



REGULATORY/ MEDICAL HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

MARK A. REFLOWITZ
DIRECTOR

RICHARD SANCHEZ
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TAMMI McCONNELL MSN, RN
EMS ADMINISTRATOR

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701
TELEPHONE: 714- 834-3500
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Attachment

Emergency Medical Services Provider Fees

CURRENT / PROPOSED

Title	Current Fee	Frequency	Proposed Fees		
			2017	2018	2019
Ambulance Company License	\$1,764	Annual	\$2,140	\$2,207	\$2,234
Ambulance Company Unit Inspection/per vehicle	\$150		\$153	\$158	\$160
Ambulance Company Unit Re-Inspection/vehicle	100	Variable	\$104	\$107	\$109
Ambulance Driver/Attendant License	\$40	Annual	DELETE		
Ambulance Driver/ Attendant License <i>Same as EMT OC Accreditation</i>	\$80	Biennial	\$82 ¹	\$84 ¹	\$85 ¹
EMT-1 Certification <i>New Title: EMT OC Certification</i>	\$35	Biennial	\$120 ²	\$124 ²	\$125 ²
EMT Lost Card Replacement <i>New Title: Card Replacement</i>	\$23	Variable	\$25	\$25	\$25
EMT-P Accreditation (out of county) <i>New Title: Paramedic OC Accreditation</i>	\$62		\$69	\$72	\$73
Mobile Intensive Care Nurse Application	\$84	Biennial	\$103	\$107	\$108
Trauma Receiving Center	\$22,339	Triennial	\$8,818 ³	\$9,079 ³	\$9,185 ³
Continuing Education Provider Application ⁴		4 years	\$311	\$321	\$325
EMT Training Program Application ⁴			\$884	\$912	\$923
Paramedic Training Program Application ⁴			\$893	\$921	\$932
Interfacility Transport Service Provider Application ⁴		Annual	\$1,461	\$1,506	\$1,525
Emergency Receiving Center Designation ⁴			\$1,184	\$1,222	\$1,237
Pediatric Receiving Center Designation ⁴			\$8,716	\$8,988	\$9,098
Cardiac Receiving Center Designation ⁴			\$8,282	\$8,541	\$8,645
Stroke/Neuro Receiving Center Designation ⁴			\$9,923	\$10,233	\$10,358
Customized Data Report ⁴		Hourly	\$104	\$107	\$109

¹ Fee waived if EMT is certified by Orange County EMS

² Does not include State pass-through fee(s) (\$75 initial; \$37 recertification)

³ Does not include ACS & hotel accommodation costs

⁴ New Fee for ongoing subsidies for which there have not been service fees



January 3, 2017

Tammi McConnell, MSN, RN, MICN, PHN
Administrator
Orange County Health Care Agency
Emergency Medical Services
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701

Dear Tammi,

On behalf of the Ambulance Association of Orange County I want to thank you for the opportunity to meet and confer concerning the EMS Fee Study.

Based on our meeting and your subsequent correspondence we feel comfortable with supporting the Agency's proposals – specifically:

1. "Waive Ambulance Attendant/Driver License Fee if EMT is certified in Orange County."
2. "EMT Certification fee: \$120.00/biennial."
3. "EMTs certified outside of Orange County but working as an Ambulance Attendant/Driver in OC will continue to pay the Ambulance Driver/Attendant fee: \$82/biennial."

Having reached an agreement on the above, please realize that some providers will now bear additional costs resulting from the increased EMT Certification fee(s). Therefore, we strongly urge the Agency to undertake an evidentiary rate study in establishing the new rates for BLS ambulance transport and would appreciate them being presented to the EMCC at their April 7, 2017 meeting or earlier if possible.

In conclusion, we value the opportunity you offered for us to provide you with our input and we support the fee revisions you presented.

Please do not hesitate to contact us should you have any questions.

Sincerely,

Chad Druten
President



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October 12, 2016

Whitney Ayers, Orange County Regional Vice President
Hospital Association of Southern California
12399 Lewis Street, Suite 103
Garden Grove, CA 92840

SUBJECT: PROPOSED NEW EMS FEES

This letter is to confirm receipt of the HASC letter dated October 6, 2016. While HASC member hospitals are unable to support the rationale for additional hospital designation fees is understood; it is important to clarify misconceptions in the HASC letter so that those who were sent copies of the letter are properly informed.

In the October 6 letter, there is reference to OCEMS using third-party designation services as the basis for designation of Stroke-Neurology Receiving Centers. In fact, OCEMS does not rely on any form of third-party designation services and is the sole Orange County authority for EMS designation of Stroke-Neurology Centers (please refer to attached OCEMS Policy # 650.00). Therefore, OCEMS designation of Stroke-Neurology Receiving Centers is not duplicative of a third-party service with respect to designation of Stroke-Neurology Receiving Centers.

There has been discussion within the local stroke community regarding the addition of third-party evaluation to the criteria for designation of Stroke-Neurology Centers. Third-party certification of Stroke-Neurology Centers would provide an interval (usually every three years) evaluation of internal Stroke-Neurology Receiving Center hospital operations but would not assess or validate the OCEMS Stroke-Neurology System which is coordinated County-wide and overseen by OCEMS on a day-to-day basis. This continual OCEMS coordination includes the integration of the services of 9 Stroke-Neurology Receiving hospitals, 15 non-stroke hospitals that transfer acute stroke cases to the Stroke-Neurology Receiving Centers, and the over 950 paramedics who assess and transport acute stroke victims from the field and other facilities. None of this system coordination is addressed by third-party evaluation agencies. The proposed addition of third party evaluation of Stroke-Neurology Centers would only address internal hospital operations which is a fraction of the oversight required to assure an effective community oriented Stroke-Neurology system.

It is further stated in the October 6 letter that to maintain OCEMS designation status the 14 Cardiovascular Centers are required to have third-party accreditation or certification. Respectively, this is a misconception as OCEMS criteria for designation of these centers do not require such accreditation or certification. Therefore a hospital that is a Stroke-Neurology or Cardiovascular Receiving facility is not paying third-party fees as a requirement for OCEMS designation as a specialty center.

As noted in the October 6 letter, six of 24 Orange County EMS receiving centers voluntarily support the County EMS system by helping provide Base Hospital support. OCEMS greatly respects and appreciates the contributions to the EMS system being made by the six Orange County EMS Base Hospitals. The Base Hospitals provide important community services and EMS system support as described in the letter.

OCEMS hopes that the above clarifications will be helpful in future County-wide dialog concerning the Orange County Stroke-Neurology and Cardiovascular systems. Please feel free to contact me at any time at (714) 834 2824 or by email at ssstratton@ochca.com for any further comments you may have.

With best regards,



Sam J. Stratton, MD, MPH
Medical Director, Orange County EMS Agency

CC: Orange County Board of Supervisors
Director, Orange County Health Care Agency
Orange County County Executive Officer
EMCC Members
Hospital CEOs

Attachments:

OCEMS Policy # 650.00 (Stroke-Neurology Receiving Center Criteria)
Letter received Oct 6, 2016 (HASC)

SJS/tcm:#2759



12399 Lewis Street, Suite 103
Garden Grove, CA 92840
714/663-0294 fax: 714/663-2053
www.hasc.org

October 6, 2016

Dr. Sam Stratton, M.D.
EMS Medical Director, Orange County EMS
405 W. Fifth Street, 3rd Floor
Santa Ana, CA 92701

RE: Proposed New EMS Fees

Dear Dr. Stratton,

Thank you for the opportunity to offer comments on the proposed Trauma Center and other facility designation fees proposed by the Orange County EMS Agency (OCEMS). HASC appreciates the Agency's professionalism and transparency in review of the fees. Based on the current level of hospital subsidy to the EMS system, and the anticipated third party accreditation/certification and survey fee increases, HASC member hospitals are unable to support the rationale for additional fees as proposed by the OCEMS Agency.

While OCEMS serves as the local designation authority, its costs are tied to validating the certification work performed by third parties including the American College of Surgeons for Trauma Centers. The Joint Commission (TJC) and Det Norske Veritas (DNV) are Centers for Medicare and Medicaid Services (CMS) deeming agencies, and also serve as the accreditors for their respective designation of primary and comprehensive Stroke-Neurology Centers. EMS designation policy largely mirrors the TJC and DNV Comprehensive criteria. The rigorous regulatory national third party process subsequently renders OCEMS as the validator rather than the primary surveyor. The duplicative system of third party certification and local designation distinguishes Orange County as having the highest quality patient standards, while lowering OCEMS costs.

In addition to the fees paid to third party accreditation/certification entities, hospitals electing to become specialty centers make significant financial investments to maintain designation status. Any additional fees add to the cost of health care delivery. Orange County has 14 Cardiovascular Receiving Centers, 9 Stroke-Neurology Receiving Centers and 4 Trauma Receiving Centers.

Six of the 24 hospitals with Emergency Rooms (ERs) voluntarily serve as "Base" hospitals, whereby they coordinate the destinations for ALS pre-hospital transports. Per OCEMS Policy 610, Base Hospitals are required to provide 24/7 dedicated nurse and physician coverage which is excluded from the required nurse-patient ratios. The cost to serve as a Base is approximately \$250,000, excluding the Medical Director and ER

physician costs. For example, St. Jude Medical Center serves as the only Base in North County and has 11 trained nurses and 2 administrative staff. St. Jude Medical Center is one of six Base Hospitals.

The current level of County subsidy for the entire EMS system is approximately \$950,000, of which \$245,000 is attributable to hospitals. Conversely, Base Hospital coverage equates to a \$1.5M private subsidy to the EMS system. If OCEMS provided Base service for just three regions of the County, its minimum cost would be approximately \$750,000, excluding physician coverage. In a private delivery care model, allowing six Base hospitals to share geographic coverage is a tremendous benefit to the patients.

Again, the HASC member hospitals are unable to support any OCEMS designation fees in recognition of the current level of subsidy and third party fees already paid for quality designations. While HASC members recognize the need for OCEMS designation, there are a number of ways in which OCEMS could streamline the designation process to reduce costs and regulatory impacts on the hospitals that make these significant investments for specialty designations.

The hospitals have enjoyed the collaborative and supportive spirit of OCEMS and look forward to continuing dialogue around quality improvement and specialty facility designation. If I may be of assistance, please do not hesitate to contact me at (714) 663-0294.

Sincerely,



Whitney Ayers
Orange County Regional Vice President
HASC

CC: EMCC
Board of Supervisors
Hospital CEOs