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7 and

8 Paul McGoldrick (SBN 010383)
9 **SHORALL MCGOLDRICK BRINKMANN**
10 1232 E. Missouri Ave.
11 Phoenix, AZ 85014-2912
12 paulmgoldrick@smbattorneys.com

13 *Attorneys for Intervenors – AMR CON Holders*

14 **BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS**

15 In the Matter of:)
16)
17 **RBR Management LLC, dba Community**)
18 **Ambulance**)

19 Applicant.)

20 Docket 2017-EMS-0104-DHS
21 (EMS No. 0283)

22 **AMR CON HOLDERS'**
23 **(INTEVENTORS') REQUEST FOR**
24 **ISSUANCE OF TWO**
25 **SUBPOENAS DUCES TECUM**
26 **(ONE TO APPLICANT AND ONE**
TO ITS PRINCIPAL, DIGNITY
HEALTH); NOTICE OF LODGING
PROPOSED SUBPOENAS (2)

(Assigned: The Hon. Tammy
Eigenheer)

1 The AMR CON Holders, Intervenors herein, pursuant to Arizona
2 Administrative Code R2-19-113, hereby submit their request for the issuance of two
3 separate Subpoenas Duces Tecum, one to the Applicant (RBR Management, LLC
4 dba Community Ambulance) and one to the Applicant's majority owner (Dignity
5 Health). Two separate subpoenas are being requested, although the items
6 contained in the proposed Subpoena Duces Tecum to Dignity Health duplicate
7 production Items Nos. 10, 11, 14-17, and 27 in the requested Subpoena Duces
8 Tecum to Applicant. Because there has been some inconsistency in the positions of
9 these two entities on whether or not a request to one can be also utilized as a
10 request to the other, this duplication has been done out of an abundance of caution.
11 All items in the proposed Subpoena Duces Tecum directed at Dignity Health do
12 duplicate items in the requested Subpoena Duces Tecum to the Applicant.
13 However, these requesting Intervenors only expect a single complete response from
14 one of the two entities, unless they have different information.
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19 An important issue in the pending hearing will be whether or not "public
20 necessity" supports the applied for Certificate of Necessity ("CON") and whether
21 the proposed services would be in the public's best interest. A.R.S. §36-2233(B)(2),
22 and AAC R9-25-903; see also Notice of Hearing at p. 2. Likewise, this Office will
23

1 gather facts, and report those facts to the Director of the Department of Health
2 Services, on the impact an order granting the applied for CON might have on
3 existing CON holders, including these Intervenors. R9-25-903(B)(2); *see* also,
4 Notice of Hearing, p. 4. Further, the impact of the proposed CON on ambulance
5 transport services provided in rural and/or wilderness areas, and upon the existing
6 CON holders' financial and operational abilities to continue serving those areas will
7 also be at issue. Notice of Hearing, p. 2.

9
10 The initial itemization of the Applicant's witness and exhibits is not very
11 illuminating with regard to these essential topics. *See*, Applicant's Initial Witness
12 and Exhibit List which, for example, simply lists the Applicant's "plan to ensure
13 interfacility transport service will be maintained and improved for remote or rural
14 Maricopa County communities" as a topic of witness testimony (OAH Docket No.
15 51, p. 4). In order for the AMR CON Holders to be appropriately prepared to
16 examine Applicant's witnesses and/or present through its witnesses essential facts
17 relating to these topics for the Director's consideration, the information sought
18 through the proposed Subpoenas Duces Tecum is required. For example, in
19 addition to the need for Applicant to detail what its rural/wilderness service plan is,
20 the AMR CON Holders require specific information about the Applicant's intended
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1 operations, not just during the first year after it might commence those operations,
2 but also into the immediately succeeding years. The information requested will
3 allow them to estimate as accurately as possible the expected impact upon their
4 operations and the public they serve should the requested CON be granted.
5

6 With regard to the proposed Subpoena Duces Tecum directed at the
7 Applicant, requested production Items 1 – 4 are directed at “public necessity”
8 statements made in the Applicant’s initial application (*see*, ADHS Ex. 1, pp. 4 and
9 6 – OAH Combined Exhibits at Docket No. 57a). Items 5 and 29 also relate to
10 “public necessity,” requesting information about any allegations of substandard
11 service/performance the Applicant might intend to raise [AAC R9-25-903(B)(4)].
12 Item 15 is intended to obtain information about the proposed “need” to support the
13 Dignity organization with interfacility transports.
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16 The impact of an order granting Applicant a CON (upon existing providers)
17 aspect of this Office’s fact gathering requires Items 6-28, which include requests for
18 information relating to certain letters of support solicited by the Applicant (Items
19 25-28) and, more critically, specific information relating to Applicant’s own
20 calculations and its proposed operations (Items 6-14, 16-21), as well as that relating
21 to potential impact upon citizens residing in rural and wilderness areas (Items 22-
22
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1 24), which information will then allow these intervening parties to better analyze
2 the financial and operational impact they and the citizens they serve might suffer.

3 Items 29-34 are intended to obtain information and backup data relating to
4 the Applicant's proposed witness testimonies, where those testimonies have only
5 been identified by subject matter of testimony, rather than by a fair description of
6 testimony.
7

8 For these reasons, the information requested through the proposed Subpoena
9 Duces Tecum to the Applicant is necessary for these Intervenor's analysis of the
10 "public necessity" aspect of this proceeding, including the impact of the Applicant's
11 proposed operations upon these AMR CON Holders and the public they serve,
12 including the impact upon ambulance transport services provided to citizens
13 residing in wilderness and rural areas. The specific requests made in the Subpoena
14 Duces Tecum directed at Dignity Health, as mentioned above, duplicate certain of
15 the requests made to the Applicant and for the same reasons also relate directly to
16 these "public necessity" and "impact" aspects of the hearing.
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1 The AMR CON Holders respectfully request that the accompanying two
2 Subpoenas Duces Tecum, Attachments A and B, be issued by this Office.

3 DATED THIS 10th day of May, 2018

4 **FLETCHER STRUSE FICKBOHM &**
5 **WAGNER, PLC**

6 /S/RONNA FICKBOHM
7 Ronna L. Fickbohm
8 *Attorneys for Intervenors-*
9 *AMR CON Holders*

10 Pursuant to Case Management
11 Order No. 1, electronic filing and
12 service of the foregoing through
13 <https://portal.azoah.com/oedf/>,
has been done this 28th day of May, 2018.

14
15 By: /S/ Linda Clark

ATTACHMENT A

1 Ronna L. Fickbohm (SBN 17936)
2 **FLETCHER STRUSE FICKBOHM & WAGNER PLC**
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4 Tucson, Arizona 85704
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11 Phoenix, AZ 85014-2912
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13 *Attorneys for Intervenors – AMR CON Holders*

14 **BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS**

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18 **Ambulance**)
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Docket 2017-EMS-0104-DHS
(EMS No. 0283)

**SUBPOENA DUCES TECUM TO
DIGNITY HEALTH**

(Assigned: The Hon. Tammy
Eigenheer)

To: Dignity Health, Custodian of Records
c/o Andrew S. Gordon, Esq.
Scott M. Bennett, Esq.
Coppersmith Brockelman PLC
2800 N. Central Avenue
Suite 1200
Phoenix, Arizona 85004

; or c/o Paul J. Holma
3200 N. Central Ave.
23rd Floor
Phoenix, AZ 85012

1 YOU ARE HEREBY COMMANDED TO PRODUCE for inspection and
2 copying the documents identified in the attached **Exhibit 1**. Said production
3 shall take place at the earliest practical time, but in any event no later than
4 fourteen (14) calendar days after service, at the offices of the attorneys for the
5

6 AMR CON Holder Intervenors:

7
8 Ronna L. Fickbohm
9 Fletcher Struse Fickbohm & Wagner
10 6750 N. Oracle Road
11 Tucson, AZ 85704
12 *(Use if your response is electronic/mail)*

Paul McGoldrick
Shorall McGoldrick Brinkmann
1232 E. Missouri Ave.
Phoenix, AZ 85014-2912
*(Use if you are hand-delivering your
response; also use for mail/electronic
delivery)*

13 DATED this ___ day of _____, 2018.

14
15 By: _____
16 The Honorable Tammy Eigenheer

17 Pursuant to Case Management
18 Order No. 1, electronic filing and
19 service of the foregoing (unsigned)
20 through <https://portal.azoah.com/oedf/>,
21 has been done this ___ day of May, 2018.

22
23 By: /S/ Linda Clark
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EXHIBIT 1

The following definitions apply for the below items:

- A. "CON" – Certificate of Necessity to operate an ambulance service (as defined in A.R.S. §36-2233).
- B. "Community Ambulance" will be used to refer to RBR Management, LLC dba Community Ambulance.
- C. "Records" or "records/data" are intended to be utilized in the broadest possible sense, and specifically include records or data kept in electronic format, emails, letters, photographs, memos (internal and external), any writing/recording/photograph as defined in the Arizona Rules of Evidence Rule 1001, and any other item, whether in paper/electronic/or other format, containing any information that pertains to the below requests.
- D. "Applicant" is intended to refer to RBR Management, LLC dba Community Ambulance.
- E. "ADHS" refers to the Arizona Department of Health Services.
- F. "AMR CON Holders" is intended to refer to those American Medical Response, Inc. affiliates that have been allowed intervening party

1 status in connection with RBR Management, LLC dba Community
2 Ambulance's Application for a Certificate of Necessity.

3 G. "You" or "Yours" is intended to refer to Dignity Health, including its
4 principals, managerial employees, consultants and attorneys.
5

6 **PRODUCTION ITEMS**

7 1. Records and/or data sufficient to identify all current Dignity Health
8 affiliated healthcare entities in Maricopa County, including these facilities'
9 locations.
10

11 2. Records and/or data sufficient to identify all Dignity Health affiliated
12 healthcare entities, including each such entity's location, that You (note
13 definition above) anticipate may be present in Maricopa County at any time
14 during Community Ambulance's anticipated first year of Maricopa County
15 operations, and at any time during its expected second or third year of
16 operations. Note each and every record that relates to this is not requested, only
17 records sufficient to identify the specific entities, their locations, and the
18 approximate date that they are expected to be affiliated and/or operational.
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1 3. All records and/or data that relate to any calculations (actual or
 2 estimated) You (note definition above) have done as to Dignity Health affiliated
 3 entities' need for interfacility transport services in Maricopa County, both
 4 currently and at any and all points in the future.

5
 6 4. Records and/or data sufficient to identify the number of patient
 7 transports originating from Dignity Health affiliated facilities located in
 8 Maricopa County, done by ambulance during 2016, during 2017, and done (to
 9 date) during 2018.
 10

11 5. Records and/or data sufficient to identify the number of patient
 12 transports originating from Dignity Health affiliated facilities located in
 13 Maricopa County where the patient was moved to another health care facility by
 14 non-ambulance transport (such as personal vehicle, Uber, taxi, non-ambulance
 15 medical transport or public transportation), done during 2016, during 2017 and
 16 done (to date) during 2018.
 17

18 6. Records and/or data sufficient to identify any and all Maricopa
 19 County Dignity Health affiliated entities' policies/rules/guidelines/checklists
 20 and/or similar documentation relating to the transfer of a patient seen at one
 21 Dignity Health affiliated facility who is then admitted to a second Dignity Health
 22
 23

1 affiliated facility, with specific regard to the method of transport that will be
2 allowed and/or utilized. Please note this request is limited to
3 policies/rules/guidelines/checklists, etc. in existence during calendar years 2016 -
4 2018.

5
6 7. All records and/or data relating in any way to the attached
7 September 14, 2017 letter from Arizona General Hospital (which has been
8 identified in this matter as ADHS Ex. 22), including but not limited to the
9 formation of that letter and all information provided by You to Arizona General
10 Hospital's representatives and/or employees in connection with Community
11 Ambulance's CON application and/or the attached letter. This item includes but
12 is not limited to records/data that specifically relate to any statements in that
13 letter that might be intended to refer directly to any of the AMR CON Holders.
14 Please note, in the event it is necessary to redact patient identifying information
15 from these records prior to production, information sufficient to allow the AMR
16 CON Holders to crosscheck their own data base with regard to any specifically
17 identified request for transport or transport events should be provided.

18
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20
21 **--END--**

22 (09/14/17 letter to DHS from Arizona General Hospital is attached)



September 14, 2017

Aaron Sams, MBA
Certificate of Necessity and Ambulance Rates Manager
Bureau of EMS and Trauma Services
Arizona Department of Health Services
150 North 18th Avenue, Suite 540
Phoenix, AZ. 85007

Dear Mr. Sams:

Arizona General Hospital supports the Community Ambulance Certificate of Necessity (CON) application that is under consideration by the Arizona Department of Health Services. The CON application provides for inter-facility transportation for all of Maricopa County.

Arizona General Hospital has been challenged by an unmet need for additional non-emergency ambulance transportation when the current providers have experienced extended response times when the 911 system's in Maricopa County have become overtaxed or system saturation has occurred and the current providers are utilizing the daily existing inter-facility ambulances to cover the 911 systems.

To the point where Arizona General Hospital has itself had to call 911 to have fire department resources respond to our facility so that an air ambulance can be dispatched to transfer a patient to another facility.

We at Arizona General Hospital pride ourselves on the care that we afford our patients and take every measure to prepare and ensure that when ground transportation is necessary, we immediately take action to start the process for the timely scheduling of that ground transportation.

To the extent that we can schedule an ambulance transport 24 hours in advance, we are diligent in completing that task. However, when an ambulance has been scheduled that far in advance and still does not arrive at the pre-arranged time, and this does happen consistently, then there needs to be something done to correct the failure in the system.

Arizona General Hospital is aware of the level of care and service being proposed by Community Ambulance, and that they will actively participate in regional EMS service delivery collaboration while adhering to performance measures, quality assurance standards and protocols, and will meet or exceed the standards set forth by the Bureau of EMS.

When we encounter circumstances where continued care is in the best interest of our patients, Arizona General Hospital is committed to making every effort to provide for the transport of our patients to the appropriate facility and in accordance with all guidelines, policies and standards of care.

When necessary and appropriate, Arizona General Hospital fully supports that Community Ambulance will be properly certified, accessed, and positioned to respond, taking into account, the continuing core mission of Community Ambulance as a provider of inter-facility ambulance service within Maricopa County.

Arizona General Hospital is confident that this application is in the best interest of all citizens of Maricopa County. By granting this CON application, inter-facility transportation services will be enhanced for all with the addition of more available ambulances to serve the needs of all levels of inter-facility patient care. We fully support the granting of this CON application.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Honeycutt", with a long horizontal flourish extending to the right.

Bob Honeycutt
President and Chief Executive Officer
Arizona General Hospital

ATTACHMENT B

1 Ronna L. Fickbohm (SBN 17936)
2 **FLETCHER STRUSE FICKBOHM & WAGNER PLC**
3 6750 N. Oracle Road
4 Tucson, Arizona 85704
5 Telephone: (520) 575-5555
6 rfickbohm@tucsontrusts.com

7 and

8 Paul McGoldrick (SBN 010383)
9 **SHORALL MCGOLDRICK BRINKMANN**
10 1232 E. Missouri Ave.
11 Phoenix, AZ 85014-2912
12 paulmgoldrick@smbattorneys.com

13 *Attorneys for Intervenors – AMR CON Holders*

14 **BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS**

15 In the Matter of:)
16)
17 **RBR Management LLC, dba Community)
18 Ambulance)**
19)
20)
21 Applicant.)
22)
23)
24)

Docket 2017-EMS-0104-DHS
(EMS No. 0283)

**SUBPOENA DUCES TECUM TO
RBR/COMMUNITY AMBULANCE**

(Assigned: The Hon. Tammy
Eigenheer)

25 To: RBR Management LLC dba Community Ambulance, Custodian of Records

26 c/o Jeffrey Meyerson
The Meyerson Law Firm
2555 E Camelback Road
Suite 140
Phoenix, AZ 85016

; or c/o Brendan Murphy
Hendricks Murphy
3101 N. Central Avenue
Suite 970
Phoenix, Arizona 85012

; or c/o William A. Robert
30600 North Pima Road
Suite 75
Scottsdale, AZ 85266

1 YOU ARE HEREBY COMMANDED TO PRODUCE for inspection and
2 copying the documents identified in the attached Exhibit 1. Said production
3 shall take place at the earliest practical time, but in any event no later than
4 fourteen (14) calendar days after service, at the offices of the attorneys for the
5

6 AMR CON Holder Intervenors:

7
8 Ronna L. Fickbohm
9 Fletcher Struse Fickbohm & Wagner
10 6750 N. Oracle Road
11 Tucson, AZ 85704
12 *(Use if your response is electronic/mail)*

Paul McGoldrick
Shorall McGoldrick Brinkmann
1232 E. Missouri Ave.
Phoenix, AZ 85014-2912
*(Use if you are hand-delivering your
response; also use for mail/electronic
delivery)*

13 DATED this ___ day of _____, 2018.

14
15 By: _____
16 The Honorable Tammy Eigenheer

17 Pursuant to Case Management
18 Order No. 1, electronic filing and
19 service of the foregoing (unsigned)
20 through <https://portal.azoah.com/oedf/>,
21 has been done this ___ day of May, 2018.

22 By: /S/ Linda Clark

EXHIBIT 1

The following definitions apply for the below items:

- A. "CON" – Certificate of Necessity to operate an ambulance service (as defined in A.R.S. §36-2233).
- B. "Community Ambulance" will be used to refer to RBR Management, LLC dba Community Ambulance.
- C. "Records" or "records/data" are intended to be utilized in the broadest possible sense, and specifically include records or data kept in electronic format, emails, letters, photographs, memos (internal and external), any writing/recording/photograph as defined in the Arizona Rules of Evidence Rule 1001, and any other item, whether in paper/electronic/or other format, containing any information that pertains to the below requests.
- D. "Applicant" is intended to refer to RBR Management, LLC dba Community Ambulance.
- E. "ADHS" refers to the Arizona Department of Health Services.
- F. "AMR CON Holders" is intended to refer to those American Medical Response, Inc. affiliates that have been allowed intervening party

1 status in connection with RBR Management, LLC dba Community
2 Ambulance's Application for a Certificate of Necessity.

3 G. "You" or "Yours" is intended to refer to the Applicant herein,
4 including its principals, managerial employees, consultants and
5 attorneys.
6

7 H. NOTE, unless stated otherwise all the below production items are
8 intended to relate to the Application at issue in this OAH/DHS
9 matter and the Applicant's intended Maricopa County operations.
10

11 PRODUCTION ITEMS

12 1. All records/data supporting the proposition that ADHS granting
13 Community Ambulance a CON will increase competition for ambulance
14 transports of patients traveling to, from, or between Dignity Health affiliated
15 facilities (reference ADHS Ex. 1-004).
16

17 2. All records/data supporting the proposition that granting Community
18 Ambulance a CON will "further stimulate demand for improved quality and
19 efficiency" in ambulance transport service (reference ADHS Ex. 1-004).
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1 7. Records/data sufficient to identify Applicant's intended suboperation
2 stations (other than what is in your Application, which these requesting parties
3 already have) and the volume of transports You expect to be done from each such
4 suboperation station during Applicant's first year of operations.
5

6 8. Records/data sufficient to identify Applicant's intended suboperation
7 stations after its first year of operations, including the volume of transports You
8 expect to be done out of each suboperation station (this includes, but it not
9 limited to, all projections for the second and third years of operations).
10

11 9. All records/data detailing Applicant's anticipated need for temporary
12 services should it receive a CON, including estimations as to number of requests
13 and associated time frames such as day of week/time of day. (Reference ADHS
14 Ex. 1-0063).
15

16 10. For your projected first and second years of operations, Records/data
17 sufficient to specify the number of Dignity Health affiliated health care entity
18 calls for ambulance transports You project/anticipate not being able to respond to
19 (that other CON holders will take) and to specify the method / procedures /
20 criteria / other you will use to determine when this will occur and/or for what
21 calls (for example, whether your operations will not be staffed during particular
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1 hours, whether there are facilities you will not service, whether particular types
2 of calls will not be taken, etc.).

3 11. Records and/or data sufficient to identify all current Dignity Health
4 affiliated healthcare entities in Maricopa County, including these facilities'
5 locations.
6

7 12. Records or data sufficient to identify all Dignity Health affiliated
8 healthcare entities, including each such entity's location, that You anticipate
9 may be present in Maricopa County at any time during Community Ambulance's
10 anticipated first year of Maricopa County operations, and at any time during its
11 expected second or third year of operations. Note each and every record that
12 relates to this is not requested, only records sufficient to identify the specific
13 entities, their locations, and the approximate date that they are expected to be
14 affiliated and/or operational.
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17 13. All records or data that relate to Your projected first and/or second
18 years operations plan for ambulance transports having a Dignity Health
19 affiliated entity as the patient's destination, any separate projections/operations
20 plan for intended ambulance transfers occurring between Dignity Health
21
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1 affiliated entities, and/or Your projections/operations plans for ambulance
2 transports originating from a Dignity Health affiliated facility.

3 14. Records/data sufficient to specifically identify what Dignity Health
4 affiliated facilities you intend to provide ambulance transport services to (1)
5 during your first year of operations, (2) during your second year of operations,
6 and/or (3) after your second year. While each and every record that relates to
7 this item have not been requested, records sufficient to identify location and
8 approximate date services are projected to first relate to such location should be
9 provided.
10
11

12 15. All records or data that relate to any calculations (actual or
13 estimated) You have done as to Dignity Health affiliated entities' need for
14 interfacility transport services in Maricopa County, both currently and at any
15 and all points in the future.
16

17 16. Records and/or data sufficient to identify the number of patient
18 transports originating from Dignity Health affiliated facilities located in
19 Maricopa County, done by ambulance during 2016, during 2017 and done (to
20 date) during 2018.
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1 17. Records and/or data sufficient to identify the number of patient
2 transports originating from Dignity Health affiliated facilities located in
3 Maricopa County where the patient was moved to another health care facility by
4 non-ambulance transport (such as personal vehicle, Uber, taxi, non-ambulance
5 medical transport or public transportation), done during 2016, during 2017 and
6 done (to date) during 2018.
7

8 18. Records and/or data sufficient to identify any and all Maricopa
9 County Dignity Health affiliated entities' policies/rules/guidelines/checklists
10 and/or similar documentation relating to the transfer of a patient seen at one
11 Dignity Health affiliated facility, who is then admitted to a second Dignity
12 Health affiliated facility, with specific regard to the method of transport that will
13 be allowed and/or utilized. Please note this request is limited to
14 policies/rules/guidelines/checklists, etc. in existence during calendar years 2016-
15 2018.
16
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18 19. All records or data that relate to Community Ambulance's calculation
19 of its first year's transport volume, as stated in its proforma ARCR – 11,315,
20 including any records/data relating to the estimated volume of transports by
21 individual transport origination location.
22

1 23. All records/data detailing Your calculations, inquiries, or other
2 information gathering you have done in order to calculate the impact of ADHS
3 granting Community Ambulance a CON upon the ambulance transport services
4 currently being provided to individuals living in rural and/or wilderness areas
5 within Maricopa County, including impact upon the existing CON holders' ability
6 to continue serving those rural/wilderness area populations under the
7 parameters they are currently being served (reference ADHS Ex. 3 and 4).
8

9
10 24. All records/data relating to, identifying and/or detailing Community
11 Ambulance's plan, in the event it receives a CON, to ensure continued ambulance
12 transport services in the rural and/or wilderness areas both in and adjacent to
13 Maricopa County in the event that Community Ambulance's entry into the
14 Maricopa County EMS system negatively impacts the current CON holders'
15 ability to maintain existing levels of service.
16

17 25. All records/data relating in any way to your application for a CON
18 that You have provided to any person who is not an employee of Community
19 Ambulance and whom Applicant has listed as a potential witness in this matter
20 or whom it may list as a potential witness.
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1 26. All records/data relating in any way to your application for a CON
2 that You have provided to or received from any person or entity that wrote a
3 letter of support for your CON application to ADHS (including but not limited to
4 those entities/individuals authoring ADHS Exs. 17 through 24).

5 27. All records/data evidencing or relating in any way to Your
6 communications with the individuals authoring the letters found at ADHS Exs.
7 17-24 (letters of support) and/or any other person employed by the entities such
8 individuals represent, that relate in any way to those letters or to Community
9 Ambulance's intended services in Maricopa County. Please note this item is
10 limited to communications occurring during the time period of January 1, 2016
11 through the present.

12 28. All records and/or data relating in any way to the letter from Arizona
13 General Hospital that has been identified as ADHS Ex. 22, including but not
14 limited to the formation of that letter and all information provided by You to
15 Arizona General Hospital's representatives and/or employees in connection with
16 your CON application or the letter, including but not limited to records/data that
17 specifically relate to any statements in that letter that might be intended to refer
18 directly to any of the AMR CON Holders. Please note, in the event it is
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1 necessary to redact patient identifying information from these records prior to
2 production, information sufficient to allow the AMR CON Holders to crosscheck
3 their own data base with regard to any specifically identified request for
4 transport or transport events should be provided.
5

6 29. As it relates to your Initial Disclosure of witnesses and exhibits, all
7 records and/or data relating to, identifying, or detailing the “substandard service”
8 stated as a topic of your witness Jeff O’Malley’s testimony.
9

10 30. As it relates to your Initial Disclosure of witnesses and exhibits, all
11 records and/or data relating to, identifying, and/or detailing the “integrated
12 interfacility transport ambulance service” that you have disclosed your witness
13 Jeff O’Malley will testify will better serve the Dignity patient population.
14

15 31. As it relates to your Initial Disclosure of witnesses and exhibits, all
16 records and/or data relating to, identifying, and/or detailing the opinions of your
17 witness Michael Evans including his opinion regarding any potential financial
18 impact on the AMR CON Holders as a result of Community Ambulance being
19 granted a CON.
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1 32. As it relates to your Initial Disclosure of witnesses and exhibits, all
2 records and/or data relating to, identifying, or detailing the expected statements
3 and/or opinions of your disclosed witnesses Michael Evans, Robb Beery, and/or
4 David Argue, including records/data identifying the facts / assumptions /
5 estimations / calculations any such statements and/or opinions are based upon.
6

7 33. As it relates to your Initial Disclosure of witnesses and exhibits, all
8 records and/or data identifying, detailing or otherwise relating to the “negative
9 patient experiences” you state your witness Brandon Hestand, RN will testify to.
10 Please note, in the event any of these relate to the AMR CON Holders and you
11 believe it is necessary to redact patient identifying information from these
12 records prior to production, you should produce information sufficient to allow
13 the AMR CON Holders to crosscheck their own records with regard to any
14 specifically alleged request for transport or transport event.
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17 34. As it relates to your Initial Disclosure of witnesses and exhibits, all
18 records and/or data identifying, detailing or relating to the delays in scheduling
19 you state your witness Delores Kelly will testify to. Please note, in the event any
20 such event relates to the AMR CON Holders and you believe it is necessary to
21 redact patient identifying information from these records prior to production, you
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1 should provide information sufficient to allow the AMR CON Holders to
2 crosscheck their own records.

3 --END--

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