

**REPORT/RECOMMENDATION TO THE BOARD OF DIRECTORS
OF INLAND COUNTIES EMERGENCY MEDICAL AGENCY
AND RECORD OF ACTION**

January 27, 2026

FROM

DANIEL MUÑOZ, EMS Administrator, Inland Counties Emergency Medical Agency

SUBJECT

Specialty Care System Program Rate Structure Update

RECOMMENDATION(S)

Acting as the governing body of the Inland Counties Emergency Medical Agency, approve the Specialty Care System Program rate structure that supports the Inland Counties Emergency Medical Agency's administration of the Specialty Care Systems, effective July 1, 2026 through June 30, 2027 as outlined in Attachment A.

(Presenter: Daniel Muñoz, EMS Administrator, 388-5807)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Improve County Government Operations.

Operate in a Fiscally-Responsible and Business-Like Manner.

Provide for the Safety, Health and Social Service Needs of County Residents.

FINANCIAL IMPACT

Approval of this item will not result in the use of Discretionary General Funding (Net County Cost). The updated rate methodology calculates annual Specialty Care System Program rates based on actual programmatic costs for administering the Trauma, Cardiovascular ST Elevation Myocardial Infarction (STEMI), and Stroke Critical Care Systems. These costs include direct and indirect staffing, system monitoring, performance evaluation, quality improvement, data reporting, and regulatory compliance. The rate structure is designed as a cost-recovery model consistent with local Emergency Medical Services (EMS) agency practices statewide. Applicable revenue and appropriation will be included in the Inland Counties Emergency Medical Agency (ICEMA) 2026-27 recommended budget and future recommended budgets.

BACKGROUND INFORMATION

ICEMA, as the Local Emergency Medical Services Agency (LEMSA), is responsible for ensuring effective EMS for the Counties of San Bernardino, Inyo, and Mono. ICEMA is responsible for planning, implementing, and evaluating regional EMS and overseeing the Trauma, STEMI, and Stroke Critical Care Systems in accordance with the California Health and Safety Code and California Code of Regulations, Title 22 regulations.

Rates associated with Specialty Care System (System) administration were originally established between 2008 and 2012 and have remained unchanged since that time. During this time, System oversight responsibilities have grown substantially due to increased patient volumes, expanded State regulatory requirements, enhanced data reporting needs, and higher expectations for System performance and continuous quality improvement. The System has

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also expanded as Specialty Care designations have increased across the region, resulting in a larger and more complex network of participating hospitals.

To modernize the rate structure and ensure equity across 14 designated hospitals, ICEMA developed an updated rate methodology for the System using three weighted components which create a mechanism to recover ICEMA's costs to provide this oversight:

- Base Program Cost (50%)
- Annual Patient Volume (25%)
- Designation Level (25%)

Base Program Cost includes direct programmatic costs, such as System oversight, as well as indirect costs recovered through the Indirect Cost Rate Proposal determined by the Auditor-Controller/Treasurer/Tax Collector, such as facilities and utilities.

Annual Patient Volume reflects the proportion of ambulance transports received by each hospital within the System relative to the total system volume.

Designation Level accounts for the level of services a hospital is authorized to provide under a given System designation, recognizing that higher-acuity designations require more complex oversight and monitoring.

Since the proposed updated rate structure includes criteria that is unique to each hospital within the System, such as Annual Patient Volume and Designation Level, the rates can vary from hospital to hospital. Therefore, the proposed System Program rates, effective July 1, 2026 through June 30, 2027, are outlined below:

System	ICEMA 2026-27 Rates
STEMI	\$29,494 - \$35,496 per hospital
Stroke	\$20,133 - \$48,787 per hospital
Trauma	\$22,459 - \$41,013 per hospital

Together, these factors represent ICEMA's operational cost to administer the System Program and more accurately reflect the resources required for System oversight. Beginning in 2026-27, ICEMA will recalculate rates annually using this approved structure to ensure continued alignment with actual program costs. ICEMA shall return to the Board should adjustments be necessary to future rates or to the rate structure. The updated rate structure is benchmarked against neighboring LEMSAs and supports the long-term financial sustainability of ICEMA's monitoring, quality assurance, and regulatory compliance responsibilities.

Existing agreements for the Trauma, STEMI, and Stroke Critical Care Systems authorize ICEMA to adjust System Program rates annually with at least 90 days' written notice; therefore, no contract amendments are required. Upon Board approval of the rate structure, ICEMA will issue formal notification to designated hospitals of their 2026-27 System Program rates, effective July 1, 2026 through June 30, 2027.

PROCUREMENT

Not applicable.

REVIEW BY OTHERS

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This item has been reviewed by County Counsel (John Tubbs II, Deputy County Counsel, 387-5455) on January 8, 2026; and County Finance and Administration (Carl Lofton, Administrative Analyst, 387-5404) on January 8, 2026.

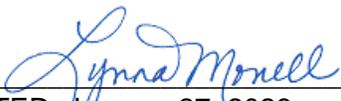
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Record of Action of the Board of Directors
Inland Counties Emergency Medical Agency (ICEMA)

APPROVED (CONSENT CALENDAR)

Moved: Curt Hagman Seconded: Joe Baca, Jr.
Ayes: Jesse Armendarez, Dawn Rowe, Curt Hagman, Joe Baca, Jr.
Absent: Col. Paul Cook (Ret.)

Lynna Monell, SECRETARY

BY 
DATED: January 27, 2026



cc: File - JPAs/ICEMA w/attach
CCM 01/30/2026