



## COUNTY OF HUMBOLDT

AGENDA ITEM NO.

**C-8**

For the meeting of: March 21, 2017

Date: February 14, 2017

To: Board of Supervisors

From: Connie Beck, Director  
Department of Health and Human Services – Public Health

Subject: Request to Increase Ambulance Fees for Service Areas 3 (Eureka) and 4 (Fortuna/Garberville)

### RECOMMENDATION(S):

That the Board of Supervisors approve and authorize an increase in billing rates for ambulance services provided in Service Areas 3 (Eureka) and 4 (Fortuna/Garberville).

### SOURCE OF FUNDING:

Private revenues

### DISCUSSION:

County Code Title V – Health and Safety Division 5, Emergency Medical Services System, Section 551-6, Ambulance Service Rates requires that all rates of the schedule shall remain effective until any rate changes are amended or approved by the Board of Supervisors.

On December 30, 2016, City Ambulance of Eureka, Inc, notified the County Health Officer that they were requesting a rate adjustment to their current fee schedule for Ambulance Service Area 3, which covers Eureka area and Service Area 4, which includes the Fortuna and Garberville sub-zones, as defined in the County's Health and Safety Code Title V, Emergency Medical Services System, Division 5, Standards of Ambulance Equipment and Operations, Section 551-9(c). The last request for a rate adjustment for these service areas were approved by your Board on September 8, 2015 (Item C-7).

Prepared by Bill Linn, HPP Coordinator

CAO Approval

REVIEW:

Auditor MSM

County Counsel BA

Human Resources BA

Other

TYPE OF ITEM:

☒ Consent  
☐ Departmental  
☐ Public Hearing  
☐ Other

PREVIOUS ACTION/REFERRAL:

Board Order No. C-7

Meeting of: 9/8/2015

**BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT**

Upon motion of Supervisor Fennell Seconded by Supervisor Sundberg

Ayes Sundberg, Fennell, Bass, Wilson

Nays

Abstain

Absent Bohn

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Mar 21, 2017

By:

Kathy Hayes, Clerk of the Board

City Ambulance of Eureka, Inc, is requesting the increase to increase salaries for Paramedic and Communications personnel. In addition the increase requested will support increased staffing with two (2) additional ambulances added to their existing fleet as well as support establishment of electronic medical records system in compliance with Assembly Bill 1621. This increase would also support replacement and/or upgrade of mountain top dispatch repeaters and base station radios in response to Federal Communications Commission (FCC) regulatory changes.

City Ambulance of Eureka, Inc, has provided Advance Life Support (ALS) ambulance service over a large area in the county since the 1980's, in the two service areas named previously, and plays an integral part in the County's Emergency Medical Services System.

This request was reviewed by the County Health Officer. Supporting financial documentation was provided to the Humboldt County Auditor-Controller for analysis. The Auditor-Controller reviewed the detailed financial records pertaining to the ambulance services provided by City Ambulance of Eureka, Inc, and supports the proposed rate increase.

Accordingly, Public Health recommends that your Board approve the proposed rate increase. This will help to ensure that the highest level of emergency transportation service is available for residents and visitors in Service Areas 3 and 4.

#### FINANCIAL IMPACT:

The request before your board will increase City Ambulance of Eureka, Inc, fees for specific services ranging from 10% to 134%. Ambulance service is funded entirely through fee for service billing. The proposed rate increase will not affect the reimbursement rate from Medi-Cal and Medicare. It should also be noted that City Ambulance operates without any local taxpayer subsidy, and is not a recipient of any Measure Z funding. There is no impact to the County General Fund or the Public Health Fund.

The proposed rate increase supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

#### OTHER AGENCY INVOLVEMENT:

City Ambulance of Eureka, Inc.  
Humboldt County Health Officer  
Humboldt County Auditor-Controller

#### ALTERNATIVES TO STAFF RECOMMENDATIONS:

Your Board could choose not to authorize and approve this request, however this is not recommended. To do so would impact City Ambulance of Eureka, Inc, ability to address recruitment and retention issues of paramedical staff as well as addressing upgrade to existing infrastructure.

#### ATTACHMENTS:

1. City Ambulance of Eureka, Inc, Rate Increase Request dated December 24, 2016
2. 2017 Proposed Ambulance Rate Schedule
3. 2015 Ambulance Rate Schedule

December 24, 2016

Dr. Donald Baird  
Humboldt County Public Health Department  
521 I Street  
Eureka, CA 95501

RECEIVED  
DEC 30 2016  
DHHS  
Public Health Branch

Dear Dr. Baird,

We are requesting an increase in our ambulance rate structure. The new structure is attached.

Our last request of June 2015 was earmarked to improve ambulance coverage and to bring EMT, Paramedic and Communications wages closer to their counterparts in Law Enforcement and Fire Suppression. Although they still lag behind in wages by about 20%, we were able to significantly close the gap.

Using funds from the previous increase, we:

- Increased EMT, Paramedic and Communications wages 8-16%, depending on position.
- Opened a 5<sup>th</sup> ambulance station on Walford Avenue in Eureka, enhancing coverage on the east side of Eureka and the surrounding area.
- Added an on-call ambulance crew in Eureka to assist with inter-facility transfers out of the county.

As you are aware, we strongly campaigned for the passage of Senate Bill 1300, as did our county through a Board of Supervisors resolution and many community letters. Senate Bill 1300 would have substantially increased Medi-Cal rates for emergency ambulance services, which haven't been increased for over 17 years. Medi-Cal, as the payor, will soon account for 40% of our call volume. Unfortunately, despite unanimous bipartisan support, it was vetoed by the Governor, and we are forced to increase our rates again.

This increase will pay for:

- An additional 7% increase for Paramedic and Communications personnel, and a 4% increase for EMTs.
- Two additional ambulances added to the fleet to accommodate the added staffing.
- County fees related to performance monitoring and the transition to electronic medical records in compliance with Assembly Bill 1621.
- Replace and upgrade the existing mountain top dispatch repeaters and base station radios in response to FCC regulatory changes.

A breakdown of these costs and needed revenue structure will be provided to the County Auditor as part of the rate increase process.

A few important things to note:

- City Ambulance operates without any local taxpayer subsidy, and it is not a recipient of Measure Z funds of any other local public funding sources.
- City Ambulance brings millions of dollars into Humboldt County through 3<sup>rd</sup> party payors.
- Under the new rate structure, we are still substantially below the state average for ambulance service rates.
- The rate increase will not entirely fund the enhancements. We are counting on an increased call volume, primarily in inter-facility transfers, to bridge the gap.
- Compliance under the Affordable Care Act means that every individual is now insured, and these increases are largely paid by the private insurance companies: about 15% of our call volume. Medicare, Medi-Cal, and Medi-Cal Managed Care (Partnership) are not affected by the increase.
- As we make the proposed system enhancements, we will provide a written report to you as a measure of accountability.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jaison Chand', with a large, sweeping loop at the end.

Jaison Chand  
Chief Operating Officer



**CITY AMBULANCE OF EUREKA, INC.**

**dba. City Ambulance, Fortuna Rescue Ambulance, Garberville Rescue Ambulance**

**2017 AMBULANCE RATES**

**EUREKA/FORTUNA**

Emergency	\$1,760.00
Non-Emergency	\$600.00
Critical Care Transport	\$1,900.00
MILEAGE	\$21.75
OXYGEN	\$70.00
NIGHT (1900-0700)	\$90.00
ECG MONITOR	\$100.00
WAIT TIME	\$75.00 (15 MINS)
SERVICE CALL	\$200.00
SPINAL IMMOBILIZATION	\$150.00
EXTRICATION	\$250.00

ALS = All emergency responses where a Paramedic or EMT II level unit responds and all interfacility transfers which require a paramedic or EMT II in attendance.

BLS Emergency = All emergency responses where an EMT 1 level unit responds

BLS Non- Emergency = Non emergency calls or transfers requiring only EMT 1 level care

*4 Jan 2017 Review about charges in phone consultation w/ Jean Chaud*

*Approved*

*[Signature]*  
DHSS/PHD

**CITY AMBULANCE OF EUREKA, INC.**  
**2015 Rate Schedule**      *Effective 9/01/2015*

**DBA FORTUNA AND GARBERVILLE AMBULANCE**

**2015 AMBULANCE RATES**

**EUREKA/FORTUNA**

Emergency	\$1,425.00
Non-Emergency	\$500.00
Critical Care Transport	\$1,900.00
MILEAGE	\$19.75
OXYGEN	\$70.00
NIGHT (1900-0700)	\$90.00
ECG MONITOR	\$100.00
WAIT TIME	\$32.00 (15 MINS)
SERVICE CALL	\$200.00
SPINAL IMMOBILIZATION	\$87.00
EXTRICATION	\$115.00

ALS = All emergency responses where a Paramedic or EMT II level unit responds and all interfacility transfers which require a paramedic or EMT II in attendance.

BLS Emergency = All emergency responses where an EMT 1 level unit responds

BLS Non- Emergency = Non emergency calls or transfers requiring only EMT 1 level care

**Gurney Van**

Base	\$300.00
Mileage	\$8.00

**Wheelchair**

Wheelchair Base (billing)	\$90.00
Vileage	\$3.00
Our wheelchair use	\$5.00
Waiting Time (per hour)	\$35.00
Arcata service charge	\$10.00
Fortuna service charge	\$20.00
Garberville service charge	\$50.00



# CERTIFICATE OF LIABILITY INSURANCE

CITYA-1

OP ID: KY

DATE (MM/DD/YYYY)

03/31/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Der Manuel Ins & Fin Svcs Inc Der Manuel Insurance Group P.O. Box 28906 Fresno, CA 93729-8906 Lyn FauntLeRoy	<b>CONTACT NAME:</b> Jennifer Wheeler	
	<b>PHONE (A/C, No, Ext):</b> 559-447-4605 <b>FAX (A/C, No):</b> 559-447-4586	
	<b>E-MAIL ADDRESS:</b> JWheeler@dmig.com	
<b>INSURED</b> City Ambulance of Eureka, Inc. DBA: Fortuna Ambulance; ETAL 135 West Seventh Street Eureka, CA 95501	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> ARCH Insurance Company	11150
	<b>INSURER B:</b> Insurance Company of the West	27847
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		MAPK07859903	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> <b>Professional Liab</b>	MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:	PERSONAL & ADV INJURY \$ 1,000,000				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COM/OP AGG \$ 2,000,000
						Emp Ben. \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>		MAPK07859903	04/01/2016	04/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR	MAUM08494903	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTIONS				\$
						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	WSD502897001	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

COUN029

COUNTY OF HUMBOLDT  
RISK MANAGEMENT DIVISION  
825 5TH ST.  
EUREKA, CA 95501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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