



10-0415
5/24/10
#3

RESOLUTION NO. 062-2010
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 SERVICE AREA NO. 7 FOR AMBULANCE SERVICES

WHEREAS, the Board of Directors of County Service Area No. 7 has determined that it is necessary to continue providing 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 continue ALS billing county-wide as a matter of policy;

NOW, THEREFORE, BE IT RESOLVED

1. That the Board of Directors of County Service Area No. 7 does hereby adopt, effective June 1, 2010, the Ambulance Rate Schedule attached hereto as Exhibit A for ambulance services within the said County Service Area.
2. That the billing for said services and collections thereof shall be managed 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 the 24th day of May, 2010, by the following vote of said Board:

Attest: Suzanne Allen de Sanchez Clerk of the Board of Supervisors	Ayes: Knight, Sweeney, Nutting, Briggs, Noes: None Absent: Santiago
--	---

By: Marcie MacFarland Deputy Clerk Raymond J. Nutting First Vice Chairman, Board of Supervisors
Raymond J. Nutting

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

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____ Date: _____
Deputy Clerk

Exhibit A
COUNTY OF EL DORADO
AMBULANCE RATE SCHEDULE

Effective June 1, 2010

Description	Rate
ALS Emergency Base Rate ¹ – Resident	\$1,114
ALS Emergency Base Rate – Nonresident*	\$1,314
ALS Non-Emergency Base Rate ² – Resident	\$1,114
ALS Non-Emergency Base Rate – Nonresident*	\$1,314
ALS Level 2 ³ – Resident	\$1,174
ALS Level 2 – Nonresident*	\$1,374
Mileage	\$24/mile
Facility Waiting Time (per 1/4 hour)	\$205
Oxygen Use	\$87
Standby (Per Hour)	\$152
Critical Care Transport ⁴ – Resident	\$1,648
Critical Care Transport – Nonresident*	\$1,848
Treatment – No Transport ⁵	\$317
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: \$200 additional charge applies to a patient whose home address includes a city, state or zip code located outside County of El Dorado.