

1/26

CITY COUNCIL MEETING
FEBRUARY 6, 1985

(81)

RATE MODIFICATION
REQUESTED BY
Lodi AMBULANCE
SERVICE

Following introduction of the matter by City Clerk Reimche, Council, on motion of Council Member Reid, Olson second, continued to the Regular Council Meeting of February 20, 1985 consideration of the letter from the Lodi Ambulance Service requesting a rate modification effective March 1, 1985.



RECEIVED

Lodi Ambulance Service

1709 S. STOCKTON ST. • P.O. BOX 897 • LODI, CA 95241 • 209/334-0830

JAN 31 11 0 14
CITY CLERK

January 30, 1985

City Clerk
Alice Reimche
City of Lodi
221 W. Pine St.
Lodi, CA 95240

Dear Ms. Reimche:

This is to notify the City of Lodi of a rate modification we plan to implement as of March 1, 1985.

Mainly due to the Federal Health Care Finance Administration change in the billing policies of December 1982, we are going to change all patient billing for Emergency Advanced Life Support or Emergency Basic Life Support, to an All-Inclusive Base Rate. Currently, Blue Cross and Blue Shield have requested us to bill in this manner, and other insurances will be following suit in the near future. Approximately 54% of all patients currently billed by this company are billed by using an All-Inclusive Base Rate. To standardize our billing procedure system, we feel it is important to adopt this policy.

The Basic Emergency ambulance rate is currently \$137.00. This rate includes \$107.00 Base Rate, \$30.00 Emergency Rate. Advanced Life Support Base Rate averages out to \$259.45, which usually includes Base Rate \$107.00, Emergency Rate \$30.00, Advanced Life Support \$55.00, EKG \$40.00, Telemetry \$20.00, and miscellaneous ancillary charges. We will increase the Advanced Life Support rate to Medicare's maximum allowance of \$272.00. This is a 6% increase we feel necessary to cover costs for advanced medical care. Please note that our Advanced Life Support rate has not been increased since June of 1982.

(cont.)

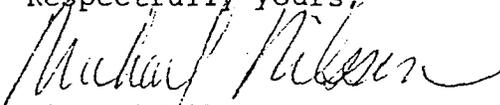
-2-

We will be eliminating the Advanced Life Support charges of Telemetry, EKG, Heart/Lung Resuscitator, Resuscitator, Endotracheal Intubation, Medical Anti-Shock Trousers, Needle Thoracotomy, Needle Cricotracheotomy and Waiting Time.

Our basic ambulance rate of \$107.00 will be decreased to \$95.00 - an 11% decrease. We feel that it is necessary to decrease this basic rate for the convenience of our users, as the cost of basic medical transportation is not as expensive as an emergency service due to the ability of our office to control and schedule these transfers.

A proposed rate schedule is included for your convenience. Should you have any questions pertaining to this change, please feel free to call me.

Respectfully yours,



Michael Nilssen

MN/jc

Encl.



Lodi Ambulance Service

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1983 SCHEDULE

BASE RATE/BASIC	
1 Patient	\$107.00
2 Patients (each)	96.30
3 Patients (each)	90.95
MILEAGE (per mile)	6.00
NIGHT CALL	28.00
(1) EMERGENCY	30.00 + 107.00
OXYGEN	20.00
WAITING TIME (per 15 min.)	15.00

1985 SCHEDULE

BASE RATE/BASIC	
	95.00
	85.50
	80.75
	6.00
	28.00
(1)	137.00
	20.00
	omit

ADVANCED LIFE SUPPORT

ADVANCED LIFE SUPPORT	55.00	(2) 272.00
TELEMETRY	20.00	omit
EKG	40.00	omit
HEART/LUNG RESUSCITATOR	40.00	omit
RESUSCITATOR	16.00	omit
ENDOTRACHEAL INTUBATION	40.00	omit
MED. ANTI-SHOCK TROUSERS	34.00	omit
NEEDLE THORACOTOMY	75.00	omit
NEEDLE CRICOTRACHEOTOMY	75.00	omit

- (1) Current HCFA Billing procedure for Emergency Basic ambulance Base Rate which currently includes Base Rate \$107.00 and Emergency \$30.00, to total \$137.00.
- (2) Current HCFA Billing procedure for Emergency Advanced ambulance Base Rate \$107.00, Emergency \$30.00, Advanced Life Support \$55.00, EKG \$40.00, Telemetry \$20.00, and any other ancillary service in Advanced Life Support Category which usually total to \$259.45 on the average throughout 1983, 1984.

- (b) Multiple casualties, triage direction;
 - (c) Paramedic directive.
- (Ord. No. 1306, § 18.)

Sec. 2A-19. Rates to be charged for ambulance service.

(a) The owner of every ambulance operating in the city shall file with his application for an ambulance operator's permit, a true and correct schedule of rates to be charged for the transportation of passengers in any and all vehicles operated by said operator. Said rates shall not be changed or modified in any manner without first filing said changed or modified rates with the city clerk thirty days prior to the effective date of such change or modification.

(b) The city council reserves the right to finally determine and fix by resolution the rates to be charged by the operator of the ambulance service. (Ord. No. 1306, § 19.)