



RESOLUTION No. _____
OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO
ACTING AS BOARD OF DIRECTORS OF COUNTY SERVICE AREA NO. 3

**RESOLUTION TO ADOPT AMBULANCE RATE SCHEDULE FOR
COUNTY SERVICES AREA NO. 3 FOR AMBULANCE SERVICES**

WHEREAS, the board of Directors of County Service Area No. 3 has determined that it is necessary to provide advanced life support (ALS) ambulance service within the legal boundaries of County Service Area No. 3; and

WHEREAS, the Board of Directors of County Service Area No. 3 has determined that the patients and users of such ambulance service pay a standardized rate for services to reimburse in part the cost of such ambulance service within County Service Area No. 3; and

WHEREAS, the Board of Directors of County Service Area No. 3 has determined to adopt ALS billing county-wide as a matter of policy;

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. That the Board of Directors of County Service Area No. 3 does hereby adopt, effective August 21, 2007, the Ambulance Rate Schedule attached hereto as Exhibit A for ambulance services within the said County Service Area.
2. That the Director of Public Health is authorized to adjust rates within said schedule, as needed, on an annual basis, based upon the Medical Consumer Price Index for urban wage earners in the San Francisco/Oakland area.
3. That the billing for said services and collections thereof shall be performed by the Ambulance Billing Office of the County of El Dorado.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the 21st day of August, 2007, by the following vote of said Board:

Ayes:

ATTEST
Cindy Keck
Clerk of the Board of Supervisors

Noes:
Absent:

By _____
Deputy Clerk

Helen K. Baumann, Chair, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

Date _____
ATTEST: Cindy Keck, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By _____
Deputy Clerk

**2007 EL DORADO COUNTY
AMBULANCE RATE SCHEDULE**

EFFECTIVE AUGUST 21, 2007

Description	Rate
ALS Emergency Base Rate ¹ – Resident	\$797
ALS Emergency Base Rate – Nonresident*	\$822
ALS Non-Emergency Base Rate ² – Resident	\$797
ALS Non-Emergency Base Rate – Nonresident*	\$822
ALS Level 2 ³ – Resident	\$1,155
ALS Level 2 – Nonresident*	\$1,180
Mileage	\$16/mile
Facility Waiting Time (per 1/4 hour)	\$186
Oxygen Use	\$53
Standby (Per Hour)	\$138
Critical Care Transport ⁴ – Resident	\$1,365
Critical Care Transport – Nonresident*	\$1,390
Treatment – No Transport ⁵	\$300
Medical Supplies & Drugs ⁶	Market Cost + 15%

¹ ALS Emergency Base Rate: This base rate is charged for all emergency transports for which the patient was transported to an acute care hospital or rendezvous point with an air ambulance at least 0.1 mile from the pick up location.

² ALS Non-Emergency Base Rate: This base rate is charged for non-emergency transfers from a private residence, convalescent care, skilled nursing facility, or hospital and does not require an emergency response (i.e., red lights and siren) to the pick up location.

³ ALS Level 2: This charge applies when there has been a medically necessary administration of at least three different medications or the provision of one or more of the following ALS procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.

⁴ Critical Care Transport: This charge applies when a patient receives care from a registered nurse during transport from a hospital to another receiving facility.

⁵ Treatment – No Transport: This charge applies when the patient receives an assessment and at least one ALS intervention (i.e., ECG monitor, IV, glucose, etc.), but then refuses transport or is transported by other means (i.e., private car, air ambulance, etc.)

⁶ Medical Supplies & Drugs: Medical supplies and drugs are billed at provider's net cost plus a handling charge of 15% to cover the costs of materials, ordering, shipping and inventory control.

* Nonresident: Charge applies only to a patient whose home address includes a city, state or zip code located outside El Dorado County



RESOLUTION No. _____
OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO
ACTING AS BOARD OF DIRECTORS OF COUNTY SERVICE AREA NO. 7

**RESOLUTION TO ADOPT AMBULANCE RATE SCHEDULE FOR
COUNTY SERVICES AREA NO. 7 FOR AMBULANCE SERVICES**

WHEREAS, the board of Directors of County Service Area No. 7 has determined that it is necessary to provide advanced life support (ALS) ambulance service within the legal boundaries of County Service Area No. 7; and

WHEREAS, the Board of Directors of County Service Area No. 7 has determined that the patients and users of such ambulance service pay a standardized rate for services to reimburse in part the cost of such ambulance service within County Service Area No. 7; and

WHEREAS, the Board of Directors of County Service Area No. 7 has determined to adopt ALS billing county-wide as a matter of policy;

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. That the Board of Directors of County Service Area No. 7 does hereby adopt, effective August 21, 2007, the Ambulance Rate Schedule attached hereto as Exhibit A for ambulance services within the said County Service Area.
2. That the Director of Public Health is authorized to adjust rates within said schedule, as needed, on an annual basis, based upon the Medical Consumer Price Index for urban wage earners in the San Francisco/Oakland area.
3. That the billing for said services and collections thereof shall be performed by the Ambulance Billing Office of the County of El Dorado.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the 21st day of August, 2007, by the following vote of said Board:

Ayes:

ATTEST
Cindy Keck
Clerk of the Board of Supervisors

Noes:
Absent:

By _____
Deputy Clerk

Helen K. Baumann, Chair, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

Date _____
ATTEST: Cindy Keck, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By _____
Deputy Clerk

**2007 EL DORADO COUNTY
AMBULANCE RATE SCHEDULE**

EFFECTIVE AUGUST 21, 2007

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⁴ Critical Care Transport: This charge applies when a patient receives care from a registered nurse during transport from a hospital to another receiving facility.

⁵ Treatment – No Transport: This charge applies when the patient receives an assessment and at least one ALS intervention (i.e., ECG monitor, IV, glucose, etc.), but then refuses transport or is transported by other means (i.e., private car, air ambulance, etc.)

⁶ Medical Supplies & Drugs: Medical supplies and drugs are billed at provider's net cost plus a handling charge of 15% to cover the costs of materials, ordering, shipping and inventory control.

* Nonresident: Charge applies only to a patient whose home address includes a city, state or zip code located outside El Dorado County