



# Maddy Emergency Medical Services Fund

## Statewide Report Summary FY 2016/2017

Emergency Medical Services Authority  
California Health and Human Services Agency



EMSA #R001-2019  
September 2019



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**MADDY EMS FUND  
STATEWIDE REPORT SUMMARY  
FISCAL YEAR 2016/2017**

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**MADDY EMS FUND  
STATEWIDE REPORT SUMMARY  
FISCAL YEAR 2016/2017**

**EXECUTIVE SUMMARY**

Health and Safety Code (HSC) § 1797.98b requires each county with an established Maddy Emergency Medical Services (EMS) Fund to report to the EMS Authority by April 15<sup>th</sup> of each year on the implementation and status of the fund for the immediately preceding fiscal year and requires the EMS Authority to forward a summary of each county's report to the appropriate policy and fiscal committees of the State Legislature. The EMS Authority prepared the tables presented in this report from data submitted by each county in its report; the data in these tables has not been audited. The summary provides a snapshot of the revenue and expenditures for the state fiscal year 2016/2017.

Fifty-one counties have established the Maddy EMS Fund (Original Assessment), and 35 of these counties have established the Richie's Fund (Supplemental Assessment). For FY 2016/2017, 50 counties submitted reports to the EMS Authority in accordance with HSC § 1797.98b. Modoc County did not submit a report; therefore, their data is not included.

As shown in the table below the beginning balance on July 1, 2016 was \$42 million. That amount, combined with interest, miscellaneous deposits, penalty collection deposits, and reimbursements from physicians/surgeons and hospitals, provided for a total amount of money available of \$110 million. Expenditures for the fiscal year totaled \$65 million leaving a balance of \$46 million in the fund on June 30, 2017.

<b>Maddy EMS Fund/Richie's Fund Summary</b>	
Money Available and Expenditures	
Money Available	
Beginning Balance July 1, 2016	\$ 41,578,223.98
Interest, Misc. Deposits, Penalty Collection Deposits, & Reimbursements	<u>\$ 68,921,582.20</u>
Total Money Available	<u>\$110,499,806.18</u>
Expenditures	
County Administration	\$ 5,657,216.05
Richie's Fund	\$ 2,377,732.30
Physicians/Surgeons Paid Claims	\$ 32,544,170.31
Hospitals Paid Claims	\$ 1,442,579.78
Hospitals Direct Disbursement	\$ 13,149,913.48
Other Discretionary EMS	<u>\$ 9,665,113.20</u>
Total Expenditures	<u>\$ 64,836,725.12</u>
Fiscal Year Ending Balance June 30, 2017	<u>\$ 45,663,081.06</u>

## **HISTORY AND BACKGROUND**

In 1987, the Legislature concluded that EMS providers, including physicians/surgeons and hospitals, as part of a requirement to provide emergency medical care to all patients regardless of their ability to pay, “bore higher costs for their services but often received only partial or no payment from patients.” The legislature enacted a series of laws to compensate physicians/surgeons and hospitals for patients who cannot pay for their medical care. Senator Ken Maddy authored the first of these bills in 1987. The legislature enacted Senate Bill (SB) 12, Maddy (Chapter 1240, Statutes of 1987), allowing each county to establish, finance, and administer an EMS Fund, later known as the Maddy EMS Fund, which authorized a penalty assessment of \$1 per \$10 on applicable fines, penalties, and forfeitures (GC § 76000).

The bill was subsequently amended by SB 612, Maddy (Chapter 945, Statutes of 1988), in which the penalty assessment was doubled to \$2 per \$10 on applicable fines, penalties, and forfeitures.

As a result of a restructuring of penalty assessments for trial courts funding in 1991, the Maddy EMS Fund deposit methodology (GC § 76104) was revised by SB 939, Monteith (Chapter 674, Statutes of 1999). If the fund was established before July 1, 1991, then the amount deposited into the Maddy EMS Fund is based upon the actual amount collected and deposited in the Maddy EMS Fund for FY 1990/1991, plus a maximum of 10% growth per year, if any. For counties implementing the penalty assessment after FY 1990/1991, up to 28% of the total revenue collected from penalty assessments under GC § 76000 may be set aside.

Legislation enacted by SB 623, Speier (Chapter 679, Statutes of 1999), requires a portion of fees collected from people attending traffic violator schools to be deposited into the Maddy EMS Fund, unless counties had already committed the fund to finance debt service related to capital projects before January 1, 2000 (VC § 42007).

Legislation enacted by SB 476, Florez (Chapter 707, Statutes of 2003), permits each county to maintain a reserve of up to 15% of the amount reimbursable to physicians/surgeons and hospitals and allows reserves of any amount distributed for discretionary EMS purposes. When the physicians/surgeons balances exceed the permitted reserve, a county must proportionally distribute the excess to physicians/surgeons submitting claims during the year (HSC § 1797.98a(d)).

The HSC § 1797.98a was later amended by SB 1773, Alarcon (Chapter 841, Statutes of 2006), adding an additional penalty assessment of \$2 per \$10 on applicable fines, penalties, and forfeitures, and modifying the purpose and distribution by requiring 15% of the funds to be expended for pediatric trauma care, with a sunset date of December 31, 2013 (GC § 76000.5). The authorization for the additional penalty assessment and purpose and distribution was extended by SB 191, Padilla (Chapter 600, Statutes of 2013), through January 1, 2017, and again by SB 867, Roth (Chapter 147, Statutes of 2016), allowing counties to continue to collect for the Richie’s Fund until January 1, 2027.

Health and Safety Code (HSC) § 1797.98a authorizes counties to establish a Maddy Emergency Medical Services (EMS) Fund, through the adoption of a resolution by the board of supervisors, to reimburse physicians/surgeons and hospitals for the cost of uncompensated emergency care and discretionary EMS purposes. The Maddy EMS Fund is administered by each county, except when a county elects to have the state administer its medically indigent services program, and then the county may also elect to have its Maddy EMS Fund administered by the state. Additionally, HSC § 1797.98a(e) authorizes counties to establish a Richie's Fund, as part of the Maddy EMS Fund, to provide funding for pediatric trauma centers throughout the county. If no pediatric trauma centers exist, the funding must be used to improve access to, and coordination of, pediatric trauma and emergency services in the county. Expenditures from the Richie's Fund are limited to reimbursement to physicians/surgeons and hospitals for the cost of uncompensated pediatric emergency care.

The Maddy EMS Fund and Richie's Fund are both funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations (Government Code [GC] § 76000 and GC § 76104, and GC § 76000.5, respectively), including a portion of traffic school fees (Vehicle Code [VC] § 42007), collected by the courts and forwarded to the counties. The Richie's Fund is a supplemental assessment to the Maddy EMS Fund original assessment. A Richie's Fund cannot be established without a Maddy EMS Fund.

## **METHODOLOGY**

There are four distinct phases in administering the Maddy EMS Fund:

1. Collection of Penalty Assessments
2. Deposits into the Maddy EMS Fund
3. Distribution of Revenue
4. Expenditure of Funds

### *Phase 1 – Collections of Penalty Assessments*

The courts are responsible for collecting fines, penalties, and forfeitures. A portion of the revenue is forwarded to the county based upon the specific revenue sources described in GC § 76000, GC § 76000.5, and VC § 42007.

### *Phase 2 – Deposits into the Maddy EMS Fund*

The county is responsible for depositing the proper amounts into the Maddy EMS Fund. For the counties implementing the provisions of HSC § 1797.98a, utilizing penalty assessments from both GC § 76000 and GC § 76000.5, the total revenue from penalty assessments that should be deposited into the Maddy EMS Fund is as follows:

- Fund growth as calculated from FY 1990/1991 or up to 28% of the fund collected under GC § 76000, using the methodology as described in GC § 76104.
- Penalty assessment of \$2 per \$10 of fines, penalties, and forfeitures collected under GC § 76000.

- Penalty assessment of \$2 per \$10 of fines, penalties, and forfeitures collected under GC § 76000.5.
- A portion of fees from penalty assessments from Traffic Violator School under VC § 42007.

*Phase 3 – Distribution of Revenue*

Revenue is distributed for specific uses established in law including the county administration cost, reimbursement to physician/surgeons and hospitals for the cost of uncompensated care, and for discretionary EMS purposes. If the county has elected to establish a Richie’s Fund pursuant to GC § 76000.5, then a separate distribution designation must also be established (HSC § 1797.98a(e)).

Revenue from GC § 76000 for the Maddy EMS Fund is distributed in the following manner:

<b>Maddy EMS Fund - GC § 76000 Revenue Distribution Categories and Methodology</b>
10% - County Administration Cost - First 10% of money collected, or the actual administrative costs, whichever is lower, is distributed to the county to administer the county’s Maddy EMS Fund.
<b>The remaining 90% of the revenues is distributed as follows:</b>
58% - Physicians/Surgeons - Payments to physicians/surgeons providing services to patients who have no insurance coverage or are otherwise unable to pay for emergency room visits. (Reimbursement is limited to up to 50% of the claims.)
25% - Hospitals - Payments only to hospitals providing disproportionate trauma and emergency medical care services.
17% - Discretionary EMS Purposes - Payments made for other EMS purposes, as determined by each county.

Revenue from GC § 76000.5 for the Richie’s Fund is distributed in the following manner:

<b>Richie’s Fund – GC § 76000.5 Revenue Distribution Categories and Methodology</b>
10% - County Administration Cost - First 10% of money collected, or the actual administrative costs, whichever is lower, is distributed to the county to administer the county’s Maddy EMS Fund.
15% - Richie’s Fund - 15% of the money collected is distributed to the Richie’s Fund. This fund provides funding for all pediatric trauma centers throughout the county. For counties without a pediatric trauma center, funding is available for improving access to, and coordinating, pediatric trauma and emergency services in the county, with preference given to hospitals specializing in services to children.
<b>The remaining 75% of the revenues is distributed as follows:</b>

58% - Physicians/Surgeons - Payments to physicians/surgeons providing services to patients who have no insurance coverage or are otherwise unable to pay for emergency room visits. (Reimbursement is limited to up to 50% of the claims.)
25% - Hospitals - Payments only to hospitals providing disproportionate trauma and emergency medical care services.
17% - Discretionary EMS Purposes - Payments made for other EMS purposes, as determined by each county.

*Phase 4 – Expenditure of Funds*

The expenditure of the funds is subject to the provisions of HSC § 1797.98a. Any interest accrued for physicians/surgeons, hospitals, discretionary EMS purposes, and the Richie’s Fund, as well as any remaining balances for these distribution designations, remains in that specified distribution designation. The intent of the statute is to have a simplified, cost-efficient system of administration so the maximum amount of funds may be utilized.

Physicians/surgeons receive reimbursement for emergency services provided, except those physicians/surgeons employed by county hospitals, in general acute care hospitals that provide basic, comprehensive, or standby emergency services up to the time the patient is stabilized. Any physician/surgeon may be reimbursed for up to 50% of the amount claimed for the initial cycle of reimbursements made annually by the administering agency in a given year. All funds remaining at the end of the FY in excess of any reserve held and rolled over to the next year must be distributed proportionally, based on the dollar amount of claims submitted and paid to all physicians/surgeons who submitted qualifying claims during that year.

Reimbursement of claims for emergency services provided to patients by any physician/surgeon shall be limited to services provided to a patient who does not have health insurance coverage for emergency services and care, cannot afford to pay for those services, and for whom payment will not be made by a third party. A county must adopt a fee schedule and reimbursement methodology to establish a reasonable uniform level of reimbursement from the county’s Maddy EMS Fund for reimbursable services.

Hospitals may receive funding only if they provide disproportionate trauma and emergency medical care services. Reimbursement may be made directly or on a claims basis at the county’s discretion.

Discretionary EMS purposes as determined by each county may be reimbursed, including, but not limited to, local EMS agency funding or the funding of regional poison control centers. Funding may be used for purchasing equipment and for capital projects only to the extent that these expenditures support the provision of emergency services.

If a county has established a Richie’s Fund, it must be utilized to provide funding for all pediatric trauma centers throughout the county, both publicly and privately owned and operated. The expenditure of money is limited to reimbursement to physicians/surgeons,



and to hospitals for patients who do not make payment for emergency care services in hospitals up to the point of stabilization, or to hospitals for expanding the services provided to pediatric trauma patients at trauma centers and other hospitals providing care to pediatric trauma patients, or at pediatric trauma centers, including the purchase of equipment. Local EMS agencies may conduct a needs assessment of pediatric trauma services in the county to distribute these expenditures. Counties that do not maintain a pediatric trauma center may utilize the money deposited into the fund to improve access to, and coordination of, pediatric trauma and emergency services in the county, with preference for funding given to hospitals that specialize in services to children, and physicians/surgeons who provide emergency care for children.

## DATA SUMMARY

The Maddy EMS Fund reports received from counties (Appendix D) are summarized in the following tables EMS Authority prepared tables from data self-reported by each county. The data in these tables has not been audited.

Existing law allows for the collection of fines, forfeitures, and penalty assessments for uses other than the Maddy EMS Fund and Richie’s Fund. Therefore, the deposit of funds into Maddy EMS Fund is a portion of the total amounts collected by the courts as defined in statute. For FY 2016/2017, collections from penalty assessments totaled \$124 million.

<b>Maddy EMS Fund Summary Collections from Penalty Assessments</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
GC76000 (GC76104 based)	\$ 66,784,862.86		\$ <b>66,784,862.86</b>
GC76000.5		\$ 34,890,414.28	\$ <b>34,890,414.28</b>
VC 42007e	\$ 18,560,486.76	\$ 4,117,781.94	\$ <b>22,678,268.70</b>
<b>Total Collections</b>	<b>\$ 85,345,349.62</b>	<b>\$ 39,008,196.22</b>	<b>\$ 124,353,545.84</b>

For FY 2016/2017, deposits from penalty assessments totaled \$66 million.

<b>Maddy EMS Fund Summary Deposits from Penalty Assessments</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
GC76000 (GC76104 based)	\$ 33,372,614.21		\$ <b>33,372,614.21</b>
GC76000.5		\$ 25,741,774.97	\$ <b>25,741,774.97</b>
VC 42007e	\$ 4,532,868.60	\$ 2,728,852.80	\$ <b>7,261,721.40</b>
<b>Total Deposits</b>	<b>\$ 37,905,482.81</b>	<b>\$ 28,470,627.77</b>	<b>\$ 66,376,110.58</b>

The balance reported at the beginning of FY 2016/2017 was \$42 million. The total penalty revenue deposited, reimbursements, interest, and other miscellaneous deposits totaled \$69 million. Combined with the beginning balance, total funds available were \$110 million.

<b>Maddy EMS Fund Summary</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
Beginning Balance July 1, 2016	\$ 25,789,996.79	\$ 15,788,227.19	\$ 41,578,223.98
Interest & Misc. Deposits	\$ 1,626,328.82	\$ 192,874.98	\$ 1,819,203.80
<b>Deposits from Penalty Assessments</b>			
GC76000 (GC76104 based)	\$ 33,372,614.21		\$ 33,372,614.21
GC76000.5		\$ 25,741,774.97	\$ 25,741,774.97
VC 42007e	\$ 4,532,868.60	\$ 2,728,852.80	\$ 7,261,721.40
<b>Reimbursements</b>			
Physicians/Surgeons	\$ 559,481.99	\$ 57,082.48	\$ 616,564.47
Hospitals	\$ 70,186.35	\$ 39,517.00	\$ 109,703.35
<b>Fiscal Year Ending Balance June 30, 2017</b>	<b>\$ 65,951,476.76</b>	<b>\$ 44,548,329.42</b>	<b>\$ 110,499,806.18</b>

Category distributions represent amounts available within the administering agency's fund, by category, as well as reserve amounts set aside in each category. These amounts may vary from deposits because they include not only penalty deposits, but also allocations for interest, rollover, etc. The reserve amount reported by counties is not a statutorily-defined distribution category. Reserve calculations should be limited to the specific distribution designation and managed separately as noted in HSC § 1797.98a(b)(4).

The FY 2016/2017 category distributions totaled \$71 million.

<b>Maddy EMS Fund Summary Category Distributions</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
County Administration (actual cost ≤ 10%)	\$ 3,461,087.94	\$ 2,512,343.83	\$ 5,973,431.77
Richie's Fund (15%)		\$ 4,589,276.08	\$ 4,589,276.08
Physicians/Surgeons (58%)	\$ 22,129,475.29	\$ 12,488,194.50	\$ 34,617,669.79
Reserve (optional-up to 15%)	\$ 66,348.52	\$ 150.74	\$ 66,499.26
Hospitals (25%)	\$ 10,065,791.17	\$ 5,496,451.03	\$ 15,562,242.20
Reserve (optional-up to 15%)	\$ 262,882.64	\$ 64.98	\$ 262,947.62
Other Discretionary EMS (17%)	\$ 6,359,961.06	\$ 3,670,417.47	\$ 10,030,378.53
Reserve (optional any amount)	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 42,345,546.62</b>	<b>\$ 28,756,898.63</b>	<b>\$ 71,102,445.25</b>

The FY 2016/2017 Expenditures totaled \$65 million.

<b>Maddy EMS Fund Summary Category Expenditures</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
County Administration	\$ 3,343,714.64	\$ 2,313,501.41	\$ 5,657,216.05
Richie's Fund		\$ 2,377,732.30	\$ 2,377,732.30
Physicians/Surgeons Paid Claims	\$ 21,749,378.59	\$ 10,794,791.72	\$ 32,544,170.31
Hospitals Paid Claims	\$ 1,121,841.19	\$ 320,738.59	\$ 1,442,579.78
Hopitals Direct Disbursement	\$ 8,193,266.01	\$ 4,956,647.47	\$ 13,149,913.48
Other Discretionary EMS	\$ 6,125,145.92	\$ 3,539,967.28	\$ 9,665,113.20
<b>Total</b>	<b>\$ 40,533,346.35</b>	<b>\$ 24,303,378.77</b>	<b>\$ 64,836,725.12</b>

The combined total of the Maddy EMS Fund and the Richie's Fund reported at the beginning of FY 2016/2017 was \$42 million, an increase of \$6 million over the amount

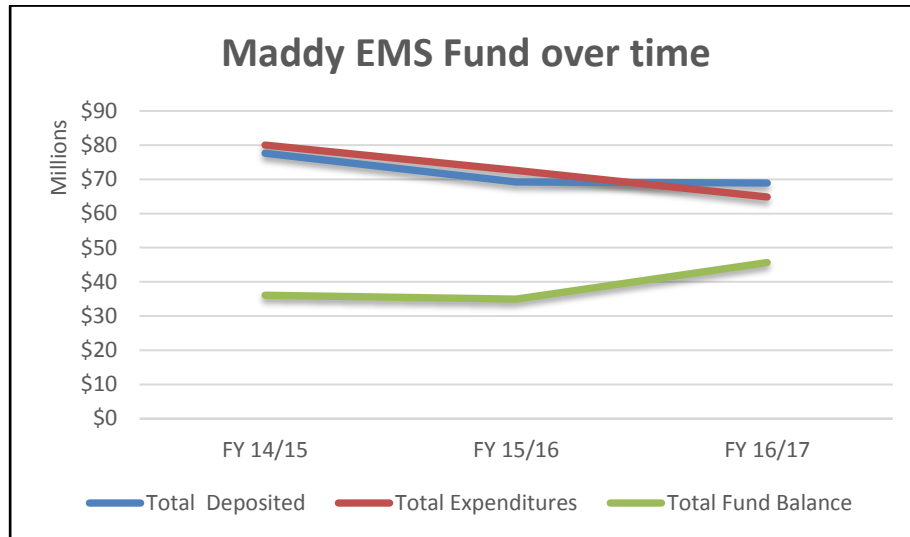
reported end of FY 2015/2016. Counties reported a combined end of year fund balance of \$46 million (Appendices B and C), which is \$11 million more than last fiscal year. Typically, this balance represents a continuous collection and appropriation from year-to-year, with expenditures on a quarterly basis. Counties make disbursements based on the previous fiscal year's data while the current fiscal year's collections flow in.

The table below provides a statewide summary of the county totals for the Maddy EMS Fund and Richie's Fund, and the county reported beginning balance, funds collected, deposited, and distributed, and expended.

<b>Maddy EMS Fund Summary</b>	<b>Totals Original Assessment</b>	<b>Totals Supplemental Assessment</b>	<b>Total Maddy EMS Fund</b>
<b>Beginning Balance July 1, 2016</b>	\$ 25,789,996.79	\$ 15,788,227.19	\$ <b>41,578,223.98</b>
<b>Interest &amp; Misc. Deposits</b>	\$ 1,626,328.82	\$ 192,874.98	\$ <b>1,819,203.80</b>
<b>Collections</b>			
GC76000 (GC76104 based)	\$ 66,784,862.86		\$ <b>66,784,862.86</b>
GC76000.5		\$ 34,890,414.28	\$ <b>34,890,414.28</b>
VC 42007e	\$ 18,560,486.76	\$ 4,117,781.94	\$ <b>22,678,268.70</b>
<b>Deposits</b>			
GC76000 (GC76104 based)	\$ 33,372,614.21		\$ <b>33,372,614.21</b>
GC76000.5		\$ 25,741,774.97	\$ <b>25,741,774.97</b>
VC 42007e	\$ 4,532,868.60	\$ 2,728,852.80	\$ <b>7,261,721.40</b>
<b>Category Distributions</b>			
County Administration (actual cost ≤ 10%)	\$ 3,461,087.94	\$ 2,512,343.83	\$ <b>5,973,431.77</b>
Richie's Fund (15%)		\$ 4,589,276.08	\$ <b>4,589,276.08</b>
Physicians/Surgeons (58%)	\$ 22,129,475.29	\$ 12,488,194.50	\$ <b>34,617,669.79</b>
Reserve (optional-up to 15%)	\$ 66,348.52	\$ 150.74	\$ <b>66,499.26</b>
Hospitals (25%)	\$ 10,065,791.17	\$ 5,496,451.03	\$ <b>15,562,242.20</b>
Reserve (optional-up to 15%)	\$ 262,882.64	\$ 64.98	\$ <b>262,947.62</b>
Other Discretionary EMS (17%)	\$ 6,359,961.06	\$ 3,670,417.47	\$ <b>10,030,378.53</b>
Reserve (optional any amount)	\$ -	\$ -	\$ <b>-</b>
<b>Expenditures</b>			
County Administration	\$ 3,343,714.64	\$ 2,313,501.41	\$ <b>5,657,216.05</b>
Richie's Fund		\$ 2,377,732.30	\$ <b>2,377,732.30</b>
Physicians/Surgeons Paid Claims	\$ 21,749,378.59	\$ 10,794,791.72	\$ <b>32,544,170.31</b>
Hospitals Paid Claims	\$ 1,121,841.19	\$ 320,738.59	\$ <b>1,442,579.78</b>
Hopitals Direct Disbursement	\$ 8,193,266.01	\$ 4,956,647.47	\$ <b>13,149,913.48</b>
Other Discretionary EMS	\$ 6,125,145.92	\$ 3,539,967.28	\$ <b>9,665,113.20</b>
<b>Reimbursements</b>			
Physicians/Surgeons	\$ 559,481.99	\$ 57,082.48	\$ <b>616,564.47</b>
Hospitals	\$ 70,186.35	\$ 39,517.00	\$ <b>109,703.35</b>
<b>Fiscal Year Ending Balance June 30, 2017</b>	\$ 25,418,130.41	\$ 20,244,950.65	\$ <b>45,663,081.06</b>

## DISCUSSION

On January 1, 2015, changes to HSC § 1797.98b required that counties submit their yearly reports to the EMS Authority instead of directly to the Legislature. Over the three fiscal years tracked by the EMS Authority, the Maddy EMS Fund has remained relatively stable with deposits closely matching expenditures from year to year. For FY 2016/2017, total fund balance increased by \$11 M, while total expenditures fell by \$8 M.



Between 2013 and 2017, California’s uninsured rate dropped from 17.2% to 7.2%<sup>1</sup> which could be attributed to the implementation of the main provisions of the Affordable Care Act, California’s participation in the expansion of Medicaid eligibility (Medi-Cal), and the establishment of health insurance marketplaces (e.g. healthcare.gov) in 2014. This decrease may also account for the decrease in total Maddy EMS Fund expenditures over the three reporting years, with a corresponding increase in total fund balance.

For the FY 2016/2017 reporting year, a completely revised reporting template was put in place that separated the two penalty assessment revenue streams (Maddy EMS Fund and Richie’s Fund) to provide a more comprehensive report of available funds. This revised template was intended to more closely reflect the way the penalty assessments revenue should be collected and disbursed (See Appendix A) and account for interest, miscellaneous deposits, and amounts reimbursed from Physicians/Surgeons and Hospitals. The template revisions may also have contributed in an increase in the total fund balance for the 2016/2017 reporting year.

The revised reporting template also drew a finer distinction between category distributions versus disbursements or expenditures which contributed to total expenditures decreasing in reporting year 2016/2017.

Every effort was made to collect complete reports for FY 2016/2017. The revised reporting template and instructional materials were provided to counties to standardize the data collected; however, the accounting mechanisms and workflows used at the county level differ in their methodology, and some revenue sources are intermingled in their tracking and reporting.

<sup>1</sup> Berchick, Edward R., Emily Hood, and Jessica C. Barnett, Current Population Reports, P60-264, *Health Insurance Coverage in the United States: 2017*, U.S. Government Printing Office, Washington, DC, 2018

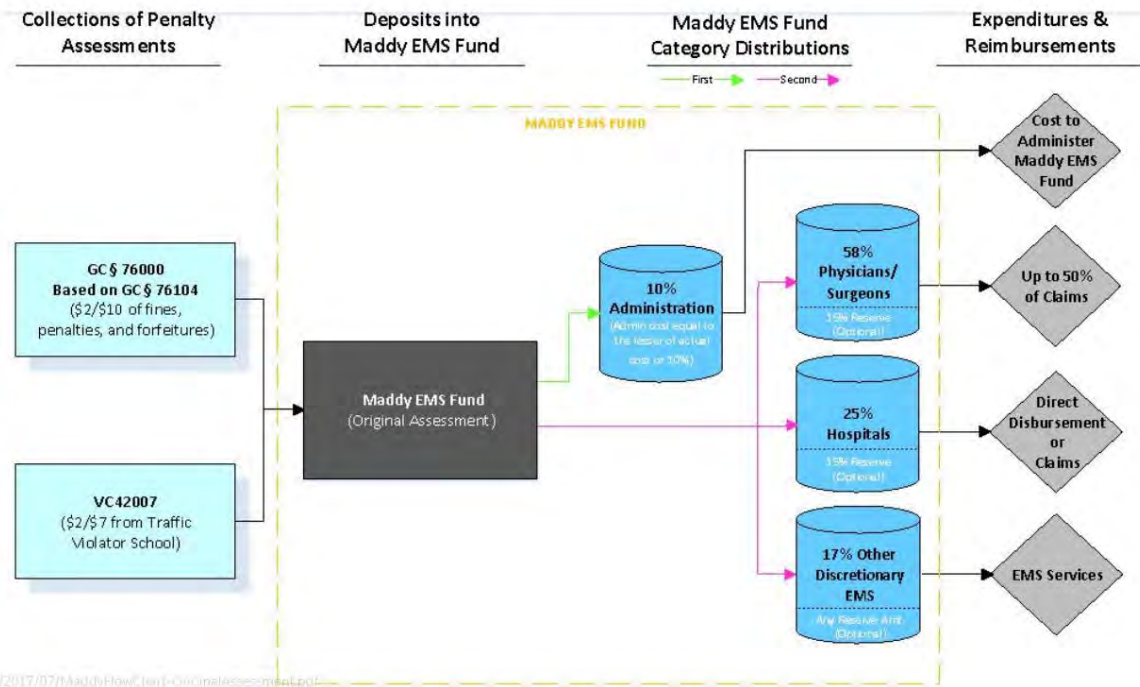
Based on the inconsistencies identified, the EMS Authority has concluded that the data provided in the county-submitted reports represents an improvement in specificity and granularity from FY 2015/2016 data, yet still reflects a varied interpretation among the counties regarding implementation of statute governing the Maddy EMS Fund.

### **FUTURE REPORTING**

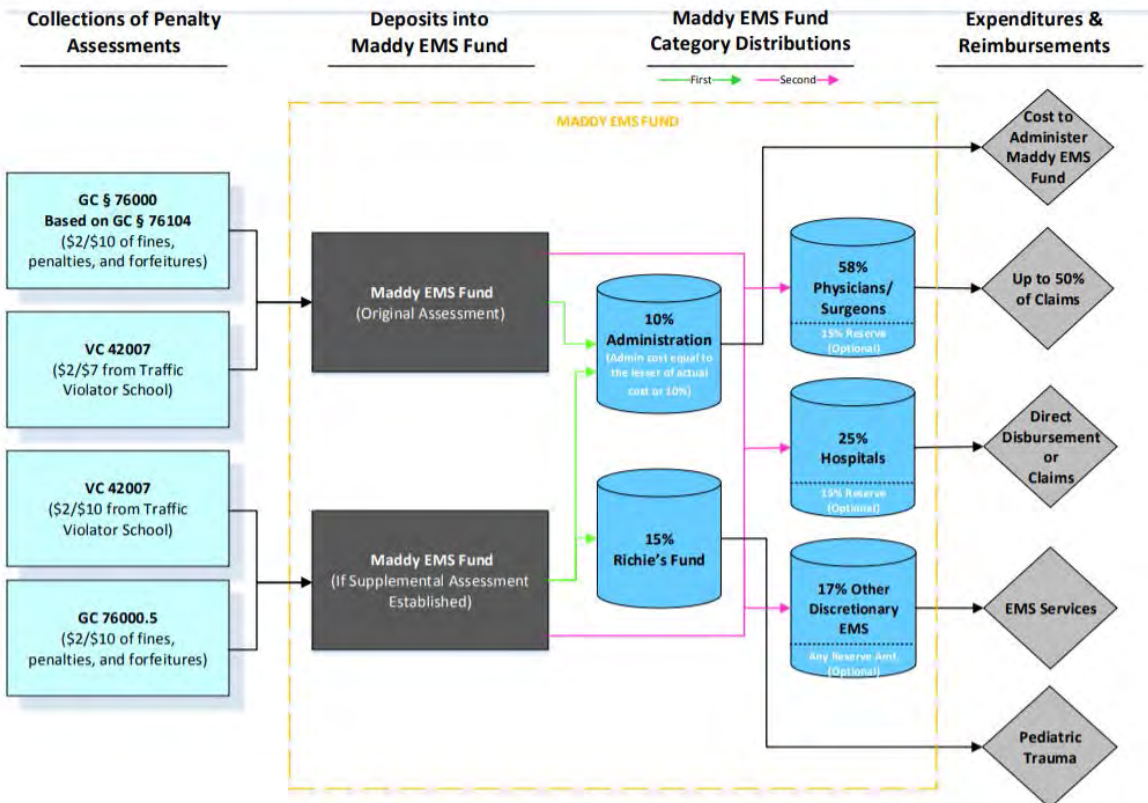
The EMS Authority is available to provide technical assistance to the Maddy EMS Fund administrators to aid with interpretation of existing statutes and maintenance of reporting standards and will continue to work on gaining a thorough understanding of the unique challenges of each county.

# APPENDIX A – FLOW CHARTS

## MADDY EMS FUND – Original Assessment



## MADDY EMS FUND – Original & Supplemental Assessment



**APPENDIX B – MADDY EMS FUND/ORIGINAL ASSESSMENT  
SUMMARY BY COUNTY**

**FY 16/17 Statewide Collections and Distributions  
Summary of information received from each county  
Maddy EMS Fund Original Assessment**

Maddy EMS Fund Summary by County Original Assessment	Alameda	Alpine	Amador	Butte	Colusa	Contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Inyo	Kern
Beginning Balance July 1, 2016	\$ 2,800,558.97	\$ -	\$ 249,950.79	\$ 136,001.05	\$ 125,429.74	\$ 422,845.60	\$ 75,288.86	\$ -	\$ 2,127,456.78	\$ 171,398.60	\$ 217,956.53	\$ 339,769.27	\$ 1,467,999.95
Interest & Misc. Deposits	\$ 27,016.80	\$ 12.40	\$ 1,390.80	\$ 3,700.29	\$ 551.59	\$ 4,876.88	\$ 5,673.13	\$ 2,627.17	\$ 27,721.17	\$ 447.96	\$ 1,183.63	\$ 3,078.49	\$ 14,681.47
<b>Collections</b>													
GC76000 (GC76104 based)	\$ 1,635,449.81	\$ 16,894.67	\$ -	\$ 218,612.88	\$ 150,445.90	\$ 8,241,850.00	\$ -	\$ 137,958.94	\$ 759,285.71	\$ 48,934.32	\$ 185,254.74	\$ 233,584.48	\$ 1,316,686.04
VC 42007e (Original Assessment)	\$ -	\$ 102,972.62	\$ 193,062.04	\$ -	\$ -	\$ 2,938,049.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Deposits from Collections</b>													
GC76000 (GC76104 based)	\$ 1,635,449.81	\$ 16,894.67	\$ -	\$ 218,612.88	\$ 69,907.17	\$ 789,216.70	\$ 39,271.03	\$ 137,958.94	\$ 759,285.71	\$ 48,934.32	\$ 185,254.74	\$ 233,584.48	\$ 1,316,686.04
VC 42007e (Original Assessment)	\$ -	\$ -	\$ 41,323.20	\$ -	\$ -	\$ 392,008.74	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Category Distributions</b>													
County Administration (actual cost ≤ 10%)	\$ 166,246.66	\$ -	\$ 4,271.39	\$ 5,061.27	\$ 7,373.10	\$ 118,123.21	\$ 3,978.05	\$ 14,554.17	\$ 75,928.57	\$ 4,938.23	\$ 18,682.33	\$ 20,019.85	\$ 134,287.49
Physicians/Surgeons (58%)	\$ 867,807.57	\$ -	\$ 22,296.71	\$ 126,727.51	\$ -	\$ 616,599.26	\$ 62,418.72	\$ 75,972.75	\$ 396,347.14	\$ 25,777.55	\$ 332,629.41	\$ -	\$ 700,980.62
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals (25%)	\$ 374,054.99	\$ -	\$ 9,610.65	\$ 54,623.94	\$ -	\$ 265,775.64	\$ -	\$ 32,746.87	\$ 170,839.28	\$ 170,000.00	\$ 143,374.75	\$ -	\$ 302,146.67
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182,509.61	\$ -	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 254,357.39	\$ 16,907.07	\$ 6,535.25	\$ 37,144.26	\$ 35,540.59	\$ 180,727.33	\$ 8,460.46	\$ 22,267.87	\$ 116,170.71	\$ 7,555.49	\$ 97,494.83	\$ 48,820.58	\$ 205,459.82
Reserve (optional, any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>													
County Administration	\$ -	\$ 16,907.07	\$ 5,240.56	\$ 5,061.27	\$ 7,373.10	\$ 181,226.83	\$ -	\$ 14,554.17	\$ 243,359.17	\$ 4,938.23	\$ 16,917.17	\$ 20,019.85	\$ 134,287.49
Physicians/Surgeons Allowable Claims	\$ -	\$ -	\$ 441,123.00	\$ 428,826.00	\$ -	\$ 688,338.02	\$ 1,107,464.00	\$ 2,065,695.20	\$ 8,838,876.90	\$ 84,744.91	\$ 122,999.19	\$ -	\$ 754,308.70
Physicians/Surgeons Paid Claims	\$ -	\$ -	\$ 38,481.03	\$ 126,727.51	\$ -	\$ 688,338.02	\$ 63,550.49	\$ 75,972.75	\$ 512,900.27	\$ 25,777.55	\$ 102,089.33	\$ -	\$ 377,194.97
Hospitals Allowable Claims	\$ -	\$ -	\$ -	\$ 2,386,656.70	\$ -	\$ -	\$ -	\$ 477,534.23	\$ -	\$ -	\$ 4,329,183.00	\$ -	\$ -
Hospitals Paid Claims	\$ -	\$ -	\$ -	\$ 54,623.94	\$ -	\$ -	\$ -	\$ 32,746.87	\$ -	\$ -	\$ 85,969.16	\$ -	\$ -
Hospitals Direct Disbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 407,747.50	\$ -	\$ -	\$ 170,000.00	\$ -	\$ -	\$ -	\$ 302,146.83
Other Discretionary EMS	\$ -	\$ -	\$ 9,534.09	\$ 37,144.26	\$ 35,540.59	\$ 277,287.70	\$ -	\$ 22,267.87	\$ -	\$ 7,555.49	\$ 119,197.15	\$ 48,820.58	\$ 205,459.82
<b>Reimbursements</b>													
Physicians/Surgeons	\$ -	\$ -	\$ 586.80	\$ -	\$ -	\$ 17,932.64	\$ 5,375.91	\$ 4,955.55	\$ 5,720.20	\$ -	\$ -	\$ -	\$ 12,732.82
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fiscal Year Ending Balance June 30, 2017	\$ 4,463,025.58	\$ -	\$ 239,995.91	\$ 134,757.24	\$ 152,974.81	\$ 72,280.51	\$ 62,058.44	\$ -	\$ 2,163,924.42	\$ 12,509.61	\$ 80,222.09	\$ 507,591.81	\$ 1,793,011.17

**Notes**

1. Alpine County has no hospitals or trauma centers. Entire amount collected used for contracted EMS services and uncollected ambulance charges.
2. Inyo County reports GC 76000.5 funds with Original Assessment
3. Modoc County unable to determine if it has established a Maddy EMS Fund. Several attempts made to obtain a report with no response from county.

Original Assessment Expenditures Claims Detail	Alameda	Alpine	Amador	Butte	Colusa	Contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Inyo	Kern
<b>Physicians/Surgeons</b>													
# Allowable Claims	0	0	30	1,047	0	9,259	932	2,114	29,690	1	1,130	0	13,127
# Paid Claims	0	0	21	1,047	0	9,259	932	2,114	29,690	0.3	1,130	0	13,127
% Paid Claims	0%	0%	70%	100%	0%	100%	100%	100%	100%	30%	100%	0%	100%
<b>Hospitals</b>													
# Allowable Claims	0	0	0	853	0	0	0	144	0	0	2	0	0
# Paid Claims	0	0	0	853	0	0	0	144	0	0	2	0	0
% Paid Claims	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	100%	0%	0%

These tables reflect summary of information received from each County. The Fiscal Year Ending Balance does not reflect Collections, Category Distributions, or Allowable Claims amounts.



**FY 16/17 Statewide Collections and Distributions  
Summary of information received from each county  
Maddy EMS Fund Original Assessment**

Maddy EMS Fund Summary by County Original Assessment	Lake	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange
Beginning Balance July 1, 2016	\$ 25,120.22	\$ 671,727.44	\$ 214,742.60	\$ 57,486.05	\$ 126,505.85	\$ 65,071.23	\$ 113,541.68	Did not report	\$ 143,802.08	\$ 779,896.61	\$ 123,076.81	\$ 66,615.00	\$ 6,359.12
Interest & Misc. Deposits	\$ -	\$ 27,268.58	\$ 1,658.25	\$ -	\$ -	\$ 2,461.89	\$ 2,335.60		\$ 1,653.71	\$ 9,604.66	\$ 900.94	\$ 1,038.00	\$ 14,261.05
<b>Collections</b>													
GC76000 (GC76104 based)	\$ 64,379.42	\$ 20,607,259.37	\$ 321,012.60	\$ -	\$ 18,952.85	\$ 91,963.05	\$ 8,813,498.22		\$ 80,464.65	\$ 771,448.89	\$ 546,946.29	\$ 145,591.00	\$ 5,645,075.02
VC 42007e (Original Assessment)	\$ -	\$ 4,618,626.01	\$ 143,453.00	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ 439,978.56	\$ -	\$ -
<b>Deposits from Collections</b>													
GC76000 (GC76104 based)	\$ 64,379.42	\$ 5,887,793.86	\$ 172,817.90	\$ 324,018.04	\$ 18,952.85	\$ 91,963.05	\$ 326,425.86		\$ 80,464.65	\$ 771,448.89	\$ 181,267.32	\$ 145,591.00	\$ 4,215,513.96
VC 42007e (Original Assessment)	\$ -	\$ 2,132,926.60	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
<b>Category Distributions</b>													
County Administration (actual cost ≤ 10%)	\$ 6,437.94	\$ 802,072.04	\$ -	\$ 32,401.80	\$ 2,000.00	\$ 9,196.30	\$ 32,642.59		\$ 2,540.58	\$ 78,105.36	\$ 18,126.73	\$ 1,441.00	\$ 63,977.19
Physicians/Surgeons (58%)	\$ 30,987.95	\$ 4,186,816.09	\$ 90,581.69	\$ 169,137.42	\$ 70,000.00	\$ 48,004.70	\$ 170,394.32		\$ 39,231.85	\$ 230,677.35	\$ 94,621.54	\$ 83,607.00	\$ 2,395,144.56
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 6,923.27	\$ -	\$ 46,222.24	\$ -	\$ -
Hospitals (25%)	\$ 13,356.91	\$ 1,804,662.10	\$ 80,485.85	\$ 72,904.06	\$ 6,279.64	\$ 20,691.68	\$ 73,445.80		\$ 16,910.28	\$ 175,737.05	\$ 40,785.15	\$ 36,037.00	\$ 1,059,312.27
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 2,984.17	\$ -	\$ 76,854.57	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 9,082.66	\$ 1,227,170.23	\$ -	\$ 49,574.76	\$ -	\$ 14,070.34	\$ 49,943.15		\$ 16,528.22	\$ 119,501.19	\$ 27,733.90	\$ 24,506.00	\$ 717,700.11
Reserve (optional, any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>													
County Administration	\$ 5,623.94	\$ 802,072.04	\$ -	\$ 32,401.80	\$ 2,000.00	\$ -	\$ 44,682.30	Did not report	\$ 2,540.58	\$ 78,105.36	\$ 18,126.73	\$ 1,441.00	\$ 63,977.19
Physicians/Surgeons Allowable Claims	\$ 846,206.00	\$ 28,845,467.00	\$ 90,581.69	\$ 542,469.53	\$ 252,214.73	\$ 80,809.74	\$ 352,895.11		\$ -	\$ 461,354.69	\$ 745,207.00	\$ 83,607.00	\$ 2,395,144.56
Physicians/Surgeons Paid Claims	\$ 34,376.55	\$ 4,236,735.50	\$ 90,581.69	\$ 182,468.01	\$ 70,000.00	\$ 48,444.22	\$ 352,895.11		\$ -	\$ 230,677.35	\$ 80,845.32	\$ 83,607.00	\$ 2,395,144.56
Hospitals Allowable Claims	\$ -	\$ -	\$ 80,485.85	\$ -	\$ -	\$ 47,798.39	\$ -		\$ -	\$ -	\$ -	\$ 36,037.00	\$ -
Hospitals Paid Claims	\$ -	\$ -	\$ 80,485.85	\$ -	\$ -	\$ 21,031.29	\$ -		\$ -	\$ -	\$ -	\$ 36,037.00	\$ -
Hospitals Direct Disbursement	\$ -	\$ 1,839,354.00	\$ -	\$ 72,904.06	\$ 6,279.64	\$ -	\$ 135,184.99		\$ -	\$ 175,737.05	\$ 118,118.27	\$ -	\$ 1,059,312.27
Other Discretionary EMS	\$ 8,374.51	\$ 1,227,170.23	\$ -	\$ 49,574.76	\$ -	\$ -	\$ 91,925.81		\$ 30,000.00	\$ 119,501.19	\$ 27,760.88	\$ -	\$ 717,700.11
<b>Reimbursements</b>													
Physicians/Surgeons	\$ 1,619.87	\$ 195,107.46	\$ 188.62	\$ 9,891.16	\$ -	\$ -	\$ 11,320.39		\$ -	\$ 7,244.39	\$ 3,050.38	\$ 3,393.00	\$ -
Hospitals	\$ -	\$ 70,186.35	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Fiscal Year Ending Balance June 30, 2017	\$ 42,744.51	\$ 879,678.52	\$ 218,339.83	\$ 54,046.62	\$ 67,179.06	\$ 90,020.66	\$ (171,064.68)	Did not report	\$ 193,379.86	\$ 964,173.60	\$ 63,444.25	\$ 95,552.00	\$ -

Original Assessment Expenditures Claims Detail	Lake	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange
<b>Physicians/Surgeons</b>													
# Allowable Claims	1,168	107,191	2,470	1,101	1,221	168	4,850		0	4,711	1,988	3,495	58,236
# Paid Claims	604	107,191	2,470	1,101	281	168	4,850		0	4,711	1,988	3,495	58,236
% Paid Claims	52%	100%	100%	100%	23%	100%	100%		0%	100%	100%	100%	100%
<b>Hospitals</b>													
# Allowable Claims	0	0	162,409		0	15	0		0	0	0	1,517	0
# Paid Claims	0	0	162,409		0	15	0		0	0	0	1,517	0
% Paid Claims	0%	0%	100%	0%	0%	100%	0%		0%	0%	0%	100%	0%

These tables reflect summary of information received from each County. The Fiscal Year Ending Balance does not reflect Collections, Category Distributions, or Allowable Claims amounts.

**FY 16/17 Statewide Collections and Distributions**  
**Summary of information received from each county**  
**Maddy EMS Fund Original Assessment**

Maddy EMS Fund Summary by County Original Assessment	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara
Beginning Balance July 1, 2016	\$ 201,326.87	\$ 18.22	\$ -	\$ -	\$ 337,939.73	\$ -	\$ 1,451,078.17	\$ 343,578.00	\$ 1,910,113.05	\$ 159,162.16	\$ 2,405,892.05	\$ 6,280.00	\$ 2,111,294.31
Interest & Misc. Deposits	\$ 3,462.24	\$ 45.78	\$ 19,256.00	\$ 10,947.00	\$ 3,274.14	\$ 2,129.24	\$ 15,638.99	\$ 5,340.00	\$ 14,304.00	\$ 594.53	\$ 11,798.00	\$ 64.00	\$ 931,651.83
<b>Collections</b>													
GC76000 (GC76104 based)	\$ 311.64	\$ 21,144.15	\$ 2,266,961.00	\$ 799,967.00	\$ 64,106.04	\$ 1,658,520.59	\$ 6,966,161.91	\$ 709,840.00	\$ -	\$ 273,446.78	\$ 386,568.19	\$ 9,844.75	\$ 330,216.81
VC 42007e (Original Assessment)		\$ -	\$ -	\$ 564,962.00	\$ -	\$ -	\$ 7,565,227.46		\$ 267,281.46	\$ 77,764.46	\$ 846,056.84	\$ 50,543.29	\$ 273,017.02
<b>Deposits from Collections</b>													
GC76000 (GC76104 based)	\$ 278,813.23	\$ 21,144.15	\$ 2,266,961.00	\$ 785,947.00	\$ 64,106.04	\$ 1,658,520.59	\$ 5,539,800.00	\$ 709,840.00		\$ 273,446.78	\$ 386,568.19	\$ 9,297.00	\$ 330,216.81
VC 42007e (Original Assessment)		\$ -	\$ -	\$ 564,962.00	\$ -	\$ -			\$ 267,281.46	\$ 77,764.46	\$ 420,583.00	\$ 21,290.00	\$ 273,017.02
<b>Category Distributions</b>													
County Administration (actual cost ≤ 10%)	\$ 12,746.63	\$ 1,696.65	\$ 228,622.00	\$ 135,091.00	\$ 6,410.61	\$ 166,064.96	\$ 552,523.19	\$ 71,518.00	\$ -	\$ 19,535.08	\$ 80,715.14	\$ 3,066.00	\$ 135,593.90
Physicians/Surgeons (58%)	\$ 273,599.08	\$ 11,316.67	\$ 1,238,348.00	\$ 715,434.00	\$ 33,463.35	\$ 866,859.22	\$ 2,884,171.05	\$ 373,324.00	\$ 178,297.39	\$ 249,520.59	\$ 791,584.14	\$ 16,000.00	\$ 966,647.54
Reserve (optional, up to 15%)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -		
Hospitals (25%)	\$ 117,930.64	\$ 4,877.88	\$ 514,399.00	\$ 303,955.00	\$ 14,423.86	\$ 373,646.23	\$ 1,243,177.18	\$ 160,915.00		\$ 165,513.69	\$ 341,200.06	\$ 17,865.00	\$ 408,252.05
Reserve (optional, up to 15%)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -		
Other Discretionary EMS (17%)	\$ 80,192.84	\$ 3,316.95	\$ 349,791.00	\$ 206,689.00	\$ 9,808.23	\$ 254,079.42	\$ 845,360.48	\$ 109,422.00		\$ 52,496.20	\$ 232,016.04	\$ -	\$ 277,611.40
Reserve (optional, any amount)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -		
<b>Expenditures</b>													
County Administration	\$ 12,746.63	\$ 1,696.65	\$ 228,622.00	\$ 135,091.00	\$ 6,410.61	\$ 166,064.96	\$ 552,523.19	\$ 71,518.00	\$ -	\$ 19,535.08	\$ 81,894.89	\$ 3,066.00	\$ 135,593.90
Physicians/Surgeons Allowable Claims	\$ 273,599.08	\$ 75,026.72	\$ 18,446,234.00	\$ 873,215.00	\$ 27,473.34	\$ 881,551.79	\$ 4,602,400.00	\$ 312,078.57	\$ -	\$ 673,458.59	\$ -	\$ 16,000.00	\$ 19,464,751.00
Physicians/Surgeons Paid Claims	\$ 273,599.08	\$ 11,316.67	\$ 1,238,348.00	\$ 715,434.00	\$ 27,473.34	\$ 881,551.79	\$ 3,611,074.00	\$ 312,078.57	\$ 178,297.39	\$ 187,791.50	\$ 857,821.89	\$ 16,000.00	\$ 966,647.54
Hospitals Allowable Claims	\$ -	\$ 120,961.13	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 11,928.00	\$ 9,881,820.00
Hospitals Paid Claims	\$ -	\$ 4,877.88	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 11,928.00	\$ 408,252.05
Hospitals Direct Disbursement	\$ 117,930.64	\$ -	\$ 514,399.00	\$ 303,955.00	\$ 10,606.94	\$ 373,646.23	\$ 1,243,177.18	\$ 128,250.00	\$ -	\$ 88,443.84	\$ 209,724.31	\$ 5,937.00	\$ -
Other Discretionary EMS	\$ 80,192.84	\$ 3,316.95	\$ 349,791.00	\$ 206,689.00	\$ -	\$ 254,079.42	\$ 845,360.48	\$ 122,400.00	\$ -	\$ 52,496.20	\$ 584,292.26	\$ -	\$ 277,611.40
<b>Reimbursements</b>													
Physicians/Surgeons	\$ 3,647.45	\$ -	\$ 44,943.00	\$ -	\$ 910.04	\$ 14,692.57	\$ 54,552.00	\$ 14,538.57	\$ 4,961.81	\$ 4,923.24	\$ 51,523.30	\$ -	\$ 21,165.00
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fiscal Year Ending Balance June 30, 2017	\$ 2,780.60	\$ -	\$ -	\$ 687.00	\$ 361,739.06	\$ -	\$ 808,934.31	\$ 439,050.00	\$ 2,018,362.93	\$ 167,624.55	\$ 1,542,631.19	\$ -	\$ 1,879,240.08

Original Assessment Expenditures Claims Detail	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara
<b>Physicians/Surgeons</b>													
# Allowable Claims	3,131	136	46,666	35,676	811	49,517	58,463	10,244	0	1,149	0	776	63,446
# Paid Claims	3,131	136	38,402	35,676	811	49,517	58,463	10,244	0	1,149	0	776	58,952
% Paid Claims	100%	100%	82%	100%	100%	100%	100%	100%	0%	100%	0%	100%	93%
<b>Hospitals</b>													
# Allowable Claims	0	86	0	0	0	0	0	0	0	0	0	1,049	323
# Paid Claims	0	81	0	0	0	0	0	0	0	0	0	1,049	323
% Paid Claims	0%	94%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%

These tables reflect summary of information received from each County. The Fiscal Year Ending Balance does not reflect Collections, Category Distributions, or Allowable Claims amounts.

**FY 16/17 Statewide Collections and Distributions**  
**Summary of information received from each county**  
**Maddy EMS Fund Original Assessment**

Maddy EMS Fund Summary by County Original Assessment	Santa Cruz	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba	Total
Beginning Balance July 1, 2016	\$ 541,523.28	\$ 268,815.48	\$ 369,722.72	\$ 186,733.00	\$ 226,810.28	\$ 606,673.02	\$ 84,774.53	\$ 16,978.92	\$ 5,281.55	\$ 651,427.75	\$ 3,143,799.20	\$ 232,173.67	\$ 25,789,996.79
Interest & Misc. Deposits	\$ 354,729.94	\$ 2,666.16	\$ 4,098.42	\$ 4,470.00	\$ 3,457.51	\$ 3,464.36	\$ 567.47	\$ 45,306.35	\$ 772.54	\$ 8,542.12	\$ 21,204.39	\$ 4,399.35	\$ 1,626,328.82
<b>Collections</b>													
GC76000 (GC76104 based)	\$ 268,569.95	\$ 136,986.09	\$ 323,035.87	\$ 322,554.00	\$ 626,443.38	\$ -	\$ 14,617.63	\$ 139,407.89	\$ -	\$ 905,923.84	\$ 466,301.68	\$ 42,384.82	\$ 66,784,862.86
VC 42007e (Original Assessment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,605.22	\$ 205,367.52	\$ -	\$ 254,519.43	\$ -	\$ -	\$ 18,560,486.76
<b>Deposits from Collections</b>													
GC76000 (GC76104 based)	\$ 268,569.95	\$ 136,968.09	\$ 357,825.46	\$ 322,554.00	\$ 626,443.38	\$ 79,512.85	\$ 14,617.63	\$ 130,621.97	\$ 76,089.15	\$ 794,371.15	\$ 466,301.68	\$ 42,384.82	\$ 33,372,614.21
VC 42007e (Original Assessment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 95,978.91	\$ -	\$ 245,733.21	\$ -	\$ -	\$ 4,532,868.60
<b>Category Distributions</b>													
County Administration (actual cost ≤ 10%)	\$ -	\$ 6,453.33	\$ 33,559.57	\$ 32,702.00	\$ 63,131.27	\$ 8,041.29	\$ 1,461.76	\$ 22,473.94	\$ 7,733.00	\$ 169,153.21	\$ 67,834.56	\$ 12,555.00	\$ 3,461,087.94
Physicians/Surgeons (58%)	\$ 338,467.01	\$ 153,456.14	\$ 168,398.86	\$ 170,706.00	\$ 328,789.72	\$ 42,329.66	\$ 74,817.04	\$ 168,913.62	\$ 45,176.00	\$ 882,979.76	\$ 243,409.48	\$ 76,705.26	\$ 22,129,475.29
Reserve (optional, up to 15%)		\$ -					\$ 13,203.01	\$ -				\$ -	\$ 66,348.52
Hospitals (25%)	\$ 480,000.00	\$ 67,396.01	\$ -	\$ 73,580.00	\$ 143,791.40	\$ 18,092.90	\$ 3,012.50	\$ 72,807.59	\$ 17,401.00	\$ 380,594.72	\$ 104,917.88	\$ 114,261.00	\$ 10,065,791.17
Reserve (optional, up to 15%)	\$ -	\$ -					\$ 534.29	\$ -					\$ 262,882.64
Other Discretionary EMS (17%)	\$ -	\$ -	\$ 49,358.28	\$ 50,035.00	\$ 95,600.29	\$ 12,303.18	\$ 5,912.81	\$ 49,509.16	\$ 11,833.00	\$ 258,804.41	\$ 71,344.16	\$ 41,225.00	\$ 6,359,961.06
Reserve (optional, any amount)	\$ -	\$ -					\$ -						\$ -
<b>Expenditures</b>													
County Administration	\$ -	\$ 6,453.33	\$ 33,559.57	\$ 32,702.00	\$ 49,074.96	\$ 8,041.29	\$ 1,368.00	\$ 22,473.94	\$ 7,657.00	\$ 54,556.21	\$ (345.42)	\$ 12,555.00	\$ 3,343,714.64
Physicians/Surgeons Allowable Claims	\$ 1,602,502.00	\$ 529,107.27	\$ 168,398.88	\$ 3,820,755.00	\$ 4,629,111.00	\$ 60,028.94	\$ -	\$ 826,918.17	\$ 270,749.82	\$ 1,872,120.24	\$ 1,099,654.00	\$ 855,893.00	
Physicians/Surgeons Paid Claims	\$ 338,467.01	\$ 153,456.14	\$ 168,398.86	\$ 415,429.54	\$ 355,566.55	\$ 60,028.94	\$ 53.43	\$ 168,913.62	\$ 44,779.36	\$ 544,165.56	\$ 329,173.32	\$ 76,705.26	\$ 21,749,378.59
Hospitals Allowable Claims	\$ -	\$ 808,701.05	\$ -	\$ -	\$ 1,777,334.30	\$ 21,919.35	\$ -	\$ 1,022,729.00	\$ -	\$ -	\$ -	\$ 114,261.00	
Hospitals Paid Claims	\$ -	\$ 67,396.01	\$ -	\$ -	\$ 109,500.00	\$ 21,919.35	\$ 5.20	\$ 72,807.59	\$ -	\$ -	\$ -	\$ 114,261.00	\$ 1,121,841.19
Hospitals Direct Disbursement	\$ 480,000.00	\$ -	\$ -	\$ 176,032.62	\$ -	\$ -	\$ 3,012.50	\$ 17,230.00	\$ 234,136.14	\$ -	\$ -	\$ -	\$ 8,193,266.01
Other Discretionary EMS	\$ -	\$ -	\$ 49,358.28	\$ 50,035.00	\$ 87,408.00	\$ 12,303.18	\$ 1,038.18	\$ 49,509.16	\$ 11,717.00	\$ -	\$ 11,507.53	\$ 41,225.00	\$ 6,125,145.92
<b>Reimbursements</b>													
Physicians/Surgeons	\$ 8,824.42	\$ 424.29	\$ 1,116.08	\$ -	\$ 29,022.75	\$ 300.12		\$ 24,818.16	\$ -	\$ -	\$ -	\$ -	\$ 559,481.99
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 70,186.35
Fiscal Year Ending Balance June 30, 2017	\$ 355,180.58	\$ 181,568.54	\$ 481,445.97	\$ (160,442.16)	\$ 284,184.41	\$ 587,657.59	\$ 94,482.32	\$ -	\$ 759.88	\$ 867,216.32	\$ 3,290,969.84	\$ 34,211.58	\$ 25,418,130.41

Original Assessment Expenditures Claims Detail	Santa Cruz	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba
<b>Physicians/Surgeons</b>												
# Allowable Claims	3,579	1,760	6,066	9,478	5,994	1,605	0	1,215	1,167	6,841	3,442	2,034
# Paid Claims	100	760	6,066	9,478	5,994	1,605	0	1,215	1,167	6,841	3,442	2,034
% Paid Claims	3%	43%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%
<b>Hospitals</b>												
# Allowable Claims	0	474	0	0	384	1,486	0	242	0	0	0	13
# Paid Claims	0	474	0	0	384	1,486	0	242	0	0	0	13
% Paid Claims	0%	100%	0%	0%	100%	100%	0%	100%	0%	0%	0%	100%

These tables reflect summary of information received from each County. The Fiscal Year Ending Balance does not reflect Collections, Category Distributions, or Allowable Claims amounts.

**APPENDIX C – RICHIE’S FUND/SUPPLEMENTAL ASSESSMENT  
SUMMARY BY COUNTY**

**FY 16/17 Collections and Distributions**  
**Summary of information received from each county**  
**Maddy EMS Fund Supplemental Assessment (Richie's Fund)**

Maddy EMS Fund Summary by County Supplemental Assessment (Richie's Fund)	Alameda	Alpine	Colusa	Contra Costa	Del Norte	El Dorado	Humboldt	Inyo	Kern	Lake	Los Angeles	Marin	Mendocino	Merced
Beginning Balance July 1, 2016	\$ 5,547,935.11	\$ -	\$ 48,396.51	\$ -	\$ 75,288.86	\$ 365,407.55	\$ 17,662.86	Reported with	\$ 458,326.44	\$ 2,010.77	\$ 4,742,281.25	\$ 55,056.70	\$ 195,077.08	\$ 1,468.71
Interest & Misc. Deposits	\$ 42,705.95	\$ 13.51	\$ 551.11	\$ 1,544.87	\$ 335.16	\$ -	\$ 384.96	Original	\$ 14,105.73		\$ 121,004.87	\$ -	\$ 2,461.89	\$ 412.16
Collections								Assessment						
GC76000.5	\$ 1,612,571.79	\$ 18,409.56	\$ 61,507.89	\$ 680,692.12	\$ 44,735.77	\$ 132,176.08	\$ 169,171.71		\$ 1,264,992.29	\$ 63,816.20	\$ 6,022,246.74	\$ -	\$ 116,563.21	\$ 8,816,166.09
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$ 2,938,049.83	\$ -	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -
Deposits from Collections														
GC76000.5	\$ 1,612,571.79	\$ 18,409.56	\$ 62,660.23	\$ 676,938.31	\$ -	\$ 132,176.08	\$ 169,171.71		\$ 1,264,992.29	\$ 63,816.20	\$ 6,022,246.74	\$ 323,104.10	\$ 116,563.21	\$ 326,524.67
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ 2,181,633.82	\$ -	\$ -	\$ -
Category Distributions														
County Administration (actual cost ≤ 10%)	\$ 165,527.77	\$ -	\$ -	\$ 60,059.49	\$ 4,485.88	\$ 13,217.61	\$ 16,917.17		\$ 117,003.51	\$ 6,381.64	\$ 820,388.05	\$ 32,310.41	\$ 11,656.32	\$ 32,652.46
Richie's Fund (15%)	\$ 248,291.66	\$ -	\$ -	\$ 76,499.19	\$ -	\$ 17,843.75	\$ 22,838.18		\$ 175,505.28	\$ 8,821.55	\$ 1,230,582.09	\$ 48,465.62	\$ 17,484.48	\$ 48,978.70
Physicians/Surgeons (58%)	\$ 720,045.82	\$ -	\$ -	\$ 313,510.06	\$ 70,387.06	\$ 58,646.53	\$ 75,061.49		\$ 508,965.33	\$ 30,813.65	\$ 3,568,688.03	\$ 140,550.28	\$ 50,705.00	\$ 142,038.24
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals (25%)	\$ 310,364.58	\$ -	\$ -	\$ 134,976.66	\$ -	\$ 25,278.67	\$ 32,354.09		\$ 219,381.65	\$ 13,281.72	\$ 1,538,227.62	\$ 60,582.02	\$ 21,855.61	\$ 61,223.37
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 211,047.91	\$ 18,423.07	\$ -	\$ 91,890.91	\$ 9,540.51	\$ 17,189.51	\$ 22,000.78		\$ 149,179.49	\$ 9,031.60	\$ 1,045,994.77	\$ 41,195.77	\$ 14,861.81	\$ 41,631.90
Reserve (optional-any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Expenditures														
County Administration	\$ 202,399.22	\$ -	\$ -	\$ -	\$ -	\$ 13,217.61	\$ 18,682.33		\$ 117,003.51	\$ 5,574.67	\$ 820,388.05	\$ 32,310.41	\$ 1,567.40	\$ -
Richie's Fund	\$ -	\$ 18,423.07	\$ -	\$ -	\$ -	\$ 50,184.51	\$ 22,702.20		\$ 175,505.28	\$ 8,148.09	\$ -	\$ 77,266.72	\$ 40,638.62	\$ -
Physicians/Surgeons Allowable Claims	\$ 1,303,814.52	\$ -	\$ -	\$ -	\$ -	\$ 2,065,695.20	\$ 122,999.19		\$ 547,685.59	\$ 846,206.00	\$ 23,116,019.80	\$ 427,752.47	\$ 94,016.33	\$ 51,940.80
Physicians/Surgeons Paid Claims	\$ 1,316,022.97	\$ -	\$ -	\$ -	\$ -	\$ 58,646.53	\$ 20,909.86		\$ 273,872.28	\$ 34,184.58	\$ 3,395,211.44	\$ 143,989.71	\$ 51,190.13	\$ 51,940.80
Hospitals Allowable Claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 447,534.23	\$ 4,329,183.00		\$ -	\$ -			\$ 50,538.78	
Hospitals Paid Claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,278.67	\$ 16,605.00		\$ -	\$ -			\$ 22,237.03	
Hospitals Direct Disbursement	\$ 286,684.74	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 544,066.42	\$ -	\$ 1,222,358.00	\$ 60,582.02	\$ -	\$ -
Other Discretionary EMS	\$ 433,492.89	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,869.61		\$ 149,179.49	\$ 8,327.74	\$ 1,045,994.77	\$ 41,195.77		
Reimbursements														
Physicians/Surgeons	\$ 12,208.45	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -				\$ 1,120.95
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -			\$ -	
Fiscal Year Ending Balance June 30, 2017	\$ 4,976,821.48	\$ -	\$ 111,607.85	\$ 678,483.18	\$ 75,624.02	\$ 350,256.31	\$ 86,450.53	#VALUE!	\$ 477,797.48	\$ 9,591.89	\$ 6,583,214.42	\$ 22,816.17	\$ 198,469.00	\$ 277,585.69

**Notes**

- Alpine County has no hospitals or trauma centers. Entire amount collected used for contracted EMS services and uncollected ambulance charges.
- Inyo County reports GC 76000.5 funds with Original Assessment
- Modoc County unable to determine if it has established a Maddy EMS Fund. Several attempts made to obtain a report with no response from county.
- Mono County is unclear if Richie's Fund established, however collections under GC 76000.5, and Richie's Fund Category Distributions, were reported.

Supplemental Assessment Expenditures Claims Detail	Alameda	Alpine	Colusa	Contra Costa	Del Norte	El Dorado	Humboldt	Inyo	Kern	Lake	Los Angeles	Marin	Mendocino	Merced
Physicians/Surgeons														
# Allowable Claims	18,449	0	0	0	0	2,114	1,130		13,127	1,168	85,901	870	161	1,399
# Paid Claims	18,449	0	0	0	0	2,114	1,130		13,127	564	85,901	870	161	1,399
% Paid Claims	100%	0%	0%	0%	0%	100%	100%		100%	48%	100%	100%	100%	100%
Hospitals														
# Allowable Claims	0	0	0	0	0	144	2		0	0	0	0	11	0
# Paid Claims	0	0	0	0	0	144	2		0	0	0	0	11	0
% Paid Claims	0%	0%	0%	0%	0%	100%	100%		0%	0%	0%	0%	100%	0%

**FY 16/17 Collections and Distributions**  
**Summary of information received from each county**  
**Maddy EMS Fund Supplemental Assessment (Richie's Fund)**

Maddy EMS Fund Summary by County Supplemental Assessment (Richie's Fund)	Modoc	Mono	Napa	Orange	Placer	Plumas	Riverside	San Benito	San Bernardino	San Diego	San Francisco	San Luis Obispo	San Mateo	Santa Barbara
Beginning Balance July 1, 2016	Did not report	\$ -	\$ 131,647.30	\$ 7,668.01	\$ 103,834.57	\$ 26.25	\$ -	\$ -	\$ -	\$ 127,315.67	\$ 517,023.00	\$ 196,187.65	\$ -	\$ 907,841.00
Interest & Misc. Deposits		\$ 42.58	\$ 599.76	\$ 74,095.04	\$ 2,201.42	\$ 65.95	\$ 19,256.00	\$ 144.18	\$ 2,889.19	\$ 1,893.50	\$ 6,847.00	\$ 595.95	\$ 11,985.00	\$ 6,568.00
<b>Collections</b>														
GC76000.5		\$ 2,072.89	\$ 181,905.20	\$ 3,206,157.67	\$ 311.64	\$ 30,461.45	\$ 2,252,716.00	\$ 60,962.42	\$ 1,872,319.88	\$ 2,350,574.06	\$ 686,148.00	\$ 352,052.08	\$ 394,518.63	\$ 452,206.94
VC 42007e (Supplemental Assessment)				\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 77,764.46	\$ 846,056.84	\$ 50,543.29
<b>Deposits from Collections</b>														
GC76000.5		\$ 2,072.89	\$ 181,905.20	\$ 3,210,186.75	\$ 267,908.78	\$ 30,461.45	\$ 2,252,716.00	\$ 60,962.42	\$ 1,872,319.88	\$ 2,350,751.00	\$ 686,148.00	\$ 352,052.08	\$ 394,519.00	\$ 415,452.00
VC 42007e (Supplemental Assessment)			\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 425,474.00	\$ 28,042.00
<b>Category Distributions</b>														
County Administration (actual cost ≤ 10%)		\$ 65.45	\$ 18,190.52	\$ 25,455.00	\$ 11,456.06	\$ 2,444.30	\$ 227,197.00	\$ 6,096.24	\$ 187,520.84	\$ 235,075.08	\$ 69,300.00	\$ 19,582.03	\$ 70,929.33	\$ 49,379.00
Richie's Fund (15%)		\$ 317.32	\$ 156,204.50	\$ 481,528.01	\$ 53,337.34	\$ -	\$ 306,716.00	\$ 8,229.92	\$ 253,153.25	\$ 317,351.36	\$ 103,949.00	\$ 83,555.45	\$ 110,698.95	\$ 47,228.00
Physicians/Surgeons (58%)		\$ 854.22	\$ 80,711.34	\$ 1,557,167.06	\$ 175,302.06	\$ 16,303.42	\$ 1,008,074.00	\$ 27,049.02	\$ 832,030.29	\$ 1,043,028.13	\$ 288,979.00	\$ 250,120.16	\$ -	\$ 218,563.00
Reserve (optional-up to 15%)		\$ 150.74	\$ -					\$ -			\$ -		\$ -	\$ -
Hospitals (25%)		\$ 368.20	\$ 34,789.37	\$ 682,164.68	\$ 75,561.23	\$ 7,027.34	\$ 434,515.00	\$ 11,659.06	\$ 358,633.74	\$ 449,581.09	\$ 124,739.00	\$ 165,911.40	\$ -	\$ 173,174.00
Reserve (optional-up to 15%)		\$ 64.98	\$ -		\$ -			\$ -			\$ -		\$ -	\$ -
Other Discretionary EMS (17%)		\$ 294.56	\$ 23,656.77	\$ 463,872.00	\$ 51,381.64	\$ 4,778.59	\$ 295,470.00	\$ 7,928.17	\$ 243,870.95	\$ 305,715.14	\$ 106,028.00	\$ 52,622.34	\$ -	\$ 61,466.00
Reserve (optional-any amount)		\$ -	\$ -					\$ -					\$ -	\$ -
<b>Expenditures</b>														
County Administration	Did not report	\$ 65.45	\$ 18,190.52	\$ 25,455.00	\$ 11,456.06	\$ 2,444.30	\$ 227,197.00	\$ 6,096.24	\$ 187,520.84	\$ 235,075.08	\$ 69,300.00	\$ 19,582.03	\$ 72,127.85	\$ 49,379.00
Richie's Fund		\$ -	\$ 61,487.98	\$ 493,715.92	\$ 53,337.34	\$ -	\$ -	\$ -	\$ 253,153.25	\$ 317,351.36	\$ 90,000.00	\$ 51,245.34	\$ -	\$ 47,228.00
Physicians/Surgeons Allowable Claims		\$ -	\$ 775,624.00	\$ 1,599,088.93	\$ 175,302.06	\$ 107,965.28	\$ 18,446,234.00	\$ -	\$ 843,472.82	\$ -	\$ 252,310.20	\$ 675,076.84	\$ -	\$ 218,563.00
Physicians/Surgeons Paid Claims		\$ -	\$ 83,772.46	\$ 1,599,088.93	\$ 175,302.06	\$ 16,303.42	\$ 1,008,074.00	\$ -	\$ 843,472.82	\$ -	\$ 252,310.20	\$ 188,242.75	\$ -	\$ 218,563.00
Hospitals Allowable Claims		\$ -	\$ -	\$ -	\$ -	\$ 174,066.02	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 79,614.00
Hospitals Paid Claims		\$ -	\$ -	\$ -	\$ -	\$ 7,027.34	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 79,614.00
Hospitals Direct Disbursement		\$ -	\$ 34,789.37	\$ 699,430.95	\$ 75,561.23	\$ -	\$ 741,231.00	\$ 8,473.68	\$ 358,633.74	\$ 449,581.09	\$ 106,875.00	\$ 88,656.37	\$ -	\$ 93,560.00
Other Discretionary EMS		\$ -	\$ 23,656.77	\$ 474,259.00	\$ 51,381.64	\$ 4,778.59	\$ 295,470.00	\$ -	\$ 243,870.95	\$ 305,715.14	\$ 172,084.00	\$ 52,622.34	\$ -	\$ 61,466.00
<b>Reimbursements</b>														
Physicians/Surgeons		\$ -	\$ 3,061.12	\$ -	\$ 2,818.20	\$ -	\$ -	\$ -	\$ 11,442.53	\$ -	\$ 4,360.20	\$ 4,935.08	\$ -	\$ 9,849.00
Hospitals		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fiscal Year Ending Balance June 30, 2017	#VALUE!	\$ 2,050.02	\$ 95,316.28	\$ -	\$ 9,724.64	\$ -	\$ -	\$ 46,536.68	\$ -	\$ 1,172,237.50	\$ 523,809.00	\$ 153,421.93	\$ 759,850.15	\$ 817,942.00

Supplemental Assessment Expenditures Claims Detail	Modoc	Mono	Napa	Orange	Placer	Plumas	Riverside	San Benito	San Bernardino	San Diego	San Francisco	San Luis Obispo	San Mateo	Santa Barbara
Physicians/Surgeons	Did not report													
# Allowable Claims		0	2,060	58,236	794	195	46,666	0	47,386	0	9,080	1,152	0	10,308
# Paid Claims		0	2,060	58,236	794	195	38,402	0	47,386	0	9,080	1,152	0	10,308
% Paid Claims		0%	100%	100%	100%	100%	82%	0%	100%	0%	100%	100%	0%	100%
Hospitals	Did not report													
# Allowable Claims		0	0	0	0	124	0	0	0	0	0	0	0	7,023
# Paid Claims		0	0	0	0	124	0	0	0	0	0	0	0	7,023
% Paid Claims		0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	100%

These tables reflect summary of information received from each County. The Fiscal Year Ending Balance does not reflect Collections, Category Distributions, or Allowable Claims amounts.

**FY 16/17 Collections and Distributions**  
**Summary of information received from each county**  
**Maddy EMS Fund Supplemental Assessment (Richie's Fund)**

Maddy EMS Fund Summary by County Supplemental Assessment (Richie's Fund)	Santa Clara	Santa Cruz	Sonoma	Stanislaus	Tulare	Ventura	Yolo	Yuba	Totals
Beginning Balance July 1, 2016	\$ -	\$ 1,307,238.11	\$ 263,789.00	\$ 104,673.94	\$ -	\$ 606,693.37	\$ -	\$ 5,377.48	\$ 15,788,227.19
Interest & Misc. Deposits	\$ 192,340.39	\$ (337,998.07)	\$ 8,787.00	\$ 1,411.78	\$ 9,778.88	\$ 7,851.22	\$ -	\$ -	\$ 192,874.98
<b>Collections</b>									
GC76000.5	\$ 1,204,180.14	\$ 266,221.71	\$ 526,912.00	\$ 157,048.74	\$ 530,023.47	\$ 1,120,159.93	\$ 196,052.79	\$ 44,359.19	\$ 34,890,414.28
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$ -	\$ 205,367.52	\$ -	\$ -	\$ -	\$ 4,117,781.94
<b>Deposits from Collections</b>									
GC76000.5	\$ 192,340.39	\$ 266,221.71	\$ 526,912.00	\$ 157,048.74	\$ 484,959.30	\$ 1,007,250.51	\$ 196,052.79	\$ 44,359.19	\$ 25,741,774.97
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$ -	\$ 93,702.98	\$ -	\$ -	\$ -	\$ 2,728,852.80
<b>Category Distributions</b>									
County Administration (actual cost ≤ 10%)	\$ -	\$ -	\$ 53,570.00	\$ 15,704.87	\$ 57,866.23	\$ 161,394.39	\$ 19,605.28	\$ 911.90	\$ 2,512,343.83
Richie's Fund (15%)	\$ 192,340.39	\$ -	\$ 72,319.00	\$ 141,343.87	\$ 94,193.72	\$ 242,091.58	\$ 29,407.92	\$ -	\$ 4,589,276.08
Physicians/Surgeons (58%)	\$ -	\$ -	\$ 237,689.00	\$ -	\$ 276,020.96	\$ 702,065.59	\$ 85,282.96	\$ 9,542.80	\$ 12,488,194.50
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150.74
Hospitals (25%)	\$ -	\$ -	\$ 102,452.00	\$ -	\$ 118,974.55	\$ 302,614.48	\$ 36,759.90	\$ -	\$ 5,496,451.03
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 64.98
Other Discretionary EMS (17%)	\$ -	\$ -	\$ 69,668.00	\$ -	\$ 80,902.70	\$ 205,777.85	\$ 24,996.73	\$ -	\$ 3,670,417.47
Reserve (optional-any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>									
County Administration	\$ -	\$ -	\$ 53,570.00	\$ 14,166.75	\$ 57,866.23	\$ 52,053.79	\$ (99.83)	\$ 911.90	\$ 2,313,501.41
Richie's Fund	\$ 192,340.39	\$ -	\$ 72,319.00	\$ 104,659.92	\$ 94,193.72	\$ 153,831.59	\$ -	\$ -	\$ 2,377,732.30
Physicians/Surgeons Allowable Claims	\$ -	\$ -	\$ -	\$ 593,023.00	\$ 1,352,700.43	\$ 1,488,540.50	\$ 284,951.92	\$ 116,080.00	\$ 55,505,062.88
Physicians/Surgeons Paid Claims	\$ 192,340.39	\$ -	\$ -	\$ 67,835.47	\$ 276,020.96	\$ 432,671.20	\$ 85,282.96	\$ 9,542.80	\$ 10,794,791.72
Hospitals Allowable Claims	\$ -	\$ -	\$ -	\$ 177,334.30	\$ 1,282,906.26	\$ -	\$ -	\$ -	\$ 6,541,176.59
Hospitals Paid Claims	\$ -	\$ -	\$ -	\$ 51,002.00	\$ 118,974.55	\$ -	\$ -	\$ -	\$ 320,738.59
Hospitals Direct Disbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186,163.86	\$ -	\$ -	\$ 4,956,647.47
Other Discretionary EMS	\$ -	\$ -	\$ 69,668.00	\$ -	\$ 80,902.70	\$ -	\$ 4,031.88	\$ -	\$ 3,539,967.28
<b>Reimbursements</b>									
Physicians/Surgeons	\$ -	\$ -	\$ -	\$ 7,286.95	\$ -	\$ -	\$ -	\$ -	\$ 57,082.48
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ 39,517.00	\$ -	\$ -	\$ -	\$ 39,517.00
<b>Fiscal Year Ending Balance June 30, 2017</b>	<b>\$ -</b>	<b>\$ 1,235,461.75</b>	<b>\$ 603,931.00</b>	<b>\$ 32,757.27</b>	<b>\$ -</b>	<b>\$ 797,074.66</b>	<b>\$ 106,837.78</b>	<b>\$ 39,281.97</b>	<b>\$ 20,244,950.65</b>

Supplemental Assessment Expenditures Claims Detail	Santa Clara	Santa Cruz	Sonoma	Stanislaus	Tulare	Ventura	Yolo	Yuba
<b>Physicians/Surgeons</b>								
# Allowable Claims	0	0	0	1,496	1,977	5,440	893	337
# Paid Claims	0	0	0	1,496	1,977	5,440	893	337
% Paid Claims	0%	0%	0%	100%	100%	100%	100%	100%
<b>Hospitals</b>								
# Allowable Claims	0	0	0	384	398	0	893	0
# Paid Claims	0	0	0	224	398	0	0	0
% Paid Claims	0%	0%	0%	58%	100%	0%	0%	0%

These tables reflect summary of information received from each County. The Fiscal Year Ending Balance does not reflect Collections, Category Distributions, or Allowable Claims amounts.

**APPENDIX D – COUNTY SUBMITTED REPORTS**





<b>I Administering Agency</b>	<b>County Department</b> Alameda County Public Health Department	<b>County Contact (Name and Title)</b> Binh Cao/ Admin Services Director
	<b>Address (Number and Street)</b> 1000 Broadway ste 500	<b>Phone Number</b> 510-267-8054
	<b>City or Post Office, State, and ZIP Code</b> Oakland CA	<b>Email Address</b> binh.cao@acgov.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	\$ 2,800,558.97
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	\$ 5,547,935.11
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 1,635,449.81	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,612,571.79	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 3,248,021.60	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Alameda County Public Health Department	<b>Contact (Name and Title)</b> Binh Cao/ Admin Services Director		
	<b>Phone Number</b> 5102678054	<b>Email Address</b> binh.cao@acgov.org		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 1,635,449.81</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,635,449.81</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 1,612,571.79</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,612,571.79</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> Alamda County Public Health Department	<b>Contact (Name and Title)</b> Binh Cao/ Admin Services Director	
		<b>Phone Number</b> 5102678054	<b>Email Address</b> binh.cao@acgov.org	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		
				<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 27,016.80</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 166,246.66</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 867,807.57</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 374,054.99
	d	Other Discretionary EMS (17%)		\$ 254,357.39
	e	Total	\$ 0.00	\$ 1,662,466.61

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 42,705.95
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 165,527.77
b	Richie's Fund (15%)		\$ 248,291.66
c	Physicians/Surgeons (58%)		\$ 720,045.82
d	Hospitals (25%)		\$ 310,364.58
e	Other Discretionary EMS (17%)		\$ 211,047.91
f	Total	\$ 0.00	\$ 1,655,277.74

12 Responsibility for category distributions:

Entity Alameda County Public Health Department	Contact (Name and Title) Binh Cao/ Admin Services Director
Phone Number 5102678054	Email Address binh.cao@acgov.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 202,399.22
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	18,449	\$ 1,303,814.52	18,449	100%	\$ 1,316,022.97

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 12,208.45

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Alameda County Public Health Department	Binh Cao/Administrative Services Director
Phone Number	Email Address
510-267-8055	binh.cao@acgov.org



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	\$ 286,684.74

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Alameda County Public Health Department	Contact (Name and Title) Binh Cao/ Admin Services Director
Phone Number 5102678055	Email Address binh.cao@acgov.org



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
b	Description of other EMS services provided:	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 433,492.89
b	Description of other EMS services provided:	
	Funding for programs to improve Alameda County overall emergency responsiveness.	




**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 2,800,558.97 <i>(1c)</i>	\$ 2,800,558.97
Deposits for July 1, 2016-June 30, 2017	\$ 1,635,449.81 <i>(5c)</i>	\$ 4,436,008.78
Interest for July 1, 2016-June 30, 2017	\$ 27,016.80 <i>(8a)</i>	\$ 4,463,025.58
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 4,463,025.58

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 166,246.66 <i>(9a)</i>		\$ 166,246.66	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 867,807.57 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 867,807.57	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 374,054.99 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 374,054.99	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 254,357.39 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 254,357.39	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,662,466.6</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,662,466.6</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 4,463,025.58</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 4,463,025.58
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 4,463,025.58
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 4,463,025.58</b>

  
 Signature of Maddy EMS Fund Administrator

4/13/18  
 Date

BINH CAO Admin Director binh.cao@acps  
 Printed Name & Title Email Address




VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 5,547,935.11 (2c)		\$ 5,547,935.11
Deposits for July 1, 2016- June 30, 2017	\$ 1,612,571.79 (6c)		\$ 7,160,506.90
Interest for July 1, 2016-June 30, 2017	\$ 42,705.95 (10a)		\$ 7,203,212.85
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (10b)		\$ 7,203,212.85

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 165,527.77 (11a)		\$ 165,527.77	\$ 202,399.22 (14)
Richie's Fund (15%)	\$ 248,291.66 (11b)		\$ 248,291.66	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 720,045.82 (11c)	\$ 0.00 (11c)	\$ 720,045.82	\$ 1,316,022.97 (17a)
Hospitals (25%)	\$ 310,364.58 (11d)	\$ 0.00 (11d)	\$ 310,364.58	\$ 0.00 (21b Pd) \$ 286,684.74 (21d)
Other Discretionary EMS (17%)	\$ 211,047.91 (11e)	\$ 0.00 (11e)	\$ 211,047.91	\$ 433,492.89 (25a)
<b>Total</b>	<b>\$ 1,655,277.7</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 1,655,277.7</b>	<b>\$ 2,238,599.82</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 4,964,613.03</b>

Reimbursements			
Physicians/Surgeons	\$ 12,208.45 (17c)		\$ 4,976,821.48
Hospitals	\$ 0.00 (21e)		\$ 4,976,821.48
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 4,976,821.48</b>

  
 Signature of Maddy-EMS Fund Administrator  
 Date: 4/13/18  
 Brian H. CAO Admin Director  
 Printed Name & Title  
 Email Address: brian.cao@agps.org





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Alpine County	<b>County Contact (Name and Title)</b> Delana Lindsey, Interim Asst. COA to Budget/
	<b>Address (Number and Street)</b> 99 Water Street	<b>Phone Number</b> (530) 694-2284
	<b>City or Post Office, State, and ZIP Code</b> Markleeville, CA 96120	<b>Email Address</b> dlindsey@alpinecountyca.gov

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	01/16/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> N/A	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	01/16/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> N/A	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 16,894.67
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 18,409.56
	<b>c</b>	Vehicle Code § 42007	\$ 102,972.62
	<b>d</b>	<b>Total</b>	<b>\$ 138,276.85</b>
<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	<b>Entity</b> Alpine County Superior Courts	<b>Contact (Name and Title)</b> Ann Gerth, Court Executive Officer	
	<b>Phone Number</b> (530)694-2113	<b>Email Address</b> AnnGreth@alpine.courts.ca.gov	



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 16,894.67
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 16,894.67

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)		Statute	Deposits
	a		Government Code § 76000.5	\$ 18,409.56
	b		Vehicle Code § 42007	
	c		Total	\$ 18,409.56

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Alpine County	Delana Lindsey, Interim Asst. CAO to Budget/Fin
Phone Number	Email Address
(530) 694-2284	dlindsey@alpinecountyca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 12.40
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
	b	Physicians/Surgeons (58%)		



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		\$ 16,907.07
	e	Total	\$ 0.00	\$ 16,907.07

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 13.51
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		\$ 18,423.07
f	Total	\$ 0.00	\$ 18,423.07

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Phone Number	Email Address

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 16,907.07
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount	
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount	
		\$ 18,423.07	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>
					0%	
	<b>b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</b>					
	<b>c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>					<b>Amount Reimbursed</b>
						\$ 0.00
<b>17a</b>	<b>Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>
					0%	
	<b>b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</b>					
	<b>c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>					<b>Amount Reimbursed</b>
						\$ 0.00
<b>18</b>	<b>Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</b>					
	<input type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input type="checkbox"/> An identification of the fee schedule used by the county.					
<b>19</b>	<b>Responsibility for claims payments to Physicians/Surgeons:</b>					
	<b>Entity</b>	<b>Contact (Name and Title)</b>				
	<b>Phone Number</b>	<b>Email Address</b>				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>
---	--	--

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>
-----	--	--

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity	Contact (Name and Title)
Phone Number	Email Address



VI Expenditures & Reimbursements (cont.)		Amount
	24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
	b Description of other EMS services provided:  	
	25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
	b Description of other EMS services provided:  	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(1c)</i>		\$ 0.00
Deposits for July 1, 2016-June 30, 2017	\$ 16,894.67 <i>(5c)</i>		\$ 16,894.67
Interest for July 1, 2016-June 30, 2017	\$ 12.40 <i>(8a)</i>		\$ 16,907.07
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 16,907.07

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(9a)</i>		\$ 0.00	\$ 16,907.07 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 0.00	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 0.00	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 16,907.07 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 16,907.07	\$ 0.00 <i>(24a)</i>
<b>Total</b>	\$ 16,907.07 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 16,907.07	\$ 16,907.07
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 0.00

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			\$ 0.00

*[Handwritten Signature]*

Signature of Maddy EMS Fund Administrator

4/16/18

Date

Debra Lindsey Interim Asst Co to  
 Printed Name & Title

dlindsay@alamogordo.gov  
 Budget/Finance  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 18,409.56 <i>(6c)</i>		\$ 18,409.56
Interest for July 1, 2016-June 30, 2017	\$ 13.51 <i>(10a)</i>		\$ 18,423.07
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 18,423.07

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 18,423.07 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 18,423.07 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 18,423.07	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 18,423.07 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 18,423.07	\$ 18,423.07
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 0.00

Reimbursements				
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>		\$ 0.00
Hospitals		\$ 0.00 <i>(21e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				\$ 0.00

*Delam*

Signature of Maddy EMS Fund Administrator

*4/16/18*

Date

*Delam Lindsey, Interim Asst.*

Printed Name & Title

Email Address

*dlindsey@alpinecounty.ca.gov  
 CAD to Budget/Finance*





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Amador County Public Health	Debbie Staniford, Fiscal Supervisor
	Address (Number and Street)	Phone Number
	10877 Conductor Blvd., Suite 400	209-223-6407
City or Post Office, State, and ZIP Code	Email Address	
Sutter Creek CA 95685	dstaniford@amadorgov.org	

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b	Date fund established.	06/20/1989
	c	Fund balance on July 1, 2016.	\$ 249,950.79
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	
	_____		
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	b	Date fund established.	
	c	Fund balance on July 1, 2016.	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	
	_____		

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		Government Code § 76000		
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	c		Vehicle Code § 42007	\$ 193,062.04	
	d		Total	\$ 193,062.04	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		Amador County Superior Court	Rob Klotz, Amador Superior Court CEO		
		Phone Number	Email Address		
		209-257-2600	rklotz@amadorcourt.org		



<b>IV Deposits into Maddy EMS Fund</b>	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	
	b		Vehicle Code § 42007	\$ 41,323.20
	c		Total	\$ 41,323.20

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity Amador County Auditor	Contact (Name and Title) Tacy Oneto Rouen, County Auditor
Phone Number 209-223-6363	Email Address trouen@amadorgov.org

<b>V Maddy EMS Fund Category Distributions</b>	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 1,390.80
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 4,271.39
	b Physicians/Surgeons (58%)		\$ 22,296.71



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<u>Hospitals (25%)</u>		\$ 9,610.65
	<b>d</b>	<u>Other Discretionary EMS (17%)</u>		\$ 6,535.25
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 42,714.00

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b>	<u>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</u>
<b>b</b>	<u>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</u>
<b>c</b>	<u>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</u>

<b>11</b>	<u>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</u>	<u>Reserve (Optional)</u>	<u>Category Distributions</u>
<b>a</b>	<u>Administration (Admin cost equal to the lesser of actual cost or 10%)</u>		
<b>b</b>	<u>Richie's Fund (15%)</u>		
<b>c</b>	<u>Physicians/Surgeons (58%)</u>		
<b>d</b>	<u>Hospitals (25%)</u>		
<b>e</b>	<u>Other Discretionary EMS (17%)</u>		
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 0.00

**12 Responsibility for category distributions:**

<u>Entity</u> Amador County Auditor	<u>Contact (Name and Title)</u> Tacy Oneto Rouen, County Auditor
<u>Phone Number</u> 209-223-6363	<u>Email Address</u> trouen@amadorgov.org

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<u>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</u>	<u>Amount</u> \$ 5,240.56
	<b>14</b>	<u>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</u>	<u>Amount</u>
	<b>15</b>	<u>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</u>	<u>Amount</u>



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		30	\$ 441,123.00	21	70%	\$ 38,481.03

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 Not enough funds in the account.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 586.80

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Amador County Public Health	Contact (Name and Title) Debbie Staniford, Fiscal Supervisor
Phone Number 209-223-6407	Email Address dstaniford@amadorgov.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$ 0.00</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00														
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<b>Amount</b>																	
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>																		
		<b>Amount Reimbursed</b>																	
	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<b>Amount</b>																	
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>																		
		<b>Amount Reimbursed</b>																	
	22 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>																		
	<input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	23 Responsibility for claims payments to Hospitals:																		
	Entity Amador County Public Health	Contact (Name and Title) Debbie Staniford, Fiscal Supervisor																	
	Phone Number 209-223-6407	Email Address dstaniford@amadorgov.org																	



VI Expenditures & Reimbursements (cont.)				Amount
				\$ 9,534.09
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).			\$ 9,534.09
b	Description of other EMS services provided: Radio repeater vault lease, EMSsystem Fee, MedNet radio repairs, MVEMSA EMS services.			
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>			Amount
b	Description of other EMS services provided:			





**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 0.00
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Public Health	<b>County Contact (Name and Title)</b> Beth Heckathorn, Supervisor, Admin Analyst
	<b>Address (Number and Street)</b> 202 Mira Loma Dr	<b>Phone Number</b> 530-538-2166
	<b>City or Post Office, State, and ZIP Code</b> Oroville, CA 95965	<b>Email Address</b> heckathorn@buttecounty.net

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	02/01/1989
	<b>c Fund balance on July 1, 2016.</b>	\$ 136,001.05
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 218,612.88
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	\$ 218,612.88
<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
<b>Entity</b> Superior Court of California, County of Butte	<b>Contact (Name and Title)</b> Jarrod Orr- Deputy Court Executive Officer		
<b>Phone Number</b> 530-532-7208	<b>Email Address</b> jorr@buttecourt.ca.gov		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 218,612.88</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>e</b>		<b>Total</b>	<b>\$ 218,612.88</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
<b>a</b>		<b>Government Code § 76000.5</b>	
<b>b</b>		<b>Vehicle Code § 42007</b>	
<b>c</b>		<b>Total</b>	<b>\$ 0.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> County of Butte- Auditor	<b>Contact (Name and Title)</b> Rebecca Mittag, Administrative Analyst
<b>Phone Number</b> 530-552-3607	<b>Email Address</b> rmittag@buttecounty.net

**V Maddy EMS Fund Category Distributions**

<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 1,019.78</b>
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 2,680.51</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

The other deposits were money paid back to the fund by a hospital/physician if payment was made after claim was paid under the Maddy Fund.

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 5,061.27</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 126,727.51</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 54,623.94
	d	Other Discretionary EMS (17%)		\$ 37,144.26
	e	<b>Total</b>	\$ 0.00	\$ 223,556.98

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity Butte County Public Health	Contact (Name and Title) Beth Heckathorn, Supervisor, Admin Analyst
Phone Number 530-538-2166	Email Address heckathorn@buttecounty.net

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 5,061.27
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>
		1,047	\$ 428,826.00	1,047	100%	\$ 126,727.51
	<b>b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</b>					
	<b>c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>					<b>Amount Reimbursed</b>
	<b>17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>
				0%		
	<b>b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</b>					
	<b>c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>					<b>Amount Reimbursed</b>
<b>18</b>	<b>Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</b>					
	<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
<b>19</b>	<b>Responsibility for claims payments to Physicians/Surgeons:</b>					
	<b>Entity</b>	<b>Contact (Name and Title)</b>				
	Butte County Public Health	Beth Heckathorn, Supervisor, Admin Analyst				
	<b>Phone Number</b>	<b>Email Address</b>				
	530-538-2166	ehackathorn@buttecounty.net				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b Total Hospitals expenditures.</b></td> <td style="text-align: center;">853</td> <td style="text-align: right;">\$ 2,386,656.71</td> <td style="text-align: center;">853</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 54,623.94</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b Total Hospitals expenditures.</b>	853	\$ 2,386,656.71	853	100%	\$ 54,623.94	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b Total Hospitals expenditures.</b>	853	\$ 2,386,656.71	853	100%	\$ 54,623.94														
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Amount																
Amount																			
	e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;">Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Amount Reimbursed																
Amount Reimbursed																			
	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b Total Hospitals expenditures.</b></td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b Total Hospitals expenditures.</b>				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b Total Hospitals expenditures.</b>				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Amount																
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Amount Reimbursed																			
	22 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	23 Responsibility for claims payments to Hospitals:																		
	Entity Butte County Public Health	Contact (Name and Title) Beth Heckathorn, Supervisor, Admin Analyst																	
	Phone Number 530-538-2166	Email Address eheckathorn@buttecounty.net																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 37,144.26

**b** Description of other EMS services provided:  
 The discretionary expenditures are used to offset the cost of our contract for LEMSA services.

<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>

**b** Description of other EMS services provided:





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 136,001.05	(1c)		\$ 136,001.05
Deposits for July 1, 2016-June 30, 2017	\$ 218,612.88	(5c)		\$ 354,613.93
Interest for July 1, 2016-June 30, 2017	\$ 1,019.78	(8a)		\$ 355,633.71
Other Deposits for July 1, 2016-June 30, 2017	\$ 2,680.51	(8b)		\$ 358,314.22

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 5,061.27 (9a)		\$ 5,061.27	\$ 5,061.27 (13)
Physicians/Surgeons (58%)	\$ 126,727.51 (9b)	\$ 0.00 (9b)	\$ 126,727.51	\$ 126,727.51 (16a)
Hospitals (25%)	\$ 54,623.94 (9c)	\$ 0.00 (9c)	\$ 54,623.94	\$ 54,623.94 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 37,144.26 (9d)	\$ 0.00 (9d)	\$ 37,144.26	\$ 37,144.26 (24a)
<b>Total</b>	<b>\$ 223,556.98 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 223,556.98</b>	<b>\$ 223,556.98</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 134,757.24</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 (16c)		\$ 134,757.24
Hospitals	\$ 0.00 (20e)		\$ 134,757.24
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 134,757.24</b>

Elizabeth Heckathorn  
 Signature of Maddy EMS Fund Administrator

3-28-2018  
 Date

Elizabeth Heckathorn  
 Printed Name & Title  
 Supv. Admin Analyst

heckathorn@buttecounty.net  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Colusa County Health & Human Services	Christine Fusaro, Staff Services Manager
	Address (Number and Street)	Phone Number
	251 E. Webster Street	530-458-0870
	City or Post Office, State, and ZIP Code	Email Address
	Colusa, CA 95932	christine.fusaro@countyofcolusa.com

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b	Date fund established.	05/02/1989	
	c	Fund balance on July 1, 2016.	\$ 125,429.74	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	b	Date fund established.	08/12/2014	
	c	Fund balance on July 1, 2016.	\$ 48,396.51	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	a		Government Code § 76000	\$ 150,445.90
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 61,507.89
	c		Vehicle Code § 42007	
	d		<b>Total</b>	<b>\$ 211,953.79</b>

4	Responsibility for collection of fines, penalties, and forfeitures:	
	Entity	Contact (Name and Title)
	Colusa County Superior Court	Cynthia Otero
	Phone Number	Email Address
	530-458-0687	Cynthia.Otero@colusa.courts.ca.gov





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 69,907.17
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 69,907.17

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>		Statute	Deposits
	a		Government Code § 76000.5	\$ 62,660.23
	b		Vehicle Code § 42007	
	c		Total	\$ 62,660.23

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Phone Number	Email Address

V Maddy EMS Fund Category Distributions

8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 551.59
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 7,373.10
	b	Physicians/Surgeons (58%)		\$ 0.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 0.00
	d	Other Discretionary EMS (17%)		\$ 35,540.59
	e	<b>Total</b>	\$ 0.00	\$ 42,913.69
10 Maddy EMS Fund (Supplemental Assessment) <i>(If fund not established, leave blank and go to #12)</i>				
				<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.			\$ 551.11
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.			\$ 0.00
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:			
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		<b>Reserve (Optional)</b>	<b>Category Distributions</b>
a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 0.00
b	Richie's Fund (15%)			\$ 0.00
c	Physicians/Surgeons (58%)		\$ 0.00	\$ 0.00
d	Hospitals (25%)		\$ 0.00	\$ 0.00
e	Other Discretionary EMS (17%)		\$ 0.00	\$ 0.00
f	<b>Total</b>		\$ 0.00	\$ 0.00
12	<b>Responsibility for category distributions:</b>			
	Entity		Contact (Name and Title)	
	Colusa County Health & Human Services		Christine Fusaro	
	Phone Number		Email Address	
	530-458-0870		Christine.fusaro@countyofcolusa.com	
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).		<b>Amount</b> \$ 7,373.10
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>		<b>Amount</b> \$ 0.00
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>		<b>Amount</b> \$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		0	\$ 0.00	0	0%	\$ 0.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
		\$ 0.00		0%	\$ 0.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Colusa County Health & Human Services	Contact (Name and Title) Christine Fusaro
Phone Number 530-458-0870	Email Address Christine.fusaro@countyofcolusa.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #20d)																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b <u>Total Hospitals expenditures.</u></td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b <u>Total Hospitals expenditures.</u>				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b <u>Total Hospitals expenditures.</u>				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	d <u>Direct disbursement to Hospitals.</u> (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
Amount																			
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	e <u>Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #21d)																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b <u>Total Hospitals expenditures.</u></td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b <u>Total Hospitals expenditures.</u>				0%		
	Allowable Claims		Paid Claims																
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b <u>Total Hospitals expenditures.</u>				0%															
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Amount Reimbursed																			
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	22 <u>Required documentation for submission.</u> (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)																		
	<input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	23 <u>Responsibility for claims payments to Hospitals:</u>																		
	Entity Colusa County Health & Human Services	Contact (Name and Title) Christine Fusaro																	
	Phone Number 530-458-0870	Email Address Christine.fusaro@countyofcolusa.com																	



VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 35,540.59
	b	Description of other EMS services provided:  Ambulance Services	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount \$ 0.00
	b	Description of other EMS services provided:  N/A	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 125,429.74 <i>(1c)</i>		\$ 125,429.74
Deposits for July 1, 2016-June 30, 2017	\$ 69,907.17 <i>(5c)</i>		\$ 195,336.91
Interest for July 1, 2016-June 30, 2017	\$ 551.59 <i>(8a)</i>		\$ 195,888.50
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 195,888.50

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 7,373.10 <i>(9a)</i>		\$ 7,373.10	\$ 7,373.10 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 0.00	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 0.00	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 35,540.59 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 35,540.59	\$ 35,540.59 <i>(24a)</i>
<b>Total</b>	<b>\$ 42,913.69</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 42,913.69</b>	<b>\$ 42,913.69</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 152,974.81</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>		\$ 152,974.81
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 152,974.81
Ending Balance for Total Available Funds as of June 30, 2017			\$ 152,974.81

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 48,396.51	(2c)		\$ 48,396.51
Deposits for July 1, 2016- June 30, 2017	\$ 62,660.23	(6c)		\$ 111,056.74
Interest for July 1, 2016-June 30, 2017	\$ 551.11	(10a)		\$ 111,607.85
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 111,607.85

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 111,607.85</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 (17c)		\$ 111,607.85
Hospitals	\$ 0.00 (21e)		\$ 111,607.85
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 111,607.85</b>

Bonnie Davis  
 Signature of Maddy EMS Fund Administrator

4.23.18  
 Date

Bonnie Davies  
 Printed Name & Title

bdavies@  
 Email Address  
cdlusaadhs.org



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> CONTRA COSTA COUNTY	<b>County Contact (Name and Title)</b> Robert Campbell, Auditor Controller
	<b>Address (Number and Street)</b> 625 Court Street	<b>Phone Number</b> (925) 335-8604
	<b>City or Post Office, State, and ZIP Code</b> Martinez, CA 94553	<b>Email Address</b> Bob.Campbell@ac.cccounty.us

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	07/01/1988
	<b>c Fund balance on July 1, 2016.</b>	\$ 422,845.60
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> Fund balance as of 7/1/16 is for Original & Supplemental Assessments.	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to #3)
	<b>b Date fund established.</b>	01/23/2007
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> n/a	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 8,241,850.00
	<b>b</b>	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 680,692.12
	<b>c</b>	Vehicle Code § 42007	\$ 2,938,049.83
	<b>d</b>	<b>Total</b>	<b>\$ 11,860,591.95</b>
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<b>Entity</b> CONTRA COSTA SUPERIOR COURT	<b>Contact (Name and Title)</b> Fae Li	
	<b>Phone Number</b> (925) 608-2531	<b>Email Address</b> FLi@contracosta.courts.ca.gov	





IV Deposits into Maddy EMS Fund	5	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 789,216.70
	b		Vehicle Code § 42007	\$ 392,008.74
	c		<b>Total</b>	<b>\$ 1,181,225.44</b>
	d	If no deposits into Maddy EMS Fund, state reason(s): n/a		
	6	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	a		Government Code § 76000.5	\$ 676,938.31
	b		Vehicle Code § 42007	\$ 0.00
	c		<b>Total</b>	<b>\$ 676,938.31</b>
	d	If no deposits into Maddy EMS Fund, state reason(s): n/a		
7	<b>Responsibility for deposit of penalty assessments:</b>			
	<b>Entity</b>	<b>Contact (Name and Title)</b>		
	CONTRA COSTA SUPERIOR COURT	Fae Li		
	<b>Phone Number</b>	<b>Email Address</b>		
	(925) 608-2531	FLi@contracosta.courts.ca.gov		
V Maddy EMS Fund Category Distributions	8	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	a	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 4,876.88
	b	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 118,123.21
	b	Physicians/Surgeons (58%)		\$ 616,599.26



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 265,775.64
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 180,727.33
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,181,225.44
<b>10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)</b>				
				<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>			
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>			\$ 1,544.87
<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>			
<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>	
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 60,059.49	
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 76,499.19	
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 313,510.06	
<b>d</b>	<b>Hospitals (25%)</b>		\$ 134,976.66	
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 91,890.91	
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 676,936.31	
<b>12</b>	<b>Responsibility for category distributions:</b>			
	<b>Entity</b> CONTRA COSTA SUPERIOR COURT	<b>Contact (Name and Title)</b> Fae Li		
	<b>Phone Number</b> (925) 608-2531	<b>Email Address</b> FLi@contracosta.courts.ca.gov		
<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>	\$ 181,226.83
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>	
	<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>	\$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		9,259	\$ 688,338.02	9,259	100%	\$ 688,338.02

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 None

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 17,932.64

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	\$ 0.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 N/A

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity CONTRA COSTA HEALTH SERVICES	Contact (Name and Title) Patrick Godley, COO, CFO
Phone Number (925) 957-5405	Email Address Patrick.Godley@hsd.cccounty.us



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

N/A

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 407,747.50

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	\$ 0.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity CONTRA COSTA HEALTH SERVICES	Contact (Name and Title) Patrick.Godley, COO, CFO
Phone Number (925) 957-5405	Email Address Patrick.Godley@hsd.cccounty.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 277,287.70</b>

**b** **Description of other EMS services provided:**  
 This program provides overall coordination of Contra Costa's Emergency Medical System.

<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>

**b** **Description of other EMS services provided:**






VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 422,845.60 <i>(1c)</i>		\$ 422,845.60
Deposits for July 1, 2016-June 30, 2017	\$ 1,181,225.44 <i>(5c)</i>		\$ 1,604,071.04
Interest for July 1, 2016-June 30, 2017	\$ 4,876.88 <i>(8a)</i>		\$ 1,608,947.92
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 1,608,947.92

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 118,123.21 <i>(9a)</i>		\$ 118,123.21	\$ 181,226.83 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 616,599.26 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 616,599.26	\$ 688,338.02 <i>(16a)</i>
Hospitals (25%)	\$ 265,775.64 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 265,775.64	\$ 0.00 <i>(20b Pd)</i> \$ 407,747.50 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 180,727.33 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 180,727.33	\$ 277,287.70 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,181,225.44</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,181,225.4</b>	<b>\$ 1,554,600.05</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 54,347.87</b>

Reimbursements			
Physicians/Surgeons	\$ 17,932.64 <i>(16c)</i>		\$ 72,280.51
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 72,280.51
Ending Balance for Total Available Funds as of June 30, 2017			\$ 72,280.51

  
 Signature of Maddy EMS Fund Administrator

4/16/18  
 Date

PATRICK GODLEY, COO, CFO  
 Printed Name & Title

Patrick.Godley  
 @hsd.cccounty.us  
 Email Address



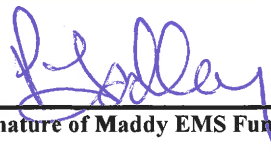
VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 676,938.31 <i>(6c)</i>		\$ 676,938.31
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 676,938.31
Other Deposits for July 1, 2016-June 30, 2017	\$ 1,544.87 <i>(10b)</i>		\$ 678,483.18

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 60,059.49 <i>(11a)</i>		\$ 60,059.49	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 76,499.19 <i>(11b)</i>		\$ 76,499.19	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 313,510.06 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 313,510.06	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 134,976.66 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 134,976.66	\$ 0.00 <i>(21b Pd)</i>
Other Discretionary EMS (17%)	\$ 91,890.91 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 91,890.91	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 676,936.31</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 676,936.31</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 678,483.18</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 678,483.18
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 678,483.18
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 678,483.18</b>

  
 Signature of Maddy EMS Fund Administrator  
 PATRICK GODLEY, COO, CFO  
 Printed Name & Title

4/16/18  
 Date  
 patrick.godley  
 @ hsa.cc county.ca  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> DEL NORTE	<b>County Contact (Name and Title)</b> Ericka Nelson, Administrative Analyst
	<b>Address (Number and Street)</b> 455 K Street	<b>Phone Number</b> 707-464-0860
	<b>City or Post Office, State, and ZIP Code</b> Crescent City, CA 95531	<b>Email Address</b> enelson@co.del-norte.ca.us

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 75,288.86
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	06/23/2017
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 75,288.86
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 44,735.77
	<b>c</b>		Vehicle Code § 42007	\$ 0.00
	<b>d</b>		<b>Total</b>	\$ 44,735.77
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
		<b>Entity</b> Del Norte County	<b>Contact (Name and Title)</b> Elizabeth Cable, County Counsel	
		<b>Phone Number</b> 707-464-7208	<b>Email Address</b> ecable@co.del-norte.ca.us	





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 39,271.03</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 39,271.03</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 0.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7 Responsibility for deposit of penalty assessments:**

<b>Entity</b>	<b>Contact (Name and Title)</b>
<b>Phone Number</b>	<b>Email Address</b>

**V Maddy EMS Fund Category Distributions**

	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 297.22</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 5,375.91</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 3,978.05</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 62,418.72</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 8,460.46
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 74,857.23

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>
	\$ 335.16
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	
<b>a</b>		<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>
		\$ 4,485.88
<b>b</b>		<b>Richie's Fund (15%)</b>
<b>c</b>		<b>Physicians/Surgeons (58%)</b>
		\$ 70,387.06
<b>d</b>		<b>Hospitals (25%)</b>
<b>e</b>		<b>Other Discretionary EMS (17%)</b>
		\$ 9,540.51
<b>f</b>	<b>Total</b>	<b>\$ 0.00</b>
		<b>\$ 84,413.45</b>

**12 Responsibility for category distributions:**

<b>Entity</b>	<b>Contact (Name and Title)</b>
Del Norte County	Ericka Nelson, Administrative Analyst
<b>Phone Number</b>	<b>Email Address</b>
707-464-0860	enelson@co.del-norte.ca.us

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>
<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>	



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		932	\$ 1,107,464.00	932	100%	\$ 63,550.49

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 5,375.91

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Morgan Hill Emergency Group	Contact (Name and Title) Delilah T. Orrego, EMS/Insurance Coder
Phone Number 626-447-0296	Email Address delilah@emergencygroupsoffice.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b>	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>														
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%	
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
		<b>b</b> Total Hospitals expenditures.															
		<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):															
		<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount N/A														
		<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed														
		<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>														
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%	
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
		<b>b</b> Total Hospitals expenditures.															
		<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):															
		<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount N/A														
		<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed														
		<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>															
		<input type="checkbox"/> A description of the hospitals payment methodologies.															
		<b>23</b> Responsibility for claims payments to Hospitals:															
		Entity	Contact (Name and Title)														
		Phone Number	Email Address														



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
		<b>\$ 0.00</b>

**b Description of other EMS services provided:**

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<b>25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
	<b>\$ 0.00</b>

**b Description of other EMS services provided:**

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VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 75,288.86 <i>(2c)</i>		\$ 75,288.85
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>		\$ 75,288.84
Interest for July 1, 2016-June 30, 2017	\$ 335.16 <i>(10a)</i>		\$ 75,624.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 75,624.00

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,485.88 <i>(11a)</i>		\$ 4,485.88	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 70,387.06 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 70,387.06	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 9,540.51 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 9,540.51	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 84,413.45</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 84,413.45</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 75,624.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 75,624.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 75,624.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 75,624.00</b>

*Clinton Schand*  
 Signature of Maddy EMS Fund Administrator

*5/2/17*  
 Date

*Clinton Schand*  
 Printed Name & Title

*Auditor-Controller*

*cschand@co.del-norte.ca.us*  
 Email Address



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 75,288.86 <i>(1c)</i>	\$ 75,288.85
Deposits for July 1, 2016-June 30, 2017	\$ 39,271.03 <i>(5c)</i>	\$ 114,559.88
Interest for July 1, 2016-June 30, 2017	\$ 297.22 <i>(8a)</i>	\$ 114,857.10
Other Deposits for July 1, 2016-June 30, 2017	\$ 5,375.91 <i>(8b)</i>	\$ 120,233.01

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 3,978.05 <i>(9a)</i>		\$ 3,978.05	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 62,418.72 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 62,418.72	\$ 63,550.49 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 0.00	\$ 0.00 <i>(20b Pd)</i>
				\$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 8,460.46 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 8,460.46	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 74,857.23</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 74,857.23</b>	<b>\$ 63,550.48</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 56,682.53</b>

Reimbursements			
Physicians/Surgeons	\$ 5,375.91 <i>(16c)</i>		\$ 62,058.44
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 62,058.44
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 62,058.44</b>

*Clinton Shehad*  
 Signature of Maddy EMS Fund Administrator

*5/2/12*  
 Date

*Clinton Shehad*  
 Auditor - Controller  
 Printed Name & Title

*cshoad@co.del Norte*  
 Email Address *ca.us*



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	El Dorado County HHSA	Richard Todd
	Address (Number and Street)	Phone Number
	3057 Briw Rd B	530-621-6505
	City or Post Office, State, and ZIP Code	Email Address
	Placerville, Ca 95667	richard.todd@edcgov.us

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b	Date fund established.	02/07/1989
	c	Fund balance on July 1, 2016.	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	b	Date fund established.	07/17/2007
	c	Fund balance on July 1, 2016.	\$ 365,407.55
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		Government Code § 76000	\$ 137,958.94	
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 132,176.08	
	c		Vehicle Code § 42007		
	d		<b>Total</b>	\$ 270,135.02	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		El Dorado County Superior Court	Amy Wong, Accountant		
		Phone Number	Email Address		
		530-621-7420	awong@eldoradocourt.org		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 137,958.94
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 137,958.94</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	\$ 132,176.08
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 132,176.08</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> El Dorado County Superior Court	<b>Contact (Name and Title)</b> Amy Wong, Accountant	
		<b>Phone Number</b> 530-621-7420	<b>Email Address</b> awong@eldoradocourt.org	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 2,627.17
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 0.00
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 14,554.17
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 75,972.75



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 32,746.87
	d	Other Discretionary EMS (17%)		\$ 22,267.87
	e	<b>Total</b>	\$ 0.00	\$ 145,541.66

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 13,217.61
b	Richie's Fund (15%)		\$ 17,843.75
c	Physicians/Surgeons (58%)		\$ 58,646.53
d	Hospitals (25%)		\$ 25,278.67
e	Other Discretionary EMS (17%)		\$ 17,189.51
f	<b>Total</b>	\$ 0.00	\$ 132,176.07

12 Responsibility for category distributions:

Entity El Dorado County HHSA	Contact (Name and Title) Yvonne Kollings, Chief Fiscal Officer
Phone Number 530-295-6917	Email Address yvonne.kollings@edcgov.us

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 14,554.17
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 13,217.61
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 50,184.51



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		2,114	\$ 2,065,695.25	2,114	100%	\$ 75,972.75

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,955.55

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	2,114	\$ 2,065,695.25	2,114	100%	\$ 58,646.53

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A  A description of the Physicians/Surgeons claims payment methodologies.
- B  A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- C  Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- D  A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- E  An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity El Dorado County HHSA	Contact (Name and Title) Pamela Selko
Phone Number 530-295-6914	Email Address pamela.selko@edcgov.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">144</td> <td style="text-align: right;">\$ 447,534.23</td> <td style="text-align: center;">144</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 32,746.87</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	144	\$ 447,534.23	144	100%	\$ 32,746.87	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	144	\$ 447,534.23	144	100%	\$ 32,746.87														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;"></th> <th style="width:25%;">Amount</th> </tr> </thead> <tbody> <tr> <td><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i></td> <td></td> </tr> <tr> <td><b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</td> <td style="text-align: center;">Amount Reimbursed</td> </tr> </tbody> </table>		Amount	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>		<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed											
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<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed																		
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">144</td> <td style="text-align: right;">\$ 447,534.23</td> <td style="text-align: center;">144</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 25,278.67</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	144	\$ 447,534.23	144	100%	\$ 25,278.67	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	144	\$ 447,534.23	144	100%	\$ 25,278.67														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;"></th> <th style="width:25%;">Amount</th> </tr> </thead> <tbody> <tr> <td><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i></td> <td></td> </tr> <tr> <td><b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</td> <td style="text-align: center;">Amount Reimbursed</td> </tr> </tbody> </table>		Amount	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>		<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed											
	Amount																		
<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>																			
<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed																		
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>																		
A	<input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity El Dorado County HHSA	Contact (Name and Title) Pamela Selko																	
	Phone Number 530-295-6914	Email Address pamela.selko@edcgov.us																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	24a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 22,267.87
	b	<b>Description of other EMS services provided:</b>	
		Offset to salary and benefit for Dr. Brazzel	
	25a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
	b	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(1c)		\$ 0.00
Deposits for July 1, 2016-June 30, 2017	\$ 137,958.94	(5c)		\$ 137,958.94
Interest for July 1, 2016-June 30, 2017	\$ 2,627.17	(8a)		\$ 140,586.11
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 140,586.11

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 14,554.17 (9a)		\$ 14,554.17	\$ 14,554.17 (13)
Physicians/Surgeons (58%)	\$ 75,972.75 (9b)	\$ 0.00 (9b)	\$ 75,972.75	\$ 75,972.75 (16a)
Hospitals (25%)	\$ 32,746.87 (9c)	\$ 0.00 (9c)	\$ 32,746.87	\$ 32,746.87 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 22,267.87 (9d)	\$ 0.00 (9d)	\$ 22,267.87	\$ 22,267.87 (24a)
<b>Total</b>	<b>\$ 145,541.66 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 145,541.66</b>	<b>\$ 145,541.66</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>-\$ 4,955.55</b>

Reimbursements			
Physicians/Surgeons	\$ 4,955.55 (16c)		\$ 0.00
Hospitals	\$ 0.00 (20e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

Yvonne Kallings  
 Signature of Maddy EMS Fund Administrator

3/21/18  
 Date

Yvonne Kallings Chief Fiscal officer  
 Printed Name & Title

Yvonne.Kallings@edcgov.us  
 Email Address



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 365,407.55	(2c)		\$ 365,407.55
Deposits for July 1, 2016- June 30, 2017	\$ 132,176.08	(6c)		\$ 497,583.63
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 497,583.63
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 497,583.63

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 13,217.61 (11a)		\$ 13,217.61	\$ 13,217.61 (14)
Richie's Fund (15%)	\$ 17,843.75 (11b)		\$ 17,843.75	\$ 50,184.51 (15)
Physicians/Surgeons (58%)	\$ 58,646.53 (11c)	\$ 0.00 (11c)	\$ 58,646.53	\$ 58,646.53 (17a)
Hospitals (25%)	\$ 25,278.67 (11d)	\$ 0.00 (11d)	\$ 25,278.67	\$ 25,278.67 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 17,189.51 (11e)	\$ 0.00 (11e)	\$ 17,189.51	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 132,176.07 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 132,176.07</b>	<b>\$ 147,327.32</b>
<b>Preliminary Fund Balance                  (Fund Total - Total Expenditures)</b>				<b>\$ 350,256.31</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 350,256.31
Hospitals		\$ 0.00 (21e)	\$ 350,256.31
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 350,256.31</b>

Yvonne Kollings  
 Signature of Maddy EMS Fund Administrator

3/21/18  
 Date

Yvonne Kollings, Chief Fiscal Officer  
 Printed Name & Title

\_\_\_\_\_  
 Email Address

yvonne.kollings@  
 e.degov.us



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I</b>	<b>Administering Agency</b>	<b>County Department</b> Public Health	<b>County Contact (Name and Title)</b> Brandon Hill, Staff Analyst
		<b>Address (Number and Street)</b> 1221 Fulton Street	<b>Phone Number</b> 559.600.6468
		<b>City or Post Office, State, and ZIP Code</b> Fresno, CA 93721	<b>Email Address</b> bhill@co.fresno.ca.us

<b>II</b>	<b>Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>b</b>	<b>Date fund established.</b>	03/01/1990
		<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 2,127,456.78
		<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> N/A	
		<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>		
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>		
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>		

Court system indicated they did not have statute specific data.

<b>III</b>	<b>Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
		<b>a</b>		Government Code § 76000	\$ 759,285.71
		<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 0.00
		<b>c</b>		Vehicle Code § 42007	\$ 0.00
		<b>d</b>		<b>Total</b>	\$ 759,285.71
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>			
		<b>Entity</b> Fresno County Superior Court	<b>Contact (Name and Title)</b> Lisa Armstrong		
		<b>Phone Number</b>	<b>Email Address</b> larmstrong@fresno.courts.ca.gov		





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 759,285.71
	b		Vehicle Code § 42007	
	c		Total	\$ 759,285.71
	d	If no deposits into Maddy EMS Fund, state reason(s):		
6	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 0.00
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 0.00
	d	If no deposits into Maddy EMS Fund, state reason(s): Not established.		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Department of Public Health	Brandon Hill, Staff Analyst	
		Phone Number	Email Address	
		559.600.6468	bhill@co.fresno.ca.us	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 27,721.17
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		\$ 0.00
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
9	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 75,928.57
	b	Physicians/Surgeons (58%)	\$ 0.00	\$ 396,347.14



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 170,839.28
	d	Other Discretionary EMS (17%)		\$ 116,170.71
	e	Total	\$ 0.00	\$ 759,285.70

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	Total	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Department of Public Health	Brandon Hill, Staff Analyst
Phone Number	Email Address
559.600.6468	bhill@co.fresno.ca.us

VI Expenditures & Reimbursements		Amount
Total is from a past year's revenue.	13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 243,359.17
	14 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 0.00
	15 Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		29,690	\$ 8,838,876.9	29,690	100%	\$ 512,900.27

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 5,720.20

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Department of Public Health	Brandon Hill, Staff Analyst
Phone Number	Email Address
559.614.1167	bhill@co.fresno.ca.us

Additional docs pending. Some documentation dates to the establishment of the fund and was not available.



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>
---	--	---

Funds are distributed according to the percentage of emergency department/trauma encounters each hospital has.

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 Department is waiting for documentation to be submitted for this time period.

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>
--	--	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*  
 A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:	
Entity Department of Public Health	Contact (Name and Title) Brandon Hill, Staff Analyst
Phone Number 559.614.1167	Email Address bhill@co.fresno.ca.us



VI Expenditures & Reimbursements (cont.)		Amount
	24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
	b Description of other EMS services provided: Supports activities of local EMS Agency.	
	25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
	b Description of other EMS services provided:	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 2,127,456.78	(1c)		\$ 2,127,456.78
Deposits for July 1, 2016-June 30, 2017	\$ 759,285.71	(5c)		\$ 2,886,742.49
Interest for July 1, 2016-June 30, 2017	\$ 27,721.17	(8a)		\$ 2,914,463.66
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 2,914,463.66

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 75,928.57 (9a)		\$ 75,928.57	\$ 243,359.17 (13)
Physicians/Surgeons (58%)	\$ 396,347.14 (9b)	\$ 0.00 (9b)	\$ 396,347.14	\$ 512,900.27 (16a)
Hospitals (25%)	\$ 170,839.28 (9c)	\$ 0.00 (9c)	\$ 170,839.28	\$ 0.00 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 116,170.71 (9d)	\$ 0.00 (9d)	\$ 116,170.71	\$ 0.00 (24a)
<b>Total</b>	<b>\$ 759,285.70 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 759,285.70</b>	<b>\$ 756,259.44</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 2,158,204.22</b>

Reimbursements			
Physicians/Surgeons	\$ 5,720.20 (16c)		\$ 2,163,924.42
Hospitals	\$ 0.00 (20e)		\$ 2,163,924.42
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 2,163,924.42</b>

  
 Signature of Maddy EMS Fund Administrator

5/16/18  
 Date

Brandon Hill, Scott Hill  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



VII Fund Summary  
 (cont.)


Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 0.00 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 0.00	\$ 0.00
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 0.00

Reimbursements				
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>		\$ 0.00
Hospitals		\$ 0.00 <i>(21e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

  
 Date

**Brandon Hill, Staff Analyst**  
 Printed Name & Title

**bhill@co.fresno.ca.us**  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department <u>Department of Finance</u>	County Contact (Name and Title) <u>Humberto Medina, Asst. Director of Finance</u>
	Address (Number and Street) <u>516 W Sycamore Street</u>	Phone Number <u>(530) 934-6476</u>
	City or Post Office, State, and ZIP Code <u>Willows, CA 95988</u>	Email Address <u>hmedina@countyofglenn.net</u>

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b	Date fund established.	<u>12/20/1988</u>
	c	Fund balance on July 1, 2016.	<u>\$ 171,398.60</u>
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):  	
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	b	Date fund established.	
	c	Fund balance on July 1, 2016.	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):  	

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		<u>Government Code § 76000</u>	<u>\$ 48,934.32</u>	
	b		<u>Government Code § 76000.5</u> <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	c		<u>Vehicle Code § 42007</u>		
	d		<b>Total</b>	<u>\$ 48,934.32</u>	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity <u>Glenn County Superior Court</u>	Contact (Name and Title) <u>Cindia Martinez, Interim Court Ex. Officer</u>		
		Phone Number <u>(530) 934-6382</u>	Email Address <u>cmartinez@glenncourt.ca.gov</u>		





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 48,934.32
	b		Vehicle Code § 42007	
	c		Total	\$ 48,934.32

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Glenn County Superior Court	Cindia Martinez, Interim Court Ex. Officer
Phone Number	Email Address
(530) 934-6382	cmartinez@glenncourt.ca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 447.96
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 4,938.23
	b Physicians/Surgeons (58%)	\$ 0.00	\$ 25,777.55



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 182,509.61	\$ 170,000.00
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 7,555.49
	e	<b>Total</b>	\$ 182,509.61	\$ 208,271.27

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity County of Glenn	Contact (Name and Title) Susan Storz, Account Clerk Supervisor
Phone Number (530) 934-6476	Email Address sstorz@countyofglenn.net

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 4,938.23
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1	\$ 84,744.91	0	30%	\$ 25,777.55

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity County of Glenn	Contact (Name and Title) Humberto Medina, Asst. Director of Finance
Phone Number (530) 934-6476	Email Address hmedina@countyofglenn.net



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%		
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
	<b>b</b> Total Hospitals expenditures.																
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 170,000.00</td> </tr> </tbody> </table>	Amount	\$ 170,000.00													
Amount																	
\$ 170,000.00																	
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00													
Amount Reimbursed																	
\$ 0.00																	
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%		
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
	<b>b</b> Total Hospitals expenditures.																
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"> </td> </tr> </tbody> </table>	Amount														
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Amount Reimbursed																	
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>																
	<input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																
	<b>23</b> Responsibility for claims payments to Hospitals:																
	Entity County of Glenn	Contact (Name and Title) Humberto Medina, Asst. Director of Finance															
	Phone Number (530) 934-6476	Email Address hmedina@countyofglenn.net															



VI Expenditures & Reimbursements (cont.)				Amount
		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
b	Description of other EMS services provided:  See supplemental schedule attached to report.			
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>			Amount
b	Description of other EMS services provided:			





**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

	Available Funds for Distribution	(+/-)	Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>	+	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>	+	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>	+	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>	+	\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pa)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 0.00 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 0.00	\$ 0.00
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 0.00

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	+	\$ 0.00
Hospitals	\$ 0.00 <i>(21e)</i>	+	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			\$ 0.00

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Humboldt County DHHS- Public Health	Shannon Falk-Carlsen
	Address (Number and Street)	Phone Number
	529 I steet	707-441-5438
	City or Post Office, State, and ZIP Code	Email Address
	Eureka, CA 95501	sfalk-carlsen@co.humboldt.ca.us

<b>II Establishment of Fund</b>	<b>1a</b>	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b>	Date fund established.	02/04/1989	
	<b>c</b>	Fund balance on July 1, 2016.	\$ 217,956.53	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		
	<b>2a</b>	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	<b>b</b>	Date fund established.	06/26/2007	
	<b>c</b>	Fund balance on July 1, 2016.	\$ 17,662.86	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		

<b>III Collections of Penalty Assessments</b>	<b>3</b>	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	<b>a</b>		Government Code § 76000	\$ 185,254.74	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 169,171.71	
	<b>c</b>		Vehicle Code § 42007		
	<b>d</b>		Total	\$ 354,426.45	
	<b>4</b>	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		Superior Court of California Humboldt County	Court Clerks Office		
		Phone Number	Email Address		
		707-445-7256			





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 185,254.74
	b		Vehicle Code § 42007	
	c		<b>Total</b>	\$ 185,254.74

d If no deposits into Maddy EMS Fund, state reason(s):

	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	a		Government Code § 76000.5	\$ 169,171.71
	b		Vehicle Code § 42007	
	c		<b>Total</b>	\$ 169,171.71

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

<b>Entity</b> Humboldt County Treasurer-Tax Collector	<b>Contact (Name and Title)</b> John Bartholomew, Treasurer-Tax Collector
<b>Phone Number</b> 707-476-2450 or 877-448-6829	<b>Email Address</b> taxinfo@co.humboldt.ca.us

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	a	<u>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</u>	\$ 1,183.63
	b	<u>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</u>	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 18,682.33
	b	Physicians/Surgeons (58%)		\$ 332,629.41



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 143,374.75
	d	Other Discretionary EMS (17%)		\$ 97,494.83
	e	<b>Total</b>	\$ 0.00	\$ 592,181.32

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017. <span style="float: right;">\$ 384.96</span>
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 16,917.17
b	Richie's Fund (15%)		\$ 22,838.18
c	Physicians/Surgeons (58%)		\$ 75,061.49
d	Hospitals (25%)		\$ 32,354.09
e	Other Discretionary EMS (17%)		\$ 22,000.78
f	<b>Total</b>	\$ 0.00	\$ 169,171.71

12 Responsibility for category distributions:

Entity County of Humboldt Auditor's Office	Contact (Name and Title) Stacy Tanuma, Accountant/Auditor
Phone Number 707-476-2453	Email Address STanuma@co.humboldt.ca.us

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 16,917.17
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 18,682.33
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 22,702.20



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,130	\$ 122,999.19	1,130	100%	\$ 102,089.33

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	1,130	\$ 122,999.19	1,130	100%	\$ 20,909.86

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Humboldt County DHHS- Public Health	Contact (Name and Title) Olivia Wilder, Budget Specialist
Phone Number 707-441-5435	Email Address OWilder@co.humboldt.ca.us



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	2	\$ 4,329,183.00	2	100%	\$ 85,969.16

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	2	\$ 4,329,183.00	2	100%	\$ 16,605.00

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Humboldt County DHHS- Public Health	Contact (Name and Title) Olivia Wilder, Budget Specialist
Phone Number 707-441-5435	Email Address OWilder@co.humboldt.ca.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 119,197.15
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		NCEMS is the local EMS Agency responsible for County delegated LEMSA functions.	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			\$ 21,869.61
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		NCEMS is the local EMS Agency responsible for County delegated LEMSA functions.	




VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 217,956.53 <i>(1c)</i>		\$ 217,956.53
Deposits for July 1, 2016-June 30, 2017	\$ 185,254.74 <i>(5c)</i>		\$ 403,211.27
Interest for July 1, 2016-June 30, 2017	\$ 1,183.63 <i>(8a)</i>		\$ 404,394.90
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 404,394.90

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 18,682.33 <i>(9a)</i>		\$ 18,682.33	\$ 16,917.17 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 332,629.41 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 332,629.41	\$ 102,089.33 <i>(16a)</i>
Hospitals (25%)	\$ 143,374.75 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 143,374.75	\$ 85,969.16 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 97,494.83 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 97,494.83	\$ 119,197.15 <i>(24a)</i>
<b>Total</b>	<b>\$ 592,181.32</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 592,181.32</b>	<b>\$ 324,172.81</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 80,222.09</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>	\$ 80,222.09
Hospitals		\$ 0.00 <i>(20e)</i>	\$ 80,222.09
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 80,222.09</b>

  
 Signature of Maddy EMS Fund Administrator

4-9-18  
 Date

Olivia Wilder, Budget Specialist  
 Printed Name & Title

owilder@co.humboldt.ca.us  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 17,662.86	(2c)		\$ 17,662.86
Deposits for July 1, 2016- June 30, 2017	\$ 169,171.71	(6c)		\$ 186,834.57
Interest for July 1, 2016-June 30, 2017	\$ 384.96	(10a)		\$ 187,219.53
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 187,219.53

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 16,917.17 (11a)		\$ 16,917.17	\$ 18,682.33 (14)
Richie's Fund (15%)	\$ 22,838.18 (11b)		\$ 22,838.18	\$ 22,702.20 (15)
Physicians/Surgeons (58%)	\$ 75,061.49 (11c)	\$ 0.00 (11c)	\$ 75,061.49	\$ 20,909.86 (17a)
Hospitals (25%)	\$ 32,354.09 (11d)	\$ 0.00 (11d)	\$ 32,354.09	\$ 16,605.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 22,000.78 (11e)	\$ 0.00 (11e)	\$ 22,000.78	\$ 21,869.61 (25a)
<b>Total</b>	<b>\$ 169,171.71 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 169,171.71</b>	<b>\$ 100,769.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 86,450.53</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 86,450.53
Hospitals		\$ 0.00 (21e)	\$ 86,450.53
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 86,450.53</b>

Signature of Maddy EMS Fund Administrator

4-9-18

Date

Olivia Wilder, Budget Specialist

owilder@co.humboldt.ca.us

Printed Name & Title

Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Inyo County Health & Human Services	<b>County Contact (Name and Title)</b> Melissa Best-Baker, Senior Management Analyst
	<b>Address (Number and Street)</b> P.O. Drawer H	<b>Phone Number</b> 760-878-0232
	<b>City or Post Office, State, and ZIP Code</b> Independence, CA 93526	<b>Email Address</b> mbestbaker@inyocounty.us

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	07/01/1989
	<b>c Fund balance on July 1, 2016.</b>	\$ 339,769.27
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> This is the true beginning and ending balance. There was a formula issue.	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #3)
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 233,584.48
	<b>b</b>	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	<b>\$ 233,584.48</b>
<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	<b>Entity</b> Inyo Superior Court of California	<b>Contact (Name and Title)</b> Danielle Sexton, Court Finance Manager	
	<b>Phone Number</b> 760-872-4730	<b>Email Address</b> danielle.sexton@inyocourt.ca.gov	





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 233,584.48</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 233,584.48</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
<b>a</b>		<b>Government Code § 76000.5</b>	
<b>b</b>		<b>Vehicle Code § 42007</b>	
<b>c</b>		<b>Total</b>	<b>\$ 0.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

N/A

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> Inyo Superior Court of California	<b>Contact (Name and Title)</b> Danielle Sexton
<b>Phone Number</b> 760-872-4730	<b>Email Address</b> danielle.sexton@inyocourt.ca.gov

**V Maddy EMS Fund Category Distributions**

<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 3,078.49</b>
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 20,019.85</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		\$ 48,820.58
	e	<b>Total</b>	\$ 0.00	\$ 68,840.43

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity Inyo County Health & Human Services	Contact (Name and Title) Melissa Best-Baker
Phone Number 760-878-0232	Email Address mbestbaker@inyocounty.us

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 20,019.85
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

Received no eligible claims during this fiscal year.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

Received no eligible claims during this fiscal year.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Inyo County Health & Human Services	Melissa Best-Baker, Senior Management Analyst
Phone Number	Email Address
760-878-0232	mbestbaker@inyocounty.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<p><b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<p><b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																		
	<p><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> </tr> </tbody> </table>	Amount																
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	<p><b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
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	<p><b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																		
	<p><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> </tr> </tbody> </table>	Amount																
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	<p><b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i></p> <p><input type="checkbox"/> A description of the hospitals payment methodologies.</p>																		
	<p><b>23</b> Responsibility for claims payments to Hospitals:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entity Inyo County Health &amp; Human Services</td> <td style="width:50%;">Contact (Name and Title) Melissa Best-Baker, Senior Management Analyst</td> </tr> <tr> <td>Phone Number 760-878-0232</td> <td>Email Address mbestbaker@inyocounty.us</td> </tr> </table>		Entity Inyo County Health & Human Services	Contact (Name and Title) Melissa Best-Baker, Senior Management Analyst	Phone Number 760-878-0232	Email Address mbestbaker@inyocounty.us													
Entity Inyo County Health & Human Services	Contact (Name and Title) Melissa Best-Baker, Senior Management Analyst																		
Phone Number 760-878-0232	Email Address mbestbaker@inyocounty.us																		



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 48,820.58</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		EMS equipment and EMS eDispatch services	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 339,769.27 <i>(1c)</i>		\$ 339,769.27
Deposits for July 1, 2016-June 30, 2017	\$ 233,584.48 <i>(5c)</i>		\$ 573,353.75
Interest for July 1, 2016-June 30, 2017	\$ 3,078.49 <i>(8a)</i>		\$ 576,432.24
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 576,432.24

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 20,019.85 <i>(9a)</i>		\$ 20,019.85	\$ 20,019.85 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 0.00	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 0.00	\$ 0.00 <i>(20b Pd)</i>
Other Discretionary EMS (17%)	\$ 48,820.58 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 48,820.58	\$ 48,820.58 <i>(24a)</i>
<b>Total</b>	<b>\$ 68,840.43</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 68,840.43</b>	<b>\$ 68,840.43</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 507,591.81</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>		\$ 507,591.81
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 507,591.81
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 507,591.81</b>

*Melissa Best Baker*

Signature of Maddy EMS Fund Administrator

*4/9/18*

Date

*Melissa Best Baker Sr Mgmt Analyst mbestbaker@*

Printed Name & Title

Email Address

*inyocounty.us*



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

*MWA*

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Kern County Public Health Services Department	<b>County Contact (Name and Title)</b> Brynn Carrigan
	<b>Address (Number and Street)</b> 1800 Mt. Vernon Ave	<b>Phone Number</b> (661) 321-3000
	<b>City or Post Office, State, and ZIP Code</b> Bakersfield, CA 93306	<b>Email Address</b> brynn@kerncounty.com

<b>II Establishment of Fund</b>	<b>1a</b> Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> Date fund established.	07/19/1988
	<b>c</b> Fund balance on July 1, 2016.	\$ 1,467,999.95
	<b>d</b> If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s): Last year's report did not ask for a break out of the original and supplemental assessments, so the ending balance on 06/30/16 included both the original and supplemental assessments.	
	<b>2a</b> Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b> Date fund established.	02/01/2015
	<b>c</b> Fund balance on July 1, 2016.	\$ 458,326.44
	<b>d</b> If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s): Last year's report did not ask for a break out of the original and supplemental assessments, so the ending balance on 06/30/16 included both the original and supplemental assessments.	

<b>III Collections of Penalty Assessments</b>	<b>3</b> Fines, penalties, and forfeitures collected under each statute.	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 1,316,686.04
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,264,992.29
	<b>c</b>	Vehicle Code § 42007	\$ 0.00
	<b>d</b>	<b>Total</b>	<b>\$ 2,581,678.33</b>

<b>4</b> Responsibility for collection of fines, penalties, and forfeitures:	
<b>Entity</b> Superior Court of California, County of Kern, CA	<b>Contact (Name and Title)</b> Gina Fisher
<b>Phone Number</b> (661) 868-4668	<b>Email Address</b> Gina.Fisher@kern.courts.ca.gov





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 1,316,686.04
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 1,316,686.04

d If no deposits into Maddy EMS Fund, state reason(s):

6		Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 1,264,992.29
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 1,264,992.29

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Superior Court of California, County of Kern, CA	Gina Fisher
Phone Number (661) 868-4668	Email Address Gina.Fisher@kern.courts.ca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 14,681.47
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9		Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 134,287.49
	b	Physicians/Surgeons (58%)		\$ 700,980.62



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 302,146.87
	d	Other Discretionary EMS (17%)		\$ 205,459.82
	e	Total	\$ 0.00	\$ 1,342,874.80

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 14,105.73
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 117,003.51
b	Richie's Fund (15%)		\$ 175,505.28
c	Physicians/Surgeons (58%)		\$ 508,965.33
d	Hospitals (25%)		\$ 219,381.65
e	Other Discretionary EMS (17%)		\$ 149,179.49
f	Total	\$ 0.00	\$ 1,170,035.26

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Kern County Public Health Services Department	Brynn Carrigan
Phone Number	Email Address
(661) 321-300	Brynn@kerncounty.com

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 134,287.49
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 117,003.51
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 175,505.28



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		13,127	\$ 754,308.70	13,127	100%	\$ 377,194.97

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 12,732.82

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	13,127	\$ 547,685.59	13,127	100%	\$ 273,872.28

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Kern County Public Health Services Department	Brynn Carrigan
Phone Number	Email Address
(661) 321-3000	Brynn@kerncounty.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 302,146.83</td> </tr> </tbody> </table>	Amount	\$ 302,146.83															
Amount																			
\$ 302,146.83																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 544,066.42</td> </tr> </tbody> </table>	Amount	\$ 544,066.42															
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Amount Reimbursed																			
\$ 0.00																			
	22 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>																		
	<input type="checkbox"/> A description of the hospitals payment methodologies.																		
	23 Responsibility for claims payments to Hospitals:																		
	Entity Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan																	
	Phone Number (661) 321-3000	Email Address Brynn@kerncounty.com																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 205,459.82</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
			<b>\$ 149,179.49</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 1,467,999.95 <i>(1c)</i>	\$ 1,467,999.95
Deposits for July 1, 2016-June 30, 2017	\$ 1,316,686.04 <i>(5c)</i>	\$ 2,784,685.99
Interest for July 1, 2016-June 30, 2017	\$ 14,681.47 <i>(8a)</i>	\$ 2,799,367.46
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 2,799,367.46

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 134,287.49 <i>(9a)</i>		\$ 134,287.49	\$ 134,287.49 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 700,980.62 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 700,980.62	\$ 377,194.97 <i>(16a)</i>
Hospitals (25%)	\$ 302,146.87 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 302,146.87	\$ 0.00 <i>(20b P/f)</i> \$ 302,146.83 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 205,459.82 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 205,459.82	\$ 205,459.82 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,342,874.81</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,342,874.8</b>	<b>\$ 1,019,089.11</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 1,780,278.35</b>

Reimbursements			
Physicians/Surgeons	\$ 12,732.82 <i>(16c)</i>		\$ 1,793,011.17
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 1,793,011.17
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 1,793,011.17</b>

Signature of Maddy EMS Fund Administrator

Brynn Carrigan, Assistant Director

Printed Name & Title

04/16/2018

Date

brynn@kerncounty.com

Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 458,326.44 <i>(2c)</i>		\$ 458,326.44
Deposits for July 1, 2016- June 30, 2017	\$ 1,264,992.29 <i>(6c)</i>		\$ 1,723,318.73
Interest for July 1, 2016-June 30, 2017	\$ 14,105.73 <i>(10a)</i>		\$ 1,737,424.46
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 1,737,424.46

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 117,003.51 <i>(11a)</i>		\$ 117,003.51	\$ 117,003.51 <i>(14)</i>
Richie's Fund (15%)	\$ 175,505.28 <i>(11b)</i>		\$ 175,505.28	\$ 175,505.28 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 508,965.33 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 508,965.33	\$ 273,872.28 <i>(17a)</i>
Hospitals (25%)	\$ 219,381.65 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 219,381.65	\$ 0.00 <i>(21b PA)</i>
				\$ 544,066.42 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 149,179.49 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 149,179.49	\$ 149,179.49 <i>(25a)</i>
<b>Total</b>	<b>\$ 1,170,035.2</b> <i>(11)</i>	<b>\$ 0.00</b> <i>(11)</i>	<b>\$ 1,170,035.2</b>	<b>\$ 1,259,626.98</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 477,797.48</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 477,797.48
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 477,797.48
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 477,797.48</b>

Signature of Maddy EMS Fund Administrator

Brynn Carrigan, Assistant Director

Printed Name & Title

04/16/2018

Date

brynn@kerncounty.com

Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> LAC - DEPARTMENT OF HEALTH SERVICES	<b>County Contact (Name and Title)</b> CATHY CHIDESTER, DIRECTOR OF EMS
	<b>Address (Number and Street)</b> 10100 PIONEER BLVD STE 200	<b>Phone Number</b> 562-378-1604
	<b>City or Post Office, State, and ZIP Code</b> SANTA FE SPRINGS, CA 90670	<b>Email Address</b> cchidester@dhs.lacounty.gov

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	01/01/1988
	<b>c Fund balance on July 1, 2016.</b>	\$ 671,727.44
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> The ending fund balance from FY 2015-16 report was based on an estimate.	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	03/06/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 4,742,281.25
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> The ending fund balance from FY 2015-16 report was based on an estimate.	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 20,607,259.37
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 6,022,246.74
	<b>c</b>	Vehicle Code § 42007	\$ 4,618,626.01
	<b>d</b>	<b>Total</b>	\$ 31,248,132.12

<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	
<b>Entity</b> LA SUPERIOR COURT - REVENUE MGMT	<b>Contact (Name and Title)</b> SYLVIA CORRAL, FINANCE ADMINISTRATOR
<b>Phone Number</b> 213-633-0087	<b>Email Address</b> scorral@lacourt.org





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 5,887,793.86
	<b>b</b>		Vehicle Code § 42007	\$ 2,132,926.60
	<b>c</b>		<b>Total</b>	<b>\$ 8,020,720.46</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	Government Code § 76000.5	\$ 6,022,246.74
	<b>b</b>	Vehicle Code § 42007	\$ 2,181,633.82
	<b>c</b>	<b>Total</b>	<b>\$ 8,203,880.56</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> LA SUPERIOR COURT - REVENUE MGMT	<b>Contact (Name and Title)</b> SYLVIA CORRAL, FINANCE ADMINISTRATOR
<b>Phone Number</b> 213-633-0087	<b>Email Address</b> scorral@lacourt.org

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 27,268.58
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 0.00

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b> Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 802,072.04
	<b>b</b> Physicians/Surgeons (58%)		\$ 4,186,816.09



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 1,804,662.10
	d	Other Discretionary EMS (17%)		\$ 1,227,170.23
	e	<b>Total</b>	\$ 0.00	\$ 8,020,720.46
<hr/>				
10	Maddy EMS Fund (Supplemental Assessment) <i>(If fund not established, leave blank and go to #12)</i>			
				<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.			\$ 121,004.87
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.			\$ 0.00
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:			
<hr/>				
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	<b>Reserve (Optional)</b>	<b>Category Distributions</b>	
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 820,388.05	
b	Richie's Fund (15%)		\$ 1,230,582.09	
c	Physicians/Surgeons (58%)		\$ 3,568,688.03	
d	Hospitals (25%)		\$ 1,538,227.62	
e	Other Discretionary EMS (17%)		\$ 1,045,994.77	
f	<b>Total</b>	\$ 0.00	<b>\$ 8,203,880.56</b>	
12	<b>Responsibility for category distributions:</b>			
	Entity	Contact (Name and Title)		
	LAC - DEPARTMENT OF HEALTH SERVICES	CATHY CHIDESTER, DIRECTOR OF EMS		
	Phone Number	Email Address		
	562-378-1604	cchidester@dhs.lacounty.gov		
<hr/>				
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b>	\$ 802,072.04
				<b>Amount</b>
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 820,388.05	
<hr/>				
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b>	\$ 0.00	



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		107,191.00	\$ 28,845,467.1	107,191	100%	\$ 4,236,735.50

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 195,107.46

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	85,901	\$ 23,116,019.8	85,901	100%	\$ 3,395,211.44

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

Since the cut-off date of this report is April 30, 2018, eight claims totalling \$59.16 that will be paid in May 2018 are not included in \$3,395,211.44.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
LAC - DEPARTMENT OF HEALTH SERVICES	CATHY CHIDESTER, DIRECTOR OF EMS
Phone Number	Email Address
562-378-1604	cchidester@dhs.lacounty.gov



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 1,839,354.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 70,186.35

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	\$ 1,222,358.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity LAC - DEPARTMENT OF HEALTH SERVICES	Contact (Name and Title) CATHY CHIDESTER, DIRECTOR OF EMS
Phone Number 562-378-1604	Email Address cchidester@dhs.lacounty.gov



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 1,227,170.23</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		<b>See attachment</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			<b>\$ 1,045,994.77</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		<b>See attachment</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 671,727.44 <i>(1c)</i>		\$ 671,727.44
Deposits for July 1, 2016-June 30, 2017	\$ 8,020,720.46 <i>(5c)</i>		\$ 8,692,447.90
Interest for July 1, 2016-June 30, 2017	\$ 27,268.58 <i>(8a)</i>		\$ 8,719,716.48
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 8,719,716.48

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 802,072.04 <i>(9a)</i>		\$ 802,072.04	\$ 802,072.04 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 4,186,816.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 4,186,816.00	\$ 4,236,735.50 <i>(16a)</i>
Hospitals (25%)	\$ 1,804,662.11 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 1,804,662.11	\$ 0.00 <i>(20b Pd)</i> \$ 1,839,354.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 1,227,170.20 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 1,227,170.20	\$ 1,227,170.20 <i>(24a)</i>
<b>Total</b>	<b>\$ 8,020,720.41 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 8,020,720.41</b>	<b>\$ 8,105,331.77</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 614,384.71</b>

Reimbursements			
Physicians/Surgeons	\$ 195,107.46 <i>(16c)</i>		\$ 809,492.17
Hospitals	\$ 70,186.35 <i>(20e)</i>		\$ 879,678.52
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 879,678.52</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 4,742,281.25 <i>(2c)</i>		\$ 4,742,281.25
Deposits for July 1, 2016- June 30, 2017	\$ 8,203,880.56 <i>(6c)</i>		\$ 12,946,161.8
Interest for July 1, 2016-June 30, 2017	\$ 121,004.87 <i>(10a)</i>		\$ 13,067,166.6
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 13,067,166.6:

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 820,388.05 <i>(11a)</i>		\$ 820,388.05	\$ 820,388.05 <i>(14)</i>
Richie's Fund (15%)	\$ 1,230,582.0 <i>(11b)</i>		\$ 1,230,582.0	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 3,568,688.0 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 3,568,688.0	\$ 3,395,211.44 <i>(17a)</i>
Hospitals (25%)	\$ 1,538,227.6 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 1,538,227.6	\$ 0.00 <i>(21b PM)</i> \$ 1,222,358.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 1,045,994.7 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 1,045,994.7	\$ 1,045,994.77 <i>(25a)</i>
<b>Total</b>	<b>\$ 8,203,880.5</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 8,203,880.5</b>	<b>\$ 6,483,952.26</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 6,583,214.42</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 6,583,214.42
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 6,583,214.42
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 6,583,214.42</b>

Cathy Chedester  
 Signature of Maddy EMS Fund Administrator

5/10/18  
 Date

Cathy Chedester Director  
 Printed Name & Title

cchedester@dhs.lacounty.gov  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Lake County Health Services	<b>County Contact (Name and Title)</b> Cindy Silva-Brackett Accountant II
	<b>Address (Number and Street)</b> 922 Bevins Ct	<b>Phone Number</b> 707-263-1090
	<b>City or Post Office, State, and ZIP Code</b> Lakeport CA 95453	<b>Email Address</b> cindy.silva-brackett@lakecountyca.gov

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	07/01/1991
	<b>c Fund balance on July 1, 2016.</b>	\$ 25,120.22
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	07/01/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 2,010.77
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 64,379.42	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 63,816.20	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 128,195.62	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Courts, Tax Collector, Probation	<b>Contact (Name and Title)</b> Unknown		
	<b>Phone Number</b>	<b>Email Address</b>		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 64,379.42</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 64,379.42</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 63,816.20</b>
<b>b</b>		<b>Vehicle Code § 42007</b>	
<b>c</b>		<b>Total</b>	<b>\$ 63,816.20</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> Lake County Auditor's Office	<b>Contact (Name and Title)</b> Mandy Figg-Accountant Auditor
<b>Phone Number</b> 707-263-2311	<b>Email Address</b> mandy.figg@lakecountyca.gov

**V Maddy EMS Fund Category Distributions**

<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 0.00</b>
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 0.00</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 6,437.94</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 30,987.95</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 13,356.91
	d	Other Discretionary EMS (17%)		\$ 9,082.66
	e	<b>Total</b>	\$ 0.00	\$ 59,865.46

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 6,381.64
b	Richie's Fund (15%)		\$ 8,821.55
c	Physicians/Surgeons (58%)		\$ 30,813.65
d	Hospitals (25%)		\$ 13,281.72
e	Other Discretionary EMS (17%)		\$ 9,031.60
f	<b>Total</b>	\$ 0.00	\$ 68,330.16

12 Responsibility for category distributions:

Entity Lake County Health Services	Contact (Name and Title) Cindy Silva-Brackett-Accountant
Phone Number 707-263-1090	Email Address cindy.silva-brackett@lakecountyca.gov

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 5,623.94
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 5,574.67
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 8,148.09



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>
		1,168	\$ 846,206.00	604	52%	\$ 34,376.55
<b>b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</b>						
<b>c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>						<b>Amount Reimbursed</b>
						\$ 1,619.87
	<b>17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>
		1,168	\$ 846,206.00	564	48%	\$ 34,184.58
<b>b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</b>						
<b>c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>						<b>Amount Reimbursed</b>
<b>18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</b>						
<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.						
<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).						
<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.						
<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.						
<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.						
<b>19 Responsibility for claims payments to Physicians/Surgeons:</b>						
<b>Entity</b>			<b>Contact (Name and Title)</b>			
Lake County Health Services			Cindy Silva-Brackett-Accountant			
<b>Phone Number</b>			<b>Email Address</b>			
707-263-1090			cindy.silva-brackett@lakecountyca.gov			



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity	Contact (Name and Title)
Phone Number	Email Address



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 8,374.51
<p><b>b</b> Description of other EMS services provided:                      funding for functions of the LEMSA agency</p>		
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 8,327.74
<p><b>b</b> Description of other EMS services provided:                      funding for functions of the LEMSA agency</p>		



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution	(+/-)	Fund Total
Balance on July 1, 2016	\$ 25,120.22 <i>(1c)</i>	+	\$ 25,120.22
Deposits for July 1, 2016-June 30, 2017	\$ 64,379.42 <i>(5c)</i>	+	\$ 89,499.64
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8a)</i>	+	\$ 89,499.64
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	+	\$ 89,499.64

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,437.94 <i>(9a)</i>		\$ 6,437.94	\$ 5,623.94 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 30,987.95 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 30,987.95	\$ 34,376.55 <i>(16a)</i>
Hospitals (25%)	\$ 13,356.91 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 13,356.91	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 9,082.66 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 9,082.66	\$ 8,374.51 <i>(24a)</i>
<b>Total</b>	<b>\$ 59,865.46 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 59,865.46</b>	<b>\$ 48,375.00</b>
<b>Preliminary Fund Balance                  (Fund Total - Total Expenditures)</b>				<b>\$ 41,124.64</b>

Reimbursements			
Physicians/Surgeons	\$ 1,619.87 <i>(16c)</i>	+	\$ 42,744.51
Hospitals	\$ 0.00 <i>(20e)</i>	+	\$ 42,744.51
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 42,744.51</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



**VII Fund Summary**  
 (cont.)

**Maddy EMS Fund**  
 (Supplemental Assessment)

	Available Funds for Distribution	(+/-)	Fund Total
Balance on July 1, 2016	\$ 2,010.77 <i>(2c)</i>	+	\$ 2,010.77
Deposits for July 1, 2016- June 30, 2017	\$ 63,816.20 <i>(6c)</i>	+	\$ 65,826.97
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>	+	\$ 65,826.97
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>	+	\$ 65,826.97

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,381.64 <i>(11a)</i>		\$ 6,381.64	\$ 5,574.67 <i>(14)</i>
Richie's Fund (15%)	\$ 8,821.55 <i>(11b)</i>		\$ 8,821.55	\$ 8,148.09 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 30,813.65 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 30,813.65	\$ 34,184.58 <i>(17a)</i>
Hospitals (25%)	\$ 13,281.72 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 13,281.72	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 9,031.60 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 9,031.60	\$ 8,327.74 <i>(25a)</i>
<b>Total</b>	<b>\$ 68,330.16</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 68,330.16</b>	<b>\$ 56,235.08</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 9,591.89</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	+	\$ 9,591.89
Hospitals	\$ 0.00 <i>(21e)</i>	+	\$ 9,591.89
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 9,591.89</b>

*Josephine S. Chester*  
 Signature of Maddy EMS Fund Administrator  
**JOSEPHINE S. CHESTER**  
 HEALTH SERVICES ADMIN MGR.  
 Printed Name & Title

**2/5/19**  
 Date  
 Email Address

*jozephine.chester@lakecountycal.gov*



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department <u>Madera</u>	County Contact (Name and Title) <u>Kim Witten (Accountant Auditor II)</u>
	Address (Number and Street) <u>14215 Road 28</u>	Phone Number <u>559-675-7893</u>
	City or Post Office, State, and ZIP Code <u>Madera, CA, 93638</u>	Email Address <u>kim.witten@maderacounty.com</u>

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b	Date fund established.	<u>07/01/1987</u>	
	c	Fund balance on July 1, 2016.	<u>\$ 214,742.60</u>	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	b	Date fund established.		
	c	Fund balance on July 1, 2016.		
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	a		<u>Government Code § 76000</u>	<u>\$ 321,012.60</u>
	b		<u>Government Code § 76000.5</u> <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	<u>\$ 0.00</u>
	c		<u>Vehicle Code § 42007</u>	<u>\$ 143,453.00</u>
	d		<b>Total</b>	<b>\$ 464,465.60</b>

4	Responsibility for collection of fines, penalties, and forfeitures:		
Entity	Contact (Name and Title)		
<u>Superior Court of CA, County of Madera</u>	<u>Tracy Callaway (Chief Financial Officer)</u>		
Phone Number	Email Address		
<u>559-416-5514</u>	<u>tracy.callaway@madera.courts.ca.gov</u>		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 172,817.90
	<b>b</b>		Vehicle Code § 42007	\$ 0.00
	<b>c</b>		<b>Total</b>	<b>\$ 172,817.90</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 0.00</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b>	<b>Contact (Name and Title)</b>	
		Superior Courts of CA, County of Madera	Tracy Callaway	
		<b>Phone Number</b>	<b>Email Address</b>	
		559-416-5514	tracy.callaway@madera.courts.ca.gov	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 1,658.25
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 0.00
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 0.00
	<b>b</b>	Physicians/Surgeons (58%)		\$ 90,581.69



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 80,485.85
	d	Other Discretionary EMS (17%)		\$ 0.00
	e	<b>Total</b>	\$ 0.00	\$ 171,067.54

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a	<u>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</u>
b	<u>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</u>
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity Madera County Auditor Department	Contact (Name and Title) Sabrina Rodriguez
Phone Number 559-675-7707 EXT 2473	Email Address sabrina.rodriguez@maderacounty.com

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
			#	\$ Amount	#	%	\$ Amount
			2,470	\$ 90,581.69	2,470	100%	\$ 90,581.69

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
		\$ 188.62

17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
		\$ 0.00

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Madera County Public Health	Kim Witten (Accountant Auditor II)
Phone Number	Email Address
559-675-7893	kim.witten@maderacounty.com



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	162,409	\$ 80,485.85	162,409	100%	\$ 80,485.85

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 0.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Madera County Public Health	Contact (Name and Title) Kim Witten (Accountant Auditor II)
Phone Number 559-675-7893	Email Address kim.witten@maderacounty.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 0.00</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			<b>\$ 0.00</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 214,742.60	(1e)		\$ 214,742.60
Deposits for July 1, 2016-June 30, 2017	\$ 172,817.90	(5c)		\$ 387,560.50
Interest for July 1, 2016-June 30, 2017	\$ 1,658.25	(8a)		\$ 389,218.75
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 389,218.75

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (9a)		\$ 0.00	\$ 0.00 (13)
Physicians/Surgeons (58%)	\$ 90,581.69 (9b)	\$ 0.00 (9b)	\$ 90,581.69	\$ 90,581.69 (16a)
Hospitals (25%)	\$ 80,485.85 (9c)	\$ 0.00 (9c)	\$ 80,485.85	\$ 80,485.85 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)
<b>Total</b>	<b>\$ 171,067.54</b> (9e)	<b>\$ 0.00</b> (9e)	<b>\$ 171,067.54</b>	<b>\$ 171,067.54</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 218,151.21</b>

Reimbursements			
Physicians/Surgeons	\$ 188.62	(16c)	\$ 218,339.83
Hospitals	\$ 0.00	(20e)	\$ 218,339.83
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 218,339.83</b>

  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

Kim Witten / Acct Auditor II  
 Printed Name & Title

Kim.witten@mademadecounty.com  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b>	<b>County Contact (Name and Title)</b>
	County of Marin Dept.of Health & Human Services	Celia Allen, Chief Fiscal Officer
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	20 N. San Pedro Rd. STE 2025	(415) 473-2658
<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>	
San Rafael, CA 94903	CAllen@marincounty.org	

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	07/01/2005
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 57,486.05
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
		Ending balance should be included Refund from Physicians in the amount of \$31,230.44	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	01/01/2008
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 55,056.70
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>		Government Code § 76000		
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	<b>c</b>		Vehicle Code § 42007		
	<b>d</b>		<b>Total</b>	\$ 0.00	
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>			
		<b>Entity</b>	<b>Contact (Name and Title)</b>		
		<b>Phone Number</b>	<b>Email Address</b>		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 324,018.04
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 324,018.04

**d** If no deposits into Maddy EMS Fund, state reason(s):

	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	\$ 323,104.10
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 323,104.10

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b>	<b>Contact (Name and Title)</b>
<b>Phone Number</b>	<b>Email Address</b>

**V Maddy EMS Fund Category Distributions**

	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 32,401.80
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 169,137.42



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 72,904.06
	d	Other Discretionary EMS (17%)		\$ 49,574.76
	e	<b>Total</b>	\$ 0.00	\$ 324,018.04

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 32,310.41
b	Richie's Fund (15%)		\$ 48,465.62
c	Physicians/Surgeons (58%)		\$ 140,550.28
d	Hospitals (25%)		\$ 60,582.02
e	Other Discretionary EMS (17%)		\$ 41,195.77
f	<b>Total</b>	\$ 0.00	\$ 323,104.10

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
County of Marin Dept. of Health&Human Svcs	Celia Allen, Chief Fiscal Officer
Phone Number	Email Address
(415) 473-2658	CAllen@marincounty.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 32,401.80
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 32,310.41
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 77,266.72



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,101	\$ 542,469.53	1,101	100%	\$ 182,468.01

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 9,891.16

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	870	\$ 427,752.47	870	100%	\$ 143,989.71

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently) (Please See Attachment I)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity County of Marin Dept. of Health&Human Services	Contact (Name and Title) Celia Allen, Chief Fiscal Officer
Phone Number (415) 473-2658	Email Address CAllen@marincounty.org



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
(If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 72,904.06

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
(If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	\$ 60,582.02

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies. (Please See Attachment II)

23 Responsibility for claims payments to Hospitals:

Entity County of Marin Dept. of Health&Human Services	Contact (Name and Title) Celia Allen, Chief Fiscal Officer
Phone Number (415) 473-2658	Email Address CAllen@marincounty.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 49,574.76</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> Please See Attachment III	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			<b>\$ 41,195.77</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> Please See Attachment III	



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 57,486.05	(1c)		\$ 57,486.05
Deposits for July 1, 2016-June 30, 2017	\$ 324,018.04	(5c)		\$ 381,504.09
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(8a)		\$ 381,504.09
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 381,504.09

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,401.80 (9a)		\$ 32,401.80	\$ 32,401.80 (13)
Physicians/Surgeons (58%)	\$ 169,137.42 (9b)	\$ 0.00 (9b)	\$ 169,137.42	\$ 182,468.01 (16a)
Hospitals (25%)	\$ 72,904.06 (9c)	\$ 0.00 (9c)	\$ 72,904.06	\$ 0.00 (20b Pd) \$ 72,904.06 (20d)
Other Discretionary EMS (17%)	\$ 49,574.76 (9d)	\$ 0.00 (9d)	\$ 49,574.76	\$ 49,574.76 (24a)
<b>Total</b>	<b>\$ 324,018.04 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 324,018.04</b>	<b>\$ 337,348.63</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 44,155.46</b>

Reimbursements			
Physicians/Surgeons	\$ 9,891.16 (16c)		\$ 54,046.62
Hospitals	\$ 0.00 (20e)		\$ 54,046.62
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 54,046.62</b>

  
 Signature of Maddy EMS Fund Administrator

3/27/18  
 Date

Celia Allen, Chief Fiscal Officer  
 Printed Name & Title

CAllen@marincounty.org  
 Email Address



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 55,056.70	(2c)		\$ 55,056.70
Deposits for July 1, 2016- June 30, 2017	\$ 323,104.10	(6c)		\$ 378,160.80
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 378,160.80
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 378,160.80

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,310.41 (11a)		\$ 32,310.41	\$ 32,310.41 (14)
Richie's Fund (15%)	\$ 48,465.62 (11b)		\$ 48,465.62	\$ 77,266.72 (15)
Physicians/Surgeons (58%)	\$ 140,550.28 (11c)	\$ 0.00 (11c)	\$ 140,550.28	\$ 143,989.71 (17a)
Hospitals (25%)	\$ 60,582.02 (11d)	\$ 0.00 (11d)	\$ 60,582.02	\$ 0.00 (21b Pd) \$ 60,582.02 (21d)
Other Discretionary EMS (17%)	\$ 41,195.77 (11e)	\$ 0.00 (11e)	\$ 41,195.77	\$ 41,195.77 (25a)
<b>Total</b>	<b>\$ 323,104.10 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 323,104.10</b>	<b>\$ 355,344.63</b>
<b>Preliminary Fund Balance                  (Fund Total - Total Expenditures)</b>				<b>\$ 22,816.17</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 22,816.17
Hospitals		\$ 0.00 (21e)	\$ 22,816.17
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 22,816.17</b>

  
 Signature of Maddy EMS Fund Administrator

3/27/18  
 Date

Celia Allen, Chief Fiscal Officer  
 Printed Name & Title

CALLen@marincounty.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Mariposa County Health Department	<b>County Contact (Name and Title)</b> Diane L. Robarge, Administrative Analyst
	<b>Address (Number and Street)</b> 5085 Bullion Street	<b>Phone Number</b> (209) 966-3689
	<b>City or Post Office, State, and ZIP Code</b> Post Office Box 5, Mariposa, CA 95338	<b>Email Address</b> drobarga@mariposacounty.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	07/01/1990
	<b>c Fund balance on July 1, 2016.</b>	\$ 126,505.85
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	
<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>		

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 18,952.85
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 0.00
	<b>c</b>	Vehicle Code § 42007	\$ 0.00
	<b>d</b>	<b>Total</b>	\$ 18,952.85
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>		
<b>Entity</b> Mariposa County Health Department		<b>Contact (Name and Title)</b> Diane L. Robarge, Administrative Analyst	
<b>Phone Number</b> (209) 966-3689		<b>Email Address</b> drobarga@mariposacounty.org	





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 18,952.85
	b		Vehicle Code § 42007	
	c		Total	\$ 18,952.85
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	
	b		Vehicle Code § 42007	
	c		Total	\$ 0.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	Mariposa County Health Department	Diane L. Robarge, Administrative Analyst		
	Phone Number	Email Address		
	(209) 966-3689	drobarga@mariposacounty.org		

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00	
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00	
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 2,000.00
	b	Physicians/Surgeons (58%)		\$ 70,000.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		\$ 6,279.64
	e	<b>Total</b>	\$ 0.00	\$ 78,279.64

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 2,000.00
b	Richie's Fund (15%)		\$ 0.00
c	Physicians/Surgeons (58%)		\$ 70,000.00
d	Hospitals (25%)		\$ 6,279.64
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 78,279.64

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Mariposa County Health Department	Diane L. Robarge, Administrative Analyst
Phone Number	Email Address
(209) 966-3689	drobarga@mariposacounty.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 2,000.00
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 0.00
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,221	\$ 252,214.73	281	23%	\$ 70,000.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 Per Mariposa County Resolution policy 14-10 Mariposa County can only reimburse up to \$70,000 annually. \*\*\*\* Please see attachment

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Mariposa County Health Department	Contact (Name and Title) Diane L. Robarge, Administrative Analyst
Phone Number (209) 966-3689	Email Address drobarga@mariposacounty.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>
---	--	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<b>Amount</b>
	\$ 6,279.64

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>
	\$ 0.00

	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>
--	--	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<b>Amount</b>

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*  
 A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:	
Entity Mariposa County Health Department	Contact (Name and Title) Diane L. Robarge, Administrative Analyst
Phone Number (209) 966-3689	Email Address drobarga@mariposacounty.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 0.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
			\$ 0.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 126,505.85 <i>(1c)</i>		\$ 126,505.85
Deposits for July 1, 2016-June 30, 2017	\$ 18,952.85 <i>(5c)</i>		\$ 145,458.70
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8a)</i>		\$ 145,458.70
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 145,458.70

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,000.00 <i>(9a)</i>		\$ 2,000.00	\$ 2,000.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 70,000.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 70,000.00	\$ 70,000.00 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 0.00	\$ 0.00 <i>(20b Pd)</i> \$ 6,279.64 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 6,279.64 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 6,279.64	\$ 0.00 <i>(24a)</i>
<b>Total</b>	\$ 78,279.64 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 78,279.64	\$ 78,279.64
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 67,179.06

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 67,179.06
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 67,179.06
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		\$ 67,179.06

*Diane C. Robarge*  
 Signature of Maddy EMS Fund Administrator

6/13/18  
 Date

*Diane C. Robarge*  
 Printed Name & Title  
 Admin Analyst

*drobarge@*  
 Email Address  
*mariposa*  
*county.org*



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,000.00 (11a)		\$ 2,000.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 70,000.00 (11c)	\$ 0.00 (11c)	\$ 70,000.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 6,279.64 (11d)	\$ 0.00 (11d)	\$ 6,279.64	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 78,279.64 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 78,279.64</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017				\$ 0.00

Xiare L. Robarge  
 Signature of Maddy EMS Fund Administrator

6/13/18  
 Date

Xiare L. Robarge  
 Printed Name & Title  
 Admin Analyst

drobarge@  
 Email Address  
 mariposa  
 county.org



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Mendocino Public Health	<b>County Contact (Name and Title)</b> Mary Alice Willeford, Administrative Mgr II
	<b>Address (Number and Street)</b> 1120 South Dora Street	<b>Phone Number</b> (707) 472-2374
	<b>City or Post Office, State, and ZIP Code</b> Ukiah, CA 95482	<b>Email Address</b> willefom@mendocinocounty.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	05/14/1991
	<b>c Fund balance on July 1, 2016.</b>	\$ 65,071.23
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	03/31/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 195,077.08
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 91,963.05	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 116,563.21	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 208,526.26	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Mendocino County Court Collections	<b>Contact (Name and Title)</b> April Allen		
	<b>Phone Number</b> (707) 463-6816	<b>Email Address</b>		





<b>IV Deposits into Maddy EMS Fund</b>	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 91,963.05
	b		Vehicle Code § 42007	
	c		Total	\$ 91,963.05
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 116,563.21
	b		Vehicle Code § 42007	
	c		Total	\$ 116,563.21
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Mendocino Co Treasurer Tax Collector	Julie Forrester, Deputy Treas Tax Collector	
		Phone Number (707) 234-6883	Email Address forrestj@mendocinocounty.org	
<b>V Maddy EMS Fund Category Distributions</b>	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 2,461.89
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 9,196.30
	b	Physicians/Surgeons (58%)		\$ 48,004.70



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 20,691.68
	d	Other Discretionary EMS (17%)		\$ 14,070.34
	e	Total	\$ 0.00	\$ 91,963.02

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 2,461.89
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 11,656.32
b	Richie's Fund (15%)		\$ 17,484.48
c	Physicians/Surgeons (58%)		\$ 50,705.00
d	Hospitals (25%)		\$ 21,855.61
e	Other Discretionary EMS (17%)		\$ 14,861.81
f	Total	\$ 0.00	\$ 116,563.22

12 Responsibility for category distributions:

Entity Mendocino County Public Health	Contact (Name and Title) Mary Alice Willefom, Administrative Mgr II
Phone Number (707) 472-2374	Email Address willifom@mendocinocounty.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 0.00
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b> \$ 1,567.40
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b> \$ 40,638.62



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		168	\$ 80,809.74	168	100%	\$ 48,444.22

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	161	\$ 94,016.33	161	100%	\$ 51,190.13

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Mendocino County Public Health	Contact (Name and Title) Mary Alice Willeford, Administrative Mgr II
Phone Number (707) 472-2374	Email Address willefom@mendocinocounty.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>
---	--	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	15	\$ 47,798.39	15	100%	\$ 21,031.29

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<b>Amount</b>
	\$ 0.00

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>
	\$ 0.00

	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>
--	--	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	11	\$ 50,538.78	11	100%	\$ 22,237.03

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<b>Amount</b>
	\$ 0.00

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>
	\$ 0.00

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*

- A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Mendocino County Public Health	Contact (Name and Title) Mary Alice Willeford, Administrative Mgr II
Phone Number (707) 472-2374	Email Address willefom@mendocinocounty.org



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 0.00
b	Description of other EMS services provided: General EMS oversight and operations.	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 0.00
b	Description of other EMS services provided: General EMS oversight and operations.	





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 195,077.08 <i>(2c)</i>		\$ 195,077.08
Deposits for July 1, 2016- June 30, 2017	\$ 116,563.21 <i>(6c)</i>		\$ 311,640.29
Interest for July 1, 2016-June 30, 2017	\$ 2,461.89 <i>(10a)</i>		\$ 314,102.18
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 314,102.18

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 11,656.32 <i>(11a)</i>		\$ 11,656.32	\$ 1,567.40 <i>(14)</i>
Richie's Fund (15%)	\$ 17,484.48 <i>(11b)</i>		\$ 17,484.48	\$ 40,638.62 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 50,705.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 50,705.00	\$ 51,190.13 <i>(17a)</i>
Hospitals (25%)	\$ 21,855.61 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 21,855.61	\$ 22,237.03 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 14,861.81 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 14,861.81	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 116,563.22</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 116,563.22</b>	<b>\$ 115,633.18</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 198,469.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 198,469.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 198,469.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 198,469.00</b>

Mary Alice Wilford  
 Signature of Maddy EMS Fund Administrator

4-30-18  
 Date

Mary Alice Wilford, Admin Svc. Manager II  
 Printed Name & Title

willfom@emendocounty.org  
 Email Address

↙  
 willfom@emendocounty.org



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Merced County	<b>County Contact (Name and Title)</b> Karl Stahlhut, Fiscal Manager
	<b>Address (Number and Street)</b> 260 E. 15th St.	<b>Phone Number</b> (209)381-1271
	<b>City or Post Office, State, and ZIP Code</b> Merced, CA 95341	<b>Email Address</b> KStahlhut@co.merced.ca.us

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	12/04/1989
	<b>c Fund balance on July 1, 2016.</b>	\$ 113,541.68
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	10/30/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 1,468.71
<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>		

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 8,813,498.22	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 8,816,166.09	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 17,629,664.31	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Merced County	<b>Contact (Name and Title)</b> Lisa Cardella-Presto, Auditor-Controller		
	<b>Phone Number</b> (209)385-7511	<b>Email Address</b> lcardella-presto@co.merced.ca.us		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 326,425.86
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 326,425.86
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	\$ 326,524.67
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 326,524.67
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> Merced County	<b>Contact (Name and Title)</b> Lisa Cardella-Presto, Auditor-Controller	
		<b>Phone Number</b> (209)385-7511	<b>Email Address</b> lcardella-presto@co.merced.ca.us	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 2,335.60
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 32,642.59
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 170,394.32



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 73,445.80
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 49,943.15
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 326,425.86

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	Interest and Other Deposits
<b>a</b> Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 412.16
<b>b</b> Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	Reserve (Optional)	Category Distributions
<b>11</b> Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		
<b>a</b> Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 32,652.46
<b>b</b> Richie's Fund (15%)		\$ 48,978.70
<b>c</b> Physicians/Surgeons (58%)		\$ 142,038.24
<b>d</b> Hospitals (25%)		\$ 61,223.37
<b>e</b> Other Discretionary EMS (17%)		\$ 41,631.90
<b>f</b> Total	\$ 0.00	\$ 326,524.67

**12 Responsibility for category distributions:**

<b>Entity</b> Merced County	<b>Contact (Name and Title)</b> Karl Stahlhut, Fiscal Manager
<b>Phone Number</b> (209)381-1271	<b>Email Address</b> kstahlhut@co.merced.ca.us

**VI Expenditures & Reimbursements**

<b>13</b> Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 44,682.30
<b>14</b> Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	<b>Amount</b>
<b>15</b> Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	<b>Amount</b>



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		4,850	\$ 352,895.11	4,850	100%	\$ 352,895.11

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 11,320.39

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	1,399	\$ 51,940.80	1,399	100%	\$ 51,940.80

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 1,120.95

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Merced County	Contact (Name and Title) Karl Stahlhut, Fiscal Manager
Phone Number (209)381-1271	Email Address kstahlhut@co.merced.ca.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<p><b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<p><b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																		
	<p><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 135,184.99</td> </tr> </tbody> </table>	Amount	\$ 135,184.99															
Amount																			
\$ 135,184.99																			
	<p><b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<p><b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<p><b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																		
	<p><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
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Amount Reimbursed																			
\$ 0.00																			
	<p><b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i></p> <p><input checked="" type="checkbox"/> A description of the hospitals payment methodologies.</p>																		
	<p><b>23</b> Responsibility for claims payments to Hospitals:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entity Merced County</td> <td style="width:50%;">Contact (Name and Title) Karl Stahlhut, Fiscal Manager</td> </tr> <tr> <td>Phone Number (209)381-1271</td> <td>Email Address kstahlhut@co.merced.ca.us</td> </tr> </table>		Entity Merced County	Contact (Name and Title) Karl Stahlhut, Fiscal Manager	Phone Number (209)381-1271	Email Address kstahlhut@co.merced.ca.us													
Entity Merced County	Contact (Name and Title) Karl Stahlhut, Fiscal Manager																		
Phone Number (209)381-1271	Email Address kstahlhut@co.merced.ca.us																		



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 91,925.81
b	Description of other EMS services provided:	
	Direct EMS Agency labor charges.	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 0.00
b	Description of other EMS services provided:	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 113,541.68	(1c)		\$ 113,541.68
Deposits for July 1, 2016-June 30, 2017	\$ 326,425.86	(5c)		\$ 439,967.54
Interest for July 1, 2016-June 30, 2017	\$ 2,335.60	(8a)		\$ 442,303.14
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 442,303.14

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,642.59 (9a)		\$ 32,642.59	\$ 44,682.30 (13)
Physicians/Surgeons (58%)	\$ 170,394.32 (9b)	\$ 0.00 (9b)	\$ 170,394.32	\$ 352,895.11 (16a)
Hospitals (25%)	\$ 73,445.80 (9c)	\$ 0.00 (9c)	\$ 73,445.80	\$ 0.00 (20b Pd) \$ 135,184.99 (20d)
Other Discretionary EMS (17%)	\$ 49,943.15 (9d)	\$ 0.00 (9d)	\$ 49,943.15	\$ 91,925.81 (24a)
<b>Total</b>	<b>\$ 326,425.86 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 326,425.86</b>	<b>\$ 624,688.21</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>-\$ 182,385.07</b>

Reimbursements			
Physicians/Surgeons	\$ 11,320.39 (16c)		-\$ 171,064.68
Hospitals	\$ 0.00 (20e)		-\$ 171,064.68
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>-\$ 171,064.68</b>

Karl Stahlhut 3/26/18  
 Signature of Maddy EMS Fund Administrator Date

Karl Stahlhut kstahlhut@co.merced.ca.us  
 Printed Name & Title Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 1,468.71 <i>(2c)</i>	\$ 1,468.71
Deposits for July 1, 2016- June 30, 2017	\$ 326,524.67 <i>(6c)</i>	\$ 327,993.38
Interest for July 1, 2016-June 30, 2017	\$ 412.16 <i>(10a)</i>	\$ 328,405.54
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>	\$ 328,405.54

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,652.46 <i>(11a)</i>		\$ 32,652.46	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 48,978.70 <i>(11b)</i>		\$ 48,978.70	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 142,038.24 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 142,038.24	\$ 51,940.80 <i>(17a)</i>
Hospitals (25%)	\$ 61,223.37 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 61,223.37	\$ 0.00 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 41,631.90 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 41,631.90	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 326,524.67 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 326,524.67	\$ 51,940.80
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 276,464.74

Reimbursements			
Physicians/Surgeons	\$ 1,120.95 <i>(17c)</i>		\$ 277,585.69
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 277,585.69
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			\$ 277,585.69

*Karl Stahlhut*  
 Signature of Maddy EMS Fund Administrator

3/26/18  
 Date

Karl Stahlhut  
 Printed Name & Title

kstahlhute@comced.ca.gov  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Mono County Health Department	<b>County Contact (Name and Title)</b> Kim Bunn, Public Health Fiscal Officer
	<b>Address (Number and Street)</b> PO Box 476	<b>Phone Number</b> 760.932.5587
	<b>City or Post Office, State, and ZIP Code</b> Bridgeport, CA 93517	<b>Email Address</b> kbunn@mono.ca.gov

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	08/15/1995
	<b>c Fund balance on July 1, 2016.</b>	\$ 143,802.08
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	09/11/2007
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 80,464.65	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 2,072.89	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 82,537.54	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Mono County Superior Court		<b>Contact (Name and Title)</b> Hector Gonzalez, CAO	
	<b>Phone Number</b> 760.924.5444 ext. 230		<b>Email Address</b> superiorcourt@mono.ca.gov	





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 80,464.65</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 80,464.65</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 2,072.89</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 2,072.89</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> Mono County Finance Department	<b>Contact (Name and Title)</b> Stephanie Butters, Auditor-Controller	
		<b>Phone Number</b> 760.932.5496	<b>Email Address</b> sbutters@mono.ca.gov	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 1,653.71</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 0.00</b>
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>		
		<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 2,540.58</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>	<b>\$ 6,923.27</b>	<b>\$ 39,231.85</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 2,984.17	\$ 16,910.28
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 13,528.22
	e	<b>Total</b>	\$ 9,907.44	\$ 72,210.93

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 42.58
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 65.45
b	Richie's Fund (15%)		\$ 317.32
c	Physicians/Surgeons (58%)	\$ 150.74	\$ 854.22
d	Hospitals (25%)	\$ 64.98	\$ 368.20
e	Other Discretionary EMS (17%)	\$ 0.00	\$ 294.56
f	<b>Total</b>	\$ 215.72	\$ 1,899.75

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Mono County Finance Department	Stephanie Butter, Auditor-Controller
Phone Number	Email Address
760.932.5496	sbutters@mono.ca.gov

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 2,540.58
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 65.45
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 0.00



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	0		0%	\$ 0.00	
b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): Staffing time constraints to review claims for adherence to the County policy.						
					Amount Reimbursed	
					\$ 0.00	
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						
17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>						
		#	\$ Amount	#	%	\$ Amount
					0%	\$ 0.00
b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): Staffing time constraints to review claims for adherence to the County policy.						
					Amount Reimbursed	
					\$ 0.00	
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						
18 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>						
<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.						
<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).						
<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.						
<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.						
<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.						
19 Responsibility for claims payments to Physicians/Surgeons:						
Entity			Contact (Name and Title)			
Mono County Health Department			Kim Bunn, Public Health Fiscal Officer			
Phone Number			Email Address			
760.932.5587			kbunn@mono.ca.gov			



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td>\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%	\$ 0.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): Staffing time constraints to review claims for adherence to the County policy.																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
Amount																			
\$ 0.00																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td>\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%	\$ 0.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): Staffing time constraints to review claims for adherence to the County policy.																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
Amount																			
\$ 0.00																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Mono County Public Health Dept.  Phone Number 760.932.5587	Contact (Name and Title) Kim Bunn, Fiscal & Administrative Officer  Email Address kbunn@mono.ca.gov																	



VI Expenditures & Reimbursements (cont.)		Amount
		24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).
b	Description of other EMS services provided:	
	Support provided to the County for paramedic services.	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount \$ 0.00
b	Description of other EMS services provided:	



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**


	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 143,802.08	(1c)		\$ 143,802.08
Deposits for July 1, 2016-June 30, 2017	\$ 80,464.65	(5c)		\$ 224,266.73
Interest for July 1, 2016-June 30, 2017	\$ 1,653.71	(8a)		\$ 225,920.44
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 225,920.44

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,540.58 (9a)		\$ 2,540.58	\$ 2,540.58 (13)
Physicians/Surgeons (58%)	\$ 39,231.85 (9b)	\$ 6,923.27 (9b)	\$ 32,308.58	\$ 0.00 (16a)
Hospitals (25%)	\$ 16,910.28 (9c)	\$ 2,984.17 (9c)	\$ 13,926.11	\$ 0.00 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 13,528.22 (9d)	\$ 0.00 (9d)	\$ 13,528.22	\$ 30,000.00 (24a)
<b>Total</b>	<b>\$ 72,210.93 (9e)</b>	<b>\$ 9,907.44 (9e)</b>	<b>\$ 62,303.49</b>	<b>\$ 32,540.58</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 193,379.86</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 (16c)		\$ 193,379.86
Hospitals	\$ 0.00 (20e)		\$ 193,379.86
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 193,379.86</b>

  
 Signature of Maddy EMS Fund Administrator

6/8/18  
 Date

Kim Burn, Public Health Fiscal  
 Printed Name & Title

kburn@mona.ca.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

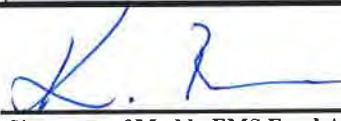
	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 2,072.89	(6c)		\$ 2,072.89
Interest for July 1, 2016-June 30, 2017	\$ 42.58	(10a)		\$ 2,115.47
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 2,115.47

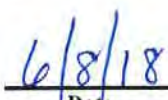
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 65.45 (11a)		\$ 65.45	\$ 65.45 (14)
Richie's Fund (15%)	\$ 317.32 (11b)		\$ 317.32	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 854.22 (11c)	\$ 150.74 (11c)	\$ 703.48	\$ 0.00 (17a)
Hospitals (25%)	\$ 368.20 (11d)	\$ 64.98 (11d)	\$ 303.22	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 294.56 (11e)	\$ 0.00 (11e)	\$ 294.56	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 1,899.75 (11f)</b>	<b>\$ 215.72 (11f)</b>	<b>\$ 1,684.03</b>	<b>\$ 65.45</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 2,050.02</b>

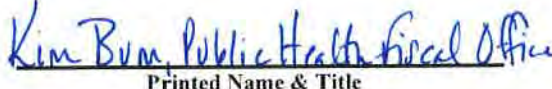
Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 2,050.02
Hospitals		\$ 0.00 (21e)	\$ 2,050.02
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 2,050.02</b>



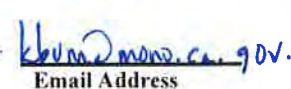
Signature of Maddy EMS Fund Administrator



Date



Printed Name & Title



Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Monterey County EMS Agency	Teresa Rios, Management Analyst III
	Address (Number and Street)	Phone Number
	1441 Schilling Place, South Building	831-783-7082
	City or Post Office, State, and ZIP Code	Email Address
	Salinas, CA 93906	riost@co.monterey.ca.us

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b	Date fund established.	1989	
	c	Fund balance on July 1, 2016.	\$ 779,896.61	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #3)	
	b	Date fund established.		
	c	Fund balance on July 1, 2016.		
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		Government Code § 76000	\$ 771,448.89	
	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
	c		Vehicle Code § 42007		
	d		Total	\$ 771,448.89	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		Superior Court of CA, County of Monterey	Lena Belnas, Accountant Auditor III		
		Phone Number	Email Address		
		831-755-5616	lena.belnas@monterey.courts.ca.gov		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 771,448.89
	b		Vehicle Code § 42007	
	c		<b>Total</b>	<b>\$ 771,448.89</b>

d If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
a		Government Code § 76000.5	
b		Vehicle Code § 42007	
c		<b>Total</b>	<b>\$ 0.00</b>

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

<b>Entity</b>	<b>Contact (Name and Title)</b>
Superior Court of CA, County of Monterey	Lena Belnas, Accountant Auditor III
<b>Phone Number</b>	<b>Email Address</b>
831-755-5616	lena.belnas@monterey.court.ca.gov

**V Maddy EMS Fund Category Distributions**

<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
a	<u>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</u>	\$ 9,604.66
b	<u>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</u>	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

Reimbursements from physicians who received payment from other sources after Maddy funds were disbursed

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 78,105.36
b	Physicians/Surgeons (58%)		\$ 230,677.35



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 175,737.05
	d	Other Discretionary EMS (17%)		\$ 119,501.19
	e	Total	\$ 0.00	\$ 604,020.95

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	Reserve <i>(Optional)</i>	Category Distributions
11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		
a Administration (Admin cost equal to the lesser of actual cost or 10%)		
b Richie's Fund (15%)		
c Physicians/Surgeons (58%)		
d Hospitals (25%)		
e Other Discretionary EMS (17%)		
f style="text-align: right;">Total	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Phone Number	Email Address

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
		\$ 78,105.36
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		4,711	\$ 461,354.69	4,711	100%	\$ 230,677.35

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 7,244.39

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Mo. Co. Emergency Medical Service	Teresa Rios, Management Analyst III
Phone Number	Email Address
831-783-7082	riost@co.monterey.ca.us



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 175,737.05

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Mo. Co. Emergency Medical Services	Contact (Name and Title) Teresa Rios, Management Analyst III
Phone Number 831-783-7082	Email Address riost@co.monterey.ca.us



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 119,501.19
b	Description of other EMS services provided: Development and maintenance of database used to adjudicate claims. Upgrade website.	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
b	Description of other EMS services provided:	




VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 779,896.61 <i>(1c)</i>	\$ 779,896.61
Deposits for July 1, 2016-June 30, 2017	\$ 771,448.89 <i>(5c)</i>	\$ 1,551,345.50
Interest for July 1, 2016-June 30, 2017	\$ 9,604.66 <i>(8a)</i>	\$ 1,560,950.16
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 1,560,950.16

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 78,105.36 <i>(9a)</i>		\$ 78,105.36	\$ 78,105.36 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 230,677.35 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 230,677.35	\$ 230,677.35 <i>(16a)</i>
Hospitals (25%)	\$ 175,737.05 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 175,737.05	\$ 0.00 <i>(20b Pd)</i> \$ 175,737.05 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 119,501.19 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 119,501.19	\$ 119,501.19 <i>(24a)</i>
<b>Total</b>	<b>\$ 604,020.95</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 604,020.95</b>	<b>\$ 604,020.95</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 956,929.21</b>

Reimbursements		
Physicians/Surgeons	\$ 7,244.39 <i>(16c)</i>	\$ 964,173.60
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 964,173.60
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 964,173.60</b>

  
 \_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

2/22/19  
 \_\_\_\_\_  
 Date

Teresa Rios MA III  
 \_\_\_\_\_  
 Printed Name & Title

riosteco.monterey.ca.us  
 \_\_\_\_\_  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

Signature of Maddy EMS Fund Administrator

2/22/19  
 Date

Leresa Rios, MA III  
 Printed Name & Title

rioste@monterey.co.us  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Napa County	<b>County Contact (Name and Title)</b> Joseph Bowe
	<b>Address (Number and Street)</b> 2751 Napa Valley Corporate Drive	<b>Phone Number</b> 707.259.8110
	<b>City or Post Office, State, and ZIP Code</b> Napa, CA, 94558	<b>Email Address</b> Joseph.Bowe@countyofnapa.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	01/01/1989
	<b>c Fund balance on July 1, 2016.</b>	\$ 123,076.81
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> N/A	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	07/01/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 131,647.30
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> N/A	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 546,946.29
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 181,905.20
	<b>c</b>	Vehicle Code § 42007	\$ 439,978.56
	<b>d</b>	<b>Total</b>	\$ 1,168,830.05
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<b>Entity</b> Napa Superior Court	<b>Contact (Name and Title)</b> Lisa Skinner, Fiscal Services Manager	
	<b>Phone Number</b> (707)299-1248	<b>Email Address</b> Lisa.Skinner@Countyofnapa.org	





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 181,267.32
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 181,267.32
	d	If no deposits into Maddy EMS Fund, state reason(s): N/A		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	\$ 181,905.20
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 181,905.20
	d	If no deposits into Maddy EMS Fund, state reason(s): N/A		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	Napa County Auditor-Controller's Office	George Parra, Accountant- Auditor I		
	Phone Number (707)253-4556	Email Address George.Parra@countyofnapa.org		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 900.94
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		\$ 0.00
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: N/A		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 18,126.73
	b	Physicians/Surgeons (58%)	\$ 46,222.24	\$ 94,621.54



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 76,854.57	\$ 40,785.15
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 27,733.90
	e	<b>Total</b>	\$ 123,076.81	\$ 181,267.32

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 599.76
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: N/A	

		Reserve <i>(Optional)</i>	Category Distributions
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 18,190.52
b	Richie's Fund (15%)		\$ 156,204.50
c	Physicians/Surgeons (58%)	\$ 0.00	\$ 80,711.34
d	Hospitals (25%)	\$ 0.00	\$ 34,789.37
e	Other Discretionary EMS (17%)	\$ 0.00	\$ 23,656.77
f	<b>Total</b>	\$ 0.00	\$ 313,552.50

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Napa County HHSA-Fiscal Division	Joseph Bowe, Staff Services Analyst
Phone Number	Email Address
(707)259-8110	Joseph.Bowe@countyofnapa.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 18,126.73
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 18,190.52
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 61,487.98



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	1,988	\$ 745,207.00	1,988	100%	\$ 80,845.32
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): N/A					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed \$ 3,050.38				
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	2,060	\$ 775,624.00	2,060	100%	\$ 83,772.46
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): N/A					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed \$ 3,061.12				
18	Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>					
	<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies. <input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s). <input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies. <input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology. <input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
19	Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	Napa County HHSA- Fiscal Division	Joseph Bowe, Staff Services Analyst				
	Phone Number	Email Address				
	(707)259-8110	Joseph.Bowe@countyofnapa.org				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 118,118.27</td> </tr> </tbody> </table>	Amount	\$ 118,118.27															
Amount																			
\$ 118,118.27																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 34,789.37</td> </tr> </tbody> </table>	Amount	\$ 34,789.37															
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	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Napa County HHSA- Fiscal Division	Contact (Name and Title) Joseph Bowe, Staff Services Analyst																	
	Phone Number (707)259-8110	Email Address Joseph.Bowe@countyofnapa.org																	



VI Expenditures & Reimbursements (cont.)				Amount
		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
b	Description of other EMS services provided: Medical Accountability within the EMS system, and coordinate specialty care systems			
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>			Amount \$ 23,656.77
b	Description of other EMS services provided: Medical Accountability within the EMS system, and coordinate specialty care systems			



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 123,076.81	(1c)		\$ 123,076.81
Deposits for July 1, 2016-June 30, 2017	\$ 181,267.32	(5c)		\$ 304,344.13
Interest for July 1, 2016-June 30, 2017	\$ 900.94	(8a)		\$ 305,245.07
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 305,245.07

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 18,126.73 (9a)		\$ 18,126.73	\$ 18,126.73 (13)
Physicians/Surgeons (58%)	\$ 94,621.54 (9b)	\$ 46,222.24 (9b)	\$ 48,399.30	\$ 80,845.32 (16a)
Hospitals (25%)	\$ 40,785.15 (9c)	\$ 76,854.57 (9c)	-\$ 36,069.42	\$ 0.00 (20b Pd) \$ 118,118.27 (20d)
Other Discretionary EMS (17%)	\$ 27,733.90 (9d)	\$ 0.00 (9d)	\$ 27,733.90	\$ 27,760.88 (24a)
<b>Total</b>	<b>\$ 181,267.32 (9e)</b>	<b>\$ 123,076.81 (9e)</b>	<b>\$ 58,190.51</b>	<b>\$ 244,851.20</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 60,393.87</b>

Reimbursements			
Physicians/Surgeons	\$ 3,050.38 (16c)		\$ 63,444.25
Hospitals	\$ 0.00 (20e)		\$ 63,444.25
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 63,444.25</b>

  
 Signature of Maddy EMS Fund Administrator

Brian M. Henriksen, EMS Admin.  
 Printed Name & Title

5/17/2018  
 Date

brian.henriksen@countyofnapa.org  
 Email Address




VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 131,647.30 <i>(2c)</i>		\$ 131,647.30
Deposits for July 1, 2016- June 30, 2017	\$ 181,905.20 <i>(6c)</i>		\$ 313,552.50
Interest for July 1, 2016-June 30, 2017	\$ 599.76 <i>(10a)</i>		\$ 314,152.26
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 314,152.26

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 18,190.52 <i>(11a)</i>		\$ 18,190.52	\$ 18,190.52 <i>(14)</i>
Richie's Fund (15%)	\$ 156,204.50 <i>(11b)</i>		\$ 156,204.50	\$ 61,487.98 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 80,711.34 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 80,711.34	\$ 83,772.46 <i>(17a)</i>
Hospitals (25%)	\$ 34,789.37 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 34,789.37	\$ 0.00 <i>(21b Pd)</i> \$ 34,789.37 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 23,656.77 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 23,656.77	\$ 23,656.77 <i>(25a)</i>
<b>Total</b>	<b>\$ 313,552.50</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 313,552.50</b>	<b>\$ 221,897.10</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 92,255.16</b>

Reimbursements			
Physicians/Surgeons	\$ 3,061.12 <i>(17c)</i>		\$ 95,316.28
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 95,316.28
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 95,316.28</b>

  
 Signature of Maddy EMS Fund Administrator  
 Brian M. Henriksen,  
 EMS Administrator  
 Printed Name & Title

5/17/2018  
 Date  
 brian.henriksen@  
 countyofnapa.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> NEVADA COUNTY PUBLIC HEALTH	<b>County Contact (Name and Title)</b> JUDITH RICHERT
	<b>Address (Number and Street)</b> 950 MAIDU AVE	<b>Phone Number</b> 530-265-7256
	<b>City or Post Office, State, and ZIP Code</b> NEVADA CITY, CA 95959	<b>Email Address</b> Judith.Richert@co.nevada.ca.us

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	11/28/1989
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 66,615.00
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000 <sup>1</sup>	\$ 145,591.00
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 145,591.00
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
		<b>Entity</b> NEVADA COUNTY SUPERIOR COURT	<b>Contact (Name and Title)</b> THEA PALMIERI	
		<b>Phone Number</b> 530-470-2728	<b>Email Address</b> thea.palmieri@nevadacountycourts.com	





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 145,591.00</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 145,591.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	<b>Government Code § 76000.5</b>	
	<b>b</b>	<b>Vehicle Code § 42007</b>	
	<b>c</b>	<b>Total</b>	<b>\$ 0.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

We do not have the Supplemental Fund

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b>	<b>Contact (Name and Title)</b>
NEVADA COUNTY AUDITOR CONTROLLER	DEBBIE DURKIN
<b>Phone Number</b>	<b>Email Address</b>
530-265-1560	Debbie.Durkin@co.nevada.ca.us

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 1,038.00</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 0.00</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

Doctor Reimbursements

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 1,441.00</b>
	<b>b Physicians/Surgeons (58%)</b>		<b>\$ 83,607.00</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 36,037.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 24,506.00
	<b>e</b>	<b>Total</b>	\$ 0.00;	\$ 145,591.00

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

		Interest and Other Deposits
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	
<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b> We do not have the Supplemental Fund	

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		
<b>b</b>	<b>Richie's Fund (15%)</b>		
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		
<b>d</b>	<b>Hospitals (25%)</b>		
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 0.00

**12 Responsibility for category distributions:**

<b>Entity</b> NEVADA COUNTY PUBLIC HEALTH	<b>Contact (Name and Title)</b> JUDITH RICHERT ACCOUNTING TECH
<b>Phone Number</b> 530-265-7256	<b>Email Address</b> Judith.Richert@co.nevada.ca.us

<b>VI Expenditures &amp; Reimbursements</b>		Amount
<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	\$ 1,441.00
<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	Amount
<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,495	\$ 83,607.00	3,495	100%	\$ 83,607.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 3,393.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

We do not have the Supplemental Fund

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
NEVADA COUNTY PUBLIC HEALTH	JUDITH RICHERT ACCOUNTING TECH
Phone Number	Email Address
530-265-7256	Judith.Richert@co.nevada.ca.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">1,517</td> <td style="text-align: right;">\$ 36,037.00</td> <td style="text-align: center;">1,517</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 36,037.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	1,517	\$ 36,037.00	1,517	100%	\$ 36,037.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	1,517	\$ 36,037.00	1,517	100%	\$ 36,037.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount																	
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed																	
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): We do not have the Supplemental Fund																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount																	
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed																	
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity NEVADA COUNTY PUBLIC HEALTH	Contact (Name and Title) JUDITH RICHERT ACCOUNTING TECH																	
	Phone Number 530-265-7256	Email Address Judith.Richert@co.nevada.ca.us																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>		<b>Amount</b>
24a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	
b	<b>Description of other EMS services provided:</b>	
25a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
b	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 66,615.00 <i>(1c)</i>		\$ 66,615.00
Deposits for July 1, 2016-June 30, 2017	\$ 145,591.00 <i>(5c)</i>		\$ 212,206.00
Interest for July 1, 2016-June 30, 2017	\$ 1,038.00 <i>(8a)</i>		\$ 213,244.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 213,244.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,441.00 <i>(9a)</i>		\$ 1,441.00	\$ 1,441.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 83,607.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 83,607.00	\$ 83,607.00 <i>(16a)</i>
Hospitals (25%)	\$ 36,037.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 36,037.00	\$ 36,037.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 24,506.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 24,506.00	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 145,591.00 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 145,591.00</b>	<b>\$ 121,085.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 92,159.00</b>

Reimbursements			
Physicians/Surgeons	\$ 3,393.00 <i>(16c)</i>		\$ 95,552.00
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 95,552.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 95,552.00</b>

James Kraywinkel  
 Signature of Maddy EMS Fund Administrator

12/19/18  
 Date

James Kraywinkel Accountant  
 Printed Name & Title

James.Kraywinkel@co.newada.ca.us  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

James Kraywinkel  
 Signature of Maddy EMS Fund Administrator

12/19/18  
 Date

James Kraywinkel Accountant  
 Printed Name & Title

\_\_\_\_\_  
 Email Address

James.Kraywinkel@co.nevada.ca.us



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Orange County Health Care Agency	<b>County Contact (Name and Title)</b> Shelley Vrungos, Manager- Medical Safety
	<b>Address (Number and Street)</b> 600 Santa Ana Blvd. Ste 1120	<b>Phone Number</b> 714 834-6249
	<b>City or Post Office, State, and ZIP Code</b> Santa Ana, CA 91701	<b>Email Address</b> svrungos@ochca.com

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	03/01/1988
	<b>c Fund balance on July 1, 2016.</b>	\$ 6,359.12
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	02/01/2008
	<b>c Fund balance on July 1, 2016.</b>	\$ 7,668.01
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 5,645,075.02	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 3,206,157.67	
	<b>c</b>	Vehicle Code § 42007	\$ 0.00	
	<b>d</b>	<b>Total</b>	\$ 8,851,232.69	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Orange County Superior Court	<b>Contact (Name and Title)</b> Susan Gnesda		
	<b>Phone Number</b> (657) 622-7600	<b>Email Address</b> sgnesda@occourts.org		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 4,215,513.96
	<b>b</b>		Vehicle Code § 42007	\$ 0.00
	<b>c</b>		<b>Total</b>	\$ 4,215,513.96

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	Government Code § 76000.5	\$ 3,210,186.75
	<b>b</b>	Vehicle Code § 42007	\$ 0.00
	<b>c</b>	<b>Total</b>	\$ 3,210,186.75

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> Orange County Auditor Controller	<b>Contact (Name and Title)</b> Kimberly Albano- Cost, Revenue and Budget
<b>Phone Number</b> 714 834-2481	<b>Email Address</b> kalbano@ac.ocgov.com

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 14,240.14
	<b>b</b>	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 20.91
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: EMSF FY 15/16 residual interest	

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 63,977.19
<b>b</b>	Physicians/Surgeons (58%)		\$ 2,395,144.56



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 1,059,312.27
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 717,700.11
	<b>e</b>	<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 4,236,134.13</b>

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b> Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 13,434.91
<b>b</b> Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 60,660.13

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

Fees collected by probation for SB1773 (\$60,634.87)  
 Residual interest FY 15-16 brought forward (\$25.26)

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 25,455.00
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 481,528.01
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 1,557,167.06
<b>d</b>	<b>Hospitals (25%)</b>		\$ 682,164.68
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 463,872.00
<b>f</b>	<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 3,210,186.75</b>

**12 Responsibility for category distributions:**

<b>Entity</b> Orange county- Auditor Controller	<b>Contact (Name and Title)</b> Kimberly Albano, Cost, Revenue and Budget
<b>Phone Number</b> (714) 834-2481	<b>Email Address</b> kalbano@ac.ocgov.com

**VI Expenditures & Reimbursements**

<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 63,977.19
<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 25,455.00
<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 493,715.92



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	58,236.00	\$ 2,395,144.51	58,236	100%	\$ 2,395,144.56
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					\$ 0.00
		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	58,236	\$ 1,599,088.93	58,236	100%	\$ 1,599,088.93
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					\$ 0.00
18	Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>					
	<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
19	Responsibility for claims payments to Physicians/Surgeons:					
Entity		Contact (Name and Title)				
Orange County Health Care Agency		Shelley Vrungos, Manager, Medical Safety Net				
Phone Number		Email Address				
714 834-6249		svrungos@ochca.com				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 1,059,312.27</td> </tr> </tbody> </table>	Amount	\$ 1,059,312.27															
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	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
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	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 699,430.95</td> </tr> </tbody> </table>	Amount	\$ 699,430.95															
Amount																			
\$ 699,430.95																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Orange County Health Care Agency  Phone Number (714) 834-6249	Contact (Name and Title) Shelley Vrungos, Manager Medical Safety Net  Email Address svrungos@ochca.com																	



VI Expenditures & Reimbursements (cont.)		Amount	
		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).
b	Description of other EMS services provided:		
_____			
_____			
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount	\$ 474,259.00
b	Description of other EMS services provided:		
_____			



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 6,359.12	(1c)		\$ 6,359.12
Deposits for July 1, 2016-June 30, 2017	\$ 4,215,513.96	(5c)		\$ 4,221,873.08
Interest for July 1, 2016-June 30, 2017	\$ 14,240.14	(8a)		\$ 4,236,113.22
Other Deposits for July 1, 2016-June 30, 2017	\$ 20.91	(8b)		\$ 4,236,134.13

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 63,977.19 (9a)		\$ 63,977.19	\$ 63,977.19 (13)
Physicians/Surgeons (58%)	\$ 2,395,144.51 (9b)	\$ 0.00 (9b)	\$ 2,395,144.51	\$ 2,395,144.56 (16a)
Hospitals (25%)	\$ 1,059,312.27 (9c)	\$ 0.00 (9c)	\$ 1,059,312.27	\$ 0.00 (20b Pd) \$ 1,059,312.27 (20d)
Other Discretionary EMS (17%)	\$ 717,700.11 (9d)	\$ 0.00 (9d)	\$ 717,700.11	\$ 717,700.11 (24a)
<b>Total</b>	<b>\$ 4,236,134.13 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 4,236,134.13</b>	<b>\$ 4,236,134.13</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 0.00
Hospitals		\$ 0.00 (20e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

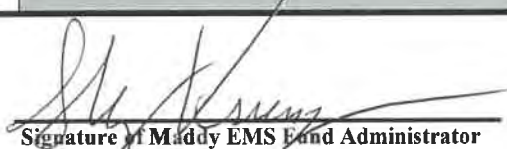
	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 7,668.01	(2c)		\$ 7,668.01
Deposits for July 1, 2016- June 30, 2017	\$ 3,210,186.75	(6c)		\$ 3,217,854.76
Interest for July 1, 2016-June 30, 2017	\$ 13,434.91	(10a)		\$ 3,231,289.67
Other Deposits for July 1, 2016-June 30, 2017	\$ 60,660.13	(10b)		\$ 3,291,949.80

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 25,455.00 (11a)		\$ 25,455.00	\$ 25,455.00 (14)
Richie's Fund (15%)	\$ 481,528.01 (11b)		\$ 481,528.01	\$ 493,715.92 (15)
Physicians/Surgeons (58%)	\$ 1,557,167.0 (11c)	\$ 0.00 (11c)	\$ 1,557,167.0	\$ 1,599,088.93 (17a)
Hospitals (25%)	\$ 682,164.68 (11d)	\$ 0.00 (11d)	\$ 682,164.68	\$ 0.00 (21b Pd) \$ 699,430.95 (21d)
Other Discretionary EMS (17%)	\$ 463,872.00 (11e)	\$ 0.00 (11e)	\$ 463,872.00	\$ 474,259.00 (25a)
<b>Total</b>	<b>\$ 3,210,186.7 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 3,210,186.7</b>	<b>\$ 3,291,949.80</b>
<b>Preliminary Fund Balance                  (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00	(17c)	\$ 0.00
Hospitals	\$ 0.00	(21e)	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

2/7/19  
 Date

Shelley Kravos Admin-  
 Printed Name & Title

s.kravos@ochca.com  
 Email Address

Manager



<b>I Administering Agency</b>	County Department <b>Placer</b>	County Contact (Name and Title) <b>Stan Hapak, Adm. &amp; Fiscal Oper Manager</b>
	Address (Number and Street) <b>3091 County Center Dr. , Suite #290</b>	Phone Number <b>530-745-3144</b>
	City or Post Office, State, and ZIP Code <b>Auburn, CA 95603</b>	Email Address <b>shpak@placer.ca.gov</b>

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b	Date fund established.	<b>07/01/1989</b>
	c	Fund balance on July 1, 2016.	<b>\$ 201,326.87</b>
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	b	Date fund established.	<b>09/18/2007</b>
	c	Fund balance on July 1, 2016.	<b>\$ 103,834.57</b>
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		Government Code § 76000	<b>\$ 311.64</b>	
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	<b>\$ 311.64</b>	
	c		Vehicle Code § 42007		
	d		<b>Total</b>	<b>\$ 623.28</b>	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity <b>Placer County Superior Court</b>	Contact (Name and Title) <b>Julie Kelly, Fiscal Division Manager</b>		
		Phone Number <b>(916) 408-6113</b>	Email Address <b>jkelly@placer.courts.ca.gov</b>		





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	<b>\$ 278,813.23</b>
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 278,813.23</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	<b>\$ 267,908.78</b>
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 267,908.78</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> Placer County Auditor-Controller	<b>Contact (Name and Title)</b> Caryl Hearn, Supervising Accountant-Auditor	
		<b>Phone Number</b> (530) 889-4180	<b>Email Address</b> chearn@placer.ca.gov	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		<b>\$ 3,462.24</b>
	<b>b</b>	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		<b>\$ 0.00</b>
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		<b>\$ 12,746.63</b>
	<b>b</b>	Physicians/Surgeons (58%)		<b>\$ 273,599.08</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 117,930.64
	d	Other Discretionary EMS (17%)		\$ 80,192.84
	e	Total	\$ 0.00	\$ 484,469.19

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits	
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 2,201.42
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 11,456.06
b	Richie's Fund (15%)		\$ 53,337.34
c	Physicians/Surgeons (58%)		\$ 175,302.06
d	Hospitals (25%)		\$ 75,561.23
e	Other Discretionary EMS (17%)		\$ 51,381.64
f	Total	\$ 0.00	\$ 367,038.33

12 Responsibility for category distributions:

Entity Placer County HHS	Contact (Name and Title) Stan Hapak, Admin & Fiscal Operations Mgr.
Phone Number 530-745-3144	Email Address shapak@placer.ca.gov

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 12,746.63
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount \$ 11,456.06
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount \$ 53,337.34



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,131	\$ 273,599.08	3,131	100%	\$ 273,599.08

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 3,647.45

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	794	\$ 175,302.06	794	100%	\$ 175,302.06

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 2,818.20

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity <b>Placer County HHS</b>	Contact (Name and Title) <b>Jody Hoffman, Account Clerk</b>
Phone Number <b>530-745-3111</b>	Email Address <b>jhoffman@placer.ca.gov</b>



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<p>20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  (If no, go to #20d)</p>															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%		
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
	<p>b Total Hospitals expenditures.</p>																
	<p>c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																
	<p>d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 117,930.64</td> </tr> </tbody> </table>	Amount	\$ 117,930.64													
Amount																	
\$ 117,930.64																	
	<p>e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00													
Amount Reimbursed																	
\$ 0.00																	
	<p>21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  (If no, go to #21d)</p>															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%	\$ 0.00	
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%	\$ 0.00													
	<p>b Total Hospitals expenditures.</p>																
	<p>c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																
	<p>d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 75,561.23</td> </tr> </tbody> </table>	Amount	\$ 75,561.23													
Amount																	
\$ 75,561.23																	
	<p>e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00													
Amount Reimbursed																	
\$ 0.00																	
	<p>22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</p> <p><input checked="" type="checkbox"/> A description of the hospitals payment methodologies.</p>																
	<p>23 Responsibility for claims payments to Hospitals:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entity Placer County HHS</td> <td>Contact (Name and Title) Jody Hoffman, Account Clerk</td> </tr> <tr> <td>Phone Number 530-745-3111</td> <td>Email Address jhoffman@placer.ca.gov</td> </tr> </table>	Entity Placer County HHS	Contact (Name and Title) Jody Hoffman, Account Clerk	Phone Number 530-745-3111	Email Address jhoffman@placer.ca.gov												
Entity Placer County HHS	Contact (Name and Title) Jody Hoffman, Account Clerk																
Phone Number 530-745-3111	Email Address jhoffman@placer.ca.gov																



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 80,192.84</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		<b>Funding for Sierra-Sacramento Valley Emergency Medical Services Agency</b>	
		<hr/>	
			<b>Amount</b>
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>\$ 51,381.64</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		<b>Funding for Sierra-Sacramento Valley Emergency Medical Services Agency</b>	
		<hr/>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 201,326.87 <i>(1c)</i>	\$ 201,326.87
Deposits for July 1, 2016-June 30, 2017	\$ 278,813.23 <i>(5c)</i>	\$ 480,140.10
Interest for July 1, 2016-June 30, 2017	\$ 3,462.24 <i>(8a)</i>	\$ 483,602.34
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 483,602.34

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 12,746.63 <i>(9a)</i>		\$ 12,746.63	\$ 12,746.63 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 273,599.08 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 273,599.08	\$ 273,599.08 <i>(16a)</i>
Hospitals (25%)	\$ 117,930.64 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 117,930.64	\$ 0.00 <i>(20b Pd)</i> \$ 117,930.64 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 80,192.84 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 80,192.84	\$ 80,192.84 <i>(24a)</i>
Total	\$ 484,469.19 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 484,469.19	\$ 484,469.19
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 866.85

Reimbursements		
Physicians/Surgeons	\$ 3,647.45 <i>(16c)</i>	\$ 2,780.60
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 2,780.60
Ending Balance for Total Available Funds as of June 30, 2017		\$ 2,780.60

Stan Hapak  
 Signature of Maddy EMS Fund Administrator  
 Stan Hapak  
 Admin. & Fiscal Oper. Mgr.  
 Printed Name & Title

4-15-18  
 Date

shapaka@placer.ca.gov  
 Email Address



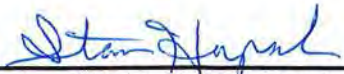
VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 103,834.57 <i>(2c)</i>	\$ 103,834.57
Deposits for July 1, 2016- June 30, 2017	\$ 267,908.78 <i>(6c)</i>	\$ 371,743.35
Interest for July 1, 2016-June 30, 2017	\$ 2,201.42 <i>(10a)</i>	\$ 373,944.77
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>	\$ 373,944.77

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 11,456.06 <i>(11a)</i>		\$ 11,456.06	\$ 11,456.06 <i>(14)</i>
Richie's Fund (15%)	\$ 53,337.34 <i>(11b)</i>		\$ 53,337.34	\$ 53,337.34 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 175,302.06 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 175,302.06	\$ 175,302.06 <i>(17a)</i>
Hospitals (25%)	\$ 75,561.23 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 75,561.23	\$ 0.00 <i>(21b Pd)</i> \$ 75,561.23 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 51,381.64 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 51,381.64	\$ 51,381.64 <i>(25a)</i>
<b>Total</b>	<b>\$ 367,038.33</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 367,038.33</b>	<b>\$ 367,038.33</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 6,906.44</b>

Reimbursements			
Physicians/Surgeons	\$ 2,818.20 <i>(17e)</i>		\$ 9,724.64
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 9,724.64
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 9,724.64</b>

  
 Signature of Maddy EMS Fund Administrator  
 Stan Hapak  
 Admin & Fiscal Opr. Mgr.  
 Printed Name & Title

4-15-18  
 Date  
 shapak@placer  
 Email Address  
 ca.gov



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department Plumas County Auditor	County Contact (Name and Title) Bianca Harrison, Asst Auditor/Controller
	Address (Number and Street) 520 Main Street, Room 205	Phone Number 530-283-6249
	City or Post Office, State, and ZIP Code Quincy, CA 95971	Email Address biancaharrison@countyofplumas.com

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b	Date fund established.	04/02/1991
	c	Fund balance on July 1, 2016.	\$ 44.47
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	b	Date fund established.	
	c	Fund balance on July 1, 2016.	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		Government Code § 76000	\$ 51,605.80	
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	c		Vehicle Code § 42007		
	d		Total	\$ 51,605.80	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
	Entity	Plumas County Auditor/Controller	Contact (Name and Title)	Bianca Harrison, CMA Asst. Auditor/Controller	
	Phone Number	530-283-6249	Email Address	biancaharrison@countyofplumas.com	





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 51,605.60
	b		Vehicle Code § 42007	
	c		Total	\$ 51,605.60

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Plumas County Auditor/Controller	Bianca Harrison, CMA Assistant Auditor/Controller
Phone Number	Email Address
530-283-6249	biancaharrison@countyofplumas.com

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 111.73
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 4,140.95
b	Physicians/Surgeons (58%)		\$ 27,620.09



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 11,905.22
	d	Other Discretionary EMS (17%)		\$ 8,095.54
	e	Total	\$ 0.00	\$ 51,761.80

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	Total	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity Plumas County Auditor/Controller	Contact (Name and Title) Bianca Harrison, CMA Asst Auditor/Controller
Phone Number 530-283-6249	Email Address biancaharrison@countyofplumas.com

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 4,140.95
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		331	\$ 182,992.00	331	100%	\$ 27,620.09

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A  A description of the Physicians/Surgeons claims payment methodologies.
- B  A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- C  Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- D  A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- E  An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity NorCal EMS, Inc	Contact (Name and Title) Kathy VanDonge, Admin Assistant
Phone Number 530-229-3979	Email Address Kathy Van Donge (kvandonge@norcalems.org)



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<p>20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No                  (If no, go to #20d)</p>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td style="text-align: center;">210</td> <td style="text-align: right;">\$ 295,027.15</td> <td style="text-align: center;">201</td> <td style="text-align: center;">96%</td> <td style="text-align: right;">\$ 11,905.22</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.	210	\$ 295,027.15	201	96%	\$ 11,905.22	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.	210	\$ 295,027.15	201	96%	\$ 11,905.22														
	<p>c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																		
	<p>d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</p>	<p>Amount</p>																	
	<p>e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<p>Amount Reimbursed</p>																	
	<p>21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No                  (If no, go to #21d)</p>																	
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	Allowable Claims		Paid Claims																
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	<p>d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</p>	<p>Amount</p>																	
	<p>e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<p>Amount Reimbursed</p>																	
	<p>22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</p> <p><input checked="" type="checkbox"/> A description of the hospitals payment methodologies.</p>																		
	<p>23 Responsibility for claims payments to Hospitals:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entity</td> <td>Contact (Name and Title)</td> </tr> <tr> <td>Nor-Cal EMS, Inc</td> <td>Kathy VanDonge, Admin Assistant</td> </tr> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> <tr> <td>530-229-3979</td> <td>Kathy Van Donge (kvandonge@norcalems.org)</td> </tr> </table>		Entity	Contact (Name and Title)	Nor-Cal EMS, Inc	Kathy VanDonge, Admin Assistant	Phone Number	Email Address	530-229-3979	Kathy Van Donge (kvandonge@norcalems.org)									
Entity	Contact (Name and Title)																		
Nor-Cal EMS, Inc	Kathy VanDonge, Admin Assistant																		
Phone Number	Email Address																		
530-229-3979	Kathy Van Donge (kvandonge@norcalems.org)																		



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 8,095.54
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Sheriff's Department for Medcom Communications Equipment and County overhead.	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 44.47 <i>(1c)</i>	\$ 44.47
Deposits for July 1, 2016-June 30, 2017	\$ 51,605.60 <i>(5c)</i>	\$ 51,650.07
Interest for July 1, 2016-June 30, 2017	\$ 111.73 <i>(8a)</i>	\$ 51,761.80
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 51,761.80

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,140.95 <i>(9a)</i>		\$ 4,140.95	\$ 4,140.95 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 27,620.09 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 27,620.09	\$ 27,620.09 <i>(16a)</i>
Hospitals (25%)	\$ 11,905.22 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 11,905.22	\$ 11,905.22 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 8,095.54 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 8,095.54	\$ 8,095.54 <i>(24a)</i>
<b>Total</b>	<b>\$ 51,761.80</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 51,761.80</b>	<b>\$ 51,761.80</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>-\$ 0.00</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	-\$ 0.00
Hospitals	\$ 0.00 <i>(20e)</i>	-\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>-\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

6/5/18  
 Date

Roberta M. Allen  
 Printed Name & Title

robertaallen@  
 Email Address  
 County of Plumas, com



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	\$ 0.00 (11f)	\$ 0.00 (11f)	\$ 0.00	\$ 0.00
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				\$ 0.00

Reimbursements			
Physicians/Surgeons	\$ 0.00 (17c)		\$ 0.00
Hospitals	\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

6/5/18  
 Date

Roberta M. Allen  
 Printed Name & Title

robertaallen@countyofplumas.com  
 Email Address

# PLUMAS COUNTY AUDITOR / CONTROLLER

520 MAIN STREET • ROOM 205 • QUINCY, CA 95971-4111 • (530) 283-6246 • FAX (530) 283-6442  
ROBERTA M. ALLEN, CPA • AUDITOR / CONTROLLER



March 8, 2019

Re: Plumas County Maddy Fund Report FY16/17

Plumas County established the levy for the additional penalty in the amount of \$2 for every \$10 per GC 76000.5 with resolution 10-7630 on May 10, 2010. The receipts are deposited into the same fund as the deposits per GC76000. The EMS report format was changed with FY1617 reporting to show the detail for the Richie Fund.

Per HSC1797.98.a(e), 15% of receipts under GC76000.5 have to be designated for pediatric trauma centers in the county. Further, HSC1797.98(a)(e) describes that "Counties that do not maintain a pediatric trauma center shall utilize the money deposited into the fund pursuant to Section 76000.5 to improve access to, and coordination of pediatric trauma and emergency services in the county....". Plumas County does not have a pediatric trauma center. The funds are used for emergency services in the county and are not shown separately.

Thanks,

A handwritten signature in cursive script that reads "Bianca Harrison".

Bianca Harrison, CMA  
Assistant Auditor/Controller  
Plumas County





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> County of Riverside	<b>County Contact (Name and Title)</b> Nadine Hays - Program Supervisor
	<b>Address (Number and Street)</b> 4210 Riverwalk Parkway Suite 320	<b>Phone Number</b> 951-358-7111
	<b>City or Post Office, State, and ZIP Code</b> Riverside, CA 92505	<b>Email Address</b> NAHays@rivcocha.org

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 2,266,961.00
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 2,252,716.00
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 4,519,677.00

**4 Responsibility for collection of fines, penalties, and forfeitures:**

<b>Entity</b> Riverside County Superior Court	<b>Contact (Name and Title)</b> Anita Sims - Fiscal
<b>Phone Number</b> 951-777-3171	<b>Email Address</b> Anita.Sims@riverside.courts.ca.gov



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 2,266,961.00
	b		Vehicle Code § 42007	
	c		Total	\$ 2,266,961.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 2,252,716.00
	b		Vehicle Code § 42007	
	c		Total	\$ 2,252,716.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	Riverside County Superior Court	Anita Sims - Fiscal		
	Phone Number	Email Address		
	951-777-3171	Anita.Sims@riverside.courts.ca.gov		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 19,256.00
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 228,622.00
	b	Physicians/Surgeons (58%)		\$ 1,238,348.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 514,399.00
	d	Other Discretionary EMS (17%)		\$ 349,791.00
	e	Total	\$ 0.00	\$ 2,331,160.00

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 19,256.00
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 227,197.00
b	Richie's Fund (15%)		\$ 306,716.00
c	Physicians/Surgeons (58%)		\$ 1,008,074.00
d	Hospitals (25%)		\$ 434,515.00
e	Other Discretionary EMS (17%)		\$ 295,470.00
f	Total	\$ 0.00	\$ 2,271,972.00

12 Responsibility for category distributions:

Entity Riverside County EMS Agency	Contact (Name and Title) Bruce Barton, REMSA Director
Phone Number 951-358-7100	Email Address BBarton@rivco.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 228,622.00
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount \$ 227,197.00
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		46,666	\$ 18,446,234.1	38,402	82%	\$ 1,238,348.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 44,943.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	46,666	\$ 18,466,234.0	38,402	82%	\$ 1,008,074.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Riverside County Foundation for Medical	Teresa Herrera - Budgets
Phone Number	Email Address
951-686-3342 x304	THerrera@rfasi.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.				0%		
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	23 Responsibility for claims payments to Hospitals:																		
	Entity Riverside County EMS Agency	Contact (Name and Title) Bruce Barton, EMS Director																	
	Phone Number 951-358-7100	Email Address BBarton@rivco.org																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 349,791.00
b	Description of other EMS services provided: Other Miscellaneous fees and services	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 295,470.00
b	Description of other EMS services provided: Other Miscellaneous fees and services	



VII Fund Summary

Maddy EMS Fund (Original Assessment)				
	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(1c)</i>			\$ 0.00
Deposits for July 1, 2016-June 30, 2017	\$ 2,266,961.00 <i>(5c)</i>			\$ 2,266,961.00
Interest for July 1, 2016-June 30, 2017	\$ 19,256.00 <i>(8a)</i>			\$ 2,286,217.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>			\$ 2,286,217.00
Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 228,622.00 <i>(9a)</i>		\$ 228,622.00	\$ 228,622.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 1,238,348.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 1,238,348.00	\$ 1,238,348.00 <i>(16a)</i>
Hospitals (25%)	\$ 514,399.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 514,399.00	\$ 0.00 <i>(20b Pd)</i> \$ 514,399.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 349,791.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 349,791.00	\$ 349,791.00 <i>(24a)</i>
Total	\$ 2,331,160.00 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 2,331,160.00	\$ 2,331,160.00
Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i>				-\$ 44,943.00
Reimbursements				
Physicians/Surgeons	\$ 44,943.00 <i>(16c)</i>			\$ 0.00
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017				\$ 0.00

*[Signature]*

Signature of Maddy EMS Fund Administrator

4.16.18

Date

BRUCE BARTON EMS ADMINISTRATOR

Printed Name & Title

bbarton@emsa.org

Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 2,252,716.00 <i>(6c)</i>		\$ 2,252,716.00
Interest for July 1, 2016-June 30, 2017	\$ 19,256.00 <i>(10a)</i>		\$ 2,271,972.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 2,271,972.00

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 227,197.00 <i>(11a)</i>		\$ 227,197.00	\$ 227,197.00 <i>(14)</i>
Richie's Fund (15%)	\$ 306,716.00 <i>(11b)</i>		\$ 306,716.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 1,008,074.0 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 1,008,074.00	\$ 1,008,074.00 <i>(17a)</i>
Hospitals (25%)	\$ 434,515.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 434,515.00	\$ 0.00 <i>(21b Pd)</i> \$ 741,231.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 295,470.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 295,470.00	\$ 295,470.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 2,271,972.0 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 2,271,972.00</b>	<b>\$ 2,271,972.00</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 0.00
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

4-16-18  
 Date

Bevie Barton EMS Administrator  
 Printed Name & Title

barton@nisco.org  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Department of Health Services, County of Sacramento	Maryann Luke, Deputy Director
	Address (Number and Street)	Phone Number
	7001-A East Parkway, Suite 1100	(916) 875-1976
	City or Post Office, State, and ZIP Code	Email Address
	Sacramento, CA 95823	LukeM@saccounty.net

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b	Date fund established.	10/01/1988	
	c	Fund balance on July 1, 2016.	\$ 0.00	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>	
	b	Date fund established.		
	c	Fund balance on July 1, 2016.		
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	a		Government Code § 76000	\$ 799,967.00
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	
	c		Vehicle Code § 42007	\$ 564,962.00
	d		Total	\$ 1,364,929.00

4	Responsibility for collection of fines, penalties, and forfeitures:		
	Entity	Contact (Name and Title)	
	Superior Court of California, County of Sacramento	Cassie Wolter, Budget Analyst II	
	Phone Number	Email Address	
	(916) 874-8013	WolterC@saccounty.net	



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 785,947.00
	b		Vehicle Code § 42007	\$ 564,962.00
	c		Total	\$ 1,350,909.00

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Superior Court of California, County of Sacramento	Cassie Wolter, Budget Analyst II
Phone Number (916) 874-8013	Email Address WolterC@saccounty.net

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 687.00
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 10,260.00
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: Emergency Medical Services (EMS) refunds	

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 135,091.00
b	Physicians/Surgeons (58%)		\$ 715,434.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 303,955.00
	d	Other Discretionary EMS (17%)		\$ 206,689.00
	e	Total	\$ 0.00	\$ 1,361,169.00

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	Reserve (Optional)	Category Distributions
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	
a		Administration (Admin cost equal to the lesser of actual cost or 10%)
b		Richie's Fund (15%)
c		Physicians/Surgeons (58%)
d		Hospitals (25%)
e		Other Discretionary EMS (17%)
f	Total	\$ 0.00

12 Responsibility for category distributions:

Entity Department of Health Services, County of Santa Clara	Contact (Name and Title) Maryann Luke, Deputy Director
Phone Number (916) 875-1976	Email Address LukeM@saccounty.net

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 135,091.00
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	S Amount	#	%	S Amount
		35,676	\$ 8,723,218.00	35,676	100%	\$ 715,434.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	S Amount	#	%	S Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Department of Health Services, County of <b>San Diego</b>	Maryann Luke, Deputy Director
Phone Number	Email Address
(916) 875-1976	LukeM@saccounty.net



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>S Amount</th> <th>#</th> <th>%</th> <th>S Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	S Amount	#	%	S Amount	b Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	S Amount	#	%	S Amount														
b Total Hospitals expenditures.				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 303,955.00</td> </tr> </tbody> </table>	Amount	\$ 303,955.00															
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	e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> </tr> </tbody> </table>	Amount Reimbursed																
Amount Reimbursed																			
	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>S Amount</th> <th>#</th> <th>%</th> <th>S Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	S Amount	#	%	S Amount	b Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	S Amount	#	%	S Amount														
b Total Hospitals expenditures.				0%															
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> </tr> </tbody> </table>	Amount																
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Amount Reimbursed																			
	22 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	23 Responsibility for claims payments to Hospitals:																		
	Entity Department of Health Services, County of	Contact (Name and Title) Maryann Luke, Deputy Director																	
	Phone Number (916) 875-1976	Email Address LukeM@saccounty.net																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 206,689.00

b Description of other EMS services provided:

---

25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount

b Description of other EMS services provided:

---



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(1c)</i>	\$ 0.00
Deposits for July 1, 2016-June 30, 2017	\$ 1,350,909.00 <i>(5c)</i>	\$ 1,350,909.00
Interest for July 1, 2016-June 30, 2017	\$ 687.00 <i>(8a)</i>	\$ 1,351,596.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 10,260.00 <i>(8b)</i>	\$ 1,361,856.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 135,091.00 <i>(9a)</i>		\$ 135,091.00	\$ 135,091.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 715,434.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 715,434.00	\$ 715,434.00 <i>(16a)</i>
Hospitals (25%)	\$ 303,955.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 303,955.00	\$ 0.00 <i>(20b Pd)</i> \$ 303,955.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 206,689.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 206,689.00	\$ 206,689.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,361,169.00</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,361,169.00</b>	<b>\$ 1,361,169.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 687.00</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 687.00
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 687.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 687.00</b>

Maryanne Luke  
 Signature of Maddy EMS Fund Administrator

4/9/18  
 Date

Maryanne Luke  
 Printed Name & Title  
 Deputy Director

luke.m@saccounty.net  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017				\$ 0.00

*Maryann Luke*  
 Signature of Maddy EMS Fund Administrator

4/9/18  
 Date

Maryann Luke  
 Printed Name & Title  
 Deputy Director

LukeM@saccounty.n  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> San Benito County EMS	<b>County Contact (Name and Title)</b> Kevin O'Neill OES/EMS Manager	
	<b>Address (Number and Street)</b> 471 Fourth Street	<b>Phone Number</b> 831-636-4168	
	<b>City or Post Office, State, and ZIP Code</b> Hollister, CA 95023	<b>Email Address</b> koneill@cosb.us	
<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b Date fund established.</b>	08/31/1989	
	<b>c Fund balance on July 1, 2016.</b>	\$ 337,939.73	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> N/A		
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	<b>b Date fund established.</b>	03/31/2008	
	<b>c Fund balance on July 1, 2016.</b>	\$ 0.00	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> accounting system does not separate certain categories; balance rolled into original ( see above).		
<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 64,106.04
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 60,962.42
	<b>c</b>	Vehicle Code § 42007	\$ 0.00
	<b>d</b>	<b>Total</b>	<b>\$ 125,068.46</b>
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<b>Entity</b> Superior Courts of California	<b>Contact (Name and Title)</b> Gil Solorio	
<b>Phone Number</b> 831-636-4057	<b>Email Address</b> gsolorio@cosb.us		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 64,106.04</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 64,106.04</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>  N/A		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 60,962.42</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 60,962.42</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>  N/A		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> San Benito County EMS	<b>Contact (Name and Title)</b> Kevin O'Neill OES/EMS Manager	
		<b>Phone Number</b> 831-636-4168	<b>Email Address</b> koneill@cosb.us	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 3,274.14</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 0.00</b>
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>  N/A		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 6,410.61</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>	<b>\$ 0.00</b>	<b>\$ 33,463.35</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	c	Hospitals (25%)	\$ 0.00	\$ 14,423.86
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 9,808.23
	e	<b>Total</b>	\$ 0.00	\$ 64,106.05

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 144.18
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

N/A

	Reserve (Optional)	Category Distributions
11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		
a Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 6,096.24
b Richie's Fund (15%)		\$ 8,229.92
c Physicians/Surgeons (58%)	\$ 0.00	\$ 27,049.02
d Hospitals (25%)	\$ 0.00	\$ 11,659.06
e Other Discretionary EMS (17%)	\$ 0.00	\$ 7,928.17
f <b>Total</b>	\$ 0.00	\$ 60,962.41

**12 Responsibility for category distributions:**

Entity San Benito County EMS	Contact (Name and Title) Kevin O'Neill OES/EMS Manager
Phone Number 831-636-4168	Email Address koneill@cosb.us

<b>VI Expenditures &amp; Reimbursements</b>		Amount
	13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).	
14 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		\$ 6,096.24
15 Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		\$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		811	\$ 27,473.34	811	100%	\$ 27,473.34

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

N/A

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 910.04

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	0	\$ 0.00	0	0%	\$ 0.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

N/A

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity San Benito County EMS	Contact (Name and Title) Kevin O'Neill OES/EMS Manager
Phone Number 831-636-4168	Email Address koneill@cosb.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$ 0.00</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00														
	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): N/A																		
	d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:50%;">Amount</th></tr> <tr><td style="text-align: right;">\$ 10,606.94</td></tr> </table>	Amount	\$ 10,606.94															
Amount																			
\$ 10,606.94																			
	e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:50%;">Amount Reimbursed</th></tr> <tr><td style="text-align: right;">\$ 0.00</td></tr> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$ 0.00</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00														
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	22 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	23 Responsibility for claims payments to Hospitals:																		
	Entity San Benito County EMS	Contact (Name and Title) Kevin O'Neill OEs/EMS Manager																	
	Phone Number 831-636-4168	Email Address koneill@cosb.us																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 0.00
b	Description of other EMS services provided:  N/A	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 0.00
b	Description of other EMS services provided:  N/A	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 337,939.73 <i>(1c)</i>	\$ 337,939.73
Deposits for July 1, 2016-June 30, 2017	\$ 64,106.04 <i>(5c)</i>	\$ 402,045.77
Interest for July 1, 2016-June 30, 2017	\$ 3,274.14 <i>(8a)</i>	\$ 405,319.91
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 405,319.91

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,410.61 <i>(9a)</i>		\$ 6,410.61	\$ 6,410.61 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 33,463.35 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 33,463.35	\$ 27,473.34 <i>(16a)</i>
Hospitals (25%)	\$ 14,423.86 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 14,423.86	\$ 0.00 <i>(20b Pd)</i> \$ 10,606.94 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 9,808.23 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 9,808.23	\$ 0.00 <i>(24a)</i>
<b>Total</b>	\$ 64,106.05 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 64,106.05	\$ 44,490.89
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 360,829.02

Reimbursements				
Physicians/Surgeons		\$ 910.04 <i>(16c)</i>		\$ 361,739.06
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 361,739.06
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				\$ 361,739.06

  
 Signature of Maddy EMS Fund Administrator

4/9/18  
 Date

Kevin O'Keill OES/EMS Manager kokeill@cosb.us  
 Printed Name & Title                      Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 60,962.42 <i>(6c)</i>		\$ 60,962.42
Interest for July 1, 2016-June 30, 2017	\$ 144.18 <i>(10a)</i>		\$ 61,106.60
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 61,106.60

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,096.24 <i>(11a)</i>		\$ 6,096.24	\$ 6,096.24 <i>(14)</i>
Richie's Fund (15%)	\$ 8,229.92 <i>(11b)</i>		\$ 8,229.92	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 27,049.02 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 27,049.02	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 11,659.06 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 11,659.06	\$ 0.00 <i>(21b Pd)</i> \$ 8,473.68 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 7,928.17 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 7,928.17	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 60,962.41 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 60,962.41	\$ 14,569.92
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 46,536.68

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 46,536.68
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 46,536.68
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			\$ 46,536.68

  
 Signature of Maddy EMS Fund Administrator

4/9/18  
 Date

Kevin O'Keill OES/EMS Manager  
 Printed Name & Title

koneill@cosh.us  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Inland Counties Emergency Medical Agency	<b>County Contact (Name and Title)</b> Tom Lynch, EMS Administrator
	<b>Address (Number and Street)</b> 1425 South "D" St.	<b>Phone Number</b> (909) 388-5823
	<b>City or Post Office, State, and ZIP Code</b> San Bernardino, CA 92415-0060	<b>Email Address</b> Tom.Lynch@cao.sbcounty.gov

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	10/31/1988
	<b>c Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	01/09/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 1,658,520.59	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,872,319.88	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	<b>\$ 3,530,840.47</b>	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Superior Court of San Bernardino		<b>Contact (Name and Title)</b> Chief Financial Officer	
	<b>Phone Number</b> (909) 708-8744		<b>Email Address</b> RFleshman@sb.court.org	



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 1,658,520.59</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,658,520.59</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 1,872,319.88</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,872,319.88</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> Superior Court of San Bernardino	<b>Contact (Name and Title)</b> Robert E. Fleshman, Chief Financial Officer	
		<b>Phone Number</b> (909) 708-8744	<b>Email Address</b> RFleshman@sb-court.org	

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 2,129.24</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 166,064.96</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 866,859.22</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 373,646.23
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 254,079.42
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,660,649.83

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

		<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 2,889.19
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 0.00

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 187,520.84
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 253,153.25
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 832,030.29
<b>d</b>	<b>Hospitals (25%)</b>		\$ 358,633.74
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 243,870.95
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 1,875,209.07

**12 Responsibility for category distributions:**

<b>Entity</b> Arrowhead Regional Medical Center	<b>Contact (Name and Title)</b> Arvind Oswal, Chief Financial Officer
<b>Phone Number</b> (909) 580-6170	<b>Email Address</b> OswalA@armc.sbcounty.gov

<b>VI Expenditures &amp; Reimbursements</b>		<b>Amount</b>
<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>\$ 166,064.96</b>
<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>\$ 187,520.84</b>
<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>\$ 253,153.25</b>



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		49,517	\$ 881,551.79	49,517	100%	\$ 881,551.79

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

Please reference attachment.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 14,692.57

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	47,386	\$ 843,472.82	47,386	100%	\$ 843,472.82

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

Please reference attachment.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 11,442.53

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Risk Management	Contact (Name and Title) Rafael Viteri, Deputy Director
Phone Number (909) 386-8730	Email Address RViteri@riskmgmt.sbcounty.gov



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
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	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
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	\$ 358,633.74																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</td> <td style="text-align: center;"><b>Amount Reimbursed</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>		<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>															
<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>																		
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Arrowhead Regional Medical Center	Contact (Name and Title) Arvind Oswal, Chief Financial Officer																	
	Phone Number (909) 580-6170	Email Address OswalA@armc.sbcounty.gov																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
		<b>\$ 254,079.42</b>
	<b>b Description of other EMS services provided:</b>	
	Provide EMS system medical control including policy and protocol development.	
	<b>25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
		<b>\$ 243,870.95</b>
	<b>b Description of other EMS services provided:</b>	
	Provide quality improvement oversight to the EMS system to assure the best possible care.	



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(1c)</i>		\$ 0.00
Deposits for July 1, 2016-June 30, 2017	\$ 1,658,520.59 <i>(5c)</i>		\$ 1,658,520.59
Interest for July 1, 2016-June 30, 2017	\$ 2,129.24 <i>(8a)</i>		\$ 1,660,649.83
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 1,660,649.83

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 166,064.96 <i>(9a)</i>		\$ 166,064.96	\$ 166,064.96 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 866,859.22 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 866,859.22	\$ 881,551.79 <i>(16a)</i>
Hospitals (25%)	\$ 373,646.23 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 373,646.23	\$ 0.00 <i>(20b Pd)</i> \$ 373,646.23 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 254,079.42 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 254,079.42	\$ 254,079.42 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,660,649.83</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,660,649.8</b>	<b>\$ 1,675,342.4C</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>-\$ 14,692.57</b>

Reimbursements			
Physicians/Surgeons	\$ 14,692.57 <i>(16c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

4/16/18  
 Date

Tom Lynch, EMS Administrator  
 Printed Name & Title

Tom.Lynch@  
 cao.sbcounty.gov  
 Email Address



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**


	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 1,872,319.88	(6c)		\$ 1,872,319.88
Interest for July 1, 2016-June 30, 2017	\$ 2,889.19	(10a)		\$ 1,875,209.07
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 1,875,209.07

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 187,520.84 (11a)		\$ 187,520.84	\$ 187,520.84 (14)
Richie's Fund (15%)	\$ 253,153.25 (11b)		\$ 253,153.25	\$ 253,153.25 (15)
Physicians/Surgeons (58%)	\$ 832,030.29 (11c)	\$ 0.00 (11c)	\$ 832,030.29	\$ 843,472.82 (17a)
Hospitals (25%)	\$ 358,633.74 (11d)	\$ 0.00 (11d)	\$ 358,633.74	\$ 0.00 (21b Pd) \$ 358,633.74 (21d)
Other Discretionary EMS (17%)	\$ 243,870.95 (11e)	\$ 0.00 (11e)	\$ 243,870.95	\$ 243,870.95 (25a)
<b>Total</b>	<b>\$ 1,875,209.0</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 1,875,209.0</b>	<b>\$ 1,886,651.60</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>-\$ 11,442.53</b>

Reimbursements				
Physicians/Surgeons	\$ 11,442.53	(17c)		\$ 0.00
Hospitals	\$ 0.00	(21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator  
 Tom Lynch, EMS Administrator  
 Printed Name & Title

4-16-18  
 Date  
 Tom.Lynch @  
 CAO.Sbcounty.gov  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> County of San Diego	<b>County Contact (Name and Title)</b> Jamie Beam, Program Coordinator
	<b>Address (Number and Street)</b> 5500 Overland Ave, Suite 430	<b>Phone Number</b> (858) 505-6526
	<b>City or Post Office, State, and ZIP Code</b> San Diego, CA 92123	<b>Email Address</b> Jamie.Beam@sdcounty.ca.gov

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	11/22/1988
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 1,451,078.17
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	03/20/2007
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 127,315.67
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 6,966,161.91
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 2,350,574.06
	<b>c</b>		Vehicle Code § 42007	\$ 7,565,227.46
	<b>d</b>		<b>Total</b>	\$ 16,881,963.43
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
		<b>Entity</b> County of San Diego, Superior Court	<b>Contact (Name and Title)</b> Jeffrey Gately, Chief Financial Officer	
		<b>Phone Number</b> (619) 450-7205	<b>Email Address</b> Jeffrey.Gately@sdcourt.ca.gov	



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 5,539,800.00
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 5,539,800.00

**d** If no deposits into Maddy EMS Fund, state reason(s):

	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	\$ 2,350,751.00
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 2,350,751.00

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> County of San Diego - Medical Care Services	<b>Contact (Name and Title)</b> Jamie Beam, Program Coordinator
<b>Phone Number</b> (858) 505-6526	<b>Email Address</b> Jamie.Beam@sdcounty.ca.gov

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 15,638.99
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 552,523.19
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 2,884,171.05



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 1,243,177.18
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 845,360.48
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 5,525,231.90

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>
	\$ 1,893.50
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 235,075.08
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 317,351.36
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 1,043,028.13
<b>d</b>	<b>Hospitals (25%)</b>		\$ 449,581.09
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 305,715.14
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 2,350,750.80

**12 Responsibility for category distributions:**

<b>Entity</b> County of San Diego - Medical Care Services	<b>Contact (Name and Title)</b> Jamie Beam, Program Coordinator
<b>Phone Number</b> (858) 505-6526	<b>Email Address</b> Jamie.Beam@sdcounty.ca.gov

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 552,523.19
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 235,075.08
	<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 317,351.36



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		58,463	\$ 4,602,400.00	58,463	100%	\$ 3,611,074.00

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 All claims submitted were paid just not at 100% of the claim amount due to funding availability

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 54,552.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Americhoice - United Health Care	Cielo Anderson, Director of Operations
Phone Number	Email Address
(858) 658-8707	Cielo_m_anderson@uhc.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #20d)																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 1,243,177.18</td> </tr> </tbody> </table>	Amount	\$ 1,243,177.18															
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	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #21d)																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 449,581.09</td> </tr> </tbody> </table>	Amount	\$ 449,581.09															
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	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
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	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity County of San Diego - Medical Care Services	Contact (Name and Title) Jamie Beam, Program Coordinator																	
	Phone Number (858) 505-6526	Email Address Jamie.Beam@sdcounty.ca.gov																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 845,360.48</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
			<b>\$ 305,715.14</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	



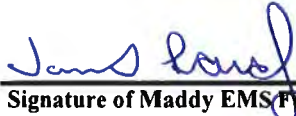
VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 1,451,078.17 <i>(1c)</i>		\$ 1,451,078.17
Deposits for July 1, 2016-June 30, 2017	\$ 5,539,800.00 <i>(5c)</i>		\$ 6,990,878.17
Interest for July 1, 2016-June 30, 2017	\$ 15,638.99 <i>(8a)</i>		\$ 7,006,517.16
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 7,006,517.16

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 552,523.19 <i>(9a)</i>		\$ 552,523.19	\$ 552,523.19 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 2,884,171.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 2,884,171.00	\$ 3,611,074.00 <i>(16a)</i>
Hospitals (25%)	\$ 1,243,177.10 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 1,243,177.10	\$ 0.00 <i>(20b Pd)</i> \$ 1,243,177.10 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 845,360.48 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 845,360.48	\$ 845,360.48 <i>(24a)</i>
<b>Total</b>	<b>\$ 5,525,231.90 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 5,525,231.90</b>	<b>\$ 6,252,134.85</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 754,382.31</b>

Reimbursements			
Physicians/Surgeons	\$ 54,552.00 <i>(16c)</i>		\$ 808,934.31
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 808,934.31
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 808,934.31</b>

*JL*  
  
 Signature of Maddy EMS Fund Administrator

4-13-18  
 Date

JAMES LARDY, REVENUE & BUDGET MANAGER  
 Printed Name & Title

JAMES.LARDY@SDCOUNTY.CA.GOV  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 127,315.67 <i>(2c)</i>		\$ 127,315.67
Deposits for July 1, 2016- June 30, 2017	\$ 2,350,751.00 <i>(6c)</i>		\$ 2,478,066.67
Interest for July 1, 2016-June 30, 2017	\$ 1,893.50 <i>(10a)</i>		\$ 2,479,960.17
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 2,479,960.17

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 235,075.08 <i>(11a)</i>		\$ 235,075.08	\$ 235,075.08 <i>(14)</i>
Richie's Fund (15%)	\$ 317,351.36 <i>(11b)</i>		\$ 317,351.36	\$ 317,351.36 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 1,043,028.1 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 1,043,028.1	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 449,581.09 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 449,581.09	\$ 0.00 <i>(21b Pd)</i> \$ 449,581.09 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 305,715.14 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 305,715.14	\$ 305,715.14 <i>(25a)</i>
<b>Total</b>	<b>\$ 2,350,750.8 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 2,350,750.8</b>	<b>\$ 1,307,722.67</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 1,172,237.50</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 1,172,237.50
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 1,172,237.50
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 1,172,237.50</b>

*James Hardy*  
 Signature of Maddy EMS Fund Administrator

4-13-18  
 Date

JAMES HARDY, REVENUE & BUDGET MANAGER  
 Printed Name & Title

JAMES.HARDY@COUNTY.OA.CA.GOV  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> San Francisco Department of Public Health	<b>County Contact (Name and Title)</b> Joshua Nossiter, AB 75 Project Coordinator
	<b>Address (Number and Street)</b> 30 Van Ness Avenue, STE 260a	<b>Phone Number</b> 415-558-4037
	<b>City or Post Office, State, and ZIP Code</b> San Francisco CA 94102	<b>Email Address</b> joshua.nossiter@sfdph.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	12/01/1989
	<b>c Fund balance on July 1, 2016.</b>	\$ 343,578.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	12/28/2000
	<b>c Fund balance on July 1, 2016.</b>	\$ 517,023.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 709,840.00
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 686,148.00
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	\$ 1,395,988.00
<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Superior Court of San Francisco, Traffic Division	<b>Contact (Name and Title)</b> Sue Wong, CFO	
	<b>Phone Number</b> 415-551-5757	<b>Email Address</b> suewong@sftc.org	



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 709,840.00</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 709,840.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	<b>Government Code § 76000.5</b>	<b>\$ 686,148.00</b>
	<b>b</b>	<b>Vehicle Code § 42007</b>	
	<b>c</b>	<b>Total</b>	<b>\$ 686,148.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b>	<b>Contact (Name and Title)</b>
San Francisco Department of Public Health	Drew Murrell, Finance Manager
<b>Phone Number</b>	<b>Email Address</b>
415-554-2539	drew.murrell@sfdph.org

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 5,340.00</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 71,518.00</b>
	<b>b Physicians/Surgeons (58%)</b>		<b>\$ 373,324.00</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)		\$ 160,915.00
	<b>d</b>	Other Discretionary EMS (17%)		\$ 109,422.00
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 715,179.00

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b> Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 6,847.00
<b>b</b> Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 69,300.00
<b>b</b>	Richie's Fund (15%)		\$ 103,949.00
<b>c</b>	Physicians/Surgeons (58%)		\$ 288,979.00
<b>d</b>	Hospitals (25%)		\$ 124,739.00
<b>e</b>	Other Discretionary EMS (17%)		\$ 106,028.00
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 692,995.00

**12 Responsibility for category distributions:**

<b>Entity</b> AmeriChoice (United Health Care)	<b>Contact (Name and Title)</b> Cielo Anderson, Director of Operations
<b>Phone Number</b> 858.658-8707	<b>Email Address</b> cielo_m_anderson@uhc.com

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 71,518.00
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 69,300.00
	<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 90,000.00



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	10,244	\$ 312,078.57	10,244	100%	\$ 312,078.57
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 14,538.57
		Allowable Claims		Paid Claims		
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	#	\$ Amount	#	%	\$ Amount
		9,080	\$ 252,310.20	9,080	100%	\$ 252,310.20
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 4,360.20
18	Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>					
	<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
19	Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	AmeriChoice (United Health Care)	Cielo Anderson, Director of Operations				
	Phone Number	Email Address				
	858.658-8707	cielo_m_anderson@uhc.com				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 128,250.00</td> </tr> </tbody> </table>	Amount	\$ 128,250.00															
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	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 106,875.00</td> </tr> </tbody> </table>	Amount	\$ 106,875.00															
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Amount Reimbursed																			
\$ 0.00																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity AmeriChoice (United Health Care)	Contact (Name and Title) Cielo Anderson, Director of Operations																	
	Phone Number 858.658-8707	Email Address cielo_m_anderson@uhc.com																	



VI Expenditures & Reimbursements (cont.)			Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).		\$ 122,400.00
b	Description of other EMS services provided: Provision of DEM personnel to DPH.		
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>		Amount \$ 172,084.00
b	Description of other EMS services provided: Provision of DEM personnel to DPH.		



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**


	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 343,578.00	(1c)		\$ 343,578.00
Deposits for July 1, 2016-June 30, 2017	\$ 709,840.00	(5c)		\$ 1,053,418.00
Interest for July 1, 2016-June 30, 2017	\$ 5,340.00	(8a)		\$ 1,058,758.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 1,058,758.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 71,518.00 (9a)		\$ 71,518.00	\$ 71,518.00 (13)
Physicians/Surgeons (58%)	\$ 373,324.00 (9b)	\$ 0.00 (9b)	\$ 373,324.00	\$ 312,078.57 (16a)
Hospitals (25%)	\$ 160,915.00 (9c)	\$ 0.00 (9c)	\$ 160,915.00	\$ 0.00 (20b Pd) \$ 128,250.00 (20d)
Other Discretionary EMS (17%)	\$ 109,422.00 (9d)	\$ 0.00 (9d)	\$ 109,422.00	\$ 122,400.00 (24a)
<b>Total</b>	<b>\$ 715,179.00 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 715,179.00</b>	<b>\$ 634,246.57</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 424,511.43</b>

Reimbursements			
Physicians/Surgeons	\$ 14,538.57 (16c)		\$ 439,050.00
Hospitals	\$ 0.00 (20e)		\$ 439,050.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 439,050.00</b>

  
 Signature of Maddy EMS Fund Administrator  
 JOSHUA NOSSITER  
 AB 75 COORDINATOR  
 Printed Name & Title

4/17/19  
 Date  
 JOSHUA.NOSSITER  
 @SFDPH.ORG  
 Email Address




VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 517,023.00 <i>(2c)</i>		\$ 517,023.00
Deposits for July 1, 2016- June 30, 2017	\$ 686,148.00 <i>(6c)</i>		\$ 1,203,171.00
Interest for July 1, 2016-June 30, 2017	\$ 6,847.00 <i>(10a)</i>		\$ 1,210,018.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 1,210,018.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 69,300.00 <i>(11a)</i>		\$ 69,300.00	\$ 69,300.00 <i>(14)</i>
Richie's Fund (15%)	\$ 103,949.00 <i>(11b)</i>		\$ 103,949.00	\$ 90,000.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 288,979.00 <i>(11c)</i>	\$ 0.00 <i>(11e)</i>	\$ 288,979.00	\$ 252,310.20 <i>(17a)</i>
Hospitals (25%)	\$ 124,739.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 124,739.00	\$ 0.00 <i>(21b Pd)</i> \$ 106,875.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 106,028.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 106,028.00	\$ 172,084.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 692,995.00 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 692,995.00</b>	<b>\$ 690,569.20</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 519,448.80</b>

Reimbursements			
Physicians/Surgeons	\$ 4,360.20 <i>(17c)</i>		\$ 523,809.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 523,809.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 523,809.00</b>

  
 Signature of Maddy EMS Fund Administrator  
 JOSHUA NOSSITER  
 AB 75 COORDINATOR  
 Printed Name & Title

4/17/18  
 Date  
 JOSHUA.NOSSITER  
 @ SFDPM.ORG  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> San Joaquin County Emergency Medical Services	<b>County Contact (Name and Title)</b> Natisha Plummer, Accounting Technician I
	<b>Address (Number and Street)</b> PO Box 220	<b>Phone Number</b> 209-468-6818
	<b>City or Post Office, State, and ZIP Code</b> French Camp, CA 95231	<b>Email Address</b> EMSAccounting@sjgov.org

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	05/19/1992
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 1,910,113.05
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>		Government Code § 76000		
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	<b>c</b>		Vehicle Code § 42007	\$ 267,281.46	
	<b>d</b>		<b>Total</b>	\$ 267,281.46	
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>			
		<b>Entity</b> San Joaquin County Superior Courts	<b>Contact (Name and Title)</b> Julian Flores, Fiscal Services Technician		
		<b>Phone Number</b> 209-992-5477	<b>Email Address</b> jflores@sjcourts.org		



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	
	b		Vehicle Code § 42007	\$ 267,281.46
	c		Total	\$ 267,281.46

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00

d If no deposits into Maddy EMS Fund, state reason(s):

No Supplemental Assessment

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Phone Number	Email Address

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 14,304.00
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Physicians/Surgeons (58%)		\$ 178,297.39



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		
	e	<b>Total</b>	\$ 0.00	\$ 178,297.39

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

		Reserve (Optional)	Category Distributions
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		\$ 178,297.39
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 178,297.39

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
San Joaquin County Emergency Medical Serv	Natisha Plummer, Accounting Technician I
Phone Number	Email Address
209-468-6818	EMSAccounting@sjgov.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	\$ 178,297.39

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,961.81

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Phone Number	Email Address



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td>b Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
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	23 Responsibility for claims payments to Hospitals:																		
	Entity	Contact (Name and Title)																	
	Phone Number	Email Address																	



VI Expenditures & Reimbursements (cont.)	24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
b	Description of other EMS services provided:	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
b	Description of other EMS services provided:	



VII Fund Summary

Maddy EMS Fund (Original Assessment)				
	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 1,910,113.05	<i>(1c)</i>		\$ 1,910,113.05
Deposits for July 1, 2016-June 30, 2017	\$ 267,281.46	<i>(5c)</i>		\$ 2,177,394.51
Interest for July 1, 2016-June 30, 2017	\$ 14,304.00	<i>(8a)</i>		\$ 2,191,698.51
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	<i>(8b)</i>		\$ 2,191,698.51
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00		\$ 0.00	\$ 0.00
	<i>(9a)</i>			<i>(13)</i>
Physicians/Surgeons (58%)	\$ 178,297.39	\$ 0.00	\$ 178,297.39	\$ 178,297.39
	<i>(9b)</i>	<i>(9b)</i>		<i>(16a)</i>
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	<i>(9c)</i>	<i>(9c)</i>		<i>(20b Pd)</i>
				\$ 0.00
				<i>(20d)</i>
Other Discretionary EMS (17%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	<i>(9d)</i>	<i>(9d)</i>		<i>(24a)</i>
Total	\$ 178,297.39	\$ 0.00	\$ 178,297.39	\$ 178,297.39
	<i>(9e)</i>	<i>(9e)</i>		
Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i>				\$ 2,013,401.12
Reimbursements				
Physicians/Surgeons	\$ 4,961.81			\$ 2,018,362.93
	<i>(16c)</i>			
Hospitals	\$ 0.00			\$ 2,018,362.93
	<i>(20e)</i>			
Ending Balance for Total Available Funds as of June 30, 2017				\$ 2,018,362.93

  
 Signature of Maddy EMS Fund Administrator

4.23.18  
 Date

Dan Burck EMS Administrator  
 Printed Name & Title

Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 178,297.39 (11c)	\$ 0.00 (11c)	\$ 178,297.39	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 178,297.39 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 178,297.39</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17e)	\$ 0.00
Hospitals		\$ 0.00 (21e)	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

4-23-18  
 Date

Eme Admin-Strator  
 Printed Name & Title

Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> San Luis Obispo Health Agency	<b>County Contact (Name and Title)</b> Sondra Stambolian, Accountant III
	<b>Address (Number and Street)</b> 2180 Johnson Avenue	<b>Phone Number</b> (805) 781-4876
	<b>City or Post Office, State, and ZIP Code</b> San Luis Obispo, CA 93401	<b>Email Address</b> sstambolian@co.slo.ca.us

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	11/01/1988
	<b>c Fund balance on July 1, 2016.</b>	\$ 159,162.16
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	04/01/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 196,187.65
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 273,446.78	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 352,052.08	
	<b>c</b>	Vehicle Code § 42007	\$ 77,764.46	
	<b>d</b>	<b>Total</b>	\$ 703,263.32	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Superior Court of California, County of San Luis Obispo	<b>Contact (Name and Title)</b> Connie McNamara, Court Fiscal Services		
	<b>Phone Number</b> (805) 781-5417	<b>Email Address</b> connie.mcnamara@slo.courts.ca.gov		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 273,446.78</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 77,764.46</b>
	<b>c</b>		<b>Total</b>	<b>\$ 351,211.24</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	<b>Government Code § 76000.5</b>	<b>\$ 352,052.08</b>
	<b>b</b>	<b>Vehicle Code § 42007</b>	
	<b>c</b>	<b>Total</b>	<b>\$ 352,052.08</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> County of San Luis Obispo, Auditor-Controller	<b>Contact (Name and Title)</b> Sarah Kidd, Accounting Technician
<b>Phone Number</b> (805) 781-5181	<b>Email Address</b> skidd@co.slo.ca.us

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 594.53</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 19,535.08</b>
	<b>b Physicians/Surgeons (58%)</b>		<b>\$ 249,520.59</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 165,513.69
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 52,496.20
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 487,065.56

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>
	\$ 595.95
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 19,582.03
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 83,555.45
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 250,120.16
<b>d</b>	<b>Hospitals (25%)</b>		\$ 165,911.40
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 52,622.34
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 571,791.38

**12 Responsibility for category distributions:**

<b>Entity</b> County of San Luis Obispo Health Agency	<b>Contact (Name and Title)</b> Sondra Stambolian, Accountant III
<b>Phone Number</b> (805) 781-4876	<b>Email Address</b> sstambolian@co.slo.ca.us

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 19,535.08
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 19,582.03
	<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b> \$ 51,245.34



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,149	\$ 673,458.59	1,149	100%	\$ 187,791.50

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,923.24

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	1,152	\$ 675,076.84	1,152	100%	\$ 188,242.75

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,935.08

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
County of San Luis Obispo Health Agency	Sondra Stambolian, Accountant III
Phone Number	Email Address
(805) 781-4876	sstambolian@co.slo.ca.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #20d)															
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	Entity County of San Luis Obispo Health Agency	Contact (Name and Title) Sondra Stambolian, Accountant III															
	Phone Number (805) 781-4876	Email Address sstambolian@co.slo.ca.us															



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 52,496.20</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
			<b>\$ 52,622.34</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 159,162.16 <i>(1c)</i>		\$ 159,162.16
Deposits for July 1, 2016-June 30, 2017	\$ 351,211.24 <i>(5c)</i>		\$ 510,373.40
Interest for July 1, 2016-June 30, 2017	\$ 594.53 <i>(8a)</i>		\$ 510,967.93
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 510,967.93

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 19,535.08 <i>(9a)</i>		\$ 19,535.08	\$ 19,535.08 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 249,520.59 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 249,520.59	\$ 187,791.50 <i>(16a)</i>
Hospitals (25%)	\$ 165,513.69 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 165,513.69	\$ 0.00 <i>(20b Pd)</i> \$ 88,443.84 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 52,496.20 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 52,496.20	\$ 52,496.20 <i>(24a)</i>
<b>Total</b>	<b>\$ 487,065.56 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 487,065.56</b>	<b>\$ 348,266.62</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 162,701.31</b>

Reimbursements			
Physicians/Surgeons	\$ 4,923.24 <i>(16c)</i>		\$ 167,624.55
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 167,624.55
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 167,624.55</b>

Sondra Stamboulis  
 Signature of Maddy EMS Fund Administrator

4/2/2018  
 Date

Sondra Stamboulis  
 Printed Name & Title  
 Accountant III

sstamboulis@  
 Email Address  
 co. elo.ca.gov



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 196,187.65 <i>(2c)</i>		\$ 196,187.65
Deposits for July 1, 2016- June 30, 2017	\$ 352,052.08 <i>(6c)</i>		\$ 548,239.73
Interest for July 1, 2016-June 30, 2017	\$ 595.95 <i>(10a)</i>		\$ 548,835.68
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 548,835.68

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 19,582.03 <i>(11a)</i>		\$ 19,582.03	\$ 19,582.03 <i>(14)</i>
Richie's Fund (15%)	\$ 83,555.45 <i>(11b)</i>		\$ 83,555.45	\$ 51,245.34 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 250,120.16 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 250,120.16	\$ 188,242.75 <i>(17a)</i>
Hospitals (25%)	\$ 165,911.40 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 165,911.40	\$ 0.00 <i>(21b Pd)</i> \$ 88,656.37 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 52,622.34 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 52,622.34	\$ 52,622.34 <i>(25a)</i>
<b>Total</b>	<b>\$ 571,791.38</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 571,791.38</b>	<b>\$ 400,348.83</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 148,486.85</b>

Reimbursements			
Physicians/Surgeons	\$ 4,935.08 <i>(17c)</i>		\$ 153,421.93
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 153,421.93
Ending Balance for Total Available Funds as of June 30, 2017			\$ 153,421.93

*Sondra Stambolian*  
 \_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

Sondra Stambolian  
 \_\_\_\_\_  
 Printed Name & Title  
 Accountant III

4/3/2018  
 \_\_\_\_\_  
 Date

sstambolian@  
 \_\_\_\_\_  
 Email Address  
 co.slo.ca.us





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> San Mateo County - Emergency Medical Services	<b>County Contact (Name and Title)</b> Nancy Lapolla, EMS Director
	<b>Address (Number and Street)</b> 801 Gateway Blvd.	<b>Phone Number</b> 1(650) 573-2579
	<b>City or Post Office, State, and ZIP Code</b> South San Francisco, CA, 94080	<b>Email Address</b> nlapolla@smcgov.org

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	01/01/1991
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 2,405,892.05
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	01/01/2010
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> San Mateo County has both original and supplemental funds, but rolls into one fund balance (see above).	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 386,568.19
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 394,518.63
	<b>c</b>		Vehicle Code § 42007	\$ 846,056.84
	<b>d</b>		<b>Total</b>	\$ 1,627,143.66

<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>	
	<b>Entity</b> San Mateo Courts	<b>Contact (Name and Title)</b> Steven Chang, Finance Director
	<b>Phone Number</b> 650-261-5046	<b>Email Address</b> StevenChang@sanmateocourt.org



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 386,568.19
	b		Vehicle Code § 42007	\$ 420,583.00
	c		Total	\$ 807,151.19
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 394,519.00
	b		Vehicle Code § 42007	\$ 425,474.00
	c		Total	\$ 819,993.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity San Mateo Courts	Contact (Name and Title) Steven Chang, Finance Director	
		Phone Number 650-261-5046	Email Address StevenChang@sanmateocourt.org	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 11,798.00
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 80,715.14
	b	Physicians/Surgeons (58%)		\$ 791,584.14



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 341,200.06
	d	Other Discretionary EMS (17%)		\$ 232,016.04
	e	<b>Total</b>	\$ 0.00	\$ 1,445,515.38

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 11,985.00
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 70,929.33
b	Richie's Fund (15%)		\$ 110,698.95
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 181,628.28

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
San Mateo County - EMS	Nancy Lapolla, EMS Director
Phone Number	Email Address
1(650) 573-2579	nlapolla@smcgov.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 81,894.89
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 72,127.85
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	\$ 857,821.89

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 51,523.30

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity San Mateo County - EMS	Contact (Name and Title) Nancy Lapolla, EMS Director
Phone Number 1(650) 573-2579	Email Address nlapolla@smcgov.org



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 209,724.31

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity San Mateo County - EMS	Contact (Name and Title) Nancy Lapolla, EMS Director
Phone Number 1(650) 573-2579	Email Address nlapolla@smcgov.org



VI Expenditures & Reimbursements (cont.)			Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).		\$ 584,292.26
b	Description of other EMS services provided:		
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>		Amount
b	Description of other EMS services provided:		

	<b>Beginning Fund</b>	<b>Deposits</b>	<b>Disbursement</b>	<b>Remaining Fund</b>
	<b>Balance</b>			<b>Balance</b>
Physicians (58%)	537,445	803,999	806,299	535,145
Hospital (25%)	419,449	346,551	209,724	556,275
Other EMS (17%)	1,367,129	235,655	584,292	1,018,492
Administration (10%)	0	154,023	154,023	0
Richies Fund	81,869	110,699	0	192,568
<b>TOTAL</b>	<b>2,405,892</b>	<b>1,650,926</b>	<b>1,754,338</b>	<b>2,302,481</b>



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Santa Barbara County EMS Agency	<b>County Contact (Name and Title)</b> Nicholas Clay
	<b>Address (Number and Street)</b> 300 N San Antonio Rd	<b>Phone Number</b> 805-681-5394
	<b>City or Post Office, State, and ZIP Code</b> Santa Barbara, CA 93110	<b>Email Address</b> Nicholas.Clay@sbcphd.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	01/01/2005
	<b>c Fund balance on July 1, 2016.</b>	\$ 6,280.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	01/01/2009
	<b>c Fund balance on July 1, 2016.</b>	\$ 907,841.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 9,844.75	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 452,206.94	
	<b>c</b>	Vehicle Code § 42007	\$ 50,543.29	
	<b>d</b>	<b>Total</b>	<b>\$ 512,594.98</b>	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Superior Court, County of Santa Barbara	<b>Contact (Name and Title)</b> Marc Ybarra, supervisor		
	<b>Phone Number</b> 805-882-4677	<b>Email Address</b> mybarra@sbcourts.org		





IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 9,297.00
	b		Vehicle Code § 42007	\$ 21,290.00
	c		Total	\$ 30,587.00

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a	Government Code § 76000.5	\$ 415,452.00
	b	Vehicle Code § 42007	\$ 28,042.00
	c	Total	\$ 443,494.00

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Superior Court, County of Santa Barbara	Marc Ybarra, supervisor
Phone Number	Email Address
805-882-4677	mybarra@sbcourts.org

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 64.00
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 3,066.00
	b Physicians/Surgeons (58%)		\$ 16,000.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 17,865.00
	d	Other Discretionary EMS (17%)		\$ 0.00
	e	Total	\$ 0.00	\$ 36,931.00

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 6,568.00
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 49,379.00
b	Richie's Fund (15%)		\$ 47,228.00
c	Physicians/Surgeons (58%)		\$ 218,563.00
d	Hospitals (25%)		\$ 173,174.00
e	Other Discretionary EMS (17%)		\$ 61,466.00
f	Total	\$ 0.00	\$ 549,810.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Santa Barbara County EMS Agency	Nicholas Clay
Phone Number	Email Address
805-681-5394	Nicholas.Clay@sbcphd.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 3,066.00
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 49,379.00
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 47,228.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		776	\$ 16,000.00	776	100%	\$ 16,000.00
	b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims			
	#	\$ Amount	#	%	\$ Amount	
	10,308	\$ 218,563.00	10,308	100%	\$ 218,563.00	
	b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
						\$ 9,849.00
18	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)					
	<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
19	Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	Emergency Medical Services Agency	Nicholas Clay				
	Phone Number	Email Address				
	805-681-5394	Nicholas.Clay@sbcphd.org				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">1,049</td> <td style="text-align: right;">\$ 11,928.00</td> <td style="text-align: center;">1,049</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 11,928.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	1,049	\$ 11,928.00	1,049	100%	\$ 11,928.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	1,049	\$ 11,928.00	1,049	100%	\$ 11,928.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 5,937.00</td> </tr> </tbody> </table>	Amount	\$ 5,937.00															
Amount																			
\$ 5,937.00																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">7,023</td> <td style="text-align: right;">\$ 79,614.00</td> <td style="text-align: center;">7,023</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 79,614.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	7,023	\$ 79,614.00	7,023	100%	\$ 79,614.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	7,023	\$ 79,614.00	7,023	100%	\$ 79,614.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 93,560.00</td> </tr> </tbody> </table>	Amount	\$ 93,560.00															
Amount																			
\$ 93,560.00																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Emergency Medical Services Agency	Contact (Name and Title) Nicholas Clay																	
	Phone Number 805-681-5394	Email Address Nicholas.Clay@sbcphd.org																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 0.00
b	Description of other EMS services provided:	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 61,466.00
b	Description of other EMS services provided:	
	to partially fund trauma manager, medical CQI coordinator and medical director.	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 6,280.00 <i>(1c)</i>	\$ 6,280.00
Deposits for July 1, 2016-June 30, 2017	\$ 30,587.00 <i>(5c)</i>	\$ 36,867.00
Interest for July 1, 2016-June 30, 2017	\$ 64.00 <i>(8a)</i>	\$ 36,931.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 36,931.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 3,066.00 <i>(9a)</i>		\$ 3,066.00	\$ 3,066.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 16,000.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 16,000.00	\$ 16,000.00 <i>(16a)</i>
Hospitals (25%)	\$ 17,865.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 17,865.00	\$ 11,928.00 <i>(20b Pd)</i> \$ 5,937.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 0.00	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 36,931.00</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 36,931.00</b>	<b>\$ 36,931.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 0.00</b>
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>		\$ 0.00
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

6-22-18  
 Date

Nick Clay, EMS Agency Director  
 Printed Name & Title

nicholas.clay@sbcphd.org  
 Email Address




VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 907,841.00 <i>(2c)</i>	\$ 907,841.00
Deposits for July 1, 2016- June 30, 2017	\$ 443,494.00 <i>(6c)</i>	\$ 1,351,335.00
Interest for July 1, 2016-June 30, 2017	\$ 6,568.00 <i>(10a)</i>	\$ 1,357,903.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>	\$ 1,357,903.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 49,379.00 <i>(11a)</i>		\$ 49,379.00	\$ 49,379.00 <i>(14)</i>
Richie's Fund (15%)	\$ 47,228.00 <i>(11b)</i>		\$ 47,228.00	\$ 47,228.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 218,563.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 218,563.00	\$ 218,563.00 <i>(17a)</i>
Hospitals (25%)	\$ 173,174.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 173,174.00	\$ 79,614.00 <i>(21b Pd)</i> \$ 93,560.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 61,466.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 61,466.00	\$ 61,466.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 549,810.00</b> <i>(11)</i>	<b>\$ 0.00</b> <i>(11)</i>	<b>\$ 549,810.00</b>	<b>\$ 549,810.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 808,093.00</b>

Reimbursements			
Physicians/Surgeons	\$ 9,849.00 <i>(17c)</i>		\$ 817,942.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 817,942.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 817,942.00</b>

  
 Signature of Maddy EMS Fund Administrator

6-22-18  
 Date

Nick Clay, EMS Agency Director  
 Printed Name & Title

nicholas.clay@shc.phd.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b>	<b>County Contact (Name and Title)</b>
	SCVHHS Finance/Reimbursement Department	Pearly Epp, Maddy Fund Administrator
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	2325 Enborg Lane, Suite 360	408-885-6889
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>
	San Jose, CA 95128	Pearly.Epp@hhs.sccgov.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	01/31/1989
	<b>c Fund balance on July 1, 2016.</b>	\$ 2,111,294.31
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> See ATTACHMENT.	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	04/10/2007
	<b>c Fund balance on July 1, 2016.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> See ATTACHMENT.	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>	Government Code § 76000	\$ 330,216.81
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,204,180.14
	<b>c</b>	Vehicle Code § 42007	\$ 273,017.02
	<b>d</b>	<b>Total</b>	<b>\$ 1,807,413.97</b>
<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	<b>Entity</b>		<b>Contact (Name and Title)</b>
	Superior Court of CA-County of Santa Clara		Stephanie A. Gomez, Director of Finance
	<b>Phone Number</b>		<b>Email Address</b>
	408-882-2871		SGomez@scscourt.org





<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 330,216.81
	<b>b</b>		Vehicle Code § 42007	\$ 273,017.02
	<b>c</b>		<b>Total</b>	<b>\$ 603,233.83</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	Government Code § 76000.5	\$ 1,204,180.14
	<b>b</b>	Vehicle Code § 42007	
	<b>c</b>	<b>Total</b>	<b>\$ 1,204,180.14</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

See ATTACHMENT.

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b>	<b>Contact (Name and Title)</b>
County of Santa Clara-Controller-Treas Dept	Marilou Mutuc, Accountant III
<b>Phone Number</b>	<b>Email Address</b>
408-299-5249	Marilou.Mutuc@fin.sccgov.org

**V Maddy EMS Fund Category Distributions**

<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 20,041.92
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 911,609.91

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

See ATTACHMENT.

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 135,593.90
<b>b</b>	<b>Physicians/Surgeons (58%)</b>	\$ 0.00	\$ 966,647.54



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 277,611.40</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> See ATTACHMENT.	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			<b>\$ 0.00</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> See ATTACHMENT.	



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	323	\$ 9,881,820.00	323	100%	\$ 408,252.05

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 See ATTACHMENT.

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 0.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)  
 A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Santa Clara Valley Health & Hospital System	Contact (Name and Title) Pearly Epp, REIMBMNT MGR/ASST CTRL
Phone Number 408-885-6889	Email Address Pearly.Epp@hhs.sccgov.org



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 0.00	\$ 408,252.05
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 277,611.40
	e	Total	\$ 0.00	\$ 1,788,104.89

10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	-\$ 1,011,839.75

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:  
 See ATTACHMENT.

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 0.00
b	Richie's Fund (15%)		\$ 192,340.39
c	Physicians/Surgeons (58%)	\$ 0.00	\$ 0.00
d	Hospitals (25%)	\$ 0.00	\$ 0.00
e	Other Discretionary EMS (17%)	\$ 0.00	\$ 0.00
f	Total	\$ 0.00	\$ 192,340.39

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Santa Clara Valley Health & Hospital System	Pearly Epp, REIMBMNT MGR/ASST CTRL
Phone Number	Email Address
408-885-6889	Pearly.Epp@hhs.sccgov.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 135,593.90
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 0.00
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 192,340.39



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		63,446	\$ 19,464,754	58,952	93%	\$ 966,647.54

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 See ATTACHMENT.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 21,165.00

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	0	\$ 0.00	0	0%	\$ 192,340.39

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 See ATTACHMENT.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

- 18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)
- A description of the Physicians/Surgeons claims payment methodologies.
  - A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
  - Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
  - A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
  - An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Santa Clara Valley Health & Hospital System	Pearly Epp, REIMBMNT MGR/ASST CTRL
Phone Number	Email Address
408-885-6889	Pearly.Epp@hhs.sccgov.org



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 2,111,294.31 <i>(1c)</i>	\$ 2,111,294.31
Deposits for July 1, 2016-June 30, 2017	\$ 603,233.83 <i>(5c)</i>	\$ 2,714,528.14
Interest for July 1, 2016-June 30, 2017	\$ 20,041.92 <i>(8a)</i>	\$ 2,734,570.06
Other Deposits for July 1, 2016-June 30, 2017	\$ 911,609.91 <i>(8b)</i>	\$ 3,646,179.97

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 135,593.90 <i>(9a)</i>		\$ 135,593.90	\$ 135,593.90 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 966,647.54 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 966,647.54	\$ 966,647.54 <i>(16a)</i>
Hospitals (25%)	\$ 408,252.05 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 408,252.05	\$ 408,252.05 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 277,611.40 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 277,611.40	\$ 277,611.40 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,788,104.89</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,788,104.89</b>	<b>\$ 1,788,104.89</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 1,858,075.08</b>

Reimbursements			
Physicians/Surgeons	\$ 21,165.00 <i>(16c)</i>		\$ 1,879,240.08
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 1,879,240.08
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 1,879,240.08</b>

Signature of Maddy EMS Fund Administrator

2/26/19  
 Date

Pearly Epp  
 Printed Name & Title

Email Address

Pearly.Epp@hhs.scc.gov



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 1,204,180.14 <i>(6c)</i>		\$ 1,204,180.14
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 1,204,180.14
Other Deposits for July 1, 2016-June 30, 2017	-\$ 1,011,839.75 <i>(10b)</i>		\$ 192,340.39

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 192,340.39 <i>(11b)</i>		\$ 192,340.39	\$ 192,340.39 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b PA)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 192,340.39</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 192,340.39</b>	<b>\$ 192,340.39</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(21f)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

*[Signature]*  
 Signature of Maddy EMS Fund Administrator

2/26/19  
 Date

Pearly Epp, Reimb. Manager  
 Printed Name & Title

Pearly.Epp@  
 Email Address

*hhs.scc.gov*

**ATTACHMENT**

Maddy Emergency Medical Services (EMS) Fund Report  
Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

**Section II – Question 1d**

*If the Maddy EMS Fund (Original Assessment) beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):*

The FY15-16 EMSA 801 Report reflected the full fund cycle which started on July 1, 2015 and completed April 15, 2017. This FY16-17 EMSA 801 Report reflects a snapshot of all collections and disbursements during the fiscal year beginning July 1, 2016 and ending June 30, 2017 - beginning with the actual fund balance according to our records on July 1, 2016.

**Section II – Question 2d**

*If the Maddy EMS Fund (Supplemental Assessment) beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):*

The Supplemental Assessment is managed in the same Fund as the Original Assessment, so separate balance totals for these Assessments have never been maintained.

**Section IV – Question 6d**

*If no deposits into the Maddy EMS Fund (Supplemental Assessment), state reason(s):*

The revenue generated under VC §42007 is not differentiated between the Original Assessment and Supplemental Assessment, so all of it is recognized under the Original Assessment: hence the zero balance for (6b).

**Section V – Question 8c**

*If other deposits were made [under the Original Assessment], provide the type of deposits and the reason(s) for the deposits:*

Recognizing the merging of the Supplemental Assessment with the Original Assessment, plus some adjustments for vendor reconciliation, internal receivables accrual, application of IC-IT Services expenses, and other similar entries.



**ATTACHMENT**

Maddy Emergency Medical Services (EMS) Fund Report  
Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

**Section V – Question 10c**

*If other deposits were made [under the Supplemental Assessment], provide the type of deposits and the reason(s) for the deposits:*

Interest & other deposits are not differentiated between the Original Assessment & Supplemental Assessment and are shown under the Original Assessment.

NOTE: (10b) presents a negative amount, which represents the transfer of this fiscal year's Supplemental Assessment balance to the Original Assessment. The amount is equal to the total collections under (6c) minus the Richie Fund distribution in (11b).

**Section VI – Question 16b**

*If allowable claims were not paid during the fiscal year [under the Original Assessment], July 1, 2016-June 30, 2017, state reason(s):*

Unpaid allowable claims were due to the claims using CPT Codes that were not present in the MediCal Rates Schedule, and therefore had no basis upon which to pay.

**Section VI – Question 17b**

*If allowable claims were not paid during the fiscal year [under the Supplemental Assessment], July 1, 2016-June 30, 2017, state reason(s):*

The distribution of funds from the Supplemental Assessment and Original Assessment is merged, so all claims totals are presented together under question (16).

**ATTACHMENT**

Maddy Emergency Medical Services (EMS) Fund Report  
Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

**Section VI – Question 20c**

*If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):*

Please note that trauma care hospital provided claims records with incomplete trauma care charge data, so the "\$ Amount" total presented in (20b) is smaller than actually the case.

**Section VI – Question 24b**

*Description of other EMS services provided [under the Original Assessment]:*

The EMS Agency coordinates the EMS system for all of Santa Clara County (for both public and private sectors), which includes monitoring patient care, ensuring personnel competency, and upholding standards of care.

**Section VI – Question 25b**

*Description of other EMS services provided [under the Supplemental Assessment]:*

The distribution of funds from the Supplemental Assessment and Original Assessment is merged, so all claims totals are presented together under question (24).



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Santa Cruz County Health Services Agency	<b>County Contact (Name and Title)</b> Christine Williams, Administrative Svc Manager
	<b>Address (Number and Street)</b> 1080 Emeline Ave, 2nd floor	<b>Phone Number</b> 831-454-7341
	<b>City or Post Office, State, and ZIP Code</b> Santa Cruz, CA 95060	<b>Email Address</b> christine.williams@santacruzcounty.us

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	03/31/1992
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 541,523.28
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	04/13/2007
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 1,307,238.11
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 268,569.95
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 266,221.71
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 534,791.66

**4 Responsibility for collection of fines, penalties, and forfeitures:**

<b>Entity</b> Auditor-Controller-Treasurer-Tax Collector	<b>Contact (Name and Title)</b> Pam Silbaugh, Accounting Manager
<b>Phone Number</b> 831-454-2679	<b>Email Address</b> pam.silbaugh@santacruzcounty.us



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 268,569.95
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 268,569.95

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	Government Code § 76000.5	\$ 266,221.71
	<b>b</b>	Vehicle Code § 42007	
	<b>c</b>	<b>Total</b>	\$ 266,221.71

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> Auditor-Controller-Treasurer-Tax Collector	<b>Contact (Name and Title)</b> Pam Silbaugh, Accounting Manager
<b>Phone Number</b> 831-454-2679	<b>Email Address</b> pam.silbaugh@santacruzcounty.us

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 4,729.94
	<b>b</b>	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 350,000.00

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:  
 Transfer from Supplemental Assessment fund

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b> Administration (Admin cost equal to the lesser of actual cost or 10%)		
	<b>b</b> Physicians/Surgeons (58%)		\$ 338,467.01



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 480,000.00
	d	Other Discretionary EMS (17%)		
	e	Total	\$ 0.00	\$ 818,467.01

10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 12,001.93
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	-\$ 350,000.00

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

Transfer to Maddy fund. Claims paid out of Maddy fund.

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	Total	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Santa Cruz County Health Services Agency	Christine Williams, Administrative Svs Manager
Phone Number	Email Address
831-454-7341	christine.williams@santacruzcounty.us

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,579	\$ 1,602,502.01	100	3%	\$ 338,467.01

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 8,824.42

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	0	\$ 0.00	0	0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

We pay the Supplemental Assessment fund claims via transfer to Original Assessment Fund (Maddy Fund)

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Santa Cruz County Health Services Agency	Christine Williams, Administrative Svs Manager
Phone Number	Email Address
831-454-7341	christine.williams@santacruzcounty.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #20d)																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 480,000.00</td> </tr> </tbody> </table>	Amount	\$ 480,000.00															
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		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"> </td> </tr> </tbody> </table>	Amount Reimbursed																
Amount Reimbursed																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to #21d)																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"> </td> </tr> </tbody> </table>	Amount																
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Amount Reimbursed																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Santa Cruz County Health Services Agency	Contact (Name and Title) Christine Williams, Administrative Svs Manager																	
	Phone Number 831-454-7341	Email Address christine.williams@santacruzcounty.us																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
b	Description of other EMS services provided:	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
b	Description of other EMS services provided:	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 541,523.28 <i>(1c)</i>		\$ 541,523.28
Deposits for July 1, 2016-June 30, 2017	\$ 268,569.95 <i>(5c)</i>		\$ 810,093.23
Interest for July 1, 2016-June 30, 2017	\$ 4,729.94 <i>(8a)</i>		\$ 814,823.17
Other Deposits for July 1, 2016-June 30, 2017	\$ 350,000.00 <i>(8b)</i>		\$ 1,164,823.17

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(9a)</i>		\$ 0.00	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 338,467.01 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 338,467.01	\$ 338,467.01 <i>(16a)</i>
Hospitals (25%)	\$ 480,000.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 480,000.00	\$ 0.00 <i>(20b Pd)</i> \$ 480,000.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 0.00	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 818,467.01 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 818,467.01</b>	<b>\$ 818,467.01</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 346,356.16</b>

Reimbursements		
Physicians/Surgeons	\$ 8,824.42 <i>(16c)</i>	\$ 355,180.58
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 355,180.58
Ending Balance for Total Available Funds as of June 30, 2017		\$ 355,180.58

*Christine M Williams*  
 Signature of Maddy EMS Fund Administrator

*4/12/18*  
 Date

*Christine Williams, Admin Svs Mgr.*  
 Printed Name & Title

Email Address

*christine.williams@santa.cruz.county.us*



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 1,307,238.11	(2c)		\$ 1,307,238.11
Deposits for July 1, 2016- June 30, 2017	\$ 266,221.71	(6c)		\$ 1,573,459.82
Interest for July 1, 2016-June 30, 2017	\$ 12,001.93	(10a)		\$ 1,585,461.75
Other Deposits for July 1, 2016-June 30, 2017	-\$ 350,000.00	(10b)		\$ 1,235,461.75

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 1,235,461.75</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 1,235,461.75
Hospitals		\$ 0.00 (21e)	\$ 1,235,461.75
Ending Balance for Total Available Funds as of June 30, 2017			\$ 1,235,461.75

*Christine M Williams*  
 Signature of Maddy EMS Fund Administrator

*4/3/18*  
 Date

*Christine Williams, Admin Sv Mgr*  
 Printed Name & Title

Email Address

*christine.williams@santacruz  
 county.us*



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I</b>	<b>Administering Agency</b>	<b>County Department</b> SISKIYOU COUNTY HHSA PUBLIC HEALTH DIV	<b>County Contact (Name and Title)</b> DAWN WALTON, ADMIN SERVICES MANAGER
		<b>Address (Number and Street)</b> 810 S MAIN STREET	<b>Phone Number</b> 530.841.2149
		<b>City or Post Office, State, and ZIP Code</b> YREKA CA 96097	<b>Email Address</b> DWALTON@CO.SISKIYOU.CA.US

<b>II</b>	<b>Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>b</b>	<b>Date fund established.</b>	
		<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 268,815.48
		<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
		<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
		<b>b</b>	<b>Date fund established.</b>	
		<b>c</b>	<b>Fund balance on July 1, 2016.</b>	
		<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III</b>	<b>Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
		<b>a</b>		Government Code § 76000	\$ 136,986.09	
		<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
		<b>c</b>		Vehicle Code § 42007		
		<b>d</b>		<b>Total</b>	\$ 136,986.09	
		<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>			
			<b>Entity</b> SISKIYOU COUNTY AUDITOR	<b>Contact (Name and Title)</b> JENNIE EBEJER		
			<b>Phone Number</b> 530.842.8030	<b>Email Address</b> JEJEJER@CO.SISKIYOU.CA.US		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 136,968.09
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 136,968.09
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000.5	
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 0.00
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b> SISKIYOU COUNTY AUDITOR	<b>Contact (Name and Title)</b> JENNIE EBEJER	
		<b>Phone Number</b> 530.842.8030	<b>Email Address</b> JEJEJER@CO.SISKIYOU.CA.US	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		\$ 2,666.16
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 6,453.33
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 153,456.14



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 67,396.01
	d	Other Discretionary EMS (17%)		
	e	<b>Total</b>	\$ 0.00	\$ 227,305.48

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Phone Number	Email Address

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 6,453.33
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b>
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b>



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,760	\$ 529,107.27	1,760	100%	\$ 153,456.14

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 424.29

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Siskiyou County HHSA Public Health Division	Contact (Name and Title) Dawn Walton, Admin Services Manager II
Phone Number 530.841.2149	Email Address dwalton@co.siskiyou.ca.us



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	474	\$ 808,701.05	474	100%	\$ 67,396.01

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity SISKIYOU COUNTY HHSA PUBLIC HEALTH	Contact (Name and Title) DAWN WALTON, ADMIN SERVICES MANAGER
Phone Number 530.841.2149	Email Address DWALTON@CO.SISKIYOU.CA.US



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 0.00</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 268,815.48 <i>(1c)</i>		\$ 268,815.48
Deposits for July 1, 2016-June 30, 2017	\$ 136,968.09 <i>(5c)</i>		\$ 405,783.57
Interest for July 1, 2016-June 30, 2017	\$ 2,666.16 <i>(8a)</i>		\$ 408,449.73
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 408,449.73

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,453.33 <i>(9a)</i>		\$ 6,453.33	\$ 6,453.33 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 153,456.14 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 153,456.14	\$ 153,456.14 <i>(16a)</i>
Hospitals (25%)	\$ 67,396.01 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 67,396.01	\$ 67,396.01 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 0.00	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 227,305.48</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 227,305.48</b>	<b>\$ 227,305.48</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 181,144.25</b>

Reimbursements			
Physicians/Surgeons	\$ 424.29 <i>(16c)</i>		\$ 181,568.54
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 181,568.54
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 181,568.54</b>

Balance 181,568.54  
 Auditor collection (37,607.76)  
 cost  
 Fund Bal 143,960.78

Dawn Walton  
 Signature of Maddy EMS Fund Administrator

6/22/18  
 Date

Dawn Walton  
 Printed Name & Title

\_\_\_\_\_  
 Email Address

Admin Services Manager II  
 dwalton@costiskeyou.ca.us



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 0.00 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 0.00	\$ 0.00
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 0.00

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 0.00
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		\$ 0.00

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Solano County	<b>County Contact (Name and Title)</b> Iris Harms, Accountant
	<b>Address (Number and Street)</b> 275 Beck Ave	<b>Phone Number</b> 7077848527
	<b>City or Post Office, State, and ZIP Code</b> Fairfield, 94533	<b>Email Address</b> INHarms@SolanoCounty.com

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	04/01/2001
	<b>c Fund balance on July 1, 2016.</b>	\$ 369,722.72
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> n/a	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 323,035.87	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 0.00	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 323,035.87	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Superior Court of California, County of Solano	<b>Contact (Name and Title)</b> Liliana Rebisz, Court Accountant		
	<b>Phone Number</b> 707-207-7479	<b>Email Address</b> LGRebisz@solano.courts.ca.gov		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 357,825.46</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 357,825.46</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	<b>Government Code § 76000.5</b>	<b>\$ 0.00</b>
	<b>b</b>	<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>	<b>Total</b>	<b>\$ 0.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b>	<b>Contact (Name and Title)</b>
<b>Phone Number</b>	<b>Email Address</b>

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 4,098.42</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

Other deposits: \$1,116.08 collections from third parties

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 33,559.57</b>
	<b>b Physicians/Surgeons (58%)</b>		<b>\$ 168,398.86</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 0.00
	d	Other Discretionary EMS (17%)		\$ 49,358.28
	e	<b>Total</b>	\$ 0.00	\$ 251,316.71

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Health and Social Services, Solano county	Sally Wright, Staff Analyst
Phone Number	Email Address
707,784-8508	SAWright@SolanoCounty.com

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 33,559.57
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		6,066.00	\$ 168,398.88	6,066	100%	\$ 168,398.86

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 n/a

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 1,116.08

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Health and Social Services, Solano County	Sally Wright, Staff Analyst
Phone Number	Email Address
707-784-8508	SAWright@solanocounty.com



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<p>20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No                  (If no, go to #20d)</p>															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%		
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
	<p>b Total Hospitals expenditures.</p>																
	<p>c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																
	<p>d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">Amount</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Amount														
Amount																	
	<p>e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Amount Reimbursed														
Amount Reimbursed																	
	<p>21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  (If no, go to #21d)</p>															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount				0%		
Allowable Claims		Paid Claims															
#	\$ Amount	#	%	\$ Amount													
			0%														
	<p>b Total Hospitals expenditures.</p>																
	<p>c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):</p>																
	<p>d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">Amount</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Amount														
Amount																	
	<p>e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">Amount Reimbursed</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Amount Reimbursed														
Amount Reimbursed																	
	<p>22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</p> <p><input checked="" type="checkbox"/> A description of the hospitals payment methodologies.</p>																
	<p>23 Responsibility for claims payments to Hospitals:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entity Health and Social Services, Solano County</td> <td style="width:50%;">Contact (Name and Title) Sally Wright, Staff Analyst</td> </tr> <tr> <td>Phone Number 707-784-8508</td> <td>Email Address SAWright@solanocounty.com</td> </tr> </table>		Entity Health and Social Services, Solano County	Contact (Name and Title) Sally Wright, Staff Analyst	Phone Number 707-784-8508	Email Address SAWright@solanocounty.com											
Entity Health and Social Services, Solano County	Contact (Name and Title) Sally Wright, Staff Analyst																
Phone Number 707-784-8508	Email Address SAWright@solanocounty.com																



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 49,358.28
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 369,722.72 <i>(1c)</i>		\$ 369,722.72
Deposits for July 1, 2016-June 30, 2017	\$ 357,825.46 <i>(5c)</i>		\$ 727,548.18
Interest for July 1, 2016-June 30, 2017	\$ 4,098.42 <i>(8a)</i>		\$ 731,646.60
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 731,646.60

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 33,559.57 <i>(9a)</i>		\$ 33,559.57	\$ 33,559.57 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 168,398.86 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 168,398.86	\$ 168,398.86 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 0.00	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 49,358.28 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 49,358.28	\$ 49,358.28 <i>(24a)</i>
<b>Total</b>	<b>\$ 251,316.71</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 251,316.71</b>	<b>\$ 251,316.71</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 480,329.89</b>

Reimbursements			
Physicians/Surgeons	\$ 1,116.08 <i>(16c)</i>		\$ 481,445.97
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 481,445.97
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 481,445.97</b>

*Iris Harms*  
 Signature of Maddy EMS Fund Administrator

2-7-2019  
 Date

Iris Harms Accountant (Sr)  
 Printed Name & Title

INHarms@solanocounty.ca.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 0.00</b>

*Tris Hartms*  
 Signature of Maddy EMS Fund Administrator

Tris Hartms, Accountant Sr  
 Printed Name & Title

2-7-2019  
 Date

INHartms@sdavacounty-co  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Sonoma	<b>County Contact (Name and Title)</b> Joanne Cahpman
	<b>Address (Number and Street)</b> 195 Concourse Blvd	<b>Phone Number</b> 707-565-6506
	<b>City or Post Office, State, and ZIP Code</b> Santa Rosa, CA 95403	<b>Email Address</b> Joanne.Chapman@sonoma-county.org

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	07/01/2001
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 186,733.00
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	01/01/2008
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 263,789.00
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
		\$7,228 use of fund balance to cover EMS operational expenditures.	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 322,554.00
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 526,912.00
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 849,466.00

<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>	
	<b>Entity</b> Sonoma County Courts	<b>Contact (Name and Title)</b> Linda Walker, Court Financial Manager
	<b>Phone Number</b> 707-521-6507	<b>Email Address</b> lwalker@sonomacountycourt.org



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 322,554.00
	b		Vehicle Code § 42007	
	c		Total	\$ 322,554.00

d If no deposits into Maddy EMS Fund, state reason(s):

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a	Government Code § 76000.5	\$ 526,912.00
	b	Vehicle Code § 42007	
	c	Total	\$ 526,912.00

d If no deposits into Maddy EMS Fund, state reason(s):

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Sonoma County Courts	Linda Walker
Phone Number	Email Address
707-521-6507	lwalker@sonomacountycourt.org

V Maddy EMS Fund Category Distributions

8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 4,470.00
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 32,702.00
b	Physicians/Surgeons (58%)		\$ 170,706.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 73,580.00
	d	Other Discretionary EMS (17%)		\$ 50,035.00
	e	Total	\$ 0.00	\$ 327,023.00

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits	
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 8,787.00
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 53,570.00
b	Richie's Fund (15%)		\$ 72,319.00
c	Physicians/Surgeons (58%)		\$ 237,689.00
d	Hospitals (25%)		\$ 102,452.00
e	Other Discretionary EMS (17%)		\$ 69,668.00
f	Total	\$ 0.00	\$ 535,698.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Sonoma County Dept of Health Svcs	Rachel Sweet, Accountant II
Phone Number	Email Address
707-565-4898	rachel.sweet@sonoma-county.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	\$ 32,702.00
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount	\$ 53,570.00
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount	\$ 72,319.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		9,478	\$ 3,820,755.01	9,478	100%	\$ 415,429.54

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 Services rendered in FY16-17 were paid in FY17-18

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 We combine the disbursement amount and do not track each assessment separately for disbursement to doctors.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Sonoma County Dept of Health Srvcs	Contact (Name and Title) Rachel Sweet, Accountant II
Phone Number 707-565-4898	Email Address rachel.sweet@sonoma-county.org



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
(If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount
	\$ 176,032.62

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). *(If fund not established, leave blank and go to #22)*  Yes  No  
(If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 We combine the disbursement amt and distribute based on hospital percentage of charity care

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*  
 A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Sonoma County Dept of Health Srvc	Contact (Name and Title) Rachel Sweet, Accountant II
Phone Number 707-565-4898	Email Address rachel.sweet@sonoma-county.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 50,035.00
	<b>b</b>	<b>Description of other EMS services provided:</b> Local regulation of the EMS system through the Emergency Medical Services System Ordina	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			\$ 69,668.00
	<b>b</b>	<b>Description of other EMS services provided:</b> Local regulation of the EMS system through the Emergency Medical Services System Ordina	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 186,733.00 <i>(1c)</i>		\$ 186,733.00
Deposits for July 1, 2016-June 30, 2017	\$ 322,554.00 <i>(5c)</i>		\$ 509,287.00
Interest for July 1, 2016-June 30, 2017	\$ 4,470.00 <i>(8a)</i>		\$ 513,757.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 513,757.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,702.00 <i>(9a)</i>		\$ 32,702.00	\$ 32,702.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 170,706.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 170,706.00	\$ 415,429.54 <i>(16a)</i>
Hospitals (25%)	\$ 73,580.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 73,580.00	\$ 0.00 <i>(20b Pd)</i> \$ 176,032.62 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 50,035.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 50,035.00	\$ 50,035.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 327,023.00</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 327,023.00</b>	<b>\$ 674,199.16</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>-\$ 160,442.16</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>	-\$ 160,442.16
Hospitals		\$ 0.00 <i>(20e)</i>	-\$ 160,442.16
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>-\$ 160,442.16</b>

\_\_\_\_\_  
 Signature of Maddy EMS Fund Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 263,789.00 <i>(2c)</i>	\$ 263,789.00
Deposits for July 1, 2016- June 30, 2017	\$ 526,912.00 <i>(6c)</i>	\$ 790,701.00
Interest for July 1, 2016-June 30, 2017	\$ 8,787.00 <i>(10a)</i>	\$ 799,488.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>	\$ 799,488.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 53,570.00 <i>(11a)</i>		\$ 53,570.00	\$ 53,570.00 <i>(14)</i>
Richie's Fund (15%)	\$ 72,319.00 <i>(11b)</i>		\$ 72,319.00	\$ 72,319.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 237,689.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 237,689.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 102,452.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 102,452.00	\$ 0.00 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 69,668.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 69,668.00	\$ 69,668.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 535,698.00 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 535,698.00</b>	<b>\$ 195,557.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 603,931.00</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 603,931.00
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 603,931.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 603,931.00</b>

*Joanne Chapman*

3/19/19

Signature of Maddy EMS Fund Administrator

Date

Joanne Chapman EMS Coordinator

Printed Name & Title

Email Address

Joanne.Chapman@sonoma-county.org



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b>	<b>County Contact (Name and Title)</b>
	County of Stanislaus Health Services Agency	Maria Blanco, Manager III
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	830 Scenic Dr	(209) 558-4802
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>
	PO BOX 3271 Modesto CA 95355	MBlanco@schsa.org

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b>	<b>Date fund established.</b>	03/20/2007	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 226,810.28	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>		
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	<b>b</b>	<b>Date fund established.</b>	03/20/2007	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 104,673.94	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>		

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 626,443.38
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 157,048.74
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 783,492.12

<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<b>Entity</b>	<b>Contact (Name and Title)</b>	
	County of Stanislaus Auditor Controller's Office	Jillian Echavarria, Accountant II	
	<b>Phone Number</b>	<b>Email Address</b>	
	(209) 525-6598	EChavarria@stancounty.com	



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 626,443.38
	b		Vehicle Code § 42007	
	c		Total	\$ 626,443.38
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	\$ 157,048.74
	b		Vehicle Code § 42007	
	c		Total	\$ 157,048.74
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	County of Stanislaus Auditor Controller's Office	Jillian Echavarría, Accountant II		
	Phone Number (209) 525-6598	Email Address Echavarría@stancounty.com		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 3,457.51
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 63,131.27
b	Physicians/Surgeons (58%)		\$ 328,789.72	



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 143,791.40
	d	Other Discretionary EMS (17%)		\$ 95,600.29
	e	Total	\$ 0.00	\$ 631,312.68

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 1,411.78
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 15,704.87
b	Richie's Fund (15%)		\$ 141,343.87
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	Total	\$ 0.00	\$ 157,048.74

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
County of Stanislaus Health Services Agency	Maria Blanco, Manager III
Phone Number	Email Address
(209) 558-4802	MBlanco@schsa.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 49,074.96
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 14,166.75
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 104,659.92



VI Expenditures & Reimbursements (cont.)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	5,994	\$ 4,629,111.00	5,994	100%	\$ 355,566.55
b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
					Amount Reimbursed
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					\$ 29,022.75
	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	1,496	\$ 593,023.00	1,496	100%	\$ 67,835.47
b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
					Amount Reimbursed
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					\$ 7,286.95
18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)					
<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
<input type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
<input type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
19 Responsibility for claims payments to Physicians/Surgeons:					
Entity		Contact (Name and Title)			
Stanislaus Foundation for Medical Care		Joanne Chipponeri, Chief Executive Officer			
Phone Number		Email Address			
(209) 527-1704		FMC@stanislausmedicalsociety.com			



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">384</td> <td style="text-align: right;">\$ 1,777,334.3</td> <td style="text-align: center;">384</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 109,500.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	384	\$ 1,777,334.3	384	100%	\$ 109,500.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	384	\$ 1,777,334.3	384	100%	\$ 109,500.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		Amount																	
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>																		
		Amount Reimbursed																	
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.																		
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">384</td> <td style="text-align: right;">\$ 1,777,334.3</td> <td style="text-align: center;">224</td> <td style="text-align: center;">58%</td> <td style="text-align: right;">\$ 51,002.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	384	\$ 1,777,334.3	224	58%	\$ 51,002.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	384	\$ 1,777,334.3	224	58%	\$ 51,002.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
		Amount																	
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>																		
		Amount Reimbursed																	
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.																		
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>																		
	<input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity County of Stanislaus Health Services Agency	Contact (Name and Title) Maria Blanco, Manager III																	
	Phone Number (209) 558-4802	Email Address MBlanco@schsa.org																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 87,408.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		To Implement an Emergency Medical Services system under Ca Health & Safety Code 1797	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	





**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 226,810.28 <i>(1c)</i>		\$ 226,810.28
Deposits for July 1, 2016-June 30, 2017	\$ 626,443.38 <i>(5c)</i>		\$ 853,253.66
Interest for July 1, 2016-June 30, 2017	\$ 3,457.51 <i>(8a)</i>		\$ 856,711.17
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 856,711.17

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 63,131.27 <i>(9a)</i>		\$ 63,131.27	\$ 49,074.96 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 328,789.72 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 328,789.72	\$ 355,566.55 <i>(16a)</i>
Hospitals (25%)	\$ 143,791.40 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 143,791.40	\$ 109,500.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 95,600.29 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 95,600.29	\$ 87,408.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 631,312.68 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 631,312.68</b>	<b>\$ 601,549.51</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 255,161.66</b>

Reimbursements			
Physicians/Surgeons	\$ 29,022.75 <i>(16c)</i>		\$ 284,184.41
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 284,184.41
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 284,184.41</b>

Marvin Afable  
 Signature of Maddy EMS Fund Administrator

4/12/18  
 Date

Marvin Afable Financial Accountant I  
 Printed Name & Title

mafable@schsa.org  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 104,673.94 <i>(2c)</i>		\$ 104,673.94
Deposits for July 1, 2016- June 30, 2017	\$ 157,048.74 <i>(6c)</i>		\$ 261,722.68
Interest for July 1, 2016-June 30, 2017	\$ 1,411.78 <i>(10a)</i>		\$ 263,134.46
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 263,134.46

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 15,704.87 <i>(11a)</i>		\$ 15,704.87	\$ 14,166.75 <i>(14)</i>
Richie's Fund (15%)	\$ 141,343.87 <i>(11b)</i>		\$ 141,343.87	\$ 104,659.92 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 67,835.47 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 51,002.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
Total	\$ 157,048.74 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 157,048.74	\$ 237,664.14
Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i>				\$ 25,470.32

Reimbursements			
Physicians/Surgeons	\$ 7,286.95 <i>(17c)</i>		\$ 32,757.27
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 32,757.27
Ending Balance for Total Available Funds as of June 30, 2017			\$ 32,757.27

*Marvin Afable*  
 Signature of Maddy EMS Fund Administrator

4/12/18  
 Date

Marvin Afable Financial Accountant I  
 Printed Name & Title

mafable@schsa.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Sutter County	<b>County Contact (Name and Title)</b> Patrick Larrigan, Medical Fiscal Manager
	<b>Address (Number and Street)</b> 1445 Veterans Memorial Circle	<b>Phone Number</b> 30-822-7215
	<b>City or Post Office, State, and ZIP Code</b> Yuba City, CA 95993	<b>Email Address</b> plarrigan@co.sutter.ca.us

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	02/13/1990
	<b>c Fund balance on July 1, 2016.</b>	\$ 606,673.02
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000		
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 0.00	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b>		<b>Contact (Name and Title)</b>	
	<b>Phone Number</b>		<b>Email Address</b>	



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 79,512.85</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 79,512.85</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
<b>a</b>		<b>Government Code § 76000.5</b>	
<b>b</b>		<b>Vehicle Code § 42007</b>	
<b>c</b>		<b>Total</b>	<b>\$ 0.00</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> Sutter County Auditor Controller	<b>Contact (Name and Title)</b> Ronda Putman
<b>Phone Number</b> 530-822-7127	<b>Email Address</b> rputman@co.sutter.ca.us

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 3,464.36</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 8,041.29</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 42,329.66</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 18,092.90
	d	Other Discretionary EMS (17%)		\$ 12,303.18
	e	<b>Total</b>	\$ 0.00	\$ 80,767.03

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity Sutter County Medical Fiscal Manager	Contact (Name and Title) Patrick Larrigan
Phone Number 530-822-7215	Email Address plarrigan@co.sutter.ca.us

VI Expenditures &  
Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
		\$ 8,041.29
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
		\$ 0.00
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
		\$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,605	\$ 60,028.94	1,605	100%	\$ 60,028.94

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 300.12

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Sutter County Medical Fiscal Manager	Contact (Name and Title) Patrick Larrigan
Phone Number 530-822-7215	Email Address plarrigan@co.sutter.ca.us



**VI Expenditures & Reimbursements (cont.)**

**20a** Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
(If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.	1,486	\$ 21,919.35	1,486	100%	\$ 21,919.35

**c** If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
<b>d</b> Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	

	Amount Reimbursed
<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

**21a** Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
(If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.				0%	

**c** If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
<b>d</b> Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

**22** Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

**23** Responsibility for claims payments to Hospitals:

Entity Sutter County Medical Fiscal Manager	Contact (Name and Title) Patrick Larrigan
Phone Number 530-822-7215	Email Address plarrigan@co.sutter.ca.us



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 12,303.18

**b** Description of other EMS services provided:

<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>

**b** Description of other EMS services provided:






VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 606,673.02 <i>(1c)</i>	\$ 606,673.02
Deposits for July 1, 2016-June 30, 2017	\$ 79,512.85 <i>(5c)</i>	\$ 686,185.87
Interest for July 1, 2016-June 30, 2017	\$ 3,464.36 <i>(8a)</i>	\$ 689,650.23
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>	\$ 689,650.23

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 8,041.29 <i>(9a)</i>		\$ 8,041.29	\$ 8,041.29 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 42,329.66 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 42,329.66	\$ 60,028.94 <i>(16a)</i>
Hospitals (25%)	\$ 18,092.90 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 18,092.90	\$ 21,919.35 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 12,303.18 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 12,303.18	\$ 12,303.18 <i>(24a)</i>
<b>Total</b>	<b>\$ 80,767.03 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 80,767.03</b>	<b>\$ 102,292.76</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 587,357.47</b>

Reimbursements		
Physicians/Surgeons	\$ 300.12 <i>(16c)</i>	\$ 587,657.59
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 587,657.59
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 587,657.59</b>

  
 Signature of Maddy EMS Fund Administrator

11/2/18  
 Date

Patrick Lomigian Medical Fiscal Mgr.  
 Printed Name & Title

plomigian@  
 Email Address  
 eo.5@ca.us



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(11a)</i>		\$ 0.00	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 0.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 0.00	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	\$ 0.00 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 0.00	\$ 0.00
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				\$ 0.00

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator  
 Date: 4/12/18  
  
 Printed Name & Title  
 Email Address: co.sutter.ca.us



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> County of Trinity	<b>County Contact (Name and Title)</b> Chelsey Jones Account Tech II
	<b>Address (Number and Street)</b> PO Box 1230	<b>Phone Number</b> 530-623-8339
	<b>City or Post Office, State, and ZIP Code</b> Weaverville, CA 96093	<b>Email Address</b> Cjones@trinitycounty.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	08/01/1991
	<b>c Fund balance on July 1, 2016.</b>	\$ 84,774.53
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b> Balance forward from last year	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	
	<b>c Fund balance on July 1, 2016.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 14,617.63	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 0.00	
	<b>c</b>	Vehicle Code § 42007	\$ 19,605.22	
	<b>d</b>	<b>Total</b>	\$ 34,222.85	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Trinity County Superior Courts	<b>Contact (Name and Title)</b> Trisha Saxon		
	<b>Phone Number</b> 530-623-1369	<b>Email Address</b> psaxon@trinitycounty.org		



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 14,617.63
	b		Vehicle Code § 42007	
	c		Total	\$ 14,617.63

d If no deposits into Maddy EMS Fund, state reason(s):  
 Board did not approve revenues to be deposited to Maddy fund for VC42007.

6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00

d If no deposits into Maddy EMS Fund, state reason(s):

7	Responsibility for deposit of penalty assessments:	
	Entity	Contact (Name and Title)
	Trinity County Superior Courts	Trisha Saxon
	Phone Number	Email Address
	530-623-1369	psaxon@trinitycounty.org

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 567.47
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 1,461.76
b	Physicians/Surgeons (58%)	\$ 13,203.01	\$ 74,817.04



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 534.29	\$ 3,012.50
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 5,912.81
	e	Total	\$ 13,737.30	\$ 85,204.11

10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)

	Interest and Other Deposits
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	
c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:	

	Reserve (Optional)	Category Distributions
11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		
a Administration (Admin cost equal to the lesser of actual cost or 10%)		
b Richie's Fund (15%)		
c Physicians/Surgeons (58%)		
d Hospitals (25%)		
e Other Discretionary EMS (17%)		
f Total	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity Trinity County Superior Courts	Contact (Name and Title) Trisha Saxon
Phone Number 530-623-1369	Email Address Psaxon@trinitycounty.org

VI Expenditures & Reimbursements		Amount
13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).		\$ 1,368.00
14 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		Amount
15 Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		Amount



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		0	\$ 0.00	0	0%	\$ 53.43

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 See attachment for explanation.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Trinity County Auditor-Controller	Chelsey Jones
Phone Number	Email Address
530 623 8339	Cjones@trinitycounty.org



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.			0	0%	\$ 5.20

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):  
 See attachment for explanation

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 3,012.50

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Trinity County Auditor Controller	Contact (Name and Title) Chelsey Jones
Phone Number 530-623-8339	Email Address Cjones@trinitycounty.org



VI Expenditures & Reimbursements (cont.)		24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 1,038.18
b	Description of other EMS services provided:		
	50% allocation per board approved agenda 2.04 5/13/14 & Audit Expense		
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount	
b	Description of other EMS services provided:		





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total	
Balance on July 1, 2016	\$ 84,774.53	(1c)	\$ 84,774.53	
Deposits for July 1, 2016-June 30, 2017	\$ 14,617.63	(5c)	\$ 99,392.16	
Interest for July 1, 2016-June 30, 2017	\$ 567.47	(8a)	\$ 99,959.63	
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)	\$ 99,959.63	

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,461.76 (9a)		\$ 1,461.76	\$ 1,368.00 (13)
Physicians/Surgeons (58%)	\$ 74,817.04 (9b)	\$ 13,203.01 (9b)	\$ 61,614.03	\$ 53.43 (16a)
Hospitals (25%)	\$ 3,012.50 (9c)	\$ 534.29 (9c)	\$ 2,478.21	\$ 5.20 (20b Pd) \$ 3,012.50 (20d)
Other Discretionary EMS (17%)	\$ 5,912.81 (9d)	\$ 0.00 (9d)	\$ 5,912.81	\$ 1,038.18 (24a)
<b>Total</b>	<b>\$ 85,204.11 (9e)</b>	<b>\$ 13,737.30 (9e)</b>	<b>\$ 71,466.81</b>	<b>\$ 5,477.31</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 94,482.32</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 (16c)	\$ 94,482.32
Hospitals	\$ 0.00 (20e)	\$ 94,482.32
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 94,482.32</b>

*Christine Gaffney*  
 Signature of Maddy EMS Fund Administrator

2/14/19  
 Date

*Christine Gaffney*  
 Printed Name & Title

*cgaffney@kinitycounty.org*  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 (17c)		\$ 0.00
Hospitals	\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

*Christine Gaffney*  
 Signature of Maddy EMS Fund Administrator

2/14/19  
 Date

Christine Gaffney  
 Printed Name & Title

cgaffney@trinitycounty.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Health & Human Services	<b>County Contact (Name and Title)</b> Robert Hernandez
	<b>Address (Number and Street)</b> 5957 S. Mooney Blvd.	<b>Phone Number</b> 559-624-7454
	<b>City or Post Office, State, and ZIP Code</b> Visalia, CA 93291	<b>Email Address</b> RJHernandez@tularehhsa.org

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	09/19/2001
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	\$ 16,978.92
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	11/14/2006
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		Government Code § 76000	\$ 139,407.89
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 530,023.47
	<b>c</b>		Vehicle Code § 42007	\$ 205,367.52
	<b>d</b>		<b>Total</b>	\$ 874,798.88
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
		<b>Entity</b> Tulare County Probation / Superior Court	<b>Contact (Name and Title)</b> Sheryl Pasalaskis / Christine Renteria	
		<b>Phone Number</b> (559)713-2788 / (559)730-5000 x1103	<b>Email Address</b> spasalask@co.tulare.ca.us/crenteria@tulare.co	



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 130,621.97
	b		Vehicle Code § 42007	\$ 95,978.91
	c		Total	\$ 226,600.88
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 484,959.30
	b		Vehicle Code § 42007	\$ 93,702.98
	c		Total	\$ 578,662.28
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity Tulare County Probation / Superior Court	Contact (Name and Title) Sheryl Pasalaskis / Christine Renteria	
		Phone Number (559)713-2788 / (559)730-5000 x1103	Email Address spasalask@co.tulare.ca.us/crenteria@tulare.ca.gov	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 3,829.35
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		\$ 41,477.00
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: The \$41,477 represents a prior year expense accrual. This amount was liquidated in FY 16/17, and included in this year's distribution.		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 22,473.94
	b	Physicians/Surgeons (58%)		\$ 168,913.62



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 72,807.59
	d	Other Discretionary EMS (17%)		\$ 49,509.16
	e	<b>Total</b>	\$ 0.00	\$ 313,704.31

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

		Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 9,778.88
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 57,866.23
b	Richie's Fund (15%)		\$ 94,193.72
c	Physicians/Surgeons (58%)		\$ 276,020.96
d	Hospitals (25%)		\$ 118,974.55
e	Other Discretionary EMS (17%)		\$ 80,902.70
f	<b>Total</b>	\$ 0.00	\$ 627,958.16

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Tulare County Health & Human Services	Gabriel Diaz-Carrera
Phone Number	Email Address
(559) 624-7490	GCDiaz@tularehhsa.org

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 22,473.94
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 57,866.23
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 94,193.72



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,215	\$ 826,918.17	1,215	100%	\$ 168,913.62

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 24,818.16

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	1,977	\$ 1,352,700.46	1,977	100%	\$ 276,020.96

b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 0.00

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Tulare County Health & Human Services	Contact (Name and Title) Dana Allen
Phone Number (559) 624-8070	Email Address DLAllen@tularehhsa.org



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
*(If no, go to #20d)*

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	242	\$ 1,022,729.00	242	100%	\$ 72,807.59

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). *(If fund not established, leave blank and go to #22)*  Yes  No  
*(If no, go to #21d)*

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	398	\$ 1,282,906.00	398	100%	\$ 118,974.55

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 39,517.00

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*  
 A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Tulare County Health & Human Services	Contact (Name and Title) Dana Allen
Phone Number (559) 624-8070	Email Address DLAllen@tularehhsa.org



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 49,509.16
b	Description of other EMS services provided: Ambulance Services	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 80,902.70
b	Description of other EMS services provided: Ambulance and Orthopedic Services	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 16,978.92 <i>(1c)</i>		\$ 16,978.92
Deposits for July 1, 2016-June 30, 2017	\$ 226,600.88 <i>(5c)</i>		\$ 243,579.80
Interest for July 1, 2016-June 30, 2017	\$ 3,829.35 <i>(8a)</i>		\$ 247,409.15
Other Deposits for July 1, 2016-June 30, 2017	\$ 41,477.00 <i>(8b)</i>		\$ 288,886.15

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 22,473.94 <i>(9a)</i>		\$ 22,473.94	\$ 22,473.94 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 168,913.62 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 168,913.62	\$ 168,913.62 <i>(16a)</i>
Hospitals (25%)	\$ 72,807.59 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 72,807.59	\$ 72,807.59 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 49,509.16 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 49,509.16	\$ 49,509.16 <i>(24a)</i>
Total	\$ 313,704.31 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 313,704.31	\$ 313,704.31
Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i>				-\$ 24,818.16

Reimbursements			
Physicians/Surgeons	\$ 24,818.16 <i>(16c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

4/11/18  
 Date

Rob Stewart, Director of Fiscal Operations  
 Printed Name & Title

rstewart@tularehhsa.org  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 578,662.28 <i>(6c)</i>		\$ 578,662.28
Interest for July 1, 2016-June 30, 2017	\$ 9,778.88 <i>(10a)</i>		\$ 588,441.16
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 588,441.16

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 57,866.23 <i>(11a)</i>		\$ 57,866.23	\$ 57,866.23 <i>(14)</i>
Richie's Fund (15%)	\$ 94,193.72 <i>(11b)</i>		\$ 94,193.72	\$ 94,193.72 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 276,020.96 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 276,020.96	\$ 276,020.96 <i>(17a)</i>
Hospitals (25%)	\$ 118,974.55 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 118,974.55	\$ 118,974.55 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 80,902.70 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 80,902.70	\$ 80,902.70 <i>(25a)</i>
<b>Total</b>	<b>\$ 627,958.16 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 627,958.16</b>	<b>\$ 627,958.16</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>-\$ 39,517.00</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	-\$ 39,517.00
Hospitals	\$ 39,517.00 <i>(21e)</i>	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

4/11/18  
 Date

Rob Stewart, Director of Fiscal Operations  
 Printed Name & Title

rstewart@talenthsa.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Auditor-Controller	Jasmine Bohn, Senior Accountant
	Address (Number and Street)	Phone Number
	2 S. Green Street	209-533-5558
City or Post Office, State, and ZIP Code	Email Address	
Sonora, CA 95370	JBohn@co.tuolumne.ca.us	

<b>II Establishment of Fund</b>	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b	Date fund established.	03/01/1989
	c	Fund balance on July 1, 2016.	\$ 5,281.55
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s): N/A, agrees to 6/30/16 balance	
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #3)</i>
	b	Date fund established.	
	c	Fund balance on July 1, 2016.	
	d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):	

<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	a		Government Code § 76000		
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	c		Vehicle Code § 42007		
	d		<b>Total</b>	\$ 0.00	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		County of Tuolumne	Michelle Ronning, Revenue Recovery Manager		
		Phone Number	Email Address		
		209-533-5547	MRonning@co.tuolumne.ca.us		



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 76,089.15
	b		Vehicle Code § 42007	
	c		Total	\$ 76,089.15
	d	If no deposits into Maddy EMS Fund, state reason(s): N/A		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	
	b		Vehicle Code § 42007	
	c		Total	\$ 0.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Superior Court of Tuolumne County	Shelley Walker, Court Fiscal Manager	
		Phone Number	Email Address	
		209-533-6928	Shelley@tuolumne.courts.ca.gov	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 772.54
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: N/A		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 7,733.00
	b	Physicians/Surgeons (58%)		\$ 45,176.00



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 17,401.00
	d	Other Discretionary EMS (17%)		\$ 11,833.00
	e	Total	\$ 0.00	\$ 82,143.00

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	Total	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

Entity County of Tuolumne	Contact (Name and Title) Jasmine Bohn, Senior Accountant
Phone Number 209-533-5558	Email Address JBohn@co.tuolumne.ca.us

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 7,657.00
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount



VI Expenditures & Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
			#	\$ Amount	#	%	\$ Amount
			1,167	\$ 270,749.82	1,167	100%	\$ 44,779.36
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): N/A					
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
							\$ 0.00
	17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
			#	\$ Amount	#	%	\$ Amount
					0%		
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
	18	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)					
		<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies. <input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s). <input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies. <input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology. <input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
	19	Responsibility for claims payments to Physicians/Surgeons:					
		Entity	Contact (Name and Title)				
		County of Tuolumne	Jasmine Bohn, Senior Accountant				
		Phone Number	Email Address				
		209-533-5558	JBohn@co.tuolumne.ca.us				



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 17,230.00</td> </tr> </tbody> </table>	Amount	\$ 17,230.00															
Amount																			
\$ 17,230.00																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"> </td> </tr> </tbody> </table>	Amount																
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Amount Reimbursed																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity County of Tuolumne	Contact (Name and Title) Jasmine Bohn, Senior Accountant																	
	Phone Number 209-533-5558	Email Address JBohn@co.tuolumne.ca.us																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 11,717.00
	<b>b</b>	<b>Description of other EMS services provided:</b> The funds were used for a portion of the EMS Outfielder software upgrade on the ambulances.	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 5,281.55	(1c)		\$ 5,281.55
Deposits for July 1, 2016-June 30, 2017	\$ 76,089.15	(5c)		\$ 81,370.70
Interest for July 1, 2016-June 30, 2017	\$ 772.54	(8a)		\$ 82,143.24
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(8b)		\$ 82,143.24

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 7,733.00 (9a)		\$ 7,733.00	\$ 7,657.00 (13)
Physicians/Surgeons (58%)	\$ 45,176.00 (9b)	\$ 0.00 (9b)	\$ 45,176.00	\$ 44,779.36 (16a)
Hospitals (25%)	\$ 17,401.00 (9c)	\$ 0.00 (9c)	\$ 17,401.00	\$ 0.00 (20b Pd) \$ 17,230.00 (20d)
Other Discretionary EMS (17%)	\$ 11,833.00 (9d)	\$ 0.00 (9d)	\$ 11,833.00	\$ 11,717.00 (24a)
<b>Total</b>	<b>\$ 82,143.00</b> (9e)	<b>\$ 0.00</b> (9e)	<b>\$ 82,143.00</b>	<b>\$ 81,383.36</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>\$ 759.88</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 759.88
Hospitals		\$ 0.00 (20e)		\$ 759.88
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 759.88</b>

  
 Signature of Maddy EMS Fund Administrator

04/04/2018  
 Date

Debi Bautista, Auditor-Controller  
 Printed Name & Title

DBautista@co.tuolumne.ca.us  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

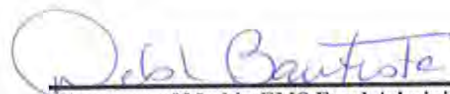
	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 0.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00	(17c)	\$ 0.00
Hospitals	\$ 0.00	(21e)	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

04/04/2018  
 Date

Debi Bautista, Auditor-Controller  
 Printed Name & Title


DBautista@co.tuolumne.ca.us  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	<b>County Department</b> Ventura County HCA/Public Health- EMS	<b>County Contact (Name and Title)</b> Steve Carroll, EMS Administrator
	<b>Address (Number and Street)</b> 2220 E. Gonzales Rd., Ste. 200	<b>Phone Number</b> 805-981-5305
	<b>City or Post Office, State, and ZIP Code</b> Oxnard, CA 93036	<b>Email Address</b> steve.carroll@ventura.org

<b>II Establishment of Fund</b>	<b>1a Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b Date fund established.</b>	11/15/1988
	<b>c Fund balance on July 1, 2016.</b>	\$ 651,427.75
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b Date fund established.</b>	07/01/2012
	<b>c Fund balance on July 1, 2016.</b>	\$ 606,693.37
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3 Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>	
	<b>a</b>	Government Code § 76000	\$ 905,923.84	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,120,159.93	
	<b>c</b>	Vehicle Code § 42007	\$ 254,519.43	
	<b>d</b>	<b>Total</b>	\$ 2,280,603.20	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Ventura Superior Court	<b>Contact (Name and Title)</b> Richard Cabral, Director of Finance. Planning 		
	<b>Phone Number</b> (805) 289-8881	<b>Email Address</b> richard.cabral@ventura.courts.ca.gov		



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 794,371.15</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 245,733.21</b>
	<b>c</b>		<b>Total</b>	<b>\$ 1,040,104.36</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 1,007,250.51</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 1,007,250.51</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b>	<b>Contact (Name and Title)</b>	
		Ventura County Emergency Medical Services	Steve Carroll, EMS Administrator	
		<b>Phone Number</b> (805) 981-5305	<b>Email Address</b> steve.carroll@ventura.org	
<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 8,542.12</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>		<b>\$ 0.00</b>
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 169,153.21</b>	
<b>b</b>	<b>Physicians/Surgeons (58%)</b>	<b>\$ 0.00</b>	<b>\$ 882,979.76</b>	



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>	\$ 0.00	\$ 380,594.72
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>	\$ 0.00	\$ 258,804.41
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,691,532.10

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	<b>Interest and Other Deposits</b>
<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>
	\$ 7,851.22
<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 161,394.39
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 242,091.58
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 702,065.59
<b>d</b>	<b>Hospitals (25%)</b>		\$ 302,614.48
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 205,777.85
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 1,613,943.89

**12 Responsibility for category distributions:**

<b>Entity</b>	<b>Contact (Name and Title)</b>
Ventura County Emergency Medical Services	Steve Carroll, EMS Administrator
<b>Phone Number</b>	<b>Email Address</b>
(805) 981-5305	steve.carroll@ventura.org

<b>VI Expenditures &amp; Reimbursements</b>		<b>Amount</b>
<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	\$ 54,556.21
<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	\$ 52,053.79
<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	\$ 153,831.59



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	6,841	\$ 1,872,120.56	6,841	100%	\$ 544,165.56
b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 0.00
		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	5,440	\$ 1,488,540.56	5,440	100%	\$ 432,671.20
b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 0.00
18 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>						
<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.						
<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).						
<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.						
<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.						
<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.						
19 Responsibility for claims payments to Physicians/Surgeons:						
Entity			Contact (Name and Title)			
American Insurance Administrators			Marta Contreras, Program Administrator			
Phone Number			Email Address			
(213) 406-2298			marta@mapinc.com			



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:80%;">Amount</th></tr> <tr><td style="text-align: right;">\$ 234,136.14</td></tr> </table>	Amount	\$ 234,136.14															
Amount																			
\$ 234,136.14																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:80%;">Amount Reimbursed</th></tr> <tr><td style="text-align: right;">\$ 0.00</td></tr> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:80%;">Amount</th></tr> <tr><td style="text-align: right;">\$ 186,163.86</td></tr> </table>	Amount	\$ 186,163.86															
Amount																			
\$ 186,163.86																			
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:80%;">Amount Reimbursed</th></tr> <tr><td style="text-align: right;">\$ 0.00</td></tr> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Ventura County HCA/Public Health	Contact (Name and Title) David Mitchell, Principal Accountant																	
	Phone Number (805) 981-5284	Email Address David.Mitchell@ventura.org																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 0.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>	<b>Amount</b>
			\$ 0.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	







VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 606,693.37	(2c)		\$ 606,693.37
Deposits for July 1, 2016- June 30, 2017	\$ 1,007,250.51	(6c)		\$ 1,613,943.88
Interest for July 1, 2016-June 30, 2017	\$ 7,851.22	(10a)		\$ 1,621,795.10
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 1,621,795.10

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 161,394.39 (11a)		\$ 161,394.39	\$ 52,053.79 (14)
Richie's Fund (15%)	\$ 242,091.58 (11b)		\$ 242,091.58	\$ 153,831.59 (15)
Physicians/Surgeons (58%)	\$ 702,065.59 (11c)	\$ 0.00 (11c)	\$ 702,065.59	\$ 432,671.20 (17a)
Hospitals (25%)	\$ 302,614.48 (11d)	\$ 0.00 (11d)	\$ 302,614.48	\$ 0.00 (21b Pd) \$ 186,163.86 (21d)
Other Discretionary EMS (17%)	\$ 205,777.85 (11e)	\$ 0.00 (11e)	\$ 205,777.85	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 1,613,943.8</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 1,613,943.8</b>	<b>\$ 824,720.44</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>\$ 797,074.66</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 797,074.66
Hospitals		\$ 0.00 (21e)	\$ 797,074.66
Ending Balance for Total Available Funds as of June 30, 2017			\$ 797,074.66

Steve Carron  
 Signature of Maddy EMS Fund Administrator

STEVE CARRON EMS ADMINISTRATOR  
 Printed Name & Title

6/20/18  
 Date

STEVE.CARRON@VENURA.ORG  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department <b>County of Yolo</b>	County Contact (Name and Title) <b>John Buzolich, Fiscal Administrative Officer</b>
	Address (Number and Street) <b>137 N Cottonwood St</b>	Phone Number <b>(530) 666-8689</b>
	City or Post Office, State, and ZIP Code <b>Woodland, CA 95695</b>	Email Address <b>jbuzolich@yolocounty.org</b>

<b>II Establishment of Fund</b>	<b>1a</b>	<b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	<b>Date fund established.</b>	
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	<b>\$ 3,143,799.20</b>
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	
	<b>2a</b>	<b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	<b>Date fund established.</b>	<b>09/30/2006</b>
	<b>c</b>	<b>Fund balance on July 1, 2016.</b>	<b>\$ 0.00</b>
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</b>	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	<b>Fines, penalties, and forfeitures collected under each statute.</b>	<b>Statute</b>	<b>Collections</b>
	<b>a</b>		<b>Government Code § 76000</b>	<b>\$ 466,301.68</b>
	<b>b</b>		<b>Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i></b>	<b>\$ 196,052.79</b>
	<b>c</b>		<b>Vehicle Code § 42007</b>	
	<b>d</b>		<b>Total</b>	<b>\$ 662,354.47</b>

<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>
Entity <b>Yolo Superior Courts</b>	Contact (Name and Title) <b>Leanne Sweeney</b>
Phone Number <b>(530) 406-6700</b>	Email Address <b>lsweeney@yolo.courts.ca.gov</b>



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 466,301.68</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 466,301.68</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)</b>	<b>Statute</b>	<b>Deposits</b>
<b>a</b>		<b>Government Code § 76000.5</b>	<b>\$ 196,052.79</b>
<b>b</b>		<b>Vehicle Code § 42007</b>	
<b>c</b>		<b>Total</b>	<b>\$ 196,052.79</b>

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> County of Yolo	<b>Contact (Name and Title)</b> Josh Iverson, Accounting Manager
<b>Phone Number</b> (530) 666-8219	<b>Email Address</b> jiverson@yolocounty.org

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	<b>\$ 21,204.39</b>
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		<b>\$ 67,834.56</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 243,409.48</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 104,917.88
	d	Other Discretionary EMS (17%)		\$ 71,344.16
	e	<b>Total</b>	\$ 0.00	\$ 487,506.08

10 Maddy EMS Fund (Supplemental Assessment) *(If fund not established, leave blank and go to #12)*

	<b>Interest and Other Deposits</b>
a Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00
b Other deposits during fiscal year, July 1, 2016-June 30, 2017.	

c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 19,605.28
b	Richie's Fund (15%)		\$ 29,407.92
c	Physicians/Surgeons (58%)		\$ 85,282.96
d	Hospitals (25%)		\$ 36,759.90
e	Other Discretionary EMS (17%)		\$ 24,996.73
f	<b>Total</b>	\$ 0.00	\$ 196,052.79

12 Responsibility for category distributions:

Entity County of Yolo	Contact (Name and Title) John Buzolich, Fiscal Administrative Officer
Phone Number (530) 666-8689	Email Address jbuzolich@yolocounty.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> -\$ 345.42
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b> -\$ 99.83
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b> \$ 0.00



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).</b>	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,442	\$ 1,099,654.0	3,442	100%	\$ 329,173.32

**b** If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

<b>c</b> Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
--	-------------------

<b>17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)</b>	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	893	\$ 284,951.92	893	100%	\$ 85,282.96

**b** If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

<b>c</b> Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
--	-------------------

**18** Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

**19** Responsibility for claims payments to Physicians/Surgeons:

Entity County of Yolo	Contact (Name and Title) John Buzolich, Fiscal Administrative Officer
Phone Number (530) 666-8689	Email Address jbuzolich@yolocounty.org



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	0		0	0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	0		0	0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): No claims received from hospitals. Will switch to direct disbursement.																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Amount															
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	Amount Reimbursed																		
	<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	0		0	0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	0		0	0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): No claims received from hospitals. Will switch to direct disbursement.																		
	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Amount															
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	Amount Reimbursed																		
	<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity County of Yolo	Contact (Name and Title) John Buzolich, Fiscal Administrative Officer																	
	Phone Number (530) 666-8969	Email Address jbuzolich@yolocounty.org																	



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			<b>\$ 11,507.53</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		<b>purchased Automated External Defibrillators</b>	
	<b>25a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>
			<b>\$ 4,031.88</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		<b>purchased Automated External Defibrillators</b>	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total	
Balance on July 1, 2016	\$ 3,143,799.20 <i>(1c)</i>		\$ 3,143,799.20	
Deposits for July 1, 2016-June 30, 2017	\$ 466,301.68 <i>(5c)</i>		\$ 3,610,100.88	
Interest for July 1, 2016-June 30, 2017	\$ 21,204.39 <i>(8a)</i>		\$ 3,631,305.27	
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>		\$ 3,631,305.27	
<b>Distributions/Expenditures</b>	<b>Category Distributions</b>	<b>Reserve (Optional)</b>	<b>Available Funds for Disbursement (Category Distributions - Reserve)</b>	<b>Expenditures</b>
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 67,834.56 <i>(9a)</i>		\$ 67,834.56	-\$ 345.42 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 243,409.48 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 243,409.48	\$ 329,173.32 <i>(16a)</i>
Hospitals (25%)	\$ 104,917.88 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 104,917.88	\$ 0.00 <i>(20b Pd)</i>
				\$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 71,344.16 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 71,344.16	\$ 11,507.53 <i>(24a)</i>
<b>Total</b>	<b>\$ 487,506.08</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 487,506.08</b>	<b>\$ 340,335.43</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 3,290,969.84</b>
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>		\$ 3,290,969.84
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 3,290,969.84
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>				<b>\$ 3,290,969.84</b>

  
 Signature of Maddy EMS Fund Administrator

4/2/18  
 Date

Kristin Weivoda  
 Printed Name & Title  
 EMS Admin

Kristin.Weivoda@calocounty.ca.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 196,052.79 <i>(6c)</i>		\$ 196,052.79
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 196,052.79
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 196,052.79

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 19,605.28 <i>(11a)</i>		\$ 19,605.28	-\$ 99.83 <i>(14)</i>
Richie's Fund (15%)	\$ 29,407.92 <i>(11b)</i>		\$ 29,407.92	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 85,282.96 <i>(11c)</i>	\$ 0.00 <i>(11e)</i>	\$ 85,282.96	\$ 85,282.96 <i>(17a)</i>
Hospitals (25%)	\$ 36,759.90 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 36,759.90	\$ 0.00 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 24,996.73 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 24,996.73	\$ 4,031.88 <i>(25a)</i>
<b>Total</b>	<b>\$ 196,052.79</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 196,052.79</b>	<b>\$ 89,215.01</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 106,837.78</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 106,837.78
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 106,837.78
Ending Balance for Total Available Funds as of June 30, 2017		\$ 106,837.78

  
 Signature of Maddy EMS Fund Administrator

Kristin Weivoda  
 Printed Name & Title  
 EMS Administrator

4/2/18  
 Date  
Kristin.Weivoda  
@yoloacounty.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

<b>I Administering Agency</b>	County Department	County Contact (Name and Title)
	Yuba County Health & Human Services	Jennifer Vasquez, Director
	Address (Number and Street)	Phone Number
	5730 Packard Ave. P.O. Box 2320	(530) 749-6278
	City or Post Office, State, and ZIP Code	Email Address
	Marysville, CA 95901	kgoss@co.yuba.ca.us

<b>II Establishment of Fund</b>	<b>1a</b>	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b>	Date fund established.	03/26/1990	
	<b>c</b>	Fund balance on July 1, 2016.	\$ 232,173.67	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		
	<b>2a</b>	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	<b>b</b>	Date fund established.	03/26/1990	
	<b>c</b>	Fund balance on July 1, 2016.	\$ 5,377.48	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):		

<b>III Collections of Penalty Assessments</b>	<b>3</b>	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	<b>a</b>		Government Code § 76000	\$ 42,384.82
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 44,359.19
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 86,744.01
	<b>4</b>	Responsibility for collection of fines, penalties, and forfeitures:		
		Entity	Contact (Name and Title)	
		Yuba Courts	Steven Lewis, Chief financial Officer	
		Phone Number	Email Address	
		(530) 740-1630	slewis@yubacourts.org	



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 42,384.82
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 42,384.82

**d** If no deposits into Maddy EMS Fund, state reason(s):

<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>	Government Code § 76000.5	\$ 44,359.19
	<b>b</b>	Vehicle Code § 42007	
	<b>c</b>	<b>Total</b>	\$ 44,359.19

**d** If no deposits into Maddy EMS Fund, state reason(s):

**7** Responsibility for deposit of penalty assessments:

<b>Entity</b> Yuba Count Auditor	<b>Contact (Name and Title)</b> C. Richard Eberle, Auditor
<b>Phone Number</b> (530) 749-7811	<b>Email Address</b> mjohnson@co.yuba.ca.us - mcjohnson@co.yuba.ca.us

<b>V Maddy EMS Fund Category Distributions</b>	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 2,108.53
	<b>b</b>	<b>Other deposits during fiscal year, July 1, 2016-June 30, 2017.</b>	\$ 2,290.82
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b> Refund of over payments made by insurance, etc.	

<b>9</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 12,555.00
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 76,705.26



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 114,261.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 41,225.00
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 244,746.26

**10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)**

	Interest and Other Deposits
<b>a</b> Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00
<b>b</b> Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:

<b>11</b>	<b>Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 911.90
<b>b</b>	<b>Richie's Fund (15%)</b>		
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 9,542.80
<b>d</b>	<b>Hospitals (25%)</b>		
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 10,454.70

**12 Responsibility for category distributions:**

<b>Entity</b> Yuba County Health and Human Services	<b>Contact (Name and Title)</b> Jennifer Vasquez, Director
<b>Phone Number</b> (530) 749-6278	<b>Email Address</b> kgoss@co.yuba.ca.us

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 12,555.00
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>
			\$ 911.90
	<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	2,034	\$ 855,893.00	2,034	100%	\$ 76,705.26
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed				
17a		Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)		Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)		
		#	\$ Amount	#	%	\$ Amount
		337	\$ 116,080.00	337	100%	\$ 9,542.80
b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed				
\$ 0.00						
18	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)					
	<input checked="" type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input checked="" type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input checked="" type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input checked="" type="checkbox"/> An identification of the fee schedule used by the county.					
19	Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	Yuba County Health and Human Services	Jennifer Vasquez, Director				
	Phone Number	Email Address				
	(530) 749-6278	kgoss@co.yuba.ca.us				



**VI Expenditures & Reimbursements (cont.)**

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  Yes  No  
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	13	\$ 114,261.00	13	100%	\$ 114,261.00

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 0.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)  Yes  No  
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00

c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	\$ 0.00

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	\$ 0.00

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Yuba County Health and Human Services	Contact (Name and Title) Jennifer Vasquez, Director
Phone Number (530) 749-6278	Email Address kgoss@co.yuba.ca.us



VI Expenditures & Reimbursements (cont.)				Amount
		24a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	
b		<b>Description of other EMS services provided:</b>		
		Sierra Sac Valley EMS		
25a		<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>	<b>Amount</b>	
			\$ 0.00	
b		<b>Description of other EMS services provided:</b>		





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 232,173.67 <i>(1c)</i>	\$ 232,173.67
Deposits for July 1, 2016-June 30, 2017	\$ 42,384.82 <i>(5c)</i>	\$ 274,558.49
Interest for July 1, 2016-June 30, 2017	\$ 2,108.53 <i>(8a)</i>	\$ 276,667.02
Other Deposits for July 1, 2016-June 30, 2017	\$ 2,290.82 <i>(8b)</i>	\$ 278,957.84

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 12,555.00 <i>(9a)</i>		\$ 12,555.00	\$ 12,555.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 76,705.26 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 76,705.26	\$ 76,705.26 <i>(16a)</i>
Hospitals (25%)	\$ 114,261.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 114,261.00	\$ 114,261.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 41,225.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 41,225.00	\$ 41,225.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 244,746.26</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 244,746.26</b>	<b>\$ 244,746.26</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 34,211.58</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 34,211.58
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 34,211.58
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>		<b>\$ 34,211.58</b>

*Jennifer Vasquez*  
 Signature of Maddy EMS Fund Administrator

*5/2/18*  
 Date

Jennifer Vasquez, Director  
 Printed Name & Title

*jvasquez@co.yuba.ca.us*  
 Email Address



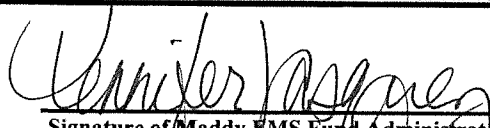
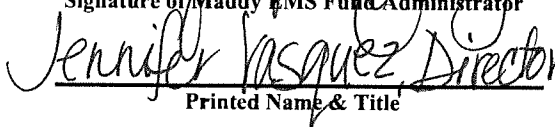
VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 5,377.48 <i>(2c)</i>		\$ 5,377.48
Deposits for July 1, 2016- June 30, 2017	\$ 44,359.19 <i>(6c)</i>		\$ 49,736.67
Interest for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10a)</i>		\$ 49,736.67
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(10b)</i>		\$ 49,736.67

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 911.90 <i>(11a)</i>		\$ 911.90	\$ 911.90 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 9,542.80 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 9,542.80	\$ 9,542.80 <i>(17a)</i>
Hospitals (25%)	\$ 0.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 0.00	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 0.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 0.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 10,454.70</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 10,454.70</b>	<b>\$ 10,454.70</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 39,281.97</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 39,281.97
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 39,281.97
<b>Ending Balance for Total Available Funds as of June 30, 2017</b>			<b>\$ 39,281.97</b>

  
 Signature of Maddy EMS Fund Administrator  
 Date 5/2/18  
  
 Printed Name & Title  
 Email Address jvasquez@co.yuba-ca.us