



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Virginia Hastings, Executive Director

Reza Vaezazizi, M.D., Medical Director

DATE: June 21, 2012

TO: San Bernardino County Ambulance Providers

FROM: Virginia Hastings
Executive Director

**SUBJECT: CORRECTION TO FY 2012 – 2013 AMBULANCE RATE ADJUSTMENT
EFFECTIVE JULY 1, 2012 – JUNE 30, 2013**

Please disregard previous ambulance rate adjustment notice dated May 15, 2012, as it contained a calculation error, and replace it with this updated and corrected notice. You will find that the BLS, CCT and EKG rates have been updated to reflect this change.

Ambulance Rate Components	Base Rate FY 2011-2012		Increase CPI + County Comparison		Final Rate FY 2012-2013	
	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)	\$1,191.55	\$1,310.70	\$59.58	\$65.54	\$1,251.13	\$1,376.24
Basic Life Support (BLS) Rate	\$573.10	\$630.42	\$58.75	\$64.62	\$631.85	\$695.04
Emergency Fee	\$215.07	\$236.59	\$10.75	\$11.83	\$225.82	\$248.42
Oxygen	\$133.39	\$146.73	\$6.67	\$7.34	\$140.06	\$154.07
Night Charge	\$153.99	\$169.40	\$7.70	\$8.47	\$161.69	\$177.87
Critical Care Transport	\$1,444.96	\$1,589.45	\$72.25	\$79.47	\$1,517.21	\$1,668.92
Mileage (per mile or fraction thereof)	\$22.62	\$22.62	\$1.13	\$1.13	\$23.75	\$23.75
Wait Time	\$40.39	\$40.39	\$2.02	\$2.02	\$42.41	\$42.41
EKG	\$91.83	\$91.83	\$4.59	\$4.59	\$96.42	\$96.42

If you have any questions regarding the policy and associated rate calculations, please do not hesitate to contact me at (909) 388-5823 or via e-mail at vhastings@cao.sbcounty.gov or George Stone, Program Coordinator, at (909) 388-5807 or via e-mail at george.stone@cao.sbcounty.gov.

VH/GS/mae

Attachment

c: George Stone, Program Coordinator, ICEMA
File Copy

Ground Ambulance Service Rate Definitions

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 (15) 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.



ICEMA GROUND BASED AMBULANCE RATE SETTING POLICY - SAN BERNARDINO COUNTY

PURPOSE

To establish the maximum charges that San Bernardino County ground ambulance providers may charge for the care and transport of patients and outline the mechanism for calculating annual ground ambulance rates.

POLICY

No ambulance service shall charge more than the following rates:

1. **RATES FOR ONE PATIENT:** The schedule of maximum rates that may be charged for ambulance service for one (1) patient shall be reviewed by ICEMA on an annual basis.
2. **RATES FOR MULTIPLE PATIENTS:**
 - a. 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.
 - b. Each additional sit-up patient shall be charged half the base rate for response to the call and half the mileage rate.
 - c. The provider may prorate all mileage charges between all patients transported so that all patients are charged the same fee for mileage.
 - d. This section does not apply to contractual agreements.
3. **NO CHARGE TRANSPORTS:** No charge shall be made for transporting uninjured or well persons who accompany a patient.
4. **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.
5. **FEES FOR SERVICE, SUPPLIES AND EQUIPMENT:**
 - a. 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.

- b. Under no circumstances shall ambulance personnel dispatched on an emergency 9-1-1 call attempt to collect for the service prior to the delivery of the patient at an appropriate medical facility.

PROCEDURE

1. ANNUAL RATE ADJUSTMENT: At the direction of ICEMA, the ambulance rates established under this section shall apply to all providers of ground based ambulance services.

- a. ICEMA shall be responsible for calculating rate adjustments.
- b. The Consumer Price Index (CPI) adjustment shall be calculated by March 15 of each year. The CPI used shall be compiled and reported by the Bureau of Labor Statistics for the preceding 12-month period (January through December) utilizing the "Annual" column of the adjustment year. The following CPI selections shall be utilized:
 - All Urban Consumers
 - Not Seasonally Adjusted
 - Western Region, Los Angeles, Riverside, Orange Counties, CA
 - Medical Index
 - Transportation Index

The CPI adjustment shall be effective as of the first day of July of each year.

- c. If selected CPI's are discontinued or revised, another government index or computation which replaces it shall be used in order to obtain substantially the same result.
- d. The current rates shall be adjusted for changes in the 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 preceding year to December 31 of the same calendar year.

The CPI adjustment shall be determined by taking the difference between the annual CPI's (*previous and adjustment years*) then by multiplying the result by zero point zero five (0.05) for the Transportation Index. The same process is applied to the Medical Index multiplying the result by zero point ninety-five (0.95). The two (2) sums are then added together and multiplied by one point five (1.5) to arrive at the total amount of the change in CPI for the annual base rate comparison. Yearly CPI adjustments shall not exceed five percent (5%) or less than zero for any single year.

2. **ANNUAL RATE COMPARISON STUDY:** The maximum base rates shall be reviewed in accordance with the following procedures, and adjusted annually, if appropriate, on July 1 every year. In conjunction with the rate adjustment and pursuant to Section 31.0820(e), the local EMS agency (ICEMA) shall review the ALS and BLS ground 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 towards the average. No ambulance rate comparison adjustment shall be greater than five percent (5%).

3. **MILEAGE CHARGE RATE ADJUSTMENT:** In addition to, and not in lieu of, annual CPI adjustments may be made, in an amount equal to the ambulance providers' extraordinary increase or decrease in fuel costs using the following CPI selections:

- Average Price Data
- A421 Los Angeles-Riverside-Orange County, CA
- Table, 7471A
- Gasoline, all types, per gallon/3.785 liters

This value will be reduced by the corresponding sub-value in the CPI transportation index used above in the annual comparison.

4. **EXTRAORDINARY RATE ADJUSTMENTS:**
 - a. Extraordinary costs increases or decreases shall be subject to ICEMA Governing Board approval.
 - b. Requests must be made in writing and use most recent specific CPI and include the previous calendar year plus the sum of the most recent CPI for the current year, divided by the number of total months, for an average.
 - c. Extraordinary cost rate increase requests may be requested quarterly and will be reviewed within thirty (30) days of receipt. Any approved implementation will become effective upon the beginning of the next calendar quarter and will not be retroactive.
 - d. The ambulance provider must demonstrate actual and 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 percent (5%) cap under the yearly CPI adjustment, above.

- e. ICEMA, at the time of any extraordinary adjustment under subsection (1), above, shall request an audit of books and records of an ambulance service provider for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Audits shall be carried out by a person selected and approved by ICEMA. If ICEMA and ambulance service provider 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.

Any charge, cost or fee, shall be paid by the ambulance service provider. 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 submission.