



# Maddy Emergency Medical Services Fund

## Statewide Report Summary Fiscal Year 2017-18

Emergency Medical Services Authority  
California Health and Human Services Agency



EMSA #R002-2019  
February 2020



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**MADDY EMS FUND  
STATEWIDE REPORT SUMMARY  
FISCAL YEAR 2017/2018**

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**MADDY EMS FUND  
STATEWIDE REPORT SUMMARY  
FISCAL YEAR 2017-18**

**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 2017-18.

Fifty-one counties have established the Maddy EMS Fund (Original Assessment), and 36 of these counties have established Richie's Fund (Supplemental Assessment), an increase of one county from 2016-17. For 2017-18, 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, 2017 was \$44 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 \$111 million. Expenditures for 2017-18 totaled \$64 million leaving a balance of \$47 million in the fund on June 30, 2018.

<b>Money Available and Expenditures</b>	
<b>Money Available</b>	
Beginning Balance July 1, 2017	\$ 43,835,329.06
Interest, Misc. Deposits, Penalty Collection Deposits & Reimbursements	\$ 67,209,266.94
<b>Total Money Available</b>	<b>\$ 111,044,596.00</b>
<b>Expenditures</b>	
County Administration	\$ 5,528,880.56
Richie's Fund	\$ 2,541,131.05
Physicians/Surgeons Paid Claims	\$ 32,872,839.90
Hospitals Paid Claims	\$ 948,004.72
Hopitals Direct Disbursement	\$ 12,559,610.83
Other Discretionary EMS	\$ 9,859,730.70
<b>Total Expenditures</b>	<b>\$ 64,310,197.76</b>
<b>Fiscal Year Ending Balance June 30, 2018</b>	<b>\$ 46,734,398.24</b>



## 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 1990-91, plus a maximum of 10% growth per year, if any. For counties implementing the penalty assessment after 1990-91, 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 balance exceeds 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 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 1990-91 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 fiscal year 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
- hospitals for expanding the services provided to pediatric trauma patients at trauma centers and other hospitals providing care to pediatric trauma patients
- 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 EMS Authority prepared tables from data self-reported by each county. The data in these tables has not been audited.

For 2017-18, collections from penalty assessments totaled \$109 million<sup>1</sup>.

<b>Maddy EMS Fund Summary Collections from Penalty Assessments</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
GC76000 (GC76104 based)	\$ 59,917,170.32		\$ 59,917,170.32
GC76000.5		\$ 31,129,115.57	\$ 31,129,115.57
VC 42007e	\$ 17,915,503.56	\$ -	\$ 17,915,503.56
<b>Total Collections</b>	<b>\$ 77,832,673.88</b>	<b>\$ 31,129,115.57</b>	<b>\$ 108,961,789.45</b>

The amount for collections from penalty assessments is under reported because two counties are unable to provide collections information: Madera and Tuolumne. Madera County courts do not provide the information to them, and Tuolumne is unable to differentiate between the various government and vehicle codes.

For 2017-18, deposits from penalty assessments totaled \$65 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)	\$ 34,849,067.41		\$ 34,849,067.41
GC76000.5		\$ 23,591,777.33	\$ 23,591,777.33
VC 42007e	\$ 4,245,151.07	\$ 2,694,037.14	\$ 6,939,188.21
<b>Total Deposits</b>	<b>\$ 39,094,218.48</b>	<b>\$ 26,285,814.47</b>	<b>\$ 65,380,032.95</b>

<sup>1</sup> All collections for VC 42007e are reported under the Original Assessment.

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.

The balance reported at the beginning of 2017-18 was \$44 million. The total penalty revenue deposited, reimbursements, interest, and other miscellaneous deposits totaled \$65 million. Combined with the beginning balance, total funds available were \$111 million.

<b>Maddy EMS Fund Summary</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
Beginning Balance July 1, 2017	\$ 26,380,692.58	\$ 17,454,636.48	\$ 43,835,329.06
Interest & Misc. Deposits	\$ 1,948,147.67	\$ (717,291.62)	\$ 1,230,856.05
<b>Deposits from Penalty Assessments</b>			
GC76000 (GC76104 based)	\$ 34,849,067.41		\$ 34,849,067.41
GC76000.5		\$ 23,591,777.33	\$ 23,591,777.33
VC 42007e	\$ 4,245,151.07	\$ 2,694,037.14	\$ 6,939,188.21
<b>Reimbursements</b>			
Physicians/Surgeons	\$ 495,470.75	\$ 79,737.12	\$ 575,207.87
Hospitals	\$ 23,170.07	\$ -	\$ 23,170.07
<b>Fiscal Year Ending Balance June 30, 2018</b>	<b>\$ 67,941,699.55</b>	<b>\$ 43,102,896.45</b>	<b>\$ 111,044,596.00</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 2017-18 category distributions totaled \$68 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%)	\$ 3,688,382.71	\$ 2,196,800.68	\$ 5,885,183.39
Richie's Fund (15%)		\$ 4,338,605.81	\$ 4,338,605.81
Physicians/Surgeons (58%)	\$ 22,219,365.38	\$ 11,380,201.10	\$ 33,599,566.48
Reserve (optional-up to 15%)	\$ 130,224.65	\$ -	\$ 130,224.65
Hospitals (25%)	\$ 9,423,643.81	\$ 4,962,546.02	\$ 14,386,189.83
Reserve (optional-up to 15%)	\$ 22,741.26	\$ -	\$ 22,741.26
Other Discretionary EMS (17%)	\$ 6,380,879.02	\$ 3,335,730.84	\$ 9,716,609.86
Reserve (optional any amount)	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 41,865,236.83</b>	<b>\$ 26,213,884.45</b>	<b>\$ 68,079,121.28</b>

The 2017-18 Expenditures totaled \$64 million.

<b>Maddy EMS Fund Summary Category Expenditures</b>	<b>Original Assessment</b>	<b>Supplemental Assessment</b>	<b>Total</b>
County Administration	\$ 3,386,449.44	\$ 2,142,431.12	\$ 5,528,880.56
Richie's Fund		\$ 2,541,131.05	\$ 2,541,131.05
Physicians/Surgeons Paid Claims	\$ 21,061,044.97	\$ 11,811,794.93	\$ 32,872,839.90
Hospitals Paid Claims	\$ 813,235.22	\$ 134,769.50	\$ 948,004.72
Hospitals Direct Disbursement	\$ 8,181,296.80	\$ 4,378,314.03	\$ 12,559,610.83
Other Discretionary EMS	\$ 6,219,134.48	\$ 3,640,596.22	\$ 9,859,730.70
<b>Total</b>	<b>\$ 39,661,160.91</b>	<b>\$ 24,649,036.85</b>	<b>\$ 64,310,197.76</b>

The combined total of the Maddy EMS Fund and the Richie's Fund reported at the beginning of 2017-18 was \$44 million, a decrease of \$2 million from the amount reported at the end of 2016-17. The reasons for the decrease vary amongst the counties but include accounting reconciliations and issues with counties utilizing a modified accrual accounting system and a cash-based reporting structure required by statute. One county reported a *greater* beginning fund balance due to switching from calendar year reporting to fiscal year reporting, thus adding two calendar year quarters of information from calendar year 2017 to the 2017-18 report.

For 2017-18, the combined county-reported fund balance was \$47 million (Appendices B and C), which is \$1 million more than the previous fiscal year's end balance, and \$3 million more than the fund balance at the beginning of the 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. It is anticipated that there will always be such a variance, due to claims being paid for the reporting year after the June 30<sup>th</sup> cut-off.

The table below provides the totals for the Maddy EMS Fund and Richie's Fund, and each county's reported ending balance on June 30, 2018.

<b>Maddy EMS Fund Summary FY 2017-18 Fund Balance</b>			
<b>County</b>	<b>Fund Balance June 30, 2018</b>	<b>County</b>	<b>Fund Balance June 30, 2018</b>
Alameda	\$ 10,220,316.03	Placer	\$ 59,083.92
Alpine	\$ -	Plumas	\$ -
Amador	\$ 231,506.27	Riverside	\$ -
Butte	\$ 121,186.71	Sacramento	\$ 195.00
Colusa	\$ 341,259.41	San Benito	\$ 504,538.66
Contra Costa	\$ 586,554.42	San Bernardino	\$ -
Del Norte	\$ 43,062.41	San Diego	\$ 2,293,675.22
El Dorado	\$ 345,012.54	San Francisco	\$ 956,333.00
Fresno	\$ 1,435,302.26	San Joaquin	\$ 2,195,226.39
Glenn	\$ 44,642.17	San Luis Obispo	\$ 352,334.17
Humboldt	\$ 167,403.31	San Mateo	\$ 2,496,859.94
Inyo	\$ 654,978.15	Santa Barbara	\$ 763,296.00
Kern	\$ 2,511,758.60	Santa Clara	\$ 1,730,874.83
Lake	\$ 47,308.43	Santa Cruz	\$ 1,672,677.57
Los Angeles	\$ 6,665,233.76	Siskiyou	\$ 76,797.80
Madera	\$ 168,534.02	Solano	\$ 581,893.56
Marin	\$ 107,092.13	Sonoma	\$ 344,094.42
Mariposa	\$ 78,390.19	Stanislaus	\$ 595,074.19
Mendocino	\$ 358,622.73	Sutter	\$ 564,643.68
Merced	\$ 368,289.93	Trinity	\$ 99,636.13
Modoc	Did Not Report	Tulare	\$ 340.44
Mono	\$ 275,354.22	Tuolumne	\$ 2,807.74
Monterey	\$ 1,128,680.84	Ventura	\$ 1,458,017.46
Napa	\$ 164,008.96	Yolo	\$ 3,658,566.62
Nevada	\$ 100,110.21	Yuba	\$ 109,718.97
Orange	\$ 53,104.83	<b>Total</b>	<b>\$ 46,734,398.24</b>

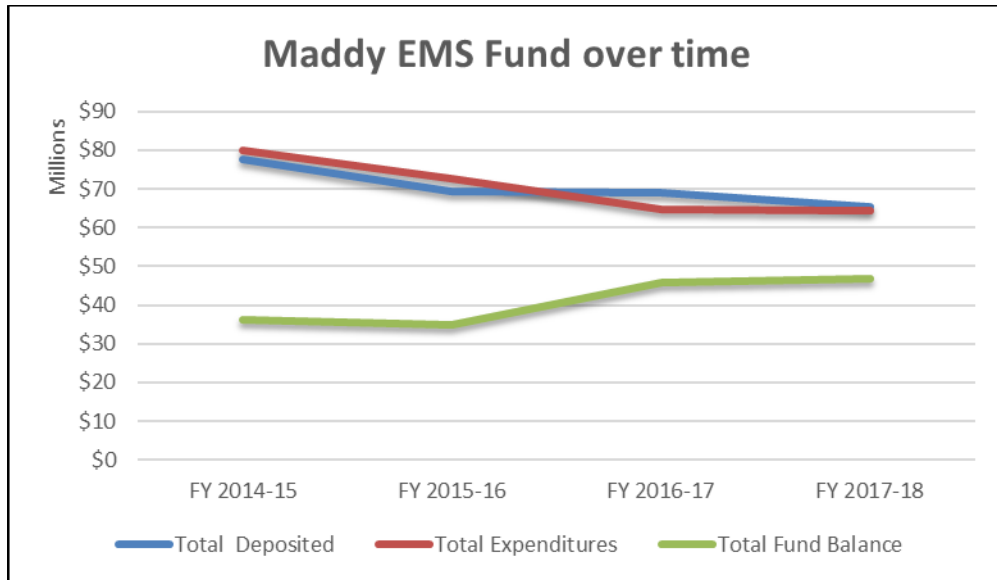
The table below provides a total statewide summary of the Maddy EMS Fund and Richie's Fund.



<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, 2017</b>	\$ 26,380,692.58	\$ 17,454,636.48	\$ 43,835,329.06
<b>Interest &amp; Misc. Deposits</b>	\$ 1,948,147.67	\$ (717,291.62)	\$ 1,230,856.05
<b>Collections</b>			
GC76000 (GC76104 based)	\$ 59,917,170.32		\$ 59,917,170.32
GC76000.5		\$ 31,129,115.57	\$ 31,129,115.57
VC 42007e	\$ 17,915,503.56	\$ -	\$ 17,915,503.56
<b>Deposits</b>			
GC76000 (GC76104 based)	\$ 34,849,067.41		\$ 34,849,067.41
GC76000.5		\$ 23,591,777.33	\$ 23,591,777.33
VC 42007e	\$ 4,245,151.07	\$ 2,694,037.14	\$ 6,939,188.21
<b>Category Distributions</b>			
County Administration (actual cost ≤ 10%)	\$ 3,688,382.71	\$ 2,196,800.68	\$ 5,885,183.39
Richie's Fund (15%)		\$ 4,338,605.81	\$ 4,338,605.81
Physicians/Surgeons (58%)	\$ 22,219,365.38	\$ 11,380,201.10	\$ 33,599,566.48
Reserve (optional-up to 15%)	\$ 130,224.65	\$ -	\$ 130,224.65
Hospitals (25%)	\$ 9,423,643.81	\$ 4,962,546.02	\$ 14,386,189.83
Reserve (optional-up to 15%)	\$ 22,741.26	\$ -	\$ 22,741.26
Other Discretionary EMS (17%)	\$ 6,380,879.02	\$ 3,335,730.84	\$ 9,716,609.86
Reserve (optional any amount)	\$ -	\$ -	\$ -
<b>Expenditures</b>			
County Administration	\$ 3,386,449.44	\$ 2,142,431.12	\$ 5,528,880.56
Richie's Fund		\$ 2,541,131.05	\$ 2,541,131.05
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Hopitals Direct Disbursement	\$ 8,181,296.80	\$ 4,378,314.03	\$ 12,559,610.83
Other Discretionary EMS	\$ 6,219,134.48	\$ 3,640,596.22	\$ 9,859,730.70
<b>Reimbursements</b>			
Physicians/Surgeons	\$ 495,470.75	\$ 79,737.12	\$ 575,207.87
Hospitals	\$ 23,170.07	\$ -	\$ 23,170.07
<b>FY Ending Balance June 30, 2018</b>	\$ 28,280,538.64	\$ 18,453,859.60	\$ 46,734,398.24

## 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 four 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 2017-18, total fund balance increased by \$1 million, while total expenditures fell by \$1 million.



Between 2013 and 2017, California’s uninsured rate dropped from 17.2% to 7.2%<sup>2</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 have accounted for the decrease in total Maddy EMS Fund expenditures over the 2013-14 through 2016-17 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 Original Assessment and Maddy EMS Fund Supplemental Assessment. d) 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.

While the uninsured rate in California dropped 10% from 2013 – 2017, the number held steady with no statistically significant change for 2017 – 2018<sup>3</sup>. The relatively flat

<sup>2</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

<sup>3</sup> Berchick, Edward R., Jessica C. Barnett, and Rachel D. Upton, Current Population Reports, P60-267, *Health Insurance coverage in the United States: 2018*, U.S. Government Printing Office, Washington, DC, 2019.

growth/expenditure pattern of the Maddy EMS Fund reflected in the above chart follows the same trend.

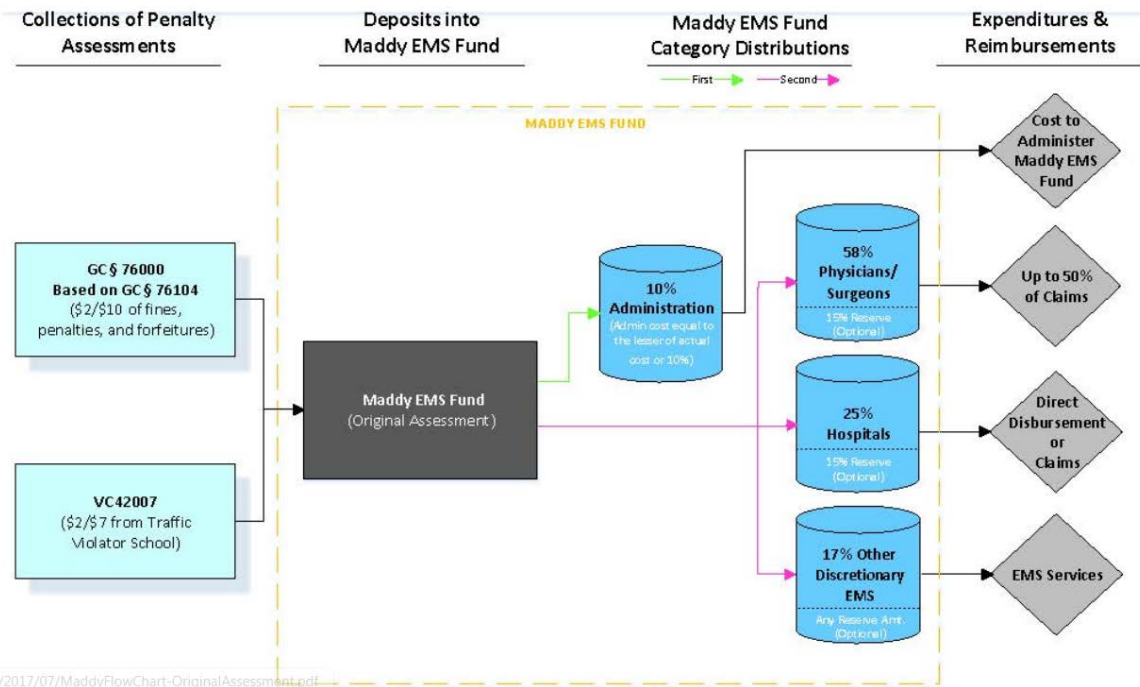
### **FUTURE REPORTING**

The EMS Authority is available to provide technical assistance to the Maddy EMS Fund administrators to help with interpretation of existing statutes and maintenance of reporting standards. Every effort was made to collect complete reports for 2017-18.

The EMS Authority will continue to work with the counties to gain a thorough understanding of the unique challenges of each county.

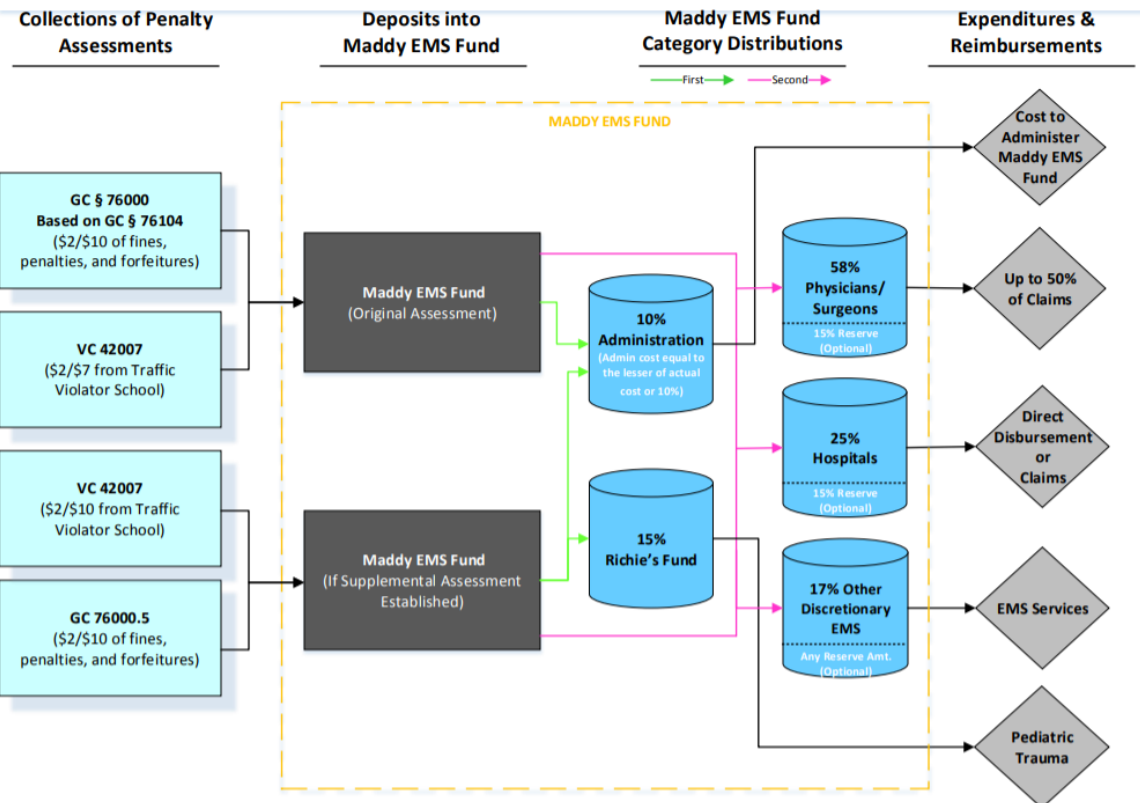
# APPENDIX A – FLOW CHARTS

## MADDY EMS FUND – Original Assessment



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## MADDY EMS FUND – Original & Supplemental Assessment



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

FY 17/18 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
<b>Beginning Balance July 1, 2017</b>	\$ 4,463,025.58	\$ -	\$ 239,995.91	\$ 136,949.54	\$ 152,974.81	\$ 344,727.22	\$ 6,033.27	\$ -	\$ 1,716,226.39	\$ 12,509.61	\$ 140,488.90	\$ 507,591.81	\$ 1,793,011.17
<b>Interest &amp; Misc. Deposits</b>	\$ 55,846.24	\$ 22.68	\$ 2,042.53	\$ 1,576.25	\$ 2,040.32	\$ 6,260.19	\$ 538.73	\$ 5,098.61	\$ 33,205.06	\$ 8,375.18	\$ 1,249.91	\$ 11,786.77	\$ 11,786.77
<b>Collections</b>													
GC76000 (GC76104 based)	\$ 1,513,822.28	\$ 14,872.31	\$ -	\$ 212,121.60	\$ 123,061.45	\$ 6,880,878.63	\$ 40,747.07	\$ 142,235.93	\$ 818,830.84	\$ 38,966.08	\$ 166,236.50	\$ 136,531.81	\$ 1,302,229.40
VC 42007e (Original Assessment)	\$ -	\$ 94,198.94	\$ 218,775.30	\$ -	\$ -	\$ 2,774,780.19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Deposits from Collections</b>													
GC76000 (GC76104 based)	\$ 1,513,822.28	\$ 14,872.31		\$ 212,121.60	\$ 54,172.94	\$ 654,464.25	\$ 40,747.07	\$ 142,235.93	\$ 818,830.84	\$ 38,966.08	\$ 166,236.50	\$ 275,608.54	\$ 1,302,229.40
VC 42007e (Original Assessment)	\$ -	\$ -	\$ 43,648.81	\$ -	\$ -	\$ 371,595.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Category Distributions</b>													
County Administration (actual cost ≤ 10%)	\$ 156,966.85	\$ -	\$ 4,569.13	\$ 9,773.82	\$ 5,439.73	\$ 102,606.61	\$ 7,451.69	\$ 15,078.01	\$ 85,203.59	\$ 3,933.30	\$ 16,786.83	\$ 38,377.95	\$ 133,386.07
Physicians/Surgeons (58%)	\$ 819,366.97	\$ -	\$ 19,966.31	\$ 131,162.06	\$ -	\$ 535,602.99	\$ 61,465.00	\$ 78,707.20	\$ 444,762.74	\$ 5,257.44	\$ 284,307.57	\$ 3,127.82	\$ 696,275.19
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,282.63	\$ -	\$ -	\$ -
Hospitals (25%)	\$ 353,175.42	\$ -	\$ -	\$ 56,535.37	\$ -	\$ 230,863.37	\$ -	\$ 33,925.52	\$ 191,708.08	\$ -	\$ 122,546.37	\$ 19,498.50	\$ 300,118.63
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,359.54	\$ -	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 240,159.28	\$ 14,894.99	\$ 29,499.43	\$ 38,444.05	\$ 23,021.91	\$ 156,987.08		\$ 23,069.34	\$ 130,361.49	\$ 6,017.96	\$ 83,331.54	\$ 78,404.70	\$ 204,080.66
Reserve (optional, any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>													
County Administration	\$ -		\$ 5,337.68	\$ 9,773.82	\$ 5,439.73	\$ 100,873.01	\$ -	\$ 15,078.01	\$ 45,133.57	\$ 3,933.30	\$ 16,786.89	\$ 38,377.95	\$ 133,386.07
Physicians/Surgeons Allowable Claims	\$ -	\$ -	\$ 646,280.00	\$ 299,947.00	\$ -	\$ 1,071,180.30	\$ 2,150,139.00	\$ 2,231,105.16	\$ 524,610.47	\$ 58,967.36	\$ 141,599.70	\$ 3,727.82	\$ 747,781.57
Physicians/Surgeons Paid Claims	\$ -	\$ -	\$ 19,966.31	\$ 131,162.06	\$ -	\$ 535,459.21	\$ 61,465.00	\$ 78,707.21	\$ 524,610.47	\$ 5,257.44	\$ 141,599.70	\$ 3,727.82	\$ 374,255.51
Hospitals Allowable Claims	\$ -	\$ -	\$ -	\$ 2,028,943.78	\$ -	\$ -	\$ -	\$ 714,779.39	\$ -	\$ -		\$ 19,498.50	\$ -
Hospitals Paid Claims	\$ -	\$ -	\$ -	\$ 56,535.37	\$ -	\$ -	\$ -	\$ 33,925.52	\$ -	\$ -		\$ 19,498.50	\$ -
Hospitals Direct Disbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 226,945.68	\$ -	\$ -	\$ 406,712.50		\$ -	\$ -	\$ 300,118.63
Other Discretionary EMS	\$ -	\$ 14,894.99	\$ 29,499.43	\$ 38,444.05	\$ 23,021.91	\$ 154,323.05	\$ -	\$ 23,069.34	\$ 160,608.19	\$ 6,017.96	\$ 83,331.54	\$ 78,404.70	\$ 204,080.66
<b>Reimbursements</b>													
Physicians/Surgeons	\$ -	\$ -	\$ 622.44	\$ 6,454.62	\$ -	\$ 7,557.58	\$ 9,997.62	\$ 3,445.54	\$ 4,104.70	\$ -	\$ 4,253.97	\$ -	\$ 16,964.75
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Fiscal Year Ending Balance June 30, 2018</b>	\$ 6,032,694.10	\$ -	\$ 231,506.27	\$ 121,186.71	\$ 180,726.43	\$ 367,004.09	\$ (4,148.31)	\$ -	\$ 1,435,302.26	\$ 44,642.17	\$ 70,511.15	\$ 654,978.15	\$ 2,112,151.22

**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: Several attempts made to obtain a report with no response from county.
- Nevada County reporting period includes Q3 and Q4 16/17 data to transition to fiscal year reporting.
- San Francisco had not received claims data from their fiscal intermediary when this report was written.

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	34	646	0	6,342	1,682	2,186	20,340	1	1,632	73	13,145
# Paid Claims	0	0	17	646	0	6,342	1,682	2,186	20,340	0.1	1,632	73	13,145
% Paid Claims	0%	0%	50%	100%	0%	100%	100%	100%	100%	8%	100%	100%	100%
<b>Hospitals</b>													
# Allowable Claims	0	0	0	587	0	0	0	179	0	0	0	73	0
# Paid Claims	0	0	0	587	0	0	0	179	0	0	0	73	0
% Paid Claims	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%	0%

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

FY 17/18 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	Placer
<b>Beginning Balance July 1, 2017</b>	\$ 42,744.51	\$ 896,391.12	\$ 218,339.83	\$ 54,046.62	\$ 67,179.06	\$ 90,020.66	\$ 106,481.29	Did not report	\$ 193,379.86	\$ 964,173.60	\$ 63,444.26	\$ 78,637.27	\$ 42,711.23	\$ 2,780.60
<b>Interest &amp; Misc. Deposits</b>	\$ -	\$ 56,563.35	\$ (30,819.02)	\$ -	\$ -	\$ 254,727.93	\$ 3,161.97		\$ 3,068.34	\$ 11,590.22	\$ 972.06	\$ 1,980.66	\$ 31,388.91	\$ 1,303.55
<b>Collections</b>														
GC76000 (GC76104 based)	\$ 59,381.76	\$ 18,037,952.26		\$ 54,046.62	\$ 17,211.13	\$ 88,317.60	\$ 5,667,095.68		\$ 100,844.77	\$ 964,173.60	\$ 471,852.51	\$ 174,690.25	\$ 5,266,423.50	\$ 315,619.10
VC 42007e (Original Assessment)	\$ -	\$ 4,951,730.09		\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ 415,578.32	\$ -	\$ -	\$ -
<b>Deposits from Collections</b>														
GC76000 (GC76104 based)	\$ 59,381.76	\$ 5,153,693.20	\$ 147,881.40	\$ 348,100.66	\$ 17,211.13	\$ 88,317.60	\$ 354,005.98		\$ 100,844.74	\$ 764,591.58	\$ 155,616.27	\$ 174,690.25	\$ 4,215,513.96	\$ 315,619.10
VC 42007e (Original Assessment)	\$ -	\$ 2,271,678.29	\$ 4,154.30	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Category Distributions</b>														
County Administration (actual cost ≤ 10%)	\$ 5,936.20	\$ 742,537.16	\$ 15,600.00	\$ 34,810.07	\$ 2,000.00	\$ 33,955.06	\$ 35,772.58		\$ 10,391.31	\$ 77,618.18	\$ 15,561.63	\$ 9,305.16	\$ 69,827.88	\$ 9,412.04
Physicians/Surgeons (58%)	\$ 28,671.15	\$ 3,876,043.91	\$ 79,270.85	\$ 181,708.54		\$ 177,245.41	\$ 197,612.46		\$ 54,242.63	\$ 405,166.90	\$ 81,231.69	\$ 103,481.80	\$ 2,399,863.32	\$ 166,722.09
Reserve (optional, up to 15%)	\$ -	\$ -	\$ 3,111.27	\$ -	\$ -	\$ 26,586.81	\$ -		\$ -	\$ -	\$ 63,444.26		\$ -	\$ -
Hospitals (25%)	\$ 12,358.25	\$ 1,670,708.59	\$ 34,709.64	\$ 78,322.65	\$ 4,000.00	\$ 76,398.89	\$ 80,348.84		\$ 23,380.44	\$ 174,640.91	\$ 35,013.66	\$ 44,604.22	\$ 1,063,932.98	\$ 71,862.97
Reserve (optional, up to 15%)	\$ -	\$ -	\$ 799.90	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 8,403.61	\$ 1,136,081.83	\$ 24,146.68	\$ 53,259.40	\$ -	\$ 51,951.24	\$ 54,637.20		\$ 15,898.70	\$ 118,755.82	\$ 23,809.29	\$ 30,330.88	\$ 716,637.36	\$ 48,866.82
Reserve (optional, any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>														
County Administration	\$ 5,910.41	\$ 742,537.16	\$ 15,600.00	\$ 34,810.07	\$ 2,000.00	\$ 3,611.24	\$ 52,849.70	Did not report	\$ 10,391.31	\$ 77,618.18	\$ 15,561.63	\$ 9,305.13	\$ 69,827.88	\$ 9,412.04
Physicians/Surgeons Allowable Claims	\$ 1,058,785.00	\$ 25,514,476.00	\$ 1,290,819.60	\$ 579,150.37		\$ 175,970.64	\$ 241,035.73		\$ -	\$ 509,323.00	\$ 785,768.00	\$ 103,481.80	\$ 2,399,863.32	\$ 166,722.09
Physicians/Surgeons Paid Claims	\$ 42,524.30	\$ 4,416,638.10	\$ 80,526.34	\$ 181,895.49		\$ 152,368.00	\$ 241,035.73		\$ -	\$ 254,661.46	\$ 85,337.42	\$ 103,481.80	\$ 2,399,863.32	\$ 166,722.09
Hospitals Allowable Claims	\$ -	\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ 44,604.22	\$ -	\$ -
Hospitals Paid Claims	\$ -	\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ 44,604.22	\$ -	\$ -
Hospitals Direct Disbursement	\$ -	\$ 2,019,463.00	\$ 34,709.64	\$ 78,322.65	\$ 4,000.00	\$ 77,185.25	\$ 36,380.50		\$ -	\$ 174,640.91	\$ 35,422.23	\$ -	\$ 1,063,932.98	\$ 71,862.97
Other Discretionary EMS	\$ 9,226.59	\$ 1,136,081.83	\$ 41,442.00	\$ 53,259.40	\$ -	\$ 53,002.28	\$ 99,810.97		\$ 15,898.70	\$ 118,755.82	\$ 23,871.66	\$ -	\$ 716,637.36	\$ 48,866.82
<b>Reimbursements</b>														
Physicians/Surgeons	\$ 531.00	\$ 163,762.73	\$ 1,255.49	\$ 11,115.57		\$ -	\$ 10,951.48		\$ -	\$ 14,001.81	\$ 2,678.87	\$ 2,193.18	\$ -	\$ 2,144.39
Hospitals	\$ -	\$ 23,170.07	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Fiscal Year Ending Balance June 30, 2018</b>	<b>\$ 44,995.97</b>	<b>\$ 250,538.67</b>	<b>\$ 168,534.02</b>	<b>\$ 64,975.24</b>	<b>\$ 78,390.19</b>	<b>\$ 146,899.42</b>	<b>\$ 44,523.82</b>	<b>Did not report</b>	<b>\$ 271,002.93</b>	<b>\$ 1,128,680.84</b>	<b>\$ 62,518.52</b>	<b>\$ 100,110.21</b>	<b>\$ 39,352.56</b>	<b>\$ 24,983.72</b>

Original Assessment Expenditures Claims Detail	Lake	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange	Placer
<b>Physicians/Surgeons</b>														
# Allowable Claims	1,264	88,733	2,180	1,102	0	367	3,303	Did not report	0	5,243	1,975	5,768	62,713	11,202
# Paid Claims	630	88,733	2,180	1,102	0	367	3,303		0	5,243	1,975	5,768	62,713	11,202
% Paid Claims	50%	100%	100%	100%	0%	100%	100%		0%	100%	100%	100%	100%	100%
<b>Hospitals</b>														
# Allowable Claims	0	0	0	0	0	0	0	Did not report	0	0	0	2,083	0	0
# Paid Claims	0	0	0	0	0	0	0		0	0	0	2,083	0	0
% Paid Claims	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%	100%	0%	0%

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

FY 17/18 Statewide Collections and Distributions  
Summary of information received from each county  
Maddy EMS Fund Original Assessment

Maddy EMS Fund Summary by County Original Assessment	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz
<b>Beginning Balance July 1, 2017</b>	\$ 28.89	\$ -	\$ 687.00	\$ 408,275.75	\$ -	\$ 1,514,909.64	\$ 439,049.00	\$ 2,018,362.93	\$ 167,624.55	\$ 1,248,588.00	\$ -	\$ 1,879,240.08	\$ 355,180.58
<b>Interest &amp; Misc. Deposits</b>	\$ 110.95	\$ 35,597.00	\$ 9,613.00	\$ 7,944.88	\$ 2,479.77	\$ 34,426.07	\$ 10,798.00	\$ 25,638.00	\$ 1,358.89	\$ 18,868.51	\$ 77.00	\$ 930,001.21	\$ 299,558.29
<b>Collections</b>													
GC76000 (GC76104 based)	\$ 37,641.77	\$ 2,320,480.00	\$ 784,002.00	\$ 67,573.61	\$ 1,620,665.95	\$ 6,405,510.24	\$ 549,399.00	\$ 254,820.16	\$ 302,069.62	\$ 512,354.00	\$ 3,986.00	\$ 272,352.67	\$ 261,548.93
VC 42007e (Original Assessment)	\$ -	\$ -	\$ 553,529.00	\$ -	\$ -	\$ 6,515,336.92			\$ 99,295.50	\$ 700,740.00		\$ 276,079.56	\$ -
<b>Deposits from Collections</b>													
GC76000 (GC76104 based)	\$ 37,641.77	\$ 2,320,480.00	\$ 770,006.00	\$ 67,573.61	\$ 1,620,665.95	\$ 7,524,946.44	\$ 549,399.00	\$ 254,820.61	\$ 302,069.62	\$ 512,354.00	\$ 27,104.00	\$ 272,352.67	\$ 261,548.93
VC 42007e (Original Assessment)	\$ -	\$ -	\$ 553,529.00	\$ -	\$ -				\$ 99,295.50	\$ 358,720.00		\$ 276,079.56	\$ -
<b>Category Distributions</b>													
County Administration (actual cost ≤ 10%)	\$ 3,022.52	\$ 235,608.00	\$ 132,353.00	\$ 6,757.35	\$ 162,314.57	\$ 754,930.00	\$ 56,020.00	\$ -	\$ 22,622.38	\$ 87,107.38	\$ 2,710.00	\$ 163,302.60	\$ -
Physicians/Surgeons (58%)	\$ 20,160.26	\$ 1,301,698.00	\$ 700,991.00	\$ 35,273.43	\$ 847,282.07	\$ 3,763,675.00	\$ 292,423.00	\$ 106,484.57	\$ 271,348.59	\$ 454,700.53	\$ 14,149.00	\$ 879,899.27	\$ 304,146.03
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -			\$ -
Hospitals (25%)	\$ 8,689.78	\$ 530,117.00	\$ 297,795.00	\$ 15,204.08	\$ 365,207.79	\$ 1,624,535.00	\$ 126,044.00		\$ 165,301.00	\$ 195,991.61	\$ 10,245.00	\$ 370,144.09	\$ 160,000.00
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -			\$ -
Other Discretionary EMS (17%)	\$ 5,909.05	\$ 360,480.00	\$ 202,501.00	\$ 10,338.77	\$ 248,341.30	\$ 1,018,519.68	\$ 85,710.00		\$ 60,111.34	\$ 133,274.29	\$ -	\$ 251,697.99	\$ -
Reserve (optional, any amount)	\$ -	\$ -	\$ -	\$ -		\$ -			\$ -	\$ -			\$ -
<b>Expenditures</b>													
County Administration	\$ 3,022.52	\$ 235,608.00	\$ 132,353.00	\$ 6,757.35	\$ 162,314.57	\$ 754,930.00	\$ 56,020.00	\$ -	\$ 22,622.38	\$ 90,926.55	\$ 2,718.00	\$ 163,302.60	\$ -
Physicians/Surgeons Allowable Claims	\$ 89,094.82	\$ 12,769,928.00	\$ 9,832,934.00	\$ 18,007.42	\$ 851,756.88	\$ 4,272,946.70	\$ 238,032.00	\$ -	\$ 785,138.95	\$ -	\$ 14,189.00	\$ 15,595,352.00	\$ 1,713,309.00
Physicians/Surgeons Paid Claims	\$ 20,160.26	\$ 1,301,698.00	\$ 700,991.00	\$ 18,007.42	\$ 851,756.88	\$ 3,829,101.82	\$ 238,032.00	\$ 106,484.57	\$ 207,636.40	\$ 458,689.92	\$ 14,189.00	\$ 879,899.27	\$ 304,146.03
Hospitals Allowable Claims	\$ 168,412.25	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ 11,413,789.00	\$ -
Hospitals Paid Claims	\$ 8,689.78	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ 370,144.09	\$ -
Hospitals Direct Disbursement	\$ -	\$ 530,117.00	\$ 297,795.00	\$ 10,223.22	\$ 365,207.79	\$ 1,624,535.00	\$ 128,250.00	\$ -	\$ 77,200.28		\$ 10,274.00	\$ -	\$ 160,000.00
Other Discretionary EMS	\$ 5,909.05	\$ 360,480.00	\$ 202,501.00	\$ -	\$ 248,341.30	\$ 1,018,519.68	\$ 114,127.00	\$ -	\$ 60,111.34	\$ 252,175.01	\$ -	\$ 251,697.99	\$ -
<b>Reimbursements</b>													
Physicians/Surgeons	\$ -	\$ 71,826.00	\$ -	\$ 1,804.71	\$ 4,474.82	\$ 52,824.80		\$ 2,889.42	\$ 5,379.83			\$ 38,245.26	\$ 4,258.47
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Fiscal Year Ending Balance June 30, 2018</b>	\$ -	\$ -	\$ 195.00	\$ 450,610.96	\$ -	\$ 1,900,020.45	\$ 462,817.00	\$ 2,195,226.39	\$ 208,157.99	\$ 1,336,739.03	\$ -	\$ 1,730,874.83	\$ 456,400.24

Original Assessment Expenditures Claims Detail	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz
<b>Physicians/Surgeons</b>													
# Allowable Claims	163	18,931	35,393	505	60,840	57,253	See Note 5	Did not report	992	3,796	1,315	59,047	3,648
# Paid Claims	163	16,588	35,393	505	60,840	57,253		claims data	992	3,796	1,315	54,603	100
% Paid Claims	100%	88%	100%	100%	100%	100%			100%	100%	100%	92%	3%
<b>Hospitals</b>													
# Allowable Claims	121	0	0	0	0	0	0	0	0	0	0	294	0
# Paid Claims	121	0	0	0	0	0	0	0	0	0	0	294	0
% Paid Claims	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%

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



FY 17/18 Statewide Collections and Distributions  
Summary of information received from each county  
Maddy EMS Fund Original Assessment

Maddy EMS Fund Summary by County Original Assessment	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba	Total
<b>Beginning Balance July 1, 2017</b>	\$ 143,960.78	\$ 481,445.97	\$ 92,711.00	\$ 393,804.77	\$ 587,061.64	\$ 94,482.32	\$ -	\$ 759.88	\$ 867,216.32	\$ 3,290,969.84	\$ 62,469.52	\$ 26,380,692.58
<b>Interest &amp; Misc. Deposits</b>	\$ 1,629.57	\$ 7,350.54	\$ 16,270.00	\$ 3,670.67	\$ 2,363.36	\$ 1,063.82	\$ 4,562.45	\$ 886.89	\$ 13,451.87	\$ 45,661.62	\$ 998.10	\$ 1,948,147.67
<b>Collections</b>												
GC76000 (GC76104 based)	\$ 146,448.23	\$ 1,038,930.00	\$ 269,875.00	\$ 671,004.27	\$ 96,655.82	\$ 15,239.89	\$ 239,426.92	\$ -	\$ 947,018.96	\$ 440,668.62	\$ 51,355.98	\$ 59,917,170.32
VC 42007e (Original Assessment)	\$ -	\$ 997,730.00	\$ -	\$ -	\$ -	\$ 23,485.82	\$ 37,203.20	\$ -	\$ 257,040.72	\$ -	\$ -	\$ 17,915,503.56
<b>Deposits from Collections</b>												
GC76000 (GC76104 based)	\$ 131,539.10	\$ 368,316.34	\$ 269,875.00	\$ 671,004.27	\$ 96,655.82	\$ 15,239.89	\$ 195,485.62	\$ 81,259.01	\$ 833,331.28	\$ 440,668.62	\$ 94,954.49	\$ 34,849,067.41
VC 42007e (Original Assessment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,501.55	\$ -	\$ 247,948.26	\$ -	\$ -	\$ 4,245,151.07
<b>Category Distributions</b>												
County Administration (actual cost ≤ 10%)	\$ 10,231.91	\$ 37,481.28	\$ 27,542.00	\$ 54,179.46	\$ 9,904.77	\$ 1,523.99	\$ 21,395.10	\$ 8,535.00	\$ 194,849.59	\$ 44,066.68	\$ 9,624.28	\$ 3,688,382.71
Physicians/Surgeons (58%)	\$ 110,025.62	\$ 186,337.83	\$ 143,768.00	\$ 339,369.92	\$ 54,094.83	\$ 91,997.86	\$ 126,242.33	\$ 44,553.00	\$ 1,017,114.84	\$ 230,029.02	\$ 52,339.34	\$ 22,219,365.38
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,799.68	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,224.65
Hospitals (25%)	\$ 45,401.81	\$ -	\$ 61,969.00	\$ 180,000.00	\$ 22,285.74	\$ 3,878.80	\$ 5,414.80	\$ 19,204.00	\$ 438,411.57	\$ 99,150.44	\$ -	\$ 9,423,643.81
Reserve (optional, up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 581.82	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,741.26
Other Discretionary EMS (17%)	\$ 37,220.69	\$ 54,616.25	\$ 42,139.00	\$ 90,859.00	\$ 15,154.30	\$ 7,048.97	\$ 37,002.08	\$ 13,058.00	\$ 298,119.87	\$ 67,422.30	\$ 30,303.88	\$ 6,380,879.02
Reserve (optional, any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>												
County Administration	\$ 10,231.91	\$ 37,481.28	\$ 27,542.00	\$ 54,179.46	\$ 9,904.77	\$ 1,523.99	\$ 21,395.10	\$ 8,254.00	\$ 145,941.86	\$ 6,241.04	\$ 9,624.28	\$ 3,386,449.44
Physicians/Surgeons Allowable Claims	\$ 417,038.00	\$ 5,520,969.00	\$ 4,113,935.00	\$ 996,302.91	\$ 41,276.93	\$ 5,000.00	\$ 2,225,636.00	\$ 266,528.24	\$ 1,940,916.20	\$ 1,615,909.00	\$ 800,417.00	\$ 104,825,350.98
Physicians/Surgeons Paid Claims	\$ 110,025.62	\$ 186,337.83	\$ 350,126.58	\$ 339,369.92	\$ 41,276.93	\$ 5,126.61	\$ 126,240.24	\$ 43,087.19	\$ 524,236.01	\$ 350,821.35	\$ 52,339.34	\$ 21,061,044.97
Hospitals Allowable Claims	\$ 616,269.00	\$ -	\$ -	\$ 180,000.00	\$ -	\$ -	\$ 4,314,999.17	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals Paid Claims	\$ 45,401.81	\$ -	\$ -	\$ 180,000.00	\$ -	\$ 22.05	\$ 54,413.88	\$ -	\$ -	\$ -	\$ -	\$ 813,235.22
Hospitals Direct Disbursement	\$ -	\$ -	\$ 102,099.00	\$ -	\$ 57,493.05	\$ 3,289.50	\$ 18,572.00	\$ 266,544.02	\$ -	\$ -	\$ -	\$ 8,181,296.80
Other Discretionary EMS	\$ 37,220.69	\$ 54,616.25	\$ 42,139.00	\$ 90,859.00	\$ 15,154.30	\$ 1,187.75	\$ 37,001.44	\$ 12,629.00	\$ 281,915.43	\$ -	\$ -	\$ 6,219,134.48
<b>Reimbursements</b>												
Physicians/Surgeons	\$ 2,548.38	\$ 3,216.07	\$ -	\$ 18,906.23	\$ 2,391.91	\$ -	\$ 20,504.69	\$ 2,444.15	\$ -	\$ -	\$ 1,720.27	\$ 495,470.75
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,170.07
<b>Fiscal Year Ending Balance June 30, 2018</b>	<b>\$ 76,797.80</b>	<b>\$ 581,893.56</b>	<b>\$ (143,050.58)</b>	<b>\$ 422,977.56</b>	<b>\$ 564,643.68</b>	<b>\$ 99,636.13</b>	<b>\$ 3.65</b>	<b>\$ 2,807.74</b>	<b>\$ 743,310.41</b>	<b>\$ 3,420,237.69</b>	<b>\$ 98,178.76</b>	<b>\$ 28,280,538.64</b>

Original Assessment Expenditures Claims Detail	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba
<b>Physicians/Surgeons</b>											
# Allowable Claims	1,312	7,155	8,622	6,665	2,303	31	3,768	1,132	6,818	4,641	1,798
# Paid Claims	1,312	6,918	8,622	6,665	2,302	31	3,768	1,132	6,818	4,641	1,798
% Paid Claims	100%	97%	100%	100%	100%	0%	100%	100%	100%	100%	100%
<b>Hospitals</b>											
# Allowable Claims	720	0	0	426	0	0	1,065	0	0	0	0
# Paid Claims	720	0	0	426	0	0	1,065	0	0	0	0
% Paid Claims	100%	0%	0%	100%	0%	0%	100%	0%	0%	0%	0%

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

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

FY 17/18 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
Beginning Balance July 1, 2017	\$ 4,976,821.48	\$ -	\$ 111,607.85	\$ 406,036.47	\$ 6,033.27	\$ 350,256.31	\$ 26,183.90	Reported with	\$ 477,797.48	\$ 9,591.89	\$ 5,346,281.44	\$ 22,816.17	\$ 198,469.00
Interest & Misc. Deposits	\$ 66,228.84	\$ 22.66	\$ 1,850.86	\$ 6,599.72		\$ -	\$ 381.85	Original	\$ 10,840.94		\$ 137,722.93	\$ -	\$ 5,077.72
Collections								Assessment					
GC76000.5	\$ 1,521,778.22	\$ 14,888.01	\$ 51,106.53	\$ 620,162.46	\$ 41,177.45	\$ 139,816.16	\$ 154,245.06		\$ 1,197,797.51	\$ 59,611.47	\$ 5,293,981.76	\$ 345,468.53	\$ 141,715.77
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Deposits from Collections													
GC76000.5	\$ 1,521,778.22	\$ 14,888.01	\$ 47,074.27	\$ 607,759.13	\$ 41,177.45	\$ 139,816.16	\$ 154,245.06		\$ 1,197,797.51	\$ 59,611.47	\$ 5,293,981.76	\$ 345,468.53	\$ 141,715.77
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ 2,333,515.59	\$ -	\$ -
Category Distributions													
County Administration (actual cost ≤ 10%)	\$ 158,800.71	\$ -	\$ -	\$ 53,934.90		\$ 13,981.61	\$ 15,424.50		\$ 119,558.48	\$ 5,961.18	\$ 762,749.74	\$ 34,546.85	\$ 14,171.58
Richie's Fund (15%)	\$ 238,201.06	\$ 14,910.67	\$ -	\$ 68,410.41	\$ -	\$ 18,875.18	\$ 20,823.08		\$ 179,337.71	\$ 8,036.60	\$ 1,144,124.60	\$ 51,820.28	\$ 21,257.37
Physicians/Surgeons (58%)	\$ 690,783.07	\$ -	\$ -	\$ 281,540.00	\$ -	\$ 62,036.43	\$ 68,438.53		\$ 520,079.38	\$ 28,782.06	\$ 3,317,961.36	\$ 150,278.81	\$ 61,646.36
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals (25%)	\$ 297,751.32	\$ -	\$ -	\$ 121,353.48	\$ -	\$ 26,739.84	\$ 29,499.38		\$ 224,172.17	\$ 12,406.06	\$ 1,430,155.76	\$ 64,775.35	\$ 26,571.71
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 202,470.90	\$ -	\$ -	\$ 82,520.34		\$ 18,183.10	\$ 20,059.58		\$ 152,437.06	\$ 8,436.12	\$ 972,505.89	\$ 44,047.24	\$ 18,068.76
Reserve (optional-any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Expenditures													
County Administration	\$ 216,109.69	\$ -	\$ -	\$ 53,032.10	\$ -	\$ 13,981.61	\$ 15,424.50		\$ 119,558.48	\$ 5,950.74	\$ 762,749.74	\$ 34,546.85	\$ 11.11
Richie's Fund	\$ -	\$ 14,910.67	\$ -	\$ 268,878.60	\$ -	\$ 42,302.05	\$ 20,823.08		\$ 179,337.71	\$ 8,836.16	\$ -	\$ 43,448.17	
Physicians/Surgeons Allowable Claims	\$ 1,564,869.19	\$ -	\$ -	\$ 564,209.48	\$ -	\$ 2,231,108.16	\$ 28,609.24		\$ 558,551.86	\$ 1,058,785.00	\$ 22,639,752.20	\$ 443,344.63	\$ 72,839.15
Physicians/Surgeons Paid Claims	\$ 1,611,470.63	\$ -	\$ -	\$ 282,492.79	\$ -	\$ 62,036.43	\$ 28,609.24		\$ 279,548.36	\$ 42,814.46	\$ 3,919,014.00	\$ 139,350.20	\$ 62,662.28
Hospitals Allowable Claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 714,779.39			\$ -	\$ -			
Hospitals Paid Claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,739.84			\$ -	\$ -			
Hospitals Direct Disbursement	\$ 197,499.96	\$ -	\$ -	\$ 119,294.15	\$ -	\$ -	\$ -		\$ 555,946.94	\$ -	\$ 1,042,537.00	\$ 64,775.35	\$ 27,188.13
Other Discretionary EMS	\$ 398,727.77	\$ -	\$ -	\$ 81,120.00	\$ -	\$ -	\$ 20,059.68		\$ 152,437.06	\$ 9,289.54	\$ 972,505.89	\$ 44,047.24	\$ 43,677.66
Reimbursements													
Physicians/Surgeons	\$ 46,601.44	\$ -	\$ -	\$ 3,972.65	\$ -	\$ -	\$ 997.85		\$ -	\$ -	\$ -		
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -
Fiscal Year Ending Balance June 30, 2018	\$ 4,187,621.93	\$ -	\$ 160,532.98	\$ 219,550.33	\$ 47,210.72	\$ 345,012.54	\$ 96,892.16		\$ 399,607.38	\$ 2,312.46	\$ 6,414,695.09	\$ 42,116.89	\$ 211,723.31

**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 did not submit a report
- Plumas County has a Richie's fund established, however they do not have a pediatric trauma center, so 15% is not held separately, and is used for emergency services in the county.

Supplemental Assessment Expenditures Claims Detail	Alameda	Alpine	Colusa	Contra Costa	Del Norte	El Dorado	Humboldt	Inyo	Kern	Lake	Los Angeles	Marin	Mendocino
<b>Physicians/Surgeons</b>													
# Allowable Claims	20,657	See Note 1	0	3,341	0	2,186	1,632	0	13,145	1,264	78,735	844	139
# Paid Claims	20,657		0	3,341	0	2,186	1,632	0	13,145	634	78,735	844	139
% Paid Claims	100%		0%	0%	0%	100%	100%	100%	100%	50%	100%	100%	100%
<b>Hospitals</b>													
# Allowable Claims	0		0	0	0	179	0	0	0	0	0	0	0
# Paid Claims	0		0	0	0	179	0	0	0	0	0	0	0
% Paid Claims	0%		0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%

FY 17/18 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	Merced	Modoc	Mono	Napa	Orange	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Luis Obispo
Beginning Balance July 1, 2017	\$ 39.72	Did not report	\$ 2,050.02	\$ 95,316.27	\$ 11,326.29	\$ 9,724.64	\$ 15.70	\$ -	\$ -	\$ -	\$ -	\$ 358,217.78	\$ 523,810.00	\$ 153,421.93
Interest & Misc. Deposits	\$ 558.01		\$ 88.39	\$ 987.97	\$ 88,909.24	\$ 1,325.99	\$ 60.27	\$ 35,597.00	\$ -	\$ 8,141.61	\$ 2,549.72	\$ 5,755.67	\$ 12,176.00	\$ 1,362.15
<b>Collections</b>														
GC76000.5	\$ 5,668,866.08		\$ 2,900.48	\$ 147,958.98	\$ 3,124,018.99	\$ 304,433.45	\$ 20,447.38	\$ 2,327,186.00	\$ 219,655.00	\$ 63,497.55	\$ 1,556,563.43	\$ 2,337,867.63	\$ 535,981.00	\$ 402,257.79
VC 42007e (Supplemental Assessment)	\$ -				\$ -	\$ -		\$ -		\$ -	\$ -		\$ -	
<b>Deposits from Collections</b>														
GC76000.5	\$ 354,304.13		\$ 2,900.48	\$ 147,958.98	\$ 3,127,829.02	\$ 304,433.45	\$ 20,447.38	\$ 2,327,186.00	\$ 215,294.00	\$ 63,497.55	\$ 1,556,563.43	\$ 360,151.32	\$ 535,981.00	\$ 402,257.79
VC 42007e (Supplemental Assessment)	\$ -			\$ -	\$ -			\$ -		\$ -	\$ -		\$ -	\$ -
<b>Category Distributions</b>														
County Administration (actual cost ≤ 10%)	\$ 35,430.43		\$ 298.89	\$ 14,795.90	\$ 27,240.30	\$ 8,971.80	\$ 1,641.87	\$ 236,278.00	\$ 21,529.00	\$ 6,349.75	\$ 155,911.32	\$ -	\$ 54,816.00	\$ 22,676.73
Richie's Fund (15%)	\$ 55,326.28		\$ 448.33	\$ 115,290.73	\$ 482,795.65	\$ 41,183.47		\$ 318,976.00	\$ 32,294.00	\$ 8,572.17	\$ 210,480.28	\$ 330,470.00	\$ 82,224.00	\$ 85,214.64
Physicians/Surgeons (58%)	\$ 154,122.30		\$ 1,300.16	\$ 65,649.40	\$ 1,555,375.11	\$ 135,356.34	\$ 10,951.26	\$ 1,048,367.00	\$ 93,653.00	\$ 28,173.88	\$ 691,778.50	\$ -	\$ 228,582.00	\$ 272,000.61
Reserve (optional-up to 15%)	\$ -			\$ -						\$ -			\$ -	
Hospitals (25%)	\$ 66,432.02		\$ 560.41	\$ 28,297.15	\$ 683,960.52	\$ 58,343.25	\$ 4,720.37	\$ 451,882.00	\$ 40,368.00	\$ 12,149.91	\$ 298,180.39	\$ -	\$ 98,668.00	\$ 165,698.19
Reserve (optional-up to 15%)	\$ -			\$ -						\$ -			\$ -	
Other Discretionary EMS (17%)	\$ 45,173.77		\$ 381.08	\$ 19,242.07	\$ 461,940.70	\$ 39,673.41	\$ 3,209.85	\$ 307,280.00	\$ 27,450.00	\$ 8,257.86	\$ 202,762.66	\$ -	\$ 83,868.00	\$ 60,255.79
Reserve (optional-any amount)	\$ -		\$ -	\$ -						\$ -				
<b>Expenditures</b>														
County Administration	\$ -	Did not report	\$ 298.89	\$ 14,795.90	\$ 27,240.30	\$ 8,971.80	\$ 1,641.87	\$ 236,278.00	\$ 21,529.00	\$ 6,349.75	\$ 155,911.32		\$ 54,816.00	\$ 22,676.73
Richie's Fund	\$ -		\$ -	\$ 14,788.26	\$ 482,795.65	\$ 41,183.47	\$ -	\$ -	\$ 32,294.00	\$ -	\$ 210,480.28	\$ 330,470.00	\$ 90,000.00	\$ 49,804.81
Physicians/Surgeons Allowable Claims	\$ 33,010.06		\$ -	\$ 617,390.00	\$ 1,555,375.11	\$ 135,356.34	\$ 48,397.18	\$ 12,769,928.00	\$ 1,313,688.00	\$ -	\$ 701,102.38	\$ -	\$ 198,360.00	\$ 787,025.55
Physicians/Surgeons Paid Claims	\$ 33,010.06		\$ -	\$ 68,196.45	\$ 1,555,375.11	\$ 135,356.34	\$ 10,951.26	\$ 1,048,367.00	\$ 93,653.00	\$ -	\$ 701,102.38	\$ -	\$ 198,360.00	\$ 208,135.33
Hospitals Allowable Claims	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 91,483.19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals Paid Claims	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 4,720.37	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals Direct Disbursement	\$ -		\$ 388.71	\$ 28,297.15	\$ 683,960.52	\$ 58,343.25	\$ -	\$ 770,858.00	\$ 40,368.00	\$ 11,361.71	\$ 298,180.39	\$ -	\$ 106,875.00	\$ 77,385.79
Other Discretionary EMS			\$ -	\$ 19,242.07	\$ 464,940.70	\$ 39,673.41	\$ 3,209.85	\$ 307,280.00	\$ 27,450.00	\$ -	\$ 202,762.67	\$ -	\$ 128,400.00	\$ 60,255.79
<b>Reimbursements</b>														
Physicians/Surgeons	\$ 1,874.31		\$ -	\$ 2,547.05	\$ -	\$ 2,144.39	\$ -	\$ -	\$ -	\$ -	\$ 9,323.89	\$ -		\$ 5,392.76
Hospitals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Fiscal Year Ending Balance June 30, 2018</b>	<b>\$ 323,766.11</b>		<b>\$ 4,351.29</b>	<b>\$ 101,490.44</b>	<b>\$ 13,752.27</b>	<b>\$ 34,100.20</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 53,927.70</b>	<b>\$ -</b>	<b>\$ 393,654.77</b>	<b>\$ 493,516.00</b>	<b>\$ 144,176.18</b>

Supplemental Assessment Expenditures Claims Detail	Merced	Modoc	Mono	Napa	Orange	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Luis Obispo
<b>Physicians/Surgeons</b>														
# Allowable Claims	656	Did not report	0	1,579	62,713	3,183	88	18,931	4,729	0	50,079	0	See Note 4	994
# Paid Claims	656		0	1,579	62,713	3,183	88	16,588	4,729	0	50,079	0		994
% Paid Claims	100%		0%	100%	100%	100%	100%	88%	100%	0%	100%	0%		100%
<b>Hospitals</b>														
# Allowable Claims	0	Did not report	0	0	0	0	66	0	0	0	0	0		0
# Paid Claims	0		0	0	0	0	66	0	0	0	0	0		0
% Paid Claims	0%		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%

FY 17/18 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	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Sonoma	Stanislaus	Tulare	Ventura	Yolo	Yuba	Totals
Beginning Balance July 1, 2017	\$ 1,053,892.54	\$ 817,942.00	\$ -	\$ 1,235,461.75	\$ 226,415.00	\$ 120,171.11	\$ -	\$ 797,074.66	\$ 106,837.78	\$ 11,024.03	\$ 17,454,636.48
Interest & Misc. Deposits	\$ 19,323.19	\$ 9,615.00	\$ (889,320.14)	\$ (279,423.87)	\$ 11,323.00	\$ 1,199.38	\$ 10,643.92	\$ 12,934.22	\$ -	\$ 176.14	\$ (717,291.62)
<b>Collections</b>											
GC76000.5	\$ 550,044.00	\$ 453,912.00	\$ 1,069,947.16	\$ 260,239.45	\$ 429,309.00	\$ 123,363.87	\$ 560,311.18	\$ 1,174,006.17	\$ 163,317.68	\$ 51,282.37	\$ 31,129,115.57
VC 42007e (Supplemental Assessment)			\$ -	\$ -		\$ -			\$ -	\$ -	\$ -
<b>Deposits from Collections</b>											
GC76000.5	\$ 550,044.00	\$ 428,812.00	\$ 1,069,947.16	\$ 260,239.45	\$ 429,309.00	\$ 123,363.87	\$ 517,936.29	\$ 1,056,996.15	\$ 163,317.68	\$ 7,693.86	\$ 23,591,777.33
VC 42007e (Supplemental Assessment)	\$ 342,020.00		\$ -	\$ -		\$ -	\$ 18,501.55	\$ -	\$ -	\$ -	\$ 2,694,037.14
<b>Category Distributions</b>											
County Administration (actual cost ≤ 10%)	\$ 77,163.61	\$ 42,881.00		\$ -	\$ 44,063.00	\$ 11,471.50	\$ 53,643.79	\$ 185,407.08	\$ 16,331.77	\$ 769.39	\$ 2,196,800.68
Richie's Fund (15%)	\$ 120,428.75	\$ 64,322.00	\$ 180,627.02		\$ 59,485.00		\$ 82,062.26	\$ 278,110.62	\$ 24,497.65	\$ -	\$ 4,338,605.81
Physicians/Surgeons (58%)	\$ 402,794.02	\$ 190,914.00	\$ -	\$ -	\$ 195,508.00	\$ -	\$ 239,677.52	\$ 806,520.80	\$ 71,043.19	\$ 6,888.01	\$ 11,380,201.10
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitals (25%)	\$ 173,618.11	\$ 80,402.00	\$ -	\$ -	\$ 84,271.00	\$ -	\$ 103,309.28	\$ 347,638.28	\$ 30,622.07	\$ -	\$ 4,962,546.02
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Discretionary EMS (17%)	\$ 118,060.32	\$ 54,674.00	\$ -	\$ -	\$ 57,305.00	\$ -	\$ 70,250.31	\$ 236,394.03	\$ 20,823.00	\$ -	\$ 3,335,730.84
Reserve (optional-any amount)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>											
County Administration	\$ 77,163.61	\$ 44,577.00	\$ -	\$ -	\$ 44,062.00	\$ 11,471.50	\$ 53,643.79	\$ 138,869.45		\$ 769.39	\$ 2,142,431.12
Richie's Fund	\$ -	\$ 113,725.00	\$ 180,627.02	\$ -	\$ 78,536.00	\$ 61,166.23	\$ 82,062.26	\$ 162,835.10	\$ 31,826.53	\$ -	\$ 2,541,131.05
Physicians/Surgeons Allowable Claims	\$ 469,743.34	\$ 199,288.00	\$ -	\$ -	\$ -		\$ 2,225,636.00	\$ 1,539,048.82		\$ 117,008.00	\$ 51,872,425.69
Physicians/Surgeons Paid Claims	\$ 469,743.34	\$ 199,288.00	\$ -	\$ -	\$ -		\$ 239,677.53	\$ 415,692.73		\$ 6,888.01	\$ 11,811,794.93
Hospitals Allowable Claims	\$ -		\$ -	\$ -	\$ -		\$ 4314.99.17	\$ -	\$ -	\$ -	\$ 806,262.58
Hospitals Paid Claims	\$ -		\$ -	\$ -	\$ -		\$ 103,309.29	\$ -	\$ -	\$ -	\$ 134,769.50
Hospitals Direct Disbursement	\$ -	\$ 83,698.00	\$ -	\$ -	\$ -			\$ 211,355.98	\$ -	\$ -	\$ 4,378,314.03
Other Discretionary EMS	\$ 258,251.87	\$ 56,166.00	\$ -	\$ -	\$ 57,304.00	\$ -	\$ 70,250.30	\$ 223,544.72		\$ -	\$ 3,640,596.22
<b>Reimbursements</b>											
Physicians/Surgeons		\$ 4,381.00	\$ -	\$ -	\$ -		\$ 2,198.20	\$ -	\$ -	\$ 303.58	\$ 79,737.12
Hospitals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Fiscal Year Ending Balance June 30, 2018</b>	<b>\$ 1,160,120.91</b>	<b>\$ 763,296.00</b>	<b>\$ -</b>	<b>\$ 1,216,277.33</b>	<b>\$ 487,145.00</b>	<b>\$ 172,096.63</b>	<b>\$ 336.79</b>	<b>\$ 714,707.05</b>	<b>\$ 238,328.93</b>	<b>\$ 11,540.21</b>	<b>\$ 18,453,859.60</b>

Supplemental Assessment Expenditures Claims Detail	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Sonoma	Stanislaus	Tulare	Ventura	Yolo	Yuba
<b>Physicians/Surgeons</b>										
# Allowable Claims	3,888	18,476	0	0	0		3,768	5,406	0	335
# Paid Claims	3,888	18,476	0	0	0		3,768	5,406	0	335
% Paid Claims	100%	100%	0%	0%	0%	0%	100%	100%	0%	0%
<b>Hospitals</b>										
# Allowable Claims	0	0	0	0	0	0	1,065	0	0	0
# Paid Claims	0	0	0	0	0	0	1,065	0	0	0
% Paid Claims	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%

These tables reflect a 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> Sarah Joe/Financial Services Officer
	<b>Address (Number and Street)</b> 1000 Broadway Ste500	<b>Phone Number</b> 510-267-8095
	<b>City or Post Office, State, and ZIP Code</b> Oakland CA 94607	<b>Email Address</b> sarah.joe@acgov.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, 2017.</b>	\$ 4,463,025.58
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	\$ 4,976,821.48
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 1,513,822.28	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,521,778.22	
	<b>c</b>		Vehicle Code § 42007		
	<b>d</b>		<b>Total</b>	\$ 3,035,600.50	
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>			
		<b>Entity</b> Alameda County Public Health Department	<b>Contact (Name and Title)</b> Sarah Joe/Financial Services Officer		
		<b>Phone Number</b> 510-267-8095	<b>Email Address</b> Sarah.joe@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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 1,513,822.28
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 1,513,822.28

**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	\$ 1,521,778.22
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 1,521,778.22

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

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

<b>Entity</b> Alameda County Public Health Department	<b>Contact (Name and Title)</b> Sarah Joe/Financial Services Officer
<b>Phone Number</b> 510-267-8095	<b>Email Address</b> Sarah.joe@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 the fiscal year.</b>	\$ 55,846.24
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>		\$ 156,966.85
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 819,366.97





<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 353,175.42
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 240,159.28
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,569,668.52

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

	<b>Interest and Other Deposits</b>
<b>a Interest earned during fiscal year.</b>	\$ 66,228.84
<b>b Other deposits during fiscal year.</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 during the fiscal year.</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>		\$ 158,800.71
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 238,201.06
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 690,783.07
<b>d</b>	<b>Hospitals (25%)</b>		\$ 297,751.32
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 202,470.90
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 1,588,007.06

**12 Responsibility for category distributions:**

<b>Entity</b> Alameda County Public Health Department	<b>Contact (Name and Title)</b> Sarah Joe/Financial Services Officer
<b>Phone Number</b> 510-267-8095	<b>Email Address</b> Sarah.joe@acgov.org

<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> \$ 216,109.69
<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
					0%	

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	20,657	\$ 1,564,869.15	20,657	100%	\$ 1,611,470.63

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 46,601.44

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	Sarah Joe/Financial Services Officer
Phone Number	Email Address
510-267-8095	Sarah.joe@acgov.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 (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, 2017-June 30, 2018, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table>	Amount																
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table>	Amount Reimbursed																
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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). (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, 2017-June 30, 2018 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;">\$ 197,499.96</td> </tr> </tbody> </table>	Amount	\$ 197,499.96															
Amount																			
\$ 197,499.96																			
	<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 Reimbursed</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table>	Amount Reimbursed																
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Amount Reimbursed																			
	<b>22</b> 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 hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Alameda County Public Health Department	Contact (Name and Title) Sarah Joe/Financial Services Officer																	
	Phone Number 510-267-8095	Email Address Sarah.joe@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>	Amount \$ 398,727.77
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, 2017	\$ 4,463,025.58 <i>(1c)</i>			\$ 4,463,025.58
Deposits for July 1, 2017-June 30, 2018	\$ 1,513,822.28 <i>(5c)</i>			\$ 5,976,847.86
Interest for July 1, 2017-June 30, 2018	\$ 55,846.24 <i>(8a)</i>			\$ 6,032,694.10
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>			\$ 6,032,694.10
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 156,966.85 <i>(9a)</i>		\$ 156,966.85	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 819,366.97 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 819,366.97	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 353,175.42 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 353,175.42	\$ 0.00 <i>(20b Pd)</i>
				\$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 240,159.28 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 240,159.28	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,569,668.5; <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 1,569,668.5</b>	<b>\$ 0.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 6,032,694.10</b>
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>		\$ 6,032,694.10
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 6,032,694.10
Ending Balance for Total Available Funds as of June 30, 2018				\$ 6,032,694.10

  
 Signature of Maddy EMS Fund Administrator

4/15/19  
 Date

Sarah Joe Financial Sv. Mgr.  
 Printed Name & Title

sarah.joe@acgov.org  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 4,976,821.48 <i>(2c)</i>		\$ 4,976,821.48
Deposits for July 1, 2017- June 30, 2018	\$ 1,521,778.22 <i>(6c)</i>		\$ 6,498,599.70
Interest for July 1, 2017-June 30, 2018	\$ 66,228.84 <i>(10a)</i>		\$ 6,564,828.54
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 6,564,828.54

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%)	\$ 158,800.71 <i>(11a)</i>		\$ 158,800.71	\$ 216,109.69 <i>(14)</i>
Richie's Fund (15%)	\$ 238,201.06 <i>(11b)</i>		\$ 238,201.06	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 690,783.07 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 690,783.07	\$ 1,611,470.63 <i>(17a)</i>
Hospitals (25%)	\$ 297,751.32 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 297,751.32	\$ 0.00 <i>(21b Pd)</i> \$ 197,499.96 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 202,470.90 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 202,470.90	\$ 398,727.77 <i>(25a)</i>
<b>Total</b>	<b>\$ 1,588,007.00</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 1,588,007.00</b>	<b>\$ 2,423,808.05</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 4,141,020.49</b>

Reimbursements			
Physicians/Surgeons	\$ 46,601.44 <i>(17c)</i>		\$ 4,187,621.93
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 4,187,621.93
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 4,187,621.93</b>

  
 Signature of Maddy EMS Fund Administrator

4/15/19  
 Date

Sarah Joe Financial Svcs Mgr  
 Printed Name & Title

Sarah.joe@acgov.org  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

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

<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.	01/16/2007	
	c	Fund balance on July 1, 2017.	\$ 0.00	
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	01/16/2007	
	c	Fund balance on July 1, 2017.	\$ 0.00	
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 14,872.31	
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 14,888.01	
	c		Vehicle Code § 42007	\$ 94,198.94	
	d		Total	\$ 123,959.26	
	4	Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		Alpine County Superior Courts	Ann Gerth, Court Executive Officer		
		Phone Number	Email Address		
		(530)694-2113	anngerth@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 <i>(Based on GC § 76104)</i>	\$ 14,872.31
	b		Vehicle Code § 42007	
	c		Total	\$ 14,872.31

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	\$ 14,888.01
	b	Vehicle Code § 42007	
	c	Total	\$ 14,888.01

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

7 Responsibility for deposit of penalty assessments:

Entity Alpine County	Contact (Name and Title) Delana Lindsey, Assistant Auditor Controller
Phone Number (530) 694-2284	Email Address dlindsey@alpinecountyca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during the fiscal year.	\$ 22.68
	b	Other deposits during the fiscal year.	

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 during the fiscal year.	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%)		\$ 14,894.99
	e	<b>Total</b>	\$ 0.00	\$ 14,894.99

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.</u>	\$ 22.66
b <u>Other deposits during fiscal year.</u>	

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

11	<u>Total amount of funds distributed to the specified categories during the fiscal year.</u>	<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%)		\$ 14,910.67
f	<b>Total</b>	\$ 0.00	\$ 14,910.67

12 Responsibility for category distributions:

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

VI Expenditures & Reimbursements	13	<u>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</u>	<b>Amount</b>
	14	<u>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</u>	<b>Amount</b>
15	<u>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</u>		\$ 14,910.67



<b>VI Expenditures &amp; Reimbursements (cont.)</b>	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, 2017-June 30, 2018, 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). <i>(If fund not established, leave blank and go to #18)</i>	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
				0%	

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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>	<p>20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).</p>	<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 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, 2017-June 30, 2018, 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																	
	<p>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></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 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, 2017-June 30, 2018 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. <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	Contact (Name and Title)																	
	Phone Number	Email Address																	





<b>VI Expenditures &amp; Reimbursements (cont.)</b>	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b>
			\$ 14,894.99
	b	Description of other EMS services provided: The entire amount collected was used for contracted EMS services	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	<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, 2017		\$ 0.00 <i>(1c)</i>		\$ 0.00
Deposits for July 1, 2017-June 30, 2018		\$ 14,872.31 <i>(5c)</i>		\$ 14,872.31
Interest for July 1, 2017-June 30, 2018		\$ 22.68 <i>(8a)</i>		\$ 14,894.99
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <i>(8b)</i>		\$ 14,894.99
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	\$ 0.00 <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%)	\$ 14,894.99 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 14,894.99	\$ 14,894.99 <i>(24a)</i>
<b>Total</b>	<b>\$ 14,894.99 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 14,894.99</b>	<b>\$ 14,894.99</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<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, 2018</b>				<b>\$ 0.00</b>

Demino  
 Signature of Maddy EMS Fund Administrator

6/10/2019  
 Date

Delana Lindsey, Assistant Auditor  
 Printed Name & Title *Controller*

dlinsey@calpaucounty.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 14,888.01	(6c)		\$ 14,888.01
Interest for July 1, 2017-June 30, 2018	\$ 22.66	(10a)		\$ 14,910.67
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 14,910.67

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 14,910.67 (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%)	\$ 14,910.67 (11e)	\$ 0.00 (11e)	\$ 14,910.67	\$ 0.00 (25a)
<b>Total</b>	<b>\$ 14,910.67 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 14,910.67</b>	<b>\$ 14,910.67</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, 2018			\$ 0.00

*Delana Lindsey*

Signature of Maddy EMS Fund Administrator

6/10/2019

Date

Delana Lindsey, Assistant Auditor Controller

Printed Name & Title

dlindsey@alpinecountyca.gov

Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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	209-232-6407
	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, 2017.	\$ 239,995.91
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.	
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 0.00
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 0.00
	c		Vehicle Code § 42007	\$ 218,775.30
	d		Total	\$ 218,775.30

4	Responsibility for collection of fines, penalties, and forfeitures:	
	Entity	Contact (Name and Title)
	Amador 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	<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>	\$ 0.00
	b		Vehicle Code § 42007	\$ 43,648.81
	c		<b>Total</b>	<b>\$ 43,648.81</b>

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

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	
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:

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	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	a	Interest earned during the fiscal year.	\$ 2,042.53
	b	Other deposits during the fiscal year.	\$ 0.00

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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 4,569.13
b	Physicians/Surgeons (58%)		\$ 19,966.31





<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<u>Hospitals (25%)</u>		\$ 0.00
	<b>d</b>	<u>Other Discretionary EMS (17%)</u>		\$ 29,499.43
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 54,034.87

**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.</u>
<b>b</b>	<u>Other deposits during fiscal year.</u>
<b>c</b>	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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<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:**

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

<b>VI Expenditures &amp; Reimbursements</b>		<b>Amount</b>
<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	\$ 5,337.68
<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
		34.00	\$ 646,280.00	17	50%	\$ 19,966.31

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
		\$ 622.44

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, 2017 -June 30, 2018, 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 209-223-6696	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: right;">\$ 0.00</td> <td style="text-align: center;">0</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	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, 2017-June 30, 2018, 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>																	
	<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%		
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	c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):																		
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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 Amador County Public Health	Contact (Name and Title) Debbie Staniford, Fiscal Supervisor																	
	Phone Number 209-223-6696	Email Address dstaniford@amadorgov.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>
			\$ 29,499.43
	<b>b</b>	<b>Description of other EMS services provided:</b> Mountain Valley EMS Agency, Leek Springs Repeater, Mt. Zion Lease, Radio Maintenance	
	<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, 2017	\$ 239,995.91 <i>(1c)</i>		\$ 239,995.91
Deposits for July 1, 2017-June 30, 2018	\$ 43,648.81 <i>(5c)</i>		\$ 283,644.72
Interest for July 1, 2017-June 30, 2018	\$ 2,042.53 <i>(8a)</i>		\$ 285,687.25
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 285,687.25

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%)	\$ 4,569.13 <i>(9a)</i>		\$ 4,569.13	\$ 5,337.68 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 19,966.31 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 19,966.31	\$ 19,966.31 <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%)	\$ 29,499.43 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 29,499.43	\$ 29,499.43 <i>(24a)</i>
<b>Total</b>	<b>\$ 54,034.87 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 54,034.87</b>	<b>\$ 54,803.42</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 230,883.83</b>

Reimbursements				
Physicians/Surgeons		\$ 622.44 <i>(16c)</i>		\$ 231,506.27
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 231,506.27
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>\$ 231,506.27</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, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>				<b>\$ 0.00</b>

Delbie Staniford  
 Signature of Maddy EMS Fund Administrator

4/11/19  
 Date

Delbie Staniford - Fiscal Supervisor  
 Printed Name & Title

delstaniford@amador.gov.org  
 Email Address

delstaniford@amador.gov.org



**Maddy Emergency Medical Services (EMS) Fund Report**  
**Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)**

<b>I Administering Agency</b>	<b>County / Department</b> Butte County Public Health	<b>County Contact (Name and Title)</b> Elizabeth Heckathorn, Supervisor, Admin Analyst
	<b>Address (Number and Street)</b> 202 Mira Loma Dr	<b>Phone Number</b> 530-552-3817
	<b>City or Post Office, State, and ZIP Code</b> Oroville, CA 95965	<b>Email Address</b> eheckathorn@buttecounty.net

<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>	02/01/1989
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 136,949.54
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 212,121.60	
	<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>	<b>\$ 212,121.60</b>	
	<b>4</b>	<b>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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 212,121.60
	<b>b</b>		Vehicle Code § 42007	\$ 0.00
	<b>c</b>		<b>Total</b>	\$ 212,121.60

**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	\$ 0.00
	<b>b</b>	Vehicle Code § 42007	\$ 0.00
	<b>c</b>	<b>Total</b>	\$ 0.00

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

No Supplemental Assessment

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

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

<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 the fiscal year.	\$ 1,576.25
	<b>b</b>	Other deposits during the fiscal year.	\$ 6,454.62
	<b>c</b>	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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 9,773.82
<b>b</b>	Physicians/Surgeons (58%)		\$ 131,162.06





<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 56,535.37
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 38,444.05
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 235,915.30

**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.</b>	
<b>b</b>	<b>Other deposits during fiscal year.</b>	

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

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

**12 Responsibility for category distributions:**

<b>Entity</b> Butte County Public Health	<b>Contact (Name and Title)</b> Elizabeth Heckathorn, Supervisor, Admin Analyst
<b>Phone Number</b> 530-552-3817	<b>Email Address</b> eheckathorn@buttecounty.net

**VI Expenditures & Reimbursements**

<b>13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 9,773.82
<b>14 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 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).	646.00	\$ 299,947.00	646	100%	\$ 131,162.06
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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). <i>(If fund not established, leave blank and go to #18)</i>	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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. <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 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)		
Butte County Public Health				Elizabeth Heckathorn, Supervisor, Admin Analyst		
Phone Number				Email Address		
530-552-3817				eheckathorn@buttecounty.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 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;">587</td> <td style="text-align: right;">\$ 2,028,943.78</td> <td style="text-align: center;">587</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 56,535.37</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.	587	\$ 2,028,943.78	587	100%	\$ 56,535.37	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	587	\$ 2,028,943.78	587	100%	\$ 56,535.37														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 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, 2017-June 30, 2018 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																	
	<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 checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Butte County Public Health	Contact (Name and Title) Elizabeth Heckathorn, Supervisor, Admin Analyst																	
	Phone Number 530-552-3817	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>
			<b>\$ 38,444.05</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		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>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, 2017	\$ 136,949.54	(1c)	\$ 136,949.54
Deposits for July 1, 2017-June 30, 2018	\$ 212,121.60	(5c)	\$ 349,071.14
Interest for July 1, 2017-June 30, 2018	\$ 1,576.25	(8a)	\$ 350,647.39
Other Deposits for July 1, 2017-June 30, 2018	\$ 6,454.62	(8b)	\$ 357,102.01

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,773.82 (9a)		\$ 9,773.82	\$ 9,773.82 (13)
Physicians/Surgeons (58%)	\$ 131,162.06 (9b)	\$ 0.00 (9b)	\$ 131,162.06	\$ 131,162.06 (16a)
Hospitals (25%)	\$ 56,535.37 (9c)	\$ 0.00 (9c)	\$ 56,535.37	\$ 56,535.37 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 38,444.05 (9d)	\$ 0.00 (9d)	\$ 38,444.05	\$ 38,444.05 (24a)
<b>Total</b>	<b>\$ 235,915.30 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 235,915.30</b>	<b>\$ 235,915.30</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 121,186.71</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (16c)	\$ 121,186.71
Hospitals		\$ 0.00 (20e)	\$ 121,186.71
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 121,186.71</b>

Elizabeth Heckathorn  
 Signature of Maddy EMS Fund Administrator

2/26/19  
 Date

Elizabeth Heckathorn  
 Printed Name & Title

eheckathorn@  
 Email Address

Supervisor, Admin Analyst

buttecounty.net



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>				<b>\$ 0.00</b>

Elizabeth Heckathorn  
 Signature of Maddy EMS Fund Administrator

2/26/19  
 Date

Elizabeth Heckathorn  
 Printed Name & Title

heckathorn@  
 Email Address  
buttecounty.net

Supervisor, Admin Analyst

Butte

Maddy Fund Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

Response to question 1d on the Annual Report Form:

If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason (s):

Our annual report balance and fund balance will never match from fiscal year to fiscal year since we pay out the revenues in arrears. We pay 100% of the revenues collected during each reporting period. The annual report balance and our Audit trail fund balance won't match because we still have 6 months of revenues that haven't been paid out by the end of the fiscal year which carries forward as the fund balance. The annual report takes that fund balance, adds in the assessments, interest and other deposits for that fiscal year reporting period. It then subtracts out the distributions that were made to Administration, Physicians/Surgeons, Hospitals and Other Discretionary for the reporting fiscal year to get what the ending report balance should be. The reality is the fund balance as of June 30 of whatever fiscal year you are reporting on has funds from the 3<sup>rd</sup> and 4<sup>th</sup> quarter of the previous fiscal year and the 1<sup>st</sup> and 2<sup>nd</sup> quarter of the reporting fiscal year.

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## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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, 2017.	\$ 152,974.81
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.	\$ 111,607.85
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 123,061.45
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 51,106.53
	c		Vehicle Code § 42007	\$ 0.00
	d		<b>Total</b>	<b>\$ 174,167.98</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 <i>(Based on GC § 76104)</i>	\$ 54,172.94
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 54,172.94

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	\$ 47,074.27
	b	Vehicle Code § 42007	\$ 0.00
	c	Total	\$ 47,074.27

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

7 Responsibility for deposit of penalty assessments:

Entity	Contact (Name and Title)
Colusa County Superior Court	Cynthia Otero
Phone Number	Email Address
530-458-0687	cynthia.otero@colusa.courts.ca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during the fiscal year.	\$ 2,040.32
	b	Other deposits during the fiscal year.	\$ 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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 5,439.73
	b Physicians/Surgeons (58%)		\$ 0.00





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 0.00
	d	Other Discretionary EMS (17%)		\$ 23,021.91
	e	Total	\$ 0.00	\$ 28,461.64

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.	\$ 1,850.86
b Other deposits during fiscal year.	\$ 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 during the fiscal year.	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)
Colusa County Health & Human Services	Christine Fusaro, Staff Services Manager
Phone Number	Email Address
530-458-0870	christine.fusaro@countyofcolusa.com

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 5,439.73
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
		0.00	\$ 0.00	0	0%	\$ 0.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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	\$ 0.00	0	0%	\$ 0.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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, Staff Services Manager
Phone Number 530-458-0870	Email Address christine.fusaro@countyofcolusa.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;">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>b</b> Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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;">\$ 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: 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 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, 2017-June 30, 2018 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;">\$ 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: 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 checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Colusa County Health & Human Services	Contact (Name and Title) Christine Fusaro, Staff Services Manager																	
	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
			\$ 23,021.91

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:





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 152,974.81 <i>(1c)</i>		\$ 152,974.81
Deposits for July 1, 2017-June 30, 2018	\$ 54,172.94 <i>(5c)</i>		\$ 207,147.75
Interest for July 1, 2017-June 30, 2018	\$ 2,040.32 <i>(8a)</i>		\$ 209,188.07
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 209,188.07

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%)	\$ 5,439.73 <i>(9a)</i>		\$ 5,439.73	\$ 5,439.73 <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%)	\$ 23,021.91 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 23,021.91	\$ 23,021.91 <i>(24a)</i>
<b>Total</b>	<b>\$ 28,461.64</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 28,461.64</b>	<b>\$ 28,461.64</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 180,726.43</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 180,726.43
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 180,726.43
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 180,726.43</b>

Bonnie Davies 4.15.19  
 Signature of Maddy EMS Fund Administrator Date

Bonnie Davies bdavies@  
 Printed Name & Title Email Address

colusaedhs.org





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 111,607.85	(2c)		\$ 111,607.85
Deposits for July 1, 2017- June 30, 2018	\$ 47,074.27	(6c)		\$ 158,682.12
Interest for July 1, 2017-June 30, 2018	\$ 1,850.86	(10a)		\$ 160,532.98
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 160,532.98

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>\$ 160,532.98</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 160,532.98
Hospitals		\$ 0.00 (21e)	\$ 160,532.98
Ending Balance for Total Available Funds as of June 30, 2018			\$ 160,532.98

Bonnie Davies      4-15-19  
 Signature of Maddy EMS Fund Administrator      Date

Bonnie Davies      bdavies@colusadnhs.org  
 Printed Name & Title      Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	County / Department	CONTRA COSTA COUNTY	
	County Contact (Name and Title)	Robert Campbell, Auditor-Controller	
	Address (Number and Street)	Phone Number	925.335.8604
	City or Post Office, State, and ZIP Code	Email Address	Bob.Campbell@ac.county.us
		Martinez, CA 94553	
<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.	07/01/1988
	c	Fund balance on July 1, 2017.	\$ 344,727.22
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):	
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to #3)
	b	Date fund established.	01/23/2007
	c	Fund balance on July 1, 2017.	\$ 406,036.47
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):	
<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	
	a		Statute Government Code § 76000 Collections \$ 6,880,878.63
	b		Statute Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Collections \$ 620,162.46
	c		Statute Vehicle Code § 42007 Collections \$ 2,774,780.19
	d		Total \$ 10,275,821.28
	4	Responsibility for collection of fines, penalties, and forfeitures:	
		Entity Contra Costa Superior Court	Contact (Name and Title) Fae Li
	Phone Number 925.608.2531	Email Address FLi@contracosta.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)	\$ 654,464.25
	b		Vehicle Code § 42007	\$ 371,595.80
	c		Total	\$ 1,026,060.05
	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	\$ 607,759.13
	b		Vehicle Code § 42007	
	c		Total	\$ 607,759.13
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	Contra Costa Superior Court	Fae Li		
	Phone Number	Email Address		
	925.608.2531	FLi@contracosta.courts.ca.gov		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 6,260.19
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 102,606.61
b	Physicians/Surgeons (58%)		\$ 535,602.99	



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	c	Hospitals (25%)		\$ 230,863.37
	d	Other Discretionary EMS (17%)		\$ 156,987.08
	e	<b>Total</b>	\$ 0.00	\$ 1,026,060.05

**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.	\$ 6,599.72
b Other deposits during fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 53,934.90
b	Richie's Fund (15%)		\$ 68,410.41
c	Physicians/Surgeons (58%)		\$ 281,540.00
d	Hospitals (25%)		\$ 121,353.48
e	Other Discretionary EMS (17%)		\$ 82,520.34
f	<b>Total</b>	\$ 0.00	\$ 607,759.13

**12 Responsibility for category distributions:**

Entity Contra Costa Superior Court	Contact (Name and Title) Fae Li
Phone Number 925.608.2531	Email Address FLi@contracosta.courts.ca.gov

<b>VI Expenditures &amp; Reimbursements</b>			Amount
			\$ 100,873.01
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)		\$ 53,032.10
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		\$ 268,878.60



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	6,342.00	\$ 1,071,180.00	6,342	100%	\$ 535,459.21
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed				
		\$ 7,557.58				
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	3,341	\$ 564,209.48	3,341	100%	\$ 282,492.79
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed				
		\$ 3,972.65				
18	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 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)				
	Contra Costa Health Services Department	Patrick Godley, COO, CFO				
	Phone Number	Email Address				
	925.957.5405	Patrick.Godley@cchealth.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, 2017-June 30, 2018, 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)	\$ 226,945.68

	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, 2017-June 30, 2018 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)	\$ 119,294.15

	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 Department	Contact (Name and Title) Patrick Godley, COO, CFO
Phone Number 925.957.5405	Email Address Patrick.Godley@cchealth.org



VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 154,323.05
	b	Description of other EMS services provided: This program provides overall coordination of Contra Costa's Emergency Medical System.	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
			\$ 81,120.00
	b	Description of other EMS services provided:	



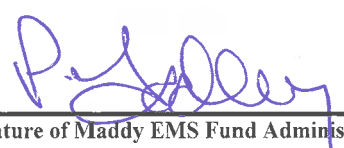
VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 344,727.22 <i>(1c)</i>		\$ 344,727.22
Deposits for July 1, 2017-June 30, 2018	\$ 1,026,060.05 <i>(5c)</i>		\$ 1,370,787.27
Interest for July 1, 2017-June 30, 2018	\$ 6,260.19 <i>(8a)</i>		\$ 1,377,047.46
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 1,377,047.46

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 102,606.61 <i>(9a)</i>		\$ 102,606.61	\$ 100,873.01 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 535,602.99 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 535,602.99	\$ 535,459.21 <i>(16a)</i>
Hospitals (25%)	\$ 230,863.37 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 230,863.37	\$ 0.00 <i>(20b Pd)</i> \$ 226,945.68 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 156,987.08 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 156,987.08	\$ 154,323.05 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,026,060.05</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,026,060.0</b>	<b>\$ 1,017,600.95</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 359,446.51</b>

Reimbursements			
Physicians/Surgeons	\$ 7,557.58 <i>(16c)</i>		\$ 367,004.09
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 367,004.09
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 367,004.09</b>

  
 Signature of Maddy EMS Fund Administrator

4/10/19  
 Date

PATRICK GODLEY, COO/CFO  
 Printed Name & Title

Patrick.Godley@  
 Email Address  
 cchealth.org



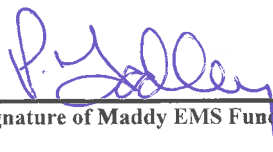
VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 406,036.47 <i>(2c)</i>		\$ 406,036.47
Deposits for July 1, 2017- June 30, 2018	\$ 607,759.13 <i>(6c)</i>		\$ 1,013,795.60
Interest for July 1, 2017-June 30, 2018	\$ 6,599.72 <i>(10a)</i>		\$ 1,020,395.32
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 1,020,395.32

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 53,934.90 <i>(11a)</i>		\$ 53,934.90	\$ 53,032.10 <i>(14)</i>
Richie's Fund (15%)	\$ 68,410.41 <i>(11b)</i>		\$ 68,410.41	\$ 268,878.60 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 281,540.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 281,540.00	\$ 282,492.79 <i>(17a)</i>
Hospitals (25%)	\$ 121,353.48 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 121,353.48	\$ 0.00 <i>(21b Pd)</i> \$ 119,294.15 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 82,520.34 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 82,520.34	\$ 81,120.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 607,759.13</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 607,759.13</b>	<b>\$ 804,817.64</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 215,577.68</b>

Reimbursements			
Physicians/Surgeons	\$ 3,972.65 <i>(17c)</i>		\$ 219,550.33
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 219,550.33
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 219,550.33</b>

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

4/10/19  
 Date  
**Patrick.Godley@**  
 Email Address  
**ehealthn.org**





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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, 2017.</b>	\$ 6,033.27
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	06/23/2017
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 6,033.27
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b>	Balance is different due to inadvertently using incorrect fund balance amount on last years report.

<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	\$ 40,747.07	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 41,177.45	
	<b>c</b>		Vehicle Code § 42007		
	<b>d</b>		<b>Total</b>	\$ 81,924.52	
	<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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 40,747.07
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 40,747.07

**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	\$ 41,177.45
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 41,177.45

**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**

	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>	<b>Interest and Other Deposits</b>
	<b>a</b>	<b>Interest earned during the fiscal year.</b>	\$ 538.73
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>		\$ 7,451.69
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 61,465.00



<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>		
	<b>e</b>	<b>Total</b>		<b>\$ 0.00</b>

\$ 68,916.69

**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.</b>
<b>b</b>	<b>Other deposits during fiscal year.</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 during the fiscal year.</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>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**12 Responsibility for category distributions:**

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

**VI Expenditures & Reimbursements**

<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
		1,682.00	\$ 2,150,139.00	1,682	100%	\$ 61,465.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 9,997.62

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, 2017-June 30, 2018, 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)
Morgan Hill Emergency Group	Delilah T. Orrego, EMA/Insurance Coder
Phone Number	Email Address
626-447-0296	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 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, 2017-June 30, 2018, state reason(s):																		
		<b>Amount</b>																	
	<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>	\$ 0.00																	
		<b>Amount Reimbursed</b>																	
	<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 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%		
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	<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>Amount Reimbursed</b>																	
	<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 must 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</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, 2017	\$ 6,033.27 <i>(1c)</i>	\$ 6,033.27
Deposits for July 1, 2017-June 30, 2018	\$ 40,747.07 <i>(5c)</i>	\$ 46,780.34
Interest for July 1, 2017-June 30, 2018	\$ 538.73 <i>(8a)</i>	\$ 47,319.07
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 47,319.07

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 7,451.69 <i>(9a)</i>		\$ 7,451.69	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 61,465.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 61,465.00	\$ 61,465.00 <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%)	\$ 0.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 0.00	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 68,916.69 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 68,916.69</b>	<b>\$ 61,465.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>-\$ 14,145.93</b>

Reimbursements			
Physicians/Surgeons	\$ 9,997.62 <i>(16c)</i>		-\$ 4,148.32
Hospitals	\$ 0.00 <i>(20e)</i>		-\$ 4,148.32
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>-\$ 4,148.32</b>

*Clinton Schaad*  
 Signature of Maddy EMS Fund Administrator  
 Clinton Schaad  
 Auditor - Controller  
 Printed Name & Title

5/23/19  
 Date  
 cschaad@co.  
 del-norte.ca.us  
 Email Address





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 6,033.27	(2c)		\$ 6,033.27
Deposits for July 1, 2017- June 30, 2018	\$ 41,177.45	(6c)		\$ 47,210.71
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 47,210.71
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 47,210.71

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>\$ 47,210.71</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 47,210.71
Hospitals		\$ 0.00 (21e)	\$ 47,210.71
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 47,210.71</b>

*Clinton Schaad*  
 Signature of Maddy EMS Fund Administrator  
 Clinton Schaad  
 Auditor - Controller  
 Printed Name & Title

5/23/19  
 Date  
 cschaad@co.del-norte.ca.us  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	County / Department El Dorado County HHSA	County Contact (Name and Title) Richard Todd	
	Address (Number and Street) 3057 Briw Rd B	Phone Number 530-621-6505	
	City or Post Office, State, and ZIP Code Placerville, Ca 95667	Email Address 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, 2017.		
	d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.		\$ 350,256.31
	d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):		
<b>III Collections of Penalty Assessments</b>	3 Fines, penalties, and forfeitures collected under each statute.		
	a		Statute Government Code § 76000 Collections \$ 142,235.93
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i> \$ 139,816.16
	c		Vehicle Code § 42007
	d	<b>Total</b>	<b>\$ 282,052.09</b>
	4 Responsibility for collection of fines, penalties, and forfeitures:		
	Entity El Dorado County Superior Court		Contact (Name and Title) Amy Wong, Accountant
	Phone Number 530-621-7420		Email Address awong@eldoradocourt.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>	\$ 142,235.93
	b		Vehicle Code § 42007	
	c		Total	\$ 142,235.93
	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	\$ 139,816.16
	b		Vehicle Code § 42007	
	c		Total	\$ 139,816.16
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	El Dorado County Superior Court	Amy Wong, Accountant		
	Phone Number	Email Address		
	530-621-7420	awong@eldoradocourt.org		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 5,098.61
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 15,078.01
	b	Physicians/Surgeons (58%)		\$ 78,707.20





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 33,925.52
	d	Other Discretionary EMS (17%)		\$ 23,069.34
	e	<b>Total</b>	\$ 0.00	\$ 150,780.07

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.</u>
b	<u>Other deposits during fiscal year.</u>

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 13,981.61
b	Richie's Fund (15%)		\$ 18,875.18
c	Physicians/Surgeons (58%)		\$ 62,036.43
d	Hospitals (25%)		\$ 26,739.84
e	Other Discretionary EMS (17%)		\$ 18,183.10
f	<b>Total</b>	\$ 0.00	\$ 139,816.16

12 Responsibility for category distributions:

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

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 15,078.01
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 13,981.61
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	\$ 42,302.05



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		2,186.00	\$ 2,231,108.14	2,186	100%	\$ 78,707.21

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 3,445.54

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
	2,186	\$ 2,231,108.14	2,186	100%	\$ 62,036.43

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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.
- F  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-Lawson, Accountant II
Phone Number 530-295-6914	Email Address pamela.selko@edcgov.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 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;">179</td> <td style="text-align: right;">\$ 714,779.39</td> <td style="text-align: center;">179</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 33,925.52</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.	179	\$ 714,779.39	179	100%	\$ 33,925.52	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.	179	\$ 714,779.39	179	100%	\$ 33,925.52														
	c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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>Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table>	Amount																
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	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>																	
	<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;">179</td> <td style="text-align: right;">\$ 714,779.39</td> <td style="text-align: center;">179</td> <td style="text-align: center;">100%</td> <td style="text-align: right;">\$ 26,739.84</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.	179	\$ 714,779.39	179	100%	\$ 26,739.84	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.	179	\$ 714,779.39	179	100%	\$ 26,739.84														
	c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):																		
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Amount Reimbursed																			
A	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 El Dorado County HHSA  Phone Number 530-295-6914	Contact (Name and Title) Pamela Selko-Lawson, Accountant II  Email Address pamela.selko@edcgov.us																	





VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 23,069.34
b	Description of other EMS services provided: Offset to salary and benefit for Dr. Brazzel	
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, 2017	\$ 350,256.31 <i>(2c)</i>		\$ 350,256.31
Deposits for July 1, 2017- June 30, 2018	\$ 139,816.16 <i>(6c)</i>		\$ 490,072.47
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 490,072.47
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 490,072.47

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 13,981.61 <i>(11a)</i>		\$ 13,981.61	\$ 13,981.61 <i>(14)</i>
Richie's Fund (15%)	\$ 18,875.18 <i>(11b)</i>		\$ 18,875.18	\$ 42,302.05 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 62,036.43 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 62,036.43	\$ 62,036.43 <i>(17a)</i>
Hospitals (25%)	\$ 26,739.84 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 26,739.84	\$ 26,739.84 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 18,183.10 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 18,183.10	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 139,816.16</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 139,816.16</b>	<b>\$ 145,059.93</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 345,012.54</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 345,012.54
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 345,012.54
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 345,012.54</b>

Yvonne Kollings, CFO      4/11/19  
 Signature of Maddy EMS Fund Administrator      Date

Yvonne Kollings, Chief Fiscal Officer      Yvonne.Kollings@ed.gov.us  
 Printed Name & Title      Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I 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> 559.600.3387
	<b>City or Post Office, State, and ZIP Code</b> Fresno, CA 93721	<b>Email Address</b> bhill@fresnocountyca.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>	03/01/1990
	<b>c Fund balance on July 1, 2017.</b>	\$ 1,716,226.39
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> Accounting staff completed a reconciliation of fund activity. Reconciled totals differed from unreconciled fund balance figures used in FY16/17 submission.	
	<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, 2017.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 818,830.84	
	<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>	\$ 818,830.84	
	<b>4 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		

*Note: Courts indicate they do not maintain statute specific collections data.*



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)	\$ 818,830.84
	b		Vehicle Code § 42007	
	c		Total	\$ 818,830.84
	d	If no deposits into Maddy EMS Fund, state reason(s):		
6	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): Not established.		
7	7	Responsibility for deposit of penalty assessments:		
		Entity Department of Public Health	Contact (Name and Title) Brandon Hill, Staff Analyst	
		Phone Number 559.600.6468	Email Address bhill@fresnocountyca.gov	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 33,205.06
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 85,203.59	
b	Physicians/Surgeons (58%)		\$ 444,762.74	



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 191,708.08
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 130,361.49
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 852,035.90

*Note: Hospital and Discretionary figures represent payments for multiple fiscal years made during FY 17/18.*

**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.</b>
<b>b</b>	<b>Other deposits during fiscal year.</b>
<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 during the fiscal year.</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> Department of Public Health	<b>Contact (Name and Title)</b> Brandon Hill, Staff Analyst
<b>Phone Number</b> 559.600.6468	<b>Email Address</b> bhill@fresnocountyca.gov

**VI Expenditures & Reimbursements**

<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 45,133.57
<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.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	20,340.00	\$ 524,610.47	20,340	100%	\$ 524,610.47
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 4,104.70
17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>						
		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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. <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 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.						
19 Responsibility for claims payments to Physicians/Surgeons:						
Entity Department of Public Health			Contact (Name and Title) Brandon Hill, Staff Analyst			
Phone Number 559.600.3387			Email Address bhill@fresnocountyca.gov			



<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>
---	--	---

*Note: Funds are distributed according to the percentage of ED/Trauma encounters of each hospital. Two fiscal years of payments were made during FY 17/18.*

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

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	\$ 406,712.50

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, 2017-June 30, 2018 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 559.600.3387	Email Address bhill@fresnocountyca.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>
			\$ 160,608.19
	<b>b</b>	<b>Description of other EMS services provided:</b> Supports activities of Local EMS Agency	
	<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, 2017	\$ 1,716,226.39 <i>(1c)</i>	\$ 1,716,226.39
Deposits for July 1, 2017-June 30, 2018	\$ 818,830.84 <i>(5c)</i>	\$ 2,535,057.23
Interest for July 1, 2017-June 30, 2018	\$ 33,205.06 <i>(8a)</i>	\$ 2,568,262.29
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 2,568,262.29

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 85,203.59 <i>(9a)</i>		\$ 85,203.59	\$ 45,133.57 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 444,762.74 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 444,762.74	\$ 524,610.47 <i>(16a)</i>
Hospitals (25%)	\$ 191,708.08 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 191,708.08	\$ 0.00 <i>(20b Pd)</i> \$ 406,712.50 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 130,361.49 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 130,361.49	\$ 160,608.19 <i>(24a)</i>
Total	\$ 852,035.90 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 852,035.90	\$ 1,137,064.73
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,431,197.56

Reimbursements		
Physicians/Surgeons	\$ 4,104.70 <i>(16c)</i>	\$ 1,435,302.26
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 1,435,302.26
Ending Balance for Total Available Funds as of June 30, 2018		\$ 1,435,302.26

Brandon Hill  
 Signature of Maddy EMS Fund Administrator

7/27/18  
 Date

Brandon Hill, Staff  
 Printed Name & Title

brhill@emsa.ca.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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)
Total	\$ 0.00 (11f)	\$ 0.00 (11f)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2018				\$ 0.00

[Signature]  
 Signature of Maddy EMS Fund Administrator

2/7/17  
 Date

Brendan Hill Staff  
 Printed Name & Title

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





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Department of Finance	<b>County Contact (Name and Title)</b> Humberto Medina, Asst. Director of Finance
	<b>Address (Number and Street)</b> 516 W Sycamore Street	<b>Phone Number</b> (530) 934-6476
	<b>City or Post Office, State, and ZIP Code</b> Willows, CA 95988	<b>Email Address</b> hmedina@countyofglenn.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>	12/20/1988
	<b>c Fund balance on July 1, 2017.</b>	\$ 12,509.61 ✓
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 38,966.08
	<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>	\$ 38,966.08

**4 Responsibility for collection of fines, penalties, and forfeitures:**

<b>Entity</b> Glenn County Superior Court	<b>Contact (Name and Title)</b> Cindia Martinez, Interim Court Ex. Officer
<b>Phone Number</b> (530) 934-6382	<b>Email Address</b> cmartinez@glenncourt.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>\$ 38,966.08</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 38,966.08</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> Glenn County Superior Court	<b>Contact (Name and Title)</b> Cindia Martinez, Interim Court Ex. Officer
<b>Phone Number</b> (530) 934-6382	<b>Email Address</b> cmartinez@glenncourt.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 the fiscal year.</b>	<b>\$ 366.95</b>
<b>b</b>	<b>Other deposits during the fiscal year.</b>	<b>\$ 8,008.23</b>

**c** If other deposits were made, provide the type of deposits and the reason(s) for the deposits:  
 The FY 2016-17 4th quarter check in the amount of \$8,008.23 became stale and monies were deposited back into the Maddy Fund.

<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>\$ 3,933.30</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>	<b>\$ 23,282.63</b>	<b>\$ 5,257.44</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c Hospitals (25%)</b>	\$ 21,359.54	\$ 0.00
	<b>d Other Discretionary EMS (17%)</b>	\$ 0.00	\$ 6,017.96
	<b>Total</b>	\$ 44,642.17	\$ 15,208.70

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

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

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

**12 Responsibility for category distributions:**

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

<b>VI Expenditures &amp; Reimbursements</b>		Amount
<b>13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>		\$ 3,933.30
<b>14 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>		Amount
<b>15 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
		1.00	\$ 58,967.36	0	8%	\$ 5,257.44

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

See the supplemental schedule attached to the report for the response.

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, 2017-June 30, 2018, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>
---	---	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 See the supplemental schedule attached to the report for the response.

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

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

<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<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>
---	---	--

	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, 2017-June 30, 2018 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>	<b>Amount</b>

<b>e</b> 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 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>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 6,017.96

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

See the supplemental schedule attached to the report for the response.

<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, 2017	\$ 12,509.61 <i>(1c)</i>		\$ 12,509.61
Deposits for July 1, 2017-June 30, 2018	\$ 38,966.08 <i>(5c)</i>		\$ 51,475.69
Interest for July 1, 2017-June 30, 2018	\$ 366.95 <i>(8a)</i>		\$ 51,842.64
Other Deposits for July 1, 2017-June 30, 2018	\$ 8,008.23 <i>(8b)</i>		\$ 59,850.87

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 3,933.30 <i>(9a)</i>		\$ 3,933.30	\$ 3,933.30 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 5,257.44 <i>(9b)</i>	\$ 23,282.63 <i>(9b)</i>	-\$ 18,025.19	\$ 5,257.44 <i>(16a)</i>
Hospitals (25%)	\$ 0.00 <i>(9c)</i>	\$ 21,359.54 <i>(9c)</i>	-\$ 21,359.54	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 6,017.96 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 6,017.96	\$ 6,017.96 <i>(24a)</i>
<b>Total</b>	<b>\$ 15,208.70</b> <i>(9e)</i>	<b>\$ 44,642.17</b> <i>(9e)</i>	<b>-\$ 29,433.47</b>	<b>\$ 15,208.70</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 44,642.17</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>		\$ 44,642.17
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 44,642.17
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 44,642.17</b>

*Humberto Medina*  
 Signature of Maddy EMS Fund Administrator

04/03/2019  
 Date

Humberto Medina, Asst. Director of Finance  
 Printed Name & Title

hmedina@countyofglenn.net  
 Email Address



**VII Fund Summary**  
 (cont.)

**Maddy EMS Fund**  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)	\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)	\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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)				\$ 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, 2018</b>			<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

04/03/2019  
 Date

Humberto Medina, Asst. Director of Finance  
 Printed Name & Title

hmedina@countyofglenn.net  
 Email Address

**Maddy Emergency Medical Services (EMS) Fund Report**  
**Supplemental Schedule**  
**County of Glenn**  
**June 30, 2018**

**Supplemental Schedule**

**Section VI Question No. 16b – Reason for not paying allowable claims during FY 2017-18:**

During the second quarter of FY 2017-18, Glenn Medical Center's physicians and surgeons terminated their contract with VEP Glenn Emergency Physicians Medical Group. This caused a delay in the payment of the physician's and surgeons claims as they were trying to hire somebody else to take over the billings. Because of this, the penalties collected and interest earned allocated to the physicians and surgeons were reserved and will be disbursed to them in the future once a new vendor is selected by the physicians and surgeons.

**Section VI Question No. 18 – Physicians/Surgeons claims payment methodologies:**

Physicians and surgeons in the County area have entered into a contract agreement with VEP Glenn Emergency Physicians Medical Group (the Group) to review the physicians and surgeons' claims prior to seeking reimbursement from the County.

The Group meets with the physicians and surgeons on a regular basis to discuss claims eligibility and payment methodologies. The Group also contacts the Fund's Administrator on a regular basis to discuss the County's payment distribution methodology.

During the second quarter of FY 2017-18, the Group's contract was not renewed by Glenn Medical. The entire amount was reserved for the physicians' and surgeons until they decide how they would like get reimbursed (individually or through a third-party).

The fee schedule provided with this report is just an excerpt of the entire Master Fee schedule approved by the Board of Supervisors. The entire Master Fee schedule can be accessed at:

**<https://www.countyofglenn.net/resources/fees-general/master-fee-schedule>**

**Section VI Question No. 20c – Reason for not paying allowable claims during FY 2017-18:**

For FY 2017-18 and future years, it was decided that the County EMS Fund will pay Hospital claims on a claims basis, rather than direct disbursements. Because of this change and changes in the Glenn Medical Center management team during FY 2017-18, no claims were actually submitted. The penalties collected and interest earned allocated to the Hospital were reserved and will be disbursed to the Hospital in the future once they present allowable claims to the Fund administrator.

**Section VI Question No. 22 – Hospital payment methodologies:**

Funds are disbursed pursuant to Section 1797.98a (b) (5) (B). 25% of the deposited monies in the Fund, reduced by the administration and reserve amounts, are disbursed to the Hospital on a claims basis.

**Section VI Question No. 24b – Other EMS services provided:**

The County of Glenn (the County), as approved by the Board of Supervisors, expended \$6,017.96 to pay in part for the services provided by Sierra-Sacramento Valley Emergency Medical Services Agency, the County's designated Local Emergency Medical Services Agency (the Agency) for fiscal year 2017-18. The Agency performs a series of functions required by Health and Safety Code section 1797 et seq.





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b>	<b>County Contact (Name and Title)</b>
	Humboldt County DHHS- Public Health	Shannon Falk-Carlson
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	529 I Street	707-441-5438
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>
	Eureka, CA 95501	sfalk-carlson@co.humboldt.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>	02/04/1989	
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 140,488.90	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	06/26/2007	
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 26,183.90	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 166,236.50	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 154,245.06	
	<b>c</b>		Vehicle Code § 42007		
	<b>d</b>		<b>Total</b>	\$ 320,481.56	
	<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>			
		<b>Entity</b>	<b>Contact (Name and Title)</b>		
		Superior Court of California Humboldt County	Court Clerk's Office		
		<b>Phone Number</b>	<b>Email Address</b>		
		707-445-7256			



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>	\$ 166,236.50
	b		Vehicle Code § 42007	
	c		Total	\$ 166,236.50
	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	\$ 154,245.06
	b		Vehicle Code § 42007	
	c		Total	\$ 154,245.06
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	Humboldt County Treasurer-Tax Collector	John Bartholomew, Treasurer-Tax Collector		
	Phone Number	Email Address		
	707-476-2450 or 877-448-6829	taxinfo@co.humboldt.ca.us		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 1,249.91
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 16,786.83
b	Physicians/Surgeons (58%)		\$ 284,307.57	



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)		\$ 122,546.37
	<b>d</b>	Other Discretionary EMS (17%)		\$ 83,331.54
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 506,972.31

**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.	\$ 381.85
<b>b</b> Other deposits during fiscal year.	

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

<b>11</b>	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 15,424.50
<b>b</b>	Richie's Fund (15%)		\$ 20,823.08
<b>c</b>	Physicians/Surgeons (58%)		\$ 68,438.53
<b>d</b>	Hospitals (25%)		\$ 29,499.38
<b>e</b>	Other Discretionary EMS (17%)		\$ 20,059.58
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 154,245.07

**12 Responsibility for category distributions:**

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

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 16,786.89
	<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> \$ 15,424.50
	<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> \$ 20,823.08



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,632.00	\$ 141,599.70	1,632	100%	\$ 141,599.70

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,253.97

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
	1,632	\$ 28,609.24	1,632	100%	\$ 28,609.24

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 997.85

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



<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></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, 2017-June 30, 2018, state reason(s):																		
		<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><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> </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>														
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	<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></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.				0%		
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	<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:																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entity Humboldt County DHHS- Public Health</td> <td style="width:50%;">Contact (Name and Title) Olivia Wilder, Budget Specialist</td> </tr> <tr> <td>Phone Number 707-441-5435</td> <td>Email Address owilder@co.humboldt.ca.us</td> </tr> </table>	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														
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.)		24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).		Amount
		<b>b Description of other EMS services provided:</b>		
		NCEMS is the local EMS Agency responsible for County delegated LEMSA functions.		
		25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>		Amount
		<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, 2017	\$ 140,488.90 <i>(1c)</i>		\$ 140,488.90
Deposits for July 1, 2017-June 30, 2018	\$ 166,236.50 <i>(5c)</i>		\$ 306,725.40
Interest for July 1, 2017-June 30, 2018	\$ 1,249.91 <i>(8a)</i>		\$ 307,975.31
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 307,975.31

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 16,786.83 <i>(9a)</i>		\$ 16,786.83	\$ 16,786.89 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 284,307.57 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 284,307.57	\$ 141,599.70 <i>(16a)</i>
Hospitals (25%)	\$ 122,546.37 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 122,546.37	\$ 0.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 83,331.54 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 83,331.54	\$ 83,331.54 <i>(24a)</i>
<b>Total</b>	<b>\$ 506,972.31</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 506,972.31</b>	<b>\$ 241,718.13</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 66,257.18</b>

Reimbursements			
Physicians/Surgeons	\$ 4,253.97 <i>(16c)</i>		\$ 70,511.15
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 70,511.15
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 70,511.15</b>

Signature of Maddy EMS Fund Administrator

4/8/19  
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, 2017	\$ 26,183.90	(2c)		\$ 26,183.90
Deposits for July 1, 2017- June 30, 2018	\$ 154,245.06	(6c)		\$ 180,428.96
Interest for July 1, 2017-June 30, 2018	\$ 381.85	(10a)		\$ 180,810.81
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 180,810.81

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 15,424.50 (11a)		\$ 15,424.50	\$ 15,424.50 (14)
Richie's Fund (15%)	\$ 20,823.08 (11b)		\$ 20,823.08	\$ 20,823.08 (15)
Physicians/Surgeons (58%)	\$ 68,438.53 (11c)	\$ 0.00 (11c)	\$ 68,438.53	\$ 28,609.24 (17a)
Hospitals (25%)	\$ 29,499.38 (11d)	\$ 0.00 (11d)	\$ 29,499.38	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 20,059.58 (11e)	\$ 0.00 (11e)	\$ 20,059.58	\$ 20,059.68 (25a)
<b>Total</b>	<b>\$ 154,245.07 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 154,245.07</b>	<b>\$ 84,916.50</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 95,894.31</b>

Reimbursements			
Physicians/Surgeons	\$ 997.85 (17c)		\$ 96,892.16
Hospitals	\$ 0.00 (21e)		\$ 96,892.16
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 96,892.16</b>

*Shall-ke for Olivia Wilder*  
 Signature of Maddy EMS Fund Administrator

4/11/19  
 Date

*Olivia Wilder, Budget Specialist owilder@co.humboldt.ca.us*  
 Printed Name & Title      Email Address



**Maddy Emergency Medical Services (EMS) Fund Report**  
**Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)**

<b>I Administering Agency</b>	<b>County / Department</b>	<b>County Contact (Name and Title)</b>
	Inyo County Health & Human Services	Melissa Best-Baker, Senior Management Analyst
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	P.O. Drawer H	760-878-0232
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>
	Independence, CA 93526	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, 2017.</b>	\$ 507,591.81
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 136,531.81
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 138,091.04
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	<b>\$ 274,622.85</b>

<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	
<b>Entity</b>	<b>Contact (Name and Title)</b>
Inyo Superior County of California	Danielle Sexton, Court Finance Manager
<b>Phone Number</b>	<b>Email Address</b>
760-872-4730	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</b> <i>(Based on GC § 76104)</i>	<b>\$ 275,608.54</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 275,608.54</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>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 0.00</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>	
		<a href="#">Inyo Superior County of California</a>	<a href="#">Danielle Sexton, Court Finance Manager</a>	
		<b>Phone Number</b>	<b>Email Address</b>	
		<a href="#">760-872-4730</a>	<a href="mailto:danielle.sexton@inyocourt.ca.gov">danielle.sexton@inyocourt.ca.gov</a>	
<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 the fiscal year.</b>		<b>\$ 7,322.40</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</b>		<b>\$ 4,008.41</b>
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b> <a href="#">Probation and returned Maddy funds</a>		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>\$ 38,377.95</b>	
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 3,127.82</b>	



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)		\$ 19,498.50
	<b>d</b>	Other Discretionary EMS (17%)		\$ 78,404.70
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 139,408.97

**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.
<b>b</b>	Other deposits during fiscal year.

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

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

**12 Responsibility for category distributions:**

Entity	Contact (Name and Title)
Phone Number	Email Address

<b>VI Expenditures &amp; Reimbursements</b>		Amount
<b>13</b>	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 38,377.95
<b>14</b>	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	
<b>15</b>	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
		73.00	\$ 3,727.82	73	100%	\$ 3,727.82

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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, 2017-June 30, 2018, 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)
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>	<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>
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	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.	73	\$ 19,498.50	73	100%	\$ 19,498.50

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

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<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>Amount</b>

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

<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>
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	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, 2017-June 30, 2018 state reason(s):

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<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>Amount</b>

<b>e</b> 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 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



VI Expenditures & Reimbursements (cont.)				Amount
		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
		b Description of other EMS services provided:		
		EMS equipment and EMS eDispatch 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

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 507,591.81	(1c)		\$ 507,591.81
Deposits for July 1, 2017-June 30, 2018	\$ 275,608.54	(5c)		\$ 783,200.35
Interest for July 1, 2017-June 30, 2018	\$ 7,322.40	(8a)		\$ 790,522.75
Other Deposits for July 1, 2017-June 30, 2018	\$ 4,008.41	(8b)		\$ 794,531.16

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 38,377.95 (9a)		\$ 38,377.95	\$ 38,377.95 (13)
Physicians/Surgeons (58%)	\$ 3,127.82 (9b)	\$ 0.00 (9b)	\$ 3,127.82	\$ 3,727.82 (16a)
Hospitals (25%)	\$ 19,498.50 (9c)	\$ 0.00 (9c)	\$ 19,498.50	\$ 19,498.50 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 78,404.70 (9d)	\$ 0.00 (9d)	\$ 78,404.70	\$ 78,404.70 (24a)
<b>Total</b>	<b>\$ 139,408.97 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 139,408.97</b>	<b>\$ 140,008.97</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 654,522.19</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 (16c)		\$ 654,522.19
Hospitals	\$ 0.00 (20e)		\$ 654,522.19
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 654,522.19</b>

Melissa Best Baker  
 Signature of Maddy EMS Fund Administrator

5/31/19  
 Date

Melissa Best Baker Sr Mgmt Analyst  
 Printed Name & Title

mbestbaker@inyo-county.usd  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>			<b>\$ 0.00</b>

*M Best Baker*

Signature of Maddy EMS Fund Administrator

5/31/19

Date

Melissa Best Baker Sr Mgmt Analyst

Printed Name & Title

mbestbaker@mygo

Email Address

County.  
VS



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Kern County Public Health Services Department	<b>County Contact (Name and Title)</b> Brynn Carrigan Assistant Director
	<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>	<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>	07/19/1988	
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 1,793,011.17	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	02/01/2015	
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 477,797.48	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 1,302,229.40
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,197,797.51
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		<b>Total</b>	\$ 2,500,026.91

<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<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	





<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>\$ 1,302,229.40</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,302,229.40</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>\$ 1,197,797.51</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,197,797.51</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 California, County of Kern, CA	Gina Fisher
<b>Phone Number</b> (661) 868-4668	<b>Email Address</b> Gina.Fisher@kern.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 the fiscal year.</b>	<b>\$ 11,786.77</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 133,386.07</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 696,275.19</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 300,118.63
	d	Other Discretionary EMS (17%)		\$ 204,080.66
	e	<b>Total</b>	\$ 0.00	\$ 1,333,860.55

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.	\$ 10,840.94
b Other deposits during fiscal year.	
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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 119,558.48
b	Richie's Fund (15%)		\$ 179,337.71
c	Physicians/Surgeons (58%)		\$ 520,079.38
d	Hospitals (25%)		\$ 224,172.17
e	Other Discretionary EMS (17%)		\$ 152,437.06
f	<b>Total</b>	\$ 0.00	<b>\$ 1,195,584.80</b>

12 Responsibility for category distributions:

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

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b>
		\$ 133,386.07
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	<b>Amount</b>
		\$ 119,558.48
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	<b>Amount</b>
		\$ 179,337.71



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		13,145.00	\$ 747,781.57	13,145	100%	\$ 374,255.51

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 16,964.75

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
	13,145	\$ 558,551.86	13,145	100%	\$ 279,548.36

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan Assistant Director
Phone Number (661) 321-300	Email Address 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>
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	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

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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
	\$ 300,118.63

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 checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>
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	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):

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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
	\$ 555,946.94

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 Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan Assistant Director
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>\$ 204,080.66</b>

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

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<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>\$ 152,437.06</b>

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

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VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 1,793,011.17 <i>(1c)</i>	\$ 1,793,011.17
Deposits for July 1, 2017-June 30, 2018	\$ 1,302,229.40 <i>(5c)</i>	\$ 3,095,240.57
Interest for July 1, 2017-June 30, 2018	\$ 11,786.77 <i>(8a)</i>	\$ 3,107,027.34
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 3,107,027.34

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 133,386.07 <i>(9a)</i>		\$ 133,386.07	\$ 133,386.07 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 696,275.19 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 696,275.19	\$ 374,255.51 <i>(16a)</i>
Hospitals (25%)	\$ 300,118.63 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 300,118.63	\$ 0.00 <i>(20b Pd)</i> \$ 300,118.63 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 204,080.66 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 204,080.66	\$ 204,080.66 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,333,860.51 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 1,333,860.5</b>	<b>\$ 1,011,840.87</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 2,095,186.47</b>

Reimbursements		
Physicians/Surgeons	\$ 16,964.75 <i>(16c)</i>	\$ 2,112,151.22
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 2,112,151.22
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 2,112,151.22</b>

Signature of Maddy EMS Fund Administrator

6/17/2019  
 Date

Brynne Korman,  
 Assistant Director

brynnekorn@county.com  
 Email Address




VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 477,797.48 <i>(2c)</i>		\$ 477,797.48
Deposits for July 1, 2017- June 30, 2018	\$ 1,197,797.51 <i>(6c)</i>		\$ 1,675,594.99
Interest for July 1, 2017-June 30, 2018	\$ 10,840.94 <i>(10a)</i>		\$ 1,686,435.93
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 1,686,435.93

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 119,558.48 <i>(11a)</i>		\$ 119,558.48	\$ 119,558.48 <i>(14)</i>
Richie's Fund (15%)	\$ 179,337.71 <i>(11b)</i>		\$ 179,337.71	\$ 179,337.71 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 520,079.38 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 520,079.38	\$ 279,548.36 <i>(17a)</i>
Hospitals (25%)	\$ 224,172.17 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 224,172.17	\$ 0.00 <i>(21b Pd)</i> \$ 555,946.94 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 152,437.06 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 152,437.06	\$ 152,437.06 <i>(25a)</i>
<b>Total</b>	<b>\$ 1,195,584.80</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 1,195,584.80</b>	<b>\$ 1,286,828.55</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 399,607.38</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 399,607.38
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 399,607.38
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 399,607.38</b>

  
 Signature of Maddy EMS Fund Administrator

Bynne Carrigan,  
 Assistant Director

6/17/2017  
 Date

bynne.kern@county.com  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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@lakecountycalifornia.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, 2017.</b>	\$ 42,744.51
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	\$ 9,591.89
<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 59,381.76	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 59,611.47	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 118,993.23	
	<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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 59,381.76
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 59,381.76

**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	\$ 59,611.47
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 59,611.47

**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 the fiscal year.</b>	
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>		\$ 5,938.20
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 28,671.15



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 12,358.25
	d	Other Discretionary EMS (17%)		\$ 8,403.61
	e		Total	\$ 0.00
				\$ 55,371.21

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.
b	Other deposits during fiscal year.

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 during the fiscal year.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 5,961.18
b	Richie's Fund (15%)		\$ 8,036.60
c	Physicians/Surgeons (58%)		\$ 28,782.06
d	Hospitals (25%)		\$ 12,406.06
e	Other Discretionary EMS (17%)		\$ 8,436.12
f		Total	\$ 0.00
			\$ 63,622.02

12 Responsibility for category distributions:

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

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	\$ 5,910.41
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount	\$ 5,950.74
	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	\$ 8,836.16





<b>VI Expenditures &amp; Reimbursements (cont.)</b>			<b>Allowable Claims</b>		<b>Paid Claims</b>		
<b>16a</b>	<b>Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>	
		1,264.00	\$ 1,058,785.00	630	50%	\$ 42,524.30	
<b>b</b>	<b>If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):</b>						
<b>c</b>	<b>Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.</b>					<b>Amount Reimbursed</b>	
						\$ 531.00	
		<b>Allowable Claims</b>		<b>Paid Claims</b>			
<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>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>	
		1,264	\$ 1,058,785.00	634	50%	\$ 42,814.46	
<b>b</b>	<b>If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):</b>						
<b>c</b>	<b>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>				
Lake County Health Services			Cindy Silva-Brackett - Supervising 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, 2017-June 30, 2018, 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.	

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, 2017-June 30, 2018 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.	

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).	\$ 9,226.59
b	Description of other EMS services provided: funding for functions of the LEMSA agency	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 9,289.54
b	Description of other EMS services provided: funding for functions of the LEMSA agency	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 42,744.51 <i>(1c)</i>		\$ 42,744.51
Deposits for July 1, 2017-June 30, 2018	\$ 59,381.76 <i>(5c)</i>		\$ 102,126.27
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8a)</i>		\$ 102,126.27
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 102,126.27

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%)	\$ 5,938.20 <i>(9a)</i>		\$ 5,938.20	\$ 5,910.41 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 28,671.15 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 28,671.15	\$ 42,524.30 <i>(16a)</i>
Hospitals (25%)	\$ 12,358.25 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 12,358.25	\$ 0.00 <i>(20b Pd)</i>
				\$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 8,403.61 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 8,403.61	\$ 9,226.59 <i>(24a)</i>
<b>Total</b>	<b>\$ 55,371.21 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 55,371.21</b>	<b>\$ 57,661.30</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 44,464.97</b>

Reimbursements			
Physicians/Surgeons	\$ 531.00 <i>(16c)</i>		\$ 44,995.97
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 44,995.97
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 44,995.97</b>

*Josephine Chester*  
 Signature of Maddy EMS Fund Administrator

3/27/2019  
 Date

Health Services Admin Manager  
 Printed Name & Title

jozefine.chester@gmail.com  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 9,591.89	(2c)		\$ 9,591.89
Deposits for July 1, 2017- June 30, 2018	\$ 59,611.47	(6c)		\$ 69,203.36
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 69,203.36
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 69,203.36

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 5,961.18 (11a)		\$ 5,961.18	\$ 5,950.74 (14)
Richie's Fund (15%)	\$ 8,036.60 (11b)		\$ 8,036.60	\$ 8,836.16 (15)
Physicians/Surgeons (58%)	\$ 28,782.06 (11c)	\$ 0.00 (11c)	\$ 28,782.06	\$ 42,814.46 (17a)
Hospitals (25%)	\$ 12,406.06 (11d)	\$ 0.00 (11d)	\$ 12,406.06	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 8,436.12 (11e)	\$ 0.00 (11e)	\$ 8,436.12	\$ 9,289.54 (25a)
<b>Total</b>	<b>\$ 63,622.02 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 63,622.02</b>	<b>\$ 66,890.90</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 2,312.46</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 2,312.46
Hospitals		\$ 0.00 (21e)	\$ 2,312.46
Ending Balance for Total Available Funds as of June 30, 2018			\$ 2,312.46

*Josephine Chester*

Signature of Maddy EMS Fund Administrator

3/27/2019

Date

Health Services Admin Manager

Printed Name & Title

Email Address

*josephine.chester@gmail.com*





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b>	LAC - DEPARTMENT OF HEALTH SERVICES	
	<b>County Contact (Name and Title)</b>	CATHY CHIDESTER, EMS DIRECTOR	
	<b>Address (Number and Street)</b>	<b>Phone Number</b>	10100 PIONEER BLVD STE 200 562-378-1604
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>	SANTA FE SPRINGS, CA 90670 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, 2017.</b>	\$ 896,391.12
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b>	We received more refunds from the physicians, which increased the ending balance by \$16,712.60 after filing of FY 16-17 EMS Fund Report.
	<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, 2017.</b>	\$ 5,346,281.44
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b>	We received physician refunds and issued payments to the pediatric trauma hospitals, which decreased the ending balance by \$1,236,929.98 after filing of EMS Fund Report.

<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	\$ 18,037,952.26
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 5,293,981.76
	<b>c</b>	Vehicle Code § 42007	\$ 4,951,730.09
	<b>d</b>	<b>Total</b>	\$ 28,283,664.11
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	<b>Entity</b>	<b>Contact (Name and Title)</b>
	LA SUPERIOR COURT - REVENUE MGMT	SYLVIA CORRAL, FINANCE ADMINISTRATOR	
	<b>Phone Number</b>	<b>Email Address</b>	
	213-633-0087	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>	\$ 5,153,693.20
	<b>b</b>		Vehicle Code § 42007	\$ 2,271,678.29
	<b>c</b>		<b>Total</b>	\$ 7,425,371.49
	<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	\$ 5,293,981.76
	<b>b</b>		Vehicle Code § 42007	\$ 2,333,515.59
	<b>c</b>		<b>Total</b>	\$ 7,627,497.35
	<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>	
		LA SUPERIOR COURT - REVENUE MGMT	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 the fiscal year.</b>		\$ 56,563.35
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 742,537.16	
<b>b</b>	Physicians/Surgeons (58%)		\$ 3,876,043.91	



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 1,670,708.59
	d	Other Discretionary EMS (17%)		\$ 1,136,081.83
	e	Total	\$ 0.00	\$ 7,425,371.49

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.	\$ 137,722.93
b Other deposits during fiscal year.	\$ 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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 762,749.74
b	Richie's Fund (15%)		\$ 1,144,124.60
c	Physicians/Surgeons (58%)		\$ 3,317,961.36
d	Hospitals (25%)		\$ 1,430,155.76
e	Other Discretionary EMS (17%)		\$ 972,505.89
f	Total	\$ 0.00	\$ 7,627,497.35

12 Responsibility for category distributions:

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

VI Expenditures &  
Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	\$ 742,537.16
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount	\$ 762,749.74
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount	\$ 0.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		88,733.00	\$ 25,514,476.1	88,733	100%	\$ 4,416,638.10

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 163,762.73

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
	78,735	\$ 22,639,752.2	78,735	100%	\$ 3,919,014.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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)
LAC - DEPARTMENT OF HEALTH SERVICES	CATHY CHIDESTER, EMS DIRECTOR
Phone Number	Email Address
562-378-1604	cchidester@dhs.lacounty.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>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, 2017-June 30, 2018, 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;">\$ 2,019,463.00</td></tr> </table>	Amount	\$ 2,019,463.00															
Amount																			
\$ 2,019,463.00																			
	<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;"> <tr><th style="width:80%;">Amount Reimbursed</th></tr> <tr><td style="text-align: right;">\$ 23,170.07</td></tr> </table>	Amount Reimbursed	\$ 23,170.07															
Amount Reimbursed																			
\$ 23,170.07																			
	<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, 2017-June 30, 2018 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;">\$ 1,042,537.00</td></tr> </table>	Amount	\$ 1,042,537.00															
Amount																			
\$ 1,042,537.00																			
	<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;"> <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 type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity LAC - DEPARTMENT OF HEALTH SERVICES	Contact (Name and Title) CATHY CHIDESTER, EMS DIRECTOR																	
	Phone Number 562-378-1604	Email Address cchidester@dhs.lacounty.gov																	



VI Expenditures & Reimbursements (cont.)		Amount
	24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 1,136,081.83
	b Description of other EMS services provided: See attachment	
	25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount \$ 972,505.89
	b Description of other EMS services provided: See attachment	





**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 896,391.12 <small>(1c)</small>	\$ 896,391.12
Deposits for July 1, 2017-June 30, 2018	\$ 7,425,371.49 <small>(5c)</small>	\$ 8,321,762.61
Interest for July 1, 2017-June 30, 2018	\$ 56,563.35 <small>(8a)</small>	\$ 8,378,325.96
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <small>(8b)</small>	\$ 8,378,325.96

Distributions/Expenditures	Category Distributions	Reserve <small>(Optional)</small>	Available Funds for Disbursement <small>(Category Distributions - Reserve)</small>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 742,537.16 <small>(9a)</small>		\$ 742,537.16	\$ 742,537.16 <small>(13)</small>
Physicians/Surgeons (58%)	\$ 3,876,043.9 <small>(9b)</small>	\$ 0.00 <small>(9b)</small>	\$ 3,876,043.9	\$ 4,416,638.10 <small>(16a)</small>
Hospitals (25%)	\$ 1,670,708.5 <small>(9c)</small>	\$ 0.00 <small>(9c)</small>	\$ 1,670,708.5	\$ 0.00 <small>(20b Pd)</small> \$ 2,019,463.00 <small>(20d)</small>
Other Discretionary EMS (17%)	\$ 1,136,081.8 <small>(9d)</small>	\$ 0.00 <small>(9d)</small>	\$ 1,136,081.8	\$ 1,136,081.8 <small>(24a)</small>
<b>Total</b>	<b>\$ 7,425,371.4 <small>(9e)</small></b>	<b>\$ 0.00 <small>(9e)</small></b>	<b>\$ 7,425,371.4</b>	<b>\$ 8,314,720.0 <small>(9e)</small></b>
<b>Preliminary Fund Balance <small>(Fund Total - Total Expenditures)</small></b>				<b>\$ 63,605.87</b>

Reimbursements			
Physicians/Surgeons	\$ 163,762.73 <small>(16c)</small>		\$ 227,368.60
Hospitals	\$ 23,170.07 <small>(20e)</small>		\$ 250,538.67
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 250,538.67</b>

Cathy Chedester  
 Signature of Maddy EMS Fund Administrator

5/14/19  
 Date

Cathy Chedester, EMS DIRECTOR  
 Printed Name & Title

cchedester@dhs.lacounty  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 5,346,281.44	(2c)		\$ 5,346,281.44
Deposits for July 1, 2017- June 30, 2018	\$ 7,627,497.35	(6c)		\$ 12,973,778.79
Interest for July 1, 2017-June 30, 2018	\$ 137,722.93	(10a)		\$ 13,111,501.72
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 13,111,501.72

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 762,749.74 (11a)		\$ 762,749.74	\$ 762,749.74 (14)
Richie's Fund (15%)	\$ 1,144,124.6 (11b)		\$ 1,144,124.61	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 3,317,961.3 (11c)	\$ 0.00 (11c)	\$ 3,317,961.31	\$ 3,919,014.00 (17a)
Hospitals (25%)	\$ 1,430,155.7 (11d)	\$ 0.00 (11d)	\$ 1,430,155.71	\$ 0.00 (21b Pa) \$ 1,042,537.00 (21d)
Other Discretionary EMS (17%)	\$ 972,505.89 (11e)	\$ 0.00 (11e)	\$ 972,505.89	\$ 972,505.89 (23a)
<b>Total</b>	<b>\$ 7,627,497.3 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 7,627,497.31</b>	<b>\$ 6,696,806.63</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 6,414,695.09</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 6,414,695.09
Hospitals		\$ 0.00 (21e)	\$ 6,414,695.09
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 6,414,695.09</b>

Cathy Chidester  
 Signature of Maddy EMS Fund Administrator

5/14/19  
 Date

Cathy Chidester EMS DIRECTOR  
 Printed Name & Title

cchidester@dhs.lacounty  
 Email Address

**COUNTY OF LOS ANGELES  
MADDY EMS FUND  
FISCAL YEAR 2017-18**

OTHER EMS USE ALLOCATION – (17%)

The Other EMS Use allocation of 17% is used to cover some or all of the salary cost for select staff to include the EMS Agency Director, Assistant Directors, the Reimbursement Programs Coordinator, Fiscal Services staff and prehospital care staff. Additionally, it covers some of the costs associated with maintaining a paramedic communication system and the purchase of ambulances.

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## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> County of Madera / Department of Public Health	<b>County Contact (Name and Title)</b> Sean Kirkpatrick, Program Manager
	<b>Address (Number and Street)</b> 14215 Road 28	<b>Phone Number</b> (559) 675-7893
	<b>City or Post Office, State, and ZIP Code</b> Madera, CA, 93638	<b>Email Address</b> sean.kirkpatrick@maderacounty.com

<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>	07/01/1987	
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 218,339.83	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>		
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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> Superior Court of CA, County of Madera	<b>Contact (Name and Title)</b> Tracy Callaway, Chief Financial Officer		
		<b>Phone Number</b> (559) 416-5514	<b>Email Address</b> tracy.callaway@madera.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>	\$ 147,881.40
	b		Vehicle Code § 42007	\$ 4,154.30
	c		Total	\$ 152,035.70

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 CA, County of Madera	Tracy Callaway, Chief Financial Officer
Phone Number	Email Address
(559) 416-5514	tracy.callaway@madera.courts.ca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during the fiscal year.	\$ 2,357.14
	b	Other deposits during the fiscal year.	-\$ 33,176.16
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: Adjustment of minus \$33,176.16 for year end accruals.	
9	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 15,600.00
b	Physicians/Surgeons (58%)	\$ 3,111.27	\$ 79,270.85





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 799.90	\$ 34,709.64
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 24,146.68
	e	Total	\$ 3,911.17	\$ 153,727.17

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.	
b	Other deposits during fiscal year.	

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 during the fiscal year.	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)
County of Madera Auditor Department	Sabrina Rodriguez, Accountant Auditor
Phone Number	Email Address
(559) 675-7707	sabrina.rodriguez@maderacounty.com

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 15,600.00
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
		2,180.00	\$ 1,290,819.61	2,180	100%	\$ 80,526.34

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 All submitted claims were paid at a percent that allowed a fair distribution of funds received during the fiscal year. Reserve funds were not utilized in this time frame but will be next year.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 1,255.49

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, 2017-June 30, 2018, 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 Madera, Public Health	Contact (Name and Title) Sara Hanson, Senior Account Technician
Phone Number (559) 675-7893	Email Address sara.riosohanson@maderacounty.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, 2017-June 30, 2018, state reason(s):																		
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Amount Reimbursed																			
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	<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>																	
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	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity County of Madera, Public Health	Contact (Name and Title) Sara Hanson, Senior Account Technician																	
	Phone Number (559) 675-7893	Email Address sara.riosahanson@maderacounty.com																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 41,442.00
b	Description of other EMS services provided:	
	Local EMS Agency contracted services for regional EMS system.	
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, 2017	\$ 218,339.83 <i>(1c)</i>		\$ 218,339.83
Deposits for July 1, 2017-June 30, 2018	\$ 152,035.70 <i>(5c)</i>		\$ 370,375.53
Interest for July 1, 2017-June 30, 2018	\$ 2,357.14 <i>(8a)</i>		\$ 372,732.67
Other Deposits for July 1, 2017-June 30, 2018	-\$ 33,176.16 <i>(8b)</i>		\$ 339,556.51

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%)	\$ 15,600.00 <i>(9a)</i>		\$ 15,600.00	\$ 15,600.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 79,270.85 <i>(9b)</i>	\$ 3,111.27 <i>(9b)</i>	\$ 76,159.58	\$ 80,526.34 <i>(16a)</i>
Hospitals (25%)	\$ 34,709.64 <i>(9c)</i>	\$ 799.90 <i>(9c)</i>	\$ 33,909.74	\$ 0.00 <i>(20b Pd)</i> \$ 34,709.64 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 24,146.68 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 24,146.68	\$ 41,442.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 153,727.17</b> <i>(9e)</i>	<b>\$ 3,911.17</b> <i>(9e)</i>	<b>\$ 149,816.00</b>	<b>\$ 172,277.98</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 167,278.53</b>

Reimbursements		
Physicians/Surgeons	\$ 1,255.49 <i>(16c)</i>	\$ 168,534.02
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 168,534.02
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 168,534.02</b>

Signature of Maddy EMS Fund Administrator

4/15/19  
Date

Brian Gamble, Sr Analyst  
Printed Name & Title

brian.gamble@madera-county.com  
Email Address






VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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
Ending Balance for Total Available Funds as of June 30, 2018			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

4/15/19  
 Date

BRIAN GAMBLE, SR ANALYST  
 Printed Name & Title

brian.gamble@madeira-county.com  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> County of Marin Dept. of Health & Human Svcs	<b>County Contact (Name and Title)</b> Karen Wuopio, Public Health Division Director
	<b>Address (Number and Street)</b> 20 N. San Pedro Rd., STE 2025	<b>Phone Number</b> 415-473-6725
	<b>City or Post Office, State, and ZIP Code</b> San Rafael, CA 94903	<b>Email Address</b> kwuopio@marincounty.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>	07/01/2005
	<b>c Fund balance on July 1, 2017.</b>	\$ 54,046.62
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	01/01/2008
	<b>c Fund balance on July 1, 2017.</b>	\$ 22,816.17
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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 (Based on GC § 76104)</b>	<b>\$ 348,100.66</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 348,100.66</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>\$ 345,468.53</b>
	<b>b</b>	<b>Vehicle Code § 42007</b>	
	<b>c</b>	<b>Total</b>	<b>\$ 345,468.53</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 the fiscal year.</b>	
<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 34,810.07</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 181,708.54</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 78,322.65
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 53,259.40
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 348,100.66

**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.</b>	
<b>b</b>	<b>Other deposits during fiscal year.</b>	
<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 during the fiscal year.</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>		\$ 34,546.85
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 51,820.28
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 150,278.81
<b>d</b>	<b>Hospitals (25%)</b>		\$ 64,775.35
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 44,047.24
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 345,468.53

**12 Responsibility for category distributions:**

<b>Entity</b> County of Marin Dept. of Health & Human Svc	<b>Contact (Name and Title)</b> Karen Wuopio, Public Health Division Director
<b>Phone Number</b> 415-473-6725	<b>Email Address</b> kwuopio@marincounty.org

<b>VI Expenditures &amp; Reimbursements</b>		<b>Amount</b>	
<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>		\$ 34,810.07
<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>		\$ 34,546.85
<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>		\$ 43,448.17





VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	1,102.00	\$ 579,150.37	1,102	100%	\$ 181,895.49
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed \$ 11,115.57				
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	844	\$ 443,344.63	844	100%	\$ 139,350.20
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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) (Please see attachment 1)					
	<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.					
19	Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	County of Marin Dept. of Health & Human S	Karen Wuopio, Public Health Division Director				
	Phone Number	Email Address				
	415-473-6725	kwwuopio@marincounty.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>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, 2017-June 30, 2018, 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;">\$ 78,322.65</td> </tr> </tbody> </table>	Amount	\$ 78,322.65															
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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 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, 2017-June 30, 2018 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;">\$ 64,775.35</td> </tr> </tbody> </table>	Amount	\$ 64,775.35															
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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>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.    (Please see attachment II)																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity County of Marin Dept. of Health & Human Services	Contact (Name and Title) Karen Wuopio, Public Health Division Director																	
	Phone Number 415-473-6725	Email Address kwuopio@marincounty.org																	





VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 53,259.40
b	Description of other EMS services provided: Please see attachment III	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 44,047.24
b	Description of other EMS services provided: Please see attachment III	



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 54,046.62 <i>(1c)</i>	\$ 54,046.62
Deposits for July 1, 2017-June 30, 2018	\$ 348,100.66 <i>(5c)</i>	\$ 402,147.28
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8a)</i>	\$ 402,147.28
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 402,147.28

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 34,810.07 <i>(9a)</i>		\$ 34,810.07	\$ 34,810.07 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 181,708.54 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 181,708.54	\$ 181,895.49 <i>(16a)</i>
Hospitals (25%)	\$ 78,322.65 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 78,322.65	\$ 0.00 <i>(20b Pd)</i> \$ 78,322.65 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 53,259.40 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 53,259.40	\$ 53,259.40 <i>(24a)</i>
<b>Total</b>	<b>\$ 348,100.66</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 348,100.66</b>	<b>\$ 348,287.61</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 53,859.67</b>

Reimbursements		
Physicians/Surgeons	\$ 11,115.57 <i>(16c)</i>	\$ 64,975.24
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 64,975.24
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 64,975.24</b>

  
 Signature of Maddy EMS Fund Administrator

3/28/2019  
 Date

Karen Wuopio, Public Health Division  
 Director

kwuopio@marincounty.org  
 Email Address



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 22,816.17 <i>(2c)</i>		\$ 22,816.17
Deposits for July 1, 2017- June 30, 2018	\$ 345,468.53 <i>(6c)</i>		\$ 368,284.70
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 368,284.70
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 368,284.70

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 34,546.85 <i>(11a)</i>		\$ 34,546.85	\$ 34,546.85 <i>(14)</i>
Richie's Fund (15%)	\$ 51,820.28 <i>(11b)</i>		\$ 51,820.28	\$ 43,448.17 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 150,278.81 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 150,278.81	\$ 139,350.20 <i>(17a)</i>
Hospitals (25%)	\$ 64,775.35 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 64,775.35	\$ 0.00 <i>(21b Pd)</i> \$ 64,775.35 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 44,047.24 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 44,047.24	\$ 44,047.24 <i>(25a)</i>
<b>Total</b>	<b>\$ 345,468.53 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 345,468.53</b>	<b>\$ 326,167.81</b>
<b>Preliminary Fund Balance                  (Fund Total - Total Expenditures)</b>				<b>\$ 42,116.89</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>		\$ 42,116.89
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 42,116.89
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 42,116.89</b>

*Karen Wuopio*  
 Signature of Maddy EMS Fund Administrator  
 Karen Wuopio  
 Public Health Division Director  
 Printed Name & Title

3/28/2019  
 Date  
 kwuopio@marincounty.ca.gov  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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> Mariposa, CA 95338	<b>Email Address</b> drobarga@mariposacounty.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>	07/01/1990	
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 67,179.06	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>		
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 17,211.13
	<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>	<b>\$ 17,211.13</b>

**4 Responsibility for collection of fines, penalties, and forfeitures:**

<b>Entity</b>	<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



<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>	\$ 17,211.13
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 17,211.13

**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	
	<b>b</b>	Vehicle Code § 42007	
	<b>c</b>	<b>Total</b>	\$ 0.00

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

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

<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

**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 the fiscal year.</b>	\$ 0.00
<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 2,000.00
<b>b</b>	Physicians/Surgeons (58%)		\$ 0.00





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 4,000.00
	d	Other Discretionary EMS (17%)		
	e	<b>Total</b>	\$ 0.00	\$ 6,000.00

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.</u>
b	<u>Other deposits during fiscal year.</u>
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 during the fiscal year.	Reserve (Optional)	Category Distributions
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
d	Hospitals (25%)		\$ 0.00
e	Other Discretionary EMS (17%)		\$ 0.00
f	<b>Total</b>	\$ 0.00	\$ 0.00

12 Responsibility for category distributions:

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

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 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>	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



<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>
		0.00	\$ 0.00	0	0%	\$ 0.00
<b>b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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, 2017-June 30, 2018, 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>		
Mariposa County Health Department				Diane L. Robarge, Administrative Analyst		
<b>Phone Number</b>				<b>Email Address</b>		
(209) 966-3689				drobarga@mariposacounty.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 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, 2017-June 30, 2018, 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: center;">\$ 4,000.00</td> </tr> </tbody> </table>	Amount	\$ 4,000.00															
Amount																			
\$ 4,000.00																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </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 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, 2017-June 30, 2018 state reason(s):																		
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	<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:																		
	<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																	



<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** Description of other EMS services provided:

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<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** Description of other EMS services provided:

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VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 67,179.06 <i>(1c)</i>		\$ 67,179.06
Deposits for July 1, 2017-June 30, 2018	\$ 17,211.13 <i>(5c)</i>		\$ 84,390.19
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8a)</i>		\$ 84,390.19
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 84,390.19

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%)	\$ 0.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 0.00	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 4,000.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 4,000.00	\$ 0.00 <i>(20b Pd)</i> \$ 4,000.00 <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>\$ 6,000.00</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 6,000.00</b>	<b>\$ 6,000.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 78,390.19</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>	\$ 78,390.19
Hospitals		\$ 0.00 <i>(20e)</i>	\$ 78,390.19
Ending Balance for Total Available Funds as of June 30, 2018			\$ 78,390.19

*Diann D. Reber*  
 Signature of Maddy EMS Fund Administrator

6/19/19  
 Date

Admin Analyst  
 Printed Name & Title

drobarae@  
 Email Address  
 mariposa  
 County.org





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>				\$ 0.00

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

\_\_\_\_\_  
 Date

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

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



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Mendocino County 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) 799-5083
	<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, 2017.</b>	\$ 90,020.66
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	03/31/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 198,469.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 88,317.60	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 141,715.77	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 230,033.37	
	<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> allena@mendocinocounty.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>
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 88,317.60
	b		Vehicle Code § 42007	
	c		<b>Total</b>	\$ 88,317.60
	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	\$ 141,715.77
	b		Vehicle Code § 42007	
	c		<b>Total</b>	\$ 141,715.77
	d	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>	
		Mendocino Co Treasurer Tax Collector	Julie Forrester, Deputy Treasurer Tax Collector	
		<b>Phone Number</b>	<b>Email Address</b>	
		(707) 234-6883	forrestj@mendocinocounty.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>
	a	<b>Interest earned during the fiscal year.</b>		\$ 3,494.93
	b	<b>Other deposits during the fiscal year.</b>		\$ 251,233.00
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: SCO Audit Finding for 2009-2015		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 33,955.06
	b	Physicians/Surgeons (58%)	\$ 26,586.81	\$ 177,245.41



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 76,398.89
	d	Other Discretionary EMS (17%)		\$ 51,951.24
	e	<b>Total</b>	\$ 26,586.81	\$ 339,550.60

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.	\$ 5,077.72
b Other deposits during fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 14,171.58
b	Richie's Fund (15%)		\$ 21,257.37
c	Physicians/Surgeons (58%)		\$ 61,646.36
d	Hospitals (25%)		\$ 26,571.71
e	Other Discretionary EMS (17%)		\$ 18,068.76
f	<b>Total</b>	\$ 0.00	\$ 141,715.78

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Mendocino County Public Health	Mary Alice Willeford, Administrative Mgr II
Phone Number	Email Address
(707) 472-2374	willefom@mendocinocounty.org

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 3,611.24
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> \$ 11.11
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
		367.00	\$ 175,970.64	367	100%	\$ 152,368.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	139	\$ 72,839.15	139	100%	\$ 62,662.28

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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>	<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, 2017-June 30, 2018, 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;">\$ 77,185.25</td></tr> </table>	Amount	\$ 77,185.25															
Amount																			
\$ 77,185.25																			
	<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																
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<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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;">\$ 27,188.13</td></tr> </table>	Amount	\$ 27,188.13															
Amount																			
\$ 27,188.13																			
	<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																			
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	<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 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).	
b	Description of other EMS services provided: Coastal Valley EMS contract			
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>			\$ 43,677.66
b	Description of other EMS services provided: Coastal Valley EMS contract			



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 90,020.66 <i>(1c)</i>		\$ 90,020.66
Deposits for July 1, 2017-June 30, 2018	\$ 88,317.60 <i>(5c)</i>		\$ 178,338.26
Interest for July 1, 2017-June 30, 2018	\$ 3,494.93 <i>(8a)</i>		\$ 181,833.19
Other Deposits for July 1, 2017-June 30, 2018	\$ 251,233.00 <i>(8b)</i>		\$ 433,066.19

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%)	\$ 33,955.06 <i>(9a)</i>		\$ 33,955.06	\$ 3,611.24 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 177,245.41 <i>(9b)</i>	\$ 26,586.81 <i>(9b)</i>	\$ 150,658.60	\$ 152,368.00 <i>(16a)</i>
Hospitals (25%)	\$ 76,398.89 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 76,398.89	\$ 0.00 <i>(20b Pd)</i> \$ 77,185.25 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 51,951.24 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 51,951.24	\$ 53,002.28 <i>(24a)</i>
<b>Total</b>	\$ 339,550.60 <i>(9e)</i>	\$ 26,586.81 <i>(9e)</i>	\$ 312,963.79	\$ 286,166.77
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 146,899.42

Reimbursements				
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>		\$ 146,899.42
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 146,899.42
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				\$ 146,899.42

\_\_\_\_\_  
 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, 2017	\$ 198,469.00 <i>(2c)</i>		\$ 198,469.00
Deposits for July 1, 2017- June 30, 2018	\$ 141,715.77 <i>(6c)</i>		\$ 340,184.77
Interest for July 1, 2017-June 30, 2018	\$ 5,077.72 <i>(10a)</i>		\$ 345,262.49
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 345,262.49

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%)	\$ 14,171.58 <i>(11a)</i>		\$ 14,171.58	\$ 11.11 <i>(14)</i>
Richie's Fund (15%)	\$ 21,257.37 <i>(11b)</i>		\$ 21,257.37	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 61,646.36 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 61,646.36	\$ 62,662.28 <i>(17a)</i>
Hospitals (25%)	\$ 26,571.71 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 26,571.71	\$ 0.00 <i>(21b Pd)</i>
				\$ 27,188.13 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 18,068.76 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 18,068.76	\$ 43,677.66 <i>(25a)</i>
<b>Total</b>	\$ 141,715.78 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 141,715.78	\$ 133,539.18
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 211,723.31

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>	\$ 211,723.31
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 211,723.31
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			\$ 211,723.31

*Mary Alice Wilford*  
 Signature of Maddy EMS Fund Administrator

Mary Alice Wilford, Admin mgr II  
 Printed Name & Title

4-15-19

Date

*wilford@*  
*mendocinocounty*  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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 Street	<b>Phone Number</b> (209) 381-1271
	<b>City or Post Office, State, and ZIP Code</b> Merced, CA 95341	<b>Email Address</b> Karl.Stahlhut@countyofmerced.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>	12/04/1989
	<b>c Fund balance on July 1, 2017.</b>	\$ 106,481.29
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	10/30/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 39.72
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 5,664,095.68	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 5,668,866.08	
	<b>c</b>	Vehicle Code § 42007	\$ 0.00	
	<b>d</b>	<b>Total</b>	\$ 11,332,961.76	
	<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> Lisa.Cardella-Presto@countyofmerced.com		





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>	\$ 354,005.98
	b		Vehicle Code § 42007	\$ 0.00
	c		<b>Total</b>	<b>\$ 354,005.98</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	\$ 354,304.13
	b		Vehicle Code § 42007	\$ 0.00
	c		<b>Total</b>	<b>\$ 354,304.13</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>		
	Merced County	Lisa Cardella-Presto, Auditor-Controller		
	<b>Phone Number</b>	<b>Email Address</b>		
	(209) 385-7511	Lisa.Cardella-Presto@countyofmerced.com		

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 the fiscal year.</b>		\$ 3,161.97
	b	<b>Other deposits during the fiscal year.</b>		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: N/A		
	9	<b>Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 35,772.58
	b	Physicians/Surgeons (58%)	\$ 0.00	\$ 197,612.46



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<u>Hospitals (25%)</u>	\$ 0.00	\$ 80,348.84
	<b>d</b>	<u>Other Discretionary EMS (17%)</u>	\$ 0.00	\$ 54,637.20
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 368,371.08

**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.</u>	\$ 558.01
<b>b</b>	<u>Other deposits during fiscal year.</u>	
<b>c</b>	<u>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</u> N/A	

<b>11</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	<u>Administration (Admin cost equal to the lesser of actual cost or 10%)</u>		\$ 35,430.43
<b>b</b>	<u>Richie's Fund (15%)</u>		\$ 55,326.28
<b>c</b>	<u>Physicians/Surgeons (58%)</u>	\$ 0.00	\$ 154,122.30
<b>d</b>	<u>Hospitals (25%)</u>	\$ 0.00	\$ 66,432.02
<b>e</b>	<u>Other Discretionary EMS (17%)</u>	\$ 0.00	\$ 45,173.77
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 356,484.80

**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> Karl.Stahlhut@countyofmerced.com

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 52,849.70
	<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> \$ 0.00
	<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>





VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,303.00	\$ 241,035.73	3,303	100%	\$ 241,035.73
	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): N/A					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 10,951.48
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	
	656	\$ 33,010.06	656	100%	\$ 33,010.06	
	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): N/A					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 1,874.31
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)				
	Merced County	Karl Stahlhut, Fiscal Manager				
	Phone Number	Email Address				
	(209) 381-1271	Karl.Stahlhut@countyofmerced.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, 2017-June 30, 2018, state reason(s):																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: center;"><b>Amount</b></td> </tr> <tr> <td>d 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 style="text-align: center;">\$ 36,380.50</td> </tr> </table>			<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>	\$ 36,380.50													
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	<b>Amount Reimbursed</b>																		
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	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, 2017-June 30, 2018 state reason(s):																		
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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 Merced County	Contact (Name and Title) Karl Stahlhut, Fiscal Manager																	
	Phone Number (209)381-1271	Email Address Karl.Stahlhut@countyofmerced.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: Labor cost of the EMS Agency.			
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, 2017	\$ 106,481.29 <i>(1c)</i>		\$ 106,481.29
Deposits for July 1, 2017-June 30, 2018	\$ 354,005.98 <i>(5c)</i>		\$ 460,487.27
Interest for July 1, 2017-June 30, 2018	\$ 3,161.97 <i>(8a)</i>		\$ 463,649.24
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 463,649.24

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 35,772.58 <i>(9a)</i>		\$ 35,772.58	\$ 52,849.70 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 197,612.46 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 197,612.46	\$ 241,035.73 <i>(16a)</i>
Hospitals (25%)	\$ 80,348.84 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 80,348.84	\$ 0.00 <i>(20b Pd)</i> \$ 36,380.50 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 54,637.20 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 54,637.20	\$ 99,810.97 <i>(24a)</i>
<b>Total</b>	<b>\$ 368,371.08</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 368,371.08</b>	<b>\$ 430,076.90</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 33,572.34</b>

Reimbursements			
Physicians/Surgeons	\$ 10,951.48 <i>(16c)</i>		\$ 44,523.82
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 44,523.82
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 44,523.82</b>

  
 Signature of Maddy EMS Fund Administrator

4/15/19  
 Date

Karl Stahlhut, Fiscal Manager  
 Printed Name & Title

karl.stahlhut@countyofmarcedo.org  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 39.72 <i>(2c)</i>	\$ 39.72
Deposits for July 1, 2017- June 30, 2018	\$ 354,304.13 <i>(6c)</i>	\$ 354,343.85
Interest for July 1, 2017-June 30, 2018	\$ 558.01 <i>(10a)</i>	\$ 354,901.86
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>	\$ 354,901.86

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 35,430.43 <i>(11a)</i>		\$ 35,430.43	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 55,326.28 <i>(11b)</i>		\$ 55,326.28	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 154,122.30 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 154,122.30	\$ 33,010.06 <i>(17a)</i>
Hospitals (25%)	\$ 66,432.02 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 66,432.02	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 45,173.77 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 45,173.77	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 356,484.80 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 356,484.80</b>	<b>\$ 33,010.06</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 321,891.80</b>

Reimbursements			
Physicians/Surgeons	\$ 1,874.31 <i>(17c)</i>		\$ 323,766.11
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 323,766.11
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 323,766.11</b>

  
 Signature of Maddy EMS Fund Administrator

4/15/19  
 Date

Karl Stahlhut, Fiscal Manager  
 Printed Name & Title

karl.stahlhut@countyofmerced.org  
 Email Address of merced.org





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	County / Department	County Contact (Name and Title)	
	Mono County Emergency Medical Services	Penny Galvin, Admin Service Specialist	
	Address (Number and Street)	Phone Number	
	PO Box 511	760-932-5485	
	City or Post Office, State, and ZIP Code	Email Address	
	Bridgeport, CA 93517	pgalvin@mono.ca.gov	

<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.	08/15/1995	
	c	Fund balance on July 1, 2017.	\$ 193,379.86	
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	09/11/2007	
	c	Fund balance on July 1, 2017.	\$ 2,050.02	
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 100,844.77
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 2,900.48
	c		Vehicle Code § 42007	
	d		Total	\$ 103,745.25

4	Responsibility for collection of fines, penalties, and forfeitures:	
	Entity	Contact (Name and Title)
	Mono County Superior Court	Hector Gonzalez, CAO
	Phone Number	Email Address
	760-924-5444 ext. 230	superiorcourt@mono.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>	\$ 100,844.74
	b		Vehicle Code § 42007	
	c		Total	\$ 100,844.74
	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	\$ 2,900.48
	b		Vehicle Code § 42007	
	c		Total	\$ 2,900.48
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	7	Responsibility for deposit of penalty assessments:		
		Entity Mono County Finance Department	Contact (Name and Title) Stephanie Butters, Auditor-Controller	
		Phone Number 760-932-5496	Email Address sbutters@mono.ca.gov	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 3,068.34
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve <i>(Optional)</i>	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 10,391.31
	b	Physicians/Surgeons (58%)		\$ 54,242.63





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 23,380.44
	d	Other Discretionary EMS (17%)		\$ 15,898.70
	e	Total	\$ 0.00	\$ 103,913.08

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. \$ 88.39
b	Other deposits during fiscal year.

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 298.89
b	Richie's Fund (15%)		\$ 448.33
c	Physicians/Surgeons (58%)		\$ 1,300.16
d	Hospitals (25%)		\$ 560.41
e	Other Discretionary EMS (17%)		\$ 381.08
f	Total	\$ 0.00	\$ 2,988.87

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Mono County Finance Department	Stephanie Butters, Auditor-Controller
Phone Number	Email Address
760-932-5496	sbutters@mono.ca.gov

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
		\$ 10,391.31
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
		\$ 298.89
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





<b>VI Expenditures &amp; Reimbursements (cont.)</b>		<b>Allowable Claims</b>	<b>Paid Claims</b>			
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	#	\$ Amount	#	%	\$ Amount
			\$ 0.00		0%	\$ 0.00
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): Staffing time constraints to review claims for adherence to the County policy.						
						<b>Amount Reimbursed</b>
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						\$ 0.00
		<b>Allowable Claims</b>	<b>Paid Claims</b>			
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
			\$ 0.00		0%	\$ 0.00
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): Staffing time constraints to review claims for adherence to the County policy.						
						<b>Amount Reimbursed</b>
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)			
Mono County Emergency Medical Services			Penny Galvin, Admin Service Specialist			
Phone Number			Email Address			
760-932-5485			pgalvin@mono.ca.gov			



<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>	<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></td> <td style="text-align: right;">\$ 0.00</td> <td></td> <td style="text-align: right;">0%</td> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.		\$ 0.00		0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.		\$ 0.00		0%	\$ 0.00														
	<p>c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):                  Staffing time constraints to review claims for adherence to the County policy.</p>																		
	<p>d 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="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
Amount																			
\$ 0.00																			
	<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). <i>(If fund not established, leave blank and go to #22)</i></p>	<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 Total Hospitals expenditures.</td> <td></td> <td style="text-align: right;">\$ 0.00</td> <td></td> <td style="text-align: right;">0%</td> <td style="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	b Total Hospitals expenditures.		\$ 0.00		0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b Total Hospitals expenditures.		\$ 0.00		0%	\$ 0.00														
	<p>c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):                  Staffing time constraints to review claims for adherence to the County policy.</p>																		
	<p>d 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="text-align: right;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
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	<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. <i>(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)</i></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>Mono County Emergency Medical Services</td> <td>Penny Galvin, Admin Service Specialist</td> </tr> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> <tr> <td>760-932-5485</td> <td>pgalvin@mono.ca.gov</td> </tr> </table>		Entity	Contact (Name and Title)	Mono County Emergency Medical Services	Penny Galvin, Admin Service Specialist	Phone Number	Email Address	760-932-5485	pgalvin@mono.ca.gov									
Entity	Contact (Name and Title)																		
Mono County Emergency Medical Services	Penny Galvin, Admin Service Specialist																		
Phone Number	Email Address																		
760-932-5485	pgalvin@mono.ca.gov																		



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 15,898.70
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>	\$ 388.71
b	Description of other EMS services provided: Support provided to the County for paramedic services.	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 193,379.86 <i>(1c)</i>		\$ 193,379.86
Deposits for July 1, 2017-June 30, 2018	\$ 100,844.74 <i>(5c)</i>		\$ 294,224.60
Interest for July 1, 2017-June 30, 2018	\$ 3,068.34 <i>(8a)</i>		\$ 297,292.93
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 297,292.94

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 10,391.31 <i>(9a)</i>		\$ 10,391.31	\$ 10,391.31 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 54,242.63 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 54,242.63	\$ 0.00 <i>(16a)</i>
Hospitals (25%)	\$ 23,380.44 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 23,380.44	\$ 0.00 <i>(20b Pd)</i>
				\$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 15,898.70 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 15,898.70	\$ 15,898.70 <i>(24a)</i>
<b>Total</b>	<b>\$ 103,913.08 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 103,913.08</b>	<b>\$ 26,290.01</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 271,002.93</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 271,002.94
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 271,002.94
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 271,002.94</b>

Signature of Maddy EMS Fund Administrator

4-15-19  
 Date

Penny Galvin Admin Service Specialist  
 Printed Name & Title

pgalvin@mond.ca.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 2,050.02 <i>(2c)</i>		\$ 2,050.02
Deposits for July 1, 2017- June 30, 2018	\$ 2,900.48 <i>(6c)</i>		\$ 4,950.50
Interest for July 1, 2017-June 30, 2018	\$ 88.39 <i>(10a)</i>		\$ 5,038.89
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 5,038.89

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 298.89 <i>(11a)</i>		\$ 298.89	\$ 298.89 <i>(14)</i>
Richie's Fund (15%)	\$ 448.33 <i>(11b)</i>		\$ 448.33	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 1,300.16 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 1,300.16	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 560.41 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 560.41	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 381.08 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 381.08	\$ 388.71 <i>(25a)</i>
<b>Total</b>	<b>\$ 2,988.87</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 2,988.87</b>	<b>\$ 687.60</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 4,351.29</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17e)</i>	\$ 4,351.29
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 4,351.29
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 4,351.29</b>

Signature of Maddy EMS Fund Administrator

4-15-19  
 Date

Penny Galvin, Admin Service  
 Printed Name & Title Specialist

pgalvin@mono.  
 Email Address Ca.gov





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Monterey County EMS Agency	<b>County Contact (Name and Title)</b> Teresa Rios, Management Analyst III
	<b>Address (Number and Street)</b> 1141 Schilling Place, South Building	<b>Phone Number</b> 831-783-7082
	<b>City or Post Office, State, and ZIP Code</b> Salinas, CA 93906	<b>Email Address</b> riost@co.monterey.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.	1989
	<b>c</b> Fund balance on July 1, 2017.	\$ 964,173.60
	<b>d</b> If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	
	<b>c</b> Fund balance on July 1, 2017.	
<b>d</b> If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):		

<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	\$ 964,173.60	
	<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>	\$ 964,173.60	
	<b>4</b> Responsibility for collection of fines, penalties, and forfeitures:			
	<b>Entity</b> Superior Court of CA, County of Monterey	<b>Contact (Name and Title)</b> Lena Belnas, Accountant Auditor III		
	<b>Phone Number</b> 831-755-5616	<b>Email Address</b> lena.belnas@monterey.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)	\$ 764,591.58
	b		Vehicle Code § 42007	
	c		Total	\$ 764,591.58

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 Superior Court of CA, County of Monterey	Contact (Name and Title) Lena Belnas, Accountant Auditor
Phone Number 831-755-5616	Email Address lena.belnas@monterey.court.ca.gov

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	Interest and Other Deposits
	a	Interest earned during the fiscal year.	\$ 11,590.22
	b	Other deposits during the fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 77,618.18
	b Physicians/Surgeons (58%)		\$ 405,166.90



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 174,640.91
	d	Other Discretionary EMS (17%)		\$ 118,755.82
	e	Total	\$ 0.00	\$ 776,181.81

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.	
b	Other deposits during fiscal year.	

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 during the fiscal year.	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 Monterey County EMS Agency	Contact (Name and Title) Teresa Rios, Management Analyst III
Phone Number 831-783-7082	Email Address riost@co.monterey.ca.us

VI Expenditures & Reimbursements		Amount
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 77,618.18
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.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	5,243.00	\$ 509,323.00	5,243	100%	\$ 254,661.46
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 14,001.81
		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>				0%	
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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. <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 Monterey County EMS Agency		Contact (Name and Title) Teresa Rios, Management Analyst III				
Phone Number 831-783-7082		Email Address riost@co.monterey.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)
---	---	--

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

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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)	<b>Amount</b>
	\$ 174,640.91

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

<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<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 type="checkbox"/> No (If no, go to #21d)
---	--	---

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

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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)	<b>Amount</b>

<b>e</b> 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	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).		\$ 118,755.82
b	Description of other EMS services provided: Data base and website management, data entry		
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, 2017	\$ 964,173.60 <i>(1c)</i>	\$ 964,173.60
Deposits for July 1, 2017-June 30, 2018	\$ 764,591.58 <i>(5c)</i>	\$ 1,728,765.18
Interest for July 1, 2017-June 30, 2018	\$ 11,590.22 <i>(8a)</i>	\$ 1,740,355.40
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 1,740,355.40

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 77,618.18 <i>(9a)</i>		\$ 77,618.18	\$ 77,618.18 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 405,166.90 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 405,166.90	\$ 254,661.46 <i>(16a)</i>
Hospitals (25%)	\$ 174,640.91 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 174,640.91	\$ 0.00 <i>(20b Pd)</i> \$ 174,640.91 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 118,755.82 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 118,755.82	\$ 118,755.82 <i>(24a)</i>
<b>Total</b>	\$ 776,181.81 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 776,181.81	\$ 625,676.37
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				\$ 1,114,679.03

Reimbursements			
Physicians/Surgeons	\$ 14,001.81 <i>(16c)</i>		\$ 1,128,680.84
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 1,128,680.84
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			\$ 1,128,680.84

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

6/6/19  
 \_\_\_\_\_  
 Date

Teresa Rios MA III  
 \_\_\_\_\_  
 Printed Name & Title

rustec@marlary.ca.gov  
 \_\_\_\_\_  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>		\$ 0.00

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

\_\_\_\_\_  
 Date

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

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



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I</b>	<b>Administering Agency</b>	<b>County / Department</b> Napa County	<b>County Contact (Name and Title)</b> Joseph Bowe - Staff Services Analyst		
		<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</b>	<b>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, 2017.</b>		\$ 63,444.26	
		<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>		\$ 95,316.27	
		<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b>			
<b>III</b>	<b>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	\$ 471,852.51	
		<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 147,958.98	
		<b>c</b>	Vehicle Code § 42007	\$ 415,578.32	
		<b>d</b>	<b>Total</b>	\$ 1,035,389.81	
		<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@napa.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>	\$ 155,616.27	
	b		Vehicle Code § 42007	\$ 0.00	
	c		<b>Total</b>	\$ 155,616.27	
	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	\$ 147,958.98	
	b		Vehicle Code § 42007	\$ 0.00	
	c		<b>Total</b>	\$ 147,958.98	
	d	If no deposits into Maddy EMS Fund, state reason(s): N/A			
	7	<b>Responsibility for deposit of penalty assessments:</b>			
		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	<b>Maddy EMS Fund (Original Assessment)</b>		<b>Interest and Other Deposits</b>
	a	<b>Interest earned during the fiscal year.</b>		\$ 972.06
	b	<b>Other deposits during the fiscal year.</b>		\$ 0.00
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: N/A		
	9	<b>Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 15,561.63
	b	Physicians/Surgeons (58%)	\$ 63,444.26	\$ 81,231.69





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 0.00	\$ 35,013.66
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 23,809.29
	e	<b>Total</b>	<b>\$ 63,444.26</b>	<b>\$ 155,616.27</b>

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.	\$ 987.97
b	Other deposits during fiscal year.	\$ 0.00

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

N/A

11	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 14,795.90
b	Richie's Fund (15%)		\$ 115,290.73
c	Physicians/Surgeons (58%)		\$ 65,649.40
d	Hospitals (25%)		\$ 28,297.15
e	Other Discretionary EMS (17%)		\$ 19,242.07
f	<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 243,275.25</b>

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

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
		\$ 15,561.63
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
		\$ 14,795.90
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
		\$ 14,788.26



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,975.00	\$ 785,768.00	1,975	100%	\$ 85,337.42

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 N/A

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 2,678.87

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
	1,579	\$ 617,390.00	1,579	100%	\$ 68,196.45

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 N/A

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 2,547.05

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)
Napa County HHS-A-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>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, 2017-June 30, 2018, 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;">\$ 35,422.23</td> </tr> </tbody> </table>	Amount	\$ 35,422.23															
Amount																			
\$ 35,422.23																			
	<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>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, 2017-June 30, 2018 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;">\$ 28,297.15</td> </tr> </tbody> </table>	Amount	\$ 28,297.15															
Amount																			
\$ 28,297.15																			
	<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).	\$ 23,871.66
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>	\$ 19,242.07
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, 2017	\$ 63,444.26 <i>(1e)</i>			\$ 63,444.26
Deposits for July 1, 2017-June 30, 2018	\$ 155,616.27 <i>(5c)</i>			\$ 219,060.53
Interest for July 1, 2017-June 30, 2018	\$ 972.06 <i>(8a)</i>			\$ 220,032.59
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>			\$ 220,032.59
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%)	\$ 15,561.63 <i>(9a)</i>		\$ 15,561.63	\$ 15,561.63 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 81,231.69 <i>(9b)</i>	\$ 63,444.26 <i>(9b)</i>	\$ 17,787.43	\$ 85,337.42 <i>(16a)</i>
Hospitals (25%)	\$ 35,013.66 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 35,013.66	\$ 0.00 <i>(20b Pd)</i> \$ 35,422.23 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 23,809.29 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 23,809.29	\$ 23,871.66 <i>(24a)</i>
<b>Total</b>	<b>\$ 155,616.27</b> <i>(9e)</i>	<b>\$ 63,444.26</b> <i>(9e)</i>	<b>\$ 92,172.01</b>	<b>\$ 160,192.94</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 59,839.65</b>
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 2,678.87 <i>(16c)</i>		\$ 62,518.52
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 62,518.52
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>\$ 62,518.52</b>

  
 Signature of Maddy EMS Fund Administrator

4/2/2019  
 Date

Brian M. Henriksen, EMS Administrator  
 Printed Name & Title

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, 2017	\$ 95,316.27 <i>(2c)</i>	\$ 95,316.27
Deposits for July 1, 2017- June 30, 2018	\$ 147,958.98 <i>(6c)</i>	\$ 243,275.25
Interest for July 1, 2017-June 30, 2018	\$ 987.97 <i>(10a)</i>	\$ 244,263.22
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>	\$ 244,263.22

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 14,795.90 <i>(11a)</i>		\$ 14,795.90	\$ 14,795.90 <i>(14)</i>
Richie's Fund (15%)	\$ 115,290.73 <i>(11b)</i>		\$ 115,290.73	\$ 14,788.26 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 65,649.40 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 65,649.40	\$ 68,196.45 <i>(17a)</i>
Hospitals (25%)	\$ 28,297.15 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 28,297.15	\$ 0.00 <i>(21b Pd)</i>
Other Discretionary EMS (17%)	\$ 19,242.07 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 19,242.07	\$ 28,297.15 <i>(21d)</i>
<b>Total</b>	<b>\$ 243,275.25</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 243,275.25</b>	<b>\$ 19,242.07</b> <i>(25a)</i>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 98,943.39</b>

Reimbursements		
Physicians/Surgeons	\$ 2,547.05 <i>(17c)</i>	\$ 101,490.44
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 101,490.44
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 101,490.44</b>

  
 Signature of Maddy EMS Fund Administrator

4/2/2019  
 Date  
 brian.henriksen@countyofnapa.ca.gov  
 Email Address

Brian M. Henriksen, EMS Administrator  
 Printed Name & Title



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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>	<b>Phone Number</b>		
	950 MAIDU AVE	530-265-7256		
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>		
	NEVADA CITY, CA 95959	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, 2017.</b>	\$ 78,637.27	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> Reporting period includes Q3 & Q4 16/17 as we transition from cal year reporting to fiscal year reporting through 17/18. Interest +refunds dup16/17 report-Omitted Rev not distributed		
	<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>c</b>	<b>Fund balance on July 1, 2017.</b>		
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>a</b>		<b>Statute</b> Government Code § 76000
<b>b</b>			<b>Collections</b> \$ 174,690.25	
<b>c</b>			Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	
<b>d</b>			Vehicle Code § 42007	
<b>e</b>			<b>Total</b>	
<b>f</b>			\$ 174,690.25	
<b>4</b>		<b>Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<b>Entity</b>	<b>Contact (Name and Title)</b>		
	NEVADA COUNTY SUPERIOR COURT	THEA PALMIERA		
	<b>Phone Number</b>	<b>Email Address</b>		
	530-470-2728	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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 174,690.25
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 174,690.25
	<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>			
	Entity	Contact (Name and Title)		
	NEVADA COUNTY AUDITOR CONTROLLER	Linda West-Managing Accountant Auditor		
	Phone Number	Email Address		
	530-265-1566	Linda.West@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 the fiscal year.</b>		\$ 1,980.66
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>		\$ 9,305.13
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 103,481.80



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 44,604.22
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 30,330.88
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 187,722.03

**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.</b>
<b>b</b>	<b>Other deposits during fiscal year.</b>
<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 during the fiscal year.</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>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 9,305.13
	<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
		5,768.00	\$ 103,481.80	5,768	100%	\$ 103,481.80

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 2,193.18

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, 2017-June 30, 2018, state reason(s):

We do not have Supplemental Funds

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 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





**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.	2,083	\$ 44,604.22	2,083	100%	\$ 44,604.22

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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, 2017-June 30, 2018 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 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



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, 2017	\$ 78,637.27 <i>(1c)</i>		\$ 78,637.27
Deposits for July 1, 2017-June 30, 2018	\$ 174,690.25 <i>(5c)</i>		\$ 253,327.52
Interest for July 1, 2017-June 30, 2018	\$ 1,980.66 <i>(8a)</i>		\$ 255,308.18
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 255,308.18

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,305.13 <i>(9a)</i>		\$ 9,305.13	\$ 9,305.13 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 103,481.80 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 103,481.80	\$ 103,481.80 <i>(16a)</i>
Hospitals (25%)	\$ 44,604.22 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 44,604.22	\$ 44,604.22 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 30,330.88 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 30,330.88	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 187,722.03 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 187,722.03</b>	<b>\$ 157,391.15</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 97,917.03</b>

Reimbursements			
Physicians/Surgeons	\$ 2,193.18 <i>(16c)</i>		\$ 100,110.21
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 100,110.21
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 100,110.21</b>

*Judith M. Richert*  
 Signature of Maddy EMS Fund Administrator

2-27-19  
 Date

JUDITH M. RICHERT  
 Printed Name & Title

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

JUDITH.RICHERT@CO.NOVATO.CA.US



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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 (Fund Total - Total Expenditures)</b>				\$ 0.00
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				\$ 0.00

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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 Net
	<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, 2017.</b>	\$ 42,711.23
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> I did not report residual interest for FY16-17 that would carry over into FY17-18.	
	<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, 2017.</b>	\$ 11,326.29
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> I did not report residual interest for FY16-17 that would carry over into FY17-18.	

<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	\$ 5,266,423.50	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 3,124,018.99	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 8,390,442.49	
	<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>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 4,215,513.96</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 4,215,513.96</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>\$ 3,127,829.02</b>
	<b>b</b>	<b>Vehicle Code § 42007</b>	
	<b>c</b>	<b>Total</b>	<b>\$ 3,127,829.02</b>

**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> Miguel Salinas
<b>Phone Number</b> 714 834-5732	<b>Email Address</b> miguel.salinas@ac.ocgov.com

**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 the fiscal year.</b>	<b>\$ 31,388.91</b>
<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 69,827.88</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 2,399,863.32</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)		\$ 1,063,932.98
	<b>d</b>	Other Discretionary EMS (17%)		\$ 716,637.36
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 4,250,261.54

**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.	\$ 34,160.56
<b>b</b> Other deposits during fiscal year.	\$ 54,748.68

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

Fees collected by probation for SB1773.

<b>11</b>	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 27,240.30
<b>b</b>	Richie's Fund (15%)		\$ 482,795.65
<b>c</b>	Physicians/Surgeons (58%)		\$ 1,555,375.11
<b>d</b>	Hospitals (25%)		\$ 683,960.52
<b>e</b>	Other Discretionary EMS (17%)		\$ 461,940.70
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 3,211,312.28

**12 Responsibility for category distributions:**

<b>Entity</b> Health Care Agency- Accounting	<b>Contact (Name and Title)</b> Jenny Tu- Administrative Manager- Accounting
<b>Phone Number</b> 714 834-7484	<b>Email Address</b> jtu@ochca.com

<b>VI Expenditures &amp; Reimbursements</b>		Amount
<b>13</b>	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 69,827.88
<b>14</b>	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 27,240.30
<b>15</b>	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 482,795.65



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		62,713.00	\$ 2,399,863.32	62,713	100%	\$ 2,399,863.32

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	62,713	\$ 1,555,375.11	62,713	100%	\$ 1,555,375.11

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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)
Orange County Health Care Agency	Shelley Vrungos, MSN Program Manager
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, 2017-June 30, 2018, 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;">\$ 1,063,932.98</td> </tr> </tbody> </table>	Amount	\$ 1,063,932.98															
Amount																			
\$ 1,063,932.98																			
		<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, 2017-June 30, 2018 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;">\$ 683,960.52</td> </tr> </tbody> </table>	Amount	\$ 683,960.52															
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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;">\$ 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 Health Care Agency	Contact (Name and Title) Shelley Vrungos MSN manager																	
	Phone Number 714 834-6249	Email Address svrungos@ochca.com																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 716,637.36
b	Description of other EMS services provided: Please see attached document description.	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount \$ 464,940.70
b	Description of other EMS services provided: Please see attached document description.	





**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 42,711.23 <i>(1c)</i>		\$ 42,711.23
Deposits for July 1, 2017-June 30, 2018	\$ 4,215,513.96 <i>(5c)</i>		\$ 4,258,225.19
Interest for July 1, 2017-June 30, 2018	\$ 31,388.91 <i>(8a)</i>		\$ 4,289,614.10
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 4,289,614.10

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%)	\$ 69,827.88 <i>(9a)</i>		\$ 69,827.88	\$ 69,827.88 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 2,399,863.31 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 2,399,863.3	\$ 2,399,863.32 <i>(16a)</i>
Hospitals (25%)	\$ 1,063,932.91 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 1,063,932.9	\$ 0.00 <i>(20b Pd)</i> \$ 1,063,932.91 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 716,637.36 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 716,637.36	\$ 716,637.36 <i>(24a)</i>
<b>Total</b>	<b>\$ 4,250,261.51 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 4,250,261.5</b>	<b>\$ 4,250,261.54</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>\$ 39,352.56</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>	\$ 39,352.56
Hospitals		\$ 0.00 <i>(20e)</i>	\$ 39,352.56
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 39,352.56</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, 2017	\$ 11,326.29	(2c)		\$ 11,326.29
Deposits for July 1, 2017- June 30, 2018	\$ 3,127,829.02	(6c)		\$ 3,139,155.31
Interest for July 1, 2017-June 30, 2018	\$ 34,160.56	(10a)		\$ 3,173,315.87
Other Deposits for July 1, 2017 - June 30, 2018	\$ 54,748.68	(10b)		\$ 3,228,064.55

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 27,240.30 (11a)		\$ 27,240.30	\$ 27,240.30 (14)
Richie's Fund (15%)	\$ 482,795.65 (11b)		\$ 482,795.65	\$ 482,795.65 (15)
Physicians/Surgeons (58%)	\$ 1,555,375.1 (11c)	\$ 0.00 (11c)	\$ 1,555,375.1	\$ 1,555,375.11 (17a)
Hospitals (25%)	\$ 683,960.52 (11d)	\$ 0.00 (11d)	\$ 683,960.52	\$ 0.00 (21b Pd) \$ 683,960.52 (21d)
Other Discretionary EMS (17%)	\$ 461,940.70 (11e)	\$ 0.00 (11e)	\$ 461,940.70	\$ 464,940.70 (25a)
<b>Total</b>	<b>\$ 3,211,312.2 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 3,211,312.2</b>	<b>\$ 3,214,312.28</b>
<b>Preliminary Fund Balance                  (Fund Total - Total Expenditures)</b>				<b>\$ 13,752.27</b>

Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 13,752.27
Hospitals		\$ 0.00 (21e)		\$ 13,752.27
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>\$ 13,752.27</b>

*Shelley V. Rungas*  
 Signature of Maddy EMS Fund Administrator

3/13/19  
 Date

Shelley V. Rungas Admin Mgr.  
 Printed Name & Title

svrunga@calhca.com  
 Email Address



<b>I Administering Agency</b>	County / Department	County Contact (Name and Title)
	Placer	Stan Hapak, Administrative Services Manager
	Address (Number and Street)	Phone Number
	3091 County Center Dr., Suite #290	530-745-3144
	City or Post Office, State, and ZIP Code	Email Address
	Auburn, CA 95630	shapak@placer.ca.gov

<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.	07/01/1989
	c	Fund balance on July 1, 2017.	\$ 2,780.60
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	09/18/2007
	c	Fund balance on July 1, 2017.	\$ 9,724.64
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 315,619.10
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 304,433.45
	c		Vehicle Code § 42007	
	d		Total	\$ 620,052.55

4 Responsibility for collection of fines, penalties, and forfeitures:

Entity	Contact (Name and Title)
Placer County Superior Court	Julie Kelly, Fiscal Division Manager
Phone Number	Email Address
(916) 408-6113	jkelly@placer.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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 315,619.10
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 315,619.10</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>		Government Code § 76000.5	\$ 304,433.45
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 304,433.45</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>	
		Placer County Auditor-Controller	Angela Jahnke, Accounting Technician	
		<b>Phone Number</b>	<b>Email Address</b>	
		(530) 889-4155	ajahnke@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>	<b>Interest earned during the fiscal year.</b>		\$ 1,303.55
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 9,412.04
	<b>b</b>	Physicians/Surgeons (58%)		\$ 166,722.09





<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)		\$ 71,862.97
	<b>d</b>	Other Discretionary EMS (17%)		\$ 48,866.82
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 296,863.92

**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.	\$ 1,325.99
<b>b</b> Other deposits during fiscal year.	

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

<b>11</b>	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 8,971.80
<b>b</b>	Richie's Fund (15%)		\$ 41,183.47
<b>c</b>	Physicians/Surgeons (58%)		\$ 135,356.34
<b>d</b>	Hospitals (25%)		\$ 58,343.25
<b>e</b>	Other Discretionary EMS (17%)		\$ 39,673.41
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 283,528.27

**12 Responsibility for category distributions:**

<b>Entity</b> Placer County HHS	<b>Contact (Name and Title)</b> Stan Hapak, Administrative Services Manager
<b>Phone Number</b> (530) 745-3144	<b>Email Address</b> shapak@placer.ca.gov

<b>VI Expenditures &amp; Reimbursements</b>		Amount
<b>13</b>	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	\$ 9,412.04
<b>14</b>	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 8,971.80
<b>15</b>	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 41,183.47





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

16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		11,202.00	\$ 166,722.09	11,202	100%	\$ 166,722.09

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
		\$ 3,865.02

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
		3,183	\$ 135,356.34	3,183	100%	\$ 135,356.34

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
		\$ 2,144.39

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 Placer County HHS	Contact (Name and Title) Jody Hoffman, Account Clerk
Phone Number (530)745-3111	Email Address jhoffman@placer.ca.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, 2017-June 30, 2018, 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>	\$ 71,862.97

	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, 2017-June 30, 2018 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>	\$ 58,343.25

	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 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>\$ 48,866.82</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>\$ 39,673.41</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Funding for Sierra-Sacramento Valley Emergency Medical Services Agency operations.	





VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 2,780.60 <i>(1c)</i>		\$ 2,780.60
Deposits for July 1, 2017-June 30, 2018	\$ 315,619.10 <i>(5c)</i>		\$ 318,399.70
Interest for July 1, 2017-June 30, 2018	\$ 1,303.55 <i>(8a)</i>		\$ 319,703.25
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 319,703.25

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%)	\$ 9,412.04 <i>(9a)</i>		\$ 9,412.04	\$ 9,412.04 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 166,722.09 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 166,722.09	\$ 166,722.09 <i>(16a)</i>
Hospitals (25%)	\$ 71,862.97 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 71,862.97	\$ 0.00 <i>(20b Pd)</i> \$ 71,862.97 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 48,866.82 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 48,866.82	\$ 48,866.82 <i>(24a)</i>
<b>Total</b>	<b>\$ 296,863.92</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 296,863.92</b>	<b>\$ 296,863.92</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 22,839.33</b>

Reimbursements			
Physicians/Surgeons	\$ 3,865.02 <i>(16c)</i>		\$ 26,704.35
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 26,704.35
Ending Balance for Total Available Funds as of June 30, 2018			\$ 26,704.35

Stan Hapak  
 Signature of Maddy EMS Fund Administrator

4-15-19  
 Date

Stan Hapak  
 Administrative Serv. Mgr  
 Printed Name & Title

shapak@placer.ca.gov  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 9,724.64 <i>(2c)</i>		\$ 9,724.64
Deposits for July 1, 2017- June 30, 2018	\$ 304,433.45 <i>(6c)</i>		\$ 314,158.09
Interest for July 1, 2017-June 30, 2018	\$ 1,325.99 <i>(10a)</i>		\$ 315,484.08
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 315,484.08

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%)	\$ 8,971.80 <i>(11a)</i>		\$ 8,971.80	\$ 8,971.80 <i>(14)</i>
Richie's Fund (15%)	\$ 41,183.47 <i>(11b)</i>		\$ 41,183.47	\$ 41,183.47 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 135,356.34 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 135,356.34	\$ 135,356.34 <i>(17a)</i>
Hospitals (25%)	\$ 58,343.25 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 58,343.25	\$ 0.00 <i>(21b Pd)</i> \$ 58,343.25 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 39,673.41 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 39,673.41	\$ 39,673.41 <i>(25a)</i>
<b>Total</b>	<b>\$ 283,528.27</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 283,528.27</b>	<b>\$ 283,528.27</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 31,955.81</b>

Reimbursements			
Physicians/Surgeons	\$ 2,144.39 <i>(17c)</i>		\$ 34,100.20
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 34,100.20
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 34,100.20</b>

Stan Hapak  
 Signature of Maddy EMS Fund Administrator  
 Stan Hapak  
 Administrative Serv. Mgr.  
 Printed Name & Title

4-15-19  
 Date  
 shapak@placer.  
 Email Address  
 ca.gov





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Plumas County Public Health Agency	<b>County Contact (Name and Title)</b> Debbie Robinson, Administrative Ser Officer
	<b>Address (Number and Street)</b> 270 County Hospital Rd. Suite #206	<b>Phone Number</b> (530) 283-6459
	<b>City or Post Office, State, and ZIP Code</b> Quincy, CA 95971-9115	<b>Email Address</b> debbierobinson@countyofplumas.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>	04/02/1991
	<b>c Fund balance on July 1, 2017.</b>	\$ 28.89
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	05/10/2010
	<b>c Fund balance on July 1, 2017.</b>	\$ 15.70
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 37,641.77	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 20,447.38	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	\$ 58,089.15	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Plumas County Treasurer	<b>Contact (Name and Title)</b> Kelsey Hostetter, Asst. Treasurer		
	<b>Phone Number</b> (530) 283-6259	<b>Email Address</b> kelseyhostetter@countofplumas.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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 37,641.77
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 37,641.77

**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	\$ 20,447.38
	<b>b</b>	Vehicle Code § 42007	
	<b>c</b>	<b>Total</b>	\$ 20,447.38

**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>
Plumas County Treasurer	Kelsey Hostetter, Assistant Treasurer
<b>Phone Number</b>	<b>Email Address</b>
(530) 283-6259	kelseyhostetter@countyofplumas.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>	<b>Interest earned during the fiscal year.</b>	\$ 110.95
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 3,022.52
	<b>b Physicians/Surgeons (58%)</b>		\$ 20,160.26



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 8,689.78
	d	Other Discretionary EMS (17%)		\$ 5,909.05
	e	Total	\$ 0.00	\$ 37,781.61

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.	\$ 60.27
b Other deposits during fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 1,641.87
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		\$ 10,951.26
d	Hospitals (25%)		\$ 4,720.37
e	Other Discretionary EMS (17%)		\$ 3,209.85
f	Total	\$ 0.00	\$ 20,523.35

12 Responsibility for category distributions:

Entity Plumas County Public Agency	Contact (Name and Title) Debbie Robinson, Admin Ser Officer
Phone Number (530) 283-6459	Email Address debbierobinson@countyofplumas.com

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 3,022.52
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount \$ 1,641.87
	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



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		163.00	\$ 89,094.82	163	100%	\$ 20,160.26

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	0

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
	88	\$ 48,397.18	88	100%	\$ 10,951.26

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 NorCal EMS, Inc.	Contact (Name and Title) Kathy VanDonge, Admin Assistant
Phone Number (530) 229-3979	Email Address kvandonge@norcalems.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>
---	---	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.	121	\$ 168,412.25	121	100%	\$ 8,689.78

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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>	<b>Amount</b>

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

<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>
---	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.	66	\$ 91,483.19	66	100%	\$ 4,720.37

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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>	<b>Amount</b>
	0

<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>
	0

**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 Nor Cal EMS, Inc.	Contact (Name and Title) Kathy VanDonge, Admin Assistant
Phone Number (530) 229-3979	Email Address 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>
			<b>\$ 5,909.05</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> Sheriff's Dept. for Medcom Communication 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>\$ 3,209.85</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> Sheriff's Dept. for Medcom Communication Equipment and County Overhead.	



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 15.70 <i>(2c)</i>		\$ 15.70
Deposits for July 1, 2017- June 30, 2018	\$ 20,447.38 <i>(6c)</i>		\$ 20,463.08
Interest for July 1, 2017-June 30, 2018	\$ 60.27 <i>(10a)</i>		\$ 20,523.35
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 20,523.35

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,641.87 <i>(11a)</i>		\$ 1,641.87	\$ 1,641.87 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 10,951.26 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 10,951.26	\$ 10,951.26 <i>(17a)</i>
Hospitals (25%)	\$ 4,720.37 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 4,720.37	\$ 4,720.37 <i>(21b Pd)</i> \$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 3,209.85 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 3,209.85	\$ 3,209.85 <i>(25a)</i>
<b>Total</b>	<b>\$ 20,523.35</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 20,523.35</b>	<b>\$ 20,523.35</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, 2018</b>			<b>\$ 0.00</b>

*Debbie Robinson*  
 Signature of Maddy EMS Fund Administrator

4-10-19  
 Date

Debbie Robinson, Admin Services  
 Printed Name & Title  
*officer*

Email Address ✓

debbierobinson@countyofplumas.com




VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 28.89 <i>(1c)</i>		\$ 28.89
Deposits for July 1, 2017-June 30, 2018	\$ 37,641.77 <i>(5c)</i>		\$ 37,670.66
Interest for July 1, 2017-June 30, 2018	\$ 110.95 <i>(8a)</i>		\$ 37,781.61
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 37,781.61

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%)	\$ 3,022.52 <i>(9a)</i>		\$ 3,022.52	\$ 3,022.52 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 20,160.26 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 20,160.26	\$ 20,160.26 <i>(16a)</i>
Hospitals (25%)	\$ 8,689.78 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 8,689.78	\$ 8,689.78 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 5,909.05 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 5,909.05	\$ 5,909.05 <i>(24a)</i>
<b>Total</b>	<b>\$ 37,781.61 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 37,781.61</b>	<b>\$ 37,781.61</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<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, 2018</b>			<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator

4-10-19  
 Date

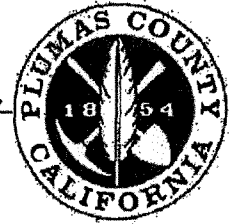
Debbie Robinson, Admin. Services  
 Printed Name & Title officer

Email Address

debbierobinson@countyofplumas.com

# 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

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## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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>	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.		
	<b>c</b>	Fund balance on July 1, 2017.	\$ 0.00	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.		
	<b>c</b>	Fund balance on July 1, 2017.	\$ 0.00	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):		

<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	\$ 2,320,480.00	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 2,327,186.00	
	<b>c</b>		Vehicle Code § 42007		
	<b>d</b>		<b>Total</b>	\$ 4,647,666.00	
	<b>4</b>	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>	\$ 2,320,480.00
	b		Vehicle Code § 42007	
	c		Total	\$ 2,320,480.00
	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	\$ 2,327,186.00
	b		Vehicle Code § 42007	
	c		Total	\$ 2,327,186.00
	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 the fiscal year.		\$ 35,597.00
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 235,608.00
	b	Physicians/Surgeons (58%)		\$ 1,301,698.00





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 530,117.00
	d	Other Discretionary EMS (17%)		\$ 360,480.00
	e	<b>Total</b>	\$ 0.00	\$ 2,427,903.00

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.	\$ 35,597.00
b Other deposits during fiscal year.	

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 during the fiscal year.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 236,278.00
b	Richie's Fund (15%)		\$ 318,976.00
c	Physicians/Surgeons (58%)		\$ 1,048,367.00
d	Hospitals (25%)		\$ 451,882.00
e	Other Discretionary EMS (17%)		\$ 307,280.00
f	<b>Total</b>	\$ 0.00	\$ 2,362,783.00

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).	<b>Amount</b> \$ 235,608.00
	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> \$ 236,278.00
	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>



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		18,931.00	\$ 12,769,928.00	16,588	88%	\$ 1,301,698.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 71,826.00

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
	18,931	\$ 12,769,928.00	16,588	88%	\$ 1,048,367.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 Riverside County Foundation for Medical Care	Contact (Name and Title) Teresa Herrera - Budgets
Phone Number 951-686-3342 x304	Email Address 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 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 Total Hospitals expenditures.																
	c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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: center;">\$ 530,117.00</td> </tr> </tbody> </table>	Amount	\$ 530,117.00													
Amount																	
\$ 530,117.00																	
	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>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> </tr> </tbody> </table>	Amount Reimbursed														
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). <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 Total Hospitals expenditures.																
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		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 770,858.00</td> </tr> </tbody> </table>	Amount	\$ 770,858.00													
Amount																	
\$ 770,858.00																	
	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>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> </tr> </tbody> </table>	Amount Reimbursed														
Amount Reimbursed																	
	e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.																
	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 Riverside County EMS Agency	Contact (Name and Title) Bruce Barton, EMS Director															
	Phone Number 951-358-7100	Email Address BBarton@rivco.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>
			\$ 360,480.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Other Miscellaneous fees and 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>
			\$ 307,280.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Other Miscellaneous fees and services	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(1c)</i>		\$ 0.00
Deposits for July 1, 2017-June 30, 2018	\$ 2,320,480.00 <i>(5c)</i>		\$ 2,320,480.00
Interest for July 1, 2017-June 30, 2018	\$ 35,597.00 <i>(8a)</i>		\$ 2,356,077.00
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 2,356,077.00

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%)	\$ 235,608.00 <i>(9a)</i>		\$ 235,608.00	\$ 235,608.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 1,301,698.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 1,301,698.00	\$ 1,301,698.00 <i>(16a)</i>
Hospitals (25%)	\$ 530,117.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 530,117.00	\$ 0.00 <i>(20b Pd)</i> \$ 530,117.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 360,480.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 360,480.00	\$ 360,480.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 2,427,903.00 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 2,427,903.00</b>	<b>\$ 2,427,903.00</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<b>-\$ 71,826.00</b>

Reimbursements			
Physicians/Surgeons	\$ 71,826.00 <i>(16c)</i>		\$ 0.00
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 0.00</b>

*[Handwritten Signature]*

Signature of Maddy EMS Fund Administrator

*4-15-19*

Date

*EMD DINGCO*

Printed Name & Title

Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 2,327,186.00 <i>(6c)</i>		\$ 2,327,186.00
Interest for July 1, 2017-June 30, 2018	\$ 35,597.00 <i>(10a)</i>		\$ 2,362,783.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 2,362,783.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 236,278.00 <i>(11a)</i>		\$ 236,278.00	\$ 236,278.00 <i>(14)</i>
Richie's Fund (15%)	\$ 318,976.00 <i>(11b)</i>		\$ 318,976.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 1,048,367.0 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 1,048,367.0	\$ 1,048,367.00 <i>(17a)</i>
Hospitals (25%)	\$ 451,882.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 451,882.00	\$ 0.00 <i>(21b Pd)</i> \$ 770,858.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 307,280.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 307,280.00	\$ 307,280.00 <i>(25a)</i>
Total	\$ 2,362,783.0 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 2,362,783.0	\$ 2,362,783.00
Preliminary Fund Balance <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
Ending Balance for Total Available Funds as of June 30, 2018			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

4-16-19  
 Date

  
 Printed Name & Title

Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	County / Department	County Contact (Name and Title)
	Department of Health Services, County of Sacramento	Mulu Afework, Chief of Fiscal Services
	Address (Number and Street)	Phone Number
	7001-A East Parkway, Suite 1100	(916) 875-1412
City or Post Office, State, and ZIP Code	Email Address	
Sacramento, CA 95823	AfeworkM@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, 2017.	\$ 687.00
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	01/01/2018
	c	Fund balance on July 1, 2017.	\$ 0.00
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 784,002.00
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 219,655.00
	c		Vehicle Code § 42007	\$ 553,529.00
	d		<b>Total</b>	<b>\$ 1,557,186.00</b>
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>	\$ 770,006.00
	b		Vehicle Code § 42007	\$ 553,529.00
	c		Total	\$ 1,323,535.00

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	\$ 215,294.00
	b		Vehicle Code § 42007	
	c		Total	\$ 215,294.00

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 the fiscal year.	\$ 195.00
	b	Other deposits during the fiscal year.	\$ 9,418.00
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 132,353.00
	b	Physicians/Surgeons (58%)		\$ 700,991.00





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 297,795.00
	d	Other Discretionary EMS (17%)		\$ 202,501.00
	e	<b>Total</b>	\$ 0.00	\$ 1,333,640.00

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.
b	Other deposits during fiscal year.

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 21,529.00
b	Richie's Fund (15%)		\$ 32,294.00
c	Physicians/Surgeons (58%)		\$ 93,653.00
d	Hospitals (25%)		\$ 40,368.00
e	Other Discretionary EMS (17%)		\$ 27,450.00
f	<b>Total</b>	\$ 0.00	\$ 215,294.00

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Department of Health Services, County of San Diego	Mulu Afework, Chief of Fiscal Services
Phone Number	Email Address
(916) 875-1412	AfeworkM@saccounty.net

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b>
		\$ 132,353.00
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>
		\$ 21,529.00
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>
		\$ 32,294.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		35,393.00	\$ 9,832,934.00	35,393	100%	\$ 700,991.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	4,729	\$ 1,313,688.00	4,729	100%	\$ 93,653.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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. PEMS Guidelines
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s). Sacramento County Code (SCC) - Title 6 Health and Sanitation
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies. Sierra Sacramento Valley Medical Society
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology. Sierra Sacramento Valley Medical Society
- An identification of the fee schedule used by the county. PEMS Calendar

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Department of Health Services, County of  Sacramento	Contact (Name and Title) Mulu Afework, Chief of Fiscal Services
Phone Number (916) 875-1412	Email Address AfeworkM@sacounty.net





<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>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No  <i>(If no, go to #20d)</i></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>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, 2017-June 30, 2018, 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="text-align: center;">\$ 297,795.00</td> </tr> </tbody> </table>	Amount	\$ 297,795.00															
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	<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>Amount Reimbursed</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> </tr> </tbody> </table>	Amount Reimbursed																
Amount Reimbursed																			
	<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>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No  <i>(If no, go to #21d)</i></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>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>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="text-align: center;">\$ 40,368.00</td> </tr> </tbody> </table>	Amount	\$ 40,368.00															
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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 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 Department of Health Services, County of </td> <td style="width: 50%;">Contact (Name and Title) Mulu Afework, Chief of Fiscal Services</td> </tr> <tr> <td>Phone Number (916) 875-1412</td> <td>Email Address AfeworkM@saccounty.net</td> </tr> </table>		Entity Department of Health Services, County of	Contact (Name and Title) Mulu Afework, Chief of Fiscal Services	Phone Number (916) 875-1412	Email Address AfeworkM@saccounty.net													
Entity Department of Health Services, County of	Contact (Name and Title) Mulu Afework, Chief of Fiscal Services																		
Phone Number (916) 875-1412	Email Address AfeworkM@saccounty.net																		



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 202,501.00
b	Description of other EMS services provided: Support EMS staffing, operations (including contracts) and County/Dept/Div allocated costs.	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 27,450.00
b	Description of other EMS services provided: Support EMS staffing, operations (including contracts) and County/Dept/Div allocated costs.	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 687.00 <i>(1c)</i>	\$ 687.00
Deposits for July 1, 2017-June 30, 2018	\$ 1,323,535.00 <i>(5c)</i>	\$ 1,324,222.00
Interest for July 1, 2017-June 30, 2018	\$ 195.00 <i>(8a)</i>	\$ 1,324,417.00
Other Deposits for July 1, 2017-June 30, 2018	\$ 9,418.00 <i>(8b)</i>	\$ 1,333,835.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 132,353.00 <i>(9a)</i>		\$ 132,353.00	\$ 132,353.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 700,991.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 700,991.00	\$ 700,991.00 <i>(16a)</i>
Hospitals (25%)	\$ 297,795.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 297,795.00	\$ 0.00 <i>(20b Pd)</i> \$ 297,795.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 202,501.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 202,501.00	\$ 202,501.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,333,640.00</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,333,640.00</b>	<b>\$ 1,333,640.00</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 195.00</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 195.00
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 195.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 195.00</b>

Mulu Afework  
 Signature of Maddy EMS Fund Administrator

04/12/19  
 Date

Mulu Afework, Chief of Fiscal Services  
 Printed Name & Title

AfeworkMulu@sccounty.net  
 Email Address





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 215,294.00	(6c)		\$ 215,294.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 215,294.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 215,294.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 21,529.00 (11a)		\$ 21,529.00	\$ 21,529.00 (14)
Richie's Fund (15%)	\$ 32,294.00 (11b)		\$ 32,294.00	\$ 32,294.00 (15)
Physicians/Surgeons (58%)	\$ 93,653.00 (11c)	\$ 0.00 (11c)	\$ 93,653.00	\$ 93,653.00 (17a)
Hospitals (25%)	\$ 40,368.00 (11d)	\$ 0.00 (11d)	\$ 40,368.00	\$ 0.00 (21b Pd) \$ 40,368.00 (21d)
Other Discretionary EMS (17%)	\$ 27,450.00 (11e)	\$ 0.00 (11e)	\$ 27,450.00	\$ 27,450.00 (25a)
<b>Total</b>	<b>\$ 215,294.00</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 215,294.00</b>	<b>\$ 215,294.00</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, 2018</b>				<b>\$ 0.00</b>

Mulu Afework  
 Signature of Maddy EMS Fund Administrator

04/12/19  
 Date

Mulu Afework, Chief of Fiscal Services  
 Printed Name & Title

AfeworkMulu@socounty.net  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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, 2017.</b>	\$ 408,275.75
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 67,573.61
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 63,497.55
	<b>c</b>	Vehicle Code § 42007	\$ 0.00
	<b>d</b>	<b>Total</b>	\$ 131,071.16
<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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 67,573.61
	<b>b</b>		Vehicle Code § 42007	\$ 0.00
	<b>c</b>		<b>Total</b>	<b>\$ 67,573.61</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>		Government Code § 76000.5	\$ 63,497.55
	<b>b</b>		Vehicle Code § 42007	\$ 0.00
	<b>c</b>		<b>Total</b>	<b>\$ 63,497.55</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	
		<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 the fiscal year.</b>		\$ 7,944.88
	<b>b</b>	<b>Other deposits during the fiscal year.</b>		\$ 0.00
	<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 during the fiscal year.</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>		\$ 6,757.35
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>	\$ 0.00	\$ 35,273.43



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)	\$ 0.00	\$ 15,204.08
	<b>d</b>	Other Discretionary EMS (17%)	\$ 0.00	\$ 10,338.77
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 67,573.63

**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.	\$ 8,141.61
<b>b</b>	Other deposits during fiscal year.	\$ 0.00

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

<b>11</b>	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 6,349.75
<b>b</b>	Richie's Fund (15%)		\$ 8,572.17
<b>c</b>	Physicians/Surgeons (58%)	\$ 0.00	\$ 28,173.88
<b>d</b>	Hospitals (25%)	\$ 0.00	\$ 12,149.91
<b>e</b>	Other Discretionary EMS (17%)	\$ 0.00	\$ 8,257.86
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 63,503.57

**12 Responsibility for category distributions:**

<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>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 6,757.35
<b>14</b>		Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount \$ 6,349.75
<b>15</b>		Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount \$ 0.00





VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	505.00	\$ 18,007.42	505	100%	\$ 18,007.42
		b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):				
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
						\$ 1,804.71
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	0	\$ 0.00	0	0%	\$ 0.00
		b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 must 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)				
	San Benito County EMS	Kevin O'Neill OES/EMS Manager				
	Phone Number	Email Address				
	831-636-4168	koneill@cosb.us				





<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>	<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 <u>Total Hospitals expenditures.</u></td> <td style="text-align: center;">0</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: center;">0</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	b <u>Total Hospitals expenditures.</u>	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b <u>Total Hospitals expenditures.</u>	0	\$ 0.00	0	0%	\$ 0.00														
	<p>c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):</p> <p style="color: blue;">N/A</p>																		
	<p>d <u>Direct disbursement to Hospitals.</u> <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; color: blue;">\$ 10,223.22</td> </tr> </tbody> </table>	Amount	\$ 10,223.22															
Amount																			
\$ 10,223.22																			
	<p>e <u>Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</u></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; color: blue;">\$ 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). <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 <u>Total Hospitals expenditures.</u></td> <td style="text-align: center;">0</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: center;">0</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	b <u>Total Hospitals expenditures.</u>	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
b <u>Total Hospitals expenditures.</u>	0	\$ 0.00	0	0%	\$ 0.00														
	<p>c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):</p> <p style="color: blue;">N/A</p>																		
	<p>d <u>Direct disbursement to Hospitals.</u> <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; color: blue;">\$ 11,361.71</td> </tr> </tbody> </table>	Amount	\$ 11,361.71															
Amount																			
\$ 11,361.71																			
	<p>e <u>Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</u></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; color: blue;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
Amount Reimbursed																			
\$ 0.00																			
	<p>22 <u>Required documentation for submission.</u> <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>23 <u>Responsibility for claims payments to Hospitals:</u></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>San Benito County EMS</td> <td>Kevin O'Neill</td> </tr> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> <tr> <td>831-636-4168</td> <td>koneill@cosb.us</td> </tr> </table>		Entity	Contact (Name and Title)	San Benito County EMS	Kevin O'Neill	Phone Number	Email Address	831-636-4168	koneill@cosb.us									
Entity	Contact (Name and Title)																		
San Benito County EMS	Kevin O'Neill																		
Phone Number	Email Address																		
831-636-4168	koneill@cosb.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>
			\$ 0.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		N/A	
	<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>
			\$ 0.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		N/A	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 408,275.75 <i>(1c)</i>	\$ 408,275.75
Deposits for July 1, 2017-June 30, 2018	\$ 67,573.61 <i>(5c)</i>	\$ 475,849.36
Interest for July 1, 2017-June 30, 2018	\$ 7,944.88 <i>(8a)</i>	\$ 483,794.24
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 483,794.24

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,757.35 <i>(9a)</i>		\$ 6,757.35	\$ 6,757.35 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 35,273.43 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 35,273.43	\$ 18,007.42 <i>(16a)</i>
Hospitals (25%)	\$ 15,204.08 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 15,204.08	\$ 0.00 <i>(20b Pd)</i> \$ 10,223.22 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 10,338.77 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 10,338.77	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 67,573.63 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 67,573.63</b>	<b>\$ 34,987.99</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 448,806.25</b>

Reimbursements			
Physicians/Surgeons	\$ 1,804.71 <i>(16c)</i>		\$ 450,610.96
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 450,610.96
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 450,610.96</b>

  
 Signature of Maddy EMS Fund Administrator

4/8/19  
 Date

Kevin O'Neill DES/EMS Manager  
 Printed Name & Title

Koneill@cosb.us  
 Email Address



**VII Fund Summary**  
 (cont.)

**Maddy EMS Fund**  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total	
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00	
Deposits for July 1, 2017- June 30, 2018	\$ 63,497.55 <i>(6c)</i>		\$ 63,497.55	
Interest for July 1, 2017-June 30, 2018	\$ 8,141.61 <i>(10a)</i>		\$ 71,639.16	
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 71,639.16	
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%)	\$ 6,349.75 <i>(11a)</i>		\$ 6,349.75	\$ 6,349.75 <i>(14)</i>
Richie's Fund (15%)	\$ 8,572.17 <i>(11b)</i>		\$ 8,572.17	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 28,173.88 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 28,173.88	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 12,149.91 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 12,149.91	\$ 0.00 <i>(21b Pd)</i>
				\$ 11,361.71 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 8,257.86 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 8,257.86	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 63,503.57</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 63,503.57</b>	<b>\$ 17,711.46</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 53,927.70</b>
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 0.00 <i>(17c)</i>		\$ 53,927.70
Hospitals		\$ 0.00 <i>(21e)</i>		\$ 53,927.70
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>\$ 53,927.70</b>

  
 Signature of Maddy EMS Fund Administrator

4/8/19  
 Date

Kevin O'Neill OES/EMS Manager  
 Printed Name & Title

Koneill@cosb.us  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Inland Counties Emergency Medical Agency	<b>County Contact (Name and Title)</b> Tom Lynch, EMS Adminsitrator
	<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, 2017.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 1,620,665.95	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,556,563.43	
	<b>c</b>	Vehicle Code § 42007		
	<b>d</b>	<b>Total</b>	<b>\$ 3,177,229.38</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>\$ 1,620,665.95</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,620,665.95</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>\$ 1,556,563.43</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 1,556,563.43</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.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 the fiscal year.</b>		<b>\$ 2,479.77</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 162,314.57</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 847,282.07</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 365,207.79
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 248,341.30
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,623,145.73

**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.</b>
<b>b</b>	<b>Other deposits during fiscal year.</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 during the fiscal year.</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>		\$ 155,911.32
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 210,480.28
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 691,778.50
<b>d</b>	<b>Hospitals (25%)</b>		\$ 298,180.39
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 202,762.66
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 1,559,113.15

**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

**VI Expenditures & Reimbursements**

<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 162,314.57
<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> \$ 155,911.32
<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> \$ 210,480.28



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	60,840.00	\$ 851,756.88	60,840	100%	\$ 851,756.88
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 \$ 4,474.82				
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	50,079	\$ 701,102.38	50,079	100%	\$ 701,102.38
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 \$ 9,323.89				
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)				
	Risk Management	Rafael Viteri, Deputy Director				
	Phone Number	Email Address				
	(909) 386-8730	RViteri@riskmgmt.sbcounty.gov				



<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 <b>Total Hospitals expenditures.</b>				0%	

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

d <b>Direct disbursement to Hospitals.</b> <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	<b>Amount</b>
	\$ 365,207.79

e <b>Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</b>	<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 checked="" type="checkbox"/> No <i>(If no, go to #21d)</i>
--	--	---

	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, 2017-June 30, 2018 state reason(s):

d <b>Direct disbursement to Hospitals.</b> <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	<b>Amount</b>
	\$ 298,180.39

e <b>Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</b>	<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 Arrowhead Regional Medical Center	Contact (Name and Title) Arvind Oswal, Chief Financial Officer
Phone Number (909) 580-6170	Email Address OswalA@armc.sbcounty.gov



VI Expenditures & Reimbursements (cont.)				Amount
		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
b	<b>Description of other EMS services provided:</b> Provide EMS system medical control including policy and protocol development.			
25a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)</b>			<b>Amount</b> \$ 202,762.67
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, 2017	\$ 0.00 <i>(1c)</i>	\$ 0.00
Deposits for July 1, 2017-June 30, 2018	\$ 1,620,665.95 <i>(5c)</i>	\$ 1,620,665.95
Interest for July 1, 2017-June 30, 2018	\$ 2,479.77 <i>(8a)</i>	\$ 1,623,145.72
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 1,623,145.72

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 162,314.57 <i>(9a)</i>		\$ 162,314.57	\$ 162,314.57 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 847,282.07 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 847,282.07	\$ 851,756.88 <i>(16a)</i>
Hospitals (25%)	\$ 365,207.79 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 365,207.79	\$ 0.00 <i>(20b Pd)</i> \$ 365,207.79 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 248,341.30 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 248,341.30	\$ 248,341.30 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,623,145.71</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,623,145.7</b>	<b>\$ 1,627,620.54</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>-\$ 4,474.82</b>

Reimbursements		
Physicians/Surgeons	\$ 4,474.82 <i>(16c)</i>	\$ 0.00
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 0.00</b>

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

4-11-19  
 \_\_\_\_\_  
 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, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 1,556,563.43 <i>(6c)</i>		\$ 1,556,563.43
Interest for July 1, 2017-June 30, 2018	\$ 2,549.72 <i>(10a)</i>		\$ 1,559,113.15
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 1,559,113.15

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 155,911.32 <i>(11a)</i>		\$ 155,911.32	\$ 155,911.32 <i>(14)</i>
Richie's Fund (15%)	\$ 210,480.28 <i>(11b)</i>		\$ 210,480.28	\$ 210,480.28 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 691,778.50 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 691,778.50	\$ 701,102.38 <i>(17a)</i>
Hospitals (25%)	\$ 298,180.39 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 298,180.39	\$ 0.00 <i>(21b Pd)</i> \$ 298,180.39 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 202,762.66 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 202,762.66	\$ 202,762.67 <i>(25a)</i>
<b>Total</b>	<b>\$ 1,559,113.1</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 1,559,113.1</b>	<b>\$ 1,568,437.04</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>-\$ 9,323.89</b>

Reimbursements				
Physicians/Surgeons	\$ 9,323.89 <i>(17c)</i>			\$ 0.00
Hospitals	\$ 0.00 <i>(21e)</i>			\$ 0.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>\$ 0.00</b>

  
 Signature of Maddy EMS Fund Administrator  
 Tom Lynch, EMS Administrator  
 Printed Name & Title

4-11-19  
 Date  
 Tom.Lynch@  
 cad.sbcounty.gov  
 Email Address

**ADDENDUM TO THE MADDY EMERGENCY MEDICAL SERVICES (EMS) FUND REPORT FY18  
 COUNTY OF SAN BERNARDINO  
 ACTUAL ADMINISTRATIVE EXPENSE**

VI 13

V 14

	MADDY EMS FUND	MADDY EMS SUPPLEMENTAL
10% DEPOSIT INTO ADMINISTRATIVE FUND	\$ 162,314.58	\$ 155,911.33
ACTUAL EXPENDITURES		
1ST QUARTER	\$ 9,966.64	\$ 8,976.36
2ND QUARTER	\$ 5,056.91	\$ 2,686.23
3RD QUARTER	\$ 10,276.45	\$ 7,352.57
4TH QUARTER	\$ 10,755.89	\$ 6,860.05
TOTAL ACTUAL EXPENDITURES	\$ 36,055.89	\$ 25,875.21
BALANCE	\$ 126,258.69	\$ 130,036.12
INTEREST EARNED IN FUND	\$ 1,105.66	\$ 1,360.50
10% DEPOSIT LESS ACTUAL EXPENDITURES BALANCE TO DISTRIBUTE TO OTHER FUNDS	\$ 127,364.35	\$ 131,396.62
RITCHIE FUND 15%	\$ -	\$ 19,709.50
PHYSICIAN/SURGEON FUND 58%	\$ 73,871.32	\$ 64,778.53
HOSPITALS FUND 25%	\$ 31,841.09	\$ 27,921.78
OTHER DISCRETIONARY EMS 17%	\$ 21,651.94	\$ 18,986.81
	\$ 127,364.35	\$ 131,396.62
PHYSICIAN/SURGEON FUND 58%	\$ 73,871.32	\$ 64,778.53
INTEREST EARNED	\$ 6,448.23	\$ 7,368.12
TOTAL ADDITIOANAL DISTRIBUTION PHYSICIANS	\$ 80,319.55	\$ 72,146.65
HOSPITALS FUND 25%	\$ 31,841.09	\$ 27,921.78
INTEREST EARNED	\$ 2,131.82	\$ 947.71
TOTAL ADDITIOANL DISTRIBUTION HOSPITALS	\$ 33,972.91	\$ 28,869.49

THE ADDITIONAL AMOUNTS WERE DISTRIBUTED IN EACH FUND AND WERE EXPENDED AFTER JUNE 30, 2018.

SOME OF THE EXPENDITURES FOR ALL 4 FUNDS RUN IN ARREARS, SINCE THE LAST DEPOSIT TRANSACTION INTO THE INITIAL MADDY FUND AND THE SUPPLEMENTAL MADDY FUND IS MADE IN JUNE 2018.

ATTACHED IS THE PHYSICIAN/SURGEON EXPENDITURES AS OFF 06/30/18.  
 SINCE THAT TIME, ADDITIONAL PAYMENTS AND RECOVERIES HAVE BEEN MADE TO PHYSICIANS AND SURGEONS TO REFLECT THE ADDITIONAL AMOUNTS DEPOSITED FOR FY 2018.

**SECTION VI  
16b**

**SB-612 (XRR) FY 2017-18 Activity Per FAS**

Cash balance, July 1, 2017	\$ 462,083.71
Balance forwarded - Transition from FAS to SAP	\$ 175,742.34
Claims Paid	(264,119.57)
Allocations Received	680,282.21
Unused FY 15-16 Administrative Funds for Claims	68,501.92
Refunds Received	4,474.81
Interest Revenue	7,368.12
EMS Recovery	-
Stale Dated Warrant	-
Fund Code Corrections	-
<b>Cash balance, July 5, 2018</b>	<b><u>\$ 1,134,333.54</u></b>

Total Payments:	\$ 264,119.57
Total Number of Claims:	20,311
Total Refunds:	\$ 4,556.51
Total Number of Refunds:	294

**SECTION VI  
17b**

**SB-1773 (CYU) FY 2017-18 Activity Per FAS**

Cash balance, July 1, 2017	\$ 597,437.68
Transition from FAS to SAP per ATC 09/30/2017	\$ 52,814.63
Claims Paid	(244,137.36)
Allocations Received	562,403.41
Unused FY 16-17 Administrative Funds for Claims	73,803.55
Refunds Received	9,323.88
Interest Revenue	6,448.23
EMS Recovery	-
Stale Dated Warrant	-
Fund Code Corrections	-
<b>Cash balance, July 5, 2018</b>	<b><u>\$ 1,058,094.02</u></b>

Total Payments:	\$ 244,137.36
Total Number of Claims:	23,681
Total Refunds:	\$ 9,323.88
Total Number of Refunds:	593

Actual balances as of 06/30/18. There is a timing difference.

Distributions for June Distribution and Unused Administration for Claims for FY18 were received in the Fund in FY19.

Claims corresponding to the FY18 Distribution and reported as paid were estimated based on the average claim paid and expected to be reimbursed in FY19.

**EMS MADDY FUND (SB612) RECEIVED AND DISTRIBUTED SUMMARY FOR FY2018**

	RECEIVED		FUND RECEIVED	DISTRIBUTION				Total Distribution
	FUND RECEIVED	INTEREST		Admin	Risk Management	Hospital	ICEMA Public Health	
July-17	\$ 128,131.11		\$ 128,131.11	\$ 12,813.11	\$ 66,884.44	\$ 28,829.50	\$ 19,604.06	\$ 128,131.11
August-17	\$ 112,136.05		\$ 112,136.05	\$ 11,213.61	\$ 58,535.02	\$ 25,230.61	\$ 17,156.82	\$ 112,136.05
September-17	\$ 123,870.95	\$ 591.65	\$ 124,462.60	\$ 12,446.26	\$ 64,969.48	\$ 28,004.09	\$ 19,042.78	\$ 124,462.60
October-17	\$ 122,151.99	\$ 551.24	\$ 122,703.23	\$ 12,270.32	\$ 64,051.09	\$ 27,608.23	\$ 18,773.59	\$ 122,703.23
November-17	\$ 123,540.10		\$ 123,540.10	\$ 12,354.01	\$ 64,487.93	\$ 27,796.52	\$ 18,901.64	\$ 123,540.10
December-17	\$ 122,469.90		\$ 122,469.90	\$ 12,246.99	\$ 63,929.29	\$ 27,555.73	\$ 18,737.89	\$ 122,469.90
January-18	\$ 108,262.70	\$ 714.65	\$ 108,977.35	\$ 10,897.74	\$ 56,886.18	\$ 24,519.90	\$ 16,673.53	\$ 108,977.35
February-18	\$ 124,773.25		\$ 124,773.25	\$ 12,477.33	\$ 65,131.64	\$ 28,073.98	\$ 19,090.31	\$ 124,773.25
March-18	\$ 136,834.74		\$ 136,834.74	\$ 13,683.47	\$ 71,427.73	\$ 30,787.82	\$ 20,935.72	\$ 136,834.74
April-18	\$ 198,572.04	\$ 622.23	\$ 199,194.27	\$ 19,919.43	\$ 103,979.41	\$ 44,818.71	\$ 30,476.72	\$ 199,194.27
May-18	\$ 169,610.84		\$ 169,610.84	\$ 16,961.08	\$ 88,536.86	\$ 38,162.44	\$ 25,950.46	\$ 169,610.84
June-18	\$ 150,312.28		\$ 150,312.28	\$ 15,031.23	\$ 78,463.01	\$ 33,820.26	\$ 22,997.78	\$ 150,312.28
<b>FY2018 Total</b>	<b>\$ 1,620,665.95</b>	<b>\$ 2,479.77</b>	<b>\$ 1,623,145.72</b>	<b>\$ 162,314.57</b>	<b>\$ 847,282.07</b>	<b>\$ 365,207.79</b>	<b>\$ 248,341.30</b>	<b>\$ 1,623,145.72</b>

UNUSED ADM \$ 73,871.32 \$ 31,841.09 \$ 21,651.94 \$ 127,364.35  
\$ 921,153.39 \$ 397,048.88 \$ 269,993.24 \$ 1,750,510.07

ADM EXP	1ST QUARTER	\$ 9,966.64	
	2ND QUARTER	\$ 5,056.91	
	3RD QUARTER	\$ 10,276.45	
	4TH QUARTER	\$ 10,755.89	
	<u>TOTAL</u>	<u>\$ 36,055.89</u>	\$ 36,055.89

TOTAL ADM \$ 163,420.24

INTEREST EARNED IN FUND 1105.66 \$ 6,448.23 \$ 2,131.82 \$ 1,105.67 \$ (0.01)



**EMS RITCHIE FUND (SB1773) RECEIVED AND DISTRIBUTED SUMMARY FOR FY2018**

	FUND RECEIVED		FUND RECEIVED	DISTRIBUTION					Total Distribution
		INTEREST		Admin	Pediatric Trauma	Risk Management	Hospital	ICEMA Public Health	
July-17	\$ 121,923.49		\$ 121,923.49	\$ 12,192.35	\$ 16,459.67	\$ 54,097.45	\$ 23,317.87	\$ 15,856.15	\$ 121,923.49
August-17	\$ 106,858.74		\$ 106,858.74	\$ 10,685.87	\$ 14,425.93	\$ 47,413.22	\$ 20,436.73	\$ 13,896.98	\$ 106,858.74
September-17	\$ 128,565.66	\$ 558.62	\$ 129,124.28	\$ 12,912.43	\$ 17,431.78	\$ 57,292.44	\$ 24,695.02	\$ 16,792.61	\$ 129,124.28
October-17	\$ 127,492.41	\$ 515.08	\$ 128,007.49	\$ 12,800.75	\$ 17,281.01	\$ 56,796.92	\$ 24,481.43	\$ 16,647.37	\$ 128,007.49
November-17	\$ 128,701.39		\$ 128,701.39	\$ 12,870.14	\$ 17,374.69	\$ 57,104.81	\$ 24,614.14	\$ 16,737.62	\$ 128,701.39
December-17	\$ 115,385.40		\$ 115,385.40	\$ 11,538.54	\$ 15,577.03	\$ 51,196.50	\$ 22,067.46	\$ 15,005.87	\$ 115,385.40
January-18	\$ 104,923.08	\$ 721.46	\$ 105,644.54	\$ 10,564.45	\$ 14,262.01	\$ 46,874.48	\$ 20,204.52	\$ 13,739.07	\$ 105,644.54
February-18	\$ 120,964.44		\$ 120,964.44	\$ 12,096.44	\$ 16,330.20	\$ 53,671.92	\$ 23,134.45	\$ 15,731.43	\$ 120,964.44
March-18	\$ 130,487.56		\$ 130,487.56	\$ 13,048.76	\$ 17,615.82	\$ 57,897.33	\$ 24,955.75	\$ 16,969.91	\$ 130,487.56
April-18	\$ 179,678.94	\$ 754.56	\$ 180,433.50	\$ 18,043.35	\$ 24,358.52	\$ 80,058.34	\$ 34,507.91	\$ 23,465.38	\$ 180,433.50
May-18	\$ 155,206.14		\$ 155,206.14	\$ 15,520.61	\$ 20,952.83	\$ 68,864.96	\$ 29,683.17	\$ 20,184.56	\$ 155,206.14
June-18	\$ 136,376.18		\$ 136,376.18	\$ 13,637.62	\$ 18,410.78	\$ 60,510.11	\$ 26,081.94	\$ 17,735.72	\$ 136,376.18
<b>FY2018 Total</b>	<b>\$ 1,556,563.43</b>	<b>\$ 2,549.72</b>	<b>\$ 1,559,113.15</b>	<b>\$ 155,911.32</b>	<b>\$ 210,480.28</b>	<b>\$ 691,778.50</b>	<b>\$ 298,180.39</b>	<b>\$ 202,762.67</b>	<b>\$ 1,559,113.15</b>

UNUSED ADM \$ 19,709.50 \$ 64,778.53 \$ 27,921.78 \$ 18,986.81 \$ 131,396.62  
 \$ 230,189.78 \$ 756,557.03 \$ 326,102.17 \$ 221,749.48 \$ 1,690,509.77

ADM EXP 1ST QUARTER \$ 8,976.36  
 2ND QUARTER \$ 2,686.23  
 3RD QUARTER \$ 7,352.57  
 4TH QUARTER \$ 6,860.05  
 TOTAL \$ 25,875.21 \$ 25,875.21

TOTAL ADM \$ 157,271.83

INTEREST EARNED IN FUND 1360.5 \$ 7,368.12 \$ 947.71 \$ 1,360.51 \$ (0.01)



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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@sdcountry.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>	11/22/1988
	<b>c Fund balance on July 1, 2017.</b>	\$ 1,514,909.64
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> Please see attached for explanation	
	<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>	03/20/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 358,217.78
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> Please see attached for explanation	

<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	\$ 6,405,510.24
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 2,337,867.63
	<b>c</b>	Vehicle Code § 42007	\$ 6,515,336.92
	<b>d</b>	<b>Total</b>	<b>\$ 15,258,714.79</b>
<b>4 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>	\$ 7,524,946.44
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 7,524,946.44

**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	\$ 360,151.32
<b>b</b>		Vehicle Code § 42007	
<b>c</b>		<b>Total</b>	\$ 360,151.32

**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>
County of San Diego - Medical Care Services	Jamie Beam, Program Coordinator
<b>Phone Number</b>	<b>Email Address</b>
(858) 505-6526	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 the fiscal year.</b>	\$ 34,426.07
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>		\$ 754,930.00
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 3,763,675.00



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 1,624,535.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 1,018,519.68
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 7,161,659.68

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

	<b>Interest and Other Deposits</b>
<b>a Interest earned during fiscal year.</b>	\$ 5,755.67
<b>b Other deposits during fiscal year.</b>	

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

<b>11 Total amount of funds distributed to the specified categories during the fiscal year.</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>b Richie's Fund (15%)</b>		\$ 330,470.00
<b>c Physicians/Surgeons (58%)</b>		
<b>d Hospitals (25%)</b>		
<b>e Other Discretionary EMS (17%)</b>		
<b>f Total</b>	\$ 0.00	\$ 330,470.00

**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

**VI Expenditures & Reimbursements**

<b>13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
	\$ 754,930.00
<b>14 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 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>
	\$ 330,470.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		57,253.00	\$ 4,272,946.71	57,253	100%	\$ 3,829,101.82
	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): All claims were processed and paid for FY 17/18 just not at the 100% of the claim due to funding availability.					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 52,824.80
	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, 2017-June 30, 2018, 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 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			





<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>
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	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, 2017-June 30, 2018, 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>	<b>Amount</b>
	\$ 1,624,535.00

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

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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>	<b>Amount</b>

<b>e</b> 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 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>\$ 1,018,519.68</b>

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

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<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:

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## EXPLANATION OF VARIANCES ON 1D AND 2D

- The difference between the ending balance reported on June 30, 2017 and the beginning balance on July 1, 2017 is due to Physicians/Surgeons distributions, expenditures and reimbursements.
- The beginning balance of FY 17-18 reports the true balance of the Maddy fund per the Oracle System. However, the ending balance of the FY 16-17 reported on the Fund Summary of the EMSA Report includes the Physicians/Surgeons expenditure as paid to the physicians and the reimbursements to the Physician which is different from what is included in the Maddy Fund.
- County of San Diego has a separate trust fund for Physician Funds.
- On a quarterly basis, a percentage of the Maddy fund received that is designated for Physicians, is transferred from the Maddy fund to the Physicians Funds. This amount is reported on 9b
- Another County department maintains the Physician Funds and pays the Physicians based on a percentage of the Physician's Medi-Cal fee schedule current at the time services were rendered. The percentage will be based on the amount of total Physician funding available. Compensation cannot exceed 50% of the billed charges. This amount is reported on 16a, which may be different amount from 9b.
- The reimbursement from Physicians/Surgeons received is in the Physician Fund and not in the Maddy Fund, also causing the variance between then FY 16-17 ending balance and FY 17-18 beginning balance.



## VI Expenditures & Reimbursements

18 Required documentation for submission.

A description of the Physicians/Surgeons claims payment methodologies  
PES Program Handbook attached

A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).  
PES Program Handbook attached

Name(s) of Physicians/Surgeons and Hospitals administer organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.

We receive PES program inquiries throughout the year from Physicians/Surgeons and other medical organizations which are routinely handled over the phone or via email

A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.

The Health and Human Services Agency responds to and meets with Physicians/Surgeons, Hospitals and related groups concerning payment methodology and distribution

An identification of the fee schedule used by the county  
100% - 84% based on the Medi-Cal Fee Schedule

## FY17-18 EMSA 801 Report Descriptions

### Page 5 VI Expenditures & Reimbursements

#### 22. Description of hospital payment methodologies

Methodology used to disburse moneys to hospitals pursuant to subparagraph (B) of paragraph (5) of subdivision (b) of Section 1797.98a to this report.

- The amount distributed to hospitals is 25% of the allowable balance of fines, penalties and assessments received as per Health and Safety Code, Section 1797.98a. The respective allocation of hospital funds and interest is distributed on a quarterly basis to the following hospitals determined as providing disproportionate trauma and emergency medical services: Scripps Memorial Hospital La Jolla, UCSD Medical Center, Palomar Medical Center, Sharp Memorial Hospital, Mercy Hospital, Children's Hospital and Paradise Valley Hospital.

### Page 6 VI Expenditures & Reimbursements

#### 24b. Other Discretionary EMS expenditures (Original Assessment):

- County of San Diego Local Emergency Medical Services Information System (CoSD LEMSIS):  
Twenty-four hour live, on-line, interactive system that links hospitals, ambulance agencies and County of San Diego EMS office. To provide oversight and management of information communication and collection projects, services and needs; enhance data collection and documentation of the County of San Diego prehospital emergency ambulance system; facilitate communication of vital information to EMS and Base Hospitals through the management of required registry information to EMS and Trauma Centers.
- Rural Ambulance/ALS :  
To ensure the availability of critical Advanced Life Support Ambulance services by contracting with service providers in the rural, unincorporated areas of San Diego County.

#### 25b. Other Discretionary EMS expenditures (Supplemental Assessment):

- Prehospital Program:  
The Prehospital Program is responsible for planning, implementing, and evaluating the EMS system (medical 9-1-1 response) for San Diego County and maintaining an organized pattern of readiness and response services. The program includes Advanced Life Support, Basic Life Support, medical direction, and prehospital personnel investigations.
- Regional Communication System with County of San Diego Sheriff Department:  
To facilitate communication of vital information between Base Hospitals, Trauma Centers and ambulances in the field with 800 MHz Radios.

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## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I</b>	<b>Administering Agency</b>	<b>County / Department</b>	<b>County Contact (Name and Title)</b>
	<b>Address (Number and Street)</b>		<b>Phone Number</b>
	<b>City or Post Office, State, and ZIP Code</b>		<b>Email Address</b>

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

<b>III</b>	<b>Collections of Penalty Assessments</b>	<b>3</b> <u>Fines, penalties, and forfeitures collected under each statute.</u>	<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>	
		<b>4</b> <u>Responsibility for collection of fines, penalties, and forfeitures:</u>		
		<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>	
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
<b>IV Deposits into Maddy EMS Fund</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>		Government Code § 76000.5	
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
<b>IV Deposits into Maddy EMS Fund</b>	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		Entity	Contact (Name and Title)	
		Phone Number	Email Address	
<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 the fiscal year.</b>		
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>Physicians/Surgeons (58%)</b>			





<b>V Maddy EMS Fund Category Distributions (cont.)</b>		<b>c Hospitals (25%)</b>		
		<b>d Other Discretionary EMS (17%)</b>		
		<b>e Total</b>		
<hr/>				
	<b>10</b>	<b>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.</b>		
	<b>b</b>	<b>Other deposits during fiscal year.</b>		
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>		
		<hr/>		
	<b>11</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>		
		<hr/>		
	<b>12</b>	<b>Responsibility for category distributions:</b>		
		<b>Entity</b>	<b>Contact (Name and Title)</b>	
		<hr/>	<hr/>	
		<b>Phone Number</b>	<b>Email Address</b>	
		<hr/>	<hr/>	
<b>VI Expenditures &amp; Reimbursements</b>				<b>Amount</b>
	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>		<hr/>
		<hr/>		<hr/>
	<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>
		<hr/>		<hr/>
	<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>
		<hr/>		<hr/>



<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>

**b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):**

---

<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>

**b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):**

---

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

**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:**

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



<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 (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></td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.						
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.																			
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <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). (If fund not established, leave blank and go to #22)	<input type="checkbox"/> Yes <input 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></td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.						
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	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):																		
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Amount Reimbursed																			
	<b>22</b> Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)																		
	<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																	



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>		
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, 2017		(1c)		
Deposits for July 1, 2017-June 30, 2018		(5c)		
Interest for July 1, 2017-June 30, 2018		(8a)		
Other Deposits for July 1, 2017-June 30, 2018		(8b)		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(9a)			(13)
Physicians/Surgeons (58%)	(9b)	(9b)		(16a)
Hospitals (25%)	(9c)	(9c)		(20b Pd)
				(20d)
Other Discretionary EMS (17%)	(9d)	(9d)		(24a)
<b>Total</b>	(9e)	(9e)		
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				
<b>Reimbursements</b>				
Physicians/Surgeons		(16c)		
Hospitals		(20e)		
<b>Ending Balance for Total Available Funds as of June 30, 2018</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, 2017		(2c)		
Deposits for July 1, 2017- June 30, 2018		(6c)		
Interest for July 1, 2017-June 30, 2018		(10a)		
Other Deposits for July 1, 2017 - June 30, 2018		(10b)		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(11a)			(14)
Richie's Fund (15%)	(11b)			(15)
Physicians/Surgeons (58%)	(11c)	(11c)		(17a)
Hospitals (25%)				(21b Pd)
	(11d)	(11d)		(21d)
Other Discretionary EMS (17%)	(11e)	(11e)		(25a)
<b>Total</b>	(11f)	(11f)		
<b>Preliminary Fund Balance          (Fund Total - Total Expenditures)</b>				
<b>Reimbursements</b>				
Physicians/Surgeons		(17c)		
Hospitals		(21e)		
<b>Ending Balance for Total Available          Funds as of June 30, 2018</b>				

*Joshua Nossiter*  
 Signature of Maddy EMS Fund Administrator

Joshua Nossiter, AB 75 Coordinator

Printed Name & Title

4/12/19

Date

joshua.nossiter@sfdph.org

Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b>	<b>County Contact (Name and Title)</b>
	San Joaquin County Emergency Medical Services	Natisha Plummer, Accounting Tech I
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	PO Box 220	209-468-6818
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>
	French Camp, CA 95231	nplummer@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, 2017.</b>	\$ 2,018,362.93	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>c</b>	<b>Fund balance on July 1, 2017.</b>		
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 254,820.16
	<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>	\$ 254,820.16

<b>4</b>	<b>Responsibility for collection of fines, penalties, and forfeitures:</b>	
	<b>Entity</b>	<b>Contact (Name and Title)</b>
	San Joaquin County Superior Courts	Julian Flores, Fiscal Services Technician
	<b>Phone Number</b>	<b>Email Address</b>
	209-992-5477	jflores@sjcourts.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>\$ 254,820.61</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 254,820.61</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>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 0.00</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>	
		San Joaquin County Superior Courts	Julian Flores	
		<b>Phone Number</b>	<b>Email Address</b>	
		209-992-5477	jflores@sjcourts.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 the fiscal year.</b>		<b>\$ 25,638.00</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>Physicians/Surgeons (58%)</b>		<b>\$ 106,484.57</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		
	e	<b>Total</b>	\$ 0.00	\$ 106,484.57
<hr/>				
10	Maddy EMS Fund (Supplemental Assessment) <i>(If fund not established, leave blank and go to #12)</i>			
				Interest and Other Deposits
a	Interest earned during fiscal year.			
b	Other deposits during fiscal year.			
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 during the fiscal year.	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)		
	SJC Emergency Medical Services	Natisha Plummer, Accounting Tech I		
	Phone Number	Email Address		
	209-468-6818	nplummer@sjgov.org		
<hr/>				
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.)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).				0%	\$ 106,484.57
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):					
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 2,889.42
	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>				0%	
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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. <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 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.					
19 Responsibility for claims payments to Physicians/Surgeons:					
Entity	Contact (Name and Title)				
SJC Emergency Medical Services	Natisha Plummer, Accounting Tech I				
Phone Number	Email Address				
209-468-6818	nplummer@sjgov.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 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> <u>Total Hospitals expenditures.</u></td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> <u>Total Hospitals expenditures.</u>				0%		
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> <u>Total Hospitals expenditures.</u>				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):																		
		<b>Amount</b>																	
	<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>Amount Reimbursed</b>																	
	<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> <u>Total Hospitals expenditures.</u></td> <td></td> <td></td> <td></td> <td>0%</td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> <u>Total Hospitals expenditures.</u>				0%		
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<b>b</b> <u>Total Hospitals expenditures.</u>				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):																		
		<b>Amount</b>																	
	<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>Amount Reimbursed</b>																	
	<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 type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity	Contact (Name and Title)																	
	San Joaquin County Emergency Medical	Natisha Plummer, Accounting Tech I																	
	Phone Number	Email Address																	
	209-468-6818	nplummer@sjgov.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:	
		Amount
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	
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, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00	(6c)		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00	(10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

Dan Burch, EMS Administrator  
 Printed Name & Title

April 23, 2019  
 Date

dburch@sigov.org  
 Email Address



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 2,018,362.93 <i>(1c)</i>		\$ 2,018,362.93
Deposits for July 1, 2017-June 30, 2018	\$ 254,820.61 <i>(5c)</i>		\$ 2,273,183.54
Interest for July 1, 2017-June 30, 2018	\$ 25,638.00 <i>(8a)</i>		\$ 2,298,821.54
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 2,298,821.54

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	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 106,484.57 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 106,484.57	\$ 106,484.57 <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%)	\$ 0.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 0.00	\$ 0.00 <i>(24a)</i>
<b>Total</b>	\$ 106,484.57 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 106,484.57	\$ 106,484.57
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 2,192,336.97

Reimbursements			
Physicians/Surgeons	\$ 2,889.42 <i>(16c)</i>		\$ 2,195,226.39
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 2,195,226.39
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			\$ 2,195,226.39

  
 Signature of Maddy EMS Fund Administrator

Dan Burch, EMS Administrator  
 Printed Name & Title

April 23, 2019  
 Date

dburch@sjgov.org  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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, 2017.</b>	\$ 167,624.55
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	04/01/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 153,421.93
<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 302,069.62
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 402,257.79
	<b>c</b>	Vehicle Code § 42007	\$ 99,295.50
	<b>d</b>	<b>Total</b>	\$ 803,622.91

**4 Responsibility for collection of fines, penalties, and forfeitures:**

<b>Entity</b> Superior Court of California, County of San Lu	<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</b> <i>(Based on GC § 76104)</i>	<b>\$ 302,069.62</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 99,295.50</b>
	<b>c</b>		<b>Total</b>	<b>\$ 401,365.12</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>Government Code § 76000.5</b>	<b>\$ 402,257.79</b>
		<b>Vehicle Code § 42007</b>	
		<b>Total</b>	<b>\$ 402,257.79</b>

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

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

<b>Entity</b> County of 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 the fiscal year.</b>	<b>\$ 1,358.89</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 22,622.38</b>
	<b>b Physicians/Surgeons (58%)</b>		<b>\$ 271,348.59</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 165,301.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 60,111.34
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 519,383.31

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

	<b>Interest and Other Deposits</b>
<b>a Interest earned during fiscal year.</b>	\$ 1,362.15
<b>b Other deposits during fiscal year.</b>	
<b>c If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>	

<b>11 Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		\$ 22,676.73
<b>b Richie's Fund (15%)</b>		\$ 85,214.64
<b>c Physicians/Surgeons (58%)</b>		\$ 272,000.61
<b>d Hospitals (25%)</b>		\$ 165,698.19
<b>e Other Discretionary EMS (17%)</b>		\$ 60,255.79
<b>f Total</b>	\$ 0.00	\$ 605,845.96

**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>Amount</b>
<b>13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	\$ 22,622.38
<b>14 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	\$ 22,676.73
<b>15 Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	\$ 49,804.81



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		992.00	\$ 785,138.95	992	100%	\$ 207,636.40

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 5,379.83

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
	994	\$ 787,025.55	994	100%	\$ 208,135.33

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 5,392.76

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>24a</b>	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
			\$ 60,111.34

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

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<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>
		\$ 60,255.79

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

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VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 167,624.55 <i>(1c)</i>		\$ 167,624.55
Deposits for July 1, 2017-June 30, 2018	\$ 401,365.12 <i>(5c)</i>		\$ 568,989.67
Interest for July 1, 2017-June 30, 2018	\$ 1,358.89 <i>(8a)</i>		\$ 570,348.56
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 570,348.56

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 22,622.38 <i>(9a)</i>		\$ 22,622.38	\$ 22,622.38 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 271,348.59 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 271,348.59	\$ 207,636.40 <i>(16a)</i>
Hospitals (25%)	\$ 165,301.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 165,301.00	\$ 0.00 <i>(20b Pd)</i> \$ 77,200.28 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 60,111.34 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 60,111.34	\$ 60,111.34 <i>(24a)</i>
<b>Total</b>	<b>\$ 519,383.31</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 519,383.31</b>	<b>\$ 367,570.40</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 202,778.16</b>

Reimbursements			
Physicians/Surgeons	\$ 5,379.83 <i>(16c)</i>		\$ 208,157.99
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 208,157.99
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 208,157.99</b>

  
 Signature of Maddy EMS Fund Administrator

4/11/2019  
 Date

Sondra Stambolian  
 Accountant III  
 Printed Name & Title

sstambolian@co.slo.ca.  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 153,421.93 <i>(2c)</i>		\$ 153,421.93
Deposits for July 1, 2017- June 30, 2018	\$ 402,257.79 <i>(6c)</i>		\$ 555,679.72
Interest for July 1, 2017-June 30, 2018	\$ 1,362.15 <i>(10a)</i>		\$ 557,041.87
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 557,041.87

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 22,676.73 <i>(11a)</i>		\$ 22,676.73	\$ 22,676.73 <i>(14)</i>
Richie's Fund (15%)	\$ 85,214.64 <i>(11b)</i>		\$ 85,214.64	\$ 49,804.81 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 272,000.61 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 272,000.61	\$ 208,135.33 <i>(17a)</i>
Hospitals (25%)	\$ 165,698.19 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 165,698.19	\$ 0.00 <i>(21b Pd)</i> \$ 77,385.79 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 60,255.79 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 60,255.79	\$ 60,255.79 <i>(23a)</i>
<b>Total</b>	<b>\$ 605,845.96 <i>(11f)</i></b>	<b>\$ 0.00 <i>(11f)</i></b>	<b>\$ 605,845.96</b>	<b>\$ 418,258.45</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 138,783.42</b>

Reimbursements		
Physicians/Surgeons	\$ 5,392.76 <i>(17c)</i>	\$ 144,176.18
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 144,176.18
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 144,176.18</b>

*Sandra Stambolian*  
 Signature of Maddy EMS Fund Administrator

4/11/2019  
 Date

Sandra Stambolian Accountant III  
 Printed Name & Title

Accountant III  
 Email Address  
 sstambolian@co.slo.ca.us



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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 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>	01/01/1991
	<b>c Fund balance on July 1, 2017.</b>	\$ 1,248,588.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	01/01/2010
<b>c Fund balance on July 1, 2017.</b>	\$ 1,053,892.54
<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 512,354.00
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 550,044.00
	<b>c</b>	Vehicle Code § 42007	\$ 700,740.00
	<b>d</b>	<b>Total</b>	\$ 1,763,138.00

<b>4 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>	\$ 512,354.00
	b		Vehicle Code § 42007	\$ 358,720.00
	c		Total	\$ 871,074.00
	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	\$ 550,044.00
	b		Vehicle Code § 42007	\$ 342,020.00
	c		Total	\$ 892,064.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		San Mateo Courts	Steven Chang, Finance Director	
		Phone Number	Email Address	
		650-261-5046	StevenChang@sanmateocourt.org	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 18,868.51
	b	Other deposits during the fiscal year.		
	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 during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 87,107.38
	b	Physicians/Surgeons (58%)		\$ 454,700.53



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 195,991.61
	d	Other Discretionary EMS (17%)		\$ 133,274.29
	e	<b>Total</b>	\$ 0.00	\$ 871,073.81

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.	\$ 19,323.19
b Other deposits during fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 77,163.61
b	Richie's Fund (15%)		\$ 120,428.75
c	Physicians/Surgeons (58%)		\$ 402,794.02
d	Hospitals (25%)		\$ 173,618.11
e	Other Discretionary EMS (17%)		\$ 118,060.32
f	<b>Total</b>	\$ 0.00	\$ 892,064.81

12 Responsibility for category distributions:

Entity San Mateo County - EMS	Contact (Name and Title) Nancy Lapolla, EMS Director
Phone Number 1(650)573-2379	Email Address nlapolla@smcgov.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 90,926.55
	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> \$ 77,163.61
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	<b>Amount</b>





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

16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,796.00	\$ 458,689.92	3,796	100%	\$ 458,689.92

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
		3,888	\$ 469,743.34	3,888	100%	\$ 469,743.34

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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)
San Mateo County - EMS	Nancy Lapolla, EMS Director
Phone Number	Email Address
1(650)573-2379	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%	\$ 0.00

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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.	

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

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):

Delayed due to transition of key staff member and will be paid out in 18/19.

	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)573-2379	Email Address nlapolla@smcgov.org



VI Expenditures & Reimbursements (cont.)				Amount
		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	
b	<b>Description of other EMS services provided:</b> Clinical and system improvements, office supplies, equipment, training cost for EMS staff, etc.			
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>			<b>Amount</b> \$ 258,251.87
b	<b>Description of other EMS services provided:</b> Clinical and system improvements, office supplies, equipment, training cost for EMS staff, etc.			



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 1,248,588.00	(1c)		\$ 1,248,588.00
Deposits for July 1, 2017-June 30, 2018	\$ 871,074.00	(5c)		\$ 2,119,662.00
Interest for July 1, 2017-June 30, 2018	\$ 18,868.51	(8a)		\$ 2,138,530.51
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00	(8b)		\$ 2,138,530.51

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 87,107.38 (9a)		\$ 87,107.38	\$ 90,926.55 (13)
Physicians/Surgeons (58%)	\$ 454,700.53 (9b)	\$ 0.00 (9b)	\$ 454,700.53	\$ 458,689.92 (16a)
Hospitals (25%)	\$ 195,991.61 (9c)	\$ 0.00 (9c)	\$ 195,991.61	\$ 0.00 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 133,274.29 (9d)	\$ 0.00 (9d)	\$ 133,274.29	\$ 252,175.01 (24a)
<b>Total</b>	<b>\$ 871,073.81 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 871,073.81</b>	<b>\$ 801,791.48</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 1,336,739.03</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (16c)	\$ 1,336,739.03
Hospitals		\$ 0.00 (20e)	\$ 1,336,739.03
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 1,336,739.03</b>

Signature of Maddy EMS Fund Administrator

Nancy Lapolla, MPH  
 Director, San Mateo County EMS Agency

Printed Name & Title

5/15/2019

Date

nlapolla@smcgov.org

Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 1,053,892.54	(2c)		\$ 1,053,892.54
Deposits for July 1, 2017- June 30, 2018	\$ 892,064.00	(6c)		\$ 1,945,956.54
Interest for July 1, 2017-June 30, 2018	\$ 19,323.19	(10a)		\$ 1,965,279.73
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 1,965,279.73

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 77,163.61 (11a)		\$ 77,163.61	\$ 77,163.61 (14)
Richie's Fund (15%)	\$ 120,428.75 (11b)		\$ 120,428.75	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 402,794.02 (11c)	\$ 0.00 (11c)	\$ 402,794.02	\$ 469,743.34 (17a)
Hospitals (25%)	\$ 173,618.11 (11d)	\$ 0.00 (11d)	\$ 173,618.11	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 118,060.32 (11e)	\$ 0.00 (11e)	\$ 118,060.32	\$ 258,251.87 (25a)
<b>Total</b>	<b>\$ 892,064.81 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 892,064.81</b>	<b>\$ 805,158.82</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 1,160,120.91</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 1,160,120.91
Hospitals		\$ 0.00 (21e)	\$ 1,160,120.91
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 1,160,120.91</b>

*Nancy Lapolla*

Signature of Maddy EMS Fund Administrator

Nancy Lapolla, MPH  
 Director, San Mateo County EMS Agency

Printed Name & Title

5/15/2019

Date

nlapolla@smcgov.org  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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, 2017.</b>	\$ 0.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	\$ 817,942.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 3,986.00	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 453,912.00	
	<b>c</b>	Vehicle Code § 42007	\$ 0.00	
	<b>d</b>	<b>Total</b>	\$ 457,898.00	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b>	<b>Contact (Name and Title)</b>		
	Superior Court CA, County of Santa Barbara	Marc Ybarra, Financial Analyst		
	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 (Based on GC § 76104)	\$ 27,104.00
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 27,104.00

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	\$ 428,812.00
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 428,812.00

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 CA, County of Santa Barbara	Marc Ybarra, Financial Analyst
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 the fiscal year.	\$ 77.00
b	Other deposits during the fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 2,710.00
b	Physicians/Surgeons (58%)		\$ 14,149.00





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 10,245.00
	d	Other Discretionary EMS (17%)		
	e	<b>Total</b>	\$ 0.00	\$ 27,104.00

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.	\$ 9,615.00
b	Other deposits during fiscal year.	

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 during the fiscal year.	Reserve <i>(Optional)</i>	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 42,881.00
b	Richie's Fund (15%)		\$ 64,322.00
c	Physicians/Surgeons (58%)		\$ 190,914.00
d	Hospitals (25%)		\$ 80,402.00
e	Other Discretionary EMS (17%)		\$ 54,674.00
f	<b>Total</b>	\$ 0.00	<b>\$ 433,193.00</b>

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

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
		\$ 2,718.00
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount
		\$ 44,577.00
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
		\$ 113,725.00



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		1,315.00	\$ 14,189.00	1,315	100%	\$ 14,189.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	18,476	\$ 199,288.00	18,476	100%	\$ 199,288.00

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,381.00

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)
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, go to #20d)</i>
---	---	---

	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, 2017-June 30, 2018, 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>	<b>Amount</b>
	\$ 10,274.00

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

	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, 2017-June 30, 2018 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>	<b>Amount</b>
	\$ 83,698.00

<b>e</b> 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 Emergency Medical Services Agency	Contact (Name and Title) Nicholas Clay
Phone Number 805-681-5394	Email Address Nicholas.Clay@sbcphd.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). (If fund not established, leave blank)</b>	<b>Amount</b>
			\$ 56,166.00
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		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, 2017	\$ 0.00 <i>(1c)</i>		\$ 0.00
Deposits for July 1, 2017-June 30, 2018	\$ 27,104.00 <i>(5c)</i>		\$ 27,104.00
Interest for July 1, 2017-June 30, 2018	\$ 77.00 <i>(8a)</i>		\$ 27,181.00
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 27,181.00

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%)	\$ 2,710.00 <i>(9a)</i>		\$ 2,710.00	\$ 2,718.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 14,149.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 14,149.00	\$ 14,189.00 <i>(16a)</i>
Hospitals (25%)	\$ 10,245.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 10,245.00	\$ 0.00 <i>(20b Pd)</i> \$ 10,274.00 <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>\$ 27,104.00 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 27,104.00</b>	<b>\$ 27,181.00</b>
<b>Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i></b>				<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, 2018</b>			<b>\$ 0.00</b>

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

6-1-19  
 \_\_\_\_\_  
 Date

Nick Clay, Director  
 \_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Email Address  
 Nicholas.Clay@sbcphd.org



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 817,942.00 <i>(2c)</i>		\$ 817,942.00
Deposits for July 1, 2017- June 30, 2018	\$ 428,812.00 <i>(6c)</i>		\$ 1,246,754.00
Interest for July 1, 2017-June 30, 2018	\$ 9,615.00 <i>(10a)</i>		\$ 1,256,369.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 1,256,369.00

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%)	\$ 42,881.00 <i>(11a)</i>		\$ 42,881.00	\$ 44,577.00 <i>(14)</i>
Richie's Fund (15%)	\$ 64,322.00 <i>(11b)</i>		\$ 64,322.00	\$ 113,725.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 190,914.00 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 190,914.00	\$ 199,288.00 <i>(17a)</i>
Hospitals (25%)	\$ 80,402.00 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 80,402.00	\$ 0.00 <i>(21b Pd)</i> \$ 83,698.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 54,674.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 54,674.00	\$ 56,166.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 433,193.00</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 433,193.00</b>	<b>\$ 497,454.00</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 758,915.00</b>

Reimbursements			
Physicians/Surgeons	\$ 4,381.00 <i>(17c)</i>		\$ 763,296.00
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 763,296.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 763,296.00</b>

  
 Signature of Maddy EMS Fund Administrator

6-1-19  
 Date

Nick Clay, Director  
 Printed Name & Title

Email Address

Nicholas.Clay@sbcphd.org





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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</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>	01/31/1989
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 1,879,240.08
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	04/10/2007
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 0.00
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b>	
		See ATTACHMENT.	

<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	\$ 272,352.67
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,069,947.16
	<b>c</b>		Vehicle Code § 42007	\$ 276,079.56
	<b>d</b>		<b>Total</b>	\$ 1,618,379.39
	<b>4</b>	<b>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>	\$ 272,352.67
	<b>b</b>		Vehicle Code § 42007	\$ 276,079.56
	<b>c</b>		<b>Total</b>	<b>\$ 548,432.23</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	\$ 1,069,947.16
	<b>b</b>	Vehicle Code § 42007	\$ 0.00
	<b>c</b>	<b>Total</b>	<b>\$ 1,069,947.16</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

<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>	<u>Interest earned during the fiscal year.</u>	\$ 29,639.26
	<b>b</b>	<u>Other deposits during the fiscal year.</u>	\$ 900,361.95

**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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b> Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 163,302.60
	<b>b</b> Physicians/Surgeons (58%)	\$ 0.00	\$ 879,899.27





<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>	\$ 0.00	\$ 370,144.09
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>	\$ 0.00	\$ 251,697.99
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,665,043.95

**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.	\$ 0.00
<b>b</b> Other deposits during fiscal year.	-\$ 889,320.14

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

	Reserve (Optional)	Category Distributions
<b>11</b> Total amount of funds distributed to the specified categories during the fiscal year.		
<b>a</b> Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 0.00
<b>b</b> Richie's Fund (15%)		\$ 180,627.02
<b>c</b> Physicians/Surgeons (58%)	\$ 0.00	\$ 0.00
<b>d</b> Hospitals (25%)	\$ 0.00	\$ 0.00
<b>e</b> Other Discretionary EMS (17%)	\$ 0.00	\$ 0.00
<b>f</b> Total	\$ 0.00	\$ 180,627.02

**12 Responsibility for category distributions:**

<b>Entity</b> Santa Clara Valley Health & Hospital System	<b>Contact (Name and Title)</b> Pearly Epp, REIMBMNT MGR/ASST CTRL
<b>Phone Number</b> 408-885-6889	<b>Email Address</b> Pearly.Epp@hhs.sccgov.org

<b>VI Expenditures &amp; Reimbursements</b>		Amount
		<b>13</b> Total Administration expenditures from Maddy EMS Fund (Original Assessment).
<b>14</b> Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 0.00	
<b>15</b> Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 180,627.02	



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		59,047.00	\$ 15,595,352.24	54,603	92%	\$ 879,899.27

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 See ATTACHMENT.

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 38,245.26

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%	\$ 180,627.02

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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



VI Expenditures & Reimbursements (cont.)	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 (If no, go to #20d)		
--	-----	--	--	--	--

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b	294	\$ 11,413,789	294	100%	\$ 370,144.09

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 See ATTACHED.

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

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

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

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b	0	\$ 0.00	0	0%	\$ 0.00

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):

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

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



VI Expenditures & Reimbursements (cont.)		24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 251,697.99
		b Description of other EMS services provided:	
		See ATTACHMENT.	
		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:	
		See ATTACHMENT.	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 1,879,240.08 <i>(1c)</i>		\$ 1,879,240.08
Deposits for July 1, 2017-June 30, 2018	\$ 548,432.23 <i>(5c)</i>		\$ 2,427,672.31
Interest for July 1, 2017-June 30, 2018	\$ 29,639.26 <i>(8a)</i>		\$ 2,457,311.57
Other Deposits for July 1, 2017-June 30, 2018	\$ 900,361.95 <i>(8b)</i>		\$ 3,357,673.52

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 163,302.60 <i>(9a)</i>		\$ 163,302.60	\$ 163,302.60 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 879,899.27 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 879,899.27	\$ 879,899.27 <i>(16a)</i>
Hospitals (25%)	\$ 370,144.09 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 370,144.09	\$ 370,144.09 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 251,697.99 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 251,697.99	\$ 251,697.99 <i>(24a)</i>
<b>Total</b>	<b>\$ 1,665,043.91</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 1,665,043.9</b>	<b>\$ 1,665,043.95</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 1,692,629.57</b>

Reimbursements			
Physicians/Surgeons	\$ 38,245.26 <i>(16c)</i>		\$ 1,730,874.83
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 1,730,874.83
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 1,730,874.83</b>

*Pearly Epp*  
 Signature of Maddy EMS Fund Administrator

2/26/19  
 Date

Pearly Epp Reimb. Manager  
 Printed Name & Title

Pearly.Epp@whs.scc.gov  
 Email Address





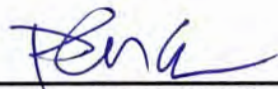
VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 1,069,947.16 <i>(6c)</i>		\$ 1,069,947.16
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 1,069,947.16
Other Deposits for July 1, 2017 - June 30, 2018	-\$ 889,320.14 <i>(10b)</i>		\$ 180,627.02

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%)	\$ 180,627.02 <i>(11b)</i>		\$ 180,627.02	\$ 180,627.02 <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>	\$ 180,627.02 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 180,627.02	\$ 180,627.02
<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, 2018</b>			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator

2/26/19  
 Date

Pearly Epp, Reimb. Manager  
 Printed Name & Title

Pearly.Epp@hhs.sccgov.org  
 Email Address

## **ATTACHMENT**

Maddy Emergency Medical Services (EMS) Fund Report  
Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

### **Section II – Question 2d**

*If the Maddy EMS Fund (Supplemental Assessment) beginning balance on July 1, 2017, differs from ending balance on June 30, 2017, 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 cash discounts taken, and other similar entries.

### **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, 2017- June 30, 2018, 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.

**ATTACHMENT**

Maddy Emergency Medical Services (EMS) Fund Report  
Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

**Section VI – Question 17b**

*If allowable claims were not paid during the fiscal year [under the Supplemental Assessment], July 1, 2017-June 30, 2018, 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).



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Santa Cruz County/Health Services Agency	<b>County Contact (Name and Title)</b> Christine Williams/Chief of Fiscal Services
	<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 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>	03/31/1992
	<b>c Fund balance on July 1, 2017.</b>	\$ 355,180.58
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	04/13/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 1,235,461.75
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 261,548.93
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 260,239.45
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	\$ 521,788.38
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<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>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	<b>\$ 261,548.93</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 261,548.93</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>\$ 260,239.45</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 260,239.45</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> 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>	<b>Interest earned during the fiscal year.</b>		<b>\$ 3,808.29</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</b>		<b>\$ 295,750.00</b>
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b> Transfer from Supplemental Assessment fund.		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>Physicians/Surgeons (58%)</b>		<b>\$ 304,146.03</b>





<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 160,000.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 464,146.03

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

	<b>Interest and Other Deposits</b>
<b>a Interest earned during fiscal year.</b>	\$ 16,326.13
<b>b Other deposits during fiscal year.</b>	-\$ 295,750.00

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

Transfer to Original Assessment fund (Maddy fund). The claims are paid out of the Maddy fund.

<b>11 Total amount of funds distributed to the specified categories during the fiscal year.</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>b Richie's Fund (15%)</b>		
<b>c Physicians/Surgeons (58%)</b>		
<b>d Hospitals (25%)</b>		
<b>e Other Discretionary EMS (17%)</b>		
<b>f Total</b>	\$ 0.00	\$ 0.00

**12 Responsibility for category distributions:**

<b>Entity</b> Santa Cruz County Health Services Agency	<b>Contact (Name and Title)</b> Christine Williams, Chief of Fiscal Services
<b>Phone Number</b> 831-454-7341	<b>Email Address</b> christine.williams@santacruzcounty.us

**VI Expenditures & Reimbursements**

<b>13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
<b>14 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 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
		3,648.00	\$ 1,713,309.00	100	3%	\$ 304,146.03

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,258.47

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, 2017-June 30, 2018, 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, Chief of Fiscal Services
Phone Number	Email Address
831-454-7341	christine.williams@santacruzcounty.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.				0%	

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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)	\$ 160,000.00

	Amount Reimbursed
<b>e</b> 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>b</b> Total Hospitals expenditures.				0%	

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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 Santa Cruz County Health Services Agency	Contact (Name and Title) Christine Williams, Chief of Fiscal Services
Phone Number 831-454-7341	Email Address christine.williams@santacruzcounty.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>		
25a	<b>Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i></b>		Amount
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, 2017	\$ 355,180.58 <i>(1c)</i>		\$ 355,180.58
Deposits for July 1, 2017-June 30, 2018	\$ 261,548.93 <i>(5c)</i>		\$ 616,729.51
Interest for July 1, 2017-June 30, 2018	\$ 3,808.29 <i>(8a)</i>		\$ 620,537.80
Other Deposits for July 1, 2017-June 30, 2018	\$ 295,750.00 <i>(8b)</i>		\$ 916,287.80

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 <i>(9a)</i>		\$ 0.00	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 304,146.03 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 304,146.03	\$ 304,146.03 <i>(16a)</i>
Hospitals (25%)	\$ 160,000.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 160,000.00	\$ 0.00 <i>(20b Pd)</i> \$ 160,000.00 <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>	\$ 464,146.03 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 464,146.03	\$ 464,146.03
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				\$ 452,141.77

Reimbursements				
Physicians/Surgeons		\$ 4,258.47 <i>(16c)</i>		\$ 456,400.24
Hospitals		\$ 0.00 <i>(20e)</i>		\$ 456,400.24
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				\$ 456,400.24

\_\_\_\_\_  
 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, 2017	\$ 1,235,461.75	(2c)		\$ 1,235,461.75
Deposits for July 1, 2017- June 30, 2018	\$ 260,239.45	(6c)		\$ 1,495,701.20
Interest for July 1, 2017-June 30, 2018	\$ 16,326.13	(10a)		\$ 1,512,027.33
Other Deposits for July 1, 2017 - June 30, 2018	-\$ 295,750.00	(10b)		\$ 1,216,277.33

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)				\$ 1,216,277.33

Reimbursements			
Physicians/Surgeons	\$ 0.00 (17c)		\$ 1,216,277.33
Hospitals	\$ 0.00 (21e)		\$ 1,216,277.33
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			\$ 1,216,277.33

Christine M Williams  
 Signature of Maddy EMS Fund Administrator

4/11/19  
 Date

Christine Williams, CFO  
 Printed Name & Title

christine.williams@  
 santacruzcounty.us  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b>	<b>County Contact (Name and Title)</b>
	SISKIYOU COUNTY HHS PUBLIC HEALTH DIV	DAWN WALTON, ADMIN SERVICES MANAGER
	<b>Address (Number and Street)</b>	<b>Phone Number</b>
	810 S MAIN STREET	530.841.2149
	<b>City or Post Office, State, and ZIP Code</b>	<b>Email Address</b>
	YREKA CA 96097	DWALTON@CO.SISKIYOU.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, 2017.</b>	\$ 143,960.78
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 146,448.23
	<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>		Total	\$ 146,448.23

**4 Responsibility for collection of fines, penalties, and forfeitures:**

<b>Entity</b>	<b>Contact (Name and Title)</b>
SISKIYOU COUNTY AUDITOR	JENNIE EBEJER
<b>Phone Number</b>	<b>Email Address</b>
530.842.8030	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>		<b>Government Code § 76000 (Based on GC § 76104)</b>	<b>\$ 131,539.10</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 131,539.10</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> 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 the fiscal year.</b>	<b>\$ 1,629.57</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 10,231.91</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 110,025.62</b>



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 45,401.81
	d	Other Discretionary EMS (17%)		\$ 37,220.69
	e	<b>Total</b>	\$ 0.00	\$ 202,880.03

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.
b	Other deposits during fiscal year.

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 during the fiscal year.	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	Contact (Name and Title)
Phone Number	Email Address

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 10,231.91
	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
		1,312.00	\$ 417,038.00	1,312	100%	\$ 110,025.62

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 2,548.38

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, 2017-June 30, 2018, 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 HHAS 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>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>
---	---	---

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
<b>b</b> Total Hospitals expenditures.	720	\$ 616,269.00	720	100%	\$ 45,401.81

**c** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 type="checkbox"/> No <i>(If no, go to #21d)</i>
------------	--	--

	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, 2017-June 30, 2018 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

<b>e</b> 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.

<b>23</b> 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>\$ 37,220.69</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Contract with Local EMS Agency	
	<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, 2017	\$ 143,960.78 <i>(1c)</i>	\$ 143,960.78
Deposits for July 1, 2017-June 30, 2018	\$ 131,539.10 <i>(5c)</i>	\$ 275,499.88
Interest for July 1, 2017-June 30, 2018	\$ 1,629.57 <i>(8a)</i>	\$ 277,129.45
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 277,129.45

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 10,231.91 <i>(9a)</i>		\$ 10,231.91	\$ 10,231.91 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 110,025.62 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 110,025.62	\$ 110,025.62 <i>(16a)</i>
Hospitals (25%)	\$ 45,401.81 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 45,401.81	\$ 45,401.81 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 37,220.69 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 37,220.69	\$ 37,220.69 <i>(24a)</i>
<b>Total</b>	<b>\$ 202,880.03</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 202,880.03</b>	<b>\$ 202,880.03</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 74,249.42</b>

Reimbursements		
Physicians/Surgeons	\$ 2,548.38 <i>(16c)</i>	\$ 76,797.80
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 76,797.80
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 76,797.80</b>

  
 Signature of Maddy EMS Fund Administrator

updated  
 7/23/19  
 -06/04/2019  
 Date

Dawn Walton, Admin Services Manager II  
 Printed Name & Title

dwalton@co.siskiyou.ca.us  
 Email Address

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## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Solano County	<b>County Contact (Name and Title)</b> Iris Harms, Senior Accountant
	<b>Address (Number and Street)</b> 275 Beck Avenue	<b>Phone Number</b> 707-784-8527
	<b>City or Post Office, State, and ZIP Code</b> Fairfield, CA 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, 2017.</b>	\$ 481,445.97
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 1,038,930.00	
	<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	\$ 997,730.00	
	<b>d</b>	<b>Total</b>	<b>\$ 2,036,660.00</b>	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Solano Superior Court	<b>Contact (Name and Title)</b> Liliana Rebisz, 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>\$ 368,316.34</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 368,316.34</b>
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b> *5b deposits for 42007 are included in 76000 as not reportedly separately by the courts.		
	<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>
	<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> Solano Superior Court	<b>Contact (Name and Title)</b> Liliana Rebisz, Accountant	
		<b>Phone Number</b> 707-207-7479	<b>Email Address</b> lgrebisz@solano.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 the fiscal year.</b>		<b>\$ 7,350.54</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 37,481.28</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 186,337.83</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 0.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 54,616.25
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 278,435.36

**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.	\$ 0.00
<b>b</b> Other deposits during fiscal year.	\$ 0.00

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

n/a

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

**12 Responsibility for category distributions:**

<b>Entity</b> Health and Social Services, Solano County	<b>Contact (Name and Title)</b> Sally Wright, Staff Analyst
<b>Phone Number</b> 707-784-8508	<b>Email Address</b> SAWright@solanocounty.com

**VI Expenditures & Reimbursements**

<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> \$ 37,481.28
<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> \$ 0.00
<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> \$ 0.00



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	7,155.00	\$ 5,520,969.00	6,918	97%	\$ 186,337.83
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): n/a					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed \$ 3,216.07				
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	0	\$ 0.00	0	0%	\$ 0.00
b	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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)				
	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>	<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 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>b</b> Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
	Allowable Claims		Paid Claims																
	#	\$ Amount	#	%	\$ Amount														
<b>b</b> Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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;">\$ 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: 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 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, 2017-June 30, 2018 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;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
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Amount Reimbursed																			
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	<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 Health and Social Services, Solano County	Contact (Name and Title) Sally Wright, Staff Analyst																	
	Phone Number 707-784-8508	Email Address SAWright@solanocounty.com																	



VI Expenditures & Reimbursements (cont.)		Amount
24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 54,616.25
b	Description of other EMS services provided: Direct program expenditures to provide EMS services for FY17-18.	
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, 2017	\$ 481,445.97 <i>(1c)</i>	\$ 481,445.97
Deposits for July 1, 2017-June 30, 2018	\$ 368,316.34 <i>(5c)</i>	\$ 849,762.31
Interest for July 1, 2017-June 30, 2018	\$ 7,350.54 <i>(8a)</i>	\$ 857,112.85
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 857,112.85

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 37,481.28 <i>(9a)</i>		\$ 37,481.28	\$ 37,481.28 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 186,337.83 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 186,337.83	\$ 186,337.83 <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%)	\$ 54,616.25 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 54,616.25	\$ 54,616.25 <i>(24a)</i>
<b>Total</b>	<b>\$ 278,435.36</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 278,435.36</b>	<b>\$ 278,435.36</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 578,677.49</b>

Reimbursements				
Physicians/Surgeons	\$ 3,216.07 <i>(16c)</i>			\$ 581,893.56
Hospitals	\$ 0.00 <i>(20e)</i>			\$ 581,893.56
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>\$ 581,893.56</b>

Sally Wright  
 Signature of Maddy EMS Fund Administrator

3/15/2019  
 Date

Sally Wright, Staff Analyst  
 Printed Name & Title

Sawright@SolanoCounty.com  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>		\$ 0.00

Sally Wright  
 Signature of Maddy EMS Fund Administrator

3/15/2019  
 Date

Sally Wright, Staff Analyst  
 Printed Name & Title

swright@solano-county.com  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Sonoma	<b>County Contact (Name and Title)</b> Joanne Chapman
	<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 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>	07/01/2011
	<b>c Fund balance on July 1, 2017.</b>	\$ 92,711.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> \$68,097 use of fund balance to cover EMS operational expenditures.	
	<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>	01/01/2008
	<b>c Fund balance on July 1, 2017.</b>	\$ 226,415.00
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> \$30,000 use of fund balance to cover EMS operational expenditures.	

<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	\$ 269,875.00
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 429,309.00
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	<b>\$ 699,184.00</b>

<b>4 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> 707-521-8507	<b>Email Address</b> lwalker@sonomacountycourt.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>\$ 269,875.00</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 269,875.00</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>\$ 429,309.00</b>
<b>b</b>		<b>Vehicle Code § 42007</b>	
<b>c</b>		<b>Total</b>	<b>\$ 429,309.00</b>

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

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

<b>Entity</b> Sonoma County Courts	<b>Contact (Name and Title)</b> Linda Walker
<b>Phone Number</b> 707-521-6507	<b>Email Address</b> lwalker@sonomacountycourt.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 the fiscal year.</b>	<b>\$ 5,542.00</b>
<b>b</b>	<b>Other deposits during the fiscal year.</b>	<b>\$ 10,728.00</b>

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

Individual court fines - code 27450

<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>\$ 27,542.00</b>
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 143,768.00</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 61,969.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 42,139.00
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 275,418.00

**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>	<b>Interest earned during fiscal year.</b>
	\$ 11,323.00
<b>b</b>	<b>Other deposits during fiscal year.</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 during the fiscal year.</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>		\$ 44,063.00
<b>b</b>	<b>Richie's Fund (15%)</b>		\$ 59,485.00
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		\$ 195,508.00
<b>d</b>	<b>Hospitals (25%)</b>		\$ 84,271.00
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		\$ 57,305.00
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 440,632.00

**12 Responsibility for category distributions:**

<b>Entity</b> Sonoma County Dept of Health Svcs	<b>Contact (Name and Title)</b> Rachel Sweet, Accountant II
<b>Phone Number</b> 707-565-4898	<b>Email Address</b> rachel.sweet@sonoma-county.org

**VI Expenditures & Reimbursements**

<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>
		\$ 27,542.00
<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>
		\$ 44,062.00
<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>
		\$ 78,536.00





VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		8,622.00	\$ 4,113,935.01	8,622	100%	\$ 350,126.58

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 Services rendered in FY17-18 were paid in FY18-19

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, 2017-June 30, 2018, 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	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



<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, 2017-June 30, 2018, 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><td style="text-align: center;">Amount</td></tr> <tr><td style="text-align: center;">\$ 102,099.00</td></tr> </table>	Amount	\$ 102,099.00															
Amount																			
\$ 102,099.00																			
	<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;"> <tr><td style="text-align: center;">Amount Reimbursed</td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	Amount Reimbursed																
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	<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, 2017-June 30, 2018 state reason(s): <span style="color: blue;">We combine the disbursement amt and distribute based on hospital percentage of charity care</span>																		
	<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><td style="text-align: center;">Amount</td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	Amount																
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	Entity <span style="color: blue;">Sonoma County Dept of Health Svcs</span>	Contact (Name and Title) <span style="color: blue;">Rachel Sweet, Accountant II</span>																	
	Phone Number <span style="color: blue;">707-565-4898</span>	Email Address <span style="color: blue;">rachel.sweet@sonoma-county.org</span>																	



<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>\$ 42,139.00</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Local regulation of the EMS system through the Emergency Medical Services System Ordina	
		<hr/>	
	<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>\$ 57,304.00</b>
	<b>b</b>	<b>Description of other EMS services provided:</b>	
		Local regulation of the EMS system through the Emergency Medical Services System Ordina	
		<hr/>	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total	
Balance on July 1, 2017	\$ 92,711.00	(1c)	\$ 92,711.00	
Deposits for July 1, 2017-June 30, 2018	\$ 269,875.00	(5c)	\$ 362,586.00	
Interest for July 1, 2017-June 30, 2018	\$ 5,542.00	(8a)	\$ 368,128.00	
Other Deposits for July 1, 2017-June 30, 2018	\$ 10,728.00	(8b)	\$ 378,856.00	
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 27,542.00 (9a)		\$ 27,542.00	\$ 27,542.00 (13)
Physicians/Surgeons (58%)	\$ 143,768.00 (9b)	\$ 0.00 (9b)	\$ 143,768.00	\$ 350,126.58 (16a)
Hospitals (25%)	\$ 61,969.00 (9c)	\$ 0.00 (9c)	\$ 61,969.00	\$ 0.00 (20b Pd) \$ 102,099.00 (20d)
Other Discretionary EMS (17%)	\$ 42,139.00 (9d)	\$ 0.00 (9d)	\$ 42,139.00	\$ 42,139.00 (24a)
<b>Total</b>	<b>\$ 275,418.00</b> (9e)	<b>\$ 0.00</b> (9e)	<b>\$ 275,418.00</b>	<b>\$ 521,906.58</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>-\$ 143,050.58</b>
<b>Reimbursements</b>				
Physicians/Surgeons		\$ 0.00 (16c)		-\$ 143,050.58
Hospitals		\$ 0.00 (20e)		-\$ 143,050.58
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>				<b>-\$ 143,050.58</b>

*Joanne Chapman*

6/5/19

Signature of Maddy EMS Fund Administrator

Date

Joanne Chapman EMS Coordinator

Printed Name & Title

Email Address

Joanne.chapman@sonoma-county.org



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 226,415.00	(2c)		\$ 226,415.00
Deposits for July 1, 2017- June 30, 2018	\$ 429,309.00	(6c)		\$ 655,724.00
Interest for July 1, 2017-June 30, 2018	\$ 11,323.00	(10a)		\$ 667,047.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 667,047.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 44,063.00 (11a)		\$ 44,063.00	\$ 44,062.00 (14)
Richie's Fund (15%)	\$ 59,485.00 (11b)		\$ 59,485.00	\$ 78,536.00 (15)
Physicians/Surgeons (58%)	\$ 195,508.00 (11c)	\$ 0.00 (11c)	\$ 195,508.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 84,271.00 (11d)	\$ 0.00 (11d)	\$ 84,271.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 57,305.00 (11e)	\$ 0.00 (11e)	\$ 57,305.00	\$ 57,304.00 (25a)
<b>Total</b>	<b>\$ 440,632.00</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 440,632.00</b>	<b>\$ 179,902.00</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>\$ 487,145.00</b>

Reimbursements			
Physicians/Surgeons	\$ 0.00 (17c)		\$ 487,145.00
Hospitals	\$ 0.00 (21e)		\$ 487,145.00
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 487,145.00</b>

*Joanne Chapman*

Signature of Maddy EMS Fund Administrator

4/5/19

Date

Joanne Chapman EMS Coordinator

Printed Name & Title

Email Address

joanne.chapman@sonoma-county.org





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> County of Stanislaus Health Services Agency	<b>County Contact (Name and Title)</b> Maria Blanco, Manager III
	<b>Address (Number and Street)</b> 830 Scenic Drive	<b>Phone Number</b> (209) 558-4802
	<b>City or Post Office, State, and ZIP Code</b> PO Box 3271 Modesto, CA 95355	<b>Email Address</b> MBlanco@schsa.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>	03/20/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 393,804.77
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	03/20/2007
	<b>c Fund balance on July 1, 2017.</b>	\$ 120,171.11
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 671,004.27
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 123,363.87
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	\$ 794,368.14
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>		
	<b>Entity</b> County Of Stanislaus Auditor Controller's Office	<b>Contact (Name and Title)</b> Jillian Echavarria, Accountant II	
	<b>Phone Number</b> (209)525-6598	<b>Email Address</b> EChavarria@stancounty.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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 671,004.27
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 671,004.27
	<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>		Government Code § 76000.5	\$ 123,363.87
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 123,363.87
	<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> County Of Stanislaus Auditor Controller's Office	<b>Contact (Name and Title)</b> Jillian Echavarria, Accountant II	
		<b>Phone Number</b> (209)525-6598	<b>Email Address</b> Echavarria@stancounty.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>	<b>Interest earned during the fiscal year.</b>		\$ 3,670.67
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>		\$ 54,179.46
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 339,369.92





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 180,000.00
	d	Other Discretionary EMS (17%)		\$ 90,859.00
	e	<b>Total</b>	\$ 0.00	\$ 664,408.38

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.	\$ 1,199.38
b Other deposits during fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 11,471.50
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 11,471.50

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

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 54,179.46
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> \$ 11,471.50
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> \$ 61,166.23



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		6,665.00	\$ 996,302.91	6,665	100%	\$ 339,369.92

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 18,906.23

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, 2017-June 30, 2018, 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 Stanislaus Foundation for Medical Care	Contact (Name and Title) Joanne Chipponeri, Chief Executive Officer
Phone Number (209) 527-1704	Email Address FMC@stanislausmedicalsociety.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.	426	\$ 180,000.00	426	100%	\$ 180,000.00

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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%	\$ 0.00

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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 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>
			<b>\$ 90,859.00</b>
	<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, 2017	\$ 393,804.77 <i>(1c)</i>	\$ 393,804.77
Deposits for July 1, 2017-June 30, 2018	\$ 671,004.27 <i>(5c)</i>	\$ 1,064,809.04
Interest for July 1, 2017-June 30, 2018	\$ 3,670.67 <i>(8a)</i>	\$ 1,068,479.71
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 1,068,479.71

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 54,179.46 <i>(9a)</i>		\$ 54,179.46	\$ 54,179.46 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 339,369.92 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 339,369.92	\$ 339,369.92 <i>(16a)</i>
Hospitals (25%)	\$ 180,000.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 180,000.00	\$ 180,000.00 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 90,859.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 90,859.00	\$ 90,859.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 664,408.38 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 664,408.38</b>	<b>\$ 664,408.38</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 404,071.33</b>

Reimbursements			
Physicians/Surgeons	\$ 18,906.23 <i>(16c)</i>		\$ 422,977.56
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 422,977.56
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 422,977.56</b>

Kallwinder Dhani  
 Signature of Maddy EMS Fund Administrator

4/18/19  
 Date

Kallwinder Dhani Accountant III  
 Printed Name & Title

KDhani@SCHSA.ORG  
 Email Address





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 120,171.11 <i>(2c)</i>		\$ 120,171.11
Deposits for July 1, 2017- June 30, 2018	\$ 123,363.87 <i>(6c)</i>		\$ 243,534.98
Interest for July 1, 2017-June 30, 2018	\$ 1,199.38 <i>(10a)</i>		\$ 244,734.36
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 244,734.36

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 11,471.50 <i>(11a)</i>		\$ 11,471.50	\$ 11,471.50 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 61,166.23 <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>\$ 11,471.50</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 11,471.50</b>	<b>\$ 72,637.73</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 172,096.63</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(17e)</i>	\$ 172,096.63
Hospitals		\$ 0.00 <i>(21e)</i>	\$ 172,096.63
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 172,096.63</b>

Kalsinder Dhani  
 Signature of Maddy EMS Fund Administrator

4/18/19  
 Date

Kalsinder Dhani, ACCOUNTANT III  
 Printed Name & Title

KDhani@SCHSA  
 Email Address .ORG



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Sutter County	<b>County Contact (Name and Title)</b> Patrick Larrigan, ASO
	<b>Address (Number and Street)</b> 1445 Veterans Memorial Circle	<b>Phone Number</b> 530-822-7215
	<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, 2017.</b>	\$ 587,061.64
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> Due to interest and treasury fees being posted late there is a \$640.95 difference	
	<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, 2017.</b>	
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 96,655.82	
	<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>	\$ 96,655.82	
	<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>			
	<b>Entity</b> Sutter County Superior Court		<b>Contact (Name and Title)</b> Brenda Cummings, Fiscal Manager	
	<b>Phone Number</b> 530-822-3340		<b>Email Address</b> bcummings@suttercourts.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</b> <i>(Based on GC § 76104)</i>	<b>\$ 96,655.82</b>	
	<b>b</b>		<b>Vehicle Code § 42007</b>		
	<b>c</b>		<b>Total</b>	<b>\$ 96,655.82</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>b</b>		<b>Vehicle Code § 42007</b>		
	<b>c</b>		<b>Total</b>	<b>\$ 0.00</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> Sutter County Auditor Controller	<b>Contact (Name and Title)</b> Ronda Putman, Assistant Auditor Controller		
		<b>Phone Number</b> 530-822-7127	<b>Email Address</b> rputman@co.sutter.ca.us		
	<hr/>				
	<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 the fiscal year.</b>		<b>\$ 2,363.36</b>	
<b>b</b>		<b>Other deposits during the fiscal year.</b>			
<b>c</b>		<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits:</b>			
<hr/>					
	<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>\$ 9,904.77</b>	
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 54,094.83</b>	





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 22,285.74
	d	Other Discretionary EMS (17%)		\$ 15,154.30
	e	<b>Total</b>	\$ 0.00	\$ 101,439.64

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.
b	Other deposits during fiscal year.

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 during the fiscal year.	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)
Phone Number	Email Address

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 9,904.77
	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.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	2,303.00	\$ 41,276.93	2,303	100%	\$ 41,276.93
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 2,391.91
		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>				0%	
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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. <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 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.						
19 Responsibility for claims payments to Physicians/Surgeons:						
Entity Sutter County Health & Human Services		Contact (Name and Title) Patrick Larrigan, ASO				
Phone Number 530-822-7215		Email Address plarrigan@co.sutter.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, 2017-June 30, 2018, 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>	<b>Amount</b> \$ 57,493.05																	
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	<b>Amount Reimbursed</b>																	
	<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%		
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<b>b</b> Total Hospitals expenditures.				0%															
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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>	<b>Amount</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 type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> Responsibility for claims payments to Hospitals:																		
	Entity Sutter County Health & Human Services	Contact (Name and Title) Patrick Larrigan, ASO																	
	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>
			\$ 15,154.30

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

---

**25a** Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). *(If fund not established, leave blank)*

**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, 2017	\$ 587,061.64 <i>(1c)</i>	\$ 587,061.64
Deposits for July 1, 2017-June 30, 2018	\$ 96,655.82 <i>(5c)</i>	\$ 683,717.46
Interest for July 1, 2017-June 30, 2018	\$ 2,363.36 <i>(8a)</i>	\$ 686,080.82
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 686,080.82

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,904.77 <i>(9a)</i>		\$ 9,904.77	\$ 9,904.77 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 54,094.83 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 54,094.83	\$ 41,276.93 <i>(16a)</i>
Hospitals (25%)	\$ 22,285.74 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 22,285.74	\$ 0.00 <i>(20b Pd)</i> \$ 57,493.05 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 15,154.30 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 15,154.30	\$ 15,154.30 <i>(24a)</i>
<b>Total</b>	<b>\$ 101,439.64 <i>(9e)</i></b>	<b>\$ 0.00 <i>(9e)</i></b>	<b>\$ 101,439.64</b>	<b>\$ 123,829.05</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 562,251.77</b>

Reimbursements		
Physicians/Surgeons	\$ 2,391.91 <i>(16c)</i>	\$ 564,643.68
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 564,643.68
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 564,643.68</b>

*[Signature]*  
 Signature of Maddy EMS Fund Administrator

*5/3/19*  
 Date

*Patricia Carrigan ASO*  
 Printed Name & Title

*plarrigan@cosu.hawaii.us*  
 Email Address





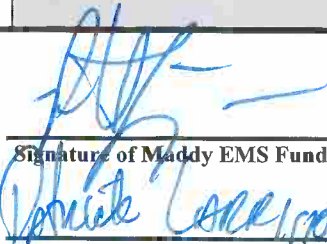
VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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, 2018</b>			\$ 0.00

  
 Signature of Maddy EMS Fund Administrator  
 Printed Name & Title: Whitney Carrigan ASU

5/3/19  
 Date  
 Email Address: plarrigan@co.sutter.ca.us



**Maddy Emergency Medical Services (EMS) Fund Report**  
**Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)**

<b>I Administering Agency</b>	<b>County / Department</b> Auditor - Controller	<b>County Contact (Name and Title)</b> Christine Gaffney Accountant I
	<b>Address (Number and Street)</b> 11 Court St/PO Box 1230	<b>Phone Number</b> 530-623-13-17
	<b>City or Post Office, State, and ZIP Code</b> Weaverville CA 96093	<b>Email Address</b> cgaffney@trinitycounty.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>	08/01/1991
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 94,482.32
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>c</b>	<b>Fund balance on July 1, 2017.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 15,239.89	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
	<b>c</b>		Vehicle Code § 42007	\$ 23,485.82	
	<b>d</b>		<b>Total</b>	<b>\$ 38,725.71</b>	
	<b>4</b>	<b>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		



<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>	\$ 15,239.89
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 15,239.89</b>
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s): Board did not approve revenues to be deposited to Maddy fund for VC42007.		
	<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	
	<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>	
		Trinity County Superior Courts	Trisha Saxon	
		<b>Phone Number</b>	<b>Email Address</b>	
		530-623-1369	psaxon@trinitycounty.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 the fiscal year.</b>		\$ 1,063.82
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 1,523.99
	<b>b</b>	Physicians/Surgeons (58%)	\$ 13,799.68	\$ 91,997.86



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)	\$ 581.82	\$ 3,878.80
	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 7,048.97
	e	Total	\$ 14,381.50	\$ 104,449.62

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.
b	Other deposits during fiscal year.
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 during the fiscal year.	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)
Trinity County Superior Courts	Trisha Saxon
Phone Number	Email Address
530-623-1369	psaxon@trinitycounty.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	\$ 1,523.99
	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
		31.00	\$ 5,000.00	31	100%	\$ 5,126.61

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 No where else to put the 66.47 admin fee from FY 16/17 or the 60.14 audit expense. There was not enough budget to cover admin fee from 16/17, so it was rolled over to FY17/18.

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, 2017-June 30, 2018, 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 Trinity County Auditor-Controller's Office	Contact (Name and Title) Christine Gaffney
Phone Number 530-623-1317	Email Address cgaffney@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%	\$ 22.05

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):  
 See attached for explanation on 20b.

d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	Amount \$ 3,289.50
---	-----------------------

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). (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, 2017-June 30, 2018 state reason(s):

d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	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 Trinity County Auditor-Controller's Office	Contact (Name and Title) Christine Gaffney Accountant I
Phone Number 530-623-1317	Email Address cgaffney@trinitycounty.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>\$ 1,187.75</b>
	<b>b</b>	<b>Description of other EMS services provided:</b> 50% allocation per board approved agenda 2.04 for propane/maintenance of repeaters.	
	<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, 2017	\$ 94,482.32 <i>(1c)</i>		\$ 94,482.32
Deposits for July 1, 2017-June 30, 2018	\$ 15,239.89 <i>(5c)</i>		\$ 109,722.21
Interest for July 1, 2017-June 30, 2018	\$ 1,063.82 <i>(8a)</i>		\$ 110,786.03
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 110,786.03

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,523.99 <i>(9a)</i>		\$ 1,523.99	\$ 1,523.99 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 91,997.86 <i>(9b)</i>	\$ 13,799.68 <i>(9b)</i>	\$ 78,198.18	\$ 5,126.61 <i>(16a)</i>
Hospitals (25%)	\$ 3,878.80 <i>(9c)</i>	\$ 581.82 <i>(9c)</i>	\$ 3,296.98	\$ 22.05 <i>(20b Pd)</i> \$ 3,289.50 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 7,048.97 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 7,048.97	\$ 1,187.75 <i>(24a)</i>
<b>Total</b>	<b>\$ 104,449.62</b> <i>(9e)</i>	<b>\$ 14,381.50</b> <i>(9c)</i>	<b>\$ 90,068.12</b>	<b>\$ 11,149.90</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 99,636.13</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>	\$ 99,636.13
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 99,636.13
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 99,636.13</b>

*Christine Gaffney*  
 Signature of Maddy EMS Fund Administrator

*4/1/19*  
 Date

**Christine Gaffney Accountant I**  
 Printed Name & Title

**cgaffney@trinitycounty.org**  
 Email Address



N/A

VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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>				\$ 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, 2018</b>				<b>\$ 0.00</b>

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address

## **Section VI: Expenditures and Reimbursements- Number 20b**

There were no claims paid on a claim's basis for EMS fund. But we do have audit expense and a roll over on admin fees as there was not enough budget to cover the amount in the prior fiscal year.

## **Section VI: Expenditures and Reimbursements- Number 22**

**Methodology used to disburse moneys to the hospitals per Health and Safety Code Section 17997.98a-17997.98g subparagraph (B):**

A final report is run for the Hospital's account of funds, after the fiscal year ending month of the June court distribution. A reduction of the administration fees and the 15% reserve are taken out of the total and the remaining amount is allocated to the Hospital.



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## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Tulare County, Health & Human Services	<b>County Contact (Name and Title)</b> Robert Hernandez, Health Services Manager
	<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 93277	<b>Email Address</b> RJHernandez@tularehhsa.org

<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.	09/19/2001
	<b>c</b>	Fund balance on July 1, 2017.	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	11/14/2006
	<b>c</b>	Fund balance on July 1, 2017.	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):	

<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	\$ 239,426.92	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 560,311.18	
	<b>c</b>		Vehicle Code § 42007	\$ 37,203.20	
	<b>d</b>		<b>Total</b>	<b>\$ 836,941.30</b>	
	<b>4</b>	Responsibility for collection of fines, penalties, and forfeitures:			
		<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		



<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>	\$ 195,485.62
	<b>b</b>		Vehicle Code § 42007	\$ 18,501.55
	<b>c</b>		<b>Total</b>	<b>\$ 213,987.17</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>	Government Code § 76000.5	\$ 517,936.29
	<b>b</b>	Vehicle Code § 42007	\$ 18,501.55
	<b>c</b>	<b>Total</b>	<b>\$ 536,437.84</b>

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

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

<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.co.us/crenteria@tulare.co

<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>	<u>Interest earned during the fiscal year.</u>	\$ 4,562.45
	<b>b</b>	<u>Other deposits during the fiscal year.</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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 21,395.10
<b>b</b>	Physicians/Surgeons (58%)		\$ 126,242.33





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 54,414.80
	d	Other Discretionary EMS (17%)		\$ 37,002.08
	e	Total	\$ 0.00	\$ 239,054.31

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.	\$ 10,643.92
b	Other deposits during fiscal year.	

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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 53,643.79
b	Richie's Fund (15%)		\$ 82,062.26
c	Physicians/Surgeons (58%)		\$ 239,677.52
d	Hospitals (25%)		\$ 103,309.28
e	Other Discretionary EMS (17%)		\$ 70,250.31
f	Total	\$ 0.00	\$ 548,943.16

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Tulare County Health & Human Services	Manuel Aguirre, Administrative Specialist
Phone Number	Email Address
(559) 624-8031	MAguirre1@tularehhsa.org

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	\$ 21,395.10
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #16a)</i>	Amount	\$ 53,643.79
	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	\$ 82,062.26



VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		3,768.00	\$ 2,225,636.00	3,768	100%	\$ 126,240.24

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 20,504.69

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
	3,768	\$ 2,225,636.00	3,768	100%	\$ 239,677.53

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 2,198.20

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	Contact (Name and Title)
Tulare County Health & Human Services	Dana Allen, Administrative Services Officer
Phone Number	Email Address
(559)624-8070	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.	1,065	\$ 4,314,999.1	1,065	100%	\$ 54,413.88

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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.	1,065	\$ 4,314,999.1	1,065	100%	\$ 103,309.29

c If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 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.	\$ 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 Tulare County Health & Human Services	Contact (Name and Title) Dana Allen, Administrative Services Officer
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).	\$ 37,001.44
b	Description of other EMS services provided: Ambulance and Orthopedic Services	
25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	\$ 70,250.30
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, 2017	\$ 0.00 <i>(1c)</i>	\$ 0.00
Deposits for July 1, 2017-June 30, 2018	\$ 213,987.17 <i>(5c)</i>	\$ 213,987.17
Interest for July 1, 2017-June 30, 2018	\$ 4,562.45 <i>(8a)</i>	\$ 218,549.62
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 218,549.62

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%)	\$ 21,395.10 <i>(9a)</i>		\$ 21,395.10	\$ 21,395.10 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 126,242.33 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 126,242.33	\$ 126,240.24 <i>(16a)</i>
Hospitals (25%)	\$ 54,414.80 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 54,414.80	\$ 54,413.88 <i>(20b Pd)</i> \$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 37,002.08 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 37,002.08	\$ 37,001.44 <i>(24a)</i>
<b>Total</b>	<b>\$ 239,054.31</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 239,054.31</b>	<b>\$ 239,050.66</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>-\$ 20,501.04</b>

Reimbursements				
Physicians/Surgeons	\$ 20,504.69 <i>(16c)</i>			\$ 3.65
Hospitals	\$ 0.00 <i>(20e)</i>			\$ 3.65
Ending Balance for Total Available Funds as of June 30, 2018				\$ 3.65

  
 Signature of Maddy EMS Fund Administrator

4/2/19  
 Date

Timothy Lutz, #MSA Director  
 Printed Name & Title

Email Address





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)


	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 536,437.84	(6c)		\$ 536,437.84
Interest for July 1, 2017-June 30, 2018	\$ 10,643.92	(10a)		\$ 547,081.76
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 547,081.76

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 53,643.79 (11a)		\$ 53,643.79	\$ 53,643.79 (14)
Richie's Fund (15%)	\$ 82,062.26 (11b)		\$ 82,062.26	\$ 82,062.26 (15)
Physicians/Surgeons (58%)	\$ 239,677.52 (11c)	\$ 0.00 (11c)	\$ 239,677.52	\$ 239,677.53 (17a)
Hospitals (25%)	\$ 103,309.28 (11d)	\$ 0.00 (11d)	\$ 103,309.28	\$ 103,309.29 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 70,250.31 (11e)	\$ 0.00 (11e)	\$ 70,250.31	\$ 70,250.30 (25a)
<b>Total</b>	<b>\$ 548,943.16 (11f)</b>	<b>\$ 0.00 (11f)</b>	<b>\$ 548,943.16</b>	<b>\$ 548,943.17</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>-\$ 1,861.41</b>

Reimbursements				
Physicians/Surgeons	\$ 2,198.20	(17c)		\$ 336.79
Hospitals	\$ 0.00	(21e)		\$ 336.79
Ending Balance for Total Available Funds as of June 30, 2018				\$ 336.79

  
 Signature of Maddy EMS Fund Administrator

4/2/19  
 Date

Timothy Lutz HHSA Director  
 Printed Name & Title

Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Auditor-Controller	<b>County Contact (Name and Title)</b> Jasmine Bohn, Senior Accountant
	<b>Address (Number and Street)</b> 2 South Green Street	<b>Phone Number</b> 209-533-5558
	<b>City or Post Office, State, and ZIP Code</b> Sonora, CA 95370	<b>Email Address</b> JBohn@co.tuolumne.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>	03/01/1989
	<b>c</b>	<b>Fund balance on July 1, 2017.</b>	\$ 759.88
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> N/A, agrees to June 30, 2017 balance	
	<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, 2017.</b>	
	<b>d</b>	<b>If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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>	Indeterminable. Unable to differentiate between various government and vehicle codes.	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> County of Tuolumne	<b>Contact (Name and Title)</b> Michelle Ronning, Revenue Recovery Manager
	<b>Phone Number</b> 209-533-5547	<b>Email Address</b> MRonning@co.tuolumne.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>	\$ 81,259.01
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	\$ 81,259.01
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s): N/A		
	<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> Superior Court of Tuolumne County	<b>Contact (Name and Title)</b> Shelley Walker, Court Fiscal Manager	
		<b>Phone Number</b> 209-533-6928	<b>Email Address</b> Shelley@tuolumne.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 the fiscal year.</b>		\$ 886.89
	<b>b</b>	<b>Other deposits during the fiscal year.</b>		
	<b>c</b>	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: N/A		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</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>		\$ 8,535.00	
<b>b</b>	<b>Physicians/Surgeons (58%)</b>		\$ 44,553.00	



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 19,204.00
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 13,058.00
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 85,350.00

**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>	<b>Interest earned during fiscal year.</b>
<b>b</b>	<b>Other deposits during fiscal year.</b>
<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 during the fiscal year.</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> County of Tuolumne	<b>Contact (Name and Title)</b> Jasmine Bohn, Senior Accountant
<b>Phone Number</b> 209-533-5558	<b>Email Address</b> JBohn@co.tuolumne.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> \$ 8,254.00
	<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>
	<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).	1,132.00	\$ 266,528.24	1,132	100%	\$ 43,087.19
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
N/A						
						<b>Amount Reimbursed</b>
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	\$ 2,444.15				
17a						
Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
					0%	
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
						<b>Amount Reimbursed</b>
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 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>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 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, 2017-June 30, 2018, state reason(s):																
		<b>Amount</b>															
	<b>d</b> Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 18,572.00															
		<b>Amount Reimbursed</b>															
	<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). (If fund not established, leave blank and go to #22)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to #21d)															
	<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, 2017-June 30, 2018 state reason(s):																
		<b>Amount</b>															
	<b>d</b> Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)																
		<b>Amount Reimbursed</b>															
	<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. (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.																
	<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>
			\$ 12,629.00

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

These funds were used to purchase a back-up generator for one of the medic stations.

<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, 2017	\$ 759.88 <i>(1c)</i>		\$ 759.88
Deposits for July 1, 2017-June 30, 2018	\$ 81,259.01 <i>(5c)</i>		\$ 82,018.89
Interest for July 1, 2017-June 30, 2018	\$ 886.89 <i>(8a)</i>		\$ 82,905.78
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 82,905.78

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%)	\$ 8,535.00 <i>(9a)</i>		\$ 8,535.00	\$ 8,254.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 44,553.00 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 44,553.00	\$ 43,087.19 <i>(16a)</i>
Hospitals (25%)	\$ 19,204.00 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 19,204.00	\$ 0.00 <i>(20b Pd)</i> \$ 18,572.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 13,058.00 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 13,058.00	\$ 12,629.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 85,350.00</b> <i>(9e)</i>	<b>\$ 0.00</b> <i>(9e)</i>	<b>\$ 85,350.00</b>	<b>\$ 82,542.19</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 363.59</b>

Reimbursements			
Physicians/Surgeons	\$ 2,444.15 <i>(16c)</i>		\$ 2,807.74
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 2,807.74
Ending Balance for Total Available Funds as of June 30, 2018			\$ 2,807.74

  
 Signature of Maddy EMS Fund Administrator

Debi Bautista, Auditor-Controller  
 Printed Name & Title

03/01/2019  
 Date  
 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, 2017	\$ 0.00 <i>(2c)</i>		\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 <i>(6c)</i>		\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(10a)</i>		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 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>
Total	\$ 0.00 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 0.00	\$ 0.00
Preliminary Fund Balance <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
Ending Balance for Total Available Funds as of June 30, 2018			\$ 0.00

Signature of Maddy EMS Fund Administrator

Debi Bautista, Auditor-Controller

Printed Name & Title

03/01/2019

Date  
DBautista@co.

tuolumne.ca.us

Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<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, 2017.</b>	\$ 867,216.32
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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, 2017.</b>	\$ 797,074.66
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 947,018.96	
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,174,006.17	
	<b>c</b>	Vehicle Code § 42007	\$ 257,040.72	
	<b>d</b>	<b>Total</b>	\$ 2,378,065.85	
	<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>\$ 833,331.28</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 247,948.26</b>
	<b>c</b>		<b>Total</b>	<b>\$ 1,081,279.54</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>\$ 1,056,996.15</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	<b>\$ 0.00</b>
	<b>c</b>		<b>Total</b>	<b>\$ 1,056,996.15</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>	<b>Email Address</b>	
		(805) 981-5305	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 the fiscal year.</b>		<b>\$ 13,451.87</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 194,849.59</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 1,017,114.84</b>



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	Hospitals (25%)		\$ 438,411.57
	<b>d</b>	Other Discretionary EMS (17%)		\$ 298,119.87
	<b>e</b>	<b>Total</b>	\$ 0.00	\$ 1,948,495.87

**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.	\$ 12,934.22
<b>b</b> Other deposits during fiscal year.	\$ 0.00

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

<b>11</b>	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 185,407.08
<b>b</b>	Richie's Fund (15%)		\$ 278,110.62
<b>c</b>	Physicians/Surgeons (58%)		\$ 806,520.80
<b>d</b>	Hospitals (25%)		\$ 347,638.28
<b>e</b>	Other Discretionary EMS (17%)		\$ 236,394.03
<b>f</b>	<b>Total</b>	\$ 0.00	\$ 1,854,070.81

**12 Responsibility for category distributions:**

<b>Entity</b> Ventura County Emergency Medical Services	<b>Contact (Name and Title)</b> Steve Carroll, EMS Administrator
<b>Phone Number</b> (805) 981-5305	<b>Email Address</b> steve.carroll@ventura.org

**VI Expenditures & Reimbursements**

<b>13</b>	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 145,941.86
<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> \$ 138,869.45
<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> \$ 162,835.10





VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		6,818.00	\$ 1,940,916.00	6,818	100%	\$ 524,236.01

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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
	5,406	\$ 1,539,048.00	5,406	100%	\$ 415,692.73

b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, 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 American Insurance Administrators	Contact (Name and Title) Marta Contreras, Program Administrator
Phone Number (213) 406-2298	Email Address 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 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, 2017-June 30, 2018, 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;">\$ 266,544.02</td> </tr> </tbody> </table>	Amount	\$ 266,544.02															
Amount																			
\$ 266,544.02																			
	<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 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, 2017-June 30, 2018 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;">\$ 211,355.98</td> </tr> </tbody> </table>	Amount	\$ 211,355.98															
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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 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>
			\$ 281,915.43
	<b>b</b>	<b>Description of other EMS services provided:</b> Proportionate funding for new replacement service vehicles, and multi-use repurposed bus.	
	<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>
			\$ 223,544.72
	<b>b</b>	<b>Description of other EMS services provided:</b> Proportionate funding for new replacement service vehicles, and multi-use repurposed bus.	



VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 867,216.32	(1c)	\$ 867,216.32
Deposits for July 1, 2017-June 30, 2018	\$ 1,081,279.54	(5c)	\$ 1,948,495.86
Interest for July 1, 2017-June 30, 2018	\$ 13,451.87	(8a)	\$ 1,961,947.73
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00	(8b)	\$ 1,961,947.73

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 194,849.59 (9a)		\$ 194,849.59	\$ 145,941.86 (13)
Physicians/Surgeons (58%)	\$ 1,017,114.8 (9b)	\$ 0.00 (9b)	\$ 1,017,114.8	\$ 524,236.01 (16a)
Hospitals (25%)	\$ 438,411.57 (9c)	\$ 0.00 (9c)	\$ 438,411.57	\$ 0.00 (20b Pd) \$ 266,544.02 (20d)
Other Discretionary EMS (17%)	\$ 298,119.87 (9d)	\$ 0.00 (9d)	\$ 298,119.87	\$ 281,915.43 (24a)
<b>Total</b>	<b>\$ 1,948,495.8 (9e)</b>	<b>\$ 0.00 (9e)</b>	<b>\$ 1,948,495.8</b>	<b>\$ 1,218,637.32</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 743,310.41</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (16c)	\$ 743,310.41
Hospitals		\$ 0.00 (20e)	\$ 743,310.41
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 743,310.41</b>

Steve Carroll  
 Signature of Maddy EMS Fund Administrator

6/14/2019  
 Date

STEVE CARROLL, EMS ADMINISTRATOR  
 Printed Name & Title

STEVE.CARROLL@VENTURA.ORG  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017	\$ 797,074.66	(2c)		\$ 797,074.66
Deposits for July 1, 2017- June 30, 2018	\$ 1,056,996.15	(6c)		\$ 1,854,070.81
Interest for July 1, 2017-June 30, 2018	\$ 12,934.22	(10a)		\$ 1,867,005.03
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(10b)		\$ 1,867,005.03

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 185,407.08 (11a)		\$ 185,407.08	\$ 138,869.45 (14)
Richie's Fund (15%)	\$ 278,110.62 (11b)		\$ 278,110.62	\$ 162,835.10 (15)
Physicians/Surgeons (58%)	\$ 806,520.80 (11c)	\$ 0.00 (11c)	\$ 806,520.80	\$ 415,692.73 (17a)
Hospitals (25%)	\$ 347,638.28 (11d)	\$ 0.00 (11d)	\$ 347,638.28	\$ 0.00 (21b Pd) \$ 211,355.98 (21d)
Other Discretionary EMS (17%)	\$ 236,394.03 (11e)	\$ 0.00 (11e)	\$ 236,394.03	\$ 223,544.72 (25a)
<b>Total</b>	<b>\$ 1,854,070.8</b> (11f)	<b>\$ 0.00</b> (11f)	<b>\$ 1,854,070.8</b>	<b>\$ 1,152,297.98</b>
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				<b>\$ 714,707.05</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 (17c)	\$ 714,707.05
Hospitals		\$ 0.00 (21e)	\$ 714,707.05
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 714,707.05</b>

  
 Signature of Maddy EMS Fund Administrator

6/14/2019  
 Date

STEVE CARROLL, EMS ADMINISTRATOR  
 Printed Name & Title

STEVE.CARROLL@VENTURA.ORG  
 Email Address





## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	County / Department	County of Yolo	
	County Contact (Name and Title)	Marcie Azevedo, Accountant III	
	Address (Number and Street)	137 N. Cottonwood St.	
	Phone Number	(530) 666-8540	
	City or Post Office, State, and ZIP Code	Woodland, CA 95695	
	Email Address	mazevedo@yolocounty.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.	
	c	Fund balance on July 1, 2017.	\$ 3,290,969.84
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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.	09/30/2006
	c	Fund balance on July 1, 2017.	\$ 106,837.78
	d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):	
<b>III Collections of Penalty Assessments</b>	3	Fines, penalties, and forfeitures collected under each statute.	
	a	Government Code § 76000	\$ 440,668.62
	b	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 163,317.68
	c	Vehicle Code § 42007	
	d	Total	\$ 603,986.30
	4	Responsibility for collection of fines, penalties, and forfeitures:	
		Entity	Contact (Name and Title)
	Yolo Superior Courts	Leanne Sweeney	
	Phone Number	Email Address	
	(530) 406-6700	lsweeney@yolo.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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 440,668.62
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 440,668.62</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	\$ 163,317.68
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	<b>\$ 163,317.68</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>		
	County of Yolo	Chad Rinde, Chief Financial Officer		
	<b>Phone Number</b>	<b>Email Address</b>		
	(530) 666-8050	crinde@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>	Interest earned during the fiscal year.		\$ 45,661.62
	<b>b</b>	Other deposits during the fiscal year.		
	<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 during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 44,066.86
	<b>b</b>	Physicians/Surgeons (58%)		\$ 230,029.02



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		\$ 99,150.44
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		\$ 67,422.30
	<b>e</b>	<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 440,668.62</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>	<b>Interest earned during fiscal year.</b>
	<b>\$ 0.00</b>
<b>b</b>	<b>Other deposits during fiscal year.</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 during the fiscal year.</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>\$ 16,331.77</b>
<b>b</b>	<b>Richie's Fund (15%)</b>		<b>\$ 24,497.65</b>
<b>c</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 71,043.19</b>
<b>d</b>	<b>Hospitals (25%)</b>		<b>\$ 30,622.07</b>
<b>e</b>	<b>Other Discretionary EMS (17%)</b>		<b>\$ 20,823.00</b>
<b>f</b>	<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 163,317.68</b>

**12 Responsibility for category distributions:**

<b>Entity</b> County of Yolo	<b>Contact (Name and Title)</b> Marcie Azevedo, Accountant III
<b>Phone Number</b> (530) 666-8540	<b>Email Address</b> mazevedo@yolocounty.org

<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b> <b>\$ 6,241.04</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> <b>\$ 31,826.53</b>



<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>
		4,641.00	\$ 1,615,909.00	4,641	100%	\$ 350,821.35

**b** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

<b>c</b> Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	<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%	\$ 0.00

**b** If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):

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

**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) Marcie Azevedo, Accountant III
Phone Number (530) 666-8540	Email Address mazevedo@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 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, 2017-June 30, 2018, 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>	Amount \$ 0.00																	
	<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>																	
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	Allowable Claims		Paid Claims																
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<b>b</b> Total Hospitals expenditures.				0%															
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	<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 \$ 0.00																	
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	<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 County of Yolo	Contact (Name and Title) Marcie Azevedo, Accountant III																	
	Phone Number (530) 666-8540	Email Address mazevedo@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>\$ 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>\$ 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, 2017	\$ 3,290,969.84 <i>(1c)</i>			\$ 3,290,969.84
Deposits for July 1, 2017-June 30, 2018	\$ 440,668.62 <i>(5c)</i>			\$ 3,731,638.46
Interest for July 1, 2017-June 30, 2018	\$ 45,661.62 <i>(8a)</i>			\$ 3,777,300.08
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>			\$ 3,777,300.08

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 44,066.86 <i>(9a)</i>		\$ 44,066.86	\$ 6,241.04 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 230,029.02 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 230,029.02	\$ 350,821.35 <i>(16a)</i>
Hospitals (25%)	\$ 99,150.44 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 99,150.44	\$ 0.00 <i>(20b Pd)</i>
				\$ 0.00 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 67,422.30 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 67,422.30	\$ 0.00 <i>(24a)</i>
<b>Total</b>	<b>\$ 440,668.62 <i>(9c)</i></b>	<b>\$ 0.00 <i>(9c)</i></b>	<b>\$ 440,668.62</b>	<b>\$ 357,062.39</b>
<b>Preliminary Fund Balance (Fund Total - Total Expenditures)</b>				<b>\$ 3,420,237.69</b>

Reimbursements			
Physicians/Surgeons		\$ 0.00 <i>(16c)</i>	\$ 3,420,237.69
Hospitals		\$ 0.00 <i>(20e)</i>	\$ 3,420,237.69
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 3,420,237.69</b>

  
 Signature of Maddy EMS Fund Administrator

8/19/19  
 Date

Kristin Weivock  
 Printed Name & Title  
 EMS Admin

on-file  
 Email Address



VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 106,837.78 <i>(2c)</i>		\$ 106,837.78
Deposits for July 1, 2017- June 30, 2018	\$ 163,317.68 <i>(6c)</i>		\$ 270,155.46
Interest for July 1, 2017-June 30, 2018	\$ 0.00 <i>(16a)</i>		\$ 270,155.46
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 270,155.46

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 16,331.77 <i>(11a)</i>		\$ 16,331.77	\$ 0.00 <i>(14)</i>
Richie's Fund (15%)	\$ 24,497.65 <i>(11b)</i>		\$ 24,497.65	\$ 31,826.53 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 71,043.19 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 71,043.19	\$ 0.00 <i>(17a)</i>
Hospitals (25%)	\$ 30,622.07 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 30,622.07	\$ 0.00 <i>(21b Pd)</i>
				\$ 0.00 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 20,823.00 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 20,823.00	\$ 0.00 <i>(25a)</i>
<b>Total</b>	<b>\$ 163,317.68</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 163,317.68</b>	<b>\$ 31,826.53</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 238,328.93</b>

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 238,328.93
Hospitals	\$ 0.00 <i>(21c)</i>	\$ 238,328.93
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>		<b>\$ 238,328.93</b>

  
 Signature of Maddy EMS Fund Administrator

Kristin Weivode  
 Printed Name & Title

8/19/17  
 Date

on-fire  
 Email Address



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

<b>I Administering Agency</b>	<b>County / Department</b> Yuba County Health & Human Services	<b>County Contact (Name and Title)</b> Jennifer Vasquez, Director
	<b>Address (Number and Street)</b> 5730 Packard Ave. P.O. Box 2320	<b>Phone Number</b> (530) 749-6278
	<b>City or Post Office, State, and ZIP Code</b> Marysville, CA 95901	<b>Email Address</b> kgoss@co.yuba.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>	03/26/1990
	<b>c Fund balance on July 1, 2017.</b>	\$ 62,469.52
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):</b> Totals were miss calculated on the Fiscal Year	
	_____	
	<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>	03/26/1990
	<b>c Fund balance on July 1, 2017.</b>	\$ 11,024.03
	<b>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, 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	\$ 51,355.98
	<b>b</b>	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 51,292.37
	<b>c</b>	Vehicle Code § 42007	
	<b>d</b>	<b>Total</b>	<b>\$ 102,648.35</b>

<b>4 Responsibility for collection of fines, penalties, and forfeitures:</b>	
<b>Entity</b> Yuba Courts	<b>Contact (Name and Title)</b> Taryn Kraus, Court Fiscal Manager
<b>Phone Number</b> (530) 740-1630	<b>Email Address</b> tkraus@yuba.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>\$ 94,954.49</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 94,954.49</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>\$ 7,693.86</b>
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	<b>\$ 7,693.86</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> Yuba County Auditor	<b>Contact (Name and Title)</b> C. Richard Eberle, Auditor	
		<b>Phone Number</b> (530) 749-7811	<b>Email Address</b> mrjohnson@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 the fiscal year.</b>		<b>\$ 998.10</b>
	<b>b</b>	<b>Other deposits during the fiscal year.</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 during the fiscal year.</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>\$ 9,624.28</b>
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		<b>\$ 52,339.34</b>





V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 0.00
	d	Other Discretionary EMS (17%)		\$ 30,303.88
	e	<b>Total</b>	\$ 0.00	\$ 92,267.50

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.	\$ 176.14
b Other deposits during fiscal year.	\$ 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 during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 769.39
b	Richie's Fund (15%)		
c	Physicians/Surgeons (58%)		\$ 6,888.01
d	Hospitals (25%)		
e	Other Discretionary EMS (17%)		
f	<b>Total</b>	\$ 0.00	\$ 7,657.40

12 Responsibility for category distributions:

Entity Yuba County Health and Human Services	Contact (Name and Title) Jeniffer Vasquez, Director
Phone Number (530) 749-6278	Email Address kgoss@co.yuba.ca.us

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	<b>Amount</b> \$ 9,624.28
	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> \$ 769.39
	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.)		Allowable Claims		Paid Claims																					
		#	\$ Amount	#	%	\$ Amount																			
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	1,798.00	\$ 800,417.00	1,798	100%	\$ 52,339.34																			
b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): <hr/>																									
c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 1,720.27																			
<hr/>																									
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		Allowable Claims		Paid Claims																					
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c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						Amount Reimbursed \$ 303.58																			
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>																									
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<input checked="" type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).																									
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Entity		Contact (Name and Title)																							
Yuba County Health & Human Services		Jeniffer Vasquez, Director																							
Phone Number		Email Address																							
(530) 749-6278		kgoss@co.yuba.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>																	
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	Allowable Claims		Paid Claims																
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<b>b</b> Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): Hospital did not submit any claims for reimbursement																		
	<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;">\$ 0.00</td> </tr> </tbody> </table>	Amount	\$ 0.00															
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\$ 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: center;">\$ 0.00</td> </tr> </tbody> </table>	Amount Reimbursed	\$ 0.00															
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	<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	\$ 0.00	0	0%	\$ 0.00														
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s): Hospital did not submit any claims for reimbursement																		
	<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;">\$ 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: 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 checked="" type="checkbox"/> A description of the hospitals payment methodologies.																		
	<b>23</b> 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																	



<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** Description of other EMS services provided:

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<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** Description of other EMS services provided:

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VII Fund Summary

Maddy EMS Fund  
 (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 62,469.52 <i>(1c)</i>	\$ 62,469.52
Deposits for July 1, 2017-June 30, 2018	\$ 94,954.49 <i>(5c)</i>	\$ 157,424.01
Interest for July 1, 2017-June 30, 2018	\$ 998.10 <i>(8a)</i>	\$ 158,422.11
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	\$ 158,422.11

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,624.28 <i>(9a)</i>		\$ 9,624.28	\$ 9,624.28 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 52,339.34 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 52,339.34	\$ 52,339.34 <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%)	\$ 30,303.88 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 30,303.88	\$ 0.00 <i>(24a)</i>
Total	\$ 92,267.50 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 92,267.50	\$ 61,963.62
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 96,458.49

Reimbursements		
Physicians/Surgeons	\$ 1,720.27 <i>(16c)</i>	\$ 98,178.76
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 98,178.76
Ending Balance for Total Available Funds as of June 30, 2018		\$ 98,178.76

JENNIFER VASQUEZ  
 Signature of Maddy EMS Fund Administrator  
Jennifer Vasquez,  
 Printed Name & Title  
 Director

8/29/16  
 Date

jvasqueza@co.yuba  
 Email Address  
 ca.us





VII Fund Summary  
 (cont.)

Maddy EMS Fund  
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 11,024.03 <i>(2c)</i>		\$ 11,024.03
Deposits for July 1, 2017- June 30, 2018	\$ 7,693.86 <i>(6c)</i>		\$ 18,717.89
Interest for July 1, 2017-June 30, 2018	\$ 176.14 <i>(10a)</i>		\$ 18,894.03
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <i>(10b)</i>		\$ 18,894.03

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%)	\$ 769.39 <i>(11a)</i>		\$ 769.39	\$ 769.39 <i>(14)</i>
Richie's Fund (15%)	\$ 0.00 <i>(11b)</i>		\$ 0.00	\$ 0.00 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 6,888.01 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 6,888.01	\$ 6,888.01 <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>\$ 7,657.40</b> <i>(11f)</i>	<b>\$ 0.00</b> <i>(11f)</i>	<b>\$ 7,657.40</b>	<b>\$ 7,657.40</b>
<b>Preliminary Fund Balance</b> <i>(Fund Total - Total Expenditures)</i>				<b>\$ 11,236.63</b>

Reimbursements			
Physicians/Surgeons	\$ 303.58 <i>(17c)</i>		\$ 11,540.21
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 11,540.21
<b>Ending Balance for Total Available Funds as of June 30, 2018</b>			<b>\$ 11,540.21</b>

*Jennifer Vasquez*  
 Signature of Maddy EMS Fund Administrator  
 Jennifer Vasquez,  
 Printed Name & Title Director

8/29/19  
 Date  
 jvasqueza  
 Email Address

do.yuba.ca.us