



# Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Virginia Hastings, Executive Director  
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**DATE:** April 1, 2011

**TO:** San Bernardino County Ambulance Providers

**FROM:** Virginia Hastings  
 Executive Director

**SUBJECT: FY 2011/2012 AMBULANCE RATE ADJUSTMENT  
 EFFECTIVE JULY 1, 2011 - JUNE 30, 2012**

In conformance with the ICEMA "Ambulance Rate Setting Policy Reference # 5080 - San Bernardino County" approved by the ICEMA Governing Board on February 23, 2010, the following represents ambulance rate adjustments effective July 1, 2011. The attached "Ambulance Service Rate Definitions" will be utilized in the application of the rates.

Ambulance Rate Components	Base Rate FY 2010 Rate		Increase		Final Rate FY 2011 Rate	
	Urban Operating Areas	Rural/ Wilderness Operating Areas	Urban Operating Areas	Rural/ Wilderness Operating Areas	Urban Operating Areas	Rural/ Wilderness Operating Areas
Advanced Life Support (ALS) Base Rate (All Inclusive)	\$1,134.81	\$1,248.29	\$56.74	\$62.41	\$1,191.55	\$1,310.70
Basic Life Support (BLS) Rate	\$521.00	\$573.10	\$26.05	\$28.66	\$573.10	\$630.42
Emergency Fee	\$204.83	\$225.32	\$10.24	\$11.27	\$215.07	\$236.59
Oxygen	\$127.04	\$139.74	\$6.35	\$6.99	\$133.39	\$146.73
Night Charge	\$146.66	\$161.33	\$7.33	\$8.07	\$153.99	\$169.40
Specialty Care Units	\$1,376.15	\$1,513.76	\$68.81	\$75.69	\$1,444.96	\$1,589.45
Mileage (per mile or fraction thereof)	\$21.54	\$21.54	\$1.08	\$1.08	\$22.62	\$22.62
Wait Time	\$38.47	\$38.47	\$1.92	\$1.92	\$40.39	\$40.39
ECG	\$87.46	\$87.46	\$4.37	\$4.37	\$91.83	\$91.83

If you have any questions regarding the policy and associated rate calculations, please do not hesitate to contact me at (909) 388-5823 [VHastings@cao.sbcounty.gov](mailto:VHastings@cao.sbcounty.gov) or George Stone at (909) 386-9815 [George.Stone@cao.sbcounty.gov](mailto:George.Stone@cao.sbcounty.gov).

VH/GS/mae

Attachments

# Ground Ambulance Service Rate Definitions

## Effective March 1, 2011

*NOTE: Rates are allowable only upon transport of a patient*

### **BLS Base Rate:**

1. When an EMT staffed ambulance responds to a call; or
2. When a paramedic staffed ambulance responds to a scheduled call when not requested and/or paramedic intervention is not provided.

### **ALS All Inclusive Rate:**

Any response of an approved advanced life support (paramedic) transport provider to a request for service. This charge will include, but not necessarily be limited to, the provision of the following:

1. An authorized paramedic staffed and equipped ambulance response.
2. Care modalities including cardiac monitoring, telemetry, IV administration, drug administration, defibrillation, blood draw, wound dressing, splinting and disposable first aid and medical supplies related to such care and treatment.

### **Emergency:**

Applies when a Basic Life Support (BLS) unscheduled, immediate response is requested or a BLS response is upgraded to emergency status either in response or during transport. **This charge is included in the ALS All Inclusive Rate and cannot be charged in addition to the ALS All Inclusive Rate.**

### **ECG Monitoring:**

Applies when ECG Monitoring is performed as per protocol or base station order. **This charge is included in the ALS All Inclusive Rate and cannot be charged in addition to the ALS All Inclusive Rate.** In most cases, this charge is broken out as a line item for Medi-Cal which does not recognize the charge in the ALS Base Rate.

### **EMS Aircraft – Appropriate fee for service:**

1. Applies when ambulance personnel and/or equipment are directly involved in patient care prior to transfer of patient(s) to EMS aircraft.
2. Supplies utilized at rate specified in current San Bernardino County ambulance rates.
3. Approved mileage rate from point of transport by ground ambulance to transfer site to EMS aircraft.

### **Mileage:**

Applies for each patient mile or fraction thereof from point of pick-up to destination.

### **Night:**

Applies for services provided between the hours 1900 and 0659, military time.

**Oxygen:**

Applies for services provided whenever oxygen is administered. This charge is inclusive of material such as tubing, masks, etc., which may be used for the administration of oxygen.

**Wait Time:**

Applies to scheduled calls and is charged per fifteen (15) minutes of waiting time or portion thereof, after the first fifteen minute period lapse occurs when an ambulance must wait for a patient at the request of the person/organization hiring the service. This rate is not contractual “stand-by” charge rate for special events.

**Specialty Care Transport:**

Applies to an authorized ALS ambulance company approved to utilize medical personnel needed to provide care/monitoring at level above paramedic scope of practice to provide ALS interfacility and scene transports. Additional equipment or personnel is required based on patient’s needs according the ICEMA policy. e.g., critical care transport, neonatal critical care transport, high risk maternal critical care transport and bariatric unit transport.



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## ICEMA AMBULANCE RATE SETTING POLICY - SAN BERNARDINO COUNTY

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### PURPOSE

To provide for maximum charges that San Bernardino County ambulance providers may charge for the care and transport of patients.

No ambulance service shall charge more than the following rates:

- (a) **ONE PATIENT:** The schedule of maximum rates that may be charged for ambulance service for one (1) patient shall be as initially set adjusted thereafter by ICEMA.
- (b) **RATES FOR MULTIPLE LOADS:**
  - (1) Each additional stretcher or gurney patient carried at the same time may be charged the full base rate for the response to the call and half the mileage rate.
  - (2) Each additional sit-up patient shall be charged half the base rate for response to the call and half the mileage rate.
  - (3) The provider may prorate all mileage charges between all patients transported so that all patients are charged the same fee for mileage.
  - (4) This section does not apply to contractual agreements.
- (c) **NO CHARGE TRANSPORTS:** No charge shall be made for transporting uninjured or well persons who accompany a patient.
- (d) **COMPUTATION OF RATES:** All rates are to be computed from the time the ambulance arrives for hire until the ambulance delivers the patient to the appropriate destination, and is discharged by the patient or his representative, attending physician, or emergency receiving facility.
- (e) **FEES FOR SERVICE, SUPPLIES AND EQUIPMENT:**
  - (1) When a ground ambulance has been dispatched and ambulance personnel and/or equipment are directly involved with patient care in situations where an EMS aircraft transports, then the ambulance service shall be entitled to charge an appropriate fee for its service, supplies and equipment.

- (2) Under no circumstances shall ambulance personnel dispatched on a Code 3 call attempt to collect for the service prior to the delivery of the patient at an appropriate medical facility.
- (f) ANNUAL RATE ADJUSTMENT: At the direction ICEMA, the ambulance rates established under this section shall apply to all providers of ambulance services.
- (1) ICEMA shall be responsible for calculating the rate adjustments.
  - (2) The CPI adjustment shall be calculated by April 15 of each year. The CPI adjustment shall be effective as of the first day of July of each year.
  - (3) If the selected CPI is discontinued or revised, such other government index or computation with which it is replaced shall be used in order to obtain substantially the same result as would be obtained if the CPI had not been discontinued or revised.
  - (4) The current rates shall be adjusted in an amount necessary to properly compensate ambulance providers for changes in their direct and indirect costs based on the change in the Consumer Price Index (CPI) as set forth herein. The adjustments shall be made on July 1 of each year based upon the change in the CPI from January 1 of the proceeding year to January 1 of the adjustment year. The first rate adjustment shall be made effective January 1, 2010 based on the change of CPI, not seasonally adjusted, from January 1, 2009 to January 1, 2010. The CPI adjustment shall be determined by multiplying the base amounts by adding five percent (5%) of the changes of the transportation index plus ninety five percent (95%) of the medical index of the CPI for All Urban Consumers, Western Region, Los Angeles, Riverside, Orange Counties, California, as compiled and reported by the Bureau of Labor Statistics for the 12-month period up to January 1 of the adjustment year. The percentage change, (rounded to the nearest hundredth) will be multiplied by 1.5 to calculate the annual rate adjustment percentage. The rate adjustment shall then be applied to each charge category by ICEMA. Yearly CPI adjustments shall not exceed five percent (5%) or less than zero percent (0%) for any single year.
- (g) ANNUAL RATE COMPARISON STUDY: The maximum base rates shall be reviewed in accordance with the following procedures, and adjusted annually, if appropriate, effective on March 1, 2010 and on July 1 every year thereafter. After the rate adjustment has been made pursuant to Section 31.0820(e) the local EMS agency shall review the ALS and BLS ambulance base rates of counties with similar demographics. To determine the ALS and BLS average base rates in effect for these counties as of the review date. If the San Bernardino County Rates are at

the average or greater, no adjustment to the ambulance rates will be made under this provision. If the San Bernardino County rates are less than the average, an appropriate adjustment to the ambulance rates shall be made to bring them to the average. No ambulance rate comparison adjustment shall be greater than five percent (5%).

- (h) **MILEAGE CHARGE RATE ADJUSTMENT:** In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' fuel price extraordinary increases or decreases may also be granted. The local EMS agency shall determine the application process of such increases or decreases. The mileage charge may be reviewed quarterly effective January 1, 2010, and adjusted, if appropriate.
- (i) **EXTRAORDINARY RATE ADJUSTMENTS:**
  - (1) In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' extraordinary increases or decreases in their revenue or expenses may also be granted. ICEMA shall determine the application process of such extraordinary revenue or expenses increases or decreases. Such extraordinary costs increases or decreases shall be subject to ICEMA Governing Board approval. The ambulance provider must demonstrate actual or reasonably projected, substantial financial hardship as a result of factors beyond its reasonable control and provide records deemed necessary to verify such hardship. This procedure may also be used to obtain rate adjustments due to changes in the CPI that are greater than the five (5%) cap under the yearly CPI adjustment, above.
  - (2) ICEMA, at the time of any extraordinary adjustment under subsection (1), above, may request an audit of books and records of a permittee for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Such an audit shall be carried out by a person selected by the permittee and approved by ICEMA. If ICEMA and permittee cannot agree on a person to perform the audit, then the audit shall be carried out by a Certified Public Accountant selected by the ICEMA Executive Director. If there is any charge, cost or fee for such an audit, such shall be paid by the permittee. ICEMA may deny any adjustment if an audit is requested and not produced. Every audit shall be done promptly and within thirty (30) days of the time it is requested so there should be no undue delay.