Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: March 26, 2014

TO: EMS Ground Transport Providers - San Bernardino County

FROM: Tom Lynch
EMS Administrator

SUBJECT: **FY 2014-15 AMBULANCE RATE ADJUSTMENT EFFECTIVE JULY 1, 2014 - JUNE 30, 2015**

In conformance with the "ICEMA Ground Based Ambulance Rate Setting Policy - San Bernardino County" Reference #5080 approved by the ICEMA Governing Board on May 8, 2012, the following represents ambulance rate adjustments effective July 1, 2014. The attached "Ground Ambulance Service Rate Definitions" will be utilized in the application of the rates.

Ambulance Rate Components	Base Rate FY 2013-14		Increase CPI + County Comparison		Final Rate FY 2014-15	
	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)	$1,313.69	$1,445.05	$24.10	$26.51	$1,337.79	$1,471.56
Basic Life Support (BLS) Rate	$696.61	$766.28	$48.25	$53.07	$744.86	$819.35
Emergency Fee	$237.11	$260.84	$4.35	$4.78	$241.46	$265.62
Oxygen	$147.06	$161.77	$2.70	$2.97	$149.76	$164.74
Night Charge	$169.77	$186.76	$3.11	$3.43	$172.88	$190.19
Critical Care Transport	$1,593.07	$1,752.37	$29.22	$32.14	$1,622.29	$1,784.51
Mileage (per mile or fraction thereof)	$24.94	$24.94	$0.46	$0.46	$25.40	$25.40
Wait Time	$44.53	$44.53	$0.82	$0.82	$45.35	$45.35
EKG	$101.24	$101.24	$1.86	$1.86	$103.10	$103.10

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 tom.lynch@cao.sbcounty.gov or George Stone, Program Coordinator, at (909) 388-5807 or via e-mail at george.stone@cao.sbcounty.gov.

TL/GS/jlm

Attachment

c: George Stone, Program Coordinator, ICEMA
File Copy

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Ground Ambulance Service Rate Definitions
Effective March 1, 2010

NOTE: Rates are allowable only upon transport of a patient

BLS Base Rate:

1. When an EMT-I 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 BLS scheduled 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 hospital 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. Fee is based on level of care provided to patient, e.g. ALS base rate or BLS base rate.
3. Supplies utilized at rate specified in current San Bernardino County ambulance rates.
4. 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.