



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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*To improve health
through leadership,
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Health Services
www.ladhs.org

May 3, 2007

TO: Alissa Katz
Martha Jimenez
Patricia Miller
Carol Kim
Richard Espinoza
Phillip Chen

FROM: Cathy Chidester *CC*
Acting Director

**SUBJECT: TRANSPORTATION OVERFLOW RATES
FISCAL YEAR JULY 1, 2007 – JUNE 30, 2008**

Under the terms of County's Transportation Overflow Agreements, for the fiscal year July 1, 2007 through June 30, 2008, ambulance and ambulette base rates, except for mileage rates, are adjusted effective each July 1 in the same proportion (percentage rate) indicated by County Code Section 7.16.340, Modification of Rates, up to, but not exceeding three percent (3%). All results will be rounded off to the nearest twenty-five cents (\$.25). In no case shall the rate be less than in effect as of July 1, 2006.

In addition, for the fiscal year July 1, 2007 through June 30, 2008, mileage rates shall be adjusted effective each July 1 by the same proportion (percentage rate) indicated by County Code 7.16.340, Modification of Rates, up to, but not exceeding three percent (3%). All results will be rounded to the nearest five cents (\$0.5). In no case shall the rate be less than the rate in effect as of July 1, 2006.

The percentage increase indicated by County Code Section 7.16.340 for FY 2007 – 2008 is 2.75%. Therefore, ambulance base rates, ambulette base rates, and mileage rates will be increased by 2.75% for calls with a date of service of July 1, 2007 or after. Attached for your information are the new rates effective July 1, 2007.

If you have any questions, please call Armando Carrillo, of my staff, at (323) 890-7586.

CM/ac

04-63a

Attachment

**COUNTY OF LOS ANGELES
TRANSPORTATION OVERFLOW PROGRAM CONTRACT
AMBULANCE / AMBULETTE RATE SCHEDULE- EFFECTIVE JULY 1, 2007**

County will pay Contractor at the following rates for transportation overflow services requested and authorized by Central Dispatch Office (CDO).

Note... rates set forth in this exhibit "C" begin to apply after Contractor's unit arrives at the site of pickup except with respect to "dry run" and "wait and return" services expressly authorized hereunder.

A. AMBULANCE TRANSPORTATION RATES: For the period of this Agreement, County shall pay Contractor for the following ambulance transportation services at the base rates on and after July 1, 2007, or as may be amended as provided in this Exhibit "C".

1.	Basic life support (BLS) - first patient	\$ 124.25	\$ 125.75
2.	Second, and each additional patient		\$ 41.25
3.	Mileage, per mile (One way, patient on board)	\$ 4.25	\$ 4.35
4.	Night call (7:00 p.m through 7:00 a.m)		\$ 11.00
5.	Code 3 transport (red lights and siren)		\$ 11.50
6.	Oxygen, per tank		\$ 11.00
7.	Neonatal Intensive Care incubator / lift, per transport		\$ 57.75
8.	Waiting Time. For each 15 minute period, or fraction thereof, after the first 15 minutes of waiting time have elapsed		\$ 11.00
9.	Advance life support (ALS). Two paramedics on board (unless approved by the EMS Agency to provide one and one ALS service)	\$ 245.75	\$ 252.50

B. AMBULANCE TRANSPORTATION SPECIAL CHARGES: An ambulance operator shall charge no more than the following rates for ancillary services:

1.	Nurse staffed ambulance (non-County staff) per hour, after a three hour minimum charge of \$195.75. One RN maximum,	\$ 65.25	\$ 67.00
2.	Respiratory Therapist (non-County staff) per hour, after a three hour minimum charge of \$162.00. One RT maximum.		\$ 54.00
3.	Cardiac Monitor, per transport		\$ 11.00

4.	Infusion pump, per transport		\$ 11.00
5.	Pulse Oximetry, per transport		\$ 11.00
6.	Volume ventilator, per transport		\$ 42.00
7.	Dry run ambulance - no patient transported	\$ 124.25	\$ 127.75
8.	Dry run mileage.	\$ 4.25	\$ 4.35
9.	Wait time. For each 15 minute period, or fraction thereof		\$ 11.00

C. AMBULETTE TRANSPORTATION RATES: For the period of this Agreement, County shall pay Contractor for ambulette services at the following base rates:

Note.....* The allowable transportation rate is based on miles traveled with a patient on board. The first patient base rate of \$36.00 is already included in the mileage rates below, therefore only applicable items 2 through 6 can be added as billable charges

1.	First patient *	\$ 37.00	\$ 38.00
2.	Second and third patients (of multi-load transports)		\$ 11.50
3.	Attendant		\$ 25.50
4.	Night charge (7:00 p.m to 7:00 a.m)		\$ 7.50
5.	Waiting time. For each 15 minute period, or fraction thereof, after the first 15 minutes of waiting time have elapsed		\$ 7.50
6.	Dry run rates. Rate is calculated on miles the ambulette travels from point of call received to the point of cancellation	see below	
7.	Mileage rates - for trips of 55 miles or less:		

Miles	Old	Rates	New	Miles	Old	Rates	New
1 - 5	\$ 52.25		\$ 53.75	6	\$ 55.30		\$ 53.90
7	\$ 58.35		\$ 60.05	8	\$ 61.40		\$ 63.20
9	\$ 64.45		\$ 66.35	10	\$ 67.50		\$ 69.50
11	\$ 70.55		\$ 72.65	12	\$ 73.60		\$ 75.80
13	\$ 76.65		\$ 78.95	14	\$ 79.70		\$ 82.10
15	\$ 82.75		\$ 85.25	16	\$ 85.80		\$ 88.40
17	\$ 88.85		\$ 91.55	18	\$ 91.90		\$ 94.70
19	\$ 94.95		\$ 97.85	20	\$ 98.00		\$ 101.00
21	\$ 101.05		\$ 104.15	22	\$ 104.10		\$ 107.30
23	\$ 107.15		\$ 110.45	24	\$ 110.20		\$ 113.60
25	\$ 113.25		\$ 116.75	26	\$ 116.30		\$ 119.39

27	\$ 119.35	\$ 123.05	28	\$ 122.40	\$ 126.20
29	\$ 125.45	\$ 129.35	30	\$ 128.50	\$ 132.50
31	\$ 131.55	\$ 135.65	32	\$ 134.60	\$ 138.80
33	\$ 137.65	\$ 141.95	34	\$ 140.70	\$ 145.10
35	\$ 143.75	\$ 148.25	36	\$ 146.80	\$ 151.40
37	\$ 149.85	\$ 154.55	38	\$ 152.90	\$ 157.70
39	\$ 155.95	\$ 160.85	40	\$ 159.00	\$ 164.00
41	\$ 162.05	\$ 167.15	42	\$ 165.10	\$ 170.30
43	\$ 168.15	\$ 173.45	44	\$ 171.20	\$ 176.60
45	\$ 174.25	\$ 179.75	46	\$ 177.30	\$ 182.90
47	\$ 180.35	\$ 186.05	48	\$ 183.40	\$ 189.20
49	\$ 186.45	\$ 192.35	50	\$ 189.50	\$ 195.50
51	\$ 192.55	\$ 198.65	52	\$ 195.60	\$ 201.80
53	\$ 198.65	\$ 204.95	54	\$ 201.70	\$ 208.10
55	\$ 204.75	\$ 211.25			

8. Ambulette mileage rates - for trips in excess of 56 miles:

56 to 76 miles	\$ 235.00	\$ 242.60
77 to 97 miles	\$ 292.20	\$ 299.00
98 to 120 miles	\$ 342.20	\$ 354.10

9. Ambulette mileage rates - for trips in excess of 120 miles
(requires special authorization from CDO)

121 to 150 miles	\$ 404.20	\$ 416.00
151 to 180 miles	\$ 468.60	\$ 483.50
181 to 210 miles	\$ 527.00	\$ 545.00
211 to 250 miles	\$ 591.40	\$ 615.50

10. Greater than 250 miles \$ 615.50 plus \$ 2.40 per mile for each mile over 250 miles

Modification of Rates: For each fiscal year beginning July 1, 2005 ambulance and ambulette base rates, except for mileage rates, shall be adjusted effective each July 1st in the same proportion (percentage rate) indicated by County Code 7.16.340, Modification of Rates, up to but not to exceed three percent (3%). All results will be rounded to the nearest twenty-five cents (\$.25).

For each fiscal year beginning July 1, 2005, mileage rates shall be adjusted effective each July 1st in the same proportion (percentage rate) indicated by County Code 7.16.340, Modification of Rates, up to but not to exceed three percent (3%). All results will be rounded off to the nearest five cents (\$.05).

In no case shall either rate be less than the rate in effect as of July 1, 2005.