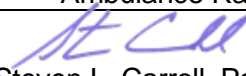


.COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Ambulance Rates		Policy Number 112	
APPROVED: Administration:  Steven L. Carroll, Paramedic		Date: July 1, 2024	
Origination Date: 1984		Effective Date: July 1, 2024	
Date Revised: July 1, 2024			
Last Review: July 1, 2024			
Review Date: July 1, 2025			

- I. PURPOSE: To define the allowable ambulance rates for the County of Ventura.
- II. AUTHORITY: Ventura County Ambulance Ordinance.
- III. POLICY: The rates described in this policy shall be the maximum charged by the ambulance companies in Ventura County.
- IV. PROCEDURE: Ambulance rates are approved by the Board of Supervisors and are established based upon the cost to the ambulance operators to provide emergency ambulance service to the citizens of Ventura County. The rates listed are revised annually as needed, and are the maximum to be charged by all licensed ambulance companies to all users of the service. No rates shall be set, established, changed, modified or amended, unless according to the Ventura County Ambulance Ordinance.

Pursuant to Ventura County Ordinance Code Section 2423-3, the following constitutes the schedule of maximum rates that may be charged, effective July 1, 2024

NON-EMERGENCY BASIC LIFE SUPPORT, EMERGENCY, ADVANCED LIFE SUPPORT AND CRITICAL CARE TRANSPORT RATES

Charge	2024-25	Definition
Non-Emergency Basic Life Support Inter-Facility Transport Base Rate	\$2,466.00	Transport from site of illness or injury to hospital or from hospital to home or other facility resulting from a non-emergency request.
Emergency Response and Advanced Life Support Base Rate	\$2,838.00	Transport from site of illness or injury to hospital as the result of an emergency request or for provision of ALS level services during any request for service.
Critical Care Transport Nurse Hourly Rate (Two hour minimum)	\$406.00	Rate per hour for providing a specially trained nurse to accompany a critically injured or ill patient during transport by a ground ambulance vehicle, which includes the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.
Mileage	\$75.50	Rate per mile from point of pickup to hospital. This charge is pro rated among the patients if more than one (1) patient is transported.
Oxygen Administration	\$189.50	Charge made to patient for administration of oxygen and related adjuncts.
Ventilator Use	\$1,380.00	Rate for use of ambulance provided ventilator and equipment when managed by CCT-RN.

No charge is made for dispatch that is cancelled or that results in no provision of prehospital care.

In accordance with Section 1371.56(d)(1)(A) of the California Health & Safety Code, noncontracting ground ambulance providers shall be reimbursed directly by the health care service plan the difference between the in-network cost-sharing amount and the fixed rates as established by the local governing body. The fixed rates shall apply for each level of ground ambulance service as shown above.

RESOLUTION NO. 24-060

**JOINT RESOLUTION OF THE BOARD OF SUPERVISORS OF THE
COUNTY OF VENTURA, THE BOARD OF DIRECTORS OF THE
VENTURA COUNTY FIRE PROTECTION DISTRICT AND THE BOARD
OF SUPERVISORS OF THE VENTURA COUNTY WATERSHED
PROTECTION DISTRICT ESTABLISHING AND AMENDING RATES AND
FEES FOR VARIOUS SERVICES**

WHEREAS, the Board of Supervisors of the County of Ventura (County), the Board of Supervisors of the Ventura County Watershed Protection District (Watershed Protection District) and the Board of Directors of the Ventura County Fire Protection District (Fire Protection District) (the latter two collectively Districts) may, by resolution, establish and amend service rates and fees within their respective authority; and

WHEREAS, the Board of Supervisors of the County and Watershed Protection District (formerly Flood Control District) and the Board of Directors of the Fire Protection District, by resolution dated December 19, 1995, entitled "A Joint Resolution Establishing Rates and Fees for Various County and District Agencies and Departments" ("1995 Resolution"), established rates and fees for various County agencies and departments and the Districts; and

WHEREAS, the rates and fees established by the 1995 Resolution have been amended from time to time by subsequent resolutions; and

WHEREAS, the proposed rates and fees as set forth herein are consistent with state law and the policy of the Board of Supervisors and Board of Directors of full cost recovery whenever feasible with exceptions noted;

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County and Watershed Protection District and the Board of Directors of the Fire Protection District that:

1. The service rates and fees established by the 1995 Resolution, which have been subsequently amended from time to time, are hereby amended, including the addition of new fees, as set forth in this resolution and Schedules A through G, which are attached hereto and incorporated herein by reference.
2. The County and District rates and fees are consistent with state law. The rates and fees charged do not exceed the estimated reasonable costs of the regulatory activity they support, and those costs are apportioned to individual payers in a manner that bears a fair or reasonable relationship to the payers' burdens on or benefits from the regulatory activity. The documentation and analysis supporting the amount of the rates and fees are on file with the County agencies and Districts involved in the calculations and are incorporated herein by reference.

3. The rates and fees in the attached schedules shall become effective July 1, 2024, with the exception of the following, which will become effective on the 60th day after adoption of this resolution:
- a. Resource Management Agency (RMA) Technician Services Rates established in Schedule A;
 - b. RMA Planning Fees established in Schedule B;
 - c. RMA Code Compliance Fees established in Schedule C; and
 - d. RMA Environmental Health Land Use Fees established in Schedule F.

On motion by Supervisor/Director Lopez, seconded by Supervisor/Director Lavere, the foregoing resolution was passed and adopted on May 21, 2024.

ATTEST:

Dr. Sevet Johnson, Clerk of the Board of Supervisors of Ventura County, State of California, and Ex-Officio Clerk of the Board of Directors of the Ventura County Fire Protection District and the Board of Supervisors of the Ventura County Watershed Protection District

COUNTY OF VENTURA
 BOARD OF SUPERVISORS
 AND
 VENTURA COUNTY FIRE
 PROTECTION DISTRICT BOARD OF
 DIRECTORS
 AND
 VENTURA COUNTY WATERSHED
 PROTECTION DISTRICT BOARD OF
 SUPERVISORS

BY: Lori Key
 Deputy Clerk of the Board of Supervisors and Deputy Ex-Officio Clerk of the Board of Directors of the Ventura County Fire Protection District and the Board of Supervisors of the Ventura County Watershed Protection District

BY: Kelly Bong
 Chair, Board of Supervisors and Board of Directors



SCHEDULE OF
2024-25 SERVICE RATES & FEES

Attachment 1
Schedule A

All service rates are presented on an hourly basis unless otherwise indicated. Rates for 2023-24 are shown for comparison purposes only.		
	2023-2024	2024-2025
Evaluation Units MTP PT Telehealth 30min	145.00	153.00
Evaluation Units MTP PT Additional Telehealth 15min	46.00	46.00
Case Conference MTP PT Telehealth 30min	145.00	153.00
Case Conference MTP PT Additional Telehealth 15min	46.00	46.00
Treatment Units MTP PT Telehealth 30min	145.00	153.00
Treatment Units MTP PT Additional Telehealth 15min	46.00	46.00
Consultation Units MTP PT Telehealth 15min	31.00	30.00
Telehealth Transmission, per minute	0.24	N/A
Public Health Telehealth Facility Fee	25.00	N/A
HCA - EMERGENCY MEDICAL SERVICES		
Stroke / STEMI Designation Fees	13,523.00	13,867.00
Basic Life Support (BLS)/Advanced Life Support (ALS) Provider Approval	1,072.00	1,202.00
Cards/badges for Ambulance Agencies	18.00	18.00
EMT Program Approval	536.00	589.00
**EMT Certification	136.00	136.00
**EMT Recertification	95.00	96.00
Extra Copies-Policy Manual	148.00	148.00
*Medical marijuana application fee for Medi-Cal beneficiaries	50.00	50.00
*Medical marijuana application fee for non Medi-Cal beneficiaries	100.00	100.00
NSF Check	58.00	57.00
Paramedic Accreditation	80.00	80.00
Paramedic Program Approval	752.00	759.00
Replacement Cards	27.00	27.00
***EMS Transport Rates - Non-Emergency Basic Life Spt, Emergency, Advanced Life Spt. and Critical Care		
Non-Emergency Basic Life Support Inter-Facility Transport Base Rate	N/A	2,466.00
Emergency Response and Advanced Life Support Base Rate	N/A	2,838.00
Critical Care Transport Nurse Hourly Rate (Two hour minimum)	N/A	406.00
Ventilator Rate	N/A	1,380.00
Mileage	N/A	75.50
Oxygen Administration	N/A	189.50
*Per Prop-64 voter approval, California Health & Safety Code Section 11362.755, Medical Marijuana Application Fees are capped at \$50 for Medi-Cal Beneficiaries and \$100 for non Medi-Cal Beneficiaries.		
** Includes California Emergency Medical Services Authority required fee of \$75.00 for initial applicants and \$37.00 for recertification applicants, pursuant to California Code of Regulations, Title 22, Division 9, Section 100345(a).		
***Pursuant to Section 1371.56(d)(1)(A) of the California Health & Safety Code, noncontracting ground ambulance providers shall be reimbursed directly by the health care service plan the difference between the in-network cost-sharing amount and the fixed rates as established by the local governing body. The fixed rates shall apply for each level of ground ambulance service as shown above. No charge is made for dispatch that is cancelled or that results in no provision of prehospital care. This establishes the schedule of maximum rates that may be charged per Ventura County Ordinance Code Section 2423-3.		
HCA - PUBLIC HEALTH DEPARTMENT		
<u>PUBLIC HEALTH CLINIC SERVICES</u>		
Established patient focused exam (nurse visit)	56.00	61.00
Amniotest/Nitrazine POC (AMB)	36.00	55.00
Creatinine POC	9.00	55.00
Fluoride Varnish POC	56.00	55.00
Rapid HIV Testing POC	72.00	88.00
Tuberculin skin test (PPD)	57.00	96.00
Urine pregnancy test	49.00	55.00
Travel Consult without Vaccine	56.00	55.00
G8710 Antibiotic or Anti-Malarial Prescription	13.00	13.00
G8710 Duplicate Certificate of Vaccination	13.00	13.00
*Fluoride is free		
Note: Clinical Services Not Listed will be Charged at prevailing Medicare or Medi-Cal rate, whichever is lower. For services that neither Medicare nor Medi-Cal rate is available, Full Cost + 10% will be charged.		
<u>COST OF VACCINE</u>		
~~Vaccine for Children (VFC) and Vaccine for Adult (VFA) and State Eligible Vaccines are Free.~~		
Afluria 36m (single dose syringe) QUAD	21.00	27.00
Afluria 6m-35m (single dose syringe) QUAD	22.00	23.00
Afluria 3yrs+ (single dose syringe) QUAD	21.00	27.00
AMB Afluria QUAD (Multi-Dose Vial)	21.00	26.00
AMB ADACEL Given	N/A	44.00
AMB Bexsero Given	N/A	216.00
AMB BOOSTRIX Given	N/A	44.00