



Agenda Item 7C
 Approvals: [Signature]
 City Manager [Signature]
 Dept. Head _____
 Attorney _____
 Finance _____

AGENDA REPORT
SAN CLEMENTE CITY COUNCIL MEETING
 Meeting Date: April 3, 2012

Department: Finance & Administrative Services
Prepared By: Kumi Elston, Central Services Officer

Subject: *AMBULANCE TRANSPORT FEES*

Summary: Since 1994, ambulance transport services have been provided by the County of Orange/Orange County Fire Authority as a part of the fire services agreement. Basic life support (BLS) and advanced life support (ALS) transport services are provided by contract at a cost of \$455,000 for FY 2012. The City's ambulance billing service, Wittman Enterprises, invoices for ambulance transport services. Ambulance transport revenue for FY 2012 is projected at \$650,000.

The fee schedule, which is based on the actual cost to provide transport services, is developed by the Orange County Health Care Agency (HCA). Fees were last updated in 2008 after a review of the rate structure during the Long Term Financial Plan process. City Council adopted the HCA fee schedule for non-resident transports and provided a \$200 discount for resident transports. The fees adopted in 2008 are provided below:

2008 Fee Schedule	Basic Life Support (BLS)	Advanced Life Support (ALS)
Resident	\$471.75	\$827.50
Non-Resident	\$671.75	\$1,027.50

The Health Care Agency obtained Board of Supervisor approval, in December 2011, to increase the BLS and ALS transport rates for all private ambulance providers in Orange County. The Board also approved future increases to the rates, based on the Los Angeles-Riverside-Orange County "All Items" consumer price index (CPI), calculated from the last increase. The BLS rate increases by \$26.47 and ALS rate increases by \$40.49. The cost of actual supplies used during transport and mileage at \$16.11 per mile would also be charged.

Staff recommends that City Council adopt the HCA fee schedule approved by the Board of Supervisors in December 2011 and continue to provide a discount for residents. The proposed fee schedule for ambulance transports, with a \$200 discount for San Clemente residents, is provided below:

Proposed Fee Schedule	Basic Life Support (BLS)	Advanced Life Support (ALS)
Resident	\$498.22	\$867.99
Non-Resident	\$698.22	\$1,067.99

The cost of the non-resident fee is equal to or less than the cost of providing the service.

Staff also recommends automatic annual increases or decreases to the transport rates, based on CPI, effective July 1st of each year.

Recommended

Action: STAFF RECOMMENDS THAT the City Council:

1. Adopt a resolution of the City Council of the City of San Clemente, California, revising the ambulance transport fees and repealing Resolution No. 08-82, Exhibit "A" as it relates to ambulance transport fees.

Fiscal Impact: Estimated increase of \$15,000 in revenue to the General Fund.

Attachments: Resolution No.

Notification: Wittman Enterprises
Attention: Corinee Wittman-Wong
P.O. Box 269110
Sacramento, CA 95826-9110

M.C.J.

RESOLUTION NO.

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SAN CLEMENTE, CALIFORNIA, REVISING AMBULANCE TRANSPORT FEES, AND REPEALING RESOLUTION NO. 08-82, EXHIBIT "A" AS IT RELATES TO AMBULANCE TRANSPORT FEES

WHEREAS, the City Council desires to increase the City's ambulance transport and ambulance subscription fees authorized by Charter 8 of the Municipal Code; and

WHEREAS, transport fees are established by the Orange County Health Agency and are related to the cost of providing the corresponding services; and

WHEREAS, the Orange County Health Agency has received approval from the Board of Supervisors to increase basic life support, advanced life support and transportation reimbursement rates effective December 15, 2011; and

WHEREAS, the Board of Supervisors has approved annual adjustments to the basic life support, advanced life support and transportation reimbursement rates based on the Los Angeles-Riverside-Orange County "All Items" consumer price index;

NOW, THEREFORE, The City Council of the City of San Clemente does hereby resolve as follows:

Section 1. The fee schedule as set forth in Exhibit "A" attached hereto and incorporated herein by this reference represents or is less than the estimated cost of providing the service for which the fee or service charge is levied and are hereby approved and established.

Section 2. Resolution 08-82 and any other resolutions in conflict herewith are hereby repealed and of no further force or effect.

Section 3. The ambulance transport fees set forth in Exhibit "A" shall be adjusted on July 1 of each year after the date this resolution is adopted, by the same percentage increase or decrease in the Consumer Price Index ("CPI") as reflected in the "Consumer Price Index-Los Angeles-Riverside-Orange County "All Items" consumer price index, 1982-84 = One Hundred" as published by the United States Department of Labor, Bureau of Labor Statistics. The change in CPI shall be determined by comparing the "Base Period Index" with the "Index" for the same month in the subsequent year. For the purpose of this annual adjustment, the "Base Period Index" shall be the CPI for the calendar month April. A \$200.00 per transport discount will be applied to San Clemente residents on BLS and ALS transport fees

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Section 4. The fee for reimbursement of mileage will be applied to all resident and non-resident transports. Mileage will be charged per patient mile or fraction thereof. The mileage fee set forth in Exhibit "A" shall be adjusted on July 1 of each year after the date this resolution is adopted, by by the same percentage increase or decrease in the Consumer Price Index ("CPI") as reflected in the "Consumer Price Index-Los Angeles-Riverside-Orange County "All Items" consumer price index, 1982-84 = One Hundred" as published by the United States Department of Labor, Bureau of Labor Statistics. The change in CPI shall be determined by comparing the "Base Period Index" with the "Index" for the same month in the subsequent year. For the purpose of this annual adjustment, the "Base Period Index" shall be the CPI for the calendar month April.

Section 5. The City Clerk shall certify to the passage and adoption of this resolution and enter it into the book of original resolutions.

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PASSED AND ADOPTED this _____ day of _____, _____.

ATTEST:

City Clerk of the City of
San Clemente, California

Mayor of the City of
San Clemente, California

STATE OF CALIFORNIA)
COUNTY OF ORANGE) §
CITY OF SAN CLEMENTE)

I, JOANNE BAADE, City Clerk of the City of San Clemente, California, do hereby certify that Resolution No. _____ was adopted at a regular meeting of the City Council of the City of San Clemente held on the _____ day of _____, _____, by the following vote:

AYES:

NOES:

ABSENT:

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City of San Clemente, California, this _____ day of _____, _____.

CITY CLERK of the City of
San Clemente, California

Approved as to form:

City Attorney

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EXHIBIT "A"
PARAMEDIC/AMBULANCE FEES

Pursuant to the provisions of the indicated Sections of Chapter 20, of the Code of the City of San Clemente, the following fee schedules covering ambulance transport services provided by the Orange County Fire Authority, under contract with the City of San Clemente, are hereby approved and established as shown below:

Section 20-12(e) Paramedic/Ambulance Fees:

- (1) Paramedic Level of Service:
 - Resident of San Clemente..... \$867.99
 - Non-Resident \$1,067.99
- (2) EMT/Ambulance Level of Services:
 - Resident of San Clemente..... \$498.22
 - Non-Resident \$698.22

Mileage Fees:

- (1) Mileage (Per Patient mile or fraction thereof):
 - Resident of San Clemente..... \$16.11
 - Non-Resident \$16.11

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