

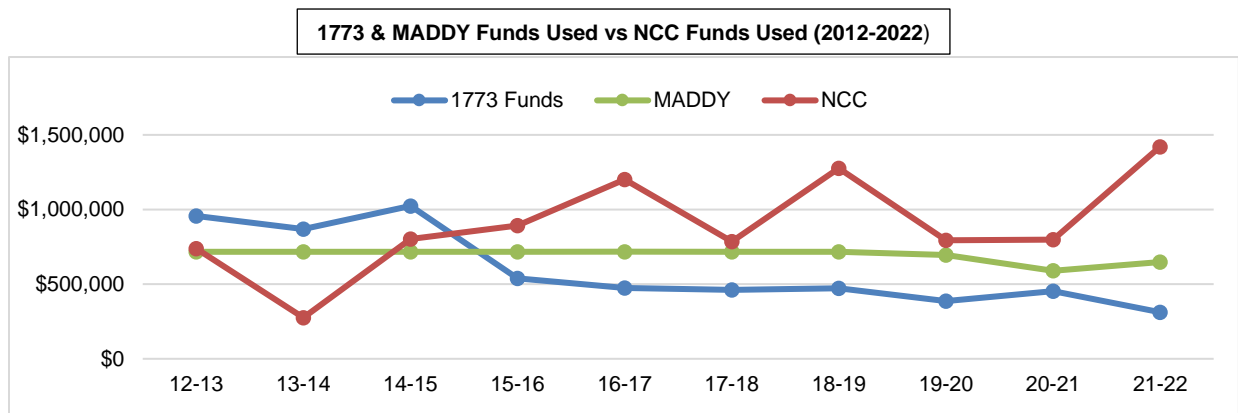
**2023 EMS Fee Study
Executive Summary
March 2023**

In 1982, the Board of Supervisors designated the Health Care Agency (HCA) as the County Emergency Medical Services (EMS) Agency, pursuant to California Health and Safety Code Section 1797.200. The Code mandates EMS system responsibilities & also permits counties to offset or recover all or a portion of their costs. The concept of fully recovering costs and the frequency of fee studies are outlined within the County Accounting Manual. As such, each county agency is responsible for the management of its revenue and attaining full cost recovery by updating existing revenue rates with assistance of the Auditor Controller.

The fee study analyzed the services provided by the EMS Division to determine their specific cost. EMS staff workloads based on the type of service and number of hours spent per activity was calculated. The total EMS Division cost was divided by direct hours (fee related & non-fee related) to determine a comprehensive hourly rate for the Division. The use of this method assumes that indirect costs are proportionately rolled into the fees. This hourly rate was then applied to the time value for each individual fee category, to arrive at full cost recovery fees. Additionally, two positions dedicated to county designations of hospitals were added with all costs covered by the hospital industry. This decision was based on a report of the Trauma/EMS system that recommended the County include more positions to support the oversight & development of data systems to complement injury prevention initiatives.

The last fee study, approved by the Board, in 2017 included two directives, first, to “streamline base hospital costs” so that base hospital oversight costs would be borne by the system. As a result, these costs were incorporated into the hourly rate and therefore spread across all fees. Secondly, the Board directed that the Auditor-Controller conduct a cost recovery analysis in three years and Health Care Agency return in three years on or about 1/1/20 to the Board for consideration of the recommended fee schedule. In September 2021 A/C completed a fee study but HCA held for Board consideration due to ongoing pandemic. In December 2022, A/C completed a multi-year fee study to calculate full cost recovery fees.

A fee adjustment is necessary for two main reasons 1) Recover County subsidies (operational costs for Emergency, Cardiac, Children’s, Stroke & Trauma Center monitoring & oversight to improve 9-1-1 patient care) that have been ongoing but for which there are no fees 2) Diminishing EMS Funds to support the program as they are “tack-on” penalties from penal code violations.



A multi-year fee update is proposed that includes an annual adjustment based on changes to CPI not to exceed actual cost. Further, a survey of similar local EMS agencies was conducted to compare fee structure and included the following LEMSAs: Alameda, Coastal Valleys, Contra Costa, Inland Counties, Kern, Los Angeles, Marin, Riverside, San Diego, San Joaquin, Santa Clara and Ventura (table below)

**2023 EMS Fee Study
Executive Summary
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2023 Proposed EMS Fees

Title	Current Fee	Frequency	Proposed Fees (FY)		
			2023	2024	2025
Ambulance Company License	\$2,234	Annual	\$4,036	\$4,175	\$4,301
Ambulance Company Unit Inspection/per vehicle	\$160		\$220	\$158	\$160
Ambulance Company Unit Re-Inspection/vehicle	\$109		\$134	\$139	\$143
Customized Data Report	\$109	Hourly	\$134	\$139	\$143
EMT Accreditation	\$85	Annual	\$134	\$139	\$143
EMT Certification ¹	\$125	Biennial	\$125	\$125	\$125
Card Replacement	\$25	Variable	\$25	\$25	\$25
Paramedic Accreditation	\$73		\$71	\$74	\$76
Mobile Intensive Care Nurse Application	\$108	Biennial	\$138	\$143	\$148
Trauma Receiving Center Designation	\$9,185	Annual	\$63,061	\$65,234	\$67,203
Continuing Education Provider	\$325	4 years	\$440	\$455	\$469
EMT Training Program	\$923		\$1,168	\$1,208	\$1,245
Paramedic Training Program	\$932		\$1,039	\$1,074	\$1,107
Interfacility Transport Service Provider	\$1,525		\$1,878	\$1,943	\$2,002
Emergency Receiving Center Designation ²		Annual	\$15,986	\$16,537	\$17,036
Children's Receiving Center Designation ²			\$15,986	\$16,537	\$17,036
Cardiac Receiving Center Designation ²			\$15,795	\$16,339	\$16,832
Stroke/Neuro Receiving Center Designation ²			\$17,538	\$18,143	\$18,690

¹ Does not include State pass-through fee(s) (\$75 initial: \$37 recertification)

² Update/New Fee for ongoing subsidies for which there have not been service fees

7-LEMSA Comparison of Hospital Fees

Type of Designation	2023 OC Proposed	Inland Counties	Kern	Contra Costa	Riverside	San Diego	Santa Clara	San Joaquin
Trauma Center	\$63,061	\$25k	\$140k	\$350k	\$49k	\$47k	\$110k	\$217k
Mobile Intensive Nurse	\$138	\$120-235	\$100	\$90	\$75	\$126	\$20	\$125
Emergency Center	\$15,986	\$5,000	No Fee	No Fee	\$8,271	\$24,888	\$11,025	No Fee
Children's Center	\$16,215	No Fee	\$19,318	\$7,500	No Fee	No Fee	\$11,025	No Fee
Cardiac Center	\$15,795	\$17,445	\$19,318	\$7,500	\$33,084	No Fee	\$11,025	\$25,000
Stroke Center	\$17,538	\$19,045	\$19,318	\$7,500	\$20,677	No Fee	\$11,025	\$25,000

Base Hospital Fee

Hospital / Public / County Benefits from Fees

Trauma Receiving Center - Updated to recover the costs associated with a Trauma Nurse & Research Analyst position dedicated to conduct ongoing development, implementation and evaluation of Trauma and EMS data systems; conducting a trauma center site visit with the American College of Surgeons (ACS) Verification Team; and ongoing oversight and monitoring of trauma system to ensure medical accountability. This has been an ongoing activity of the EMS Division since 1980.

Community/Hospital Benefits

- Assurance that trauma center has trained personnel, adequate facilities, & ancillary services
- Authorized to receive Trauma designated patients.
- Regional higher level of care resource: accept out-of-county transfers; Increased hospital revenue
- Best practice model for improved care, safety & clinical outcomes for severely injured patients
- Surveys validate compliance w/ designation process & American College of Surgeons

**2023 EMS Fee Study
Executive Summary
March 2023**

Mobile Intensive Care Nurse Certification- Updated to recover the costs of developing and approving MICN course curriculum; conducting examination; verifying eligibility and authorizing Registered Nurses employed in Base Hospitals (BH) to conduct online medical control.

Community/Hospital Benefits

- Assurance that BH has trained & capable MICNs to issue medical orders to paramedics
- Direct interaction & performance improvement with ALS system to ensure medical accountability
- Improves coordination, safety practices & clinical outcomes for severely injured 9-1-1 patients
- Provide 24/7 online medical control thru direct radio communication with field paramedics

Emergency Receiving Center Designation - Proposed to recover the costs associated with a new Data Analyst position dedicated to providing overall management of EMS/Trauma data and costs associated with the triennial designation process and site visit conducted as the cost of ongoing oversight and monitoring of quality and performance standards to ensure medical accountability. This has been an ongoing activity of the EMS Division since 1982 for which there has not been a fee

Community/Hospital Benefits

- Assurance that all hospital personnel who provide direct patient care in EDs are trained in ACLS
- Authorized to receive EMS transported patients (catchment), Increased hospital revenue
- Prehospital system collaboration, including the development of on/offline medical control
- Triennial surveys of the ERCs to verify compliance w/ OCEMS P&P
- Protection of the public when accessing 9-1-1; patients will be taken to appropriate hospital

Children's Emergency Receiving Center Designation (Annual) - Proposed to recover the costs associated with a new Data Analyst position dedicated to providing overall management of EMS/Trauma data and costs associated with the triennial designation process and site visit conducted as the cost of ongoing oversight and monitoring of quality and performance standards to ensure medical accountability. This designation indicates an enhanced level of pediatric emergency service. This has been an ongoing activity of the EMS Division since 2013 for which there has not been a fee.

Community/Hospital Benefits

- Authorized to receive pediatric designated patients(catchment), Increased hospital revenue
- Designation protects the healthcare facilities investment in pediatric emergency & critical care
- Ensures staff skill development and maintenance for care of pediatric patient populations
- Serves as recruitment and retention tool for staff
- Best practice model for improved care, safety & clinical outcomes for critically ill children
- Protection of the public in accessing 9-1-1; patients will be taken to appropriate Children's Center

Cardiac Receiving Center Designation - Proposed to recover the costs associated with a new Data Analyst position dedicated to providing overall management of EMS/Trauma data and costs associated with the triennial designation process and site visit conducted as the cost of ongoing oversight and monitoring of quality and performance standards to ensure medical accountability. The designation indicates an enhanced level of

cardiovascular emergency service (especially in the early stages of heart attack & diagnosis). This has been an ongoing activity of the EMS Division since 2015 for which there has not been a fee.

Community/Hospital Benefits

- Allow for early diagnostics and selective triage to CVRC for intervention for acute MI patients.
- Authorized to receive CVRC designated EMS patients (catchment), Increased hospital revenue
- Designation protects investment in cardiovascular programs to treat acute cardiac patients
- Improve clinical outcomes with geographically comparable facilities to benchmark performance
- Protection of the public in accessing 9-1-1; patients will be taken to appropriate Cardiac Center

**2023 EMS Fee Study
Executive Summary
March 2023**

Stroke/Neurology Receiving Center Designation - Proposed to recover the costs associated with a new Data Analyst position dedicated to providing overall management of EMS/Trauma data and costs associated with the triennial designation process and site visit conducted as the cost of ongoing oversight and monitoring of quality and performance standards to ensure medical accountability. The designation indicates an enhanced level of stroke neurology emergency service & as a result an improved outcome for patients. This has been an ongoing activity of the EMS Division since 2009 for which there has not been a fee.

Community/Hospital Benefits

- Authorized to receive SNRC designated EMS patients (catchment), Increased hospital revenue
- Designation protects hospitals investment in comprehensive stroke care for acute stroke victims
- Improve clinical outcomes with geographically comparable facilities to benchmark performance
- Best practice for cerebrovascular diseases to care for acute stroke victims
- Protection of the public in accessing 9-1-1; patients will be taken to appropriate Stroke Center

2023/2024 Proposed Hospital Fees/Designation

Facility	Emergency	Trauma	Cardiac	Stroke	Children's	Year 1	Year 2	Year 3
Anaheim Global Medical Center	X					\$15,986	\$16,537	\$17,036
Anaheim Regional Medical Center	X		X			\$31,781	\$32,876	\$33,375
Chapman Global Medical Center	X					\$15,986	\$16,537	\$17,036
Children's Hospital Orange County	Peds only	X			X	\$78,478	\$81,771	\$84,239
Foothill Regional Med Center	X					\$15,986	\$16,537	\$17,036
Fountain Valley Regional Hospital	X		X	X		\$15,986	\$16,537	\$17,036
Garden Grove Hospital	X					\$15,986	\$16,537	\$17,036
Hoag Hospital Newport Beach*	X		X	X		\$49,319	\$51,019	\$52,065
Hoag Hospital Irvine	X		X			\$31,781	\$32,876	\$33,375
Huntington Beach Hospital*	X					\$15,986	\$16,537	\$17,036
Kaiser Permanente, Anaheim	X					\$15,986	\$16,537	\$17,036
Kaiser Permanente, Irvine	X					\$15,986	\$16,537	\$17,036
La Palma Intercommunity Hospital	X					\$15,986	\$16,537	\$17,036
Los Alamitos Medical Center	X		X	X		\$49,319	\$51,019	\$52,065
Mission Hospital, Mission Viejo*	X	X	X	X	X	\$127,797	\$132,790	\$136,304
Mission Hospital Laguna Beach	X					\$15,986	\$16,537	\$17,036
Orange Coast Mem Med Center	X		X			\$31,781	\$32,876	\$33,375
OC Global Medical Center*	X	X	X	X		\$112,380	\$116,253	\$119,268
Placentia Linda Hospital	X					\$15,986	\$16,537	\$17,036
Saddleback Memorial Med Center	X		X	X		\$49,319	\$52,065	\$52,065
South Coast Global Med Center	X					\$15,986	\$16,537	\$17,036
St. Joseph Hospital, Orange	X		X	X		\$49,319	\$52,065	\$52,065
St. Jude Medical Center*	X		X	X		\$49,319	\$52,065	\$52,065
UCI Medical Center*	X	X	X	X		\$112,380	\$116,253	\$119,268
West Anaheim Medical Center	X		X			\$31,781	\$32,876	\$33,375

*Base Hospital

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Executive Summary
March 2023**

Current County Subsidy r/t Designation Oversight & Monitoring

Hospital Fees	Current 2022		Proposed 2023/2024		County Subsidy (2023 Rev – 2022 Rev)
	Fee	Revenue	Full Cost Recovery	Revenue	
Trauma Designation	\$9,185	\$9,185	\$63,061	\$252,242	\$243,057
Mobile Intensive Care Nurse	\$108	\$8,640	\$138	\$11,078	\$2,438
Emergency Designation	\$0	\$0	\$15,986	\$399,652	\$399,652
Children's Designation	\$0	\$0	\$15,986	\$31,972	\$31,972
Cardiac Designation	\$0	\$0	\$15,795	\$205,331	\$205,331
Stroke/Neuro Designation	\$0	\$0	\$17,538	\$157,845	\$157,845
Total		\$17,825		\$1,058,119	\$1,040,294

2019 Trauma System Report

In 2019 a trauma system review was conducted by American College of Surgeons to validate trauma system design operational efficiency, county oversight policies & alignment with standards of care

- All hospitals/trauma centers, OCEMS, LA & Riverside EMS agencies & the EMS Authority participated
- The final ACS report identified a significant gap in county oversight & stated that the “lead agency” is:
 - “Under-resourced, underfunded & trauma appears to be a low priority”
 - “Not utilizing system data to inform trauma care decision-making”
- HCA acknowledged the lack of dedicated clinical & technical personnel to accomplish the oversight & development of data systems to complement injury prevention initiatives
- HCA agreed to support these best practices by including a Trauma/EMS Coordinator (Registered Nurse) & Research Analyst into the Fee Study

Trauma Center Funding - EMSF Program & Current Subsidy

- ❖ Trauma Centers receive \$125,000/year base payment per Indigent Trauma Care (ITC) Agreement
- ❖ Additional funds from SB12/612 “Maddy” paid per patient & SB1773 “Richey” paid per pediatric patient
- ❖ **County Subsidy:** EMS monitoring & oversight costs of trauma system for which no fees authorized

	Emergency Medical Services Fund (EMSF)			Current County Subsidy
	ITC	Maddy	Richey	
CHOC	\$125,000	\$160,684	\$246,188	\$15,417
Mission Hospital	\$125,000	\$311,329	\$399,666	\$62,981
UCI	\$125,000	\$247,435	\$195,831	\$47,564
OC Global	\$125,000	\$207,507	\$125,986	\$47,564
TOTALS	\$500,000	\$926,955	\$967,671	\$173,706