



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: April 7, 2015

TO: EMS Ground Transport Providers - San Bernardino County

FROM: Tom Lynch 
EMS Administrator

SUBJECT: **FY 2015-16 AMBULANCE RATE ADJUSTMENT**
EFFECTIVE JULY 1, 2015 - JUNE 30, 2016

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, 2015. The attached "Ground Ambulance Service Rate Definitions" will be utilized in the application of the rates.

Ambulance Rate Components	Base Rate FY 2014-15		Increase CPI + County Comparison		Final Rate FY 2015-16	
	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)	\$1,337.79	\$1,471.56	\$39.08	\$42.99	\$1,376.87	\$1,514.55
Basic Life Support (BLS) Rate	\$744.86	\$819.35	\$60.09	\$66.10	\$804.95	\$885.45
Emergency Fee	\$241.46	\$265.62	\$7.05	\$7.76	\$248.51	\$273.38
Oxygen	\$149.76	\$164.74	\$4.38	\$4.81	\$154.14	\$169.55
Night Charge	\$172.88	\$190.19	\$5.05	\$5.56	\$177.93	\$195.75
Critical Care Transport	\$1,622.29	\$1,784.51	\$47.40	\$52.14	\$1,669.69	\$1,836.65
Mileage (per mile or fraction thereof)	\$25.40	\$25.40	\$0.74	\$0.74	\$26.14	\$26.14
Wait Time	\$45.35	\$45.35	\$1.32	\$1.32	\$46.67	\$46.67
EKG	\$103.10	\$103.10	\$3.01	\$3.01	\$106.11	\$106.11

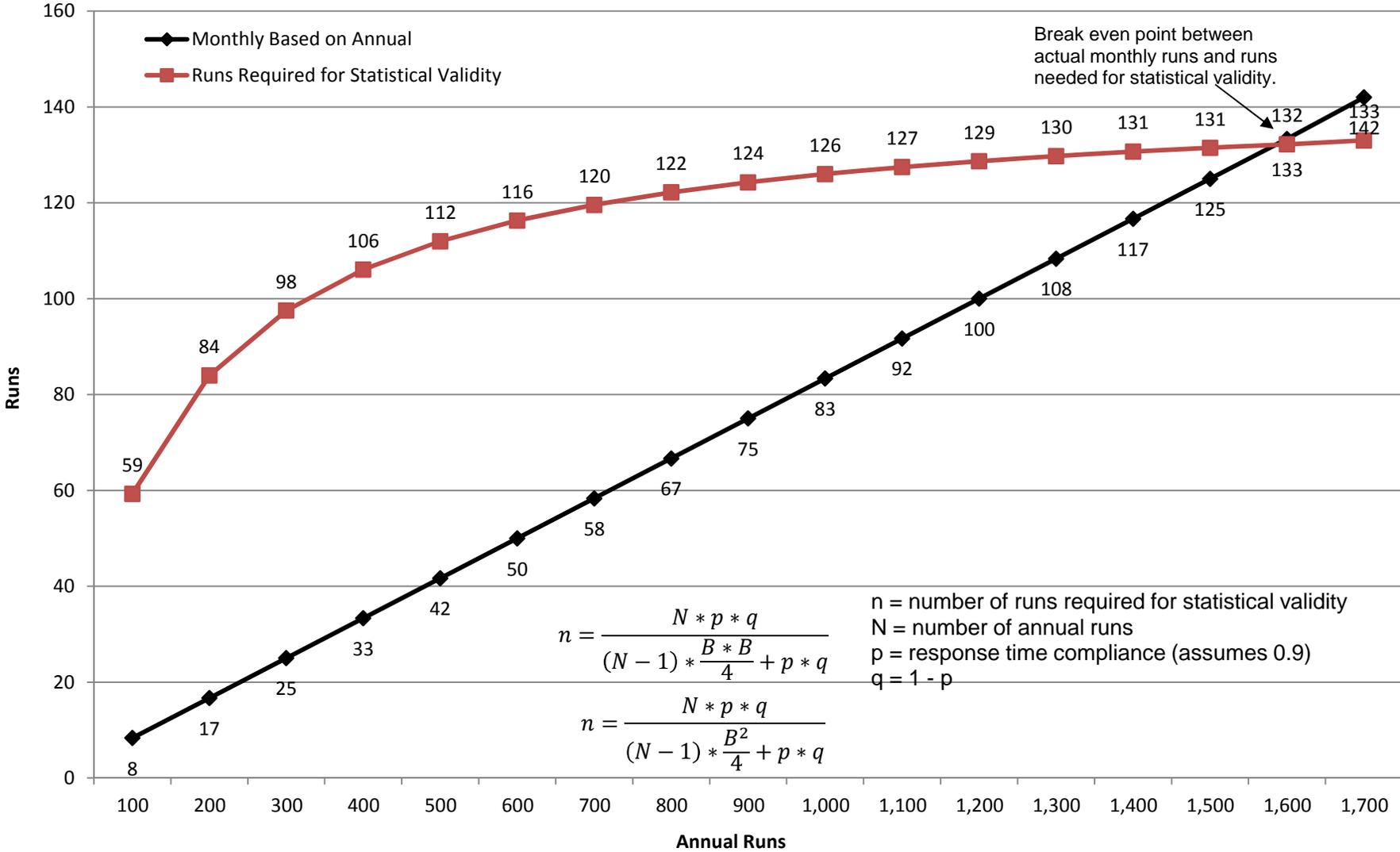
If you have any questions regarding the policy and associated rate calculations, please do not hesitate to contact me at (909) 388-5823 or via e-mail at tom.lynch@cao.sbcounty.gov or George Stone, Program Coordinator, at (909) 388-5807 or via e-mail at george.stone@cao.sbcounty.gov.

TL/GS/jlm

Attachment

c: George Stone, Program Coordinator, ICEMA
File Copy

Number of Runs for Statistical Validity at 95% Confidence EOA Response Time Compliance Calculations Based on Number of Annual Runs



Instructions: Fill in 12 months worth of runs in Table 1 from previous calendar year. Update the data date, as well as the date for which the calculations will be applied. Required runs will be the number to use for the following calendar year.

Table 1 - Data Example

Month	Total	On-Time	Late	Percent
Jan	37	36	1	97.30%
Feb	18	18	0	100.00%
Mar	18	14	4	77.78%
Apr	30	29	1	96.67%
May	22	21	1	95.45%
Jun	15	14	1	93.33%
Jul	20	18	2	90.00%
Aug	23	21	2	91.30%
Sep	24	23	1	95.83%
Oct	31	30	1	96.77%
Nov	20	18	2	90.00%
Dec	22	20	2	90.91%
Total	280	262	18	93.57%

Total Runs	Average Runs Per Month	Months To Get Required Runs
280	23.33333	4.1

Last updated for 2015 to be used in 2016

95 Runs for Statistical Significance

Table 2 - Formula Example

Monthly Runs	Estimated Annual Runs	Estimated Percent Compliant	Estimated Percent Non-Compliant	Error on Estimation	Required Runs
	N	p	q	B	
18	220	0.9	0.1	0.05	87
9	110	0.9	0.1	0.05	63
8	100	0.9	0.1	0.05	59
23	280	0.9	0.1	0.05	95
25	300	0.9	0.1	0.05	98
33	400	0.9	0.1	0.05	106
42	500	0.9	0.1	0.05	112
50	600	0.9	0.1	0.05	116
58	700	0.9	0.1	0.05	120
67	800	0.9	0.1	0.05	122
75	900	0.9	0.1	0.05	124
83	1000	0.9	0.1	0.05	126
92	1100	0.9	0.1	0.05	127
100	1200	0.9	0.1	0.05	129
108	1300	0.9	0.1	0.05	130
117	1400	0.9	0.1	0.05	131
125	1500	0.9	0.1	0.05	131
133	1600	0.9	0.1	0.05	132
142	1700	0.9	0.1	0.05	133

	Monthly Based on Annual	Runs Required for Statistical Validity
100	8	59
200	17	84
300	25	98
400	33	106
500	42	112
600	50	116
700	58	120
800	67	122
900	75	124
1,000	83	126
1,100	92	127
1,200	100	129
1,300	108	130
1,400	117	131
1,500	125	131
1,600	133	132
1,700	142	133

ICEMA Response Time Submissions

File Format

Files should be submitted based upon record layout and data definitions following.

1. Files will be transmitted via internet e-mail to:
pam.winkler@cao.sbccounty.gov
with a subject reference starting with
EMS-RT

For example: ***EMS-RT Needles 4-02***

2. Filename of attachment to e-mail will be in Excel or Access. Because of the difficulties in emailing Access Databases, Access files will be renamed with .ICMEA at the end of the file. Thus, all files will be of the following formats:

EMSRTpppyyyymm.csv
EMSRTpppyyyymm.xls
EMSRTpppyyyymm.xlsx
EMSRTpppyyyymm.mdb.ICEMA
EMSRTpppyyyymm.accdb.ICEMA

ppp Provider code, or first provider code if file contains multiple providers
yyyy Numeric year of data
mm Numeric month of data

For example: ***EMSRT003200203.xls***

3. File can be sent in ZIP format. Internal filename should match above convention. ZIP filename should match the same convention except filename suffix would be **.ZIP**. For example, the above file in ZIP format would be ***EMSRT003200203.ZIP***
4. A file may contain multiple providers, should not contain more than records for more than one calendar month based upon Run Date.
5. The record format to be used is comma delimited format. Files may include field headers but should not include titles.
6. Files should be submitted no later than the 15th of the month following the end of the month under report. If you are encountering difficulties in transmitting a file, please contact Pam Winkler directly at (909) 388-5818 or call the Main Line at (909) 388-5823.

ICEMA Response Time Submissions

File Format

The file should contain only records related to:

- All Advance Life Support (ALS) units dispatched to an incident where emergency medical pre-hospital services (EMS) are required for response or transport to be rendered by a certified EMT (or superior), or
- All pre-hospital service units dispatched in an Advance Life Support capacity dispatched via "9-1-1"
- All pre-hospital service units rendering Advance Life Support care at a Special Event where the unit was previously on a Standby basis, or
- All Advance Life Support units dispatched via "9-1-1" for an Inter-facility Transfer

The file should not contain any records (at this time) related to:

- Any Basic Life Support units dispatched to an incident, or
- Any Basic or Advance Life Support units dispatched to a Special Event on a Standby basis without incident, or
- Any Basic or Advance Life Support units not dispatched via "9-1-1" to a Scheduled or Unscheduled Inter-facility Transfer, or
- Any Basic or Advance Life Support units dispatched to a location to render Ground Rescue/Technical Assistance and do not provide emergency medical pre-hospital care.

If for technical conditions it is not feasible or practical to exclude records from the file which otherwise would not be included, then every effort must be taken to mark those records to be filtered by ICEMA.

ICEMA Response Time Submissions

First File Options

1. The first file submitted by a provider will be used in a test environment.
2. The provider should supply a contact name and phone number to ICEMA that could be available for questions or problem resolution during the processing of the first file.
3. The first file should contain approximately 250 records from the same calendar month. However, the file need not contain all the records of an entire month.
4. After successful processing of the first file, the provider is encouraged to submit files with historical data from January 1, 2002 as frequently as possible.

ICEMA Response Time Submissions

Record Layout

Each record must have 26 fields. The field identifiers and the order in which they must appear are:

Field	Data Element	Field Format	See Page
1	ICEMA Provider Code	3 Characters	6
2	Date Incident Report	MM/DD/YYYY	10
3	Map Book	2 Characters	11
4	Map Reference	Up to 11 Characters	12
5	Type of Service Requested	2 Numbers	13
6	Agency Unit Number	Up to 10 Characters	15
7	Agency Incident Number	Up to 50 Characters	16
8	Response Time Code	2 Characters	17
9	Operating Area	2 Numbers	19
10	Onset Date-Time	MM/DD/ YYYY HH:MM:SS	21
11	Recognition Time	MM/DD/ YYYY HH:MM:SS	22
12	Time Incident Reported – Primary PSAP	MM/DD/ YYYY HH:MM:SS	23
13	Time Dispatch Notified – Secondary PSAP	MM/DD/ YYYY HH:MM:SS	24
14	Time Dispatch Notified – Provider Dispatch	MM/DD/ YYYY HH:MM:SS	25
15	Date-Time Unit Notified	MM/DD/ YYYY HH:MM:SS	26
16	Time Unit Responding	MM/DD/ YYYY HH:MM:SS	27
17	Time Arrival at Scene/Staging	MM/DD/ YYYY HH:MM:SS	28
18	Time of Arrival at Patient	MM/DD/ YYYY HH:MM:SS	29
19	Time Unit Left Scene	MM/DD/ YYYY HH:MM:SS	30
20	Time Arrival at Destination	MM/DD/ YYYY HH:MM:SS	31
21	Time of Receipt of Patient at Receiving Facility	MM/DD/ YYYY HH:MM:SS	32
22	Time Back in Service – not available	MM/DD/ YYYY HH:MM:SS	33
23	Time Back in Service – available	MM/DD/ YYYY HH:MM:SS	34
24	Time Unit Cancelled En-route	MM/DD/ YYYY HH:MM:SS	35

ICEMA Response Time Submissions

Record Layout

25	Time Unit Upgraded Code 3	MM/DD/ YYYY HH:MM:SS	36
26	Time Unit Downgraded Code 2	MM/DD/ YYYY HH:MM:SS	37
27	Exemption Request Code	2 Numbers	38
28	Exemption Request Notes	Up to 255 Characters	39

All fields are to be reported. The Page Number reference noted for each field is the Data Definition that includes specific values, edits, and additional details related to the field content.

ICEMA Response Time Submissions

Data Definition

Data Element: ICEMA Provider Code

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Three digit numeric code assigned by ICEMA to uniquely identify responding and transporting providers for Reporting or Three digit alpha code [Agency ID] referenced in the Incident Command System (ICS) component of the National Interagency Incident Management System (NIIMS) used to designate certain agencies (see MACS-410 of California Office of Emergency Services).
Field Number	1
Data Type	Numeric or Alpha
Format	9(3) or X(3)
Restrictions	None
Edits	Must be valid ICEMA Provider Code or Must be valid ICS Agency ID or Must be pre-arranged alternate Numeric value must be leading zero filled
Samples	171 or RCF

Coding Values:

Provider Code	Provider or Transporter Agency Name
006	California Department of Forestry -San Bernardino County Highland Station Number 541
010	Big Bear City Fire Department
013	California Department of Forestry – San Bernardino County Yucaipa Station Number 542
025	Crest Forest Fire Department
035	San Bernardino County Sheriff Air Rescue
040	Baker Emergency Medical Service
042	Desert Ambulance
044	Needles Ambulance Service
050	Running Springs Fire Department
053	American Medical Response - Rancho Cucamonga

ICEMA Response Time Submissions

Data Definition

Provider Code	Provider or Transporter Agency Name
054	Priority One Medical Transport
060	Morongo Basin Ambulance
061	Chino Independent Fire District
064	Med Event Medical Services
074	American Medical Response - Redlands
078	American Medical Response - Redlands & San Bernardino
080	American Medical Response - San Bernardino
088	American Medical Response - Victorville
090	Olancha-Cartago Fire Department
094	San Bernardino County Fire Department – Lake Arrowhead
101	San Bernardino County Fire Department – Wrightwood
103	Mono County Emergency Medical Service
111	San Bernardino County Fire Department – Lucerne Valley
121	San Bernardino County Fire Department – Yucca Valley
131	Ontario Fire Department
171	Rancho Cucamonga Fire Department
201	Rialto Fire Department
206	Liberty Ambulance
211	Colton Fire Department
215	Symons Ambulance
222	San Bernardino City Fire Department
261	Redlands Fire Department
281	Big Bear Lake Fire Department
301	Hesperia Fire Department
321	Adelanto Fire Department
331	Apple Valley Fire Protection District
361	Barstow Fire Protection District
500	California Highway Patrol Air Operations Unit
530	Mercy Air Service
531	Sierra Lifeflight

Agency ID	Agency Name
ABL	ARROWBEAR LAKE FD
ADA	ADELANTO AIRPORT FD
AGC	AEROJET ORDINANCE COMPANY FD
AGL	ANGELS CAMP FD
ANG	AIR NATIONAL GUARD FD
APP	APPLE VALLEY FPD
ASP	ASPENDELL FC
AYG	ARROYO GRANDE FD
BAK	BAKER FD

ICEMA Response Time Submissions

Data Definition

BAR	BARSTOW FPD
BBC	BIG BEAR CITY CSD
BBD	BLM CENTRAL CALIFORNIA REGION
BBL	BIG BEAR LAKE FPD
BDC	SAN BERNARDINO COUNTY FD
BDF	USFS SAN BERNARDINO NF
BDO	SAN BERNARDINO FD
BDU	CDF SAN BERNARDINO
BDY	MOUNT BALDY FD
BSH	BISHOP VFD
CAC	CALIFORNIA CITY FD
CBT	CABAZON TRIBAL FD
CDD	BLM DESERT DISTRICT
CDF	CDF HEADQUARTERS
CDR	CATHEDRAL CITY FD
CDV	CEDARVILLE FPD
CHO	CHINO VALLEY FPD
CIM	CALIF. INSTITUTION FOR MEN - CHINO
COL	COLTON FD
CRF	CREST FOREST FPD
DAG	DAGGETT CSD
DVF	FURNACE CREEK VFD
DVP	NPS DEATH VALLEY NM
FHF	FORESTHILL FPD
FPB	EDWARDS AFB FPD
HES	HESPERIA FPD
JTP	NPS JOSHUA TREE NP
JUN	JUNE LAKE FPD
KJC	KJC OPERATIONS COMPANY FD
LNG	LONG VALLEY VFD
LOM	LOMA LINDA FD
MAM	MAMMOTH LAKES FPD
MCB	MARINE CORPS LOGISTICS BASE FD
MCT	COMBAT CENTER USMC FD
MGO	MORONGO VALLEY CSD
MNP	NPS MOJAVE NP
MRF	MORONGO INDIAN RESERVATION FD
NED	NEEDLES FD
OAP	ONTARIO AIRPORT FD
PRD	PARADISE FPD
PVT	PRIVATE CONTRACTOR

ICEMA Response Time Submissions

Data Definition

RCF	RANCHO CUCAMONGA FPD
RIA	RIALTO FD
RIV	RIVERSIDE FD
RSP	RUNNING SPRINGS CWD
RSS	CDF SOUTHERN OPERATIONS CENTER
SFD	FORT IRWIN FD
SWF	WHEELER CREST FPD
TWP	TWENTYNINE PALMS FD
VCV	VICTORVILLE FD
YUC	YUCAIPA FD

Notes: Lists above may not be complete and are subject to change.

ICEMA Response Time Submissions

Data Definition

Data Element: **Date Incident Report**

ICEMA Data Element	Date Incident Report
Definition	Date call received by Public Safety Answering Point or other designated entity.
Field Number	2
Data Type	Date
Format	MM/DD/YYYY
Restrictions	None
Edits	Valid Date required. Field cannot be blank. "/" separator required in field Four digit year required Leading zeros required in month and day segments
Samples	01/04/2002

Coding Values: **Not Applicable**

Notes:

This data element will determine the month under report. For example,
Date Incident Report 1/31/2002 23:59
Date Unit Notified 2/1/2002 00:02

This incident would be included at part of the January, 2002 report.

ICEMA Response Time Submissions

Data Definition

Data Element: **Map Book**

ICEMA Data Element	Not on Response Time Terminology list.
Definition	ICEMA reference to Thomas Brothers Map Company Book (or alternate reference) used as reference for location of Scene.
Field Number	3
Data Type	Alpha
Format	X(2)
Restrictions	None
Edits	Must be valid Map Book reference Alpha characters must be upper case If unknown, use county abbreviation of provider Alternate reference will start with "X"
Samples	SB

Coding Values:

Abbreviation	County Name
ED	El Dorado
FR	Fresno
IN	Inyo
KE	Kern
LA	Los Angeles
MO	Mono
OR	Orange
RI	Riverside
SB	San Bernardino
XA	Alternate Reference for Rancho Cucamonga FD
XB	Alternate Reference for Ontario FD
XC	Alternate Reference for Desert Communications
XY	Incident Location supplied as Statewide X-Y Plane
XZ	Incident Location supplied as Latitude/Longitude
99	Unknown

Notes: **None**

ICEMA Response Time Submissions

Data Definition

Data Element: **Map Reference**

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Thomas Brothers Map Company Map Book Page-Column-Row grid reference for location of Scene.
Field Number	4
Data Type	Alpha-Numeric
Format	X(11) [see edits]
Restrictions	None
Edits	Must be valid map Page-Column-Row combination If unknown, use 9999X99 Page and Row segments must have leading zeros [see sample]
Samples	Page 348,Column D, Row 5 would be reported as 0348D05

Coding Values: **Not Applicable**

Notes:

Accepted Alternate Map References may not match the above coding values.

ICEMA Response Time Submissions

Data Definition

Data Element: **Type of Service Requested**

ICEMA Data Element	Type of Service Requested
Definition	Type of Service representative of call.
Field Number	5
Data Type	Numeric
Format	9(2)
Restrictions	None
Edits	Must be valid Service Type Code [see Notes] Cannot be blank Leading zeros required
Samples	01

Coding Values:

Service Type Code	Type of Service Requested
01	Scene – Refers to direct response to scene of incident or injury, such as roadway, etc.
02	Unscheduled Inter-facility Transfer – Refers to transfer of patients from one facility to another facility. Requested when a patient has non-life threatening conditions.
03	Scheduled Inter-facility transfer – Refers to transfers of patients from one facility to another facility when the transfer is scheduled in advanced. Requested when a patient requires service(s) that are not available at the sending facility.
04	Urgent Inter-facility Transfer – Requested when a patient has a life threatening condition at the emergency room/clinic, requires a higher level of care, and the required service(s) not available at the sending facility, including pediatric transfers.
05	Standby for Public Provider
06	Rendezvous
07	Staging
08	Ground Rescue/Technical Assistance – Requested when special equipment and/or preparation time is needed to retrieve and assist the patient.

ICEMA Response Time Submissions

Data Definition

10	Mutual Aid
88	Not Applicable
99	Unknown

Notes:

For initial implementations, the use of **99** is valid for edits and validation. However, it is strongly recommended rigorous efforts be applied to populating this field with a value as accurate as possible until source data systems are able to accurately track this element. For example, a provider might find a default election of **01** to be more accurate than **99** for their data reporting.

ICEMA Response Time Submissions

Data Definition

Data Element: **Agency Unit Number**

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Unique identification reference assigned by provider to unit responding to call.
Field Number	6
Data Type	Alpha-Numeric
Format	Null to X(10)
Restrictions	None
Edits	If spaces or special characters included in data, then quotation marks (""") will be required to encapsulate the field Alpha characters must be upper case
Samples	"T R-5.2"

Coding Values: **Not Applicable**

Notes:

This field is required in the record, but there are no specific data requirements for this field. For example within the record, it can be represented as

 or

When available, preference should be given to using an identification reference consistent with Inspection and/or Licensing documents.

ICEMA Response Time Submissions

Data Definition

Data Element: Agency Incident Number

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Unique identification reference assigned by responding provider to call.
Field Number	7
Data Type	Alpha-Numeric
Format	Null to X(50)
Restrictions	If spaces or special characters included in data, then quotation marks (""") will be required to encapsulate the field Alpha characters must be upper case
Edits	None
Samples	"ABC CO 015-3182:22:35-01"

Coding Values: Not Applicable

Notes:

This field is required in the record, but there are no specific data requirements for this field. For example within the record, it can be represented as

 or

When available, preference should be given to using the incident identification reference provided by original dispatch.

It is strongly recommended for this field to be used to contain a unique reference that could be used should there be anomalies or coding issues in other fields.

Providers can also include any other data they choose. All data submitted will be stored, but not used for any edits or validations.

ICEMA Response Time Submissions

Data Definition

Data Element: **Response Time Code**

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Combination of Response Zone Population Category and Reference Map Designation of the Scene as included in the ICEMA Response Time Terminology list.
Field Number	8
Data Type	Alpha-Numeric
Format	X(2)
Restrictions	None
Edits	Must be valid response time code Alpha character must be upper case Can be "X9" if Map Reference provided [see Notes]
Samples	M3

Coding Values:

Response Time Code	Response Time Standards
M0	Metro/Urban/Suburban area response less than 9:59
M1	Metro/Urban/Suburban area response less than 11:59
M2	Metro/Urban/Suburban area response less than 12:59
M3	Metro/Urban/Suburban area response less than 14:59
M4	Metro/Urban/Suburban area response less than 19:59
M5	Metro/Urban/Suburban area response less than 24:59
R0	Rural area response less than 29:59
R1	Rural area response less than 39:59
R2	Rural area response less than 49:59
R3	Rural area response less than 59:59
W0	Remote/Wilderness area response less than 99:59
X9	Unknown area or Map Reference provided

ICEMA Response Time Submissions

Data Definition

Notes:

Map Type Zones	Population Density
Metro	Over 500 residents per square mile
Urban	101-500 residents per square mile
Suburban	51-100 residents per square mile
Rural	5-50 residents per square mile
Remote	Under 7 residents per square mile

If a complete Map Reference [Field 4] is provided, this field can be reported using the value **X9** and the specific value from the Map Reference will be computed by the ICEMA system.

ICEMA Response Time Submissions

Data Definition

Data Element: Operating Area

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Assigned Operating Area for Responding and Transporting Providers.
Field Number	9
Data Type	Numeric
Format	9(2)
Restrictions	None
Edits	Must be valid response time code Cannot be blank Leading zeros required Can be 99 if Map Reference provided [see Notes]
Samples	21

Coding Values:

Operating Area	Responder or Transporter Agency
01	American Medical Response (Rancho Cucamonga)(ALS) Schaefer Ambulance (BLS)
02	American Medical Response (Rancho Cucamonga) (ALS) Schaefer Ambulance (BLS)
03	American Medical Response (Rancho Cucamonga)
04	American Medical Response (Rancho Cucamonga)
05	American Medical Response (San Bernardino) Courtesy Rialto Fire Department
06	American Medical Response (San Bernardino)
07	American Medical Response (San Bernardino) Courtesy
08	American Medical Response (Redlands)
09	American Medical Response (Redlands) LifeCare
10	Crest Forest Fire Department
11	American Medical Response (San Bernardino)(ALS) Crest Forest Fire Department (BLS)
12	American Medical Response (Victorville)
13	Desert Ambulance
14	Morongo Basin Ambulance
15	Morongo Basin Ambulance
16	Wrightwood Fire Department

ICEMA Response Time Submissions

Data Definition

Operating Area	Responder or Transporter Agency
17	Hesperia Fire Department
18	Lake Arrowhead Fire Department
19	Running Springs Fire Department
20	Bear Valley Paramedics
21	Yucca Valley Fire Department
22	Needles Ambulance
23	Baker Emergency Services
24	Searles Valley Fire Department
25	Lucerne Valley Fire Department
26	Liberty Ambulance
27	Havasu Fire Department
99	OA Unknown or Map Reference provided

Notes:

List above may not be complete and is subject to change.

If a complete Map Reference [Field 4] is provided, this field can be reported using the value 99 and the specific value from the Map Reference will be computed by the ICEMA system.

ICEMA Response Time Submissions

Data Definition

Data Element: **Onset Date-Time**

ICEMA Data Element	Onset Date and Onset Time
Definition	Date and time of onset of Symptoms or injury date and time.
Field Number	10
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: **Not Applicable**

Notes:

If multiple patients involved at incident, report the Onset Date and Time of the patient designated as Patient 1

ICEMA Response Time Submissions

Data Definition

Data Element: Recognition Time

ICEMA Data Element	Recognition Time
Definition	Time that an incident is recognized as a reportable emergency.
Field Number	11
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Incident Reported – Primary PSAP

ICEMA Data Element	Time Incident Reported – Primary PSAP
Definition	Time call is first received by the Public Service Answering Point or other designated entity. (NHTSA recognizes one PSAP designation in their data set. The ICEMA Region uses primary and secondary PSAP's).
Field Number	12
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Dispatch Notified – Secondary PSAP

ICEMA Data Element	Time Dispatch Notified – Secondary PSAP
Definition	Time call is first received by the Secondary Public Answering Point or other designated entity. (The subcommittee agreed to use NHTSA definition and refine the definition for Secondary and Provider).
Field Number	13
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field "." separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Incident Reported – Primary PSAP</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Dispatch Notified – Provider Dispatch

ICEMA Data Element	Time Dispatch Notified – Provider Dispatch
Definition	Date and Time call first received by the EMS provider agency dispatch.
Field Number	14
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Dispatch Notified – Secondary PSAP</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: **Date-Time Unit Notified**

ICEMA Data Element	Date Unit Notified and Time Unit Notified
Definition	Date and Time response unit is notified by EMS dispatch.
Field Number	15
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: **Not Applicable**

Notes: **None**

ICEMA Response Time Submissions

Data Definition

Data Element: Time Unit Responding

ICEMA Data Element	Time Unit Responding
Definition	Date and Time that the response unit begins physical motion, i.e. wheels begin to turn.
Field Number	16
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Dispatch Notified – Provider Dispatch</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Arrival at Scene/Staging

ICEMA Data Element	Time Arrival at Scene/Staging
Definition	Date and Time EMS unit stops physical motion at scene or staging area, i.e. wheels stop turning.
Field Number	17
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Unit Responding</u> If reporting a cancelled call, time must be equal to <u>Time Unit Cancelled En-Route</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time of Arrival at Patient

ICEMA Data Element	Time of Arrival at Patient
Definition	Date and Time when the response personnel establish direct contact with patient.
Field Number	18
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Arrival at Scene/Staging</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes:

If multiple patients involved at incident, report the Time Arrival at Patient of the patient designated as Patient 1

ICEMA Response Time Submissions

Data Definition

Data Element: Time Unit Left Scene

ICEMA Data Element	Time Unit Left Scene
Definition	Date and Time when the EMS unit begins physical motion at scene or staging area, i.e. when wheels begin to turn.
Field Number	19
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field "." separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Arrival at Patient</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Arrival at Destination

ICEMA Data Element	Time Arrival at Destination
Definition	Date and Time when patient arrives at destination or transfer point, i.e., wheels stop turning.
Field Number	31
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Unit Left Scene</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: **Time of Receipt of Patient at Receiving Facility**

ICEMA Data Element	Time of Receipt of Patient at Receiving Facility
Definition	Date and Time when receiving facility or transfer agency accepts transfer and care of the patient.
Field Number	21
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Arrival at Destination</u> Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: **Not Applicable**

Notes:

If multiple patients involved at incident, report the Time of Receipt of Patient at Receiving Facility of the patient designated as Patient 1

ICEMA Response Time Submissions

Data Definition

Data Element: Time Back in Service – Not Available

ICEMA Data Element	Time Back in Service – Not Available
Definition	Date and Time response unit back in service and not available for response.
Field Number	22
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	<p>Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format “/” separator required in date segment of field “:” separator required in time segment of field “ ” separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time of Receipt of Patient at Receiving Facility</u> or 8888 if <u>Time Back in Service – Available</u> is not equal to 8888 Report 8888 if Not Applicable Report 9999 if Not Collected</p>
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Back in Service – Available

ICEMA Data Element	Time Back in Service – Available
Definition	Date and Time response unit back in service and available for response.
Field Number	23
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	<p>Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format “/” separator required in date segment of field “:” separator required in time segment of field “ ” separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time of Receipt of Patient at Receiving Facility</u> or 8888 if <u>Time Back in Service – Available</u> is not equal to 8888 Report 8888 if Not Applicable Report 9999 if Not Collected</p>
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Unit Cancelled Enroute

ICEMA Data Element	Time Unit Cancelled Enroute
Definition	Date and Time provider dispatch is notified that call is cancelled.
Field Number	24
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. If not applicable, field must be null or blank. Hours reported in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Unit Responding</u> and equal to <u>Time Arrival at Scene/Staging</u> if applicable, or 8888 Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Unit Upgraded Code 3

ICEMA Data Element	Time Unit Upgraded Code 3
Definition	Date and Time when provider agency dispatch is notified that response is upgraded to Code 3 from Code 2.
Field Number	25
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	<p>Valid Date-Time required. Field cannot be blank. Hours in 24 hour format "/" separator required in date segment of field ":" separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Unit Responding</u> and less than or equal to <u>Time Arrival at Scene/Staging</u>, or 8888 Report 8888 if Not Applicable Report 9999 if Not Collected</p>
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: Time Unit Downgraded Code 2

ICEMA Data Element	Time Unit Downgraded Code 2
Definition	Date and Time when provider agency dispatch is notified that response is downgraded to Code 2 from Code 3.
Field Number	26
Data Type	Date-Time
Format	MM/DD/YYYY hh:mm:ss
Restrictions	None
Edits	Valid Date-Time required. Field cannot be blank. Hours reported in 24 hour format "/" separator required in date segment of field "." separator required in time segment of field " " separator required between date and time segments of field Four digit year required If actual seconds not available, must be zero filled Leading zeros required in month and day segments Must be greater than or equal to <u>Time Unit Responding</u> and less than or equal to <u>Time Arrival at Scene/Staging</u> , or 8888 Report 8888 if Not Applicable Report 9999 if Not Collected
Samples	01/04/2002 14:35:56

Coding Values: Not Applicable

Notes: None

ICEMA Response Time Submissions

Data Definition

Data Element: **Exemption Request Code**

ICEMA Data Element	Not on Response Time Terminology list.
Definition	Code for identifying call as potentially exempted from Performance Based Contract computations.
Field Number	27
Data Type	Numeric
Format	9(2) or Null
Restrictions	Characters must be in upper case
Edits	Must be blank or valid Request Code
Samples	ME

Coding Values:

Code	Short Description
10	Unavoidable Accident
11	Government Declared Emergency or Disaster
12	Incorrect Location from Caller or PSAP
13	Change in Location from Caller or PSAP
14	Non-preventable mechanical failure of unit
15	Major Incident Area
16	Mutual Aid Outside Operating Area (see also Field 5)
17	Wilderness or Off Road Situation
18	Prolong Drop Off of Previous Patient
19	Road Closure or Construction
20	Second or Subsequent Unit
21	Traffic Delay where Alternate Route not Available
22	Train Delay
23	Delay while Providing Mutual Aid to Other Provider(s).
24	Unusual or Extreme Weather Condition
99	Other Circumstances
<Null>	No Exemption Requested

ICEMA Response Time Submissions

Data Definition

Notes:

Actual Coding Values provided above and their complete meaning subject to change without this list changing based upon form and official interpretation of any and all contractual agreements.

Use of an Exemption Request Code in a data record does not automatically grant any exemption usage of the call represented.

ICEMA Response Time Submissions

Data Definition

Data Element: **Exemption Request Notes**

ICEMA Data Element	Not on Response Time Terminology list
Definition	Additional Exemption Request Codes or supporting information which might be beneficial for transmission and storage of the call data record.
Field Number	28
Data Type	Alpha-Numeric
Format	Null to X(255)
Restrictions	If spaces or special characters included in data, then quotation marks (") will be required to encapsulate the field Alpha characters must be upper case
Edits	None
Samples	"SU PT WEIGHT REQ ADDL LIFT"

Coding Values: **Not Applicable**

Notes:

Data in this field will not be correlated if Field Number 28 is not correctly populated.

Actual Coding Values provided above and their complete meaning subject to change without this list changing based upon form and official interpretation of any and all contractual agreements.

Use of an Exemption Request Code in a data record does not automatically grant any exemption usage of the call represented.