to collaborate and work with the ambulance services. He followed up with Larissa Spraker about the AMR issue. He just testified that he put it to a superior in Dignity Health to try to get some resolution with AMR. And this is Larissa Spraker sharing with both Jeff O'Malley and Brandon Hestand, our current witness, what she learned. And that's why it's relevant, and he can use that information going forward in dealing with AMR, which he

has been doing since this time and before.

MS. FICKBOHM: Your Honor, my only concern here is that Mr. Murphy's concerned about the time being spent. We already stipulated -- I think you admitted this exhibit, right? Oh, you haven't admitted the exhibit?

ALJ EIGENHEER: It hasn't been offered.

MS. FICKBOHM: The content is what the content is. His understanding of the content, I don't understand the relevance. However, if that's how Mr. Murphy wants to --

MR. MURPHY: Happy to move to admit the exhibit, Your Honor, with no objections.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: 223M is admitted. Right? I did admit it. I'm sorry.

MR. MURPHY: I thought we did.

ALJ EIGENHEER: I didn't cross it off. I apologize.

You may answer the question.

THE WITNESS: I'm sorry. Could you repeat that? I got lost in all the back-and-forth. I apologize.

MS. FICKBOHM: Sorry.

BY MR. MURPHY:

Q. You reviewed this email from Larissa Spraker when

it came in to you on January 8th?

A. Yes, sir.

Q. Did you understand that there was some sort of resolution with AMR about this issue?

A. No. If I'm reading this -- and memory -- the way these things happen typically is there was no real resolution. There was a discussion and we were going to have further meetings. Whether those meetings occurred or not, I don't recall.

MR. MURPHY: Your Honor, if we could pull up CA-214, please.

If we could go to the bottom of page 1.

BY MR. MURPHY:

Q. Mr. Hestand, is this -- this is an email dated August 4, 2017, from you to a number of people within Dignity Health.

Who is Josh Zeidler?

A. He is my EMS medical director, so he is the physician that oversees the EMS portion of operations within the ED.

MR. MURPHY: And if we -- I'm sorry. Go all the way down to the last -- Again, this is in between two pages, Your Honor. I'm sorry. If we go all the way down to the bottom. And then -- There we go.

BY MR. MURPHY:

Q. Then on July 31, 2017, this is an email from you to Alison Skinner. Who is Alison Skinner?

A. Alison Skinner was the representative for AMR that I was dealing with at the time.

Q. Okay. And there -- This is an email that you sent to Alison Skinner. You recognize this is an email from you to her?

A. I do.

MR. MURPHY: Move to admit Exhibit 214.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: 214 is admitted.

BY MR. MURPHY:

Q. Tell me what you're asking Alison Skinner to provide you through this email.

A. In this email, I'm asking for the number of transports out of Mercy Gilbert specifically for 2016 and 2017 as well as for Chandler Regional.

Q. And why -- why were you asking for those?

A. In this specific instance, we had been transferring quite a few patients out by air that were cardiac patients that were on balloon pumps and Impellas that AMR wasn't -- wasn't able to provide the service for. They didn't have the staff trained up on -- on that type of equipment. And that is a -- There's a risk inherent

with any time you fly a patient, and it's also a cost. So we were trying to determine how many of those transports were going out by ground, what type of transports we were getting, and what we would have to do to kind of compensate for that, if I remember -- if I remember this correctly.

Q. Okay. Can you explain what a balloon pump is and what a balloon pump does?

A. So a balloon pump is actually a patient comes out of the cardiac cath lab. They've had either a heart attack, MI, had to have stents placed. The balloon pump helps to maintain that blood flow throughout their body. I don't know a lot about it specifically. I know what it is, but that's something I've never used in the ER and hope I never do.

Q. You said Impella?

A. Impella. That is the same type of a device.

MR. MURPHY: And if we can scroll up, Your Honor.

BY MR. MURPHY:

Q. And this is an email back to you from Alison Skinner, correct?

A. That's correct.

Q. And who is -- who did Ms. Skinner cc on this email?

A. Looks liked Todd Jaramillo, Paul Cloward, and Glenn Kasprzyk.

Q. Do you remember receiving this email?

A. I do.

Q. Okay. And what was the response that you received about this request?

A. Basically that I wasn't going to get those numbers that they were provided at the quarterly meetings -- I believe is what she said. If you can give me a second, I'll read it --

Q. Sure.

A. -- and see what it says.

Q. Please do.

A. Yeah, basically, they told me that the information that I requested, they weren't going to provide is what it boils down to.

MR. MURPHY: Okay. If we can scroll up one more.

BY MR. MURPHY:

Q. And this is an email that you sent on August 4, 2017, to Mr. O'Malley, Janet Shepard, and Peg Smith. You already identified Joshua Zeidler. Do you recall sending this email?

A. I do.

Q. Okay. Can you -- can you tell me why you sent

this email?

A. It's important that they knew why. Well, Peg Smith, who is our CNO, had requested this information through me. So when the CNO asks me for something, I do my best to get it. And I had to relay the response that I got back, which was that they weren't going to give it to me. At that point my hands for my position are tied, and it has to go up. Because if it comes from Jeff O'Malley or Peg Smith or Janet Shepard, that has a little more weight than what Brandon Hestand asks for.

MR. MURPHY: If we can move to 233R, Your Honor. If we look at -- Go down a little bit. There we go. Up a little bit. Sorry. Okay.

BY MR. MURPHY:

Q. Mr. Hestand, who is this email from?

A. This email is from Mark Bott, who is a charge nurse over at Chandler -- Mercy Gilbert Medical Center.

Q. Okay. And you work with Mark Bott in your capacity as an EMS liaison?

A. I do.

Q. Okay. And you received this email on August 5, 2017?

A. Yes, sir.

Q. And you recall receiving this email?

A. Yes, sir.

MR. MURPHY: Move to admit CA-233R.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-233R is admitted.

BY MR. MURPHY:

Q. And you can review it, if you like, and tell me what issue Mr. Bott relayed to you through this email.

A. Sure. If you wouldn't mind giving me just a second?

Q. Sure.

Ready? Sorry.

A. No, that's okay.

So the --

Q. Do you recall what the issue was --

A. I do.

Q. What Mr. Bott was relaying to you?

A. Yes, sir. So in this case, the patient was coming from a rehab center. Sounds like they were going to come to us at Mercy Gilbert. AMR unit was already there with another -- had either dropped off -- dropped off another patient and the rehab center said, "Hey, while you're here, we have a patient going. Can you just take them for us?" And the crew, like most of them would do, say, "Absolutely. Let's get it done, but we have to" -- they have to process through their call center to make sure that unit is accounted for for what they're doing.

Sounds like, based on this particular email, that when they called the dispatch center, dispatch center said no, and that this was a non-urgent transport. It was a $900 transport, and it wasn't an emergency. Even though the sending facility pays for those transports -- which is not unusual that a sending facility or a receiving facility will pay -- pay for that type of transport.

So then, of course, we have to get people on the phone, get calls made. Ultimately, it's -- it ends up okay, but it's not --

Sorry. Go ahead.

Q. So you called some -- a representative of AMR?

A. I did not have to call AMR on this one. It looks like it was all handled by the charge nurse. They just kept me in the loop.

MR. MURPHY: 233J, Your Honor.

Go down. Very last email. Perfect. Thank you.

BY MR. MURPHY:

Q. Brandon, you recognize this August 16, 2017, email as an email from you?

A. Yes, sir.

Q. To whom are you sending this email?

A. This email is to Paul Cloward, Alison Skinner, and a copy to Dr. Zeidler.

Q. Did you say from or to?
A. To.
MR. MURPHY: Move to admit 233J.
MS. FICKBOHM: No objection.
ALJ EIGENHEER: 233J is admitted.
BY MR. MURPHY:
Q. Just take a second to read that email, and tell me what issue you're raising with AMR, please.
A. Okay. So in this particular instance, we had requested a transport from Mercy Gilbert to Chandler Regional. We were given a 40- to 45-minute ETA. After that ETA had expired, we got a call from AMR dispatch saying their unit was just about here and got pulled onto EMS traffic. And then the next ambulance available to us was 45 minutes additional on top of the already 50-minute time frame. This was one that surprised me because I wasn't aware that interfacility units could be pulled into EMS traffic. I understand that EMS is important. I get it, but I just wasn't aware of this being something that they did. So this is the first time I had ever heard -- it's the first -- the only time that I've ever heard of it since, where that it's happened. And I'm sure if it happened, it does, but I just haven't heard about it.
Q. Did you ever receive a response from Mr. Cloward, Ms. Skinner about these issues?

A. You know, I -- I don't recall specifically. I believe that I did get a response, but I don't recall specifically what it said. I think it was an explanation of the units being pulled into the EMS system, but I -- I don't recall specifically.

Q. And you forwarded this to Jeff O'Malley. Is that correct?

A. I did.

Q. And why did you do that?

A. Again, it was one of those things that was so off the norm for me and I was -- had never heard of it before, and I wanted to make sure we kept track of it.

MS. FICKBOHM: I'm sorry. I didn't hear. Did you say "often" or "off norm"?

THE WITNESS: Yeah, off the norm. Yeah, it wasn't the norm. I apologize.

MS. FICKBOHM: I'm sorry.

THE WITNESS: That's okay.

MS. FICKBOHM: The fans and stuff made it hard to hear a little bit.

MR. MURPHY: Your Honor, if we can move to the next exhibit, CA-233E, please.

Okay. If we move to the bottom. There we go. Okay.

BY MR. MURPHY:

Q. Now, Mr. Hestand, do you recognize this as an email from you sent on November 27, 2017, to Ms. Skinner, Mr. Cloward, and another representative of AMR Kyle Henson?

A. Yes, sir.

Q. And your medical director is also copied on this email?

A. Yes, sir.

Q. And what's the -- what does this email relate to?

A. This email specifically was in regards to a transportation set up to send the patient to St. Joe's, which was a stroke patient. That's what we typically send there. And AMR called 911 and sent a 911 unit. Chandler Fire specifically showed up in the ER to transfer a patient for us.

MR. MURPHY: I would like to move to admit this exhibit, please.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: 233E is admitted.

BY MR. MURPHY:

Q. Who did you speak with about this particular issue, if you recall?

A. From AMR specifically or in general?

Q. From the hospital.

A. This Dr. Zeidler I spoke about. Dr. Nourani was the ER physician that was treating, and he spoke to Dr. Zeidler, and Dr. Zeidler and I had a conversation about this.

Q. You followed up with AMR about this issue through this email?

A. I did.

Q. Did you also talk to anybody on the phone about this issue?

A. I don't recall.

Q. Okay. The stroke patient that's identified in this email, from your perspective, is an urgent patient or a non-urgent patient?

A. Urgent.

Q. You testified earlier that you don't send urgent patients via 911 from the ER because why?

A. It's -- They're -- they're a lower level of care. We can provide a higher level of care within the ER than a firefighter crew or ambulance service can provide. So if they're unstable enough to require 911, we wouldn't send them.

Q. And no one from -- Did anyone from the hospital call 911?

A. No, sir.

Q. Who did?

A. AMR.
Q. Do you recall talking with Mr. Cloward, Ms. Skinner, or Mr. Henson about this particular issue following your email?
A. I don't recall.
MS. FICKBOHM: Judge, I just can't see the bottom of that. No, no, I was looking at the bottom of the screen where your computer is, I couldn't see it.
MR. MURPHY: I move to admit that, Your Honor.
MS. FICKBOHM: It's admitted already.
ALJ EIGENHEER: Yes.
MR. MURPHY: Thank you.
And then we'll just do one more email, please. CA-233H. Go to the bottom again. It's one of these split screen -- There we go.
BY MR. MURPHY:
Q. Mr. Hestand, do you remember receiving this email from a person named Nicole Berg on March 31, 2018?
A. Yes, sir.
Q. Who is Nicole Berg?
A. Nicole Berg is the unit secretary and PCT in the ER, Mercy Gilbert.
Q. What is PCT?
A. Patient care tech. I apologize.

Q. That's all right.

Okay. And cc'd on this email is also Dawn Kimball. Can you tell me who Dawn Kimball is?

A. Dawn Kimball is the director for the emergency department at Mercy Gilbert.

Q. And you were sent this email in your capacity as an EMS liaison?

A. Yes, sir.

MR. MURPHY: Can we move to admit this exhibit, please?

MS. FICKBOHM: No objection.

ALJ EIGENHEER: 233H is admitted.

MR. MURPHY: If we could just scroll down so he can read the email -- The other way. Sorry, Your Honor. Thank you.

BY MR. MURPHY:

Q. Can you review that, Mr. Hestand, and tell me what the issue was that was brought to your attention?

A. Yes, sir. In this case, it was, again, an extended ETA over what we were originally told. Looks like they were -- called it originally at 13:15, asked for a transport. Called back to check status at 13:35 and were told we're -- they were having a hard time finding a unit with a vent. New ETA was advised at 13:40, making another 30 minutes. ETA was then 14:10. The actual

pickup time was 14:12. So transport setup was at 12:30, and pickup time was 14:12.

Q. How long was that arrival time?

A. Well, if you go based on the original transport setup time, we're looking at almost two hours.

Q. But from the original ETA?

A. 13:15, so it's an hour, roughly.

Q. If a patient's on a vent and an IV pump, is that patient an urgent patient, a non-urgent patient, or does it depend?

A. It's an urgent patient.

Q. Okay. And why?

A. Because they're on equipment that's helping them breathe. You can't have a vent, you're not breathing, then you die, so it's urgent.

Q. These emails that we've just gone through, are they all of the emails and communications you've had with AMR concerning issues and problems?

A. No, sir.

Q. Are they just an example of emails that you've had with AMR about issues and problems?

A. Yes, sir.

Q. Who are -- who are you using today at Chandler Regional and Mercy Gilbert for interfacility emergency transports?

A. Primarily, it's AMR. We do use Maricopa Ambulance as well.

Q. Okay. And how is Maricopa Ambulance doing?

A. So far, it's been good. I haven't had any issues raised that have come my direction, so that means that things are going well, as far as I know.

Q. Okay. Do -- do you have any idea about the volume of transports AMR is doing as compared to Maricopa Ambulance is doing at the facility?

A. AMR is still picking up the majority of our patients.

Q. Do you know why?

A. I think it's -- part of it is probably just being used to you hit that one-button dial. And the word from Maricopa, again, hasn't really made it out to all staff. You know, you get into that pattern of doing what you're used to doing. I think that's factored into it as well.

Q. What about ABC Ambulance, who is an intervenor in this proceeding? Do you -- do you use ABC Ambulance, or is ABC Ambulance at your facilities, Chandler Regional and/or Mercy Gilbert?

A. We do not use them for any transports out. They may transport in, but it wouldn't be something that we would set up.

Q. Why not?

A. My understanding is -- what they're doing is basically the psychiatric-type patients, behavioral health transports. Those are the types of transports that I understand is their -- their market.

Q. Do ambulance companies -- private ambulance companies market to you in your capacity as an EMS liaison?

A. Yes, sir.

Q. Has ABC Ambulance marketed to you to provide interfacility transports?

A. No, sir.

Q. Has Maricopa Ambulance marketed to you to provide interfacility transports?

A. Yes, sir.

MR. MURPHY: Okay. Nothing further, Your Honor.

ALJ EIGENHEER: Cross?

MS. FICKBOHM: Yes, Your Honor. Thank you.

CROSS-EXAMINATION

BY MS. FICKBOHM:

Q. Good morning, Mr. Hestand.

A. Good morning.

Q. I'm Ronna Fickbohm, and I'm representing the various AMR entities that are intervening in this process.

A. Okay.
Q. Okay. Would I be correct in understanding that you're more ER -- emergency room-focused than urgent care-focused?
A. Yes, ma'am.
Q. Okay. And in general, you're dealing with very sick people, correct?
A. I'd say that's safe to assume.
Q. So I just want to go to the cardiac cath/ECMO issue you spoke about. Okay?
A. Just to be clear, I'm not talking about ECMO, just so we're on the same page.
Q. Oh, okay.
A. Those are two completely different things.
Q. Two totally different? Thank you.
A. Yes, ma'am.
Q. Okay. Maybe I'll just deal with that specific one you talked about when -- when we get to that particular email.
A. Okay.
Q. So Chandler Regional, what -- and again, I apologize. I'm from Tucson, so I don't know all the hospitals intimately here. Is that a trauma center?
A. Yes, ma'am.
Q. Okay. So are they the highest level of acute

care in the Phoenix area? They -- they have the highest-level certification?

A. For trauma, yes, ma'am, that's correct.

Q. Okay. And so they should be able to stabilize just about any patient, right?

A. I would say that there would be some nuances in there that I would not -- I would not say all.

Q. Okay.

A. I could say we -- we could stabilize them to the best of our ability to make them safe for transport, but some of those patients that are critical in nature, where burns are concerned, we just don't do that. That's just not our bread and butter. And that's actually something that Maricopa County is very, very good at, and it's something that we would not try to do. We would try to make them as hemodynamically stable as possible to facilitate the transport to county, as an example.

The same thing for stroke patients is we can do what we can do to make them stable, but on some of those things that are endovascular clot retrievals and -- and huge strokes that we just don't have the capabilities to handle, they need to go somewhere that can provide that care.

Q. And -- and I guess I should have qualified my question by saying there are certain patients that just

plain can't be stabilized and we're going to lose them?

A. Yes, ma'am.

Q. It's a sad side --

A. Yes, ma'am.

Q. -- of the business we're in, right?

A. Yes, ma'am.

Q. Yeah.

MS. FICKBOHM: So let's go to 233 that you started talking about this morning.

BY MS. FICKBOHM:

Q. And was Chandler Regional able to stabilize the 14-year-old patient until she was transferred?

A. Yes, ma'am.

Q. And are you aware of any negative patient outcomes because of the delay that you talked about?

A. No, ma'am.

Q. And so I think the complaint here is mainly that Dignity had to call -- Chandler Regional had to call Southwest Ambulance in order to get the transport done instead of accepting the ETA offered by AMR, correct?

A. I would say there's more to it than that. And if you want, I can explain some more. I don't want to get us too far in the weeds, but I'm happy to explain.

Q. Well, I mean, in reading this, AMR gives an ETA that -- that Chandler Regional finds unacceptable, and so

they have to call Southwest, correct?

A. Well, I would say that an hour and 45 minutes for a kid that has a brain mass is unacceptable, period, no matter what and who the agency responding is.

Q. Okay.

A. That's a kid who that could potentially deteriorate and die. And if that's one of our kids in here, that's a problem, right? And that should be the same for the layperson. So I think an hour and 45 for a kid with that complaint is unacceptable.

Q. I understand.

So was -- The ultimate transport that occurred, did it take an hour and 45 minutes to occur?

A. I don't recall. I have just the information that's in front of me right now.

Q. So I'm reading this to say, "AMR told us a hour and 45 minutes. That's totally unacceptable, so we have to turn and call Southwest Ambulance," who at that point in time is still not owned, managed, and controlled by AMR. The Director's decision transferring control of Southwest Ambulance to AMR has had not yet occurred, so we have two separate entities. So you have to turn and call Southwest Ambulance. That's one of the issues here, correct?

A. Could I ask real quick -- Can I see what the

date was again?

Q. It was January 6, 2016.

A. So I can't speak to where -- where Southwest was in that transition of -- of purchasing, so I don't know.

Q. Well --

A. I just don't -- That's not something that I would be privy to, so I couldn't tell you.

Q. Let me --

A. Judging -- I can tell you --

Q. Let me just tell you, as a matter of public record, the Director's decision authorizing the transfer of the Rural/Metro entities to AMR Holdco occurred January 26, 2016.

A. Okay. I'm sorry. What was the date on this again?

Q. January 6, 2016.

A. Okay. That makes sense.

Q. So -- so Southwest Ambulance is currently a separate entity from AMR?

A. According to those dates, that makes sense. And that makes sense why we would still be calling them. I just wanted to make sure that I understood the circumstances.

Q. And so when your folks turned and called Southwest Ambulance, how long did it take Southwest

Ambulance to get there?

A. I don't know. That's not in the email, and I don't recall.

Q. Okay. And there obviously were some issues with, as -- as you already acknowledged, the dispatch people at AMR being unaware of the new contract that was signed at the end of 2015, right?

A. Yes, ma'am.

MS. FICKBOHM: Okay. Let's go to CA-214. That's already been admitted.

BY MS. FICKBOHM:

Q. This is the one you talked about the balloon pump and cardiac cath lab and air transport, correct?

A. No, ma'am.

ALJ EIGENHEER: 214?

MS. FICKBOHM: I'm sorry. CA-214.

THE WITNESS: No, ma'am. This is one we were asking for transport numbers.

BY MS. FICKBOHM:

Q. Oh, okay. I thought it included both of those issues in that one.

Let's talk about -- Let's do the transport numbers in a minute. Let's --

ALJ EIGENHEER: I'm sorry. It is on page 1 of that.

MS. FICKBOHM: I thought so.

ALJ EIGENHEER: We just didn't cover that on direct.

BY MS. FICKBOHM:

Q. But this is an issue that you also talked about yesterday, correct? The balloon pump and air transports?

A. Yes, ma'am.

Q. Okay. So let's talk about that first. Then we'll talk about the request for information.

So you did testify about the balloon pump today, because my notes are -- you said you don't know a lot about that equipment and how it's used, right?

A. That's correct.

Q. Highly specialized equipment?

A. Yes, ma'am.

Q. Only used for really sick people, right?

MR. MURPHY: Form objection.

THE WITNESS: I can't qualify that. I'm sorry. I would say they're -- patients that are coming out of the cath lab absolutely are sick. But defining really sick versus sick, I think there's some nuances there that we would need to speak to.

BY MS. FICKBOHM:

Q. And you would agree with me that sometimes it is best to transport certain patients by air ambulance.

That's why we have air ambulances, right?

A. Sure.

Q. For example, it could depend upon the time of day, and if you've got to take somebody all the way across Phoenix and you're going to be in rush hour traffic, having an ambulance doesn't really help you go any faster than anybody else, does it?

A. Yes, ma'am, that's correct.

Q. And so sometimes using an air transport is the right resource, correct?

A. That's correct.

Q. Okay. Let's talk about Ms. Skinner's request for information on August 4, 2017 -- or, on July 31st, 2017, in the same exhibit.

Do you know whether or not what Ms. Skinner was asked for by the Dignity system was information covered by the AMR-Dignity services contract? Was that information that was required to be provided, or is this information above and beyond what was required by the contract?

A. I can't speak to the terms of the contract. I'm sorry.

Q. And are you aware that on July 25th, 2017, six days before this email was sent, that Dignity Health had sued AMR?

A. No, ma'am. I'm not involved in those conversations.

Q. Okay. That's good, right?

A. Yes, ma'am.

Q. So if -- if Dignity has sued AMR and an inquiry is made for information above and beyond what's required to be provided, do you think it would be illogical for an employee to go, "I'm going to let legal handle this"?

MR. MURPHY: Objection. Calls for -- do you want me to -- It's calling for speculation, Your Honor, asking him to speculate about what else Ms. Skinner would think, would do if she knew about the lawsuit, which she apparently did, but he just testified he didn't know anything about the lawsuit and was calling her about a quality-of-care issue.

ALJ EIGENHEER: Sustained.

BY MS. FICKBOHM:

Q. So, Mr. Hestand, let me ask you, if somebody told you, "Hey, we've been sued by X," big lawsuit pending against Dignity and, five days later, somebody from X comes to you and asks you for information that you don't normally give to X, are you going to take that to somebody above your pay grade?

MR. MURPHY: Objection. Incomplete hypothetical. Again, calls for speculation. We have the

circumstances in front of us in this email about what happened. He already testified about why he was following up with these transport numbers. It had nothing to do with the lawsuit. He didn't know about the lawsuit.

MS. FICKBOHM: I'm going to respond to that, Judge, that -- that the implication of this is that Alison Skinner is being unreasonable in not turning this information over, which is an incomplete part of the picture. And -- and so I think that -- And -- and he's judging what she did as inappropriate, so I'm asking him to put himself in her situation and whether he might have looked to people above him in the hierarchy if he knew that there was a lawsuit that had just been filed by the entity asking for the information.

MR. MURPHY: If I may respond?

ALJ EIGENHEER: It's -- it's a hypothetical.

MR. MURPHY: And he -- I'm sorry. Mr. Hestand can't put himself into Ms. Skinner's shoes. She's -- she's --

ALJ EIGENHEER: No, not Ms. Skinner's. He's putting himself in his shoes in this hypothetical.

So you may answer the question.

THE WITNESS: Can I ask one favor?

ALJ EIGENHEER: Yes.

THE WITNESS: Can you scroll up just a

little bit? Because I believe -- Right there, please. Thank you.

So I -- I just want to make sure I understood the quarterly response. Because I know we do get transport numbers from AMR. And that's pertinent to our facilities. So the request that I made was not something that was outside of the norm. It was outside of the norm as far as timeliness perhaps, but this -- Transports from our facility is our information. That has to do specifically with Dignity Health, not with Steward, not with Banner, not with anybody else. So information specific to us is something I would request whenever I needed it regardless of the timing. So in answer to your question, if it's something that somebody would ask me for that I would normally give, yes, I would give it.

BY MS. FICKBOHM:

Q. And if it was -- And my first question to you, which is why I had asked that question first, was whether you knew if the specific information --

MS. FICKBOHM: If you scroll up further.

BY MS. FICKBOHM:

Q. -- that was asked for is information that was required to be provided under the contract with Dignity, and you said that you didn't know whether or not it was.

A. Right.

Q. And then my hypothetical was you've been asked to provide information above and beyond that which you're required to provide to an entity that you know just sued your employer. Aren't you going to take that upstairs?

A. Again, my answer to you, that would be -- if it was something I would normally send, yes, I would send it. I may include someone on it, but if it's -- if it's information that I would not have any indication for it being wrong, I would absolutely share that. If AMR asked me for information that has to do with patients that transport between us, I send them follow-up on every critical patient that leaves my facility, that's not the norm. I know that's not the norm, because I -- it's been called out to me that I'm the only one that does that, but it's information that I think it's important for them to have for their QA and QI process. So the norm for me may not be the norm for everybody else.

Q. But again, you would make sure that somebody from legal was in the loop?

A. Not necessarily legal. I would copy maybe Jeff O'Malley or my boss Janet Shepard. I would definitely copy Dr. Zeidler because he's copied on pretty much everything I do.

Q. So tell me if this request for information that wasn't provided for you compromised any patient care.

A. No. This was all about just numbers. This is just data.

Q. Just data. Okay.

MS. FICKBOHM: Let's go to 233R. You know what, Judge? I'm going to skip that one. He testified it ultimately turned out okay.

Let's go to 233J.

BY MS. FICKBOHM:

Q. This is the August 17, 2017, Mercy Gilbert to Chandler Regional transfer, right?

A. Yes, ma'am.

Q. With a delay because the unit that had originally been provided about 40- to 45-minute ETA was pulled to be used for a more critical call or something that was more emergent?

A. I don't know. I would assume so, since it got pulled to EMS.

Q. And so you're not testifying that -- that it's inappropriate to pull a non-urgent -- a resource being used for a non-urgent transport into either the 911 or emergent -- or, urgent IFT setting if that's -- every time that's always going to be inappropriate, are you?

A. No. I think this, for me, it was just clarification. It was something that I had never come across, and because of the delay in time, it was sent to

me. So I needed clarification from AMR. That's why I emailed Paul and Alison on this one.

Q. And how long did it ultimately take you to get the non-urgent transport you needed that day?

A. I can only speculate based off of what the numbers say here. So it's 50 minutes plus 45, so 95 minutes for a non-urgent if you're reading the numbers.

Q. And so -- But that's a 45-minute ETA. Sometimes the ambulance transport providers arrive a little after the ETA?

A. Not 95 minutes, though.

Q. No, no, no. I'm saying the second ETA that you got on that, when you say that you were told it would be another 45-minute ETA.

A. Right.

Q. Let's start there.

A. Okay.

Q. So ETA stands for what?

A. Estimated time of arrival.

Q. Okay. So it's an estimate, right? And sometimes ambulances show up after the estimated time of arrival?

A. Sometimes.

Q. And sometimes they show up before the estimated time of arrival?

A. Sometimes.

Q. And as you sit here today, you do not know what time the ambulance ultimately showed up, correct?

A. No, ma'am.

Q. Okay. Are you aware of any negative impact to patient care or treatment safety because of this delay?

A. No, ma'am.

MS. FICKBOHM: Let's go to 233E.

BY MS. FICKBOHM:

Q. And this is the November 27, 2017, sequence, correct?

A. (No oral response.)

Q. So let's just talk generally without talking specifically about this one first.

A. Okay.

Q. If you get a 911 response to an emergency room and it's, let's say, Chandler Fire, their -- their mandate in general is to take the patient to the closest appropriate facility, correct?

A. For a 911 call, that's correct.

Q. And so that closest appropriate facility might not be a Dignity facility. It might belong to somebody else, correct?

A. That's not correct. If you're talking about -- You just said if they respond to Chandler Regional.

Q. No --

A. If they're -- if it's a scene call, it may not be us; that's correct. If it's a scene call out in the field, then they'll go to the closest appropriate facility. That is what they're supposed to do.

Q. So if Chandler Fire responds to -- I'm just talking in general; of course you're talking about this. I mean, one issue of calling 911 is you, at Dignity, can't always tell them where to take the patient. They're going to take the patient to the closest appropriate facility whether it's a Dignity facility or not, correct?

A. If they are not calling us, that's correct. If they call us for medical direction, it's a different story.

Q. So, for example, Scottsdale Fire shows up and Dignity really wants the person to go to the west side of town, Scottsdale Fire is going to say, "Hey, we -- we take people to places in Scottsdale. There's a hospital in Scottsdale we're going to take them to, not to your facility out west," correct?

A. Well, I want to make sure that I'm understanding -- we're understanding each other correctly. Scottsdale Fire responding to a call where? If they come -- They will never come to our facility, period, anyway.

Q. Because you don't have one in Scottsdale?

A. No. We don't have a Dignity Health in Scottsdale.

Q. Okay. And again, this is my lack --

A. That's okay. I wanted to make sure I understood what you were asking me, so --

Q. I'm just saying that in general, 911 fire responses are going to stay in their regional silo?

A. That's correct. Unless there's a reason for them to go somewhere else, you are absolutely correct.

Q. Okay. So going -- going back to this particular incident, so how long did it ultimately take the patient to get transferred?

A. I don't -- I don't know. That would have to be in the email, and I don't -- I don't have that information in front of me.

Q. And this was originating at Chandler Regional?

A. I -- I believe that's correct.

Q. Okay. And Chand- -- and Chandler Regional, I think, we already started out talking today, is a Level 1 trauma center, right?

A. Yes, ma'am.

Q. Okay. So we don't know how long the transfer ultimately took.

What -- Do you have any information that this patient's care was compromised or the patient's

safety was at issue in this incident?

A. No, ma'am.

MS. FICKBOHM: Let's go to 233H.

THE WITNESS: Can -- can I just add something to that last one? I apologize. I'm not sure if I'm allowed to do that.

But I think that one of the biggest concerns for -- for us in that specific instance is that AMR made the decision to call 911. That's not their decision to make. My physician is a doctor who makes that call. So when we have a unit shows up from a 911 standpoint and says "We're here to take your patient," that's not appropriate. So I wanted to make sure I clarified that. It's not -- it's not a transport company's decision to call 911 for a higher level of care facility -- for any hospital that I can imagine that would be okay, especially a Level 1 trauma center. They should have called us said, "Hey, we can't get you guys resources. Would you like us to call 911?" And our answer would have been, "No, we'll fly the patient," or "No, we'll call Maricopa," or "No, we'll call X company." That's not AMR's decision to make for Chandler Regional, for our patient.

BY MS. FICKBOHM:

Q. So this was November 27, 2017. Tell me -- And -- and let's just assume this was a major screw-up.

Tell me how many other documented incidents you have of AMR inappropriately calling 911 when they're at a trauma center -- when the call is from a trauma center.

A. Well, I know of -- I know of at least one additional one. I would rather not speak to that one because it's not within my wheelhouse, from -- from this perspective. But I know at least one other occurrence where this -- this has happened.

Q. Okay. One other, but it's not in your wheelhouse?

A. No, ma'am. It didn't originate at my facility, but it did involve ultimately my facilities.

Q. Okay. One other.

So let's talk about 233H. This is March of 2018.

Would you agree with me, in reading through this email, that the folks at the AMR entity involved owned this mistake?

A. I don't know. I'd have to read the email again.

Q. Okay.

A. We've been through so many. I apologize.

Q. So you're being told that AMR has re-educated communications and operations for more effective communications with facilities because of this, correct?

A. Per the email, yes, ma'am.

Q. So they're, like, "Okay. Our communications weren't great here," right?

A. Yes, ma'am.

Q. And I also noticed in -- in that email, that Jeff O'Malley is praising you for bringing this to his attention and asking you to keep this kind of information coming, right?

A. Yes.

Q. And tell me when it was that Jeff O'Malley asked you to start funneling information like this to him? Because he's not normally somebody in the chain that you would report to, correct?

A. Not on a regular day-to-day basis, no, ma'am.

Q. He's -- he's the joint venture guy for Dignity, right?

A. That's correct.

MR. MURPHY: Objection to the characterization as "the joint venture guy."

MS. FICKBOHM: The witness already answered yes.

ALJ EIGENHEER: Yeah, overruled.

BY MS. FICKBOHM:

Q. So he's not in your normal chain of reporting?

A. That's correct.

Q. But he's asked you to bring incidents like this

to his attention, correct?

A. That's correct.

Q. Starting when?

A. I don't know the date. I'm sorry.

Q. Did he also ask you to bring positive encounters with AMR employees and staff to his attention?

A. I don't recall.

Q. Because you didn't talk about any of those.

A. Actually, I did talk about that yesterday, I believe. And I do send positive feedback to them as much as I send to others.

Q. Absolutely. And that was what I wanted to establish with you, because we haven't -- we didn't talk about any specific ones today.

And -- and I just want to look -- pull up an example.

MS. FICKBOHM: So AMR-71, Your Honor.

ALJ EIGENHEER: Is it working for you?

MS. FICKBOHM: You know, I have had this problem too where I literally -- next to Paul, I couldn't get the PDF up, and he could get a PDF up.

Are you guys having the same issue?

I see a nod over there. It's weird.

VOICE FROM THE AUDIENCE: On your exhibits?

MR. McGOLDRICK: Just on ours.

MS. FICKBOHM: Adriane has it on hers. And I have a hard copy.

Can everybody else see it? It's so weird that John's --

MR. MURPHY: Is it a 9-26-2018 AMR document?

MS. FICKBOHM: It's 71. Are you able to get it up?

MR. MURPHY: Yeah, I have it.

MS. FICKBOHM: Isn't that weird?

ALJ EIGENHEER: So does everybody have it except me?

MS. HOFMEYR: And the witness.

ALJ EIGENHEER: And the witness. Okay.

MS. FICKBOHM: Well, I'm going to give either -- one hard copy, and then I will give the computer screen to somebody and the hard copy to somebody else.

ALJ EIGENHEER: If you give the computer screen to me, I can plug it in. Thank you.

MS. FICKBOHM: There it is. Isn't technology an amazing thing?

ALJ EIGENHEER: When it works.

BY MS. FICKBOHM:

Q. Okay. Brandon, after all of that, AMR-71, this is an AMR document of a call from -- from you. So take a minute and look at that and see if you recall that call.

A. I do recall this.
Q. And can you tell the judge what this was about?
A. We had a big house fire in Maricopa that was a pretty rough -- rough call for all the crews involved. And AMR transported two patients to us. One was a pediatric patient and then the child's mother. And the -- the scene was pretty chaotic. And the crew transported in actually with less resources that we would like to see and probably what they would like to have, and they managed the -- the patients as well as they could with the resources they had available, so wanted to make sure that we brought that forward to the crew. It's just important that they get that recognition.
Q. And, in fact, did you use the word "phenomenal"?
A. I -- I would like to say I said that.
Q. And you wanted the crews recognized for the excellent job, correct?
A. They did a great job.
MS. FICKBOHM: Move for admission of AMR-71, Your Honor.
MR. MURPHY: No objection.
ALJ EIGENHEER: AMR-71 is admitted.
BY MS. FICKBOHM:
Q. Did you send Mr. O'Malley an email about that incident?

A. No, ma'am.

Q. Were you asked by Mr. O'Malley to go back into your emails and phone records and dig out all of the positive encounters or exceptional encounters you had with AMR employees?

A. No, ma'am.

Q. You would agree with me there would be a lot of them?

A. No, I would not agree with you.

Q. No?

You would agree with me that you would have a number of those?

A. I would say that something like the circumstance we just talked about is what we would -- what I would recognize. The day-to-day norm stuff that happens, we don't all get enough recognition for it as it is, but it's what we're expected to do. So my answer would be it has to be something pretty exceptional for me to send an email. Not because they don't deserve it, just because if I sent emails about how great you are every day, it would lose its validity.

Q. I hear ya.

So going back to the -- the type of transport we started talking about that you said you weren't that familiar with, the equipment, the IV pump

and --

A. The balloon pump and the Impella?

Q. Yes.

A. Yes, ma'am.

Q. Okay. So how many of those a year are you seeing out of the Dignity facilities?

A. I don't know the -- the raw numbers on that. It was frequent enough that it came to my attention, but I don't have the data as far as how many. And they weren't -- they weren't coming out of Chandler. They were coming from Mercy to Chandler.

Q. So are you seeing those on a daily basis?

A. Not daily, no, ma'am.

Q. Are you seeing those on a weekly basis?

A. I would say that's probably more accurate is every week at least one or two. But I don't want to tell you numbers that are false, but it was, again, often enough that I -- that they reached out to me about it.

Q. So backing up to where we started, the nature of the emergency room business, which is your focus, is we've got injured, sick, unhappy people, right?

A. Yes, ma'am.

Q. And you and the people you work for are going to get patient complaints, right?

A. Yes, ma'am.

Q. Your staff is rude, they're having a bad day, they're not nice enough to the guy that's sitting over there, that kind of stuff, right?

A. Yes, ma'am.

Q. And you're going to get complaints from patients that you're taking too long to process their family members that they think should be processed faster, right?

A. Yes, ma'am.

Q. That happens almost every day, right?

A. I would say it probably does.

Q. That doesn't mean that you're doing a bad job, does it?

A. No, ma'am.

Q. Would you agree with me it's more of what you do with patient complaints than the fact of patient complaints that matters?

A. Yeah, I would say that's accurate.

Q. And looking at the emergency room business, you're always going to have different companies or agencies working together: Chandler Fire, you guys, ambulance transport providers, et cetera. Right?

A. Yes, ma'am.

Q. And -- and ultimately, they're all part of the same EMS system, right?

A. Yes, ma'am.

Q. And you hope that everybody's motivated to be cooperative with each other, right?

A. Yes, ma'am.

Q. I'll bet you're a cooperative guy.

A. Yes, ma'am, I try to be.

Q. And -- and you hope everybody wants to exchange information and work together looking for ways to improve the system. That's ultimately your hope, right?

A. Yes, ma'am.

MS. FICKBOHM: Thank you for your time today.

THE WITNESS: Yes, ma'am.

ALJ EIGENHEER: Cross?

CROSS-EXAMINATION

BY MR. BELANGER:

Q. I'm Jim Belanger. I represent Maricopa Ambulance.

I only have one question.

A. Yes, sir.

Q. In -- in the -- in those times when you perceived or believed that there was a problem with an AMR response, did you ever reach out to Maricopa Ambulance to do the transport?

A. No, sir. Not -- not me personally, no, sir.

Q. Do you know if anybody did?

A. I don't know. I -- Honestly, I don't know. I think this is still kind of new for us having Maricopa available, so I think part of it is, again, the staff knowing that Maricopa is available and getting away from just hitting that one button to call real quick. I think that's just become our routine. So I apologize. I -- We probably don't have it out there as -- as it will be as time continues.

MR. BELANGER: Okay. Thank you.

THE WITNESS: Yes, sir.

ALJ EIGENHEER: Cross?

MS. HOFMEYR: Thank you, Judge. Just a few.

CROSS-EXAMINATION

BY MS. HOFMEYR:

Q. Brandon, my name is Adriane Hofmeyr. I represent ABC Ambulance.

A. Yes, ma'am.

Q. Actually, as a preliminary point, I should tell you that some of your testimony -- that really reminds us what this business is about. That's a real public service.

A. Thank you.

Q. You testified that ABC did not -- has not reached

out to you personally. Is that right?

A. Yes, ma'am. That's correct.

Q. But it's not your testimony that that's the reason you don't send ABC transports. Is that right?

A. That's correct.

If I can elaborate a little bit, we -- we know ABC exists, but again, I think that the general feeling in the community and my perception is that the transports are very specific to what they do, and we don't utilize that type of service out of the ED.

Q. Is it -- And I will get to that in a little bit.

I just want to clarify. The reason you call AMR, though, and not ABC is not because ABC hasn't called you personally?

A. That's correct.

Q. You use AMR because somebody higher up in the organization told you, "In the ER, we have a relationship with AMR"?

A. Yes, ma'am.

Q. And that's the same reason you use Maricopa Ambulance now because someone higher up has told you, "Please call"?

A. Yes, ma'am, that's correct.

Q. But do you know whether ABC has reached out to someone higher up in Dignity?

A. No, ma'am, I do not know.

Q. And then regarding your statement now that your understanding is that ABC is limited to behavioral transports --

A. I don't know -- I didn't mean -- I didn't mean to say that. I apologize if that's the way it came across. I just understood that that was really their -- their bread and butter; that's what they did. That was my understanding. I don't want that to mean that it's limited to. I'm sure they can do more than that. But my understanding was that was their catchment area.

Q. And then one last point. You testified -- I think you testified, that from your perspective, 45 minutes is unacceptable for an urgent transport. Is that what you said earlier?

A. I hope I didn't say that. Because I understand that there are some times that that will happen. I think that if it becomes a pattern, that's problematic. I think in some of these instances where we saw 45 minutes then an additional, that's where I usually would get involved. I think 45 minutes -- if that was just a one-call thing, I probably wouldn't hear about it unless it was something very, very critical in nature.

Q. Your preference, from a practical perspective, is when you make an urgent call, you want an ambulance there

within 45 minutes?

A. I -- I think that as long as they're meeting the terms of what we're supposed to, if it's 30 or 45 minutes, as long as it's -- they're there when they're supposed to be, I think that's acceptable. That's from my perspective as a paramedic liaison. I'm not sure that the nurses or the physicians caring for that patient at the time would be okay with that.

Q. I'm going to ask one last question. It's that same question kind of in the reverse.

A. Yes, ma'am.

Q. So is it your testimony that transports that take longer than 45 minutes for urgent transports don't meet your facilities' needs?

A. I would say that that is absolutely correct. I think 45 minutes is too long if it becomes the norm. Like I said, I want to make sure I -- I'm as clear as I can be with everybody and as honest as I can be. I think 45 minutes, if it's -- it happens on occasion, it's probably -- we understand traffic, we understand things happen, but if -- if the terms of the agreement and the way that we're supposed to do this is supposed to be 30 minutes or less, that we should do our best to meet that time. I get that things happen. I understand; they happen to me. But if it becomes the norm, that's when I

become worried, and I don't like to see a pattern that's going to set us up for failure. I don't want to have to call anybody in this room and say that, you know, something happened to one of our loved ones because there was a pattern that I didn't look into.

MS. HOFMEYR: Thank you, Judge. I have no further questions.

THE WITNESS: Thank you, ma'am.

ALJ EIGENHEER: Cross?

MR. RAY: Good morning, Brandon.

THE WITNESS: Good morning, sir.

MR. RAY: I don't have any specific questions. I just wanted to let you know we appreciate your testimony today and we appreciate some specifics. It's hard when you -- when you get general allegations or general statements, and it's -- I think I would echo what Ms. Hofmeyr says. It's appealing to bring us back to specifics so that we all know why we're here. So thank you.

THE WITNESS: Thank you, sir.

ALJ EIGENHEER: Redirect?

MR. MURPHY: Just a couple of questions about AMR-71, please. Sorry.

MS. FICKBOHM: I thought that was a joke.

MR. MURPHY: Being difficult again.

THE WITNESS: If it's helpful, I remember the calls. So we can -- If it'd be okay, I can speak to whatever you want on that specific call.

MR. MURPHY: Okay. Without bringing up the exhibit.

THE WITNESS: It's okay with me.

REDIRECT EXAMINATION

BY MR. MURPHY:

Q. I'm referring to -- for the record, I'm referring to AMR-71. A couple questions.

A. Yes, sir.

Q. It was an AMR Ambulance that arrived at Chandler Regional?

A. Yes, sir. Two of them. Two separate crews.

Q. Okay. And were those 911 response crews, or were they interfacility crews?

A. They were 911 calls, yes, sir.

Q. And when you said from Maricopa, that's from the city of Maricopa?

A. Yes. So Pinal County, yes, sir.

MR. MURPHY: That's all I have.

ALJ EIGENHEER: You may be excused.

THE WITNESS: Thank you, ma'am.

ALJ EIGENHEER: Thank you.

Do you want to get started with the next witness or take a short recess?

I see a nod for a short recess.

MR. MURPHY: That's fine. No. Great.

ALJ EIGENHEER: We'll take a short recess. We'll go off the record at this time.

(A recess ensued from 9:56 a.m. to 10:20 a.m.)

ALJ EIGENHEER: Okay. We're back on the record.

Your next witness?

MR. MURPHY: Matthew Karger, please.

ALJ EIGENHEER: Please raise your right hand.

MATTHEW KARGER,

called as a witness on behalf of RBR Management, LLC, herein, having been first duly sworn by the Administrative Law Judge to speak the truth and nothing but the truth, was examined and testified as follows:

ALJ EIGENHEER: Would you please state your name, spelling it for the record.

THE WITNESS: Matthew Karger, M-a-t-t-h-e-w K-a-r-g-e-r.

ALJ EIGENHEER: Please proceed.

DIRECT EXAMINATION

BY MR. MURPHY:

Q. Good morning, Matthew.

A. Good morning, everyone.

MR. MURPHY: Can I pull up Mr. Karger's resume? It's CA-175, please. Thank you.

BY MR. MURPHY:

Q. Mr. Karger, do you recognize this document as your resume?

A. I do. That's my resume.

Q. You provided -- provided it to -- to Community Ambulance to submit in this case --

A. Correct.

Q. -- as an exhibit?

MR. MURPHY: We move to admit Mr. Karger's resume.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-175 is admitted.

BY MR. MURPHY:

Q. Mr. Karger, could you just tell the judge your educational background, please?

A. Yeah, absolutely. So I finished EMT school here in Phoenix. While in EMT school, I worked -- I finished

EMT school, volunteered for Gilbert Fire for a while, made some connections, ended up getting a job as an ER tech at Banner while I was enrolled in paramedic school, finished paramedic school, and then got a job working at Arizona General in Laveen.

Q. Okay. And when did you go to paramedic school?

A. August of 2014 through December of 2015, 16 months.

Q. And your first job as an ER tech was at Banner Baywood, was it?

A. It was, yeah. It was Level 3 trauma center in Mesa, Arizona.

Q. And you were there for three years?

A. Correct.

Q. Can you talk about what you did as an ER tech at Banner Baywood, please?

A. Yes. So the job as an ER tech is, like, initial patient assessment. You get IV access, get blood, do patient care. If there wasn't a health unit secretary in the department, we would float to the desk and be in charge of arranging transportation of patients.

Q. And by "transportation," that would include ambulance transports?

A. Correct. Yeah. Interfacility transports from Banner Baywood to another facility.

Q. And then you said you transitioned to Arizona General Hospital --

A. Correct.

Q. -- in Laveen?

A. Yeah.

Q. When was that?

A. I think October of 2015 is when I started there.

Q. And you also worked as an ER tech?

A. Correct, yeah. A little bit of expanded scope but generally the same job.

Q. How was your scope expanded at Arizona General?

A. We had IV fluids and a couple other things included in.

Q. Did you also -- were you also involved in ordering ambulance transports?

A. Correct, yes. So Arizona General Laveen is a pretty small facility, so we are all held accountable to arrange transports.

Q. And Arizona General Hospital in Laveen has an emergency department?

A. Correct. Yeah, we have a 12-bed emergency room.

Q. Do you know what level that emergency department is?

A. We are not accredited like a level -- trauma center level. We are like a critical access point

facility, community hospital.

Q. At some point -- well, not at some point. January 2018, you became an EMS coordinator it says here on your resume.

A. Yeah.

MR. MURPHY: Your Honor, could we scroll down just a little bit, please? There we go.

BY MR. MURPHY:

Q. Okay. So in 2018, you became an EMS transfer coordinator?

A. Yes. In 2018, I took the responsibility of being EMS coordinator for Arizona General Laveen.

Q. Okay. And what was that role starting in 2018?

A. At that point, I was dealing exclusively with our 911 partner, so in Laveen, we received traffic from Phoenix Fire Department and Gila River Emergency Medical Services.

Q. And can you just give a general description of 911 traffic coming into your facility?

A. Correct. Yes. So you call 911 at your home, they transport you to our emergency room. I was dealing with those crews at that point.

Q. And at that point you had not -- you were not dealing with interfacility transports out of your facility?

A. Correct. That -- Yes.
Q. Okay. And in that role, just describe your job duties as an EMS transfer coordinator.
A. So with our 911 partners, I do patient follow-up. I type up the reports, give them feedback on their care. Nurses, physicians bring issues to me. I address any kind of patient care issues that they had, patient complaints. I arrange continuing educations for them through numerous providers.
Q. For who?
A. For Phoenix Fire Department and Gila River EMS.
Q. Okay.
A. I --
MS. FICKBOHM: I'm going to ask you to slow down just a little bit because I didn't understand what you said after "Phoenix Fire." It kind of --
THE WITNESS: Okay.
MS. FICKBOHM: And for me to criticize somebody for talking too fast is really fast.
THE WITNESS: I had my coffee this morning.
MS. FICKBOHM: So if you could just back up, you arranged continuing education for Phoenix and who?
THE WITNESS: Gila River EMS.
MS. FICKBOHM: Okay. I wouldn't have gotten that. Okay.

THE WITNESS: Can I continue?

BY MR. MURPHY:

Q. Yes, please.

A. Okay. So the transfer portion of my job came in in May of 2018 when we recognized that there was a large issue that we were having with our interfacility ambulance transfers.

Q. Okay. And what -- what is your expanded role? What's your new role include, and what are your job duties?

A. So any issues that arise with our interfacility partners -- that being ETAs, patient care issues, billing issues -- were brought to my attention, so that was into my job description and into my scope.

MR. MURPHY: And, Your Honor, if we could pull up ABC-28, please. I think it's already been admitted.

MR. MEYERSON: Yeah.

BY MR. MURPHY:

Q. And this is a map of Dignity facilities in Maricopa County.

At some point did Dignity Health acquire, if you know, Arizona General Hospital?

A. They did.

Q. When -- when did you become aware of that?

A. I believe it was end of July of 2018.
Q. And from your perspective -- It's your understanding that Dignity Health now owns the Arizona General Hospital system completely?
A. Correct. We are a wholly owned subsidiary of Dignity Health.
Q. Okay. So can you identify on this map the facilities that you oversee with -- in your role as an EMS transfer coordinator?
A. Absolutely. Do you want me to go up there, or do you want me to --
MR. MURPHY: Can he approach, Your Honor?
ALJ EIGENHEER: Yeah.
THE WITNESS: Okay. All of the blue dots are freestanding emergency rooms. So this is our Chandler location, Gilbert and Germann, Power and Germann, this is going to be -- No, I'm sorry. This is Power and Germann. Our east Mesa location, Gilbert and Baseline, Chandler. Where are we at here? This is a freestanding. Freestanding at 51st Avenue and Olive, 83rd Avenue and Camelback, our Goodyear freestanding, and Surprise freestanding. And then our 51st Avenue and Baseline is our Laveen hospital, not a freestanding.
BY MR. MURPHY:
Q. So are there any missing on this map?

A. We do have two freestandings that are under -- that are built that are just waiting to open in Tempe and then in San Tan Valley.

Q. Can you show us on the map where those are going to be?

A. So San Tan Valley is going to be off of the map.

Our Tempe one is off of Rural and the 60, so that's an additional freestanding.

And then we also have a new full-service hospital that's opening up on Ellsworth and Elliot, which is going to be again off the map, but over in this general vicinity.

Q. And east -- east but off this map?

A. Correct. Yes.

Q. Okay.

A. So it is -- east Mesa is the location. So Dignity Health Arizona General Mesa is the title -- is the name of that facility.

Q. And that's going to be a hospital similar to the hospital in Laveen?

A. Correct. It's actually larger. So our new facility that's opening up in the next few weeks is 50 inpatient rooms and then 15 ER beds.

Q. And will it have the same level of care in the emergency department that it has in Laveen?

A. Correct.
Q. Since starting your role in May 2018, how often do you receive complaints from AGH staff about interfacility transport issues?
A. I would say it varies. Anywhere between 5 to 10 complaints per month per facility. So if you do the math on that, on the low end, 50 to a hundred complaints regarding interfacility transports out of our facilities.
Q. And the nature of the complaints are what you testified to earlier?
A. Yeah, I would say generally the biggest complaints I get are either billing or ETAs.
Q. And what is it -- When you say "billing," what do you mean?
A. We had a very large issue -- we still do have a very large issue regarding AMR Ambulance billing our patients and also sending us bills even though we are not payer of last resort. Just lots of issues with our billing. We had a lot of patient complaints from patients that were transported via AMR regarding billing concerns.
Q. Patients complained to the hospital?
A. They would complain to them. When they wouldn't get anywhere with AMR, they would come back to us.
Q. And would you field those complaints with the patients?

A. I would not. I would escalate that up to our quality and risk, my CNO, and anybody else -- our regional nurse manager would have gotten involved in those conversations.

Q. And who is that?

A. Bill Lindsey is our regional nurse manager. Linda Parsons is our quality and risk director for all of Arizona General. And then Susan Dolezal is our chief nursing officer for all of our facilities.

Q. Okay. So just generally, when it comes to these interfacility transport complaints that you deal with in your role, when and how do you become involved in those complaints?

A. Generally, if it's something that is time-sensitive and if I'm in the facility, I'll handle it in a moment; then I'll call our account representative Alex Lopez, who represents AMR to us. I will call him in real time. If I don't hear about it in the moment, I usually will receive an email, or a lot of times people just call me on my cell phone, so -- People know that I'll answer, and they'll field their complaints to me in the moment. If it's my staff complaining to me, I'll contact Alex, like I said, perhaps send an email or arrange a meeting.

Q. Okay. So when you first came into the role, what

did you do to acquaint yourself with what your new position was going to be like?

A. So I knew that there were issues working at Laveen, so I rounded to all of our facilities. I took two days and drove all across the greater Phoenix area and kind of just got feedback from our nurses, physicians, admin staff at our facilities, and there was a lot of concerns.

Q. And who -- who is the primary provider of those interfacility --

A. AMR.

Q. -- at that time in May of 2018?

A. AMR.

Q. Okay. And what did you learn?

A. I learned that specifically our west side facilities were having major issues with ETAs. Like large issues, they were giving urgents that were 45 to an hour, if not more. We had a -- we had instances where it was over an hour for urgent.

Customer service issues. We had problems with our crews second-guessing our physicians. That was a huge issue with our doctors and our medical directors.

We had echoed billing issues from our freestanding facilities to me. So a lot of complaints, not happy staff.

Q. So what -- So these are things you learned in that two days of rounding to the different facilities?

A. Correct.

Q. Okay. And with that information, what did you do next?

A. I wanted to address them immediately. So after I kind of amassed all the information, I set up a meeting with American Medical Response, AMR, and then our leadership team at Laveen. And that was to address the billing issues and issues of ETAs.

Q. Okay. So did you schedule a meeting?

A. I did, yes.

Q. And when was that meeting, if you remember?

A. I believe it was April 24th, April 24th -- end of April 2018.

Q. Okay. Who -- who was at that meeting?

A. It was myself, the people I mentioned previous, so Susan Dolezal, our chief nursing officer --

Q. Slow down. Slow down, please.

A. Sorry. Susan Dolezal, our chief nursing officer; Linda Parsons, who's our quality and risk director; Bill Lindsey, who is our regional nurse manager; Amber Pitton, who was our ER director at Laveen. From AMR, Todd Jaramillo was at that meeting and Alex Lopez.

Q. And was this meeting held at the Laveen facility?

A. It was held at Laveen.
Q. And what -- what was discussed?
A. Large portion of the time was discussed -- discussing the billing issues and urgent versus non-urgent billing and urgent versus not urgent ETAs.
Q. And what was the issue with urgent versus non-urgent billing?
A. We were transferring patients utilizing AMR and -- urgently, and they were coding those bills as non-urgent, and then insurance was denying those bills, which our job is to advocate for our patients, and if we're transferring you from our facility, especially if we're calling it as an urgent transport, your insurance should be covering that. And AMR was unwilling to work with those patients to rectify those situations.
Q. You also talked about what an urgent and non-urgent transport actually is?
A. Yes, correct.
Q. Would you tell us what was discussed about those -- that issue?
A. Yeah. So urgent was -- They kind of gave us that laminated sheet that I know we've all seen and explained to us that urgent is a less than 30 minutes ETA and non-urgent is an hour ETA.
Q. Do you have an understanding what an urgent

transport is?

A. Yeah. I do.

Q. Can you -- can you tell the judge what your view of it is?

A. Yeah. Any critical patient hemodynamically unstable being transferred to a higher level of care with the threat of loss of life or limb would be classified as an urgent patient.

Q. And -- and non-urgent -- Do you have an understanding of non-urgent?

A. Non-urgent is somebody who's being -- potentially being transferred for inpatient observation, hemodynamically stable.

MS. FICKBOHM: I'm sorry. I didn't understand that.

THE WITNESS: Oh, sorry. Unstable would be somebody who is hemodynamically or -- I'm sorry. Stable would be somebody who is hemodynamically stable and could afford to wait that hour.

BY MR. MURPHY:

Q. Okay. So in your role as transfer coordinator, is it part of your role to try to resolve issues?

A. Absolutely.

Q. Okay. That was the purpose of the meeting?

A. Correct.

Q. Okay. So did you discuss efforts of resolving either the billing issue or the urgent versus the non-urgent ETA issues?

A. We had discussed resolutions for the billing issues. The ETAs were not particularly addressed. It was "Well, if you need a faster response from us, then you need to be calling 911."

Q. Okay. And what were your thoughts about the recommendation to call 911?

A. That didn't sit well with me and I -- I knew that that didn't feel right.

Q. Why?

A. We would be transferring from a higher level of care in emergency room down to a 911 crew to then transfer back up to a higher level of care, and I didn't know if -- what the state's opinion on that was and the legality of that.

Q. So what did you do next, then?

A. So I scheduled a meeting with AZDHS EMS and trauma bureau. I believe that was -- May is when I scheduled that meeting -- end of May.

Q. Of 2018?

A. Correct.

Q. Did you attend that meeting in May?

A. I did, yes.

Q. And where was that meeting?

A. That meeting was held at the Arizona General Laveen facility.

Q. Okay. Who attended that meeting?

A. Again, myself; our chief nursing officer; Linda Parsons, our quality and risk director; Bill Lindsey, who was our regional nurse manager; and Amber Pitton was in that meeting. Representatives from DHS, they brought a lot of people. I know we had Ithan Yanofsky, who, I believe, is the deputy director for trauma and EMS for AZDHS. We had a representative from the hospital licensing department. And I believe we had a few other unknown people to me from the Department of Health Services.

Q. Okay. And what was discussed during that meeting?

A. I had brought to their attention the billing issues, and I had brought to the attention the suggestion of calling 911, and we were confused as to if that was allowed. So that was the main purpose of the meeting was to find out if we were permitted to activate and utilize the 911 system.

Q. What, if anything, did you learn from DHS during that meeting?

A. We got an emphatic "You cannot utilize the 911

system" from the hospital licensing representative. And I cannot remember what her name is. She was actually on the phone too. We had a couple of people on the conference line. And we were not permitted to call 911 as a licensed emergency room.

Q. Anything else that was discussed during that meeting, that you recall?

A. Again, we brought up the billing issues, and DHS said that "That's not really our wheelhouse, that if -- you need to take that up with AMR and potentially insurance companies," I believe was their response.

Q. Okay. So what were your next steps after that?

A. So what we did after we confirmed with AZDHS that we were not to utilize the 911 system is we rolled out a policy to our staff that "You are no longer able to activate the 911 system. Patients are to be transferred via interfacility ambulances at the appropriate level of care to the appropriate facility. No 911 activations and no 911 crews responding to our facilities."

Q. Okay. And so when you say you rolled out a policy to the staff --

A. Uh-huh.

Q. -- was that AGH systemwide? Who's -- who's the staff?

A. Correct. Yes, it is Dignity Health Arizona

General Hospital systemwide. It was uploaded into our policy handbook, and staff were given an acknowledgment of the policy update. They had to sign it. It was filed into their employee record.

Q. Who -- who prepared the policy, if you know?

A. Susan Dolezal, who is our chief nursing officer; Linda Parsons, who's our quality and risk director; and myself.

Q. And all three of you were at the meeting with DHS?

A. That is correct.

Q. After that policy went out, did -- what was the next step you took with respect to this 911 issue?

A. We had -- I went around to all of our facilities, educated our staff on the changes. And then we had a scheduled meeting with AMR at our Glendale location for our specific complaints out of our Glendale facility.

MR. BELANGER: Brendan, can we get some foundation for the time of that meeting? It may already be in there, but I just want to make sure.

MR. MURPHY: Well, let's -- let's do this. Can -- can we pull up CA-191, please? This may help.

BY MR. MURPHY:

Q. Okay. This is -- Do you recognize this

calendar?

A. I do.

Q. Okay. Can you tell the judge what this calendar is, please?

A. That is my calendar.

Q. Okay. And you provided it to Community Ambulance to produce in this case?

A. Correct.

MR. MURPHY: Move to admit.

And if you want to scroll through.

MS. FICKBOHM: I'm familiar with that.

No objection.

ALJ EIGENHEER: CA-191 is admitted.

MR. MURPHY: If we could go to May 24th, Your Honor.

BY MR. MURPHY:

Q. And there's a meeting that appears to be at 1:30. Can you tell me what --

A. So that was --

Q. -- that meeting on May 24th is?

A. Yes. That was a check-in meeting after the initial meeting with AMR to discuss the changes that were made in our policy, the "no longer utilizing the 911 system" policy.

Q. Okay. And is -- Can you tell me where that

meeting was held?

A. That was at AMR Mesa operations, Station 1, in Mesa, AMR's offices.

Q. Okay. And who -- who was present at that meeting?

A. Todd Jaramillo and Alex Lopez.

Q. And on the side of AGH, who was at that meeting?

A. Just myself.

Q. Okay. What did you guys discuss?

A. I updated them that the policy had been distributed to our staff and that we were no longer going to be utilizing the 911 system and that we were expecting faster response times.

Q. Okay. And what was the response from either Mr. Jaramillo or Mr. Lopez?

A. It was extremely dismissive on Todd Jaramillo's behalf. He didn't seem to really care too much. Very -- just discounted the issues we were having and didn't seem to have too much of an interest in what I had to say.

MR. MURPHY: We can go to the June 20 calendar entry, Your Honor. Thank you.

BY MR. MURPHY:

Q. Mr. Karger, can you tell me what this June 20th meeting is?

A. Yes. So my facility administrator of our

Glendale location, which is on 51st Avenue and Olive, had reached out to me to express concerns regarding AMR's level of customer service. I reached out to Alex Lopez, and we arranged a meeting at our Glendale freestanding location to discuss issues.

Q. Okay. And who was at this June 20th meeting?

A. Myself; our facility nurse manager Brenda Lopez, who is over our Glendale freestanding location; Todd Jaramillo; and Alex Lopez.

Q. Okay. And so what was discussed during that meeting?

A. We discussed a couple different things. We discussed extended ETAs for urgent patients. We discussed customer service issues. Again, we had problems at that location with crews coming in and saying, "Well, why didn't you call 911?" This is -- we had a -- I think it was a stabbing was an example that we used. And they --

MS. FICKBOHM: Did you say "staffing" or "stabbing"?

THE WITNESS: Stabbing, with a b.

MS. FICKBOHM: Okay.

THE WITNESS: They -- Just issues with attitude issues, especially.

MR. MURPHY: Excuse me. Excuse me. But it's my direct examination.

MS. FICKBOHM: I know. When I can't understand what he's saying, Brendan, I should be able to ask and get a clarification on a word. Don't you think that's okay?

MR. MURPHY: Of course I do.

ALJ EIGENHEER: Okay.

MR. MURPHY: Of course I do. I'm not -- I'm certainly not -- I thought you were about to ask a follow-up question, so I just wanted to make sure --

MS. FICKBOHM: He's a very hard witness to understand.

MR. MURPHY: Okay. So we'll ask him to slow down.

MS. FICKBOHM: Yes.

MR. MURPHY: And maybe move the microphone closer so you can be a little bit louder.

I'm not trying to be difficult.

BY MR. MURPHY:

Q. Okay. Where were we? We were discussing the issues at 51st Avenue and Olive, correct?

A. Correct. Yes.

Q. And you said that they were -- You were talking about transport delays, talked about ETA issues --

A. Correct.

Q. -- for urgent transports? Okay. And customer

service issues.

You said there was a stabbing. If you could speak up, please, so folks can hear you.

A. Yeah, there was an incident where a patient presented to the freestanding ER that was stabbed. When we -- Brenda was not happy with the response -- the time line that AMR provided us when we requested transport.

Q. And a stabbing in an ER setting is not a 911 call?

A. We, as -- as licensed emergency rooms, are not permitted, per my meeting with DHS, to activate the 911 system.

Q. Okay. What -- what was AMR's response to some of these issues you raised during the meeting?

A. It was frustrating because they were extremely dismissive of the concerns that were raised by not just myself but Brenda Lopez, who's our facility administrator. Very -- It was hard to get a word in edgewise in that meeting, as often is with AMR's leadership. They kind of try to talk over you; borderline aggressive, certain people; and so not a whole lot was resolved in that meeting, to be completely honest.

Q. How many transports are done out of that facility on a monthly basis?

A. Anywhere between 50 and 80. I mean, it really

depends on the census -- the overall census.

Q. Okay. Anything else that was discussed between you, Brenda Lopez, and the representatives of AMR?

A. We had discussed -- We were kind of going back and forth and discussing issues, and the question was raised by Todd Jaramillo, "How many transports do you have out of this facility every month?" And I had actually just looked at that information, so I believe the number was 46, if I'm remembering correctly.

I said, "Oh, we've got 46 out this month."

And he goes, "Well, that's not even really that many."

And that was concerning to myself, Brenda. And that was an issue.

Q. How long did that meeting last?

A. 25, 30 minutes.

Q. Did you have a follow-up meeting with Ms. Lopez after that meeting ended?

A. We did. We had a brief discussion, and her exact words was "I don't really want him in our facility ever again." And that was referencing Todd Jaramillo.

Q. Were the issues that you discussed during that meeting on June 20th ever resolved to the satisfaction of AGH?

A. No.

Q. Okay. After your meetings with AMR that you just testified to, were there any other patient issues that occurred at any of the facilities that you were brought in to attempt to resolve or --

A. Yes. We just had an issue -- I mean, if we're going recently as this week and last week, October 17th, I believe, was the date we had an issue with -- I mean, there's numerous, but this is just the most recent; it's fresh on my brain. October 17th, we had an issue where we had arranged a transport for an individual. Given that -- We actually called, as sometimes we do, and sometimes we utilize an online PDF dispatching feature. Sometimes if we're busy, it's easier to call dispatch and request. My health unit secretary had called AMR to arrange the transport, given all the patient information, patient weight; AMR crew gave a 40-minute ETA.

Q. Can I -- Let me interrupt you. Is this an urgent or a non-urgent patient?

A. This was a non-urgent patient.

Q. Okay. And where was this patient going?

A. Arizona General Laveen, and I believe they were going St. Joseph's.

Q. Okay. Continue. I'm sorry.

A. No. They didn't -- I believe it was -- I can't a hundred percent remember correctly. I think it was a

30-minute ETA. Yes, 30-minute ETA. At the 40-minute mark, our health unit secretary had called AMR dispatch back to check on the status of the ambulance. We were told that there was a traffic delay, which is the go-to excuse at AMR. "We're delayed in traffic," okay, I understand. I think they gave an additional 30-minute, I believe -- if I remember correctly, an additional 30-minute ETA. The AMR crew did arrive. Upon entering into our facility and getting bedside with the patient, they said that they would be unable to transport the patient because the patient was obese. I think as we all saw on that laminated sheet, we give patient weight. They always ask because that's pertinent information to a transportation company. Weight was given. They arrived said, "We can't take this patient." And our physician and charge nurse were concerned. I think the patient was 176 kilos, so . . .

Q. Can you convert that to pounds?

A. 387.6 or -4, something like that, roughly.

So an overweight patient, yes, but able to be transported by AMR. They said, well, they'll have to wait for another crew, which had a 40-minute ETA. My physician was frustrated. My charge nurse was very frustrated. I got called about it. And I said, "Keep me updated. I'm going to reach out to Alex Lopez, who's our

account representative."

Q. Did you reach out to Alex Lopez?

A. I did, yes.

Q. By -- by phone?

A. I did not, no.

Q. Or by email?

A. I sent him an email about it.

I got our callback almost immediately, probably within 10, 15 minutes of --

Q. And let me just put this in time. The email you sent was while this incident was happening or after?

A. It was not; it was after.

Q. Okay.

A. Because I was kind of being updated by my health unit secretary. I said, "Keep me posted as to what happens. If they can't transport the patient and we have to wait, I will reach out to them in the moment."

Q. Okay.

A. Our charge nurse, our physician was kind of, like, "You should be able to take this patient." They did attempt to load the patient into the ambulance even after they said they could not, and they did transport the patient successfully.

MR. MURPHY: Can -- can -- Your Honor, can you pull up CA-224, please?

BY MR. MURPHY:

Q. In your testimony, you've referenced a laminated card or a sheet. Is this the document you're referring to?

A. Yes.

Q. And do -- do you have -- do you know who provided -- are these document -- Or, is this document in your -- in your freestanding ERs and hospital facilities?

A. Yes.

Q. Okay. And it's utilized to call AMR to dispatch an ambulance?

A. Yes.

Q. And you said this patient that was about 387 pounds was a non-urgent patient?

A. Correct.

Q. And you said that you give weight in this -- based on this card, weight is given to the dispatcher?

A. Correct.

Q. Can you point that out for us, please?

A. It is Number 8, the 8th question they ask in the -- in the flow.

Q. Thank you.

Any -- any other issues that you have dealt with in your capacity -- any non-urgent patients that you've dealt with with some issues?

A. Yes. We had an additional issue. I believe this was the end of July, if I remember correctly, July 20th, of an AMR unit responding to our Arizona General Laveen facility. They gave a 30-minute ETA. I believe they arrived at the 35- to 40-minute mark. Okay. They continued to sit in our ambulance bay for 10 minutes. Then we were very excited -- we saw them on security camera, got out of the ambulance. We were all busy running around; it was a busy day. Get out of the ambulance, come into our EMS room, take snacks and water out of our facility to their ambulance where they continued to sit in the ambulance for roughly 10 to 15 additional minutes before coming in and making patient contact.

Q. When was the patient contact made?

A. I believe it was at the hour -- at the hour mark from the initial ETA given.

Q. So 60 minutes?

A. Correct.

Q. And when did you become aware of this issue?

A. I was actually in the facility that day, so I was -- I handled that in real time.

Q. And who did you contact? Excuse me. Did you contact someone with AMR about this issue?

A. I did, yes.

Q. As it was happening?
A. Yes.
Q. Who did you contact?
A. I spoke to Alex Lopez. I called him. He responded back that he was going to give me the west side field supervisor's number, I believe. I did call the west side field supervisor, because that's just unacceptable. Even outside of the ETA issues with that they were in 60 minutes, the patient's waiting. And if we're transferring the patient out of our facility, they're sick. And that's my job -- is to advocate for patients and get them out as fast as I possibly can. And I was concerned that it was kind of a -- they had a very lackadaisical response to a patient waiting.

So I did speak to the field supervisor, and he said that he would address it with that crew immediately. And I did follow up with an email to Alex and Todd Jaramillo.

Q. Did you get a resolution to the issue or some --
A. I did. He called me back maybe an hour later -- the west side field supervisor did -- and said that he had made contact with that crew and that that would not be happening again and that that behavior is unacceptable.
Q. Okay. Any other non-urgent transport issues that you recall in the past six months?

A. Yes. We actually just had a very large issue. The night of October 22nd, so two nights ago, I was not at work, and my cell phone rang, and it was a -- our facility administrator of our Gilbert Germann location, so our Chandler freestanding, saying that AMR had activated 911 without informing us or asking us if we wanted them to because -- and this is a direct quote from a conversation I had with Alex Lopez in the moment -- they had no interfacility truck to send.

Q. So Chandler is that Chandler location --

MR. MURPHY: Your Honor, if we could pull up ABC-28, please.

BY MR. MURPHY:

Q. Could you point to where that Chandler location, please?

A. Yes. I believe it's this location right here.

Q. Was this an urgent or non-urgent patient?

A. This was a non-urgent patient.

Q. Do you know if 911 responded to that freestanding ER?

A. They did. So when my facility administrator contacted me, Chandler Fire was pulling up on scene. Actually, they had made entry into the building already. And she said, "What do I do? We're -- we're not to activate 911. This patient is stable." This patient

presented to our emergency room as a potential stroke, had some numbness to extremities and to the left side of his face. We did the head CT, negative stroke, no deficits, no permanent issues that were going on. And the patient was being transported to Mercy Gilbert Medical Center to a telemetry bed with a neuro consult, was not being transferred as a stroke alert, nothing like that. This was a stable patient.

According to my nurse who works at that facility, when he called to arrange transport, AMR dispatch did not notify him that they were going to be activating the 911 system. They simply gave a response of less than 10 minutes, which we were thrilled about, and then that's when he told me that "We saw a fire engine and a 911 ambulance arrive to our facility."

Q. You said you followed up with Alex Lopez about this issue?

A. I did. So I was at a work event that I -- Unacceptable; we -- we don't activate 911. We are a licensed emergency room. We can treat the patient and transfer via appropriate resources, which is an interfacility ambulance, at the appropriate level to the appropriate facility. I don't need 911 responding to my facility. I don't think it's safe to pull that resource out of the community. That's a large issue for me. So I

had called Alex in real time, very quickly. I said, "I've got to hang up with you. I have to call AMR." He answered, and I said, "We have an issue, your dispatch activated 911 to our facility."

And he said, "Oh, my goodness. I'm so sorry. Let me call my communications supervisor," I believe.

At that point, I got off the phone with him. I called Brandon Hestand, who is -- we share a very similar position. He's over Mercy Gilbert, Chandler Regional Medical Center. I called him and said, "I need you to call over to Mercy and let them know the situation, because if Chandler Fire transports this patient out of the facility, I don't want that to look bad on us." This patient had an accepting physician at Gilbert Mercy Medical Center and an accepting -- a bed ready. So we were just simply waiting for an interfacility ambulance crew. And I knew that if the 911 crew transported that patient out of our ER, they're not going to take him directly to the floor. They are going to stop in the ER, and that's not fair for our patients after receiving a complete emergency room evaluation by a physician, all required testing, to go back, be transported from our ER to another ER on a technicality to then be transported up to the floor. That's concerning for me, and I don't want

our patients to assume another emergency room visit again. I'm advocating for our patients.

Q. If -- if the -- if the patient was demonstrating stroke symptoms, would 911 -- would a 911 response to that facility be appropriate?

A. No. We are a licensed emergency room. So we would have requested an urgent response from AMR.

Q. Have you heard back on this issue from AMR about why 911 was activated to your facility?

A. I did. I got a call back from Alex Lopez later that night, and he said --

Q. The night of the -- I'm sorry. I'm sorry I talked over you. But the night of October 22nd?

A. Correct. The night of October 22nd, about 10 minutes after I received the initial notification of this incident.

And he said, "Usually they ask -- they should have asked you if you" -- if we wanted us -- or if we wanted to activate 911.

I said, "According to everybody involved, they didn't ask. They just sent the resource."

So since then -- In that conversation, I did say I needed to open up a formal grieve about this. This cannot be happening again. I haven't heard back as of today.

Q. Okay. Have you explored using other providers for interfacility transports for the Arizona General system?

A. I did, yes.

Q. Okay. Who have you explored using?

A. Maricopa Ambulance.

Q. And when did you start exploring Maricopa Ambulance?

A. Maricopa kind of popped up on my radar, I believe, the end of May. They started marketing to our facility. That was the first time I had ever seen them. I was interested because of the ongoing issues that we were having with AMR. I didn't start to seriously consider utilizing Maricopa Ambulance to our facilities until that June 20th meeting with Todd Jaramillo at our Glendale freestanding. Because at that moment, I was very frustrated with the level of customer service we were receiving, and if you don't want our business, I will take it elsewhere.

Q. So after that June 20th meeting, you explored a potential option with Maricopa Ambulance?

A. Yes. So I have been in contact with Michelle Angle when she initially reached out the end of May. I called her and said, "I would like you to try -- we would like to trial you guys at our Glendale freestanding

location and our Camelback freestanding location."

Q. When was this?

A. June 24th perhaps, last week of June.

Q. Of 2018?

A. That is correct.

Q. And so have -- Was -- was that facility using Maricopa Ambulance for transports?

A. They were. Glendale freestanding and our Camelback freestanding began to utilize Maricopa Ambulance.

Q. And how was -- how has Maricopa Ambulance been performing?

A. They have been great to work with. To be completely honest, no issues with them. It's been refreshing.

Q. And did you have any subsequent communications with anyone from Maricopa Ambulance about doing additional transports for your system?

A. I did. So after we -- I think we maybe did a week or two weeks at those two locations, I had reached back out to Michelle Angle and said, "I would like to be utilizing you guys exclusively as our west side interfacility transport partner." And when I say "west side," those facilities would be our Goodyear freestanding location, our Surprise freestanding, all -- Glendale

freestanding and Camelback freestanding.

Q. And are -- are you now using Maricopa Ambulance in that capacity?

A. Yes. AMR may be utilized every once in a while but very rarely out of those facilities.

Q. When would AMR be utilized in the West Valley?

A. Sometimes if we have a PRN nurse who didn't get the update or is used to, again, picking up the phone and calling AMR, those transports are still going to them.

Q. What about transports in the East Valley? Are you using Maricopa Ambulance in the East Valley?

A. No. In the meeting where we had discussed expansion to all of our West Valley locations --

Q. And when was this meeting?

A. June . . .

Q. Is it the June 24th meeting you're talking about?

A. I believe so, yes.

Q. Okay.

A. We had discussed possible expansion to all of our facilities, and I was told by Michelle Angle that they didn't have capabilities to service our east side locations.

MR. MURPHY: I'm going to -- If we could pull up MA-39, Your Honor. And keep scrolling past -- We're going to see a certificate of necessity. It's a few

pages after that. Okay. No. September 19, 2018, email exchange. There we go. One more page. It's one of those split screens again, I'm sorry to say.

BY MR. MURPHY:

Q. Okay. Mr. Karger, is matthew.karger@azgeneral.com your email address?

A. Correct.

Q. Okay. And do you recall receiving that email from Alan Smith?

A. I do.

Q. Who is Alan Smith?

A. I believe he is the president for Maricopa Ambulance or he is in an administrative position within Maricopa Ambulance.

Q. Is he sitting here today?

A. He is sitting here today.

THE WITNESS: Hi.

BY MR. MURPHY:

Q. Can you tell me what you were emailing Mr. Smith about?

A. Oh, we were doing a little check-in as to how the relationship between Maricopa and Arizona General was going on. Let me just take a moment and read the email.

MR. MURPHY: I actually should have you -- I'm sorry, Your Honor. Yeah, the other way, the other

direction. So down. Yeah. There we go.
BY MR. MURPHY:
Q. August 15th email from you. Do you recollect sending this email to Mr. Smith?
A. I do.
Q. Okay. And it references a meeting last week. When was that meeting?
A. That would have been the end of July or the beginning of August. That was when I emailed with him regarding how the progress of using Maricopa Ambulance was going.
Q. What did you discuss?
A. We discussed -- let me read here -- that I visited their office, had a meeting with Michelle, a brief meeting with him. It was mostly with Michelle. And that I had wished that we could utilize them on the East Valley so kind of alleviate our issues with AMR.
MR. MURPHY: Okay. And if we just now scroll to the response from Mr. Smith.
BY MR. MURPHY:
Q. Do you recognize this as the response from Alan Smith that you received?
A. I do.
Q. Okay. What did Mr. Smith -- Can you just read that second sentence for me in that email?

A. "We're ramping up our ability to meet your ambulance needs, and look forward to hearing from you about how we are doing."

Q. And your understanding of that "ramping up" phrase is what?

A. You're not -- you can't meet our needs.

Q. So presently, who are you using in the East Valley?

A. AMR.

Q. Any- -- anybody else?

A. No.

Q. Okay. Have you -- have you been approached by ABC to do interfacility transports?

A. I have not, no.

Q. Okay. Has anyone that you've spoken about today that is part of your leadership team been approached by ABC, that you're aware of?

A. Not that I know of, no.

Q. Okay. Would you consider using ABC Ambulance as a potential interfacility transport company?

A. I don't know enough about them that to answer that. I just know that they primarily do psychiatric transports.

MR. MURPHY: I have no further questions, Your Honor.

ALJ EIGENHEER: Cross?

MS. FICKBOHM: Sure.

CROSS-EXAMINATION

BY MS. FICKBOHM:

Q. So educate me here, Mr. Karger. I'm Ronna Fickbohm. I'm the attorney for the AMR CON holders.

A. Hello.

Q. Your San Tan Valley facility, is that in Pinal or Maricopa County? I just don't know the answer to that.

A. You know what? I'm not a hundred percent positive. I know it's right on the border.

Q. It's right in that area?

A. It's -- Yeah. I don't know.

Q. Okay. Thanks.

A. You're welcome.

Q. It's kind of like the Queen Creek urgent care is like Maricopa --

A. Yes. Yes. Maricopa goes out pretty far, so I don't know.

Q. So the billing issues, which you called a very large issue -- So when you say "balance billing," are you meaning AMR gets a payment from a third-party payor, and that third-party payor doesn't cover the entire charge and so they send a bill to the patient for the balance? Is

that what you're talking about?

A. Correct.

Q. And we know there were certain types of transports you can't do that. Like, with Medicare, Medicaid doesn't let you do that, right?

A. That is correct.

Q. But with a lot of insurance providers, that's fine. They -- I mean, I get those bills from my medical providers, right?

A. I don't know if you do.

MR. MURPHY: Objection, Your Honor.

BY MS. FICKBOHM:

Q. So third-party payors balance billing is not an issue, right?

A. I understand that that is an acceptable practice.

Q. And so you're not sitting here telling DHS or the judge that there's something wrong with AMR Ambulance billing non-Medicare and Medicaid AHCCCS patients, are you?

A. I'm not saying that. And just to clarify, what I am saying is that the patients that were approaching us with those issues was saying AMR was threatening to send them to collections.

Q. Okay. So do you know that the Department of Health Services requires a certificated ambulance provider

to charge certain rates and charges?

A. I am aware of that, yes.

Q. And so don't you think that inherent in that is they're actually supposed to try to collect that money so the system remains financially healthy?

A. I understand that that's a necessity, but threatening patients is not something I like and I won't support that.

Q. What do you know personally about how the patients were notified that if they didn't pay the bill, they were going to get sent to collections?

A. I know they were receiving final notices in the mail that were presented to us and then phone call conversations that were brought to our attention.

Q. Okay. So do you think that it's inappropriate if somebody's trying to collect an invoice and then -- and the person who owes the invoice is ignoring the invoice, for them to send a final notice before it gets sent out for further, more extreme action? Do you think a final notice is inappropriate?

A. I don't think a final notice is inappropriate. What I think is inappropriate is bullying patients into paying bills that insurance has covered their required amount.

Q. Okay. So you're not sitting here telling DHS or

the judge that it is inappropriate for AMR to try to collect the rates and charges DHS has approved?

A. I am not saying that, no.

Q. And hasn't AMR helped you and the people you work with out on some billing issues that you -- that you were having a hard -- that you were struggling with, your own billing issues?

A. I am not involved in the finances of the company. That would have been discussion that happened without my involvement.

Q. Well, at certain times, there are certain charges that the Dignity system, including ones that require -- once it acquired Arizona General, is required to pay itself, correct?

A. Uh-huh. That is correct.

Q. So if you've got a Medicare patient and they're at a Dignity facility that can't provide certain services because Dignity has chosen to centralize those services at a different location and you need to ship that payment over to that location to get those services, that's a charge that Dignity itself, the Dignity system, would have to pay for, correct?

A. Correct.

Q. And wasn't there some confusion on the facilities' you were involved with part about it? Wasn't

that part of those billing issues?

A. I wasn't involved in any conversations regarding outstanding payment from the Arizona General network hospitals --

Q. So --

A. -- if that's what you're referencing.

Q. And so are you agreeing or disagreeing that in straightening out some confusion about billing issues, that AMR, in fact, went out of its way to help the Dignity system get those issues straightened out?

A. I wasn't -- again, I wasn't involved in those conversations, so I'm not going to speak to that.

Q. So I still want to talk to you more about billing, since you put such a heavy emphasis on that.

Do you understand that the distinction between an urgent versus a non-urgent transport is irrelevant to billing?

A. That's not what was made clear to me by AMR -- is that we were ordering urgent transports, they were being coded as non-urgent, and the patients were receiving a bill. That was my involvement with that.

Q. So -- so you don't understand that when it comes to the CMS regulations and coding, the distinction is emergency versus non-emergency as opposed to urgent versus non-urgent?

A. I understand that, yes.
Q. Okay. So when you testified that the problem was the coding between urgent and non-urgent, that was wrong?
A. I misspoke.
Q. And you would agree with me that if a patient is stable and being transferred to another facility, as urgent as that might appear, it doesn't qualify as an emergency transport for billing purposes. It has to be billed as a non-emergency?
A. Without hearing specifics, I can't answer that question.
Q. Well, I think I just understood your testimony to mean that there's no such thing as a 911 emergency transport out of your hospital in Laveen, right?
A. We do not activate the 911 system at any of our emergency rooms.
Q. Okay. So for billing purposes, out of that facility, you would agree with me you can't have any emergent billings, correct?
A. Incorrect. If the patient is -- let's just say a post code. The patient has -- heart has stopped and we have gotten him back and we are utilizing an interfacility ambulance crew to transport that patient dispatching as urgent, that bill should be coded as emergent.
Q. And why wouldn't you call 911?

A. We are not permitted to call 911 out of our facilities.

Q. So aren't you really applying a double standard there?

A. I'm not sure I understand the question.

Q. Well, you're saying that you've got this problem between urgent and non-urgent for billing purposes, but then you acknowledged that you really meant emergent versus nonemergent. And then you're telling me that you can't do emergent transfers out of your hospital by activating the 911 system.

A. You're correct in saying we do not activate the 911 system.

Q. Let's talk about your meetings with Mr. Jaramillo. So you're contending that it was Mr. Jaramillo that told you that you need to call the 911 system if you don't like the ETA?

A. That has been said in meetings by Mr. Jaramillo, correct.

Q. And you're as positive about that as everything else you've testified about today?

A. Correct.

Q. And you, of course, brought that incorrect statement of his to someone in writing because it was so extreme, right?

A. Everybody who was in that meeting heard him say that. I didn't have to relate it to anybody else outside of that room.

Q. When you scheduled the meeting with the Department of Health Services in May of 2018 about your 911 concerns -- And you talked about all the people that you invited to attend that meeting because it was a pretty important meeting, right?

A. Yeah.

Q. So did you invite Mr. Jaramillo to attend that meeting?

A. We did not, no.

Q. And -- and you were also going to talk about billing issues at that meeting too, correct?

A. Correct.

Q. So who -- If you don't like working with Mr. Jaramillo, who from AMR did you invite to attend that meeting? Since you're saying your concerns were, in part, related to AMR services.

A. We intentionally did not invite AMR because we wanted to hear from the state, from the source, without any possible influence.

Q. Do you have any credentials -- I don't see them on your -- on your resume -- relating to coding for billing, like a certified ambulance coder?

A. I do not, no. Any issues relating to that, I push to our medical billing department, and then I escalate those issues to quality and risk.

Q. So you really don't -- As you're sitting here today and you're talking about billing practices, you don't have any expertise when it comes to coding and billing, do you?

A. No, I don't do anything with billing. I just advocate on behalf of our patients and get it to the appropriate resources.

Q. So if a patient complains to you, because you are a patient advocate and we all read those articles every patient needs an advocate --

A. Yeah.

Q. -- you see it as your job to advocate for the patient without really making a value judgment on whether the patient's complaint is totally justified or not?

A. No. We listen to the patient. Usually I push it to our quality and risk director too. If it's completely absurd, I mean, we can't do anything about that. But we want to hopefully open the lines of communication to hopefully mitigate the situation for our patient.

Q. On the May 14 entry on your calendar --

MS. FICKBOHM: If we could pull up 191.

BY MS. FICKBOHM:

Q. So you're not contending that on May 19th that was a meeting you invited Todd Jaramillo to attend?

A. We did not -- At that meeting, I do not believe Todd was present, no.

MS. FICKBOHM: Let's go to the May 24th meeting.

BY MS. FICKBOHM:

Q. You don't recall telling Todd Jaramillo at that meeting that you thought AMR was doing a great job?

A. In the East Valley, AMR had been doing a fine job in regard to ETAs.

Q. And at that meeting, you told him -- In part, this was a meet and greet, right?

A. I mean, we had already met, but we were following up in regards to policy change.

Q. And part of what Alex Lopez and Todd Jaramillo was doing was providing flowcharts to help educate you, relatively new to the position, on the intake process, dispatch, things like that, correct?

A. I was very familiar with the process. It was getting my staff updated and getting the appropriate resources from them to educate my staff.

Q. And -- and Todd and Alex Lopez were providing information and assistance in that regard, correct?

A. Yes.
Q. And do you -- And when you told Todd, according to your testimony, that they were doing a great job in the East Valley -- AMR -- correct?
A. I didn't just blanket statement say that they were doing a great job. There were issues that were brought up. I did say that they were doing a fine job in regard to certain things.
Q. And you did tell him that you were using Maricopa Ambulance company more in the West Valley area, correct?
A. I don't remember specifically saying that in the meeting, but I perhaps did.
Q. You don't recall that after telling Todd Jaramillo that, Todd asking you, "Oh, how much are you using them compared to us? And what are the issues?"
A. Perhaps he did. I don't specifically remember.
Q. Don't you recall at that meeting telling Todd "I'll get you that information. I'll let you know how much we're using you, how much we're using them, and what our specific issues are"?
A. I don't remember bringing any -- saying that we were going to bring specific issues. I did say that I would get him transport numbers if they were able to be obtained.
Q. You told him that each facility was keeping a

logbook on ambulance transfers and that you would share those logbooks with him, correct?

A. I didn't say I would just give him the logbooks. I said that I would share pertinent information in regard to those logs.

Q. And so when did you provide him with the information out of those logbooks?

A. I want to say maybe three weeks later, I think we had an email correspondence and I gave him some numbers with regard to the west side transfers, I think.

Q. So isn't it true that every time you talked to Todd about these concerns, he would say to you, "Date, time, place. And -- and I'm going to look into it." And -- and all you ever gave him was vague information, that you didn't provide him date, time, place. When he asked for it, you would say, "Oh, I'll get that to you"; then you wouldn't follow up?

A. I would say that that's incorrect. I'm not -- He was requesting information that I didn't feel it was pertinent to improving customer service. He was trying to solicit information that would help him in this room today.

Q. So that's interesting that you say that. So on June 20th -- when you met with Todd in June of 2017 -- 2017 or this --

A. 2018.

Q. 2018?

When you met with Todd in June of 2018, you were already contemplating the fact of testifying in this room today?

A. No. I was completely unaware of this entire process.

Q. Well, then, how can it be that your excuse was that he just wanted information to use in this process?

A. I knew that the CON hearing was going on. At that point we were not solely owned by Dignity, and I had no involvement in any of this. I was left in the dark. I knew there was a CON process going on, but I was not involved in it at all.

Q. But didn't you just say that you didn't want to give him this information because you thought it was only going to be used in this hearing?

A. I did just say that, yeah.

Q. So the -- the specific incidents that you talked about involving what you classified as extended ETAs --

A. Uh-huh.

Q. -- so how many of those did you itemize as being outside of AMR's certificated interfacility arrival time requirements with DHS?

A. I don't have a specific number.

Q. Okay. And how many are we talking about where you thought that the crude was -- crew -- the crude -- the crew -- Freudian slip -- the crew was rude or inappropriate?

A. Oh, I would say -- I mean, a lot. We've been open four years. I was walking into this position and trying to catch up. But that was a large complaint mostly from our nurses and physicians -- especially our physicians.

Q. Okay. So, you know, I'm Mr. Jaramillo. I'm going to say to you, "Date, time, and place. And who was it so I can go deal with it?"

A. Uh-huh.

Q. So do we have that written down and itemized?

A. We do not. I don't keep logs of behavioral issues with AMR staff.

Q. Okay. What about situations where you believe that because of an extended ETA, patient care or safety was compromised? Let's talk about those.

A. I don't have any specific examples.

Q. And when you talk about situations where the staff was not happy with the ETA, are you aware of how that ETA would compare to the ETAs that Dignity Health contracted with AMR to provide, the ETAs that were required under the contract and the allowance for a

certain number of those? I mean, that are going to fall outside of the goal because stuff happens. Were you measuring those against that criteria?

A. I was not, no.

Q. So you're relatively new to your position. You've only been in it four to five months, right?

A. Correct.

Q. And since you've been in the position, have you given AMR any -- or, have you spoken to anyone about anything positive you observed as a result of AMR's services?

A. I have, yes.

Q. And -- and how many of those do we have?

A. Maybe one or two. I know one was -- yeah, one or two.

Q. And did anybody from Dignity Health ask you to keep track and forward emails about positive interactions, interactions where you felt like the AMR crew, you know, was above and beyond? Anybody ask you to collect that kind of information?

A. Nobody asked me, but I did provide that information to Dignity Arizona General executive staff.

Q. Okay. And do you know what they did with it?

A. Yeah. We distributed it, and we actually talked in a meeting with Todd and Alex about that incident and

how we were very pleased.

Q. Did -- did anybody in your chain of command or -- or otherwise at Dignity for the hospital you're working at tell you to not give Todd Jaramillo the EMS log information that he asked for?

A. No.

Q. That was entirely your decision?

A. Correct.

MS. FICKBOHM: Thank you for your time, Mr. Karger.

THE WITNESS: Thank you.

ALJ EIGENHEER: Cross?

CROSS-EXAMINATION

BY MR. BELANGER:

Q. Mr. Karger, my name is Jim Belanger. I represent Maricopa Ambulance.

A. Hi.

Q. How are you doing?

A. I'm doing great. Couldn't be better. I love being here.

Q. Can you estimate my weight in kilograms and then convert it?

A. I'm pretty good at that. 184? 185?

Q. Way, way over. That's all right.

A. The suit is slender.

MR. BELANGER: Could we have Exhibit 192, Your Honor? It's Community Ambulance 192.

BY MR. BELANGER:

Q. Community Ambulance 192 is an email from you, dated June 28th, to Todd Jaramillo. And it looks like it's in response to west side transfer numbers. Do you see that?

A. I do, yes.

MR. BELANGER: And then I'm going to ask for the admission of 192.

MS. FICKBOHM: No objection.

MR. MURPHY: No objection.

ALJ EIGENHEER: CA-192 is admitted.

And also, we did not do MA-39.

MR. BELANGER: I'm going to move to admit that anyway.

MR. MURPHY: Yeah, fine. Sorry.

ALJ EIGENHEER: Okay. So MA-39 is admitted and 192.

MR. BELANGER: And CA-192.

ALJ EIGENHEER: Yes.

MR. BELANGER: Make sure I have that down.

BY MR. BELANGER:

Q. As of June 28, 2018, it indicates that

Maricopa -- And I assume you mean by that Maricopa Ambulance.

A. Correct.

Q. It's documented to be doing more transfers than they had previously done?

A. That is correct.

Q. And that in your discussions with staff, including physicians, it indicates that people overwhelmingly prefer using Maricopa over AMR at the west side facilities, and even the physicians commented that Maricopa is generally faster and friendlier. Do you see that?

A. I do see that.

Q. Is that still consistent with your observations regarding Maricopa Ambulance's services?

A. It is.

Q. And you primarily deal with Michelle Angle?

A. That is correct.

Q. Is she responsive to your requests for information?

A. She was initially very responsive. It's dwindled, I think, over the past month and a half maybe. I think that communication was very, very good initially, and information was being exchanged back and forth because I -- they were trying to solicit information from me

regarding this hearing.

Q. Well, they were trying to solicit transport numbers regarding --

A. Correct.

Q. Okay. And you understand that -- And, in fact, there's emails. And we'll look into that.

MR. BELANGER: Maricopa Ambulance 39.

BY MR. BELANGER:

Q. They're trying to --

MR. BELANGER: If you could go down, Your Honor -- Actually, go up. Let me see -- Actually, let's go to the top. Then I can figure out where we're at on this.

ALJ EIGENHEER: The very top?

MR. BELANGER: Yeah, the very top.

Then start working our way down. Okay. Right there. If you go up just a little bit.

BY MR. BELANGER:

Q. This is an email of July 31 from you to Michelle Angle regarding transport numbers?

A. Correct.

Q. And you assumed that this was for purposes of this hearing?

A. No, not particularly. At that point I don't think I knew that any of this was -- I didn't know a

hundred percent who was involved in this. I was very kind of left in the dark. I knew it was happening. I didn't know anything about it, though, particularly.

Q. If you go down a little bit further in this email, it talks about --

MR. BELANGER: A little bit further, Your Honor. It's an email from Alan Smith. I think it's a little bit more. A little bit more. Actually, maybe -- Keep going, Your Honor. There it is right there. Okay. A little bit below that.

BY MR. BELANGER:

Q. This is the email you referenced earlier with Brendan. Do you see that, where it says, "We're ramping up our ability to meet your ambulance needs"?

A. Correct, yes.

Q. Okay. So asking information of you for transport numbers, do you understand that that would be used by an ambulance company in order to be able to make decisions about how to array its ambulance to best service your needs?

A. Yes.

Q. So that information regarding transports coming out of the East Valley, did you understand that Maricopa Ambulance was seeking that information so that they could make decisions on how to deploy their ambulances to serve

your facilities?

A. That wasn't really the understanding that I was -- the impression that I was under, no.

Q. So you didn't have -- what was -- well, do you -- Are you aware that Maricopa Ambulance has been seeking that same kind of transport -- the transport numbers from Dignity regarding transports generated by its facilities as a whole?

A. I wasn't aware have of that, no.

Q. Are you aware that Maricopa Ambulance and Dignity have executed a contract for purposes of providing ambulance transports throughout Maricopa Ambulance's service area?

A. I did just recently learn about that, yes.

Q. And -- and you may not be aware of this that that contract cannot go into effect until the Department of Health Services/Bureau of Emergency Medical transport reviews it and signs off on the contract?

A. I wouldn't be privy to that information. No, I didn't know that.

Q. You're not a lawyer, so you may not be aware of this. But has anybody advised you regarding -- it's not necessarily legal advice, but when there's a hearing or a trial pending regarding your communications with a party, that somebody that might be part of the hearing --

A. Okay.

Q. Are you aware that that's something that might come into play that -- some -- and you may not -- you may not even have this understanding, and if you don't, it's perfectly legitimate.

A. I didn't understand the question.

Q. Okay. Well, a lot of times there are parties that are represented by lawyers in a hearing like this, and your ability to interact is sometimes limited because of the representation of counsel.

A. Okay.

Q. Are you aware of that at all?

A. No. I'm not.

Q. That's completely news to you?

A. That's out of my wheelhouse. I don't deal with anything legal.

Q. And in terms of -- You say that in the late spring of 2018, Maricopa Ambulance started providing transports to the facilities that you oversee or some of the facilities?

A. What is the definition of "late spring"?

Q. May. May.

A. I believe in June is when Maricopa started transporting the first patients out of our facilities.

Q. And has the number of transports been increasing

since you started using Maricopa Ambulance?

A. At our west side facilities, yes.

Q. Have they had any issues in ramping up to meet the needs of your facilities on the west side?

A. They were already on the west side, so no, they really didn't have to ramp up, I don't believe. But no, I don't think there have been any issues.

Q. Are there any issues with them responding to your transports?

A. No.

MR. BELANGER: Thank you, Mr. Karger.

THE WITNESS: Yeah, of course.

MR. BELANGER: I move to admit --

MR. McGOLDRICK: Those are in.

MR. BELANGER: They are?

MR. McGOLDRICK: Yeah.

MR. BELANGER: It must have been the two exhibits we just talked about, 192 and 39. So if they're already in, we're good.

BY MR. BELANGER:

Q. Are you aware of any reason why Maricopa Ambulance could not ramp up or deploy resources to meet all of your needs in the East Valley if they were contracted to provide transports?

A. Am I aware of any reason?

(An off-the-record discussion ensued regarding overlapping speakers.)

BY MR. BELANGER:

Q. Are you aware of any reason why Maricopa Ambulance could not ramp up to meet the transports required by your facilities in the East Valley if they were contracted to be able to do those transports?

A. I am not aware of any reasons why they wouldn't be able to, no.

MR. BELANGER: I don't have any other questions. Thanks, Mr. Karger.

THE WITNESS: Yeah, thank you.

ALJ EIGENHEER: Cross?

MS. HOFMEYR: ABC has nothing, Your Honor. Thanks.

ALJ EIGENHEER: Cross?

MR. RAY: Just a couple.

CROSS-EXAMINATION

BY MR. RAY:

Q. Mr. Karger, you talked about two meetings with DHS folks.

A. Yeah.

Q. Okay. Do you recognize the gentleman to my right?

A. I do, yes.
Q. Okay. He feels left out because you didn't identify him.
A. I'm sorry. I know. There were so many people in those meetings.
Q. Okay. But --
A. He was there.
ALJ EIGENHEER: Let him finish the question.
THE COURT REPORTER: I'm sorry. Repeat the question.
BY MR. RAY:
Q. Was Mr. Sams in both of the meetings that you've discussed?
A. Yes.
Q. I think your testimony was that you wanted some guidance from the state as to certain issues you were having with AMR. Is that fair? Is that a fair summary?
A. Yes.
Q. Has -- have you or anyone affiliated with Arizona General Hospital or its freestanding EDs filed a complaint with Mr. Sams or any of the folks at DHS regarding those issues you have or had?
A. We have never filed a complaint regarding the billing issues or the ETA issues. We had discussed in the meeting we had -- I believe the second meeting we had at

DHS's office, "If you want to file a complaint regarding the billing issues, we can look into it, but" -- and I believe it was pretty -- it was like nothing's going to come of that. "That's out of our wheelhouse. The insurance issues are something we don't deal with -- or billing issues." So we did not file a formal complaint.

Q. Okay. So you have not filed a complaint on either the ETA issues -- extended ETA issues, crew-related issues, or billing issues?

A. We have not filed a formal complaint, no.

Q. Okay. Did you discuss anything about the ambulance crews other than extended arrival times?

A. I think we briefly discussed just the attitude issues that we were having but briefly.

Q. Okay. On the billing point, what is your understanding as to what the Bureau's response was about a billing issue?

A. What I left the meeting thinking was -- is that they don't deal with any billing issues. And I believe in that meeting, it was discussed "This sounds like an insurance-AMR-you guys issue, not a Department of Health Services issue."

Q. So the issue you're talking about was the third-party billing?

A. Correct.

Q. And it was your concern about how AMR was attempting to collect the balance of that billing?

A. Correct.

Q. Okay. And that's your recollection?

A. Yes.

MR. RAY: All right. Thank you, sir.

THE WITNESS: Thank you.

ALJ EIGENHEER: Redirect?

MR. MURPHY: No, Your Honor.

ALJ EIGENHEER: Okay. You may be excused.

THE WITNESS: Thanks.

ALJ EIGENHEER: Thank you.

MR. MURPHY: Can we take a three-and-a-half-minute comfort break? I know it's lunch, but --

ALJ EIGENHEER: Do you want to break early for lunch and come back -- I mean, we can come back before 1:00.

MR. MURPHY: Whatever anyone thinks.

MS. FICKBOHM: That's fine with me. It makes more sense than a 5-minute comfort break that will turn into 10 minutes.

ALJ EIGENHEER: So we'll go off the record at this time.

(A recess ensued from 11:43 a.m. to 1 p.m.)

ALJ EIGENHEER: Okay. We are back on the record.

Next witness?

MR. MURPHY: Robb Beery, please, Your Honor.

ALJ EIGENHEER: Okay. Please raise your right hand.

ROBB BEERY,

called as a witness on behalf of RBR Management, LLC, herein, having been first duly sworn by the Administrative Law Judge to speak the truth and nothing but the truth, was examined and testified as follows:

ALJ EIGENHEER: Would you please state your name, spelling it for the record.

THE WITNESS: Robb, R-o-b-b. Last name is Beery, B-e-e-r-y.

ALJ EIGENHEER: Please proceed.

DIRECT EXAMINATION

BY MR. MURPHY:

Q. Good afternoon, Mr. Beery. How are you?

A. Very good.

Q. Would you please briefly describe your specialty as it relates to this case?

A. I'm sorry. Try that one more time. I'm just -- I'm a little bit hard of hearing, so if I have a blank look on my face, it's because I didn't hear you. I'm sorry.

Q. Can you describe briefly the subject matter of your specialty as it relates to this case?

A. GIS, which is -- it stands for geographic information systems. It's basically mapping with the data that's used as -- it's like a visual spreadsheet. Every point on the map has data behind it.

Q. And you were asked to do what in this case for Community Ambulance?

A. I was asked to produce a couple series of maps, one with various locations in Maricopa County, both Dignity and other facilities; and also to calculate travel time/distance from the four facilities, suboperations facilities, for Dignity.

MR. MURPHY: Your Honor, if you could pull up CA-127, please.

BY MR. MURPHY:

Q. Mr. Beery, could you tell me what that document is, please?

A. Sure. That's my statement of qualifications for the being a cartographer/GIS specialist.

MR. MURPHY: Move to admit CA-127, please.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-127 is admitted.

BY MR. MURPHY:

Q. Mr. Beery, can you please tell the judge about your educational background, please?

A. Sure. I have a bachelor of science in applied physics from the University of San Diego. Got a master's in ocean hydrology from Scripps Institute, which is an off-branch of University of San Diego.

Q. And when did you receive your bachelor's of science degree?

A. My bachelor's, I received in 1980, and my master's was 1983.

Q. Can we talk about your relevant work experience as it relates to mapmaking, cartography?

A. Sure. After I got my master's degree, I figured I didn't -- didn't like academia, so I went back to my first love, which is basically public safety. I worked for the Town of Payson until 2010, when I retired. And I currently own a specialty GIS company based out of Flagstaff.

Q. Can you tell the judge a little bit about the work you did for the Town of Payson?

A. Sure. For the Town of Payson and also northern Gila County, basically put together their entire

computer-aided dispatch mapping system. It includes all the maps for the dispatch center and also the maps for the CAD -- the computer-aided -- the computers in the cars, so when a call gets put out, it automatically shows up in the vehicle, in front of the dispatcher. Also made map books for all the smaller fire departments that don't have the computers in the vehicles. And all this data was transferred to Gila County for their use and ultimately to the state for their use in the 911 system.

Q. And you were in this role as a mapmaker for the Town of Payson and Gila County?

A. Yes.

Q. For -- Through 2010?

A. That's correct.

Q. Okay. And you started that in September of 1989?

A. That's correct.

Q. Okay. And so I think you said that you now have your own business?

A. Yes, I do.

Q. And when did you start that business?

A. In 2010. I believe September, October.

Q. And what's the name of that business?

A. RimGIS.

Q. And what's services does RimGIS offer?

A. Actually, when I retired from the Town of Payson,

they hired me back on contract, so I'm still doing stuff for them and Gila County. It's main --

Q. I'm sorry to interrupt. But when you say "stuff," what is -- what stuff are you doing for them?

A. I'm doing the same thing I was doing when I was working there. I'm updating the dispatch system, all the maps for northern Gila County, just the whole 911 system mapping for basically northern Gila County.

Q. Okay. What other work does RimGIS do other than the contract work for Town of Payson and Gila County?

A. Also do quite a bit of GIS work for -- somebody comes up with a problem and really doesn't know how to approach it, try to figure out a way to map it for them. Like I said, GIS is kind of a visual spreadsheet. I also hold federal contracts for several land management agencies. And I do future forecasting spread -- spread calculations for wildland fires.

Q. Can you explain what "future forecasting" means?

A. Future forecasting is -- Well, in the case for this hearing, it is how long will it take to get from one place to another in the future. It might be 10 minutes in the future or it might be next week. But future forecasting is the name that encompasses all this.

Q. And I think you testified that you were asked to -- Well, let me stop -- let me stop there.

Any other work that you do through RimGIS other than what you've testified to thus far?

A. Those are -- that's the biggest -- the biggest thing I do. Obviously I do other specialty stuff when people come up with small jobs.

Q. And you act as an expert witness?

A. Excuse me?

Q. You act -- I am sorry. I'm sorry. You act as an expert witness?

A. Yes.

Q. Okay. And have you acted as an expert witness in other cases that involve the types of maps that you prepared for Community Ambulance?

A. Yes, I have.

Q. How many times?

A. Just once.

Q. Just once?

And when was that?

A. That was for Hellsgate Fire Department, I believe, last year or might have been a year and a half ago.

Q. Can you describe for the Court your professional organizations that you belong to?

A. Sure. I belong to the Gila County -- the Public Safety Answering Point, or PSAP, working group as a GIS

specialist. Association for Fire Ecology. Again, this is part of the federal land management stuff. Southwest Fire Science Consortium. Mensa International. I am certified with the National Wildfire Coordinating Group for -- doing the future forecasting for the wildlands fire stuff. I'm also a member with the Southwest Users Group for Esri, which is the company that produces the gold standard GIS software.

Q. Okay. And so you may have already said this, but can you tell me how many maps you prepared or were asked to prepare by Community Ambulance? Do -- do you remember how many maps you were asked to prepare?

A. I can count them.

Q. So why don't you tell us the type of maps you were asked to prepare.

A. I produced two types of maps. One series shows facilities in Maricopa County, medical facilities, both Dignity and other facilities. And I produced a series of future forecast travel times in this case from four different facilities.

Q. And did you personally prepare those maps?

A. Yes, I did.

MR. MURPHY: Let's pull up, if we can, Your Honor, CA-124.

BY MR. MURPHY:

Q. Can you tell the judge what this document is, please?

A. Sure. Anytime I do -- This is basically my lab notes from how I -- what methodology I use to find travel time from one point to another and then correlate that to rush hour times.

Q. Can you -- can you walk the Court through how you --

A. Sure.

Q. -- do your methodology, please?

A. Sure. One thing to remember with any future forecasting, it's going to be somewhat inaccurate, but it will be useful. It's inaccurate because there is a human factor in there, some of the different variables that we can't really predict very well. Day, date, time, and rush hour we can pretty much figure out. Weekday versus weekend, sporting events, these are all variables that are pretty hard to predict. Road conditions, construction, weather, some of the different stuff. Human factors, you have a big one down here with winter visitors. They tend to slow stuff down quite a bit. And then what route.

So the modeling software that I use, it is from Esri, which is kind of the gold standard of modeling soft- -- or, GIS software. It uses fixed data. I brought

in a map of all the streets in Maricopa County and they're broken down by intersection. And it gives me what the speed limit is in between each intersection.

Q. What's the name of that modeling software?

A. That is ArcGIS.

Q. Thank you.

And what is the next step in your methodology for developing these maps?

A. So we -- we have the street network. I put in a fixed time for each turn to -- because obviously, the vehicle traveling is going to be slowing down. And one thing to remember is this software, this ArcGIS software, doesn't model rush hour very well because it can't take into effect what's happening right now.

But anyway, once we have the street network in place and we know how -- what the posted speed limit is in between each intersection, all we really need to do is say I want to go from Point A to Point B. It gives us a set of speed limits in there, and it will tell -- tell us how long it takes to get from Point A to Point B. Like I said, this really doesn't model -- That would be for the only vehicle on the road, no impedance at all, like driving down the road at 1 o'clock in the morning.

So to calculate in rush hour, what I used is Google Maps, which is pretty much a standard across the

United States. Google Maps and Waze are both owned by Google, by Alphabet, and I'm guessing that pretty much everybody in here has used it one time or another. But it -- it does try to calculate rush hour traffic. And it does that by using fixed sensors, roadway sensors, roadway cameras, and also crowdsourcing. Every time somebody uses that program, it tells Google how fast they're going on that section of road. So Google Maps tries to assimilate all this together and make a good guess at the rush hour travel time.

Q. Can we scroll -- and that -- you were just speaking about -- I think it's, yep, c -- 2c, right?

A. c there.

MR. MURPHY: So let's move to Subsection 3.

BY MR. MURPHY:

Q. That -- Can you explain this equation that you've prepared?

A. Sure. There are -- there are three variables: time, distance, and posted speed. And through those, you can calculate the other one. So what we have here for this equation is distance in miles, and we get that from obviously the -- the street map. And then posted speed, what we're trying to do is -- and that will give us as if we were the only car on the road. That's how long it would take you from Point A to Point B. Then we have to

figure in the impedance, which is how rush hour traffic is going to slow us down. And that's actually a divisor with a decimal. Once that's calculated, it will give us a travel time. So --

Q. Great.

And you applied this formula and used Google Maps to create maps in this case?

A. Yes, I did. Using the -- the GIS software, I pulled up 25 random, in this case, skilled nursing facilities and calculated the time it took from the four suboperation centers to each of the skilled nursing facilities. I did that at 1 o'clock in the morning, and that was basically my control, only-car-on-the-road-type deal. I also did it at 7 o'clock in the morning and recorded those times. I did it at 5 o'clock at night so I could get rush hour traffic both directions.

Using these, I made a calculated divisor that would -- it would give me impedance. It would take it from only car on the road. I could times it by a certain percentage, and it would give me my rush hour travel time.

MR. MURPHY: So, Your Honor, could we -- I would like to move to admit CA-124. Sorry about that.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-124 is admitted.

MR. MURPHY: And there are multiple maps, Your Honor. And I don't know if we want to pull them all up at once. They're sort of all in a row starting at 186 -- excuse me, I misspoke -- starting at 184 through 189. And we'll start with the non-drive time maps. This is -- this is 184, Your Honor.

ALJ EIGENHEER: Yes.

BY MR. MURPHY:

Q. What does -- what does this map show, and how did you create this map?

A. This map shows all the accredited Maricopa County hospitals. And this data was taken from the Department of Health Services hospital -- accredited hospital list. And it also the shows Dignity -- the Dignity facilities. And this is -- these are the ones in Maricopa County. And information from Dignity hospitals was -- I received from EMS associates.

Q. Do you mean -- do you mean EMS Advisors?

A. I'm sorry, EMS Advisors.

Q. Okay. And 185 is a similar-looking map but different. Can you tell me what that map shows, please?

A. Sure. This has the Maricopa County hospitals, the Dignity facilities, and also the skilled nursing facilities that are in Maricopa County.

Q. Does it also include all hospitals in Maricopa

County?

A. Yes, it does.

Q. And you created this map as well?

A. Yes, I did.

Q. And where did you get the data for all the Maricopa hospitals and skilled nursing facilities?

A. All the Maricopa hospitals, again, was from the Department of Health Services accredited hospital list. All the other information was received from EMS Advisors.

MR. MURPHY: Okay. Your Honor, I'd like to move to admit maps 184 -- CA-184 and CA-185.

MS. FICKBOHM: No objection.

MR. BELANGER: They're already in.

MR. MURPHY: They're already in?

MR. BELANGER: Yeah.

MR. MURPHY: I went through all that?

MS. FICKBOHM: Day 1.

MR. BELANGER: I object.

ALJ EIGENHEER: They're in.

BY MR. MURPHY:

Q. So let's take a look at the drive time maps.

A. Okay.

Q. This is CA-186. Can you tell me what -- First of all, you prepared this map based on the methodology that you described to the Court?

A. That's correct.
Q. Okay. Can you tell me what this map depicts, please?
A. Sure. This is -- let me make sure I get the right hospitals -- the four hospitals that I used to calculate drive time on this --
Q. And let me just stop you there. You're referring to your methodology document that you have?
A. Yes, it is in there. I can't read them on here. They're too small.
Q. Okay.
A. Anyways, it was the four hospitals for the sub- -- for the proposed suboperation station are Chandler Regional hospital, Mercy Gilbert, St. Joe's Hospital, and St. Joe's Westgate.
Q. And what these red lines going up and down --
MR. MURPHY: We -- we lost the map.
BY MR. MURPHY:
Q. Okay. This map entitled "Dignity Health Response Times ALL ZONES" --
A. Yes. This is all zones. This is from all four hospitals.
Q. Okay. And "zones" means the hospitals, or what does the zone -- what is a zone?
A. The zones, we have obviously west, central, and

east, and they would all be theoretically serviced from different suboperation stations.

Q. Okay. And can you explain what the green shading --

A. Sure.

Q. -- indicates, please?

A. You can't see it very good on this.

Q. And you can stand up and move to the screen, if you like.

A. If you have a hard copy, it shows up a lot better.

Anyway, the green is a transparent color, and what I did was figure travel times from each one of these suboperation stations that are labeled with red, over here and over here. And they are transparent. On the hard copy, you can kind of see it here where is it is darker. They're all the same color; they're just laid on top of each other. So the darker green shows a redundancy.

Q. The redundancy between zones?

A. That's correct.

Q. Okay.

A. Between hospitals -- well, between hospitals.

Q. Okay.

A. So in this case, I believe that's St. Joe's and

that's St. Joe's Westgate. So the darker color you see in between here is where they overlap -- the travel time areas overlap, and the same thing all the way across with all four.

MR. MURPHY: Let's -- let's open the next one so we can confirm that. 180 --

Can we move to admit 186, please?

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-186 is admitted.

BY MR. MURPHY:

Q. So 180- -- This is 187. And this is which zone?

A. This is east zone.

Q. Okay. And can you describe what the shading -- And you used the same methodology that you used --

A. It's the exact same --

Q. -- for all of them?

A. It's the exact same map. All I did was split it into zones.

Q. Okay.

A. It's a little bit more zoomed in so you can actually see it a little better.

MS. FICKBOHM: Judge, could you zoom in a little bit?

THE WITNESS: You can see the darker shading.

BY MR. MURPHY:

Q. And toward the edges of the green, is that -- what happens when the shading ends? What does that indicate?

A. Oh, right here?

Q. Yes.

A. This is -- Each one of these is streets. It's the Maricopa County street -- yeah, the Maricopa County street map. And these are actual streets in subdivisions. So when I do figure -- run the model figuring travel time, it stops, you know, X distance on that street because that's where travel time is going to stop.

Q. From where?

A. From whatever hospital or suboperation station I'm calculating from.

Q. Okay. And the east --

A. So that's why it has the jaggies all the way around it. Those are each individual streets.

Q. And so if you can -- For example, from Chandler -- excuse me, Chandler -- what are we looking at there? -- Chandler Regional, from that suboperation station, the green -- where the green ends is how long?

A. It is, using my methodology, 30 minutes. And it's roughly 21 percent reduction in travel distance during rush hour. So what I did was -- using that

impedance for the rush hour travel time, it's actually 24 minutes, so if you would be driving down this road -- follow this road out to this road, it would take you -- at 24 minutes, you would be that far.

Q. Okay. And this is during rush hour?

A. This is during rush hour.

MR. MURPHY: Okay. And if we could just open --

Move to admit 186, Your Honor.

ALJ EIGENHEER: 87?

MR. MURPHY: Oh, 87. I'm sorry.

ALJ EIGENHEER: Any objections?

MR. BELANGER: No.

MS. FICKBOHM: No.

ALJ EIGENHEER: CA-187 is admitted.

BY MR. MURPHY:

Q. If you look at map 188, CA-188, this is identified as "Dignity Health Response Time CENTRAL ZONE," correct?

A. Yep.

Q. You prepared this map in the same methodology --

A. Exact -- exact same methodology.

Q. -- as you described with CA-186 and -187?

A. That's correct. The only difference is that we're obviously using a different hospital.

Q. Different suboperation station?
A. Sorry, different suboperation station, yes.
MR. MURPHY: Move to admit 188.
MS. FICKBOHM: And because we can't see it, can you say what that is?
THE WITNESS: I'm sorry?
MS. FICKBOHM: Where's your central -- where is your start point?
THE WITNESS: Going to be right here.
ALJ EIGENHEER: St. Joseph's medical center?
THE WITNESS: It's St. Joe's -- the main St. Joseph's.
MS. FICKBOHM: No objection.
ALJ EIGENHEER: Okay. CA-188 is admitted.
BY MR. MURPHY:
Q. Let's look to the west zone map, 189.
A. Again, exact same methodology. The point that's used is St. Joseph's Westgate.
MR. MURPHY: Move to admit CA-189.
MS. FICKBOHM: No objection.
ALJ EIGENHEER: CA-189 is admitted.
MR. MURPHY: I have -- I have no further questions.
ALJ EIGENHEER: Cross?
MS. FICKBOHM: Sure.

CROSS-EXAMINATION

BY MS. FICKBOHM:

Q. The overlaps -- So there's no overlap on 189, right? That's the one that's up there right now.

A. That's correct.

Q. And that's because you only have one starting point; that's St. Joe's Westgate, right?

A. That's correct.

Q. And -- and the same with 188. St. Joe's medical center is the only starting point there, and that's -- so there's no overlap, right?

A. That's correct.

Q. So I'm just unclear on the east zone.

MS. FICKBOHM: If we could pull that one up, 187.

THE WITNESS: There we go. And the reason there is overlap is because there's two suboperation stations in this zone. So the other ones only have one suboperation station.

BY MS. FICKBOHM:

Q. Understood.

MS. FICKBOHM: Could we minimize, Judge, so we can see the whole thing? They're not actually on here. Thank you.

BY MS. FICKBOHM:

Q. So I -- so there's two starting points in that, one more easterly and one more westerly, right?

A. Correct.

Q. And you're not saying that if you look at the more easterly point, that you can get all the way to the northwest section in 30 minutes. That would -- that would be 30 minutes from the other entity, right?

A. That's correct. You can kind of -- And again, it's hard to see with the projector, but to reach this area, it would be coming from this suboperation station.

Q. Oh, okay. So I see.

It's overlapped?

A. Exactly.

Q. I got it.

A. Yeah. Where the darker is, they both overlap. Where the lighter is, it is from obviously a single point.

Q. Okay. So -- so the lighter green on the east side only applies as a starting point from your -- more eastern starting point which -- And that hospital is the Chandler hospital?

A. That's correct.

Q. And then your lighter green along the west side --

ALJ EIGENHEER: No. Sorry. Gilbert is the

east one.

MS. FICKBOHM: Gilbert. Thank you. I just can't see that far.

BY MS. FICKBOHM:

Q. And then Chandler is the one to the west. Okay. I understand that now.

When -- when you testified in the beginning that you plotted Dignity facilities on -- 124, was it?

MR. MURPHY: 84 -- 184.

MS. FICKBOHM: 184.

BY MS. FICKBOHM:

Q. Are you testifying that 184 has all Dignity facilities on it?

A. It has all of them that I received.

Q. And the same with 185?

A. That's correct.

Q. But -- but you're not sitting here to tell us today that you're 100 percent sure that 184 and 185 contain 100 percent of the Dignity facilities in Maricopa County?

A. Everything on the map is what I received.

Q. Okay. So I think that what you're telling us is that from those four hospitals, you've plotted how far a vehicle that is at each of those hospitals could get in 30 minutes?

A. That's correct.
Q. And your charts don't tell us --
MS. FICKBOHM: Judge, could we go back to the one for the -- for the whole area, yeah, combined? And that's Number 180- --
ALJ EIGENHEER: -6.
MS. FICKBOHM: 186.
BY MS. FICKBOHM:
Q. So what -- Will 186 change if you remove one of those four starting points if there's not a vehicle at one of those four starting points?
A. Yes, it would. And especially if there is no redundancy, which is shown in the darker colors.
Q. And same thing if you took two of those vehicles out, your green areas would shrink further?
A. That's correct. Again, with redundancy, you're taking out.
Q. And if you took all four -- If there was no vehicle at any of those four spots, all of your green would go away?
MR. MURPHY: Objection.
ALJ EIGENHEER: What's the basis of the objection?
MR. MURPHY: It's misleading.
ALJ EIGENHEER: How so?

MR. MURPHY: Well, the question assumes that there would be no ambulances anywhere in Maricopa County. Could you clarify that they would -- they're in operation or that they're in use? That wasn't made clear. They're not at those suboperation stations. If they are available ambulances but not at those suboperation stations, there would be green on the map.

ALJ EIGENHEER: Okay.

MS. FICKBOHM: Are you sustaining the objection?

ALJ EIGENHEER: Could you restate the question?

BY MS. FICKBOHM:

Q. My question was pretty simple. I'm just asking if there is no vehicle at any of those four points, this mapping would show no green, correct?

A. That's correct.

Q. Okay. So do you have any idea of the number -- So you understand that you've done this mapping for an entity that wants to become an ambulance transport provider in Maricopa County?

A. Yes.

Q. And -- and the four red points you've plotted on this exhibit are what they have represented to be their initial posting stations, correct?

A. That's correct. The proposed suboperation stations.

Q. And so were you provided with any information about the number of transports that would be run out of these proposed four suboperation stations?

A. I believe one of the maps had number of transports. Yeah, this map, the individual zone maps, it's the number of transports from each facility -- basically each facility -- the closest facilities.

Q. Okay. And -- and were you provided with information about which one of those transports might need to be -- being run simultaneously?

A. No.

Q. And would you agree with me that if any of those transports are being run simultaneously, that's going to impact your green areas that you show?

A. Yes, it will.

MS. FICKBOHM: Could you shrink that down again, Judge? And -- and could you scroll down so we could see the bottom part of it?

BY MS. FICKBOHM:

Q. So what's the area -- and I'm looking in the very central part but kind of to the left.

MS. FICKBOHM: Yeah, over there.

BY MS. FICKBOHM:

Q. What's -- what's that area over there? How far -- how far down is this going?

A. That goes down out of Maricopa County.

Q. I thought that looked like -- So it's outside of Maricopa County?

A. That is -- that's the Dignity hospital in Maricopa. And it probably shouldn't be on there because that is outside of Maricopa County. It's actually in Pinal.

Q. And where's -- Can you point me to what part of the map you're talking about there?

A. This one here.

Q. Okay. Okay.

A. Is that what you're talking about? Are you talking about the blank area?

Q. I'm talking about, like, right in the -- almost dead center --

MS. FICKBOHM: No, move a little bit to your right. Right there.

BY MS. FICKBOHM:

Q. What's that?

A. These are individual roads or whatever. I -- I can't read what number of highway that is, but I think that's the one that goes through Chandler.

Q. Okay. Do you have any idea the number of available vehicles that are going to be kept at each one of those red points, the -- the suboperation stations?

A. No, I don't.

Q. And does this mapping take into consideration variation in call loads at different times of day? Like certain times of day we have a lot more calls than other times of day?

A. No, it doesn't.

Q. So basically, for your mapping purposes, you assumed there would be a vehicle stationed at each of those four spots and ready to move, right?

A. That's correct. We had to have a starting point, so that's where it is.

Q. And so let's just imagine as a hypothetical that you've got a transport provider that has five vehicles. In order to fulfill this 30-minute drive time mapping, only one of those vehicles could be being used at any one time, and when it was done with what it was doing, it would have to go to wherever the next call was coming from, right?

A. I have no idea how they would run their dispatch system.

Q. Well, you would agree with me that to meet this kind of mapping, you'd have to have enough depth or

ambulances in your system that you would always have one ambulance at each of those four points ready to go immediately?

A. That's correct. And that's what the darker green does show is the redundancy where they can cover each other.

Q. And -- and the redundancy requires that there be at least two ambulances in that east zone, correct?

A. That's correct. One would cover for the other.

Q. And so if you pull one of those vehicles out, your whole east zone looks totally different, right?

A. That's correct.

Q. So you're not here to tell us that you've applied your education and skill and experience in order to determine that if RBR gets a CON, it will be able to cover all calls for transports in that green area within 30 minutes, are you?

A. Only if there is an ambulance stationed at one of the suboperation stations.

Q. And immediately available?

A. That's correct.

MS. FICKBOHM: Thank you.

I don't have any other questions.

ALJ EIGENHEER: Cross?

CROSS-EXAMINATION

BY MR. BELANGER:

Q. I'm Jim Belanger. I represent Maricopa Ambulance, Mr. Beery.

Do you know how long, on average, when an ambulance is dispatched -- how long it is out of commission in responding to a call?

A. I have no idea.

Q. Your maps did not take that into consideration?

A. No.

Q. And just so I understand, so you started at one of the suboperating stations in your car? You did this? And then had a stopwatch and drove?

A. No.

Q. Okay. Tell me, like, what actual driving you did. Did you do any actual driving?

A. I didn't do any driving.

Q. Okay.

A. There's too many roads out there to drive every single road.

Q. Okay. So -- Okay. Do you -- do your travel calculations take into time considerate -- do they take into consideration the percentage of time that the closest ambulance is not available or not responding from one of the suboperating stations? In other words, St. Joe's? Or

let's take the western edge. I don't know what the western edge suboperation station is. I can't read it.

ALJ EIGENHEER: That's Chandler.

MR. BELANGER: That's east.

ALJ EIGENHEER: Oh, I'm sorry.

THE WITNESS: What is the one on that side?

MS. FICKBOHM: 186 is the one that has everybody.

MR. BELANGER: Right.

ALJ EIGENHEER: Westgate.

MR. BELANGER: Yeah, Westgate.

BY MR. BELANGER:

Q. The suboperation of Westgate, if that ambulance is responding to a call and is not available from that -- that suboperation station, your maps do not take into account the percentage of time that unit would be unavailable?

A. That's correct.

MR. BELANGER: I don't have any other questions, Mr. Beery. Thank you.

ALJ EIGENHEER: Cross?

MS. HOFMEYR: I've just got one question.

CROSS-EXAMINATION

BY MS. HOFMEYR:

Q. Essentially, the green is a cloud around a vehicle, correct?

A. I'm sorry.

Q. The green is a cloud around a vehicle. It's not a cloud around a station?

A. No, it's a cloud around -- it's around the station.

Q. But it's dependent on there being a vehicle at the station?

A. Yeah, obviously, there has to be something there to respond.

Q. So Ms. Fickbohm used the hypothetical of five ambulances -- if a provider had five ambulances. We've used that specifically because this applicant has only asked for five ambulances to be in operation, five plus one. So if, hypothetically, a provider gets, we'll say, six calls for service out in what you call the east zone, does that entire green area move over to the east zone with the vehicles?

A. It would -- That makes sense, but I don't -- I can't talk to how the dispatch operation would work. Normally ambulances, if one area gets empty, something is moved to help cover that area.

Q. Right. We've got an applicant who says they're only going to have six total -- five in operation and one as backup. Best-case scenario, I'm using six.

A. I can't talk to how that -- their dispatch system would move the ambulances around.

Q. Right. But I'm making -- You can make this assumption that we've now got six units in your east zone on a call.

A. Okay.

Q. What does the -- What green is left on your west zone?

A. Well, if there's no ambulances on that side, obviously there wouldn't be any green because there wouldn't be any ambulances there.

MS. HOFMEYR: No other questions.

THE WITNESS: They would have to outsource.

MS. HOFMEYR: Thank you, Judge.

MR. RAY: No questions.

ALJ EIGENHEER: Redirect?

REDIRECT EXAMINATION

BY MR. MURPHY:

Q. Mr. Beery, are you an expert in system status management?

A. No, I'm not.

MR. MURPHY: Thanks.

I have no further questions.

ALJ EIGENHEER: You may be excused.

Your next witness?

MR. MURPHY: Your Honor, we would like to call Robert Richardson, please.

THE WITNESS: Good afternoon.

ALJ EIGENHEER: Please raise your right hand.

ROBERT RICHARDSON,

called as a witness on behalf of RBR Management, LLC, herein, having been first duly sworn by the Administrative Law Judge to speak the truth and nothing but the truth, was examined and testified as follows:

ALJ EIGENHEER: Would you please state your name, spelling it for the record?

THE WITNESS: Robert Richardson, R-o-b-e-r-t R-i-c-h-a-r-d-s-o-n.

ALJ EIGENHEER: Please proceed.

DIRECT EXAMINATION

BY MR. MURPHY:

Q. How are you doing, Rob?

A. Doing all right.

MR. MURPHY: Just because Mr. Richardson recently had eye surgery, can we pull up his resume? And we want to test whether or not he can actually see it.

MS. FICKBOHM: In front of everybody? Gosh.

MR. MURPHY: We have a special relationship.

MS. FICKBOHM: That's harsh.

MR. MURPHY: I'm sorry, Judge, it's 1- -- CA-125?

And you can also move closer.

THE WITNESS: I think I should be okay.

BY MR. MURPHY:

Q. Is it okay if I call you Rob?

A. By all means.

Q. What's your current position with Community Ambulance, Rob?

A. I'm the chief executive officer and owner.

Q. And generally, what is Community Ambulance?

A. Community Ambulance is an ambulance provider, ambulance company that provides services in southern Nevada.

Q. And we have brought up your resume. And I would like to start by talking about your educational background.

A. Okay. So I -- As far as education, I started as

a -- up in the Ricks College. It's a junior college up in Rexburg, Idaho. Started my EMT course there. Went all the way through for paramedic. It was one of those programs where they started with what they call a cardiac tech degree. It was one of my first two years and then -- of junior college. And then when I was getting ready to graduate, they came back and said, "We just got approved for a paramedic program," asked us to be the first paramedics to come out of that program. Ricks College is what they call now BYU-Idaho. And again, it was a junior college. I was at a junior college for four years to get my paramedic degree. But it was a very extensive paramedic degree in that we -- which was one of the fun parts about it -- we did a lot of search and rescue, water rescue, cave rescue, mountain rescue. So it was just an outstanding, very in-depth paramedic program. I got my associate's degree from there.

Moved down to Las Vegas, got my bachelor's degree in healthcare administration in '94. And then I was able to get my master's degree at Grand Canyon University in 2011.

Q. And let's -- let's also turn to your work history now. What was your first paying EMS job?

A. So I started working at Mercy ambulance as a paramedic in 1989. It was a great place to go and get a

lot of experience. Started there in '89. Had some opportunities. I moved up through the ranks, had opportunity to be a field training officer, supervisor. I got into the special event market. Did a lot of the contracting for Mercy at the time for any of the events. As you know in Las Vegas, a lot of events. We had boxing events, concerts, National Finals Rodeo, Grateful Dead come in.

In '92, they put me in a position, what they called the director of specialty care services, and so I was able to take care of all those events. We did used to sponsor a volunteer program called VEMSI through a process with the Department of Labor. They asked us to separate that relationship, so I initiated -- started a whole program called the special event techs, and these EMTs were specifically designed just for special events.

So there's a lot of difference when you're doing special events versus street. You have to understand customer service and carry themselves a little differently and understand what they're doing in that special event market. So it was kind of a fun process to be able to do that for a while. I did all the -- over and beyond special events, any specialty care contract if it was between hospital and interfacility transports. We had one hospital, for example, that had a CAT scan that was

not on property, so I negotiated a contract for transports between the hospital and that diagnostic center. So things like that, I just developed specialty stuff for -- for Mercy.

Q. Okay. And how long did you stay with Mercy in Las Vegas?

A. So that went until 1995. I had an opportunity to move to the Northwest, so I was getting back up -- further back up to the Northwest. I took the job as an operations manager for a company called American Med Tech out of Bellevue, Washington. And American Med Tech was a sister company to Mercy, so it was just a transfer over and a promotion into one of our sister companies. It's a smaller company that did a lot more of the IFT, convalescent care transports.

The nice thing about working for a smaller company was that you got to wear multiple hats. You got to learn all aspects of the company, not get pigeonholed in one. So not only did I do operations, I did communications, HR, all aspects of that business.

One of the things we -- I was tasked to do was to identify what problems they were having because they were -- financially were not profitable. And when I got there, they had 24-hour shifts, people sleeping all night long. It was one of those classic just overuse of

resources. And so what we did is I changed them all over to variable shifts, 12-hour shifts, took them off 24s. Put up a deployment plan to meet the -- the actual demand and was able to turn the company -- within six months, we made it profitable.

Q. How long were you with this American Med Tech?

A. About six months. No sooner than I got up there about six months, our corporation bought Shepard Ambulance out of Seattle. And in that process, we all merged together and I was the less senior person. I only had six months on as the operations manager. The other operations manager had 22 years on. And so I was severanced out after that merger took place -- or that buyout.

Q. What did you do next?

A. So I was in Northwest with no EMS job, so I thought I would try something a little different. Exit 79 right there on I-5 between Seattle and Portland, there was a property that they opened up for people who had been on -- to see what they wanted to do for just a business entity, so I went ahead and, with all my prior experience, put together a packet and actually beat out all the different gas stations and won this land lease for this property right on the side of the freeway. And then I negotiated with a gas company and built a $1.8 million gas station, leased out to Burger King, and then I owned the

Hogi Yogi and Taco Bell. And Taco Bell does really well. But -- so we had the business on the side. And that's what I did between '95 and '98 --

Q. Okay. So --

A. -- '96, '98.

Q. What happened in '98?

A. So then I sold the company. I came back down. Brian Rogers and the boss, Mike Murphy, were there, and they brought me back down, wanted me to come back down and take over the specialty care services again. Used to be -- Mercy was now called AMR. And so I went ahead and took over that department again to try of correct some of the stuff that was -- some of the contracts that got out of whack over the years, so I was down there to take care of those contracts for them.

Q. And as director -- You were director of specialty care services. Did you also work as a paramedic or --

A. That was one of the things -- I had always carried my paramedic patch, but when I went to Seattle and Bellevue, they have criteria in order to be a paramedic in King County, you have to go through their paramedic program, and so I ended up losing my patch for the years I was up in King County. So when I came back, I got my patch back again, got certified as a paramedic again. I

went through the whole internship again, whatever I had to do to get my paramedic patch back.

Q. Primarily, you were director of specialty care services. And what were you doing in that role when you came back in '98?

A. Again, got my paramedic so I could still act in the capacity of paramedic, especially doing a special event, doing a Grateful Dead, just any boxing event, whatever I could get work as a paramedic, worked in that capacity, but I was mostly just doing administrative efforts, administrative jobs.

Q. And how long were you with AMR in -- in Nevada?

A. So that lasted about a year and a half. And I just kind of got a sense I wanted to get back into taking care of patients again. You know, the administrative stuff was -- I don't know. Been doing it awhile. It was a different environment for me than what I was used to back at Mercy, so I wanted to go and start my career all over again.

So I tested as an old guy and tested for Henderson Fire Department, was -- had the honor to be accepted into their fire academy. So in January 3rd of 2000, I went into the fire academy for Henderson Fire Department.

Q. You're an old guy in -- How old were you in

2000?

A. I was 37 years old. I was the oldest guy in my academy. It was a very rigorous -- as they all are, those fire academies. I think I -- The first two or three weeks, I think I pretty well threw up, fertilized every palm tree around that practice ground, but went through a very rigorous program, came out one of the top guys in the academy. And right after, you go to fire academy. Then I had to go back in -- The way the City of Henderson does it is even though you carry a paramedic patch, you've got to do another paramedic internship, because I was hired as a firefighter-paramedic for them. And so they said the first part is firefighter training. And then the next is you still have to go through your -- your paramedic internship. If you fail that, you lose your job.

Q. So after the academy, you had to do an internship so that you would be signed off as a paramedic?

A. So I was still certified as a paramedic, but to work for Henderson as a paramedic --

Q. Gotcha.

A. -- I had to do their internship to show I can work in the capacity as paramedic for them.

Q. How long was that?

A. That was two months long.

Q. And then what happened after that in terms of

your firefighting career?

A. So I worked as a firefighter-paramedic all the way up until the year 2007. And about 2005, 2006, I realized I was getting older, but I started looking at my career path and where I wanted to go, more education, more training. I started doing my fire officer training so I could test as a captain. I did my engineer training so I could even test as an engineer. So I was preparing myself for some potential growth in the future with just some extra training within the fire department.

Q. At some point were you promoted within the fire -- fire department?

A. So even though I was doing the training for the officer and the engineer, an opportunity came up and I was promoted in 2007 as a communication service officer. And that role was -- it was a new position they put in. They needed somebody that had the ability to communicate, be a good liaison between the fire department and the police department for our communications. The way the City of Henderson works is that the City of Henderson Police Department is the PSAP, which is the Public Safety Answering Point, so the 911 answerer for that geographic area. And because the police department ran it -- The fire department used that same dispatch. They don't have the same expectations, if you will. They don't worry

about response times. Police departments can actually go -- and if they're down a unit or whatever, if they're delayed getting response, that's just the way the police department works. For the fire department, we have response times, you know, arrival times. We need to make sure we meet those performances, and we had expectations and -- But to try to get the dispatchers to make sure they dispatched us out effectively, one of the things that we used up there for dispatch services what we call EMD, and it's emergency medical dispatch. And it's a coding system that when someone calls into a 911, dispatcher is supposed to go through a series of questions. From those series of questions, it kicks out a code so you know what -- to send the right resources to the right call -- and try to get the police department to do that. And that's what -- my job was to kind of work with them. And also, any communication with our fire trucks, our rescues, make sure that their MDTs, which are mobile data terminals -- made sure they had connections, mapping updates, make sure we have quick communications. When they push their buttons, they said they're on-scene, the transmission has gone through so we could accurately correct that time -- collect that time.

Q. How long were you in that position as communications service officer?

A. Did that for one year.

And after that one year, I was -- had the opportunity to promote again and went up to position -- I was promoted, had the honor to be a division chief over special operations.

Q. And what were your responsibilities as a division chief of special operations?

A. So that's a chief officer spot that was over a couple different areas. They had me over that communication service officer spot, so that same thing -- the same things I was doing. I was over that person. Also, I was over all the accreditation process. We were CFAI accreditation, which is a fire department accreditation they go through. I made sure that we -- I was over all the preplannings, any reports on preplanning. I was developing that program. We had a few instances where we were getting calls to go to -- certain responses to certain buildings in certain areas and came to find out they were not safe for our folks, what they're going into.

We had one event in the Las Vegas valley where a fire department responded to a fire, thought it was a regular building, and it was a fireworks building that had a lot of bad stuff in there. They were sending crews in. That could really have killed a lot of people if it would have turned out bad or went sideways.

So that's what we started -- implemented that preplan program so that every building, every business that we had in the Henderson and throughout the Las Vegas valley -- I was working with other fire departments -- is that we would actually have a planning -- but in the MDT that they could look at -- so when they got dispatched to a certain call, they would pull up what that type of a building is, what's in it, what potential hazards that they would have.

Q. Okay. And how long were you in that position as a deputy chief?

A. Division chief?

Q. Division chief. Sorry.

A. That's all right.

The division chief role, I was there until 2012.

Q. Okay. And did you retire?

A. I retired in 2012.

Q. Okay. Why did you retire?

A. Well, I had to retire sooner than I wanted to. In 2010, we opened the doors for Community Ambulance, and the initial intent of Community Ambulance was to be a small, little company and -- but then it started growing and getting bigger. It got to the point where, as we were expanding, I could no longer stay as division chief for

the fire department. We were going to expand to other municipalities and other areas. So I went ahead and retired in 2012 to devote all the time to the ambulance company.

Q. So before we go and start talking about Community Ambulance, I want to walk you through some certifications and awards --

A. All right.

Q. -- for you personally.

MR. MURPHY: Start at CA-154, Your Honor.

THE WITNESS: This was a half a certification.

BY MR. MURPHY:

Q. Rob, could you tell me what this 2017 Health Care Headliner award is?

A. It's a recognition that Greenspun Media Group puts on. It's a magazine. Health Care Headliners is a magazine that Greenspun Media puts out to kind of talk about the local health care leaders: physicians, anybody in that kind of health care field. And I was recognized in 2017 as part of Community Ambulance for just our community service that we provide for the community.

MR. MURPHY: Move to admit CA-154.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: And 125?

MR. MURPHY: Yes. Thank you, Your Honor.
ALJ EIGENHEER: Any objection to 125?
MS. FICKBOHM: No objection.
MS. HOFMEYR: No.
ALJ EIGENHEER: CA-125 and -154 are admitted.
MR. MURPHY: CA-156, please, Your Honor.
BY MR. MURPHY:
Q. Okay. Rob, can you tell me what this award is?
A. This was just a -- it's an Action Program Award Winner. You know, we go -- we're proud of what you do as you work as a paramedic -- firefighter-paramedic, whatever. This is a congratulations letter I received from a customer -- an elderly male that had fell in his home and was there overnight. The fire crew that -- I was recognized for going in. And the gentleman was down for a long time. We helped get him back up, got him to the hospital. We went back, with his permission, and cleaned his house, cleaned the dishes, just kind of did that customer service, went over and beyond. One of the chiefs thought that was pretty neat, so they gave me a recognition for that.
Q. And this was a recognition you received from the -- from the chief of the fire department?
A. That's correct.

MR. MURPHY: Move to admit CA-156.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-156 is admitted.

MR. MURPHY: CA-157, please, predictively.

BY MR. MURPHY:

Q. I think there are several documents here. We can just go through.

Starting first, Rob, can you just tell everybody what that document -- what that what that certification is?

A. So this is just -- my certifications as a Nevada Fire Service Instructor II, so I can teach the fire service instruction. I was a trainer for fire service.

Q. Do we know when this was issued? Is that identified?

A. 2004, September.

Q. This is --

A. That's my Fire Officer I training certificate that I had gone through my training. Actually went through the training two or three times just to keep myself always improved on the latest stuff. But this was the first certification I received for Fire Officer I, which was in October 2005.

MR. MURPHY: The next.

BY MR. MURPHY:

Q. And what is this certification?

A. This is -- After going through the firefighting, this is my Firefighter II certification. That was NFPA Firefighter II, advanced firefighter. That was in October 2007.

MR. MURPHY: Move to admit CA-157.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-157 is admitted.

MR. MURPHY: CA-158, Your Honor.

BY MR. MURPHY:

Q. What is -- what is this certification?

A. These are different FEMA ICS certifications. This is what we call ICS 100. It's an introduction to incident command systems.

Q. Can you explain what incident command systems are?

A. It's just that. It's taking command on an incident. It can be -- It's generated out of the fire -- the wildland fire, but it's been adopted to a lot of the fire departments. And they teach you how to do command. When we get on critical scenes and accidents, we set up and establish command. So this teaches you how to take command, delegate, make branches, and to run the whole structure for support of these.

Q. And FEMA teaches this course?
A. It's a FEMA -- or, an instructor for FEMA. But this is a FEMA level. ICS-100 is a command certification.
Q. And I think there's some additional -- And what is -- what is this FEMA certification?
A. These are all kind of same vein, just an IC-200 [sic].
Q. Okay. How about this, which is entitled, I believe, "Center for Domestic Preparedness"? What is this certification for?
A. This is an ICS-300 level.
Q. And what is the certification?
A. And this one would be an ICS-400 level.
Q. Okay. And what -- what is the difference in the levels of certification?
A. The first one started out with just more of a basic introductory. These were higher levels when you're put into higher -- different positions of command and how can you control those commands at higher levels.
MR. MURPHY: Move to admit CA-158, please.
MS. FICKBOHM: No objection.
ALJ EIGENHEER: CA-158 is admitted.
MR. MURPHY: CA-159, please, Your Honor.
BY MR. MURPHY:
Q. Rob, can you identify what this diploma is?

A. This diploma is issued to -- this one here is the certified -- I was a certified EMD-Q for dispatch. That's the EMD that I was talking about with dispatch where they go in and -- when I was doing the liaison with the fire department so I could understand what the dispatchers were going through when they get those calls. EMD-Q, they have the ability to do QI, you know, make sure they're doing the right job, the quality improvement. Make sure when they go through the questioning, that they're doing it correctly and not leading it or not ask -- adding too much information into it. And then there's actually a score sheet that they did to see how well they were actually receiving those calls and dispatching it out.

MR. MURPHY: Move to admit CA-159, please.

MS. FICKBOHM: No objection.

MR. BELANGER: No objection.

ALJ EIGENHEER: CA-159 is admitted.

MR. MURPHY: CA-160, please.

THE WITNESS: This is the actual certification for being an EMD, emergency medical dispatcher.

MR. MURPHY: Move to admit CA-160.

ALJ EIGENHEER: We haven't called that one up yet. That was page 2 of 159.

MR. MURPHY: That was page 2? Oh, I'm

sorry.

ALJ EIGENHEER: That's okay.

MR. MURPHY: 160.

BY MR. MURPHY:

Q. Can you -- can you describe what this certification is, please?

A. It's just an advanced -- it's coaching emergency vehicle operator, just an emergency vehicle operating course, the certification I've gone through in driving emergency vehicles.

MR. MURPHY: Move to admit CA-160.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-160 is admitted.

MR. MURPHY: CA-161, please. Just two more.

BY MR. MURPHY:

Q. Tell me what this certificate shows, Mr. Richardson. Bless you.

A. In our training and what we do in the fire department, there's certain events that were put on. The training, the preparation for mass casualty incidences, or if there's explosions, if there's a bomb, if there's a collapse or whatever. This is one that we did called Simple Truth Exercise. It was in March of 2012. And this was more geared around a biological event that took place. And we participated in that. That was my cert- --

certificate of appreciation for helping with that -- that exercise.

MR. MURPHY: CA-162, moving to admit.

ALJ EIGENHEER: 161?

MR. MURPHY: Oh, I'm sorry, 161. I'm getting ahead of myself.

ALJ EIGENHEER: Any objections?

MS. FICKBOHM: No.

MR. BELANGER: No.

ALJ EIGENHEER: CA-161 is admitted.

BY MR. MURPHY:

Q. CA-162, what is this certificate, Rob?

A. So every year we have what we call an EMS Week. It's appreciation for our folks. We do that even for Community Ambulance as well. It's just one week nationally that they set out to appreciate our folks. I was in charge of the EMS Week celebrations for Henderson Fire Department for quite a few years, and this was just a certificate of appreciation for putting it on and taking care of all the -- the activities for the EMS Week for multiple years.

MR. MURPHY: Okay. Move to admit 162.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: 162 is admitted.

MR. MURPHY: One more. CA-164.

BY MR. MURPHY:

Q. What is this certificate, Rob?

A. So this is a -- Fitch & Associates is a well-recognized training group that comes in and teaches people how to run ambulance companies, how to be a manager for an EMS system. And in 1995, in October, I had completed my ambulance service management program with Fitch & Associates.

Q. And how long is that course?

A. It's -- you go for -- It's two weeks long in total. You go one week, then you have a bunch of homework, then you come back for a week, and you finalize it all.

MR. MURPHY: Move to admit 164, please.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-164 is admitted.

BY MR. MURPHY:

Q. All right. Well, let's -- let's talk about how you started Community Ambulance.

MR. RAY: Before you get started, so is 153 -- 155 admitted?

ALJ EIGENHEER: No.

MR. MURPHY: Yeah, we skipped -- we intentionally skipped it.

MR. RAY: Okay.

MR. MURPHY: Thank you.

BY MR. MURPHY:

Q. Let's go back to how you started Community Ambulance. When did you start Community Ambulance?

A. So in about 2000- -- I would say about 2007, '8, '9, in there, when I was working at the fire department, we were having issues with trying to get our rescues out of the hospitals. It was -- Systemwide, through the whole valley, it was very difficult. The hospitals were getting backed up. It was overloaded. But from our particular point in Henderson, it was -- our rescues were being stuck in the emergency room waiting to drop off patients, so we had patients sitting on gurneys on the rescues that were waiting to go into an ER bed. But all the ER beds had patients that were slated to be transported to somewhere else for admission, and so it kept backing up, kept backing up. So that's where it was this need. So we kept trying to work with everybody to try to -- what can we do? We went to the hospital, "What can we do to create more space, more beds?" Even met with John Wilson, who at the time was running AMR - MedicWest in southern Nevada, to see what they could do to help come down and do more -- timely for coming down for the responses. And these were those transports -- most of them were called the convenience transports, where we

found that Siena hospital was a very, very busy hospital, and they built a new hospital more on the southwest part of town that was a -- not as occupied. It was a lot more empty. So the hospital was willing to pay for these convenience transports to take them out of this hospital that was busy and transport them over to the other hospital. And so we were trying to get the ambulance companies to come down and take care of those, be more timely. The systems get busy; the ambulance companies get busy. And I think one of the things that was told to us basically is they had contractual obligations in the other city municipalities under their franchise agreements, there isn't one in Henderson, so when the system slows down, they'll take care of it. So this became more and more of a problem.

In 2009, I had a doctor friend. He worked in -- he was the director of the emergency room for Dignity Health, and also, there was -- if you remember, in Las Vegas is the physician groups that -- the doctors that run the ERs, those are doctors that were contracted by the hospital to do that. So not only was he the director for the hospital group, but he was also a director for the doctor group as well. So I see him -- we had known each other, like, 20 years, on and off, saw him at church a few times, you know, those kind of things, so I've known of

the man for a long time. And he -- every once in a while, we would kind of banter back and forth, "Let's just start an ambulance company and fix this thing," because he knew I had experience with that. So it got to the point where I said, "Rick, let's go ahead and do this." This is Dr. Richard Henderson. And I said, "Let's do this, but if we're going to do it, we need to bring Brian Rogers on board, because Brian has a lot of experience on the operation side running an ambulance company."

So he said "Okay."

So the three of us kind of got together, and we went and had -- Rick went and met with Rod Davis. He was the contact to set up the appointment. So Rick and I -- Dr. Henderson and I went to Rod Davis's house to see if there was an interest or appetite for Dignity Health to have some kind of relationship with us to do this ambulance company.

That's when Rod said, "By all means, we would be interested in looking at this. Let's set up a meeting with all of my executives." And it wasn't too soon after that -- probably somewhere around that 2000 -- early 2009 period that we went in and met with all the executives and --

Q. Executives from?

A. From Dignity Health.

Q. At the time -- Was it called Dignity Health at the time?

A. I'm sorry. It was called Catholic Healthcare West at the time.

MS. FICKBOHM: Can -- I'm sorry. Can we get some context for the period of time we're talking about?

MR. MURPHY: Early 2009.

MS. FICKBOHM: Okay. Thank you.

THE WITNESS: And I may be wrong on that. End of 2008, 2009, right around that time anyway.

BY MR. MURPHY:

Q. You were still a firefighter?

A. Yes.

Q. Do you want your resume up? Would that help you?

A. No. Because this is a conversation that Dr. Henderson and I had for -- kind of on and off for quite a few months, so I don't really -- I don't remember the exact time when we met with Rod. But we did. We met with him, and we -- we met with all the executives from Catholic Healthcare West at Rod's office. And he said, "Yes, let's go down this road and see about putting together some kind of a contract or some kind of a company together."

And so out of the whatever -- the RBR

started was the name of Rob, Brian, and Rick. It's creative. And that's how RBR started. And so we were going to be our entity and then Catholic Healthcare West was the other entity, and we were going to make this new Newco, which was going to be Community Ambulance.

So we were waiting, and we were putting all the documents together, getting ready to do everything with City of Henderson, put the application in, but Dignity Health, they were creating all the documents -- legal documents for us; we were going back and forth with the attorneys. This took quite some time. And they were -- It was coming up into about probably the first quarter there where all of a sudden of 19- -- I mean '09 -- might have been earlier than that -- but they came up and hadn't got the documents ready yet, but we knew we had to submit and make application to the City of Henderson. So we went ahead, made application to the City of Henderson as RBR and knowing -- thinking that when Dignity Health got the paperwork done and then we executed it, we would just change the name back to Community Ambulance. Well, we went to the city after we signed all the documents in July of 2009 -- or, 2010 is when we signed the documents -- is -- that's when they came back and City of Henderson says, "Well, if you're going to change the name, you've got to start all over again."

We're not going to start all over. That's when we adopted RBR Management and did dba Community Ambulance. And then Brian, Rick, and I created another company called AMG, which is Ambulance Management Group.

Q. Okay. Let me back up for just a second.

You said apply to the City of Henderson. What did you apply to the City of Henderson for?

A. For an ambulance license.

Q. Okay. And there's -- there's not a CON requirement in Nevada?

A. Correct. There's no CON in Nevada. It's what they do is offer franchise agreements.

Q. Okay. So let's -- When -- when did Community Ambulance start transporting patients?

A. August 7th of 2010.

Q. And how many ambulances did Community Ambulance start with?

A. We had three ambulances and 18, 19 people, right in there.

Q. And --

ALJ EIGENHEER: Sorry. What was that?

THE WITNESS: 18 to 19 people.

ALJ EIGENHEER: Okay.

BY MR. MURPHY:

Q. And you were still working with the fire

department?

A. Correct.

Q. And who was operating Community Ambulance in 2000 -- August 2010?

A. So we had hired an operations manager to be the hands-on there, but Brian Rogers and I were the ones that were running the ambulance company. So we would have a operations manager during the day. I would work my job. After 5:30 at night, I would go there and be there until about 10 o'clock at night.

Q. What sorts of transports were you doing?

A. Just these convenience -- we started out with just the convenience calls. That's it. We had -- Convenience calls were just, again, the ones that the hospital were paying for to move them from this hospital to move them over there.

Q. And how long were you doing those transports for before you started doing other -- other work?

A. We did those until about -- for about five, six months until we -- It takes a while to get your Medicare and Medicaid licensure to be able to bill for that. So once we got the Medicare and Medicaid, then we started taking care of other patients inside the hospital, throughout the community, because we could start billing. Once you get Medicare and Medicaid, then your traditional

insurance comes and we could start billing insurance people.

MR. MURPHY: Could we pull up ABC-31, please? Scroll down to the second page.

BY MR. MURPHY:

Q. I'm showing you what's been marked ABC-31. Can you tell me what that document is, Rob?

A. This was our original ambulance transport services agreement that we had when we first started to do those convenience transports.

Q. And when was this executed?

A. In -- July 27, 2010.

MR. MURPHY: Try to find the signature page. That's an amendment.

BY MR. MURPHY:

Q. Okay. That's your signature?

A. Yes, sir.

MR. MURPHY: Then if we can go to the very first document so we can also establish what that is.

BY MR. MURPHY:

Q. That's just an amendment to the ambulance transportation services agreement. And who is -- who is this between?

A. This is -- this is between Dignity Health now -- because the name -- changed the name from Catholic

Healthcare West to Dignity Health -- and RBR Management.

Q. Okay. And did you also sign this document?

A. Yes, I did.

Q. You signed on behalf of RBR Management, LLC?

A. That's correct.

MR. MURPHY: Was this admitted yet? Can I move to admit ABC-31?

ALJ EIGENHEER: Yes, it was.

MR. MURPHY: Jim, did you want to object?

MR. BELANGER: It's already in.

BY MR. MURPHY:

Q. So what -- what was this transport services agreement intended to cover when you first entered it in 2010?

A. Again, it was just basically convenience calls that were going from one hospital to another one.

Q. Okay. And then you testified that you got your Medicare and Medicaid licensure. And what type of calls could you do once you had that licensing?

A. We could do all -- they did have a -- It was for all of the non-emergency interfacility transports and convalescent transports in Henderson.

Q. Okay. And this agreement applied only to your work with the CHW, then Dignity Health?

A. Correct. This was just their -- their contract

for transportation.

Q. And did you have a franchise agreement at this time in 2010 or 2012 -- or, excuse me -- when -- when you got your Medicare and Medicaid licensure?

A. The City of Henderson had never had a franchise agreement, never had those requirements --

Q. Okay.

A. -- at the time.

Q. So in that -- in your first two years of operations, were there limitations on the types of services you could provide?

A. Yeah. So one of the things that they wanted to do when we first opened the doors was that until we became CAAS-accredited, which is the Commission on Accreditation of Ambulance Services, is that they wanted us to -- in Henderson, they didn't want us to be the backup to their 911 until we got our CAAS accreditation. So we were able to do non-911 calls and that was -- could be emergent, nonemergent, but just not 911. They didn't want us to go to people's homes. We could go to facilities and take care of the calls. So, for example, emergent, if there was somebody that needed to go to a higher level of care, we still could go lights and sirens to that hospital, move to another hospital, but we couldn't go 911 back to Henderson Fire.

Q. Okay. And when, if you recall, did you get -- receive the CAAS -- when did Community Ambulance receive its CAAS accreditation?

A. That was in October of 2012.

Q. Okay. And today what's -- what are the levels of service that Community Ambulance provides in southern Nevada?

A. Currently, we provide -- service levels, we provide basic life support, advanced life support, critical care transport. Those are our levels of service.

Q. And 911, non-911, what -- what service areas?

A. So as far as service areas, we provide service to -- backup into Boulder City and we provide anything they ask for, so basic life support, advanced life support, and critical care. City of Henderson, currently today we have a franchise agreement with them for non-emergency and backup 911. We have a franchise agreement for unincorporated -- unincorporated Clark County for -- all the way through the county for non-911. And then we have a section of territory that's been carved out that's called Zone 1. They break up their territory into zones, so -- I'm sorry. Not Zone -- it's Zone 7. And it's broke out to be our territory. Comes out to be 20, 25 percent of the broke-out territories for 911. That's our dedicated area. And then City of Las Vegas, we

have a non-emergency franchise agreement there as well.

Q. So can you -- what -- When you have a non-911 franchise agreement, what does that permit you to -- what sort of service are you allowed to perform?

A. So those are just non- -- So it's not activated through the 911 system, so it -- Some of the confusion with 911, you can have very minor calls to very serious calls through the 911 system. And through the non-911, somebody just calls your seven digits, usually from medical facilities or whatnot. You can have serious calls and not-as-serious calls there as well, right there. But we can non-911, depending on which municipality, you can respond, just not through the 911.

Q. So let's talk about what a franchise agreement actually is. What is a franchise agreement?

A. So a franchise agreement is each municipality can create their own requirements and their own guidelines all the way from expectations of what kind of ambulances, how many miles you can have on them, what their expectations of response performance times. It means how fast we want you to be responding to certain calls, your arrival time when you get there. And along with those performance criterias, if you don't make it, there's certain penalties that are derived out of that if you don't make a response time. One of them, for example, you have to make sure

that when you hit your on-scene button, that your wheels are GPS at zero miles per hour, so it doesn't -- your crews aren't pushing them on scene 20 minutes ahead of time. They want to make sure you're that accurate. We have it set up that our MDTs, when the crew pushes, it won't send the signal until the wheels are at zero miles per hour to make sure that all of our accurate reporting is done. So each municipality can create their own expectations, their own penalties. Everybody has their own different needs.

So, for example, Henderson Fire -- City of Henderson, they do all their own 911 responses. They do all their own 911 with the fire department, so we just do a backup to them with 911. But they don't do any non-911, so we take care of that.

Clark County, they can transport 911, but they'll respond they don't want to do the transports. And that's where AMR, MedicWest, and us -- we get certain zones that are carved out. They have their expectations.

Q. You said you have your MDPs set up. MD- --

A. MDTs.

Q. MDTs?

A. Mobile data terminals.

Q. Set up to -- Can you describe that process? This is on your ambulances?

A. Yes. So we have it worked out when our signal -- what happens is through our computer-aided dispatch, our CAD, in our administration office, when that dispatcher sends out a call, that call goes from our CAD to our little computer inside each ambulance. And then from that ambulance, we -- there's a software that when you push your different status checks from received the call to en route to the call, arrived on scene, en route to the hospital, and I'm available, those are all status changes that are done. What we've set up on ours is we have GPS, so you can go to dispatch and you can look at every ambulance and see where they're at at all times, how fast they're going, where they going. So we combined the two, so off that GPS and off that MDT is that our crew has to make sure -- it will not let them push that button to send the signal until the wheels are zero miles per hour arriving on scene just for accuracy of reporting.

Q. So how did these franchise -- how did municipalities monitor these franchise agreements for compliance?

A. So each franchise agreement, they have personnel from each municipality that are oversight over it. Then they are developing now a software -- that's been developed and each municipality is adopting it in. It's called OCU, Online Compliance Utility. My partner Brian

Rogers, he's the one that did most of the negotiating on this side, on the operations side. As an overview, basically that software integrates into your CAD and it takes raw data from there, so there's no person touching it. It just takes the raw data out. And the person who sets up your -- the software -- this OCU software puts all the parameters from your franchise agreement in it to say what your performance is supposed to be, how many minutes you're supposed to be there, and the expectations. And then when your ambulance gets there, arrives on scene, it will calculate all those performance criteria to give you a summary report at the end of what your performance was for that day, that month, whatever you have.

Q. So is there any self-reporting on franchise agreements in southern Nevada, franchise agreements you have?

A. There's no self-reporting on our side. Everything is done through the software.

Q. Okay. When did you get your first franchise agreement?

A. We got our first franchise agreement in 2016.

Q. Okay. And why -- You got CAAS-accredited in 2012, you said?

A. Yes, sir.

Q. So why did it take until 2016 to get your first

franchise agreement?

A. Well, we -- we ran into a hiccup. One of our partners, Dr. Richard Henderson, in 2012 -- in June and in August of 2012, we got a lawsuit from two physicians, and it's for behavior -- what Dr. Henderson was doing in his capacity working for the hospital and that physician group. And so we went to our partner -- Because he wasn't part of the day-to-day. He was our medical director, but he was a doctor, did his thing. Brian and I ran the company. And also, we got these lawsuits, so we went to Dr. Henderson said, "What's going on here?"

He said, "These are two employees, got terminated. They're retaliating; they're upset."

We said, "Okay." We knew the boss -- Rick's boss for the physician group was Dr. Dale Carrison. We met with him. We said, "What's going on?"

Q. When -- when was this in time?

A. This was June and August of 2012.

Q. Sorry to interrupt you.

A. And so that's where -- In 2012, we got these lawsuits, so they said, "Don't worry about it, though. These are employment issues. The employees are upset. They've got to go through -- based on the contracts, they've got to go through an arbitration and all this kind of stuff. These things are going to get thrown out."

We said, "Okay." And we trusted our partner, that what he said was -- is true. These guys are angry because they got terminated for not doing good stuff.

These doctors came back with some wild allegations in these lawsuits. They claimed we were driving around with old vans, mattresses in the back. It was horrible what they wrote about us. And even when I read it, I was cringing. What kind of ambulance company are we? And then -- But it was just these guys were angry and they were saying anything. They were saying we weren't licensed to even provide ambulance services, that we were taking for-profit -- They weren't understanding that whole convenience thing. They thought this was an enrichment program about how we were picking up these patients, we were transporting, we were billing the insurance companies, which was not the case. That was all done -- The hospital was paying the bills for those convenience calls. It was just they made a lot of angry and upsetting stuff. It upset us. But we believed our partner, what he said was true.

In 2013, April, Dr. Henderson lost his privileges at the hospital, and we thought it was because of sexual harassment charges. And not only did he lose his privileges at the hospital, he lost his position as

that director in the ER, and he also lost his director position in the physician group that was contracted to be the ER docs at all the St. Rose hospitals as well.

Q. When -- when was this?

A. That was in April of 2013.

Q. Okay. And the hospital that Dr. Henderson was working at, you testified earlier it was a CHW hospital?

A. It was a CHW hospital.

Q. At this time, was it Dignity or CHW? Do you know?

A. I don't remember when they made that switch. It was before 2015, so . . .

Q. So what -- you learned about -- How did -- how did you learn the sexual harassment allegations?

A. So Dr. Henderson called me up said, "I lost my privileges, lost my job here."

I said, "What happened?"

And he went through the whole thing about how there was a nurse that was walking out and said good-bye, so he swung his hand back to just say good-bye and another nurse saw that and turned him in for sexual harassment charges. He said there's nothing to it. Well, Brian and I did an investigation into it and immediately found out there was some validity to what was going on and everything else. And we -- Immediately, we went to

separate our relationship with Rick.

Q. How did you determine that there was some validity to -- to the allegations of sexual harassment?

A. There's a video -- security video.

Q. And so once you confirmed that what Dr. Henderson told you wasn't true, what did you do?

A. We met with him. We sat him down and said, "We no longer can be in a relationship with you. People make decisions in life, but we cannot -- this entity cannot be -- have you part of it anymore. We've got an operating agreement with Dignity Health with moral turpitude. We hold ourself to a high standard with common values. We can't have this, and so we need to separate." He was receptive at first to it. And --

Q. So when was this that you had this conversation?

A. Within 30 days after that, we found out he got fired, we did all this. Because we also had to talk to our attorneys, make sure that we're doing everything right, and we didn't want to mess up this process of how to separate with Rick. And so we went and we met with him; we told him we need to separate. Brian had a loss in his family, he had to fly back to the East Coast, so I met with Rick personally. I offered him a sweet deal to separate. I said, "We came into this thing as friends; we need to leave as friends, but we have to separate no

matter what." He accepted the offer.

He said, "I have to talk to my attorney, make sure we get it all locked up."

And somehow the attorney got him thinking that we're going to mess him over on the money, and we weren't going to get it, and so we went through -- we still had to separate with him, so we went through a long, lengthy court battle. It took about -- took about 14, 15 months, and we were able to make a separation and take Rick out of the company. And through a process anyway, he got paid out for his shares. Then Brian and I retained ownership of the company.

Q. Of which company?

A. Of AMG.

Q. Okay. And when did you finally resolve or -- resolve the situation with Dr. Henderson?

A. So that would have been around August of 2014.

Q. What about the doctor lawsuits that involved your company?

A. So because they sued everybody --

Q. What do you mean by "everybody"?

A. So all the doctors, the physician group that they were employed with, they sued Rick. They sued us. They sued the hospital, Dignity Health. So they're doing settlements. And we --

Q. Did they sue you personally when you say "us" or --

A. RBR Management.

Q. Okay.

A. RBR Management dba Community Ambulance.

Q. Okay.

A. As representing that, we went through and kept trying to work some kind of a deal out. Finally, we got settlement hearings, and through the settlement hearings, we finalized those, and they were settled in December of -- of '15, because they got their settlement payments in January of '16.

Q. Are you able to disclose the amount of the settlement payment?

A. I can't, but it was very minuscule. It was a very low amount. I can say that my partner Brian Rogers knows the one physician, and he even made the comment that "We had to drag you guys into it." They were so mad at Rick, but they had to drag us into it to get to Rick. He apologized to Brian for bringing us into. So we weren't the target; we were just the collateral damage to it.

Q. So let's turn to some specifics about RBR Management's organization, its membership. Even more exciting than going through the certificates.

So what is the entity RBR Management, LLC?

A. So RBR Management, LLC, dba Community Ambulance, is a company that runs ambulance companies in southern Nevada. The ownership structure is -- used to be CHW, now Dignity Health, is one owner; AMG is the other owner. AMG owns 49.9 percent and Dignity Health owns 50.1 percent.

Q. So when we say Community Ambulance, it's the same as RBR Management, LLC?

A. That's correct.

Q. Okay. So Community Ambulance is located in what state?

A. In Nevada.

Q. Okay. And it's in good standing to do business in Nevada?

A. That's correct.

Q. And is it qualified to do business in Arizona?

A. It is underneath the name of Community Ambulance.

Q. Just under Community Ambulance?

A. Community Ambulance, LLC.

Q. Okay. And why is it -- why is it different than RBR Management, LLC, in Arizona?

A. Because when we came down here to get the name RBR Management, somebody else had already taken it, so . . .

Q. Okay. And AMG, the minority member that you identified, who -- what is that -- what kind of company is

AMG?

A. It's a limited liability company as well.

Q. And where is that company registered?

A. Nevada.

Q. Okay. And what's the membership of AMG?

A. So it's Brian Rogers and Robert Richardson. And we're both 50-50 owners.

Q. Okay. Other than being a member, does AMG have some other role in Community Ambulance?

A. Yes, not only are we owners, but in the -- in the entity, the company, and how it's structured, it was able to -- it gave a management agreement to AMG to actually run the daily operations of the company.

Q. Okay. And how is AMG compensated for its management of the daily operations of Community Ambulance in Nevada -- Community Ambulance in Nevada?

A. So through that AMG management agreement, we had -- the management fee is 3 and a half percent of gross sales.

Q. Okay. And will -- will AMG receive a management fee from Community -- from Community Ambulance in year one of operations if it receives a CON in Arizona or Maricopa County?

A. No. What we decided to do coming down here was to waive all the management fees for the first year. We

had put together three managerial positions. The thought was -- just like we did in our opening of Community Ambulance up there, is that not only was there a management fee at the time, but there was also positions that we took over from the -- Community Ambulance that as we took the roles of those, we got reimbursed for those. As we hired people to fill those positions, then they would roll off of our compensation. And so anticipation is that we would do that here.

MR. MURPHY: Your Honor, if we could pull up CA-13, please.

The operating agreement has already been admitted, Rob.

So if we just could turn to, Your Honor, Section 6.1. You can maybe zoom a little bit. Thank you. Perfect.

BY MR. MURPHY:

Q. Rob, this is Section 6 of the operating agreement. Can you describe for the judge how Community Ambulance -- RBR Management, LLC/Community Ambulance is managed under this operating agreement?

A. Yes. This -- Ran by a board of managers. And the way it was decided is we would create a board, and Dignity Health has three members on the board and then our -- AMG can have up to three members om the board.

They're both representative of their own weight based on their percentage of ownership, so Dignity Health has 50.1 percent and AMG has 49.9 percent.

Q. And who is on this board of managers currently?

A. Currently Dignity Health has Eugene Bassett, Melissa Walker, Jeff O'Malley. And then from AMG's side, it's Robert Richardson and Brian Rogers.

Q. Who is -- who is Eugene Bassett?

A. He's the area vice president over Dignity Health in southern Nevada.

Q. So is he at the equivalent level of Linda Hunt?

A. That's correct.

Q. Okay. And then Melissa Walker, who is Melissa Walker?

A. She's the chief -- chief financial officer for Dignity Health in southern Nevada.

Q. Okay. And Jeff O'Malley testified at this hearing.

A. Correct.

Q. And then just you and Brian Rogers?

A. That's correct.

Q. The members of AMG?

A. Correct.

Q. Okay. Does the board of managers manage the day-to-day operations of Community Ambulance?

A. They have delegated -- You can see in the one section there, they have the ability to delegate it out. That's what they delegated out through the management agreement to AMG to manage the daily operations.

Q. Okay. And that's -- and that's reflected in -- in Section 6.1?

A. That's correct.

MR. MURPHY: Okay. Your Honor, if we could pull up ABC-32, please. Do you know if this is admitted, Your Honor?

ALJ EIGENHEER: We haven't looked at it yet.

MR. MURPHY: Okay. Great.

If we could scroll down. This is the amended -- There we go. Just so we can see the title. Thank you.

BY MR. MURPHY:

Q. Rob, do you recognize this agreement?

A. Yes, this is the management agreement between RBR and AMG.

Q. Okay. And it was effective on what date?

A. This would have been effective on July 27, 2010.

Q. And who executed this agreement on behalf of AMG?

A. This would have been myself.

Q. Okay. And who executed the agreement on behalf of RBR Management, LLC?

A. It was Kevin Walters. He was the chief financial officer at the time before Melissa Walker. He was a board member prior.

Q. Okay. At -- at inception, he was the board member?

A. Yes. Initially, it was Rod Davis. I think there was an attachment on the operating agreement. The initial board members were Rod Davis, Kevin Walters, and Shelby Decosta.

Q. For the CHW?

A. For CHW.

Since then, they've changed people in their positions on their board --

Q. Okay. What --

A. -- to where they currently are today.

Q. I'm sorry. I didn't mean to speak over you.

Let's turn to the first page of this so we can get -- talk about the amendment. Do you recognize this document?

A. Yes. This is an amendment to the management agreement.

Q. And why was this amendment entered?

A. It's -- The original contract had it set so it was the -- after five years, it would just go on a one-year cycle. All this amendment was basically doing

was turning into an automatic renewal of five-year renewals each time.

Q. Okay. Did you sign this agreement on Ambulance Management Group?

A. Yes, I did.

MR. MURPHY: Move to admit ABC-32.

MS. FICKBOHM: No objection here.

MR. BELANGER: No objection.

ALJ EIGENHEER: ABC-32 is admitted.

MR. MURPHY: And if we could go to Section 3.1 of the management agreement, Your Honor.

BY MR. MURPHY:

Q. Generally, Rob, can you tell us what the scope of AMG's management authority is under this management agreement?

A. So it's -- About halfway down, you can see AMG is "authorized to manage, oversee, supervise, administer, and operate the RBR Ambulance Services; take any action consistent with the intent and the terms and conditions of this Agreement; make recommendations to RBR for additional services that RBR could provide."

Q. Okay.

A. It's all the day-to-day operations of the ambulance company.

Q. Okay. And are there limitations that are placed

on the management authority of AMG?

A. Limitations in the sense that in the operating agreement, we have requirements -- we have conditions in there that we agree to that we are -- similar with, for example -- not to go too far, but on 3.5 and 2.5 -- 5.4, there's expectations that we would meet the common values that Dignity Health's nonprofit status -- if something happened that was putting their nonprofit status at risk, that that would be corrected. There's a whole list of things.

Q. It's actually Section 3- -- Section 3.2.

MR. MURPHY: If you could scroll just a little bit, the next page. Okay.

THE WITNESS: In this management agreement, it refers to the same criteria as well, because what they didn't want -- they didn't want was to have an operating agreement that says one thing and a management agreement that didn't have the same conditions in there. So this is referring to the same limitations -- or, same conditions that we agreed to in the operating agreement.

BY MR. MURPHY:

Q. And Section (a) of 3.2 says what?

A. "AMG acknowledges that pursuant to the RBR Operating Agreement and the Board and the members of RBR have the authority to control and direct the operations of

RBR . . . that all of AMG's services hereunder are subject to the oversight of the Board and the members of RBR."

Q. And you understand that's a limitation on AMG's ability to manage RBR Management, LLC?

A. That's correct.

MR. MURPHY: If we can turn to -- turn to 5.2 and 5.4.

THE WITNESS: Operating agreement.

BY MR. MURPHY:

Q. Well, 5.2 -- I want to talk about this operating policies and procedures you were talking about. Yeah, so --

ALJ EIGENHEER: This is in CA-13.

MR. MURPHY: Oh, it's in the operating agreement. Yeah, CA-13. Thank you, Your Honor.

BY MR. MURPHY:

Q. Can you talk about what those operating covenants are and that AMG was required to agree to both in the management agreement and in the operating agreement as a member?

A. Just that we would continue to further the existing of the charitable, religious, and community-based health care purposes, mission, vision, values of CHW, which is now Dignity Health, and in doing so, that's where you get 5.21, 2.2, 2.3, 2.4, anything that affects their

tax-exempt status, nonprofit. Provide transportation to anybody regardless of their ability to -- their race, creed, national origin, whether they have the ability to pay. It will provide medical transportation services to individuals covered by Medicare and Medicaid and other federal healthcare programs. And then "5.2.4 is consistent with the Statement of Common Values in the form attached hereto as Exhibit D."

MR. MURPHY: If we could move to 5.3, please.

BY MR. MURPHY:

Q. You mentioned charity care that Dignity Health requires that you be bound to. What does this provision require?

A. This is just being sensitive to people's ability to -- if they're not able to pay or need assistance. And that's what they have, charity care. So they want us to make sure we maintain a reasonable financial assistance policy. We effectively communicate that financial assistance policy to the people that we serve, and we have a reasonable level of charity care consistent with CHW's historical practice and experience, and financial assistance policies and procedures are based on actual need in the Clark County, Nevada, community.

Q. And Section 5.4, operating policies and

procedures you just mentioned, what do those require of you?

A. That we just need to make sure that we're -- we put up operating agreements, the standard operating procedures that will make sure we maintain -- operate within the laws that were established; that we'll be a -- have a conflict-of-interest policy in place, that we'll always be compliant with it; that we don't have any conflicts with any of our employees, managers, directors; and that we adopt and maintain, apply protocols, guidelines, policies, and procedures that will ensure safe and efficient transport of patients.

MR. MURPHY: Okay. If we just move down to Section 2.2 of the operating agreement -- Yeah, 6.2. Pardon me.

BY MR. MURPHY:

Q. What is this provision entitled 6.2 of the operating agreement?

A. So this is where there's a limitation on the authority of the board. It talks about the board. And what we were doing here was -- that back when we put it together, is that we were sensitive to Dignity Health's sensitivity to the nonprofit status, that they -- When we first started negotiating, we wanted a majority of the company instead of them, but in the negotiation process,

we gave that up to a 50.1 to 49.9 so they could have the surety of protection of the nonprofit. But in turn, we put supermajority language in, and it kind of put balance in that neither party could do -- in these 24 items that they have listed, neither party can go and -- and do something without the other member agreeing to it. So this is supermajority language.

Q. And if we scroll down, it has a list of the types of things that require supermajority. What are some of those items?

A. You can't sell the company. You can't alter the name of the company. There's a -- Can't spend more than a hundred thousand dollars without board approval. There's also a -- about setting up a budget, that the budget has to be done and approved by the board. So a lot of the things that we have in the supermajority are taken care of in that -- in the budget that we do on an annual basis. And -- but that's -- These are just all the expectations, the different things that we -- we abide with that are -- that we both have to agree to, kept us on a fair playing field, if you will.

Q. When you say "we put these things in the budget," these are items that may cost over a hundred thousand dollars and you haven't approved it once?

A. Yes, so anything we do in the budget and through

the board approval, so we want our budget -- is during the fall, about November time -- is we run off a fiscal year, so we go from July to June. And so around November is we get all the budget numbers in. We get all the expectations in. I have to turn in the budget to the hospital by March. So we put all the expectations of all the things that -- we look at our budgets, because they need a chance to review it. And then by the time of our second board meeting -- which we meet quarterly. In the second board meeting, we'll look at the budget, and the budget will be approved for the next fiscal year. And if we know we're going to do capital expenses, if we know we're going to be doing certain expenses, property lease is going to go up, whatever it is, if it's in that budget, it's the approval to meet the expectations on here. If all of a sudden --

Q. When you say "on here," what do you mean?

A. Supermajority language in 6.2.

Q. Okay.

A. If there's something outstanding, if the budget changes by more than 10 percent, then that is something that has to come back to the board, because now the budget is not what it was anticipated. There's a lot of times we may take on different contracts, we have growth, we're spending more money than we anticipated, but we're

creating more revenue, the budget is changed. We'll bring that to the board and have revisions to the budget. Or if the expectations of the board is approved, what we're doing, expansion. So that's -- If there's a one-off, all of a sudden the servers go out in the CAD room, I've got to buy $120,000 worth of servers, it wasn't expected, wasn't in our capital purchase, then I would go back -- we go back to the board. And we don't have to do it in our quarterly meetings. We have the ability to call in -- call an emergency board meeting, and we can do that through either a phone call or email and just get board approval. And then the next board meeting, we'll ratify those changes in the board meeting.

Q. Okay. How can members make financial contributions to Community Ambulance/RBR Management, LLC?

A. So at the very beginning of the operation, when we first put it together, we had a -- there was four contracts. There was a contribution agreement, management agreement, transport agreement, and operating agreement. And the contribution agreement was that first opening the doors -- and it was the contribution from both parties.

There's language in the operating agreement that also talks about there's a capital call. Also, there's a massive expansion, we need to grow, we want money from both members to -- managers to be able to put

in. There's language in there that will be a capital call. There's actually a loan that could be given or there could be a dilution where all of a sudden -- let's say it's -- each person's got to put in a million dollars and one member doesn't have a million dollars, the other person covers theirs, but then that one who didn't have the money for their membership would be diluted by that percentage.

MR. MURPHY: And that ability to make financial contributions is at Section 3.2. Sorry, Your Honor.

ALJ EIGENHEER: Of this agreement?

MR. MURPHY: Of this agreement. The operating agreement. Go to that and confirm.

BY MR. MURPHY:

Q. 3.3.2. Is this --

MR. MURPHY: There you go.

BY MR. MURPHY:

Q. This -- this is the provision you were talking about, capital contributions?

A. That's correct.

MR. MURPHY: If we go to 3.5 . . .

BY MR. MURPHY:

Q. When you're mentioning that members can make loans, this is the provision you were speaking of?

A. That's correct.

Q. Now, we went over your certifications. But I want to just quickly run through some of the certifications and recognition for Community Ambulance, if we could. If you can identify -- Excuse me. I want to show you what's been marked as CA-163. You testified earlier that Community Ambulance is CAAS-accredited. What is this document?

A. That's the certificate of accreditation from the Commission on Accreditation of Ambulance Services.

Q. So that's your CAAS accreditation?

A. That's correct.

Q. And it's currently up to date?

A. Yes.

Q. And if you -- if Community Ambulance is awarded a CON in Maricopa County, would Community Ambulance be required to seek separate CAAS accreditation for the operations in Arizona?

A. Yes. We would apply for CAAS in this operation down here. Even though you may have CAAS in one location, when you go to a new location, you've got to do the process all over again. But we would seek a CAAS accreditation here as well.

Q. And -- and you would have to operate for how long before you would get that CAAS accreditation?

A. It generally takes about two, two and a half years, because part of the CAAS accreditation is that even though you may be running -- CAAS-compliant and meet all the requirements for CAAS, they want to show that you've done it for two years to show history before they will actually give you your certification.

MR. MURPHY: Move to admit CA-163, please.

MS. FICKBOHM: Any objection?

MR. BELANGER: No objection.

ALJ EIGENHEER: CA-163 is admitted.

MR. MURPHY: CA-165, please.

BY MR. MURPHY:

Q. What is this, Rob?

A. So we're very involved with our community in different aspects of it. I sit on the Public Education Foundation board. We do a lot of the different schools -- There's one that's a high-risk school, that -- I was actually surprised when we went there that the kids have uniforms, but some of these kids have never even had a book before. So we started a program where we'll actually go out to some of these at-risk schools, buy a bunch of books, put them on a gurney. The kids come by and pick out a book and take it home, have their own book, not have to give it up. And we help with uniforms. So that's just different programs.

We do different things for the school. We'll bring an ambulance over and do an appreciation -- let the kids go through the ambulance and they can see it. We do a lot for the school. This is just an appreciation for all of our -- recognition for what we've done for the school district.

MR. MURPHY: Move to admit CA-165.

MR. BELANGER: No objection.

MS. FICKBOHM: No objection.

ALJ EIGENHEER: CA-165 is admitted.

MR. MURPHY: Your Honor, if we could open 169 -- or, excuse me -- 166, 167, 168, and 169 right in a row, do it all at once.

BY MR. MURPHY:

Q. Okay. Let's start with 169. What can you identify this document for us, Rob?

A. This is a document from Healthcare -- Healthcare Heros. We're given recognition in regards to the -- what they call the 21. It was in regards to the Route 91 mass shooting that took place in Las Vegas.

Q. We're going to open up some --

MR. MURPHY: If we can open up the 166.

BY MR. MURPHY:

Q. What is this, sir?

A. This is another one from Clark County, Nevada, in

regards to the October 1 community attack. This is all with regards to the Route 91. This is recognition from the county commission.

Q. And 167?

A. This was also from the City of Henderson, Nevada, certificate of recognition for Community Ambulance for the efforts on that same day.

Q. And then the final one is 168.

A. This is just like a quick Congressional Record honoring the first responders on October 1 of Community Ambulance.

Q. And who else does this include?

A. It's all first responders: police, fire. This was a AMR -- this was -- it was a tragic day that day and --

MR. MURPHY: Well, let's first move to admit these four exhibits if there are no objections.

MS. FICKBOHM: No objections.

MR. BELANGER: No objections.

ALJ EIGENHEER: CA-166, -67, -68, and -69 are admitted.

MR. MURPHY: Thank you, Your Honor.

BY MR. MURPHY:

Q. So these -- these certificates of recognition are all recognizing one event. And what is that event?

A. It was the mass shooting on October 1st.

Q. And what -- what was Community Ambulance's involvement in that -- in that event?

A. So most -- Boy. Most of the time in our career -- Boy, I don't know why I get this way.

Most of the time in our career -- in my career -- I mean, we respond to -- to bad calls. And I apologize. Anyway, we respond to bad calls. I've gone to a lot of bad calls in my life. I've seen a lot of bad things. Usually you're responding after the event has taken place. I've had -- not to sound morbid, but you have people being cut in half, gunshots to part of their body. You see a lot of horrible things. It's different, I think -- I do become emotional about this, because as you become higher in rank, it's a different position when you're not the one running in, and you put other people at harm or at risk. It's just a different responsibility that you feel. And it was -- That's what was so impactful on this one here -- was it just that just we responded in -- and I'll tell you this community pulled together that day, all of us, and it was neat too, but what was horrible is that we had the medical standing by that day to provide medical for that event. So not only were we -- did we have responders respond into it, but we actually had 21 people there working the event when the

shooting started, and so they had people that got shot next to them. They had people that were dying.

We had -- Here's the other problem too -- is we had new EMTs there as well that were just cutting their teeth in this -- When you do a standby, that's where you usually put your -- you put your beginners, you put your young kids in there, so they can kind of cut their teeth on the business, how to take care of a few drunks, those kind of things. And that's what this was meant to do was give some experience. We had some experienced people there too in case something goes sideways. But this was -- this was not meant to be this traumatic as it was. So when the shooting took place, we had a lot of young kids. They saw a lot of bad things that day.

But the heroism that took place that day and some of the experiences that our crews did is -- We had one gentleman that was shot in the chest. The medic looked at his partner, said, "I need you to go get my bag," because in the bag was an occlusive dressing to be able to put on this guy's gunshot to his chest. And -- because everything got dispersed pretty quick. So he asked his partner, "I need that bag over there," and the bullets were still coming down, and her story is that she taps herself on the chest -- or, on the head and says, "If

I just run in a zigzag pattern, that I won't get killed."

MR. MURPHY: Do you want -- do you want to take a short break?

Can we take a short break?

ALJ EIGENHEER: Absolutely.

MR. MURPHY: Thanks.

ALJ EIGENHEER: Go off the record at this time.

(A recess ensued from 3:07 p.m. to 3:24 p.m.)

ALJ EIGENHEER: Okay. We are back on the record.

Please proceed.

BY MR. MURPHY:

Q. Hi, Rob. We are back.

A. I apologize.

Q. No, nothing to apologize for.

ALJ EIGENHEER: No.

BY MR. MURPHY:

Q. We can move on unless you have got anything else to add about those facts.

A. I think to make it through this thing, I just want to end with it was a -- it was a horrible event. It was an outstanding event, but it was an event that everybody kind of came together as a community. And it

didn't matter what patch was on your shoulder. It didn't matter what company you were at.

I know that night when it went down, Brian called me up, and that's when I found out. I was sitting in a chair. He said, "The event went sideways. We've got an active shooter. We've got people down, people dead." And so he says -- he said he got a call from his daughter. I won't mention that. His daughter was working the event. That will get me upset too. So he said, "I'm going to head down. I'm going to head to the event." He was going to help with command.

I said, "I'm going to go into the office and take command over there so we can coordinate, make sure we get our resources out, make sure we've got ambulances going out, make sure we have supplies going." I was going to dispatch, make sure we got that going.

I think that's what the -- During about that time, I talked with Scott White, who's over the operations in Nevada, over at MedicWest and AMR, and we were checking with each other to see how people were doing, how -- how the resources were going, and everything else, because what people didn't realize is when calls were coming in, people were dispersing from the event, people were running to other locations with gunshots, and so they were calling in as active shooters in those places

too. So in our world, we're getting confirmations but confirmed active shooters throughout the whole Strip. So this wasn't going to be just a bad night at a bad event. This was going to be mass shooting with mass people killed that night throughout the whole Las Vegas Strip.

That's where everybody pulled together. I know Scott and I talked. And it was really kind of neat, I guess, if you will, that the barriers of competition went down. I asked Scott, "How are you doing?"

He says, "I've got ambulances. I don't have paramedics."

I said, "I don't have ambulances, but I've got paramedics." So I sent paramedics over that night. We were putting resources on the street, and it was a complete collaborative work together and then make this happen. I think within -- I don't know the exact number -- within a short period of time, there was 75 ambulances waiting on the Strip for the calls to keep coming, and they didn't materialize, thank goodness. But it was a --

That's what all these things were, for that night.

Q. Thank you, Rob. Thank you for sharing with us.

Now, let's turn to your application for a CON in Maricopa County.

MR. MURPHY: We're going to use the already admitted ADHS-1, Your Honor.

BY MR. MURPHY:

Q. Rob, do you recognize this document?

A. It's the index for the application for CON.

MR. MURPHY: Okay. If we can turn to the second page of this -- There you go.

BY MR. MURPHY:

Q. Can you tell me what this letter is that's the second page to the document?

A. Yeah, this is an authorization letter that I gave to EMS Advisors. The problem is I was commuting back and forth between Nevada and here, and we were afraid that during the application process -- and this was specific to the application -- was in case we missed a letter, something came in or needed to be signed for, they didn't have to wait for me from Nevada to come back down, whatever. So that's why gave them authorization: just for the application of the -- for the CON.

Q. Okay. So let's turn to page 1 of 4 of the actual application itself. Excuse me. Page 4 of 4 of the application itself. It's ADHS 11. And look down to the signature line. I want to confirm. Rob, is that your signature?

A. Yes, that is.

Q. It's dated what?

A. 6-10 of 2016.

Q. Okay. And that's the date that you filed the application on behalf of Community Ambulance for a certificate of necessity to cover the Maricopa County service area?

A. That's correct.

Q. Why did Community Ambulance decide -- decide to file an application for CON in Maricopa County?

A. It kind of grew over a period of time. You know, initially, we were doing well in Nevada and everything was going fine. And then there's relationships between Jeff O'Malley and Laura Hennum, who's the strategy officer for southern Nevada. And she went to one of her meetings and came back and said that they're having some concerns, some complications down in Arizona and wanted to see if we could -- Jeff was wanting to reach out and see if he could talk to somebody. And she said that "We have an ambulance provider up here that we have a venture with that maybe they might be helpful in some guidance on that."

So we -- we talked to Jeff. I think it was about middle of Juneish of -- somewhere around there -- of '15 and -- actually, May of '15, I think it was -- where we had had some phone calls, and he wanted to come up and talk to us. So he came up with a group of people just to

ask us questions, pick our brain, see our operation, see what -- what things we could help him, get some ideas of what he had going on down there with his ambulance service agreements that he had.

This thing kind of evolved over a period of time. It grew until about December -- December of '15. And then it turned into what would it take for us to look at it?

And then in January of '16, we executed a deal. I met Jim Hayden, and we executed a deal with EMS Advisors to really kind of do some more thorough, in-depth look of what would it take, what was the feasibility, what was the -- what are the needs here for us to be able to come in and doing something like this? If we were going to look at doing it, what would it look like? What would happen? And that grew over the next few months to the point where, yeah, let's -- let's do this, put the application together. And that's when it was submitted -- in June of 2016.

Q. Okay. And -- and that's -- and the explanation you gave for this letter of authorization, at that time EMS Advisors was your consultant with respect to the certificate of necessity process?

A. Yes. We were looking for a resident expert. Just like if you went to southern Nevada, we've been there

for over three decades. We know the market real well. We met with Jim from EMS Advisors. We had a good meeting with him, felt they had the expertise and experience in this market, could understand all aspects of it so we weren't walking into something that we didn't expect. And so we wanted to have somebody that had a good overview of all aspects of it. And that's where we felt we would get that -- at EMS Advisors.

Q. So after this application was filed, who, if anyone, in Maricopa County in the EMS community did you speak with about the application?

A. As far as talked to -- we talked to different hospital folks. We went around and talked to different people. And then one of the things is that we had a --

Are you talking about after the application?

Q. After the application. I'm sorry.

A. After the application, then once we put it in -- You know, coming from a fire side, whatnot, one of the things very important for me is not just a collaborative relationship with other providers, but we wanted to make sure -- ambulance providers, but we wanted to make sure fire department -- that we had a good understanding with them as well. And I think there was some feedback that came back through EMS Advisors that the north county wanted -- they had some concerns, wanted to know about a

carve-out, and we were not interested in a carve-out of any of the territory. We looked at the plan. It was -- The idea is that we needed to be able to take care of all Dignity Health patients, and Dignity Health patients are all over Maricopa County, not just at the facility, but all over. And I think -- I think what was said before is -- Dignity Health patient is in every ZIP code of Maricopa County. So we didn't want to do any carve-out, and -- but we wanted to meet with him to explain that, have a little more talk to make sure we alleviated any of the concerns they had.

So we had a meeting with them. I think it was in January of '17. We met with north county and met with -- Rebecca Harlow, I believe it is? And Chief Van Scoot? I'm sorry, I'm bad with names. I think after a while, everybody's "buddy" after a while. But I think that's what it was. Anyway, chief or the assistant chief that they had there. Met with him. We talked through the different things. They wanted to know what our expectations were, what we planned on doing. We kind of gave a little history what we were, what our anticipation was. We said we had no desire -- I think there were some thoughts, "Are you going to do the same thing you did in southern Nevada where you started non-emergency then went to 911?" And we wanted to squelch that, that that is not

the intent here. We got a feeling that 911 is covered in this -- in this Maricopa County, but it was the non-911, the interfacility, convalescent transports is where the need was, so that's -- that is the target.

After we left there, that's what -- we felt we had a good understanding, we had a -- they understood our position and -- but it gave me a sense of -- that we need to probably open up a little bit more and make sure that all the other fire departments and all the other fire chiefs were on that same page, because if this fire department was, we might be missing the boat with some of the other ones.

So in our board meeting --

Q. Board of managers for Community Ambulance?

A. No. In our -- We had monthly meetings with EMS Advisors. I shouldn't say board meeting. Our monthly meeting that we had with EMS Advisors and with Jeff O'Malley. One of the comments I made was "Let's make sure we reach out to all the fire departments. Let's make sure we have an understanding of what -- kind of get a pulse on where everybody's at."

And so that's what Chief Burdick, who was with EMS Advisors -- I gave him the assignment to go out and meet with all the different fire departments, get a pulse on what it was. And in doing so, he came up with

ideas of maybe do a presentation at the life safety council. And he set that up for us. And that was in -- I want to say it was May, April, something like that, of 2017.

Jeff O'Malley and I and Chief Burdick went to the safety council, and -- and my understanding was that was a good representation of all the fire chiefs in Maricopa County. And we were given the opportunity to give about a 20-minute presentation of who we were, what we were about, whether -- you know, if they had any questions for us, what the expectation was out of us. When we left, "If you have any questions from us, go ahead and reach out to us." Gave them our business card. It was a just 20-minute -- It was meant to reach out to all the fire chiefs.

Q. During that life and safety council meeting, did you speak with any of the fire chiefs at all before or after the presentation that you gave?

A. So during the presentation, it was just -- we gave our presentation, said our -- the last comments I said, then gave them the business card. I did get one call from a Chief Duran and he wanted to ask more questions. So I drove down from Vegas, and Jeff O'Malley and I met with Chief Duran to make sure that we -- he understood exactly -- he had some questions about it,

further questions. And he had some interfacility transports -- I believe he does, and he was concerned about, you know, what that would look like if we weren't going to carve out his territory. We had a good conversation with him, I feel, that it was about collaborative relationships. We're always are looking for collaborative relationships. As we come in and do this, we're looking at relationships with multiple different agencies to be able to handle all these, a system approach, a collaborative system. And I said, "By all means, if these patients are here and you've got them, that's -- you'll get those patients. But we just want to be able to have that ability if you can't, that we can kind of come and still be able to do those transports."

Q. When was your meeting with Chief Duran?

A. It would have been just right -- right after, so it would have been like May, June, something like that, of '17.

Q. Okay. Who was present at the meeting with Chief Duran?

A. It would have been Jeff O'Malley, myself, and Chief Duran.

Q. Okay. And you mentioned that Chief Duran wanted a carve-out. What does that mean?

A. Sometimes -- well, different -- multiple -- I

shouldn't say multiple, but some of the departments or cities, I guess when you ask for a CON, you have to dictate -- or, stipulate what area you want to be able to provide service to, so a carve-out is when you set out your geographic area and they want you to cut out that portion of it that you can't respond into to take care of patients in that area.

Q. Okay. And there was a discussion about whether or not Community Ambulance would agree to a carve-out. Where is Chief Duran?

A. He's in Buckeye valley.

Q. And a discussion around carving out the district in Buckeye?

A. I think it was initial discussion. He had heard from our -- our presentation that we weren't looking at doing carve-outs. We just need to provide transports to all patients of Dignity Health no matter where they're at. I think he wanted to have some further one-on-one discussion with us to make sure that we understood his position. But we reinforced our spot on it. I think it came out good at the end.

Q. Did you meet personally with any of the other fire chiefs in Maricopa County?

A. There's no other ones that reached out. And I have not since then.

Q. Okay. And were you involved at all in the process of obtaining letters of support on behalf of Community Ambulance's application?

A. Yeah, so that was one of the -- if you will, guidance that I gave Chief Burdick in the -- EMS Advisors in our monthly meetings was that not only was it to set up this appointment -- he did that -- but it was truly go out and reach out to each one of them in case we missed one, someone wasn't at the meeting -- not only reach out to them to see what their thoughts were on it but also to see if we could get a letter from each one of the fire departments.

Q. And do you know if letters were -- were returned or --

A. My understanding is that letters were returned, and there's seven of them were returned to DHS.

Q. Let's turn to the specifics of the application.

A. Okay.

Q. What is the specific service area, Community Ambulance's proposed service?

A. All of Maricopa County.

Q. No limitation?

A. No limitation.

Q. And why not?

A. Again, it was understanding that -- in my

experience in the past is that you tend to look at -- even in franchise agreements in Nevada, to -- I believe the way the CON works here is your authority goes to where you pick up the patient, not where you drop them off. So we need to be able to go anywhere to pick up that patient, if they're in a clinic, wherever they may be. They may not be in a Dignity Health facility, but they may get a call that they just went there, they weren't in a facility, but they're at home, went to a close clinic, and now they need to be returned back to the hospital again. We need to be able to go to all these different locations to pick up these patients. That's -- that's our thought process. And that's why we're pretty set on making sure that we have a full geographic area to be able to respond to.

Q. Other than the current relationship to Dignity Health, do you have customer agreements -- proposed customer agreements, any commitments for ambulance transports with any other facility in Maricopa County -- any other health system in Maricopa County other than those Dignity Health transports?

A. No, we don't.

MR. MURPHY: Could we, Your Honor, turn to page 1 of 4 on the initial application, ADHS 0008. Okay.

BY MR. MURPHY:

Q. And just follow along. We're going to tick

through some boxes.

MR. MURPHY: Turn to the next page. I'm sorry.

BY MR. MURPHY:

Q. It's the level of service that you -- that Community Ambulance intends to provide in Maricopa County, is that --

A. Advanced life support and basic life support.

Q. And the type of service?

A. We want to do interfacility and convalescent transports.

Q. And you understand that to mean what?

A. To be a nonemergent -- non-911 response -- not 911, but interfacility, convalescent transports.

Q. And what are your hours of operation?

A. 24 hours, 7 days a week.

Q. Okay. And what about medical direction? Is there a base hospital for medical direction?

A. Yes. St. Joe's Hospital has been contracted to be our medical direction.

MR. MURPHY: Okay. And if we can turn to ADHS 0015, please. The other way, yeah. 00015. I'm sorry, Your Honor.

MS. FICKBOHM: I think you mean 1-005.

MR. MURPHY: 1-0015. What I mean is --

ALJ EIGENHEER: Page 15?

MR. MURPHY: Page 15. I'll say that. A little complicated.

BY MR. MURPHY:

Q. And this is included with your application. Is this the base station agreement you were talking about with St. Joe's?

A. Yes, it is.

MR. MURPHY: Page 9, please.

BY MR. MURPHY:

Q. Now, in addition to having a base station agreement for medical direction, do you -- do you also have a medical director in the event that Community Ambulance obtains a CON?

A. Yes. We've retained a Dr. Anne Burns to be our medical director if we're successful with our CON.

MR. MURPHY: Your Honor, could we open CA-176, please? Thank you.

BY MR. MURPHY:

Q. I show you what's been marked CA-176. Can you tell me what this is?

A. This is Dr. Anne Burns' CV.

Q. And did Dr. Burns provide you with a copy of this CV?

A. Yes, sir.

Q. And did you review this CV and make a deter- -- decision to hire Dr. Burns as medical director in the event you get a CON in Maricopa County?

A. Yes. Actually, I went and met with her, interviewed her. She's a bright, bright doctor. She's a native born from Arizona, came back. She's the St. Joe's Westgate emergency department physician there. She's -- she just -- We hit it off, if you will, that I think she would be a great fit for us. We interviewed her and looking at her resume. She's a great fit, so we offered, and she accepted.

MR. MURPHY: If you could scroll down, Your Honor.

BY MR. MURPHY:

Q. In addition to being a --

MR. MURPHY: Up a just little -- There we go.

BY MR. MURPHY:

Q. What is her current role at St. Joe's in addition to being a physician?

A. She's the chairman and medical director of St. Joe's Hospital and also --

Q. Of the -- of which department?

A. Of the emergency department and also medical director of St. Joe's Westgate hospital emergency

department.

Q. That was something you considered when deciding to choose Dr. Burns?

A. By all means. I think that she's got the knowledge and the understanding of what we do on the prehospital side, and she knows the hospitals that we'll be directly working with.

Q. How many suboperation stations do you plan to have in the provider service areas?

A. There will be four.

Q. Your application at page 9 doesn't have any suboperation stations listed. Where are those suboperation stations going to be?

A. They will be at Westgate, St. Joe's, Chandler, and Mercy Gilbert.

Q. Okay. Will there be an office space or room for the crews in each of those suboperation stations?

A. Yes. There will be a room. In each room, there will be a telephone for our crews to be able to -- for communications.

Q. In -- in addition to that, if we look at the bottom of page 9 of your application --

MR. MURPHY: Can you zoom out just a little bit, Judge?

BY MR. MURPHY:

Q. -- what other equipment are you proposing will be in the suboperation station?

A. So on top of the telephone, for one -- we wanted to make sure we had a landline in there, but they'll have portable radios, cell phone, ePCR tablets, and a scanner.

Q. Initially, how -- initially, how many ground ambulance -- ground ambulances does Community Ambulance propose in its application?

A. That'd be six.

Q. Okay. If -- We're going to flip back and forth, but if we look at page 10 at the top, are those the six ambulances that were proposed in the initial application?

A. In the initial application, yes.

Q. Okay. And this application was filed when?

A. In 2016.

Q. And -- and the year on these ambulances is what?

A. 2009.

Q. So you're going to have three used ambulances?

A. Well, initially, we're going to -- These were ambulances that I have currently up in southern Nevada, and we're going to use -- at the time they didn't have as many miles on it, but as the years have gone by, the mileage went on on it, so we knew we no longer could use these ambulances anymore. So we went ahead -- in our amended one, we're going to bring in three used, which are

three newer than these, and three brand-new ones.

Q. When you say your "amended one," through your amended ARCR? Is that what you mean?

A. That's correct.

Q. And so what's the new proposal for ambulances under the revised ARCR that you submitted?

A. It will be three used and three new.

MR. MURPHY: If we can go to ADHS-12, please, which is the revised ARCR.

BY MR. MURPHY:

Q. When did you sign this revised ARCR?

A. I signed it March 27th of 2017.

Q. And through this revised ARCR, you proposed six, three new and three used --

A. That's correct.

Q. -- ambulances?

MR. MURPHY: I move to admit this document, please.

ALJ EIGENHEER: It's already in.

MR. MURPHY: Oh, yeah, ADHS. Okay.

BY MR. MURPHY:

Q. In addition to three --

MR. MURPHY: Let's go back to the application, if we could.

BY MR. MURPHY:

Q. At page 9 of the application, it identifies equipment that -- communications that's going to be on these ground ambulances. Can you describe the ground ambulance -- or, the communications equipment that's going to be on these ambulances, please?

A. Yeah, each one of the ambulances are going to be outfitted exactly the same, and so this one will be -- have a 800-megahertz radio for communication. They'll have a cell phone. They'll have a portable radio, and then they'll have ePCRs. On the --

Q. Are they going to have something in addition to the equipment that you've listed here on page 9 of the application?

A. One of the things we're looking at doing, as far as with that communication thing that we've been working on for multiple months, is on the ePCR -- we're working with IT from Dignity Health -- is to be able to find a way to be able to automate the system to be able to go off their Cerner system, which --

MR. MURPHY: Yeah, we can pull this up. CA-223, please, Your Honor.

BY MR. MURPHY:

Q. Okay. Rob, can you tell me what this document is?

A. This is IT integration proof of concept that was

being done in order to do an integration between the Cerner and the ePCR and from the sending hospital to the receiving hospital to automatically transmit stuff.

Q. Have you been involved in developing this concept?

A. Yes, I have.

Q. And were you involved in the proof of concept that is identified here as CA-223?

A. Yes, sir.

Q. And you reviewed this document?

A. Yes, sir.

Q. And submitted it as an exhibit in this hearing?

A. Yes, sir.

MR. MURPHY: Move to admit CA-223, please.

ALJ EIGENHEER: Any objections?

MS. FICKBOHM: No.

MS. HOFMEYR: No.

ALJ EIGENHEER: CA-223 is admitted.

BY MR. MURPHY:

Q. So can you explain how -- or, the concept of how this information is going to be transmitted and how it's different from how it happens today?

A. I would love to. So after doing this for so many years, I don't think much has changed -- is that generally right now is the sending hospital will call dispatch for a

transport. The ambulance gets the call. They come to the facility. They go up to the room, and then usually the nurses station has a packet that has all the patient care records in it, and it has -- generally, they're pretty thick, sometimes they're not. But generally, they're pretty thick. It has a face sheet in. Then they have to get a physician authorization. Then they have to get a PCS form, which is a physician certification, to say that the transport is -- the author is legit; the physician is authorizing or recommending it. And these are all things they need to have for interfacility transports or else you won't get paid for them. So all these packets, they get handed to the medic. Then -- but sometimes that PCS form -- the medic gets there, they're waiting to get the packet from the nurse; they're waiting for a authorization; they're waiting for the PCS form to be signed. In the meanwhile, if you went into the room, move the patient off their nice bed onto the gurney, and they're waiting -- you're waiting for the packet, there's wait, delay, there's time.

Then they move them out to the ambulance. They get them out to the ambulance then. When the crews are transporting to their receiving hospital, the crew will open up their ePCR, initiate an ePCR, which is electronic patient care reporting. It's on a computer.

They'll start the chart of what they're going to do to take care of the patient, and whatever information that the sending nurse did as far as what IVs they give, what medication they give, bolus or something they might have done prior to transport, what the last vital signs were, they give you that as a pass-down or they put it on that chart. You've got to open up the packet, look to see what was done so you can put that in your ePCR to make sure that that's all done correctly and then get all the patient information: the name, address, whatever it is you need on there.

And then you get to the receiving facility and you've got to make sure you've got all that stuff back in that packet. You go into the receiving. Then you see the nurse and then you hand the nurse the packet. And you've got to give a pass-down of all the -- the treatment that you did en route on this call.

So -- so that's generally how -- Then the ePCR, right when you're done filling it out, then you close the call. Right when the call gets closed, then you can get a printout or it goes up to the cloud, but you send it out. Then that's -- usually they get a hard copy paper of it. The nurse has got to grab that and add it to that file.

Q. Okay.

A. So that's kind of the workings now. There's just over the years, there's -- Some people may say it's not a lot of time, but there's hiccup -- the hiccups that can happen, the loss of paperwork, the delay of waiting for the packet while the patient's on the bed, all these things that can change a patient outcome -- or, not outcome -- but patient comfort levels.

So what we're working on is to be able to have everything through an integrated system that right when that patient is getting ready to be transported, right when that authorization is done, the doctor can sign the authorization in there, sign a PCS form on it all electronically, and then when that call comes in to have that ambulance come and do the transport -- that call can come in and either come in as a packet as dumped into your ePCR or some of the stuff can migrate over into it, if it goes to your CAD or ePCR, but it will automatically populate some of the fields -- is what we're looking at. And that's where the call will be automatically matched to a medical record number to a dispatch number, be able to blend those, so right when that crew member goes in there and is taking care of that patient now, there's no packet; there's no bulky anything you have to carry over. You get in the back of the ambulance. You start taking care of the patient. You type up what your care is for them. And

then when you close that call, that call will be automatically dumped into that same record. And when you do the pass-down to the nurse, all the nurse will have to do is open up the Cerner, and all that information, all the treatment all the way through is brought in. That's the concept that we're working on right now.

Q. Is that something that is possible, can happen?

A. We believe it can. We're to that point right now where we've done the front end of it, and it looks really good. Now we're to the ePCR side. And we currently use NCO up north, but there's another one down here, and so we're -- we're looking at that part of it. But until we kind of get to this point of what we're doing -- Because this next part is a little more expensive.

Q. So in addition to this -- in addition to ePCR tablets, is there any other equipment that you -- any other communications-type equipment that you intend to have on the ambulances?

A. As of right now, I think those are what we have.

Q. Okay. And then what -- what -- In addition to the communications equipment, what other equipment do you intend to have on your ambulances?

A. So, again, for continuity in Nevada, from a medic standpoint, it's always nice when you go in the ambulance and every ambulance is set up the same, every box has the

same stuff: where the BP cuff is, where the 4-by-4s are. Everything has a certain layout in the back. So two different things. We're looking at setting up every one of our ambulances to be uniquely the same and with the same equipment. What we're outfitting them with is -- whatever the basic minimum is, is for sure we're going to have it. We're going to go over and beyond. We want to show our strength. Our gurneys, we're going to go with the electric gurneys, be able to lift the patient, lift up to 700 pounds. Nice thing about that is all the years of doing this -- There's a lot of friends and acquaintances that have lost their backs, shoulders lifting over the years. This eliminates a lot of that concern, lifting by pushing a button and lifting the patient. We also are putting on autoload --

Q. How does -- how does that help with patient care? The auto- -- the gurney?

A. It's just more safe for that patient when -- Because I'll tell you, you get some patients that are 300, 350 pounds, and you get them on there, and two people at the end try and lift up a patient, it may not go as well. Sometimes you have to four-point them. Is everybody lifting the same way? It makes -- So there's no patient drops. It makes it so that -- I'll tell you you scare a lot of patients when they get on that bed and then

everybody jerks the bed up to get them off the ground and that patient -- it startles them. It's just -- it's just a better, smoother operation to be able to lift patients up.

Q. I didn't mean to interrupt you.

A. So then with that we're also putting in each one of the ambulances is autorotors from Stryker as well. What they are is these two forks that come out the back, and you load your gurney up against them. And then when you push the button, it actually lifts the gurney up off the ground. Then it's just like sliding in a drawer, lift here and slide them in. That way you eliminate all the potential for patient drops, jerking going in the back of the ambulance. Just makes for a smoother, comfortable, safer transfer.

Q. What -- what other equipment are you going to have on your ambulances?

A. So we'll have a heart monitor. We'll have -- put in there. But also in each one of the ambulances, we're going to have an IV pump system and ventilators that we'll have on each one of our ambulances. And we will also do a climate-control drug box -- we're -- we're putting in each one.

Q. What is a climate-control drug box?

A. I assume in this heat -- weather -- There's

certain strict requirement that your medications can't get over a certain temperature or you have to throw them out. We -- we go through a process of putting thermal stickers in the back. If they hit a certain temperature, you have to throw the medication away. And it's a way to make sure the ambulance in these hot environments -- especially if they're outposted or they're out sitting somewhere, the temperature doesn't get over a certain temperature. It can mess up your narcotics. So keep them in a thermal-controlled safe. It's safe, locked up, but it's cooled down so you always keep your medications cool.

Q. So all this equipment that you just described will be on each of your ambulances?

A. Yes.

And what that does is it creates -- you know, for the employee, and they'll all be the same type of equipment too. So the pumps will be the same; the IV, the ventilators will be the same. So they're not going to have a hodgepodge of different ones. Have same ones that they can work with. It creates uniformity and consistency for them. The other aspect of it is all facilities that call you will know that you have the same equipment, not worry about does Unit 1 have it and Unit 3, but Unit 2 didn't. Every one will have the same equipment on it.

Q. How many employees do you intend to hire for your

start-up operation?

A. We anticipate hiring 42 street employees. That would 20 EMTs, 20 paramedics, and 2 nurses.

Q. Okay. Where exactly are you planning to hire these employees from?

A. We would -- did a little bit of research for part-time firemen looking for picking up odd jobs. We also have a great local market with talented folks that may want to have an opportunity to go work for a company coming in. And we've also got employees that are working with us up in -- Community Ambulance up in southern Nevada that voiced a desire, passion to be able to come down to Maricopa County and be able to work down here as well, transfer down.

Q. And how are these new employees going to be trained?

A. So what we generally do, and what we do right now, is we put them through at least a weeklong orientation. That will take them all the way through the basis of an orientation, what the administrative structure looks like, to what our standard operating procedures are, how they write documents up, what our patient care level should be, maintenance of the ambulances, cleaning the ambulances afterwards. All aspects of our operation, they get taught in this one week.

And one of the things that we do is that we do an introduction -- or, an understanding of our relationship with our common core values of human kindness and the integrity and the dignity and the honesty and what we're about and how we treat our patients, and we don't -- we're just not a "you call and we haul you." We care. We hold on to your hands, and we take care of patients on these transports. And that's reinforced in this orientation so they understand from day one.

Q. Can you confirm that Community Ambulance has liability insurance?

A. Yes.

Q. I think the certificate of liability insurance is at page 21. And this is -- so we -- This is an expired certificate of liability insurance, correct?

A. Correct.

Q. Because this was submitted in 2016?

A. Yes.

Q. And you have a current one that -- When did you get the current one?

A. I have to send it over today, but it's good all the way until 2019.

MR. MURPHY: Okay. And so this is not submitted as an exhibit to the hearing, but I would ask for leave to file the new certificate of insurance.

ALJ EIGENHEER: Of course.

MS. FICKBOHM: No objection.

MR. MURPHY: Yeah, I just wanted to make sure we were good on that.

BY MR. MURPHY:

Q. What -- what rates would you like to apply for for this ambulance service?

A. We would like to apply for the Phoenix Uniform Rate Group.

Q. Why?

A. I think that it puts us on par with the other competitors, AMR and Maricopa. I think that they use the same uniform rate group. We'd like to be on par with them. The one difference we have is we don't charge for supplies, but other than that, we would like to keep the rate. It's important to be -- it's important to have the right rate and the right mileage so that -- For example, if you're going to do a transport and the base rate is really high and you do a transport, you're going to charge a patient more money for a short transport than you normally would have because the -- the base rate is high and the mileage is low. Versus the other way, if the rates were lower and you don't want to transport somebody 2 miles, they would have a lower bill. But then if you really did have a long transport, then that's where the

bill should go up, because the mileage -- which reimburses you for your fuel and wear and tear and whatnot for that longer distance but doesn't have to come off that base. I think having -- being part of the Phoenix Uniform Rate Group would -- would put us in that balance and even par.

Q. Now, was the Phoenix Uniform Rate Group your initial election?

A. No, it wasn't.

Q. Why?

A. We -- when we first put in is we matched up with what AMR had without the supplies.

Q. And we're talking about usable supplies? What kind of supplies?

A. So the disposable supplies.

Q. Okay.

A. Those are things that I understand you would be able to charge for over and beyond. And so we didn't -- we didn't want to get into having to charge for those things. I think they become more cumbersome and difficult as a line item on a bill from a patient standpoint, they look at something -- if somebody took a couple tries at you on an IV, then you're paying for three IVs instead of the one; then they get upset. It just turns into a nightmare, so we just chose not to add any supplies to it.

MR. MURPHY: Okay. Can -- can we open

ADHS-8, please, Your Honor?

ALJ EIGENHEER: 8?

BY MR. MURPHY:

Q. Showing you what's been marked ADHS-8. It's already admitted.

Can you tell me what this -- this letter is, Rob?

A. It's a Findings Letter, January 10, 2017.

MR. MURPHY: If we can turn to page 3 of this document, Your Honor?

BY MR. MURPHY:

Q. Okay. Does this correctly reflect what your initial rates -- the rates that you applied using?

A. Yeah. The applicant's proposed initial rates are what we put in for. And then what the Findings Letter came back was a higher base rate and a lower mileage.

Q. Okay. And what was your reaction to these new proposed rates?

A. It was concerning. I didn't want to be higher than -- than AMR. We wanted to have a competitive rate. But I didn't want to be higher. I wanted to be at the same level. And -- and again, it goes back to the concern that here I am charging a higher base and having a lower mileage.

MR. MURPHY: So let's go to ADHS-12, which

is the revised ARCR.

BY MR. MURPHY:

Q. There's a cover letter to this document dated March 27th.

Is this a document that you prepared and sent to the Bureau?

A. Yes, it was.

Q. And what was the purpose of this cover letter as it relates to rates?

A. Is that we wanted to be -- be involved and use the Phoenix rate group. We wanted to reinforce that, that that's what we were electing to use. And the other two items were justifications on some of our modifications of our ARCR.

Q. So now it says "continue down the path of." Did you intend it to be not definitive, or was that just --

MS. FICKBOHM: I'm going to object that he's leading the witness.

THE WITNESS: What the intent of this was was --

MR. MURPHY: Hold on. There's no question pending.

THE WITNESS: Sorry.

BY MR. MURPHY:

Q. Why did you use the language, quote, continue

down the path of using the Phoenix Uniform Rate Group?

A. It was probably my terminology that we had an understanding we wanted to be part of the Phoenix Uniform Rate Group, and so it's probably a poor use of words, but we wanted to -- we wanted to be part of that group. I think my phraseology of "going down the path" was probably not the clearest, but it was -- it was meant that we do want to participate and be part of the Phoenix group -- Uniform Rate Group.

MR. MURPHY: Can we turn to page 7 of this document, please, Your Honor?

BY MR. MURPHY:

Q. Okay. You see the proposed rates through -- lines 1 through 3 and then there's a waiting charge amount. Are -- are these what you understood to be the uniform rates at the time?

A. Yes, they are.

MR. MURPHY: Could we open ADHS-13, please, Your Honor?

BY MR. MURPHY:

Q. It's a May 3rd, 2017, letter to you from Mr. Sams. Do you remember receiving this document?

A. Yes, I do.

Q. What do you recognize this document to be?

A. This is a charge application amendment. This is

a response back from the revised ARCR.

MR. MURPHY: And if we can turn to the next page of that, get to where the rates are. There we go. Thank you.

BY MR. MURPHY:

Q. So your proposed rates that we just discussed from the ARCR, those are in this letter?

A. Yes. The one line that says "Applicant Proposed Initial Rates."

Q. Can you read what the Bureau proposed?

A. The Bureau's proposed rate was $1,020.23 for ALS, 913.73 for BLS, the mileage of 11.04, standby/waiting of 228.43.

Q. And what was your reaction to those proposed rates?

A. Is we went the wrong direction. It was not -- We weren't hitting our target, obviously. I was either not correctly communicating my desires or something, but the rates were not the right direction we wanted to go.

MR. MURPHY: If we look at ADHS-14 --

BY MR. MURPHY:

Q. Is this -- Do you recognize this letter as one you sent to Mr. Sams at the Bureau?

A. This is the one I sent in response to the Findings Letter just to let him know that we received it,

from our amended ARCR, and that we did not agree with the -- with the findings and that we would -- this is the one that we feel that the matter can be better addressed at the hearing for the CON.

Q. And that is what we're doing now over a year later.

So if -- if Community Ambulance -- Does Community Ambulance still want to be a part of the Phoenix Uniform Rate Group today?

A. By all means.

Q. And would Community Ambulance be willing to accept the financial impact of that -- being put in that rate group or -- should those rates apply?

A. Yes, we would.

Q. And what is your understanding, if any, of the financial impact if those rates applied?

A. Because what we were initially proposing, they would be minuscule, close to the same.

MR. MURPHY: Could we take a look at ADHS-15, page 4, please? If we can scan a little bit, please. Or excuse me. I meant zoom, not scan. Thank you.

BY MR. MURPHY:

Q. Have -- have you reviewed the DHS guidance document before?

A. Yes, I have.
Q. And what's your understanding about whether you can include arrival times in your CON for interfacility transports?
A. My understanding is the new revised document does have arrival times in it and that we can put those in our non-emergency interfacility and convalescent transport contracts.
Q. That wasn't indicated in your application?
A. My understanding is -- I don't think that was in the -- I don't think it was the guideline then when we initially put in our application.
Q. Okay. But you understand it to be the guideline now?
A. Yes, I do.
Q. Okay. And you're willing to include those interfacility arrival times?
A. From our initial document that we put in for transport or service agreement, we are more than willing to actually align our document now with what the Bureau has in this -- in this document to be more in line with it, use the same language. Just the reason why we used the language in that document we had last time was it was an established contract that had already been approved by the Bureau, and it was actually AMR's contract with the

Bureau, so we thought we were safe with that language. But by all means, we're willing to amend it and make it more in line with the Bureau's documents.

Q. And when you say "service agreement," you're referring to Community Ambulance's proposed agreement with Dignity Health?

A. Dignity Health, yes.

Q. Okay. What plan do you have to provide -- or, does Community Ambulance have to provide temporary services during the ramp-up period if you're awarded a CON?

A. We kind of talked about in the past we're always looking for collaborative partners and relationships, and we would still do the same with our relationships -- collaborative relationships with other CON holders and providers.

Q. Mr. Richardson, have you ever been convicted of a felony or misdemeanor involving -- involving moral turpitude?

A. No.

Q. Have you ever been convicted of a felony or misdemeanor at all?

A. No.

Q. Have you ever had a revocation of license to operate, a CON revocation, or a franchise agreement in

Nevada?

A. No.

Q. Okay. You haven't had a CON before, have you, in any company that you've run?

A. No.

Q. Okay. Have you ever operated a ground service without a proper license?

A. No.

Q. What is Community Ambulance's source and amount of funding for its start-up operations?

A. For here in Maricopa --

Q. For here in Maricopa, yeah.

A. What we have right now established --

Q. Excuse me. Maricopa County.

A. Maricopa County.

What we have established right now is I've got a line of credit for -- the capital line for a million and a half. I've got another small one for another 200,000 that's remaining of capital, so we've got a total of 1.7 for capital. I've got a line of credit for 1 million for operational expenses, just a revolving line of credit. And we always have in the bank account somewhere between 500- to $700,000 cash.

Q. Okay. And if that was insufficient for your start-up operations, would the members of RBR Management

be able to contribute funds through capital calls or loans, as you testified earlier?

A. Probably go through a sequence of events -- is that the banks would obviously -- giving me the line of credits would expand those. They've already said that they would expand those out to be larger. They just look at the new market. That's the market, just what we have right now. If we were to go into a new market, we would get those expanded, so that's one.

The other, in the operating agreement, as discussed, if more capital infusion needs to be placed, capital call, a loan, any of those things could infuse more money into this operation real easy.

Q. Okay. Through the application, you identified how many transports in year one?

A. 11,315.

Q. Can I ask you, those transports you're contemplating are for what entity?

A. Those are Dignity Health patients.

Q. Okay. And I'm going to ask you some questions that are in this guidance document, other factors that are to be considered by the Director.

Have you taken into consideration the impact the CON, if awarded, may have on other CON holders providing 911 service in rural or remote areas?

A. Again, be a collaborative partner and understanding the risk they take, especially people in the room. I'm not that familiar with all the areas around here, what would be considered rural and not, but just looking at the map and some of the things we've identified, I think there's certain locations that would -- we feel would be potentially a rural area. And understanding that their 911 response -- they don't look at just as a 911 and a non-emergency. They look at their company as a whole in the rural areas, so I think we would be sensitive to that, that they have to be able to transport those non-emergencies and help with their 911 because that helps to offset that expense in the rural areas. And I think by all means that's -- as a collaborative partner, we would expect the people who were already in those rural areas running 911 -- and then if there was an opportunity -- if there was a Dignity Health patient in a location that's within Maricopa County but it's in their system, to be able to take care of the 911, we would anticipate they would take care of that call.

Q. Can you give me an example of what you mean by this?

A. What's the little town that you have up north, west? I drove through it. Do you have a map? I don't remember the name of the town.

Q. Up in the northwest corner?
A. Northwest part as you're heading to Vegas.
ALJ EIGENHEER: Wickenburg?
THE WITNESS: Wickenburg. Thank you.
ALJ EIGENHEER: Uh-huh.
THE WITNESS: So at Wickenburg, one of the ones we can identify as being potentially rural or bordering right up against rural, if they would -- if a patient came into Wickenburg and it was being taken care of by 911 system, we would let -- that's AMR's. We would expect AMR to take that -- to have that patient transport.
BY MR. MURPHY:
Q. And you have an understanding that AMR has 911 service that covers Wickenburg?
A. That's my understanding.
Q. And the proposal would be -- what? -- if you got a CON that covered all of Maricopa County, which would encompass Wickenburg?
A. So the sensitivity is we would be sensitive that they need that transport. We understand that, and we would accept that, and we would want them to do that. But on the other hand, I still don't want to carve that out because in case they can't handle it, the patient's going to wait hours. I still feel like we have an obligation and need for our patient to be able go in -- the patient

of Dignity Health to be able to go up and take that transport.

Q. So you --

A. I need to protect that right to be able to do that in case there's a four-hour, five-hour, however long, delay or they say, "We do not have a unit to be able to take care of it," we need still to have the ability to take care of it. But by all means, they can have all those transports.

MR. BELANGER: I'm just -- I'm confused about that answer. I don't want to object. But are we talking about 911 transports?

MR. MURPHY: No.

MR. BELANGER: Or interfacility transport? I can do it on cross, if you want.

MR. MURPHY: Do you want some help? Yeah. It's 911 transports -- Community Ambulance is only applying for interfacility and convalescent.

MR. BELANGER: Because they wanted some others to be able to do the 911.

THE WITNESS: I can clarify.

MR. BELANGER: I'm sorry, Your Honor.

ALJ EIGENHEER: No, that's okay.

THE WITNESS: I apologize. I didn't explain that very well.

For a non-911 interfacility coming out of Wickenburg, because the 911 that AMR has in that area up north is that if they need those non-911s to be able to help support funding of their -- of that system, we would expect that they would take that non-911 interfacility transport and not take that away. We don't want to take those away, which would potentially endanger their 911 capability.

BY MR. MURPHY:

Q. Do you know how many transports of Dignity Health patients occurred in, say, 2017?

A. I don't have any recollection right now.

MR. MURPHY: Okay. What I wanted to do, to further clarify this, was pull up AMR's CON that -- I believe it's the Yavapai County dips into Wickenburg. I think it's an exhibit. It's an exhibit.

Ronna, it's Life Line, correct?

MS. FICKBOHM: Yeah, it's Life Line. It's not Exhibit 62.

MR. MURPHY: Sorry.

ALJ EIGENHEER: AMR-4B.

MR. MURPHY: Thank you.

MR. BELANGER: I guess my ques- -- my objection --

ALJ EIGENHEER: Not a map. Sorry.

MR. BELANGER: -- is to the form of the question.

MS. FICKBOHM: There are maps. There are maps.

MR. MURPHY: Yeah, there are. I knew there was.

MR. MEYERSON: AMR-5B.

MR. MURPHY: All right. I see it now.

All right. So if we can zoom a little bit so we can look at that.

BY MR. MURPHY:

Q. The blue, based on the legend that's below, is Life Line Ambulance Service, Inc. And it covers Wickenburg. Do you see that, Rob?

A. Yes, sir.

Q. Okay. And you've testified that it's your understanding that AMR has a CON that covers that service area, correct?

A. That's correct.

MR. MURPHY: Okay. And if we scroll down a little bit, Your Honor -- The other way. I'm sorry.

BY MR. MURPHY:

Q. The CON covers Yavapai County. Your understanding is that's a more rural area?

A. It was my understanding that's a rural area.

Q. Okay. And so can you explain to -- explain to the Bureau and to the judge what you are proposing, for purposes of the guidance document, plan to protect 911 service for CON holders providing that service?

A. Generally, in rural areas, they cover a larger area with lower transport volumes. So to be able to put ambulances out there for 911, to be able to post them, to locate different areas -- A lot of times ambulances can sit for a while and have a low transport volume, which lowers your potential for income. Urban area is not that way. You have a lot of crisscrossing, but rural areas you have that. So if there's some interfacilities that are part of their aggregate number of transports that they count on in order to sustain the whole system, we understand that; we get that. So we would expect that they would get all those transports in order to sustain that rural area.

ALJ EIGENHEER: Let me -- Because I think where the confusion is coming from, there's no Dignity Health facility in Wickenburg, correct?

THE WITNESS: Wickenburg is in Maricopa County.

ALJ EIGENHEER: But there's no Dignity Health facility?

THE WITNESS: Correct.

ALJ EIGENHEER: And the earlier testimony and proposals we've heard is that you're only going to do interfacility transports from a Dignity Health facility.

THE WITNESS: No.

ALJ EIGENHEER: No? So to a Dignity Health facility?

THE WITNESS: No. That's why we need all of Maricopa County to be able to pick up a patient no matter where they may be. They may be at a clinic, may be in Wickenburg, they may be -- wherever in that county -- to transport them to wherever they need to go, if it's a Dignity Health patient. So that's why -- that's why --

ALJ EIGENHEER: Could you define "Dignity Health patient" for me.

THE WITNESS: It would be any patient that is a Dignity Health patient, affiliate, whatever. I guess we could come up with some kind of a firm definition, but it's one that's either gone to one of their hospitals, goes to their hospitals, a patient of their facilities.

ALJ EIGENHEER: At any point in their life or relevant to the current issue?

THE WITNESS: I'm -- I'm sure it would be to the current issue. Because, for example, somebody could be at the hospital, St. Joe's, goes home. And they live off in a border area. They go to a clinic. They have

CHF, have buildup of fluid, shortness of breath. They go to the clinic really quick. They say, "Yeah, you have got to go back to that hospital," but that may not be a Dignity Health facility that we're going to. They -- that they -- that we can call and say, "Hey, your guy is ready to go back." That would be maybe a patient calls in and says, "Hey, I need to go back."

"Okay. We'll send a unit to pick you up."

So that's using "rural" -- "Peripheral area" is not the best example, but it's just that kind of an example of how we would be able to be like an amoeba and float around and be able to pick up those patients.

ALJ EIGENHEER: Okay.

THE WITNESS: If the patient did end up in Wickenburg, just let AMR take that transport.

ALJ EIGENHEER: Okay.

THE WITNESS: We need to prepare to run that, but we understand the sensitivity to it.

BY MR. MURPHY:

Q. If awarded a CON, will Community Ambulance have a robust ongoing benchmarking performance improvement process required by the guidance document?

A. Yes, it would.

Q. Would -- If awarded the CON, will you collect and submit electronic patient care reports with the

Bureau's guidelines?

A. Yes.

Q. If awarded the CON, will you adopt clinical guidelines and operating procedures for time-sensitive illnesses consistent with best practices guidelines?

A. Yes, we would.

Q. If awarded the CON, will you regularly attend and participate in meetings of the regional and state EMS council?

A. We've already done that. We attended --

Q. When?

A. We attended just about a month ago, and then we went and did a presentation at the AEMS as well.

Q. What is AEMS?

A. Arizona -- I knew you were going to ask me another acronym. It's a -- it's a group of EMS providers and everything else that -- it's oversight, but it's -- break up the Arizona, Phoenix -- or, Maricopa into different sections, and it's one of the sections that is over the EMS.

Q. If awarded a CON, will you assure that your service model will be cost-effective and not result in higher ambulance rates?

A. Yes. And that's why our desire to be a part of the Phoenix Uniform Rate Group.

MR. MURPHY: I have no further questions at this time, Your Honor.

ALJ EIGENHEER: So let's go off the record for just one moment.

(An off-the-record discussion ensued.)

ALJ EIGENHEER: Okay. We're back on the record.

Cross?

CROSS-EXAMINATION

BY MR. BELANGER:

Q. Mr. Richardson, I'm Jim Belanger. I represent Maricopa Ambulance.

I'm still fascinated by the Wickenburg example. Have you done a needs assessment to determine how many trans- -- interfacility transports you would be allowing AMR to take in that rural area?

A. In the rural area?

Q. Yeah. In that area that you just described, the Wickenburg area.

A. No. We -- we did -- I don't know the exact numbers. That's why I answered it the way I did. But there's some numbering around there that we think we give in the reports. I don't think that number is very high for Wickenburg, so it wouldn't be -- I think that's why

it makes so much sense to make sure they got those transports and we didn't take those. As far as the needs analysis, if you're saying -- I was looking at the numbers and evaluating it. We did that, but we didn't do a third-party analysis or anything like that.

Q. I'm sorry. You say -- Prior to saying, "we didn't do a third-party analysis," what did you say?

A. We looked at the numbers ourselves just -- just to make sense of it, what would make sense to -- if somebody needed that in their rural area, it was important for them to have, we would be okay to do that.

Q. Who did that analysis for you?

A. That would have been myself and my partner and part of the EMS Advisors. We all looked at it as a group.

Q. Did you generate any kind of written report regarding that needs analysis that you did?

A. No, we didn't.

Q. You heard Mr. O'Malley say that -- yesterday he testified that a needs assessment was not done by Dignity or by RBR because he understood what the needs of Dignity was and, therefore, they did not -- you and Dignity did not have to do a needs assessment for purposes of analyzing the need for ground ambulance transports in Maricopa County. Do you remember him saying that?

A. I remember he said he -- he was the need -- he

was the -- the hospital that had the needs. And so that's what we agree with as well, that he is -- he is the need. He's the patient -- he's the customer that's providing that need.

Q. Did you do a needs assessment for Dignity?

A. I did not do a needs assessment for Dignity.

Q. Do you do any kind of needs assessment vis-a-vis your application for a CON that we're here for today, any kind of needs assessment?

A. No formal needs assessment from a third party, no.

Q. You discussed it among yourself with EMS Advisors and various people?

A. In talking to our Dignity partner, who's gonna -- has the need, yes.

Q. Can you -- Based on that informal analysis that you did, can you estimate the number of interfacility transports in a year that Life Line would be doing out of that area up around Wickenburg?

A. I couldn't tell you that without looking at a report.

Q. Do you think it's less than 15?

A. It was -- it was a lower number.

Q. Lower than 15?

A. It was a low number. I don't know if it was

lower than 15. I could find that information, though.

Q. Will Community Ambulance be creating a new entity in Arizona to operate the ground ambulance service that you propose pursuant to the CON?

A. No. It's the same entity that comes out of southern Nevada. We're just doing business down here as -- underneath that fictitious -- of Community Ambulance.

Q. And that's the entity that -- of which Dignity is a 50.1 percent owner in Nevada?

A. That's correct.

Q. And how much of the revenue that's generated by the entity that exists in Arizona comes from Dignity -- Dignity or Dignity-affiliated entities in Nevada?

A. Could you repeat your question, please?

Q. Sure.

What I'm trying to get -- I want to -- What is the percentage of revenue for Community Ambulance in Nevada that's generated by referrals from Dignity Health facilities?

A. In southern Nevada?

Q. Yeah.

A. It's -- I would probably put it at 15 to 20 percent.

Q. 15 to 20 percent?

A. Yeah.

Q. When you add this model to the Community Ambulance model and you add the 11,300 transports, what do you expect the percentage of revenue to be for the Community Ambulance entity that's generated by Dignity referrals?

A. For overall?

Q. Yeah.

A. Dignity as a patient -- or, as a customer of ours, we anticipated a revenue down here of about $700,000. And up there in Nevada, their gross revenue, about 3 and a half to 4.

Q. I'm not talking about -- I'm talking about revenue generated by the referrals by Dignity. So, for example, you're setting forth that there are 11,300 transports that you propose to do for Dignity in Maricopa County. I'm not talking about what Dignity's going to pay for. I'm talking about the revenue that's generated by referrals from Dignity or Dignity-affiliated entities.

A. I'm not sure the frame of your question. Because if we're doing Dignity patients and that's all we're doing, then that would have to be the -- like I said, the profit would be the $750,000 from the -- from all the 11,315 transports we anticipate doing here.

Q. So for 11,300 transports, you -- you would expect

to take a gross revenue for a year of $700,000?

A. That was the revenue, yes. The net revenue. Not gross -- not gross or billable. But --

Q. What I'm asking you -- and maybe you didn't understand when I was asking this about Nevada. I'm not talking about your net profit. I'm talking about the percentage of revenue -- gross revenue that's generated by referrals to your entity by Dignity or Dignity-affiliated medical centers or hospitals or emergency -- freestanding emergency rooms. What is the percentage of the total revenue that's generated? Is it in excess of 40 percent?

A. I guess I'm being thick right now, because I'm not understanding exactly what you're -- I don't mean to be evasive here. I mean, if you're saying everything that's been -- I don't know if I broke it down like that, but if we do 11,315 transports and all of that is going to be coming from Dignity Health patients -- is that what you're considering to be -- so it would be a hundred percent.

Q. Right.

So let's assume that the uniform rate is somewhere around $800. 11,300 transports over the course of a year in Maricopa County would be -- there might be some settlements; I get that -- but it would be approximately 11,000 times $800 per transport?

A. So if you do the average, then the gross bill is going to be about 13 -- 13 million.

Q. 13 million.

Okay. And that would be just about a hundred percent of the revenue generated in Maricopa County?

A. In gross revenue. Then you take your contractual write-downs and -- Yes.

Q. Okay. In Nevada, using the same methodology that I think we just agreed to, what is the gross revenue that would be generated by a Dignity or Dignity-related affiliates in Nevada?

A. A lot less than that. The 20 percent. I would have to go look at those numbers. I don't have those off the top of my head. But we do -- right now, we do about $30 million gross up there. Not that much.

Q. What is the percentage of Dignity's generated gross in Nevada?

A. I don't have those numbers right now.

Q. Do you have any estimate as the CEO of the company -- I guess are you the CEO?

A. Yes.

Q. President?

A. I have -- I have finance guys that do the numbers too, so I can look at the reports.

Q. Okay.

A. I can tell you at one time it was higher. But now, it's not as -- We've got county, 911; we've got Las Vegas. It's not that big a percentage.

Q. What is your understanding of an interfacility transport and a convalescent transport? Do you understand the difference?

A. My understanding is an -- interfacility is just from one facility to another facility. Convalescent would be going to somebody's home or home to another facility.

Q. And is it your understanding that a convalescent facility requires an ambulance or could it require a nonambulance transport?

A. By all means, they could have a nonambulance transport as well.

Q. Of the 11,300-odd transports you expect to do in Maricopa County, do you expect any of those to be convalescent transports?

A. I'm sure there's a percentage in there. Again, we're taking -- those numbers were annualized from the numbers we received from AMR. So to be honest with you, a lot of these numbers are, if you will, good estimations. And as we've heard, I think, multiple times, the numbers are higher now than what we had there, but this is a moving target that just keeps moving, so we are planning

on running 11,315 day one. That's what we've got to anticipate on day one. What that percentage of convalescent or what percentage of nonconvalescent, I couldn't give you. But we're planning on 11,315 transports.

Q. Assuming that there's some number of the 11,315 transports that you expect to do -- let's assume that some of them are convalescent transports. Do you intend to use an ambulance to do those transports?

A. No.

Q. How would you arrange to do the convalescent transports?

A. What we want to do is do, like, a one call. They'll call, and then we'll do that. We'll have relationships with other entities to be able to do those convalescent transports.

Q. Would your ARC -- ARCR -- was that -- was that constructed taking into consideration that some percentage of the transports that you would be doing for Dignity would be convalescent transports?

A. No. That was 11,315 transport -- of ambulance transports.

Q. Do you know whether there's a difference in remuneration for a convalescent transport or the ambulance transport?

A. My experience in southern Nevada, there's a large difference.

ALJ EIGENHEER: Do you want to stop there?

MR. BELANGER: Yeah, we can stop there.

ALJ EIGENHEER: Okay. We will go off the record at this time. And that will conclude today's proceedings.

(The hearing was adjourned at 4:43 p.m.)

STATE OF ARIZONA)
COUNTY OF MARICOPA)

BE IT KNOWN that the foregoing proceedings were taken before me; that the foregoing pages are a full, true, and accurate record of the proceedings all done to the best of my skill and ability; that the proceedings were taken down by me in shorthand and thereafter reduced to print under my direction.

I CERTIFY that I am in no way related to any of the parties hereto nor am I in any way interested in the outcome hereof.

I CERTIFY that I have complied with the ethical obligations set forth in ACJA 7-206(F)(3) and ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix, Arizona, this 11th day of November, 2018.

MERI COASH, RMR, CRR
Certified Reporter
Arizona CR No. 50327

I CERTIFY that Coash & Coash, Inc., has complied with the ethical obligations set forth in ACJA 7-206 (J)(1)(g)(1) through (6).

COASH & COASH, INC.
Registered Reporting Firm
Arizona RRF No. R1036