



Maddy Emergency Medical Services (EMS) Fund Report

Fiscal Year 2016/17 (July 1, 2016 – June 30, 2017)

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

II	Establishment of Fund	1a <u>Has the agency established the Maddy EMS Fund (Original Assessment)?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b <u>Date fund established.</u>	
		c <u>Fund balance on July 1, 2016.</u>	
		d <u>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</u>	
		2a <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 <u>Date fund established.</u>	
		c <u>Fund balance on July 1, 2016.</u>	
		d <u>If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):</u>	

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



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>	
	b		Vehicle Code § 42007	
	c		Total	
	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	
	d	If no deposits into Maddy EMS Fund, state reason(s):		
7	Responsibility for deposit of penalty assessments:			
	Entity	Contact (Name and Title)		
	Phone Number	Email Address		
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
			Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
	b	Physicians/Surgeons (58%)		



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		
	e	Total		
10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)				
			Interest and Other Deposits	
a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.			
b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.			
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:			
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions	
a	Administration (Admin cost equal to the lesser of actual cost or 10%)			
b	Richie's Fund (15%)			
c	Physicians/Surgeons (58%)			
d	Hospitals (25%)			
e	Other Discretionary EMS (17%)			
f	Total			
12	Responsibility for category distributions:			
	Entity	Contact (Name and Title)		
	Phone Number	Email Address		
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	
	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.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).					
	b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
		#	\$ 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>					
	b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
	18 Required documentation for submission. <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)		
	Phone Number			Email Address		



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>		
		Allowable Claims	Paid Claims		
		# \$ Amount	#	%	\$ Amount
b		Total Hospitals expenditures.			
c		If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):			
d		Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount		
e		Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed		
21a		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>		
		Allowable Claims	Paid Claims		
		# \$ Amount	#	%	\$ Amount
b		Total Hospitals expenditures.			
c		If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):			
d		Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount		
e		Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed		
22		Required documentation for submission. <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		



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



VII Fund Summary

**Maddy EMS Fund
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	(1c)		
Deposits for July 1, 2016-June 30, 2017	(5c)		
Interest for July 1, 2016-June 30, 2017	(8a)		
Other Deposits for July 1, 2016-June 30, 2017	(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)
Total	(9e)	(9e)	
Preliminary Fund Balance (Fund Total - Total Expenditures)			
Reimbursements			
Physicians/Surgeons		(16c)	
Hospitals		(20e)	
Ending Balance for Total Available Funds as of June 30, 2017			

 Signature of Maddy EMS Fund Administrator

 Date

 Printed Name & Title

 Email Address



**VII Fund Summary
 (cont.)**

**Maddy EMS Fund
 (Supplemental Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2016		(2c)		
Deposits for July 1, 2016- June 30, 2017		(6c)		
Interest for July 1, 2016-June 30, 2017		(10a)		
Other Deposits for July 1, 2016-June 30, 2017		(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)
Total	(11f)	(11f)		
Preliminary Fund Balance (Fund Total - Total Expenditures)				
Reimbursements				
Physicians/Surgeons		(17c)		
Hospitals		(21e)		
Ending Balance for Total Available Funds as of June 30, 2017				

 Signature of Maddy EMS Fund Administrator

 Date

 Printed Name & Title

 Email Address