

Maddy Emergency Medical Services Fund

Statewide Report Summary FY 2016/2017

Emergency Medical Services Authority California Health and Human Services Agency



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MADDY EMS FUND STATEWIDE REPORT SUMMARY FISCAL YEAR 2016/2017

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MADDY EMS FUND STATEWIDE REPORT SUMMARY FISCAL YEAR 2016/2017

EXECUTIVE SUMMARY

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

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

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

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

HISTORY AND BACKGROUND

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

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

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

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

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

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

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

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

METHODOLOGY

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

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

Phase 1 – Collections of Penalty Assessments

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

Phase 2 – Deposits into the Maddy EMS Fund

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

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

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

Phase 3 – Distribution of Revenue

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

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

Maddy EMS Fund - GC § 76000 Revenue Distribution Categories and Methodology

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.

The remaining 90% of the revenues is distributed as follows:

- 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:

Richie's Fund – GC § 76000.5 Revenue Distribution Categories and Methodology

- 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.

The remaining 75% of the revenues is distributed as follows:

58% - Physicians/Surgeons - Payments to physicians/surgeons providing services to patients who have no insurance coverage or are otherwise unable to pay for emergency room visits. (Reimbursement is limited to up to 50% of the claims.)

25% - Hospitals - Payments only to hospitals providing disproportionate trauma and emergency medical care services.

17% - Discretionary EMS Purposes - Payments made for other EMS purposes, as determined by each county.

Phase 4 – Expenditure of Funds

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

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

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

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

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

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

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

DATA SUMMARY

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

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

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

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

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

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

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

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

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

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

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

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

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

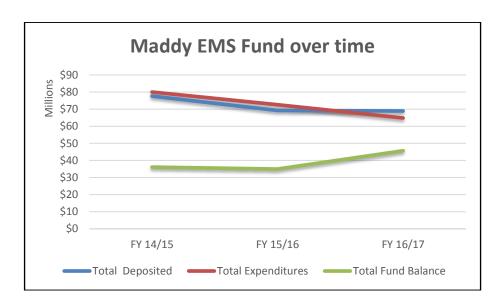
reported end of FY 2015/2016. Counties reported a combined end of year fund balance of \$46 million (Appendices B and C), which is \$11 million more than last fiscal year. Typically, this balance represents a continuous collection and appropriation from year-to-year, with expenditures on a quarterly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

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

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

DISCUSSION

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



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

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

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

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

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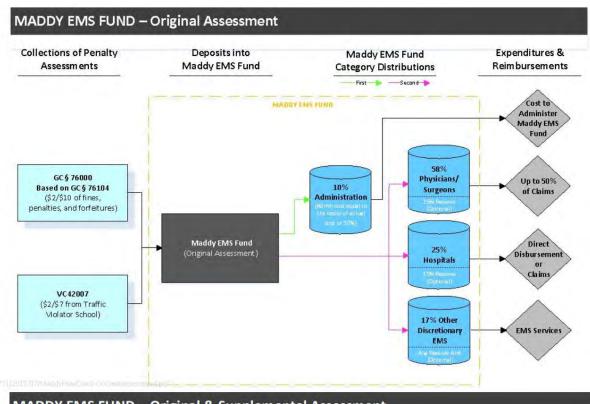
¹ Berchick, Edward R., Emily Hood, and Jessica C. Barnett, Current Population Reports, P60-264, *Health Insurance Coverage in the United States: 2017*, U.S. Government Printing Office, Washington, DC, 2018

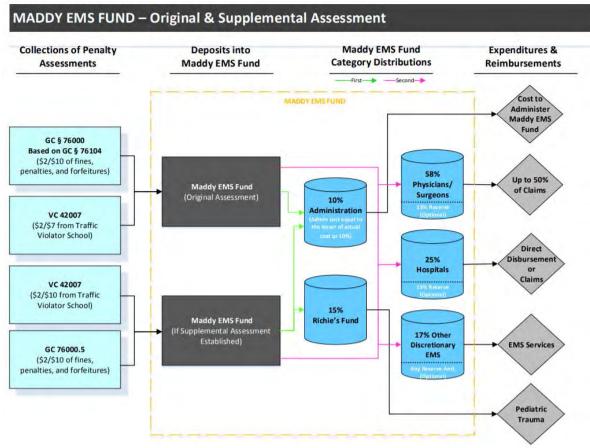
Based on the inconsistencies identified, the EMS Authority has concluded that the data provided in the county-submitted reports represents an improvement in specificity and granularity from FY 2015/2016 data, yet still reflects a varied interpretation among the counties regarding implementation of statute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

FUTURE REPORTING

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

APPENDIX A - FLOW CHARTS





APPENDIX B - MADDY EMS FUND/ORIGINAL ASSESSMENT SUMMARY BY COUNTY

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

Notes

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

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

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

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

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

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

										,		U											
Maddy EMS Fund Summary by County Original Assessment	:	Santa Cruz		Siskiyou		Solano		Sonoma	S	tanislaus		Sutter		Trinity		Tulare	Tuolumne	Ventura	Yolo		Yuba	Total	
Beginning Balance July 1, 2016	¢	541.523.28	¢	268.815.48	¢	369.722.72	¢	186.733.00	¢	226,810.28	¢	606.673.02	Φ	84,774.53	¢	16.978.92	\$ 5,281.55	\$ 651.427.75	\$ 3,143,799.20	¢	232.173.67 \$	25,789,	004.70
Interest & Misc. Deposits	Φ	354.729.94	Φ	2,666.16	Φ	4,098.42	Φ	4,470.00	Φ	3,457.51	4	3,464.36	Φ	567.47	Φ	45.306.35	\$ 772.54	\$ 8,542.12	\$ 21,204.39	Φ	4,399.35 \$		
Collections	Φ	304,729.94	Þ	2,000.10	Φ	4,090.42	Φ	4,470.00	Φ	3,437.31	1	3,404.30	Φ	307.47	Φ	40,300.33	\$ 772.54	\$ 0,342.12	\$ 21,204.39	Φ	4,399.33 \$	1,020,	,328.82
GC76000 (GC76104 based)	•	268,569.95	4	136.986.09	¢	323,035.87	Φ	322,554.00	Φ.	626,443.38	4		Φ.	14.617.63	¢	139,407.89	¢	\$ 905.923.84	\$ 466,301.68	4	42,384.82 \$	66,784,	062.06
VC 42007e (Original Assessment)	Φ	200,309.93	φ	130,900.09	Φ	323,033.07	Φ	322,334.00	Φ	020,443.30	Φ	-	Φ	19,605.22	Φ	205,367.52	ф - ф	\$ 254.519.43		φ	42,304.02 \$,486.76
Deposits from Collections	Φ	-	Φ		Þ		Φ	-	Þ	-	_		Φ	19,000.22	Φ	200,307.02	5 -	\$ 204,019.40	D -	Φ	- 5	18,300,	,480.70
GC76000 (GC76104 based)	•	268.569.95	4	136.968.09	¢	357,825.46	Φ	322,554.00	Φ.	626,443.38	Ţ	79,512.85	Φ.	14.617.63	¢	130.621.97	\$ 76.089.15	¢ 704 271 15	\$ 466.301.68	4	42,384.82 \$	33,372,	414 21
VC 42007e (Original Assessment)	Φ	200,309.93	Φ	130,900.09	Φ	337,023.40	Φ	322,334.00	Φ	020,443.30	4	79,312.03	Φ	14,017.03	Φ	95,978.91	\$ 70,009.13	\$ 245,733.21	\$ 400,301.00	Φ	42,304.02 \$		
Category Distributions	Φ	-	Φ	-	Φ	-	Φ	-	Φ	-	Φ	-	Φ	-	φ	73,770.71	Φ -	\$ 240,733.21	φ -	Φ	- 3	4,532,	,868.60
Category Distributions County Administration (actual cost ≤ 10%)	•	T	Φ	6.453.33	¢	33,559.57	Φ.	32,702.00	¢	63.131.27	<u>¢</u>	8,041.29	Φ.	1.461.76	¢	22,473.94	\$ 7,733.00	\$ 169.153.21	\$ 67,834.56	4	12,555.00 \$	2 /61	,087.94
Physicians/Surgeons (58%)	Φ	338,467.01	φ	153,456.14	Φ	168,398.86	φ	170.706.00	Φ	328.789.72	Φ	42,329.66	Φ	74.817.04	Φ	168,913.62	\$ 45.176.00	\$ 882,979,76	\$ 243,409,48	Φ	76,705.26 \$	22,129,	
Reserve (optional, up to 15%)	Φ	330,407.01	Φ	100,400.14	Φ	100,390.00	Φ	170,700.00	Φ	320,109.12	1	42,329.00	Φ	13.203.01	Φ	100,913.02	\$ 45,170.00	\$ 002,919.10	\$ 243,409.40	Φ	70,703.20 \$		
(1 - 1 - 7	φ.	400,000,00	Φ	67.396.01	ψ		r	72 500 00	Φ	143.791.40	Φ.	10.002.00	Φ	3.012.50	Φ	70.007.50	\$ 17.401.00	\$ 380.594.72	\$ 104.917.88	Φ	114.261.00 \$,348.52
Hospitals (25%)	\$	480,000.00	\$	07,390.01	\$	-	>	73,580.00	>	143,791.40	7	18,092.90	\$	-,-	\$	72,807.59	\$ 17,401.00	\$ 380,594.72	\$ 104,917.88	\$	114,201.00 \$,791.17
Reserve (optional, up to 15%)	\$	-	\$	-	Φ.	10.050.00	Φ.	F0 00F 00	Φ.	05 (00 00	_	10 000 10	\$	534.29	\$	-	h 11 000 00	A 050 004 41	A 71.044.17		\$,882.64
Other Discretionary EMS (17%)	\$	=	\$	-	\$	49,358.28	\$	50,035.00	\$	95,600.29	\$	12,303.18	\$	5,912.81	\$	49,509.16	\$ 11,833.00	\$ 258,804.41	\$ 71,344.16	\$	41,225.00 \$	6,359,	,961.06
Reserve (optional, any amount)	\$	-	\$	-									\$	-						<u> </u>	\$		-
Expenditures	1 ^	T		4 450 00	_	00 550 57	•	00 700 00	_	10.071.07		0.044.00	_	10/000	^	00 170 01	* 7.67.00 I	A 54554.04	4 (0.15.10)		40.555.00.1+		
County Administration	\$	-	\$	6,453.33	\$	33,559.57	\$	32,702.00	\$	49,074.96	\$	8,041.29	\$	1,368.00	\$	22,473.94	\$ 7,657.00	\$ 54,556.21	\$ (345.42)	\$	12,555.00 \$	3,343,	,714.64
Physicians/Surgeons Allowable Claims	\$	1,602,502.00	\$	529,107.27	\$	168,398.88	\$	3,820,755.00	\$ 4	1,629,111.00	\$	60,028.94	\$	- ;	\$	826,918.17	\$ 270,749.82	\$ 1,872,120.24	\$ 1,099,654.00	\$	855,893.00		
Physicians/Surgeons Paid Claims	\$	338,467.01	\$	153,456.14	\$	168,398.86	\$	415,429.54	\$	355,566.55	\$	60,028.94	\$	53.43	\$	168,913.62	\$ 44,779.36	\$ 544,165.56	\$ 329,173.32	\$	76,705.26 \$	21,749,	,378.59
Hospitals Allowable Claims	\$	-	\$	808,701.05	\$	-	\$	-	\$ 1	,777,334.30	\$	21,919.35	\$	- !	\$ 1	1,022,729.00	\$ -	\$ -	\$ -		114,261.00		
Hospitals Paid Claims	\$	-	\$	67,396.01	\$	-	\$	-	\$	109,500.00	\$	21,919.35	\$	5.20	\$	72,807.59	\$ -	\$ -	\$ -	\$	114,261.00 \$,841.19
Hospitals Direct Disbursement	\$	480,000.00	\$	-	\$	-	\$	176,032.62	\$	-			\$	3,012.50			\$ 17,230.00	\$ 234,136.14	\$ -	\$	- \$,266.01
Other Discretionary EMS	\$	=	\$	=	\$	49,358.28	\$	50,035.00	\$	87,408.00	\$	12,303.18	\$	1,038.18	\$	49,509.16	\$ 11,717.00	\$ -	\$ 11,507.53	\$	41,225.00 \$	6,125,	,145.92
Reimbursements								_															
Physicians/Surgeons	\$	8,824.42	\$	424.29	\$	1,116.08	\$	=	\$	29,022.75	\$	300.12			\$	24,818.16	\$ -	\$ -	\$ -	\$	- \$,481.99
Hospitals	\$	=	\$	=	\$	=	\$	=	\$	-					\$	-	\$ -	\$ -	\$ -	\$	- \$,186.35
Fiscal Year Ending Balance June 30, 2017	\$	355,180.58	\$	181,568.54	\$	481,445.97	\$	(160,442.16)	\$	284,184.41	\$	587,657.59	\$	94,482.32	\$		\$ 759.88	\$ 867,216.32	\$ 3,290,969.84	\$	34,211.58 \$	25,418,	,130.41

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

APPENDIX C - RICHIE'S FUND/SUPPLEMENTAL ASSESSMENT SUMMARY BY COUNTY

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

Maddy EMS Fund Summary																			
by County	Alameda	Alpine	Colusa	Contra Costa	Del Norte	El Dorado	Humboldt	Inyo		Kern		Lake	Lo	os Angeles	Marin	Μ	lendocino		Merced
Supplemental Assessment (Richie's Fund)																			
Beginning Balance July 1, 2016	\$ 5,547,935.11	\$ - \$	48,396.51	\$ -	\$ 75,288.86	\$ 365,407.55	\$ 17,662.86	Reported with	\$	458,326.44	\$	2,010.77	\$	4,742,281.25	\$ 55,056.70	\$	195,077.08	\$	1,468.71
Interest & Misc. Deposits	\$ 42,705.95	\$ 13.51 \$	551.11	\$ 1,544.87	\$ 335.16	\$ -	\$ 384.96	Original	\$	14,105.73			\$	121,004.87	\$ -	\$	2,461.89	\$	412.16
Collections								Assessment											
GC76000.5	\$ 1,612,571.79	\$ 18,409.56 \$	61,507.89	\$ 680,692.12	\$ 44,735.77	\$ 132,176.08	\$ 169,171.71		\$	1,264,992.29	\$	63,816.20	\$	6,022,246.74	\$ -	\$	116,563.21	\$ 8	8,816,166.09
VC 42007e (Supplemental Assessment)	\$ -	\$ - \$	-	\$ 2,938,049.83	\$ -	\$ -	\$ -		\$	-	\$	-			\$ -	\$	-	\$	-
Deposits from Collections																			
GC76000.5	\$ 1,612,571.79	\$ 18,409.56 \$	62,660.23	\$ 676,938.31	\$ -	\$ 132,176.08	\$ 169,171.71		\$	1,264,992.29	\$	63,816.20	\$	6,022,246.74	\$ 323,104.10	\$	116,563.21	\$	326,524.67
VC 42007e (Supplemental Assessment)	\$ -	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$	-	\$	-	\$	2,181,633.82	\$ -	\$	-	\$	-
Category Distributions																			
County Administration (actual cost ≤ 10%)	\$ 165,527.77	\$ - \$	-	\$ 60,059.49	\$ 4,485.88	\$ 13,217.61	\$ 16,917.17		\$	117,003.51	\$	6,381.64	\$	820,388.05	\$ 32,310.41	\$	11,656.32	\$	32,652.46
Richie's Fund (15%)	\$ 248,291.66	\$ - \$	-	\$ 76,499.19	\$ -	\$ 17,843.75	\$ 22,838.18		\$	175,505.28	\$	8,821.55	\$	1,230,582.09	\$ 48,465.62	\$	17,484.48	\$	48,978.70
Physicians/Surgeons (58%)	\$ 720,045.82	\$ - \$	-	\$ 313,510.06	\$ 70,387.06	\$ 58,646.53	\$ 75,061.49		\$	508,965.33	\$	30,813.65	\$	3,568,688.03	\$ 140,550.28	\$	50,705.00	\$	142,038.24
Reserve (optional-up to 15%)	\$ -	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$	-	\$	-	\$	-	\$ -	\$	-	\$	-
Hospitals (25%)	\$ 310,364.58	\$ - \$	-	\$ 134,976.66	\$ -	\$ 25,278.67	\$ 32,354.09		\$	219,381.65	\$	13,281.72	\$	1,538,227.62	\$ 60,582.02	\$	21,855.61	\$	61,223.37
Reserve (optional-up to 15%)	\$ -	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$	-	\$	-	\$	-	\$ -	\$	-	\$	-
Other Discretionary EMS (17%)	\$ 211,047.91	\$ 18,423.07 \$	-	\$ 91,890.91	\$ 9,540.51	\$ 17,189.51	\$ 22,000.78		\$	149,179.49	\$	9,031.60	\$	1,045,994.77	\$ 41,195.77	\$	14,861.81	\$	41,631.90
Reserve (optional-any amount)	\$ -	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$	-			\$	-	\$ -	\$	-	\$	-
Expenditures																			
County Administration	\$ 202,399.22	\$ - \$	-	\$ -	\$ -	\$ 13,217.61	\$ 18,682.33		\$	117,003.51	\$	5,574.67	\$	820,388.05	\$ 32,310.41	\$	1,567.40	\$	-
Richie's Fund	\$ -	\$ 18,423.07 \$	-	\$ -	\$ -	\$ 50,184.51	\$ 22,702.20		\$	175,505.28	\$	8,148.09	\$	-	\$ 77,266.72	\$	40,638.62	\$	-
Physicians/Surgeons Allowable Claims	\$ 1,303,814.52	\$ - \$	-	\$ -	\$ -	\$ 2,065,695.20	\$ 122,999.19		\$	547,685.59	\$ 8	46,206.00	\$ 2	23,116,019.80	\$ 427,752.47	\$	94,016.33	\$	51,940.80
Physicians/Surgeons Paid Claims	\$ 1,316,022.97	\$ - \$	-	\$ -	\$ -	\$ 58,646.53	\$ 20,909.86		\$	273,872.28	\$	34,184.58	\$	3,395,211.44	\$ 143,989.71	\$	51,190.13	\$	51,940.80
Hospitals Allowable Claims	\$ -	\$ - \$	-	\$ -	\$ -	\$ 447,534.23	\$ 4,329,183.00		\$	-	\$	-				\$	50,538.78		
Hospitals Paid Claims	\$ -	\$ - \$	-	\$ -	\$ -	\$ 25,278.67	\$ 16,605.00		\$	-	\$	-				\$	22,237.03		
Hospitals Direct Disbursement	\$ 286,684.74	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$	544,066.42	\$	-	\$	1,222,358.00	\$ 60,582.02	\$	-	\$	-
Other Discretionary EMS	\$ 433,492.89	\$ - \$	-	\$ -	\$ -	\$ -	\$ 21,869.61		\$	149,179.49	\$	8,327.74	\$	1,045,994.77	\$ 41,195.77				
Reimbursements																			
Physicians/Surgeons	\$ 12,208.45	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$		\$	-						\$	1,120.95
Hospitals	\$ -	\$ - \$	-	\$ -	\$ -	\$ -	\$ -		\$	-	\$	-				\$	-		
Fiscal Year Ending Balance June 30, 2017	\$ 4,976,821.48	\$ \$	111,607.85	\$ 678,483.18	\$ 75,624.02	\$ 350,256.31	\$ 86,450.53	#VALUE	! \$	477,797.48	\$	9,591.89	\$	6,583,214.42	\$ 22,816.17	\$	198,469.00	\$	277,585.69

Notes

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

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

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

Maddy EMS Fund Summary												San Luis		
by County	Modoc	Mono	Napa	Orange	Placer	Plumas	Riverside	San Benito	San Bernardino	San Diego	San Francisco	Obispo	San Mateo	Santa Barbara
Supplemental Assessment (Richie's Fund)												02.000		
Beginning Balance July 1, 2016	Did not report	\$ -	\$ 131,647.30	7,668.0	1 \$ 103,834.	57 \$ 26.25	5 \$ -	\$ -	\$ -	\$ 127,315.67	7 \$ 517,023.00	\$ 196,187.65	\$ -	\$ 907,841.00
Interest & Misc. Deposits		\$ 42.58	\$ 599.70	6 \$ 74,095.0	4 \$ 2,201.4	42 \$ 65.95	5 \$ 19,256.00	\$ 144.18	\$ 2,889.19	\$ 1,893.50	\$ 6,847.00	\$ 595.95	\$ 11,985.00	\$ 6,568.00
Collections														
GC76000.5		\$ 2,072.89	\$ 181,905.20	3,206,157.6	7 \$ 311.0	54 \$ 30,461.45	5 \$ 2,252,716.00	\$ 60,962.42	1,872,319.88	\$ 2,350,574.06	5 \$ 686,148.00	\$ 352,052.08	\$ 394,518.63	\$ 452,206.94
VC 42007e (Supplemental Assessment)				\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ 77,764.46	\$ 846,056.84	\$ 50,543.29
Deposits from Collections														
GC76000.5		\$ 2,072.89	\$ 181,905.20	0 \$ 3,210,186.7	5 \$ 267,908.	78 \$ 30,461.45	5 \$ 2,252,716.00	\$ 60,962.42	1,872,319.88	\$ 2,350,751.00	\$ 686,148.00	\$ 352,052.08	\$ 394,519.00	\$ 415,452.00
VC 42007e (Supplemental Assessment)			\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 425,474.00	\$ 28,042.00
Category Distributions														
County Administration (actual cost ≤ 10%)		\$ 65.45	\$ 18,190.5	2 \$ 25,455.0) \$ 11,456.0	06 \$ 2,444.30	227,197.00	\$ 6,096.24	\$ 187,520.84	\$ 235,075.08	8 \$ 69,300.00	\$ 19,582.03	\$ 70,929.33	\$ 49,379.00
Richie's Fund (15%)		\$ 317.32	\$ 156,204.50	0 \$ 481,528.0	1 \$ 53,337.3	34 \$ -	\$ 306,716.00	\$ 8,229.92	253,153.25	\$ 317,351.36	\$ 103,949.00	\$ 83,555.45	\$ 110,698.95	\$ 47,228.00
Physicians/Surgeons (58%)		\$ 854.22	\$ 80,711.3	4 \$ 1,557,167.0	5 \$ 175,302.0	06 \$ 16,303.42	2 \$ 1,008,074.00	\$ 27,049.02	832,030.29	\$ 1,043,028.13	3 \$ 288,979.00	\$ 250,120.16	\$ -	\$ 218,563.00
Reserve (optional-up to 15%)		\$ 150.74	\$ -					\$ -			\$ -		\$ -	\$ -
Hospitals (25%)		\$ 368.20	\$ 34,789.3	7 \$ 682,164.6	3 \$ 75,561.2	23 \$ 7,027.34	4 \$ 434,515.00	\$ 11,659.06	\$ 358,633.74	\$ 449,581.09	9 \$ 124,739.00	\$ 165,911.40	\$ -	\$ 173,174.00
Reserve (optional-up to 15%)		\$ 64.98	\$ -		\$ -			\$ -			\$ -		\$ -	\$ -
Other Discretionary EMS (17%)		\$ 294.56	\$ 23,656.7	7 \$ 463,872.0	51,381.6	54 \$ 4,778.59	9 \$ 295,470.00	\$ 7,928.17	\$ 243,870.95	\$ 305,715.14	1 \$ 106,028.00	\$ 52,622.34	\$ -	\$ 61,466.00
Reserve (optional-any amount)		\$ -	\$ -					\$ -					\$ -	
Expenditures														
County Administration	Did not report	\$ 65.45	\$ 18,190.5	2 \$ 25,455.0) \$ 11,456.0	06 \$ 2,444.30) \$ 227,197.00	\$ 6,096.24	\$ 187,520.84	\$ 235,075.08	8 \$ 69,300.00	\$ 19,582.03	\$ 72,127.85	\$ 49,379.00
Richie's Fund		\$ -	\$ 61,487.9	8 \$ 493,715.9	2 \$ 53,337.3	34 \$ -	\$ -	\$ -	\$ 253,153.25	\$ 317,351.36	5 \$ 90,000.00	\$ 51,245.34	\$ -	\$ 47,228.00
Physicians/Surgeons Allowable Claims		\$ -	\$ 775,624.0	0 \$ 1,599,088.9	3 \$ 175,302.0	06 \$ 107,965.28	8 \$ 18,446,234.00	\$ -	\$ 843,472.82	\$ -	\$ 252,310.20	\$ 675,076.84	\$ -	\$ 218,563.00
Physicians/Surgeons Paid Claims		\$ -	\$ 83,772.4	6 \$ 1,599,088.9	3 \$ 175,302.0	06 \$ 16,303.42	2 \$ 1,008,074.00	\$ -	\$ 843,472.82	\$ -	\$ 252,310.20	\$ 188,242.75	\$ -	\$ 218,563.00
Hospitals Allowable Claims		\$ -	\$ -	\$ -	\$ -	\$ 174,066.02	2 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 79,614.00
Hospitals Paid Claims		\$ -	\$ -	\$ -	\$ -	\$ 7,027.34	4 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 79,614.00
Hospitals Direct Disbursement		\$ -	\$ 34,789.3	7 \$ 699,430.9	5 \$ 75,561.2	23 \$ -	\$ 741,231.00	\$ 8,473.68	\$ 358,633.74	\$ 449,581.09	9 \$ 106,875.00	\$ 88,656.37	\$ -	\$ 93,560.00
Other Discretionary EMS		\$ -	\$ 23,656.7	7 \$ 474,259.0	51,381.0	54 \$ 4,778.59	9 \$ 295,470.00	\$ -	\$ 243,870.95	\$ 305,715.14	\$ 172,084.00	\$ 52,622.34	\$ -	\$ 61,466.00
Reimbursements														
Physicians/Surgeons		\$ -	\$ 3,061.12	2 \$ -	\$ 2,818.2	20 \$ -	\$ -	\$ -	\$ 11,442.53	\$ -	\$ 4,360.20	\$ 4,935.08	\$ -	\$ 9,849.00
Hospitals		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fiscal Year Ending Balance June 30, 2017	#VALUE!	\$ 2,050.02	\$ 95,316.2	3 \$	\$ 9,724.6	54 \$	\$	\$ 46,536.68	\$	\$ 1,172,237.50	\$ 523,809.00	\$ 153,421.93	\$ 759,850.15	\$ 817,942.00

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

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

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

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

APPENDIX D - COUNTY SUBMITTED REPORTS

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



I Administering	Coun	ty Department	County Contact (Name and T	·
Agency		neda County Public Health Department	Binh Cao/ Admin Service	s Director
		ess (Number and Street)	Phone Number	
		0 Broadway ste 500	510-267-8054	
	-	or Post Office, State, and ZIP Code	Email Address	
	Oak	land CA	binh.cao@acgov.org	
II Establishment of Fund	î 1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes ☐ No
	b	Date fund established.		
	c	Fund balance on July 1, 2016.		\$ 2,800,558.97
		If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,
	2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No
	b	Date fund established.		
	c	Fund balance on July 1, 2016.		\$ 5,547,935.11
	d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,
III Collections of	3	Fines, penalties, and forfeitures collected under each		
Penalty Assessments		statute.	Statute	Collections
	8		Government Code § 76000	\$ 1,635,449.81
	Ъ		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,612,571.79
	c		Vehicle Code § 42007	
,	d		Total	\$ 3,248,021.60
· Same		Responsibility for collection of fines, penalties, and for		
	•	Entity Alexandr County Dublic Health Department	Contact (Name and Title)	Diseases
		Alamda County Public Health Department	Binh Caol Admin Services	Director
		Phone Number	Email Address	

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IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runa	а		Government Code § 76000 (Based on GC § 76104)	\$ 1,635,449.81
	b		Vehicle Code § 42007	
	c		Total	\$ 1,635,449.81
	à	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 10 #7)	Statute	Deposits
	а		Government Code § 76000.5	\$ 1,612,571.79
	b		Vehicle Code § 42007	
	c		Total	\$ 1,612,571.79
a.	ď	If no deposits into Maddy EMS Fund, state reason(s)	•	
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Alamda County Public Health Department Phone Number	Binh Cao/ Admin Services D	Director
		5102678054	binh.cao@acgov.org	
V Maddy EMS Fund Category				
Distributions	8	Maddy EMS Fund (Original Assessment)		
Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
Distributions	8 a	Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	30, 2017.	Other Deposits
Distributions				Other Deposits
Distributions	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	Other Deposits \$ 27,016.80
Distributions	a B	Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3	30, 2017.	Other Deposits \$ 27,016.80
Distributions	a B	Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3	so, 2017. sits and the reason(s) for the depo	Other Deposits \$ 27,016.80
Distributions	a b c	Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depo	so, 2017. sits and the reason(s) for the depo	Other Deposits \$ 27,016.80 sits: Category

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			On the same of the		- Contract of the contract of
Maddy EMS Fund Category	c	Hospitals (25%)			\$ 374,054.99
Distributions	ď	Other Discretionary EMS (17%)			\$ 254,357.39
(cont.)	e		Total	\$ 0.00	\$ 1,662,466.61
	10	Maddy EMS Fund (Supplemental Assessment) (Iffi	end not esta	bilshed, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.		\$ 42,705.95
	ь	Other deposits during fiscal year, July 1, 2016-June	30, 2017.		
	c	If other deposits were made, provide the type of dep	asits and t	he resconic) for the dan	asite
	C		ASIIS MUOL	Te reason(s) for the Geb	osns:
•		·			
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	8	Administration (Admin cost equal to the lesser of accost or 10%)			\$ 165,527.77
	b	Richie's Fund (15%)			\$ 248,291.66
	c	Physicians/Surgeons (58%)			\$ 720,045.82
	d	Hospitals (25%)	•		\$ 310,364.58
	e	Other Discretionary EMS (17%)			\$ 211,047.91
	f		Total	\$ 0.00	\$ 1,655,277.74
	12	Responsibility for category distributions:			
•		Entity		t (Name and Title)	
		Alameda County Public Health Department		Cao/ Admin Services	Director
		Phone Number 5102678054		ao@acgov.org	
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount
	14	Total Administration expenditures from Maddy EM	IS Fund (S	upplemental	Amount
	.7	Assessment). (If fund not established, leave blank and go		- F. L. variation	\$ 202,399.22
		The Albertain Parish and the State of the St	3.103.40		
	15	Total Richie's Fund expenditures from Maddy EM! Assessment). (If fund not established, leave blank and go		ippiemental	Amount

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Keimbursemei	&c			Allowable Claims			Paid Claims		
Reimbursements (cont.)	nts 16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount		
		Assessment).				0%			
·	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2016-June 30,	2017, stat	le reason	n(s):		
	,e	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and se		collections from		Amou	nnt Reimbursed		
			Allo	wable Claims		Paid	Claims		
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	18,449	\$ 1,303,814.52	18,449	100%	\$ 1,316,022.97		
					Manager of the second state of the second stat		The state of the s		
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so		collections from		Amou	nt Reimbursed \$ 12,208.45		
	c 18		ettlements.		ihe Maddy	- 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	\$ 12,208.45		
		patient/third-party, county penalties, and so Required documentation for submission. (1	ettlements. The below docu	umentation is part of t		- 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	\$ 12,208.45		
		patient/third-party, county penalties, and so Required documentation for submission. (It be submitted concurrently)	ettlements. The below documents claims pa	umentation is part of t	ies.	EMS Fun	\$ 12,208.45 ad report, and must		
		patient/third-party, county penalties, and so Required documentation for submission. (I be submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures	ttlements. The below documents claims page , and regulates	umentation is part of to yment methodolog tory action taken to ninistrator organiza	ies. o implema	EMS Fun	\$ 12,208.45 Independent and must administer the specific		
		 patient/third-party, county penalties, and see Required documentation for submission. (In the submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H 	ttlements. The below docs ns claims pa , and regular ospitals adm inistrators c	umentation is part of to yment methodolog tory action taken to ninistrator organiza ontacted to review	ies. o implema stion, or r claims pa	EMS Fun	\$ 12,208.45 ad report, and must administer the specific methodologies.		
		Patient/third-party, county penalties, and so Required documentation for submission. (In the submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and Hender Physicians/Surgeons and Hospital adm A description of the process used to sol	ttlements. The below docs ns claims pa , and regular ospitals adm inistrators c	umentation is part of the same	ies. o implema stion, or r claims pa	EMS Fun	\$ 12,208.45 ad report, and must administer the specific methodologies.		
		Patient/third-party, county penalties, and so Required documentation for submission. (In the submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and Hermitians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology.	ttlements. The below docs ns claims pa , and regular ospitals administrators clicit input fro ed by the con cians/Surge	umentation is part of the symmetry methodology tory action taken to a similar the symmetry on tacted to review the property on Physicians/Surgunty.	ies. implemention, or inclaims pageons and	EMS Fun	\$ 12,208.45 ad report, and must administer the specific methodologies.		
	18	Required documentation for submission. (In the submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use. Responsibility for claims payments to Physicianty	titlements. The below docs as claims pa , and regular aspitals administrators c citi input fro ed by the con cians/Surgeo	yment methodolog tory action taken to ninistrator organize ontacted to review om Physicians/Surg unty. ons:	ies. implemention, or reclaims pageons and	EMS Fun ent and a names of ayment a	\$ 12,208.45 Independent and must administer the specific methodologies.		
	18	Required documentation for submission. (In the submitted concurrently) A description of the Physicians/Surgeous A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and Hoppital admining A description of the process used to solopayment distribution methodology. An identification of the fee schedule use. Responsibility for claims payments to Physicians/Surgeons and Hoppital admining and the fee schedule use.	the below docs In claims pay In and regular In and regular	umentation is part of the symmetry methodology tory action taken to a similar the symmetry on tacted to review the property on Physicians/Surgunty.	ies. implemention, or reclaims pageons and	EMS Fun ent and a names of ayment a	\$ 12,208.45 Independent and must administer the specific methodologies.		

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VI	Expenditures & Reimbursements (cont.)	20a	Da Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).				Yes No (If no, go to #20d)			
				Allo	wable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fiscal	year, J	uly 1, 2016-June 30	, 2017, sta	te reason((s):		
		d	Direct disbursement to Hospitals. (N/A if hospit Leave blank and go to #21e)	al claims	s are paid on a claims l	oasis.		Amount		
		e	Total reimbursements from Hospitals due to co	ollection	ns from patient/thir	d-party,	Amount Reimbursed			
		21a	Indicate if Hospital claims are paid on a claim: EMS Fund (Supplemental Assessment). (If fun and go to #22)	Yes						
				Allo	wable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fiscal	year, J	uly 1, 2016-June 30	2017, sta	te reason(s):		
								Amount		
		d	Direct disbursement to Hospitals. (IVA If hospit Leave blank and go to #22e)	al claims	are paid on a claims b	asis.		\$ 286,684.74		
		e Total reimbursements from Hospitals due to collections from patient/third-part county penalties, and settlements.						nt Reimbursed		
		22	Required documentation for submission. (The be submitted concurrently)	the Maddy	EMS Fund	report, and <u>must</u>				
			A description of the hospitals payment me							
		23	Responsibility for claims payments to Hospital Entity		Contact (Name and					
			Alameda County Public Health Departm		Binh Cao/ Admir	Service	s Directo	or		
			Phone Number 5102678055	1	Email Address	ora				

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VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	
		b	Description of other EMS services provided:	
	2	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 433,492.89
	b		Description of other EMS services provided:	
			Funding for programs to improve Alameda County overall emergency re	esponsiveness.

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VII Fund Summary



	Maddy EM (Original Ass			
	Available Funds f	or Distribution		Fund Total
Balance on July 1, 2016	\$ 2,8	00,558.97 (1c)		\$ 2,800,558.9
Deposits for July 1, 2016-June 30, 2017	\$ 1,6	35,449.81 (Sc)		\$ 4,436,008.7
Interest for July 1, 2016-June 30, 2017	\$:	27,016.80 (8a)		\$ 4,463,025.5
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 _(8b)		\$ 4,463,025.5
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 166,246.66 (9a)		\$ 166,246.66	\$ 0.00 (13)
Physicians/Surgeons (58%)	\$ 867,807.57 (9b)	\$ 0.00 (9b)	\$ 867,807.57	\$ 0.00 (16a
Hospitals (25%)	\$ 374,054.99	\$ 0.00	\$ 374,054.99	\$ 0.00 (20b Pd \$ 0.00 (20d
Other Discretionary EMS (17%)	\$ 254,357.39 (9d)	\$ 0.00 (9d)	\$ 254,357.39	\$ 0.00 (24a
Total	\$ 1,662,466.6° (9e)	\$ 0.00 (9e)	\$ 1,662,466.6	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 4,463,025.58
Reimbursements				34. 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900
Physicians/Surgeons		\$ 0.00 (16c)		\$ 4,463,025.5
Hospitals		\$ 0.00 (20e)		\$ 4,463,025.5
Ending Balance for Total Available Funds as of June 30, 2017				\$ 4,463,025.58

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address

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VII Fund Summary (cont.)		Maddy EM (Supplemental A			
	Water the same the sa	Available Funds fo	r Distribution		Fund Total
	Balance on July 1, 2016	\$ 5,547,	935.11 (2c)		\$ 5,547,935.11
	Deposits for July 1, 2016- June 30, 2017	\$ 1,612,	571.79 (6c)		\$ 7,160,506.90
	Interest for July 1, 2016-June 30, 2017	\$ 42,	705.95 (10a)		\$ 7,203,212.85
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 7,203,212.85
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 165,527.77		\$ 165,527.77	\$ 202,399.22 (14)
	Richie's Fund (15%)	\$ 248,291.66 (11b)		\$ 248,291.66	\$ 0.00 (1s)
_	Physicians/Surgeons (58%)	\$ 720,045.82 (11c)	\$ 0.00 (11c)	\$ 720,045.82	\$ 1,316,022.97 (17a)
	Hospitals (25%)	\$ 310,364.58	\$ 0.00	\$ 310,364.58	\$ 0.00 (21b Pd)
		(11d)	(11d)		\$ 286,684.74 (21d)
•	Other Discretionary EMS (17%)	\$ 211,047.91 (11e)	\$ 0.00 (11e)	\$ 211,047.91	\$ 433,492,89 (25a)
	Total	\$ 1,655,277.7 (11f)	\$ 0.00 (11)	\$ 1,655,277.74	\$ 2,238,599.82
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 4,964,613.03
	Reimbursements				
	Physicians/Surgeons	\$ 1	2,208.45 (17c)		\$ 4,976,821.48
	Hospitals		\$ 0.00 (21e)		\$ 4,976,821.48
	Ending Balance for Total Available Funds as of June 30, 2017				\$ 4,976,821.48

Signature of Maddy-EMS Fund Administrator

BANH CAO Alunim J

Date

Email Address V

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

I	Administering	County Department	County Contact (Name and Title)			
	Agency	Alpine County	Delana Lindsey, Interim A	sst. COA to Budget/		
		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		
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No		
		b Date fund established.		01/16/2007		
		c Fund balance on July 1, 2016.		\$ 0.00		
		d If the Maddy EMS Fund beginning balance on July 1 state reason(s): N/A	, 2016, differs from ending bala	nce on June 30, 2016,		
		2a Has the agency established the Maddy EMS Fund (Su	e agency established the Maddy EMS Fund (Supplemental Assessment)?			
		b Date fund established.		01/16/2007		
		c Fund balance on July 1, 2016.		\$ 0.00		
		d If the Maddy EMS Fund beginning balance on July 1 state reason(s): N/A	, 2016, differs from ending bala	nce on June 30, 2016,		
III	Collections of Penalty	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a	Government Code § 76000	\$ 16,894.67		
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 18,409.56		
		c	Vehicle Code § 42007	\$ 102,972.62		
		d	. Total	\$ 138,276.85		
		4 Responsibility for collection of fines, penalties, and fo	rfeitures: Contact (Name and Title)			
		Alpine County Superior Courts	Ann Gerth, Court Executiv	ve Officer		
		Phone Number (530)694-2113	Email Address AnnGreth@alpine.courts.			

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V Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits
, unu	a		Gover	nment Code § 76000 Based on GC § 76104)	\$ 16,894.67
	b		Vehicl	e Code § 42007	\$ 0.00
	c			Total	\$ 16,894.67
	d	If no deposits into Maddy EMS Fund, state reason(s)	:		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)		Statute	Deposits
	a		Gover	nment Code § 76000.5	\$ 18,409.56
	b		Vehicle	e Code § 42007	
	c			Total	\$ 18,409.50
	d	If no deposits into Maddy EMS Fund, state reason(s)	:		
	7	Responsibility for deposit of penalty assessments:			
		Entity		t (Name and Title)	1 040 to Dudwett
		Alpine County Phone Number		a Lindsey, Interim Ass Address	t. CAO to Budget/
		(530) 694-2284		ey@alpinecountyca.go	ν
Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)			
Distributions			•		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.		\$ 12.40
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 0.00
	c	If other deposits were made, provide the type of depo	sits and t	he reason(s) for the depos	its:
				1	
	9	Total amount of funds distributed to the specified cat for the period July 1, 2016-June 30, 2017.	egories	Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actuor 10%)	ual cost		

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V Maddy EMS Fund Category	с	Hospitals (25%)			
Distributions	d	Other Discretionary EMS (17%)			\$ 16,907.07
(cont.)	e		otal	\$ 0.00	\$ 16,907.07
	10	Maddy EMS Fund (Supplemental Assessment) (If fund n	not esta	ablished, leave blank and so t	o #12)
	-	· · · · · · · · · · · · · · · · · · ·			Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		\$ 13.51
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2	2017.		
	c	If other deposits were made, provide the type of deposits	and t	the reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
		Administration (Admin cost equal to the lesser of actual cost or 10%)			
	b	Richie's Fund (15%)			
	c d e f	Physicians/Surgeons (58%)			· · · · · · · · · · · · · · · · · · ·
		Hospitals (25%)			
		Other Discretionary EMS (17%)			\$ 18,423.07
		Tc	otal	\$ 0.00	\$ 18,423.07
		Responsibility for category distributions:			
	12		ontac	t (Name and Title)	
		Phone Number E	mail A	Address	
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fu	ınd (C	Original —	Amount
		Assessment).			\$ 16,907.07
	14	Total Administration expenditures from Maddy EMS Fu	ınd (S	Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #10			
	15	Total Richie's Fund expenditures from Maddy EMS Fur	•	ıpplemental	Amount
		Assessment). (If fund not established, leave blank and go to #16	6a)		\$ 18,423.07

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VI Expenditures & Reimbursemen				Alle	owable Claims		Paid (Claims			
	(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount			
	,		from Maddy EMS Fund (Original Assessment).				0%				
							1				
		b	If allowable claims were not paid during fisc.	al year, Ju	ıly 1, 2016-June 30,	2017, sta	ite reason	(s):			
			,	• ,	,	,		. ,			
							Amou	nt Daimhnuad			
		c	Total reimbursements from Physicians/Surg- patient/third-party, county penalties, and set		o collections from		Amou	nt Reimbursed			
			patientiffic-party, county penalties, and sec	tiements.							
				All	owable Claims		Paid	Claims			
		17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount			
			from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)								
							0%				
		b	If allowable claims were not paid during fisca	al year, Ju	ly 1, 2016-June 30,	2017, sta	te reason	(s):			
							Τ,	4 D 1 .1			
		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)								
			 □ 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.								
		19	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	l by the co	unty.						
			Responsibility for claims payments to Physicians/Surgeons:								
			Entity								
			Phone Number	En	nail Address			40.00			

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/I	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)			
				Τ		1				
				All	owable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fisc	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
		d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals)	pital clain	ns are paid on a claims	basis.		Amount		
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ons from patient/thi	rd-party,	Amour	nt Reimbursed		
		21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)					Yes No (If no, go to #21d)		
			Allowable Claims Paid Clai							
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fisc), 2017, stat	e reason(s):				
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e) Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount		
	e	t Reimbursed								
		22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and not be submitted concurrently)							
			A description of the hospitals payment methodologies.							
		23	Responsibility for claims payments to Hospit Entity	als:	Contact (Name and	Title)				
			Phone Number		Email Address					

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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). (If fund not established, leave blank)	Amount
	b	Description of other EMS services provided:	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



VII	Fund	Summary
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Maddy EMS Fund (Original Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (9a)		\$ 0.00	\$ 16,907.07 (13)
Physicians/Surgeons (58%)	\$ 0.00 (9b)	\$ 0.00 (9b)	\$ 0.00	\$ 0.00 (16a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20h Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 16,907.07	\$ 0.00	\$ 16,907.07	\$ 0.00
Total	\$ 16,907.07 (9e)	\$ 0.00	\$ 16,907.07	\$ 16,907.07
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 0.00
Hospitals		· \$ 0.00 (20e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017				\$ 0.00

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Parket / Signy

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available Funds as of June 30, 2017



VII	Fund Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

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

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

Signature of Maddy EMS Fund Administrator

\$ 0.00

Printed Name & Title CAD to Bruget Finance

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Administering Agency	County Department Amador County Public Health		County Contact (Name and Title) Debbie Staniford, Fiscal Supervisor		
	gone,	_	lress (Number and Street)	Phone Number	upervisor	
				209-223-6407		
		_	y or Post Office, State, and ZIP Code	Email Address		
		Su	tter Creek CA 95685	dstaniford@amadorgov.o	rg	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
	- 1000	b	Date fund established.		06/20/1989	
		c	Fund balance on July 1, 2016.		\$ 249,950.79	
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	applemental Assessment)?	Yes No	
		ь	Date fund established.			
		c	Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2010, differs from citting bala	ace on June 30, 2010,	
ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c		Vehicle Code § 42007	\$ 102 062 04	
					\$ 193,062.04	
		ď		Total	\$ 193,062.04	
		d 4	Responsibility for collection of fines, penalties, and for			
			Entity	rfeitures: Contact (Name and Title)	\$ 193,062.04	
				rfeitures:	\$ 193,062.04	

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TV	Deposits into							
14	Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits			
	Fund	a		Government Code § 76000 (Based on GC § 76104)				
		b		Vehicle Code § 42007	\$ 41,323.20			
		c		Total	\$ 41,323.20			
		d	If no deposits into Maddy EMS Fund, state reason(s)	:				
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (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)					
		Entity	Responsibility for deposit of penalty assessments:					
				Contact (Name and Title)	A. J. Stand			
			Amador County Auditor	90.04				
			209-223-6363	trouen@amadorgov.org				
	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)					
	Distributions				Interest and Other Deposits			
		a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 1,390.80			
		b	Other deposits during fiscal year, July 1, 2016-June 3	60, 2017.				
		c	If other deposits were made, provide the type of depo	sits and the reason(s) for the den	osits:			
			Trouble deposits were initial, provide the type of depo					
		9	Total amount of funds distributed to the specified cat		Category			
			for the period July 1, 2016-June 30, 2017.	(Optional)	Distributions			
		a	Administration (Admin cost equal to the lesser of actor 10%)	ual cost	\$ 4,271.39			

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V Maddy EMS Fund Category	c Hospitals (25%)			\$ 9,610.65	
Distributions	d Other Discretionary EMS (17%)			\$ 6,535.25	
(cont.)	e	Total	\$ 0.00	\$ 42,714.00	
	10 Maddy EMS Fund (Supplemental	Assessment) (If fund not estable	ished, leave blank and go to		
	-			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	de the type of deposits and th	e reason(s) for the depo	sits:	
	Total amount of funds distributed categories for the period July 1, 20		Reserve (Optional)	Category Distributions	
	a Administration (Admin cost equal cost or 10%)	to the lesser of actual			
	b Richie's Fund (15%)	Richie's Fund (15%) Physicians/Surgeons (58%)			
	c Physicians/Surgeons (58%)				
	d Hospitals (25%)				
	e Other Discretionary EMS (17%)				
	f	Total	\$ 0.00	\$ 0.00	
	12 Responsibility for category distribu	itions:			
	Entity Amador County Auditor		Name and Title) neto Rouen, County	Auditor	
	Phone Number	Email Ad		Additor	
	209-223-6363		amadorgov.org		
I Expenditures & Reimbursements			iginal	Amount \$ 5,240.56	
	14 Total Administration expenditures Assessment). (If fund not established,		pplemental	Amount	
			T		
	15 Total Richie's Fund expenditures for Assessment). (If fund not established,		plemental	Amount	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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VI	Expenditures &
	Reimbursements
	(cont.)

		Allo	wable Claims	Paid Claims			
16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
	from Maddy EMS Fund (Original Assessment).	30	\$ 441,123.00	21	70%	\$ 38,481.03	

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

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

Amount Reimbursed

\$ 586.80

Allowable Claims

Paid Claims

Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)

Allowable Claims

\$ Amount # % \$ Amount

0%

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

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

- 18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> 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)
Amador County Public Health	Debbie Staniford, Fiscal Supervisor
Phone Number	Email Address
209-223-6407	dstaniford@amadorgov.org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8

209-223-6407



								CALIFORNIA		
VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a cla EMS Fund (Original Assessment).	a claims basis for the Maddy Yes No (If no, go to #20d)						
			£	All	owable Claims		Paid C	laims		
				#	S Amount	#	%	S Amount		
		b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00		
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
		d	Direct disbursement to Hospitals. (N/A if ho Leave blank and go to #21e)		Amount					
		e	Total reimbursements from Hospitals due t	d-party,	Amount Reimbursed					
			county penalties, and settlements.	2 1 2 3 4						
		21a	Indicate if Hospital claims are paid on a cla EMS Fund (Supplemental Assessment). (If and go to #22)	Yes No (If no, go to #21d)						
			-	Alle	owable Claims		Paid C	laims		
				#	\$ Amount	#	1 / ₀	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e) Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount		
		e						nt Reimbursed		
		22	Required documentation for submission. (It be submitted concurrently)	EMS Fund	l report, and must					
			☑ A description of the hospitals payment	methodol	ogies.					
		23	Responsibility for claims payments to Hosp							
			Entity Amador County Public Health		Contact (Name and Debbie Staniford		Supervis	or		
		Phone Number		Email Address						

dstaniford@amadorgov.org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI			Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount					
	(cont.)	2.11	Assessment).	\$ 9,534.09					
		b	Description of other EMS services provided:						
			Radio repeater vault lease, EMSystem Fee, MedNet radio repairs, MVEM	SA EMS services.					
		25a Total Other Discretionary EMS expenditures from Maddy EMS I	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount					
		254	(Supplemental Assessment). (If fund not established, leave blank)						
			Don't diverse distribution of the PMC and a second of						
		b	Description of other EMS services provided:						

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Ending Balance for Total Available

Funds as of June 30, 2017



VII Fund Summary		Maddy EMS			
		Available Funds fo	or Distribution		Fund Total
(m)	Balance on July 1, 2016	\$ 24	19,950.79 (Ic)		\$ 249,950.79
	Deposits for July 1, 2016-June 30, 2017	\$ 4	41,323.20 (5e)		\$ 291,273.99
	Interest for July 1, 2016-June 30, 2017	\$	1,390.80		\$ 292,664.79
	Other Deposits for July 1, 2016-June 30, 2017		\$ 292,664.79		
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,271.39 (9a)		\$ 4,271.39	\$ 5,240.56 (13)
	Physicians/Surgeons (58%)	\$ 22,296.71 (9b)	\$ 0.00 (9b)	\$ 22,296.71	\$ 38,481.03 (16a)
	Hospitals (25%)	C 0 610 65	\$ 0.00	£ 0.610.65	\$ 0.00 (20b Pd)
		\$ 9,610.65	\$ 0.00	\$ 9,610.65	\$ 0.00 (20d)
	Other Discretionary EMS (17%)	\$ 6,535.25 (9d)	\$ 0.00 (9d)	\$ 6,535.25	\$ 9,534.09 (24a)
	Total	\$ 42,714.00	\$ 0.00	\$ 42,714.00	\$ 53,255.68
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 239,409.11
	Reimbursements				
	Physicians/Surgeons			\$ 239,995.91	
	Hospitals		\$ 0.00 (20e)		\$ 239,995.91
				F 8 - 1	V

Signature of Maddy EMS Fund Administrator

\$ 239,995.91

Printed Name & Title Email Address

4 staniford@amadorgov.org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve	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
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00
Physicians/Surgeons (58%)	\$ 0.00	\$ 0.00 (11c)	\$ 0.00	\$ 0.00
Hospitals (25%)	\$ 0.00	00 \$ 0.00	\$ 0.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00	\$ 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, 2017				\$ 0.00

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

ī	Administering	Cou	inty Department	County Contact (Name and Ti	tle)		
	Agency	Pu	blic Health	Beth Heckathorn, Supervisor, Admin Analyst			
		Ado	Iress (Number and Street)	Phone Number			
			2 Mira Loma Dr	530-538-2166			
			y or Post Office, State, and ZIP Code	Email Address			
			oville, CA 95965	eheckathorn@buttecounty	v.net		
					•		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No		
		b	Date fund established.		02/01/1989		
		c	Fund balance on July 1, 2016.		\$ 136,001.05		
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balar	nce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	☐ Yes ■ No (If no. go to #3)		
		b	Date fund established.				
		c	Fund balance on July 1, 2016.				
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on Junc 30, 2016,		
Ш	Collections of Penalty	3	Fines, penaltics, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	а	Sta 10th	Government Code § 76000	\$ 218,612.88		
		b	- Company - Comp	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)			
		c		Vehicle Code § 42007			
		d		Total	\$ 218,612.88		
		4	Responsibility for collection of fines, penalties, and for Entity Superior Court of California, County of Butte	Contact (Name and Title) Jarrod Orr- Deputy Court	Executive Officer		
			Phone Number 530-532-7208	Email Address jorr@buttecourt.ca.gov			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits
Fund	a			ment Code § 76000 sed on GC § 76104)	\$ 218,612.88
	b		Vehicle (Code § 42007	
	e			Total	\$ 218,612.88
	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)	Anna	Statute	Deposits
	a		Governo	nent 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)	
		County of Butte- Auditor	1	a Mittag, Administra	tive Analyst
		Phone Number 530-552-3607	Email Ac rmittag(Idress @buttecounty.net	
V Maddy EMS Fund Category	8				
Distributions					Interest and Other Deposits
	а	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 1,019.78
	b	Other deposits during fiscal year, July 1, 2016-June 30), 2017.		\$ 2,680.51
	с	If other deposits were made, provide the type of depos	its and th	e reason(s) for the depo	sits:
		The other deposits were money paid back to the made after claim was paid under the Maddy F		oy a hospital/physicia	an if payment was
	9	Total amount of funds distributed to the specified eate for the period July 1, 2016-June 30, 2017.	egories	Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actuor 10%)	ial cost		\$ 5,061.27
	b	Physicians/Surgeons (58%)			\$ 126,727.51

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



/ Maddy EMS Fund Category	С	Hospitals (25%)			\$ 54,623.94
Distributions	d	Other Discretionary EMS (17%)			\$ 37,144.26
(cont.)	e		Total	\$ 0.00	\$ 223,556.98
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not esta	blished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.		
	ь	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		ADMITES
	c	If other deposits were made, provide the type of deposit	ts and t	the reason(s) for the dep	osits:
			T		
	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 actua cost or 10%)			
	b	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e f	Other Discretionary EMS (17%)			
			Fotal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:	<u> </u>	/ (NI I TOAL)	
		v		t (Name and Title) Heckathorn, Supervise	or, Admin Analyst
			Email :	Address	
·····		530-538-2166	eheck	athorn@buttecounty.i	net
1 Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	Fund (C)riginal	Amount \$ 5,061.27
			- 100		Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #		արկոշտշուя ։	
	15	Total Richie's Fund expenditures from Maddy EMS For Assessment). (If fund not established, leave blank and go to #		ipplemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



expenditures Priginal of paid during fisca	# 1,047	\$ Amount \$ 428,826.00 7 1, 2016-June 30,	# 1,047	Paid (% 100%	\$ Amount \$ 126,727.5			
)riginal	# 1,047	\$ Amount \$ 428,826.00	1,047	100%				
	-J				\$ 126,727.5			
t paid during fisca	al year, July	y 1, 2016-June 30,	2017 stat					
	·		#U17, 3tm	e reason(s):			
Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penaltics, and settlements.								
<u> </u>	Allov	vable Claims		Paid C				
7a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	#	S Amount	#	%	\$ Amount			
				0%				
		collections from		Amoui	nt Reimbursed			
patient/third-party, county penalties, and settlements. Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)								
ıysicians/Surgeon:	s claims pay	ment methodolog	ies.					
A statement of the policies, procedures, and regulatory action taken to implement and a 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 payment distribution methodology.								
An identification of the fee schedule used by the county.								
	Responsibility for claims payments to Physicians/Surgeons:							
syments to Physic								
	Сог	ntact (Name and T	•	oor Ad-	nin Anglust			
ayments to Physic	Cor Be		•	sor, Adr	nin Analyst			
	expenditures upplemental ablished, leave t paid during fisca r Physicians/Surg penalties, and set or submission. (The nysicians/Surgeons deies, procedures, and Hospital adminutocess used to solio methodology.	Allow expenditures upplemental ablished, leave The paid during fiscal year, July a Physicians/Surgeons due to penalties, and settlements. The submission. (The below documysicians/Surgeons claims pay icies, procedures, and regulat (Surgeons and Hospitals admind Hospital administrators concess used to solicit input fro methodology.	Allowable Claims expenditures upplemental ablished, leave t paid during fiscal year, July 1, 2016-June 30, Physicians/Surgeons due to collections from penalties, and settlements. or submission. (The below documentation is part of temperature) straightforwards and regulatory action taken to Surgeons and Hospitals administrator organizated Hospital administrators contacted to review rocess used to solicit input from Physicians/Surgeonethodology.	Allowable Claims expenditures # S Amount # paid during fiscal year, July 1, 2016-June 30, 2017, state a Physicians/Surgeons due to collections from penalties, and settlements. or submission. (The below documentation is part of the Maddy in the process of the settlements of th	Allowable Claims Paid Cexpenditures # S Amount # % paid Cexpenditures # S Amount # % paid Cexpenditures pupplemental published, leave 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



I Expenditures & Reimbursements (cont.)	s 20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	ms basis f	or the Maddy	Œ	Yes (If no, go	□ No to #20d)	
			Allo	wable Claims		Paid Cl	aims	
			#	S Amount	#	%	S Amount	
	b	Total Hospitals expenditures.	853	\$ 2,386,656.70	853	100%	\$ 54,623.94	
	c	If allowable claims were not paid during fisc	al year, J	uly 1, 2016-June 30	, 2017, sta	te reason(s	s):	
	d	Direct disbursement to Hospitals. (N/A if hospitals to Hank and go to #21e)	pital claims	are paid on a claims	basis.		Amount	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collection	ns from patient/thi	-d-party,	Amoun	t Reimbursed	
	21a	TREET 1/0 1 . 1 . 1					Yes ☐ No (If no, go to #21d)	
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	S Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisc	, 2017, sta	te reason(s):			
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals)	pital claims	are paid on a claims	basis.	,	Amount	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collection	ns from patient/thin	rd-party,	Amoun	ıt Reimbursed	
	22	Required documentation for submission. (To be submitted concurrently)			f the Maddy	EMS Fund	report, and <u>must</u>	
		✓ A description of the hospitals payment	methodok	ogtes.				
	23	Responsibility for claims payments to Hospi Entity Butte County Public Health		Contact (Name and Beth Heckathori		visor, Adr	nin Analyst	
		Phone Number 530-538-2166		Email Address eheckathorn@b	uttecoun	ty.net		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI Expenditures & Reimbursements (cont.)			Amount	
	2.0	Assessment).	\$ 37,144.26	
		b	Description of other EMS services provided:	
			The discretionary expenditures are used to offset the cost of our contract	for LEMSA services.
	25a b			
				Amount
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	

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Funds as of June 30, 2017

Ending Balance for Total Available



VII	Fund	Summary
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Maddy EMS Fund (Original Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 5,061.27 (9a)		\$ 5,061.27	\$ 5,061.27 (13)
Physicians/Surgeons (58%)	\$ 126,727.51 (9b)	\$ 0.00 (9b)	\$ 126,727.51	\$ 126,727.51 (16a)
Hospitals (25%)	\$ 54,623.94	\$ 0.00	\$ 54,623.94	\$ 54,623.94 (20b Pd)
	\$ 54,025.94 (9c)	\$ 0.00 (9c)	φ 54,025.54	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 37,144.26 (9d)	\$ 0.00 (9d)	\$ 37,144.26	\$ 37,144.26 (24a)
Total	\$ 223,556.98 (9e)	\$ 0.00 (9e)	\$ 223,556.98	\$ 223,556.98
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 134,757.24
Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 134,757.24
Hospitals		\$ 0.00 (20e)		\$ 134,757.24

\$ 134,757.24

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

I Administering		Colusa County Health & Human Services Christine Fusaro, Staff S		County Contact (Name and Title)		
Agency				Services Manager		
			dress (Number and Street)	Phone Number 530-458-0870		
			1 E. Webster Street	Email Address		
			y or Post Office, State, and ZIP Code	christine.fusaro@countyo	fcolusa com	
			nusa, CA 93932	chinstine.iusaro@countyo	oolusu.com	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
		b	Date fund established.		05/02/1989	
		c	Fund balance on July 1, 2016.		\$ 125,429.74	
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	applemental Assessment)?	Yes No	
		b c	Date fund established.		08/12/2014	
			Fund balance on July 1, 2016.		\$ 48,396.51	
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each			
	Assessments		statute.	Statute	Collections	
	2577	a		Government Code § 76000	\$ 150,445.90	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 61,507.89	
		c		Vehicle Code § 42007		
		d		Total	\$ 211,953.79	
		4	Responsibility for collection of fines, penalties, and for	orfeitures:		
			Entity	Contact (Name and Title)		
			Colusa County Superior Court	Cynthia Otero		
			Phone Number 530-458-0687	Email Address Cynthia.Otero@colusa.co	urts.ca.gov	

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IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	nd a		Government Code § 76000 (Based on GC § 76104)	\$ 69,907.17
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 69,907.17
	d	If no deposits into Maddy EMS Fund, state reason(s)		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	\$ 62,660.23
	b		Vehicle Code § 42007	
	c	1	Total	\$ 62,660.23
	d	If no deposits into Maddy EMS Fund, state reason(s)		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Phone Number	Email Address	
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 551.59
	b Other deposits during fiscal year, July 1, 2016-June 30, 2017.			
	c	If other deposits were made, provide the type of depo	osits and the reason(s) for the depo	osits:
	9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of act or 10%)	rual cost	\$ 7,373.10
	b	Physicians/Surgeons (58%)		\$ 0.00

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c	Hospitals (25%)			\$ 0.00
d	Other Discretionary EMS (17%)			\$ 35,540.59
e		Total	\$ 0.00	\$ 42,913.69

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

		Interest and Other Deposits
	Interest earned during fiscal year, July 1, 2016-June 30, 2017.	\$ 551.11
,	Other deposits during fiscal year, July 1, 2016-June 30, 2017.	\$ 0.00

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

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

12 Responsibility for category distributions:

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

VI	Expenditures &
	Reimbursements

	The state of the s	Amount
13	Total Administration expenditures from Maddy EMS Fund (Original	\$ 7.373.10
	Assessment).	\$ 7,373.10

	Total Administration and additional from Models EMS Found (Symplemental	Amount	
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 0.00	

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

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VI	Expenditures &
	Reimbursements
	(cont.)

		Allo	wable Claims	Paid Claims		
16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Original Assessment).	0	\$ 0.00	0	0%	\$ 0.00

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

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

Amount Reimbursed
\$ 0.00

Allowable Claims
Paid Claims

Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)

Allowable Claims

\$ Amount # % \$ Amount

\$ 0.00 \$ 0.00

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

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

Amount Reimbursed
\$ 0.00

- 18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)
 - A description of the Physicians/Surgeons claims payment methodologies.
 - A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
 - Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
 - A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
 - An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

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

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/I Expenditures & Reimbursement (cont.)		Indicate if Hospital claims are paid on a claims ba EMS Fund (Original Assessment).	☑ No to #20d)					
			Allo	wable Claims		Paid Cl	aims	
		#	#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%	JI	
	c	If allowable claims were not paid during fiscal year	ar, Ju	ıly 1, 2016-June 30,	2017, stat	e reason(s):	
		Amount						
	d	Leave blank and go to #21e)	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e) \$ 0.00					
	e	Total reimbursements from Hospitals due to colle county penalties, and settlements.	Amoun	st Reimbursed \$ 0.00				
	21a						(es No (If no, go to #21d)	
		Allowable Claims				Paid Claims		
			#	\$ Amount	#	0%	\$ Amount	
	b	Total Hospitals expenditures.				070		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							Amount	
	d	Direct disbursement to Hospitals. (N/A if hospital of Leave blank and go to #22e)		\$ 0.00				
		The last above the form Hamitals due to sall		o from potiont/thin	d norty	Amour	nt 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 <u>must</u> be submitted concurrently)					l report, and must	
		A description of the hospitals payment meth	odolo	gies.				
	23	Responsibility for claims payments to Hospitals: Entity Column County Hospitals & Human Services		Contact (Name and Christine Fusaro				
		Colusa County Health & Human Services Phone Number 530-458-0870	1	Email Address Christine.fusaro(ofcolusa	.com	

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VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount		
	(cont.)	244	Assessment).	\$ 35,540.59		
		b	Description of other EMS services provided:			
			Ambulance Services			
	25a	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount		
	(Supplemental Assessment). (If fund not established, leave blank)			\$ 0.00		
		b	Description of other EMS services provided:			
			N/A			

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					CITOTAL
VII Fund Summary		Maddy EMS (Original Asse			
		Available Funds fo	r Distribution		Fund Total
	Balance on July 1, 2016	\$ 12	5,429.74 (1c)		\$ 125,429.74
	Deposits for July 1, 2016-June 30, 2017	\$ 6	9,907.17 (5c)		\$ 195,336.91
	Interest for July 1, 2016-June 30, 2017		\$ 551.59 (8a)		\$ 195,888.50
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (8b)		\$ 195,888.50
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 7,373.10 (9a)		\$ 7,373.10	\$ 7,373.10 (13)
	Physicians/Surgeons (58%)	\$ 0.00 (9b)	\$ 0.00	\$ 0.00	\$ 0.00 (16a)
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd) \$ 0.00
		(9c)	(9c)		(20d)
	Other Discretionary EMS (17%)	\$ 35,540.59 (9d)	\$ 0.00 (9d)	\$ 35,540.59	\$ 35,540.59 (24a)
	Total	\$ 42,913.69 (9e)	\$ 0.00 (9e)	\$ 42,913.69	\$ 42,913.69
	Preliminary Fund Balance (Fund Total - Total Expenditures)	7			\$ 152,974.81
	Reimbursements				
	Physicians/Surgeons		\$ 0.00		\$ 152,974.81
	Hospitals		\$ 0.00 (20e)		\$ 152,974.81
	Ending Balance for Total Available Funds as of June 30, 2017				\$ 152,974.81

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

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VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)	4	\$ 0.00	\$ 0.00
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00 (11f)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 111,607.85

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

Signature of Maddy EMS Fund Administrator

Bonnie Davies

Printed Name & Title

Email Address CDIUSadhh5.



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

1 Administering		Name and Title)		
Agency	CONTRA COSTA COUNTY Robert Campb	Robert Campbell, Auditor Controller		
	Address (Number and Street) Phone Number			
	625 Court Street (925) 335-860	4		
	City or Post Office, State, and ZIP Code Email Address			
	Martinez, CA 94553 Bob.Campbell	@ac.cccounty.us		
II Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Original Assessment	? Yes No		
	b Date fund established.	07/01/1988		
	c Fund balance on July 1, 2016.	\$ 422,845.60		
	d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from state reason(s):	ending balance on June 30, 2016,		
	Fund balance as of 7/1/16 is for Original & Supplemental Asse	ssments.		
	2a Has the agency established the Maddy EMS Fund (Supplemental Assess	ment)?		
	b Date fund established.	01/23/2007		
	c Fund balance on July 1, 2016.			
	d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from state reason(s):	ending balance on June 30, 2016,		
	n/a			
THE COLUMN				
III Collections of Penalty	3 Fines, penalties, and forfeitures collected under each			
Assessments	statute. Statu	e Collections		
ASSESSMENTS	a Government Co	le § 76000 \$ 8,241,850.00		
	b Government Co (Only applicable is Assessment establis	Supplemental \$ 680,692.12		
	c Vehicle Code § 4	2007 \$ 2,938,049.83		
		Total \$ 11,860,591.95		
	d			
	4 Responsibility for collection of fines, penalties, and forfeitures:			
	4 Responsibility for collection of fines, penalties, and forfeitures:	nd Title)		
	4 Responsibility for collection of fines, penalties, and forfeitures:	nd Title)		
	4 Responsibility for collection of fines, penalties, and forfeitures:			

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IV Deposits into Maddy EMS Fund	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	a	Government Code § 76000 (Based on GC § 76104)	\$ 789,216.70
	b	Vehicle Code § 42007	\$ 392,008.74
	с	To	s 1,181,225.44
	d If no deposits into Maddy EMS Fund, state reason	n(s):	
	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund nestablished, leave section blank and go to #7)	ot Statute	Deposits
	a	Government Code § 76000	\$ 676,938.31
	b	Vehicle Code § 42007	\$ 0.00
	c	To	s 676,938.31
	n/a Responsibility for deposit of penalty assessments:		
	Entity CONTRA COSTA SUPERIOR COURT	Contact (Name and Title) Fae Li	
	Phone Number	Email Address	
	(925) 608-2531	FLi@contracosta.courts	3.ca.gov
V Maddy EMS Fund Category Distributions	8 Maddy EMS Fund (Original Assessment)		
Distributions			Interest and Other Deposits
	a Interest earned during fiscal year, July 1, 2016-Ju	ıne 30, 2017.	\$ 4,876.88
	b Other deposits during fiscal year, July 1, 2016-Ju	ne 30, 2017.	
	c If other deposits were made, provide the type of d	leposits and the reason(s) for the	deposits:
	9 Total amount of funds distributed to the specified for the period July 1, 2016-June 30, 2017.	l categories Reserve	Category Distributions
	a Administration (Admin cost equal to the lesser of or 10%)		\$ 118,123.21
	b Physicians/Surgeons (58%)		\$ 616,599.26

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V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 265,775.64
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 180,727.33
(cont.)	e		Γotal	\$ 0.00	\$ 1,181,225.44
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not estal	blished, leave blank and go	o #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.		\$ 1,544.87
	c 11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	is and t	Reserve	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua	ı		\$ 60,059.49
	c	Richie's Fund (15%)			\$ 76,499.19
		Physicians/Surgeons (58%)			\$ 313,510.06
		Hospitals (25%)			\$ 134,976.66
	e	Other Discretionary EMS (17%)			\$ 91,890.91
	f		Fotal	\$ 0.00	\$ 676,936.31
	12	Responsibility for category distributions:			
		·		(Name and Title)	
			Fae Li	Address	
				ontracosta.courts.ca.	gov
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS l	Fund (C	Priginal	Amount \$ 181,226.83
		Assessment).			Ψ 10 1,220.00
	14	Total Administration expenditures from Maddy EMS l	upplemental	Amount	
		Assessment). (If fund not established, leave blank and go to #	16a)		
	15	Total Richie's Fund expenditures from Maddy EMS F		pplemental	Amount
		Assessment). (If fund not established, leave blank and go to #	‡16a)		\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

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T Expenditures & Allowable Claims Paid Cl		Claims						
Reimburseme (cont.)	ents 16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Original Assessment).	9,259	\$ 688,338.02	9,259	100%	\$ 688,338.02	
		*						
	b	If allowable claims were not paid during fisc	cal year, Ju	ly 1, 2016-June 30,	2017, sta	te reason	(s):	
		None						
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed	
		patient/third-party, county penalties, and se	ttlements.				\$ 17,932.64	
			Allo	wable Claims		Paid (Claims	
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	\$ 0.00	
				•	•			
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
		NIA						
		N/A a						
c		Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements. Amount Reimbursed						
	18	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)						
		A description of the Physicians/Surgeons claims payment methodologies.						
		A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).						
8.		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 use	ed by the co	ounty.				
	19	Responsibility for claims payments to Physi	cians/Surge	eons:				
		Entity	Co	ontact (Name and	Γitle)			
		CONTRA COSTA HEALTH SERVICE	ES F	Patrick Godley, C	00, CF	0		
		Phone Number		nail Address				
		(925) 957-5405	F	Patrick.Godlev@	hsd.ccc	ountv.us	3	

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Ί	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).				Yes (If no, go	No to #20d)
				Allo	wable Claims		Paid Cl	aims
				#	\$ Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.				0%	
		c	If allowable claims were not paid during fisc	al year, Ju	uly 1, 2016-June 30), 2017, stat	te reason(s):
		d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.)	pital claims	are paid on a claims	basis.		Amount 407,747.50
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thi	rd-party,	Amour	nt Reimbursed
		21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If just and go to #22)				es (If no, go to	No +21d)
				Allo	wable Claims		Paid C	aims
				#	\$ Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.				0%	
		c	If allowable claims were not paid during fisc	al year, J	uly 1, 2016-June 30	0, 2017, sta	te reason(s):
		d	Direct disbursement to Hospitals. (N/A if hos	mital alaims	ave paid on a claims	hasis		Amount
		u	Leave blank and go to #22e)	pitut Ciutms	ure paid on a ciaims	Dusis.		\$ 0.00
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collection	ns from patient/thi	rd-party,	Amou	nt Reimbursed
		22	Required documentation for submission. (T be submitted concurrently)	he below do	ocumentation is part o	of the Maddy	EMS Fund	l report, and <u>must</u>
			☐ A description of the hospitals payment	methodolo	gies.			
		23	Responsibility for claims payments to Hospi Entity	ı	Contact (Name an Patrick.Godley,		····	
			CONTRA COSTA HEALTH SERVICE Phone Number		Email Address	COO, CF		
			(925) 957-5405		Patrick Godlev	ahed ccc	ounty us	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures &		<u> </u>	
, 1	Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 277,287.70
		b	Description of other EMS services provided:	
			This program provides overall coordination of Contra Costa's Emergence	y Medical System.
		25a	Total Other Disputtion on EMS expanditures from Moddy EMS Fund	Amount
		2 58	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	

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VII	Fund	Sumn	ary

Maddy EMS Fund (Original Assessment)

Available Funds for Distribution	Fund Total
\$ 422,845.60 <i>(1c)</i>	\$ 422,845.60
\$ 1,181,225.44 <i>(5c)</i>	\$ 1,604,071.04
\$ 4,876.88 <i>(8a)</i>	\$ 1,608,947.92
\$ 0.00 (8b)	\$ 1,608,947.92
	\$ 422,845.60 (1c) \$ 1,181,225.44 (5c) \$ 4,876.88 (8a)

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 118,123.21 (9a)		\$ 118,123.21	\$ 181,226.83 (13)
Physicians/Surgeons (58%)	\$ 616,599.26 (9b)	\$ 0.00 (9b)	\$ 616,599.26	\$ 688,338.02 (16a)
Hospitals (25%)	\$ 265,775.64	\$ 0.00	\$ 265,775.64	\$ 0.00 (20b Pd)
	(9c)	(9c)		\$ 407,747.50 (20d)
Other Discretionary EMS (17%)	\$ 180,727.33 (9d)	\$ 0.00 (9d)	\$ 180,727.33	\$ 277,287.70 (24a)
Total	\$ 1,181,225.44 (9e)	\$ 0.00 (9e)	\$ 1,181,225.4	\$ 1,554,600.05
Preliminary Fund Balance (Fund Total - Total Expenditures)		71.a		\$ 54,347.87

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

Signature of Maddy EMS Fund Administrator

PATRICK GODLEY

Printed Name & Title

Patrick. Godley e had .cc county . 45
Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distrib	ution		Fund Total	
Balance on July 1, 2016	\$ 0.00			\$ 0.00	
Deposits for July 1, 2016- June 30, 2017	\$ 676,938.31 (6c)			\$ 676,938.31	
Interest for July 1, 2016-June 30, 2017	\$ 0.00			\$ 676,938.31	
Other Deposits for July 1, 2016-June 30, 2017	\$ 1,544.87	(10b)		\$ 678,483.18	
			Available Funds		

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

Reimbursements		
Physicians/Surgeons	\$ 0.00 (17e)	\$ 678,483,18
Hospitals	\$ 0.00	\$ 678,483.18
Ending Balance for Total Available Funds as of June 30, 2017		\$ 678,483.18

Signature of Maddy EMS Fund Administrator

PATRICK GODLBY, COO, CFO

Printed Name & Title

f/16/18

Date

patrick. God ley

Email Address



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

I	Administering			County Contact (Name and Title)		
	Agency	_	L NORTE	Ericka Nelson, Administrative Analyst		
			Address (Number and Street) Phone Number			
		_	5 K Street	707-464-0860		
			or Post Office, State, and ZIP Code	Email Address		
		Cre	escent City, CA 95531	enelson@co.del-norte.ca.	us	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	☑ Yes ☐ No	
		b	Date fund established.			
			Fund balance on July 1, 2016.		\$ 75,288.86	
		c	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016,			
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	■ Yes □ No (If no, go to #3)	
		b	Date fund established.	l actablished		
	· · ·				\$ 75,288.86	
			Fund balance on July 1, 2016.			
III Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 44,735.77	
		c		Vehicle Code § 42007	\$ 0.00	
		c d		Vehicle Code § 42007	\$ 0.00	
			Responsibility for collection of fines, penalties, and fo	Total	\$ 0.00	
		d	Responsibility for collection of fines, penalties, and fo	Total rfeitures: Contact (Name and Title)	\$ 0.00 \$ 44,735.77	
		d		Total	\$ 0.00 \$ 44,735.77	

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IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	Govern (B	Government Code § 76000 (Based on GC § 76104)	\$ 39,271.03	
			Vehicle Code § 42007	
	c		Total	\$ 39,271.03
	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
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Phone Number	Email Address	
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 297.22
	b	Other deposits during fiscal year, July 1, 2016-June 3	30, 2017.	\$ 5,375.91
	c	If other deposits were made, provide the type of depo	osits and the reason(s) for the depo	osits:
	9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 3,978.05
	b	Physicians/Surgeons (58%)		\$ 62,418.72

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



c	Hospitals (25%)				
				\$ 8,460.46	
		otal	\$ 0.00	\$ 74,857.23	
10	Maddy EMS Fund (Supplemental Assessment) (If fund a	shed, leave blank and go to	o #12)		
				Interest and Other Deposits	
a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		\$ 335.16	
b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.			
c 11	Total amount of funds distributed to the specified	s and the	Reserve	Category	
a b c d e f			(Optional)	Distributions	
	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 4,485.88	
	Richie's Fund (15%)				
	Physicians/Surgeons (58%)		\$ 70,387.06		
	Hospitals (25%)				
	Other Discretionary EMS (17%)			\$ 9,540.51	
	T	otal	\$ 0.00	\$ 84,413.45	
	Responsibility for category distributions:				
		`	,	ve Analyst	
				e Analyst	
	707-464-0860 e			a.us	
13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).		iginal	Amount	
14			pplemental	Amount	
	a b c 111 a b c d e f 12	d Other Discretionary EMS (17%) e Total Administration expenditures from Maddy EMS F Other Discretionary EMS (17%) Interest earned during fiscal year, July 1, 2016-June 30, b Other deposits during fiscal year, July 1, 2016-June 30, c If other deposits were made, provide the type of deposit categories for the period July 1, 2016-June 30, 2017. Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) Total Administration expenditures from Maddy EMS F Assessment).	d Other Discretionary EMS (17%) e Total Maddy EMS Fund (Supplemental Assessment) (If fund not establic 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 categories for the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actual cost or 10%) b Richie's Fund (15%) c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) f Total 12 Responsibility for category distributions: Entity Contact (Ericka N Phone Number Email Administration expenditures from Maddy EMS Fund (OrnAssessment).	d Other Discretionary EMS (17%) e Total \$0.00 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to the stable of the s	

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VI Expenditures & Reimbursements (cont.)

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

- b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):
- Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.

 Amount Reimbursed

 \$ 5,375.91

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

- b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):
- c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.

 Amount Reimbursed
- 18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)
 - A description of the Physicians/Surgeons claims payment methodologies.
 - A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
 - Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
 - A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
 - An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

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

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/I Expenditures & Reimbursement (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					☐ Yes ☑ No (If no, go to #20d)		
			All	owable Claims	Paid Claims				
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during f	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if h Leave blank and go to #21e)	NIA	Amount					
	e	Total reimbursements from Hospitals due county penalties, and settlements.	Amoun	at Reimbursed					
	21a	Indicate if Hospital claims are paid on a c EMS Fund (Supplemental Assessment). (and go to #22)				Yes (If no, go to	☑ No p #21d)		
			Alle	owable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
-	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if h	ania	Amount					
	u	Leave blank and go to #22e)	оѕрни снит	s are paia on a ciaims b	asis.	NIA			
	e	Total reimbursements from Hospitals due county penalties, and settlements.	d-party,	Amoun	t Reimbursed				
	22	Required documentation for submission. be submitted concurrently)	(The below d	ocumentation is part of	the Maddy	EMS Fund	report, and must		
		A description of the hospitals paymen	t methodol	ogies.					
	23	Responsibility for claims payments to Hos Entity	pitals:	Contact (Name and	Title)				
		Phone Number		Email Address					
		I HORE MUHIDEI		Eman Address					

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				ALIFORNIA.
VI	Expenditures & Reimbursements	24.	Tatal Other Discretionary EMC amonditures from Meddy EMC Fred (Original	Amount
	(cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 0.00
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00
		b	Description of other EMS services provided:	

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VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	(Биррисписти 7)	issessinent)		
	Available Funds fo	r Distribution		Fund Total
Balance on July 1, 2016	\$ 75,288.86 (2c)			\$ 75,288.85
Deposits for July 1, 2016- June 30, 2017		\$ 0.00		\$ 75,288.84
Interest for July 1, 2016-June 30, 2017	\$ 335.16 (10a)			\$ 75,624.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00			\$ 75,624.00
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,485.88 (11a)		\$ 4,485.88	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00	District	\$ 0.00	\$ 0.00

istributions/Expenditures	Category Distributions	Reserve (Optional)	(Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,485.88 (11a)		\$ 4,485.88	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)	Design	\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 70,387.06 (11c)	\$ 0.00 (11c)	\$ 70,387.06	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd) \$ 0.00
Other Discretionary EMS (17%)	\$ 9,540.51 (11e)	\$ 0.00 (11e)	\$ 9,540.51	\$ 0.00 (25a)
Total	\$ 84,413.45	\$ 0.00	\$ 84,413.45	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 75,624.00

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

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

August 11 and Au

Email Address

norte. co. b

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



VII	Fund	Summary
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Maddy EMS Fund (Original Assessment)

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

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

Reimbursements	- 1921	
Physicians/Surgeons	\$ 5,375.91 (16c)	\$ 62,058.44
Hospitals	\$ 0.00 (20e)	\$ 62,058.44
Ending Balance for Total Available Funds as of June 30, 2017		\$ 62,058.44

Signature of Maddy EMS Fund Administrator Clinton School Auditor - Controlle

Printed Name & Title

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Administering			County Contact (Name and Title) Richard Todd		
			Phone Number 530-621-6505			
		100	y or Post Office, State, and ZIP Code acerville, Ca 95667	Email Address richard.todd@edcgov.us		
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
	2 400	b	Date fund established.		02/07/1989	
		c	Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	applemental Assessment)?	Yes No (If no, go to #3)	
	10	b	Date fund established.		07/17/2007	
		c	Fund balance on July 1, 2016.		\$ 365,407.55	
m	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each			
	Assessments		statute.	Statute	Collections	
		а		Government Code § 76000	\$ 137,958.94	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 132,176.08	
		c		Vehicle Code § 42007		
		d		Total	\$ 270,135.02	
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
			Entity	Contact (Name and Title)		
			El Dorado County Superior Court	Amy Wong, Accountant		
			Phone Number 530-621-7420	Email Address awong@eldoradocourt.org	9	

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IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
rund	а		Government Code § 76000 (Based on GC § 76104)	\$ 137,958.94		
	b		Vehicle Code § 42007			
	c		Total	\$ 137,958.94		
	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		
	а		Government Code § 76000.5	\$ 132,176.08		
	ь		Vehicle Code § 42007			
	c		Total	\$ 132,176.08		
	d	If no deposits into Maddy EMS Fund, state reason(s)	:			
	7	Responsibility for deposit of penalty assessments:	C A THA			
		Entity El Dorado County Superior Court	Contact (Name and Title) Amy Wong, Accountant			
		Phone Number 530-621-7420	Email Address awong@eldoradocourt.org			
V Maddy EMS Fund Categor	ту 8	Maddy EMS Fund (Original Assessment)				
Distributions				Interest and Other Deposits		
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 2,627.17		
	ь	Other deposits during fiscal year, July 1, 2016-June 3	0000	\$ 0.00		
	c	If other deposits were made, provide the type of depo	Bridge Commence (1986)	osits:		
	9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions		
	a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 14,554.17		

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V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 32,746.87
Distributions	d	Other Discretionary EMS (17%)			\$ 22,267.87
(cont.)	e \$0.	\$ 0.00	\$ 145,541.66		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	not establi	shed, leave blank and go t	o #12) Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		Other Deposits
	ь	Other deposits during fiscal year, July 1, 2016-June 30,	SVAW -		
		If other deposits were made, provide the type of deposit	Miller		
	c	Trumer deposits were made, provide the type of deposit	s and the	reason(s) for the dept	isits.
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actual cost or 10%)	min cost equal to the lesser of actual		\$ 13,217.61 \$ 17,843.75
	ь	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			\$ 58,646.53
	d	Hospitals (25%)			\$ 25,278.67
	e	Other Discretionary EMS (17%)			\$ 17,189.51
	f 12		Total	\$ 0.00	\$ 132,176.07
		Responsibility for category distributions:			
	1.2	Entity		Name and Title)	NAME OF THE OWNER
		And the second s	70.00	Kollings, Chief Fisc	al Officer
		10 MO 12 C C C C C C C C C C C C C C C C C C	Email Ad vonne.	kollings@edcgov.us	3
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	und (Or	iginal	Amount \$ 14,554.17
					X ALKUMUS .
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #		pplemental	Amount \$ 13,217.61
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ind (Sun	plemental	Amount
	***	Assessment). (If fund not established, leave blank and go to #	A THE PARTY OF THE		\$ 50,184.51

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8

530-295-6914



I Expenditures &			Allo	Allowable Claims Paid Cla			laims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount
(cana)		from Maddy EMS Fund (Original Assessment).	2,114	\$ 2,065,695.	2,114	100%	\$ 75,972.75
	b	If allowable claims were not paid during fisc	cal year, Jul	y 1, 2016-June 30,	2017, stat	te reason((s):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 4,955.55
		-	Allo	wable Claims		Paid (Toime
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	2,114	\$ 2,065,695.2	2,114	100%	\$ 58,646.53
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed
	Ċ	Total reimbursements from Physicians/Sur; patient/third-party, county penalties, and so		collections from		Amou	nt Reimbursed
	c 18		ttlements.		the Maddy		nt Reimbursed dreport, and <u>mus</u>
		patient/third-party, county penalties, and so Required documentation for submission. (7	ttlements.	umentation is part of t			
	18	patient/third-party, county penalties, and so Required documentation for submission. (7 be submitted concurrently)	ttlements. The below documents claims pa	umentation is part of t	ies.	EMS Fun	d report, and <u>mus</u>
	18	Patient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures	ttlements. The below documents claims particular and regular cospitals administration of the cospital administratio	umentation is part of to syment methodolog tory action taken to ninistrator organiza	ies. o implem	EMS Fundant and a	d report, and <u>mus</u> idminister the specific
	18 B C D	patient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures fund(s). ✓ Name(s) of Physicians/Surgeons and H	ttlements. The below documents claims partials administrators of the state of the s	umentation is part of to syment methodolog tory action taken to ninistrator organiza contacted to review	ies. o implem ation, or claims p	EMS Fundant and a	d report, and mus administer the specific nethodologies.
	18 A B	patient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures fund(s). ✓ Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm ✓ A description of the process used to sol	ttlements. The below documents claims particularly and regular cospitals administrators of the contraction o	umentation is part of instruction is part of instruction taken to the instruction organization and the instruction of the instr	ies. o implem ation, or claims p	EMS Fundant and a	d report, and mus administer the specific nethodologies.
	18 B C D	Patient/third-party, county penalties, and so Required documentation for submission. (7) be submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures fund(s). ✓ Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm ✓ A description of the process used to sol payment distribution methodology.	ttlements. The below documents claims particularly and regular cospitals administrators of the cospital strators of the c	umentation is part of a syment methodolog tory action taken to ninistrator organiza contacted to review om Physicians/Sura unty.	ies. o implem ation, or claims p	EMS Fundant and a	d report, and mus administer the specific nethodologies.
	18 AB C D E	Patient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use	ttlements. The below documents claims particular and regular compitals administrators of the computation of	umentation is part of a syment methodolog tory action taken to ninistrator organiza contacted to review om Physicians/Sura unty.	ies. o implem ation, or claims p geons and	EMS Fundant and a	d report, and mus administer the specific nethodologies.

pamela.selko@edcgov.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



/I Expenditure Reimbursem (cont.)		Indicate if Hospital claims are paid on a cla EMS Fund (Original Assessment).	✓ Yes				
				Paid Claims			
			#	S Amount	#	%	S Amount
	ь	Total Hospitals expenditures.	144	\$ 447,534.23	144	100%	\$ 32,746.87
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	d	Direct disbursement to Hospitals. (N/A if h	ospital claim	s are paid on a claims b	asis.		Amount
	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 cl EMS Fund (Supplemental Assessment). (a and go to #22)		Yes No (If no, go to #21d)			
			Allo	owable Claims		Paid C	laims
			#	\$ Amount	#	%	S Amount
	b	Total Hospitals expenditures.	144	\$ 447,534.23	144	100%	\$ 25,278.67
	· c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	d	d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims Leave blank and go to #22e)					Amount
		zeure omm mm go to naze)					
	e	Total reimbursements from Hospitals due county penalties, and settlements.	d-party,	Amour	nt Reimbursed		
	22	22 Required documentation for submission. (The below documentation is part of					l report, and <u>must</u>
	A	be submitted concurrently) A description of the hospitals paymen	it methodol	ogies.			
	23	Responsibility for claims payments to Hos	pitals:				
		Entity El Dorado County HHSA		Contact (Name and Pamela Selko	Title)		
		Phone Number 530-295-6914		Email Address pamela.selko@e	edcaov.u	S	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

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Hospitals

Ending Balance for Total Available Funds as of June 30, 2017



Available Funds

VII	Fund	Summary
-----	------	---------

Maddy	EMS Fund
(Original	Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 14,554.17 (9a)		\$ 14,554.17	\$ 14,554.17 (13)
Physicians/Surgeons (58%)	\$ 75,972.75	\$ 0.00	\$ 75,972.75	\$ 75,972.75 (16a)
Hospitals (25%)	£ 22 746 97	£ 0.00	£ 22 746 97	\$ 32,746.87 (20b Pd)
	\$ 32,746.87	\$ 0.00 (9c)	\$ 32,746.87	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 22,267.87 (9d)	\$ 0.00 (9d)	\$ 22,267.87	\$ 22,267.87 (24a)
Total	\$ 145,541.66 (9e)	\$ 0.00	\$ 145,541.66	\$ 145,541.66
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 4,955.55
Reimbursements				
Physicians/Surgeons	\$	4,955.55		\$ 0.00

\$ 0.00

(20e)

\$ 0.00

\$ 0.00

Printed Name & Title Email Address

yvanne. Kalling a edcgov, us



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

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

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

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

Signature of Maddy EMS Fund Administrator

3/21/18 Date

Printed Name & Title Email Address

yvonne, kollingsa e degav, us STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency		inty Department	County Contact (Name and Ti			
	Agency		blic Health	Brandon Hill, Staff Analyst			
			Hress (Number and Street)	Phone Number			
			21 Fulton Street	559.600.6468 Email Address			
			v or Post Office, State, and ZIP Code	bhill@co.fresno.ca.us			
			esno, CA 93721	brill@co.fresho.ca.us	The state of the s		
II	Establishment of Fund	la	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	☑ Yes □ No		
		b	Date fund established.		03/01/1990		
		1)	Date fund established.		¢ 2 127 156 79		
		c	Fund balance on July 1, 2016.		\$ 2,127,456.78		
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on June 30, 2016,		
			N/A				
		2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?		Yes No		
		b	Date fund established.				
		c	Fund balance on July 1, 2016.				
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,		
III	Collections of	3	Fines, penalties, and forfeitures collected under each				
	Penalty		statute.	Statute	Collections		
Count	Assessments	a		Government Code § 76000	\$ 759,285.71		
they did	ystem indicated dinot have specific data.	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	1		
		¢		Vehicle Code § 42007	\$ 0.00		
		•		Total	\$ 759,285.71		
		d		Total	1		
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:			
			Entity	Contact (Name and Title)			
			Fresno County Superior Court	Lisa Armstrong			
			Phone Number	Email Address			
				larmstrong@fresno.courts	s.ca.gov		

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IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits		
Fund	a		Governme (Based	ent Code § 76000 I on GC § 76104)	\$ 759,285.71		
	b		Vehicle Co	ode § 42007			
	c			Total	\$ 759,285.71		
	d	If no deposits into Maddy EMS Fund, state reason(s)):	and district to the same of th			
	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		Governme	ent Code § 76000.5	\$ 0.00		
	ь		Vehicle Co	ode § 42007	\$ 0.00		
	c			Total	\$ 0.00		
	d	If no deposits into Maddy EMS Fund, state reason(s) Not established.): 				
		Responsibility for deposit of penalty assessments:					
		Entity Department of Public Health		ame and Title) Hill, Staff Analyst			
		Phone Number 559.600.6468	Email Add				
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)					
Distributions					Interest and Other Deposits		
	a	Interest earned during fiscal year, July 1, 2016-June	Interest earned during fiscal year, July 1, 2016-June 30, 2017.				
	b	Other deposits during fiscal year, July 1, 2016-June 3	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 depo						
	9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories	Reserve (Optional)	Category Distributions		
	a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost		\$ 75,928.57		
	ь	Physicians/Surgeons (58%)		\$ 0.00	\$ 396,347.14		

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V Maddy EMS					\$ 170,839.28
Fund Category Distributions	c	Hospitals (25%)			\$ 116,170.71
(cont.)	d	Other Discretionary EMS (17%)			
	e		l'otal	\$ 0.00	\$ 759,285.70
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not estab	lished, leave blank and go to	9 #12)
					Interest and Other Deposits
	a	Interest carned during fiscal year, July 1, 2016-June 30	, 2017.		AND A STATE OF THE
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		and the second s
	c	If other deposits were made, provide the type of deposit	ts and tl	ne reason(s) for the depo	sits:
	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%)			
	e	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f	,	Γotal	\$ 0.00	\$ 0.0
	12	Responsibility for category distributions:			
		1		(Name and Title) on Hill, Staff Analyst	
			Email A		
		559.600.6468	bhill@d	co.fresno.ca.us	
A Expenditures & Reimbursements otal is from a past	13	Total Administration expenditures from Maddy EMS I Assessment).	Administration expenditures from Maddy EMS Fund (Original sment).		
ar's venue.	14	Total Administration expenditures from Maddy EMS I	Fund (S	upplemental	Amount
		\$ 0.0			
	15	Total Richie's Fund expenditures from Maddy EMS F	pplemental	Amount	
	- •	Assessment). (If fund not established, leave blank and go to #		\$ 0.0	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

559.614.1167

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VI Expenditures &			Allo	wable Claims		Paid	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
,		from Maddy EMS Fund (Original Assessment).	29,690	\$ 8,838,876.9	29,690	100%	\$ 512,900.2
	b	If allowable claims were not paid during fiso	cal year, Jul	y 1, 2016-June 30,	2017, stat	te reason	n(s):
	e	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 5,720.20
			Allo	wable Claims		Paid	Claims
	ł7a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	τ, α	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so		collections from		Amoi	unt Reimbursed
	18	Required documentation for submission. (1		umentation is part of	the Maddy	EMS Fui	nd report, and mu
dditional docs		be submitted concurrently) A description of the Physicians/Surgeons claims payment methodologies.					
ending. ome documentation		A statement of the policies, procedures fund(s).	, and regula	tory action taken t			
tes to the tablishment of the		Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm					
nd and was not ailable.		☐ 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 Physi	icians/Surge	ons:			
		Entity	Co	ontact (Name and	l'itle)		and the second s
		Department of Public Health	В	randon Hill, Sta	ff Analys	st	
		Phone Number	En	nail Address			

bhill@co.fresno.ca.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	✓ Yes ☐ No (If no, go to #20d)					
unds are distributed	acco	rding to the percentage	Alla	wable Claims		Paid Cl	A 1 100 C	
of emergency departr	nent/	trauma encounters	#	S Amount	#	%	S Amount	
each hospital has.				37 Milount			3 Amount	
_	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisc	al year, Ju	ily 1, 2016-June 30	, 2017, stat	te reason(:	s):	
		Department is waiting for documentati	on to be	submitted for th	is time ne	riod		
		Department is training for decarriental			io unio pe	T		
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	pital claims	are paid on a claims	basis.		Amount	
	e	Total reimbursements from Hospitals due to	collection	s from patient/thi	rd-party,	Amoun	t Reimbursed	
		county penalties, and settlements.					\$ 0.00	
		T. In the SEXION COLUMN AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION A						
	21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (Iff and go to #22)			Y	es (If no, go to	☑ No 0 #21d)	
		W	1					
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.		1		0%		
		k		The state of the s		0.000.001.001.000	THE RESERVE OF THE PARTY OF THE	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							Amount	
	d	Direct disbursement to Hospitals. (N/A if hosp	oital claims	are paid on a claims	basis.	A		
		Leave blank and go to #22e)						
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thi	rd-party,	Amour	nt Reimbursed	
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report be submitted concurrently)						
		A description of the hospitals payment r	nethodolo	gies.				
	23	Responsibility for claims payments to Hospit	tals:					
		Entity	·	Contact (Name and	l Title)			
		Department of Public Health	1	Brandon Hill, St		st		
		Phone Number		Email Address				
		559.614.1167	bhill@co.fresno.ca.us					

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

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VII Fund Summary	Maddy EMS Fund (Original Assessment)							
		Available Funds fe	or Distribution		Fund Total			
	Balance on July 1, 2016	\$ 2,12	27,456.78 (1c)		\$ 2,127,456.78			
	Deposits for July 1, 2016-June 30, 2017	\$ 75	59,285.71 (5c)		\$ 2,886,742.49			
	Interest for July 1, 2016-June 30, 2017	\$ 2	27,721.17 (8a)		\$ 2,914,463.66			
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (8b)		\$ 2,914,463.66			
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 75,928.57		\$ 75,928.57	\$ 243,359.17 (13)			
	Physicians/Surgeons (58%)	\$ 396,347.14 (9b)	\$ 0.00 (9b)	\$ 396,347.14	\$ 512,900.27 (16a)			
	Hospitals (25%)	\$ 170,839.28	\$ 0.00	\$ 170,839.28	\$ 0.00 (20b Pd) \$ 0.00			
		(9c)	(9c)		(20d)			
	Other Discretionary EMS (17%)	\$ 116,170.71 (9d)	\$ 0.00 (9d)	\$ 116,170.71	\$ 0.00 (24a)			
	Total	\$ 759,285.70 (9e)	\$ 0.00 (9e)	\$ 759,285.70	\$ 756,259.44			
	Preliminary Fund Balauce (Fund Total - Total Expenditures)				\$ 2,158,204.22			
	Reimbursements		- Announced Mills and Signal Of Announced States and Announced States and Announced States and Announced States					
	Physicians/Surgeons	\$	5,720.20 (16c)		\$ 2,163,924.42			
	Hospitals		\$ 0.00 (20e)		\$ 2,163,924.42			
	Ending Balance for Total Available Funds as of June 30, 2017				\$ 2,163,924.42			

Signature of Maddy EMS Fund Administrator

Date / 18

Brandon Hill South Analy "

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

Ending Balance for Total Available

Hospitals

Funds as of June 30, 2017

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G					OF ORTH				
VII Fund Summary (cont.)	Maddy EMS Fund (Supplemental Assessment)								
		Available Funds fo	r Distribution		Fund Total				
	Balance on July 1, 2016		\$ 0.00		\$ 0.00				
	Deposits for July 1, 2016- June 30, 2017		\$ 0.00		\$ 0.00				
	Interest for July 1, 2016-June 30, 2017		\$ 0.00 (10a)		\$ 0.00				
	Other Deposits for July 1, 2016–June 30, 2017		\$ 0.00 (10b)		\$ 0.00				
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures				
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)				
	Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)				
	Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (<i>He</i>)	\$ 0.00	\$ 0.00 (17a)				
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd) \$ 0.00				
	Other Discretionary EMS (17%)	\$ 0.00 (11e)	(11d) \$ 0.00 (11e)	\$ 0.00	(21d) \$ 0.00 (25a)				
	Total	\$ 0.00	\$ 0.00 (11)	\$ 0.00	\$ 0.00				
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00				
	Reimbursements			A LOUIS A LOUIS CONTROL OF THE CONTR					
	Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00				
		1		1					

Signature of Maddy EMS Fund Administrator

\$ 0.00

Brandon Hill, Staff Analyst
Printed Name & Title

bhill@co.fresno.ca.us

\$ 0.00

\$ 0.00

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 1 of 8



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

	Agency	De	partment of Finance	Humberto Medina, Asst. D	Director of Finance
	,	_	dress (Number and Street)	Phone Number	of Cotor of Timarioc
			6 W Sycamore Street	(530) 934-6476	
		_	y or Post Office, State, and ZIP Code	Email Address	
		_	llows, CA 95988	hmedina@countyofglenn.	net
		-	9-79-01 COM CONTROL OF THE CONTROL O		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No
		b	Date fund established.		12/20/1988
		c	Fund balance on July 1, 2016.		\$ 171,398.60
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on June 30, 2016,
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes • No
		b	Date fund established.		
	c		Fund balance on July 1, 2016.		
Ш	Collections of	d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2010, differs it officialing bala.	nec on sunc 30, 2010,
		3	Fines, penalties, and forfeitures collected under each		
	Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
		3 a		Statute Government Code § 76000	
	Penalty				
	Penalty	a		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	
	Penalty	a b		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 48,934.32
	Penalty	a b		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	\$ 48,934.32
	Penalty	a b c d	statute.	Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	\$ 48,934.32
	Penalty	a b c d	Responsibility for collection of fines, penalties, and for	Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	\$ 48,934.32 \$ 48,934.32

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\$ 0.00

\$ 25,777.55

			CIFURM
V Deposits into Maddy EMS Fund	Total penalty assessments deposited into Mac EMS Fund (Original Assessment).	ldy Statute	Deposits
runa	a	Government Code § 76000 (Based on GC § 76104)	\$ 48,934.32
	b	Vehicle Code § 42007	
	c	Total	\$ 48,934.32
	d If no deposits into Maddy EMS Fund, state re	eason(s):	
	Total penalty assessments deposited into Mac EMS Fund (Supplemental Assessment). (If fu established, leave section blank and go to #7)		Deposits
	a	Government Code § 76000.5	
	b	Vehicle Code § 42007	
	c	Total	\$ 0.00
	7 Responsibility for deposit of penalty assessme Entity	Contact (Name and Title)	1 1
	Glenn County Superior Court Phone Number (530) 934-6382	Cindia Martinez, Interim Con Email Address cmartinez@glenncourt.ca.g	
Maddy EMS Fund Category Distributions	8 Maddy EMS Fund (Original Assessment)		
			Interest and Other Deposits
	a Interest earned during fiscal year, July 1, 201	6-June 30, 2017.	\$ 447.96
	b Other deposits during fiscal year, July 1, 2010	6-June 30, 2017.	\$ 0.00
	c If other deposits were made, provide the type	of deposits and the reason(s) for the depo	sits:
	9 Total amount of funds distributed to the spec for the period July 1, 2016-June 30, 2017.	ified categories Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesse or 10%)	er of actual cost	\$ 4,938.23

Physicians/Surgeons (58%)

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V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 182,509.61	\$ 170,000.00
Distributions	d Other Discretionary EMS (17%) e Total		\$ 0.00	\$ 7,555.49	
(cont.)		Γotal	\$ 182,509.61	\$ 208,271.27	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	shed, leave blank and go t	o 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 deposit	reason(s) for the depo	osits:	
	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%) Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%) Other Discretionary EMS (17%)			
	b				
	c				
	d				
	e				
	f		Γotal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
		The state of the s		Name and Title) itorz, Account Clerk	Cuponicor
			Email Ad		Supervisor
				countyofglenn.net	
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS I	Fund (Ori	ginal	Amount \$ 4,938.23
		Assessment).			\$ 4,930.23
	14	Total Administration expenditures from Maddy EMS I		pplemental	Amount
		Assessment). (If fund not established, leave blank and go to #	16a)		
	15	Total Richie's Fund expenditures from Maddy EMS For Assessment). (If fund not established, leave blank and go to #		olemental	Amount

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VI	Expenditures &
	Reimbursements (cont.)

		Alle	owable Claims		Paid	Claims
16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Original Assessment).	1	\$ 84,744.91	0	30%	\$ 25,777.55

	Il Physicians/Surgeons expenditures Il Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount
Asse	essment).	1	\$ 84,744.91	0	30%	\$ 25,777.5
If all	lowable claims were not paid during fisca	al year, Ju	ly 1, 2016-June 30,	2017, sta	ate reason	(s):
	ll reimbursements from Physicians/Surge ent/third-party, county penalties, and set		o collections from		Amou	nt Reimbursed \$ 0.00
-		Allo	owable Claims		Paid	Claims
	I Dhysisians/Curgoons ovnenditures	#	\$ Amount	#	%	\$ Amount
	l Physicians/Surgeons expenditures					
fron Asse blank	n Physicians Surgeons expenditures Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) lowable claims were not paid during fisca	ıl year, Ju	ly 1, 2016-June 30,	2017, sta	0%	(s):
from Asse blank	n Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) lowable claims were not paid during fisca			2017, sta	nte reason	
from Asse blank If all	n Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18)	eons due to		2017, sta	nte reason	
from Asse blank If all Tota patie	n Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) lowable claims were not paid during fiscal lowable claims were not	eons due to	o collections from		Amou	nt Reimbursed
If all Tota patie	Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) lowable claims were not paid during fiscal leave and go to #18, and go	eons due to tlements. e below doc	o collections from umentation is part of t	he Maddy	Amou	nt Reimbursed
from Asse blank If all Tota patic Requibe su	Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) lowable claims were not paid during fiscal leave and go to #18, and set the continuous for submission. (The bmitted concurrently)	eons due to tlements. e below doc s claims pa	o collections from umentation is part of t	he Maddy	Amou	nt Reimbursed d report, and <u>mu</u>
If all	Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) lowable claims were not paid during fiscal lowable claims were not paid to the lowable claims were not paid during fiscal lowable claims were not paid to the lowable c	eons due to tlements. e below doc s claims pa and regula	o collections from umentation is part of the nyment methodologistory action taken to	he Maddy ies. o implen	Amou Amou ent and a names of	nt Reimbursed d report, and must administer the specific
Tota patie	Maddy EMS Fund (Supplemental ssment). (If fund not established, leave and go to #18) I reimbursements from Physicians/Surge ent/third-party, county penalties, and sett uired documentation for submission. (The bmitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos	eons due to tlements. e below doc s claims pa and regula spitals adm	o collections from umentation is part of the nyment methodologicatory action taken to ninistrator organization tacted to review	he Maddy ies. D implen ation, or claims p	Amou	nt Reimbursed d report, and must administer the specific nethodologies.

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

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VI Expenditures & Reimbursements (cont.)		20a	Indicate if Hospital claims are paid on a cl EMS Fund (Original Assessment).		Yes No (If no, go to #20d)				
				All	owable Claims		Paid Cl	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
				2-5-03				Amount	
		d	Direct disbursement to Hospitals. (N/A if h Leave blank and go to #21e)	ospital claim	s are paid on a claims i	basis.	\$	170,000.00	
		e	Total reimbursements from Hospitals due county penalties, and settlements.	to collectio	ns from patient/thir	d-party,	Amour	\$ 0.00	
		21a	Indicate if Hospital claims are paid on a cl EMS Fund (Supplemental Assessment). (a and go to #22)	es No (If no, go to #21d)					
				Alle	owable Claims		Paid Cl	aims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.	4			0%		
		c	If allowable claims were not paid during fi	scal year, J	July 1, 2016-June 30	, 2017, stat	te reason(s):	
		d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)					A	Amount	
		e Total reimbursements from Hospitals due to collections from patient/third-party county penalties, and settlements.						Amount Reimbursed	
		22	Required documentation for submission. be submitted concurrently)	EMS Fund	report, and must				
			☑ A description of the hospitals paymen	t methodol	ogies.				
		23	Responsibility for claims payments to Hos Entity	pitals:	Contact (Name and				
			County of Glenn		Humberto Medin	a, Asst. I	Director	of Finance	
			Phone Number (530) 934-6476		Email Address	vofalenn net			

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VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	하는 것이 없는 사람들이 살아보는 사람들이 되었다면 하는 것이 없는 것이 없다.		\$ 7,555.49
		b	Description of other EMS services provided:	
			See supplemental schedule attached to report.	
	25a Total C	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount	
	(Supplemental Assessment). (If fund not established, leave blank) b Description of other EMS services provided:			
			Description of other EMS services provided.	

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Hospitals

Funds as of June 30, 2017

Ending Balance for Total Available



VII	Fund	Summ	arv
ATT	I unu	Summ	aly

Maddy	EMS F	und
(Original	Assessr	nent)

(Original Assessment)						
	Available Funds for Distribution	(+/-)	Fund Total			
Balance on July 1, 2016	\$ 171,398.60 (Ic)	+	\$ 171,398.60			
Deposits for July 1, 2016-June 30, 2017	\$ 48,934.32 (5c)	+	\$ 220,332.92			
Interest for July 1, 2016-June 30, 2017	\$ 447.96 (8a)	+	\$ 220,780.88			
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	+	\$ 220,780.88			

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,938.23 (9a)			\$ 4,938.23	
Physicians/Surgeons (58%)	\$ 25,777.55 (9b)	\$ 0.00 (9b)	\$ 25,777.55	\$ 25,777.55 (16a)	
Hospitals (25%)	\$ 170,000.00	\$ 182,509.61	¢ 12 500 61	\$ 0.00 (20b Pd)	
	(9c)	\$ 162,309.01 (9c)	-\$ 12,509.61	\$ 170,000.00 (20d)	
Other Discretionary EMS (17%)	\$ 7,555.49 (9d)	\$ 0.00 (9d)	\$ 7,555.49	\$ 7,555.49 (24a)	
Total	\$ 208,271.27 (9e)	\$ 182,509.61 (9e)	\$ 25,761.66	\$ 208,271.27	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 12,509.61	
Reimbursements					
Physicians/Surgeons		\$ 0.00	+	\$ 12,509.61	

Signature of Maddy EMS Fund Administrator

\$ 0.00

(20e)

Date

Dute

\$ 12,509.61

\$ 12,509.61

Humberto Medina, Asst. Director of Finance hmedina@countyofglenn.ne

+

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	(+/-)	Fund Total
Balance on July 1, 2016	\$ 0.00	1+	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	+	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 (10a)	+	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	14	\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve	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
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 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, 2017			\$ 0.00

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Agency		Humboldt County DHHS- Public Health		Shannon Falk-Carlsen			
		Add	dress (Number and Street) 9 steet	Phone Number 707-441-5438				
			y or Post Office, State, and ZIP Code	Email Address				
		100	ireka, CA 95501	sfalk-carlsen@co.humbolo	dt.ca.us			
П	Establishment of	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	□ Ves □ No			
	Fund			iginal Assessment):	The second second			
		b	Date fund established.					
		c	Fund balance on July 1, 2016.		\$ 217,956.53			
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No			
			Date fund established.					
		b	7 . 3 . 5 . 6 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7		06/26/2007 \$ 17,662.86			
		c	Fund balance on July 1, 2016.		\$ 17,002.00			
Ш	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	a		Government Code § 76000	\$ 185,254.74			
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 169,171.71			
		c		Vehicle Code § 42007				
		d		Total	\$ 354,426.45			
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:				
			Entity	Contact (Name and Title)				
			Superior Court of California Humboldt County	Court Clerks Office				
			Phone Number 707-445-7256	Email Address				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8





IV Deposits into Maddy EMS Fund		Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
rund	a		Government Code § 76000 (Based on GC § 76104)	\$ 185,254.74
	b		Vehicle Code § 42007	
	c		Total	\$ 185,254.74
	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
	а		Government Code § 76000.5	\$ 169,171.71
	ь		Vehicle Code § 42007	
	c	Á-	Total	\$ 169,171.71
	7	Responsibility for deposit of penalty assessments:	Contact (Name and Title)	
		Humboldt County Treasurer-Tax Collector	John Bartholomew, Treasu	rer-Tax Collector
		Phone Number 707-476-2450 or 877-448-6829	Email Address taxinfo@co.humboldt.ca.us	22-120-00-00-00-00-00-00-00-00-00-00-00-00-0
V Maddy EMS Fund Catego	ory 8	Maddy EMS Fund (Original Assessment)		
Distribution	S			Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 1,183.63
	b	Other deposits during fiscal year, July 1, 2016-June	30, 2017.	
	c	If other deposits were made, provide the type of dep	osits and the reason(s) for the dep	osits:
	9	Total amount of funds distributed to the specified cafor the period July 1, 2016-June 30, 2017.	ntegories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of ac or 10%)	tual cost	\$ 18,682.33

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					CALIFORNIA
V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 143,374.75
Distributions	d	Other Discretionary EMS (17%)			\$ 97,494.83
(cont.)	e		Total	\$ 0.00	\$ 592,181.32
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	l not establ	ished, leave blank and go t	o #12) Interest and
				-	Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.	4	\$ 384.96
	b	Other deposits during fiscal year, July 1, 2016-June 30	, 2017.		
	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 actu cost or 10%)	al		\$ 16,917.17
	b	Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 22,838.18
	c				\$ 75,061.49
	d	Hospitals (25%)			\$ 32,354.09
	e	Other Discretionary EMS (17%)			\$ 22,000.78
	f		Total	\$ 0.00	\$ 169,171.71
	12	Responsibility for category distributions:			
		Entity County of Humboldt Auditor's Office		(Name and Title) anuma, Accountant	/Auditor
		Phone Number 707-476-2453	Email Ad STanur	ldress na@co.humboldt.ca	us
/I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (Or	iginal	Amount \$ 16,917.17
	14	Total Administration expenditures from Maddy EMS		pplemental	Amount \$ 18,682.33
		Assessment). (If fund not established, leave blank and go to	#10a)		Ψ 10,002.00
	15	Total Richie's Fund expenditures from Maddy EMS I		plemental	Amount
		Assessment). (If fund not established, leave blank and go to	#16a)		\$ 22,702.20

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707-441-5435



Reimbursements			Allo	wable Claims		Paid C	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	1,130	\$ 122,999.19	1,130	100%	\$ 102,089.33
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2016-June 30,	2017, stat	e reason((s):
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.			Amount Reimbursed \$ 0.00		
			Allo	wable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	1,130	\$ 122,999.19	1,130	100%	\$ 20,909.86
	c	Total Control of the Control					nt Dalarkana d
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 0.00
	18	patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures,	ttlements. The below docu	umentation is part of	ies.	EMS Fun	\$ 0.00 d report, and <u>mus</u>
		patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently) A description of the Physicians/Surgeon	ttlements. The below documents claims parand regular	umentation is part of yment methodolog tory action taken t	gies. o implem ation, or 1	EMS Fundant and a	\$ 0.00 d report, and must administer the specific
		patient/third-party, county penalties, and see Required documentation for submission. (Tobe submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and He	ttlements. The below documents claims parand regular Dispitals administrators of	umentation is part of a yment methodolog tory action taken to inistrator organize ontacted to review	ies. o implem ation, or i	EMS Fundant and a	\$ 0.00 d report, and must administer the specific nethodologies.
		patient/third-party, county penalties, and see Required documentation for submission. (Tobe submitted concurrently) ☑ A description of the Physicians/Surgeon ☑ A statement of the policies, procedures, fund(s). ☑ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital adm ☑ A description of the process used to soli	ttlements. The below documents claims parameter and regular espitals administrators conticit input from	yment methodolog tory action taken t ninistrator organiz contacted to review om Physicians/Sur	ies. o implem ation, or i	EMS Fundant and a	\$ 0.00 d report, and must administer the specific nethodologies.
		patient/third-party, county penalties, and see Required documentation for submission. (Tobe submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital adm ✓ A description of the process used to soli payment distribution methodology.	ttlements. The below documents claims parameter and regular espitals administrators of the content of the conte	yment methodolog tory action taken t ninistrator organiz contacted to review om Physicians/Sur	ies. o implem ation, or i	EMS Fundant and a	\$ 0.00 d report, and must administer the specific nethodologies.
	18	patient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital adm ✓ A description of the process used to solipayment distribution methodology. ✓ An identification of the fee schedule use	ttlements. The below documents claims parameter and regular consistent or section of the constant of the const	yment methodolog tory action taken t ninistrator organiz contacted to review om Physicians/Sur	gies. o implem ation, or a claims p geons and	EMS Fundandanames of ayment n	\$ 0.00 d report, and must administer the specific nethodologies.

OWilder@co.humboldt.ca.us

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VI Expenditures & Reimbursements (cont.)		20a	Indicate if Hospital claims are paid on a claims b EMS Fund (Original Assessment).		Yes No (If no, go to #20d)							
				Allo	owable Claims	Paid Claims						
				#	\$ Amount	#	%	\$ Amount				
		b	Total Hospitals expenditures.	2	\$ 4,329,183.0	2	100%	\$ 85,969.16				
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):									
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)									
		e	Total reimbursements from Hospitals due to col	lectio	ns from patient/thire	d-party,	Amour					
			county penalties, and settlements.			1 3	\$ 0.00					
		21a	Indicate if Hospital claims are paid on a claims EMS Fund (Supplemental Assessment). (If fund and go to #22)	✓ Yes								
				Allo	owable Claims		Paid C	laims				
				#	\$ Amount	#	%	\$ Amount				
		b	Total Hospitals expenditures.	2	\$ 4,329,183.0	2	100%	\$ 16,605.00				
		c	If allowable claims were not paid during fiscal y	ear, J	uly 1, 2016-June 30,	2017, sta	ite reason(Amount Reimbursed \$ 0.00 In No to, go to #21d) Paid Claims Shamount Amount Amount				
		d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #22e)	claim	s are paid on a claims b	asis.	.,	Amount				
			Total main housements from Heavitale due to al	i and the		100	Amou	Amount Reimbursed \$ 0.00 In No Fino, go to #21d) Paid Claims % \$ Amount 100% \$ 16,605.00 reason(s): Amount Amount Reimbursed \$ 0.00 MS Fund report, and must				
		e	Total reimbursements from Hospitals due to col county penalties, and settlements.	lectio	ns from patient/thir	d-party,	V.					
		22	Required documentation for submission. (The be be submitted concurrently)	elow d	ocumentation is part of	the Madd	y EMS Fund	l report, and <u>must</u>				
			A description of the hospitals payment met	hodol	ogies.							
		23	Responsibility for claims payments to Hospitals: Entity Humboldt County DHHS- Public Health		Contact (Name and Olivia Wilder, Bu		ecialist					
			Phone Number 707-441-5435		Email Address OWilder@co.hur							

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

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VII	Fund	Sum	ma	ry
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Maddy EMS Fund (Original Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 18,682.33 (9a)		\$ 18,682.33	\$ 16,917.17 (13)
Physicians/Surgeons (58%)	\$ 332,629.41 (9b)	\$ 0.00 (9b)	\$ 332,629.41	\$ 102,089.33 (16a)
Hospitals (25%)	\$ 143,374.75	\$ 0.00	\$ 143,374.75	\$ 85,969.16 (20b Pd)
	φ 143,374.73 (9c)	(9c)	\$ 145,574.75	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 97,494.83 (9d)	\$ 0.00 (9d)	\$ 97,494.83	\$ 119,197.15 (24a)
Total	\$ 592,181.32 (9e)	\$ 0.00 (9e)	\$ 592,181.32	\$ 324,172.81
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 80,222.09

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

Signature of Maddy EMS Fund Administrator

owilder@co.humboldt.ca.us

Printed Name & Title

Olivia Wilder, Budget Specialist

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

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

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

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

Signature of Maddy EMS Fund Administrator

Date

Olivia Wilder, Budget Specialist

owilder@co.humboldt.ca.us

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Ī	Administering Agency	County Department	County Contact (Name and T					
	Agency	Inyo County Health & Human Services	Melissa Best-Baker, Seni	or Management Anal				
		Address (Number and Street)	Phone Number					
		P.O. Drawer H	760-878-0232					
		City or Post Office, State, and ZIP Code	Email Address					
		Independence, CA 93526	mbestbaker@inyocounty	us				
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	Priginal Assessment)?	✓ Yes □ No				
		b Date fund established.		07/01/1989				
		c Fund balance on July 1, 2016.		\$ 339,769.27				
		 d If the Maddy EMS Fund beginning balance on July I state reason(s): This is the true beginning and ending balance 						
		This is the true beginning and ending balance	e. There was a formula issue) .				
		2a Has the agency established the Maddy EMS Fund (S	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?					
		b Date fund established.	Date fund established.					
		c Fund balance on July 1, 2016.	Fund balance on July 1, 2016.					
		d If the Maddy EMS Fund beginning balance on July state reason(s):	1, 2016, differs from ending bala	nce on June 30, 2016,				
III	Collections of Penalty Assessments	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections				
	1 ROODDANI CHED	a	Government Code § 76000	\$ 233,584.48				
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)					
		с	Vehicle Code § 42007					
		d	Total	\$ 233,584.48				
		4 Responsibility for collection of fines, penalties, and for	rfeitures:					
		Entity	Contact (Name and Title)					
		Inyo Superior Court of California	Danielle Sexton, Court Fir	ance Manager				
		Phone Number 760-872-4730	Email Address danielle.sexton@inyocour	t.ca.gov				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits			
Fund	a			ment Code § 76000 sed on GC § 76104)	\$ 233,584.48			
	b		Vehicle (Code § 42007				
	c			Total	\$ 233,584.48			
	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			
	а		Governn	nent Code § 76000.5				
	b		Vehicle (Code § 42007				
	c			Total	\$ 0.00			
	d	If no deposits into Maddy EMS Fund, state reason(s): N/A						
	7	Responsibility for deposit of penalty assessments:						
		Entity Inyo Superior Court of California		Name and Title)				
		Phone Number 760-872-4730	Email Ad		a.gov			
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)						
Distributions					Interest and Other Deposits			
	a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 3,078.49			
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.					
	c	If other deposits were made, provide the type of depos	its and the	reason(s) for the depos	its:			
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories	Reserve (Optional)	Category Distributions			
	а	Administration (Admin cost equal to the lesser of actuor 10%)	al cost		\$ 20,019.85			
	b	Physicians/Surgeons (58%)						

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W Maddy EMS Fund Category	c	Hospitals (25%)			
Distributions	d	Other Discretionary EMS (17%)			\$ 48,820.58
(cont.)	e		Total	\$ 0.00	\$ 68,840.43
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	l not establ	ishad laava blank and aa t	to #12)
	**	Maddy E. M. 1 and (Supplemental Assessment) (A) James	noi estitoi	isnea, teave mank and go t	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 deposi	ts and th	e reason(s) for the depo	osits:
	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 actua cost or 10%)			
	b	Richie's Fund (15%)			
	c d	Physicians/Surgeons (58%)			
		Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
				Name and Title) Best-Baker	
			Email Ad		
Expenditures &		700-676-0232	mbestba	aker@inyocounty.us	
Reimbursements	13	Total Administration expenditures from Maddy EMS I Assessment).	Fund (Or	iginal	Amount \$ 20,019.85
	14	Total Administration expenditures from Maddy EMS I		pplemental	Amount
		Assessment). (If fund not established, leave blank and go to #	16a)		

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VI	Expenditures &	_						ALIFORNIA.
	Reimbursements				owable Claims			Claims
	(cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount
			Assessment).				0%	
		b	If allowable claims were not paid during fisca Received no eligible claims during this		•	, 2017, sta	ate reason	(s):
		c	Total reimbursements from Physicians/Surger patient/third-party, county penalties, and sett		o collections from		Amou	nt Reimbursed
			-	A 11	bl- Cl-i		D-: 1 /	OI- !
		179	Total Physicians/Surgeons expenditures	#	S Amount	#	%	Claims \$ Amount
		174	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	n n	5 Amount	#	0%	5 Amount
		c	Total reimbursements from Physicians/Surgeo	ons due to	o collections from		Amou	nt Reimbursed
		40	patient/third-party, county penalties, and settl			_	L	
		18	Required documentation for submission. (The be submitted concurrently)	below doc	cumentation is part of	the Maddy	EMS Fund	d report, and <u>must</u>
			\square A description of the Physicians/Surgeons	claims pa	ayment methodolog	gies.		
			A statement of the policies, procedures, al fund(s).	nd regula	itory action taken t	o implen	nent and a	dminister the
			Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini					
			A description of the process used to solicit payment distribution methodology.	input fr	om Physicians/Sur	geons an	d Hospital	s to review
			An identification of the fee schedule used	by the co	unty.			
		19	Responsibility for claims payments to Physicia	ns/Surge	eons:			
			Entity		ontact (Name and T	-		
			Inyo County Health & Human Services		lelissa Best-Bak	er, Sen	ior Mana	gement Anals
			Phone Number		nail Address			
			760-878-0232	n	nbestbaker@inyo	ocounty	.us	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures & Reimbursements (cont.)		20a	Indicate if Hospital claims are paid on a clai EMS Fund (Original Assessment).	Yes No (If no, go to #20d)					
				Allowable Claims		Paid Claims		laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, s						(s);	
		d	Direct disbursement to Hospitals. (N/A if hospitals. Leave blank and go to #21e)	pital claims	are paid on a claims	basis.		Amount	
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ıs from patient/thir	d-party,	Amou	nt Reimbursed	
		21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)					Yes No (If no, go to #21d)	
				Allo	wable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims	are paid on a claims l	basis.	A	Amount	
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thir	d-party,	Amour	nt Reimbursed	
		22 Required documentation for submission. (The below documentation is part of the Madbe submitted concurrently)						report, and <u>must</u>	
			A description of the hospitals payment m	nethodolog	gies.				
			Responsibility for claims payments to Hospita			TOTAL S			
			Entity Inyo County Health & Human Services		Contact (Name and Melissa Best-Bal		or Mana	gement Analy	
			Phone Number 760-878-0232	E	mail Address				
			100 010-0202		Incomare willy	occurry,	uo		

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

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VII	Fund	Summary
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Maddy EMS Fund

	(Original Assessment)		
	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 339,769.27 (1c)		\$ 339,769.27
Deposits for July 1, 2016-June 30, 2017	\$ 233,584.48 (5c)		\$ 573,353.75
Interest for July 1, 2016-June 30, 2017	\$ 3,078.49		\$ 576,432.24
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)		\$ 576,432.24
		[A., 2.11 E. 1.]	

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

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

Signature of Maddy EMS Fund Administrator

Melissa Best Baker St Mant Analyst mbestbakers

Printed Name & Title Email Address inyocarnty.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

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

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

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

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Email Address

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

<u> </u>	Administering	Cou	inty Department	County Contact (Name and T	itle)
	Agency	Ke	rn County Public Health Services Department	Brynn Carrigan	
		Address (Number and Street) Phone Number		Phone Number	•
		189	00 Mt. Vernon Ave	(661) 321-3000	
		City	or Post Office, State, and ZIP Code	Email Address	
		Ba	kersfield, CA 93306	brynn@kerncounty.com	
ΙΙ	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	☑ Yes □ No
		Ь	Date fund established.		07/19/1988
		c	Fund balance on July 1, 2016.		\$ 1,467,999.95
		đ	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending bala	nce on June 30, 2016,
			Last year's report did not ask for a break out of the ending balance on 06/30/16 included both		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	■ Yes □ No (If no, go to #3)
		b	Date fund established.		02/01/2015
		c	Fund balance on July 1, 2016.		\$ 458,326.44
		đ	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nee on June 30, 2016,
,			Last year's report did not ask for a break out of the ending balance on 06/30/16 included both		
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 1,316,686.04
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.	
		c	•	Vehicle Code § 42007	\$ 0.00
		ď		Tota	\$ 2,581,678.33
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:	
			Entity Superior Court of California, County of Kern	Contact (Name and Title) Gina Fisher	kaphangalaja ang bingalaja, ak pang ini pahada palamananan aran na kapingalaja ini na ini paman bilan melala n
			Phone Number (661) 868-4668	Email Address Gina.Fisher@kern.courts	.ca.gov

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V Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute		Deposits
runa	а		Government Code § 7 (Based on GC § 761		\$ 1,316,686.04
	b		Vehicle Code § 42007	-	\$ 0.00
••	c			Total	\$ 1,316,686.0
4	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 § 7	6000.5	\$ 1,264,992.2
	ь		Vehicle Code § 42007		\$ 0.0
*	c			Total	\$ 1,264,992.2
	d	If no deposits into Maddy EMS Fund, state reason(s):			
			**************************************		nggangagang pagabi Andri da da da Malada kan mahannang 1888 (1886
	7	Responsibility for deposit of penalty assessments:			
		Entity Superior Court of California, County of Kern,	Contact (Name and Ti Gina Fisher	tle)	
		Phone Number (661) 868-4668	Email Address Gina.Fisher@kern.	courts.ca	.gov
Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)			
Distributions					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 14,681.4
	b	Other deposits during fiscal year, July 1, 2016-June 3), 2017.		
	e .	If other deposits were made, provide the type of depos	its and the reason(s) for	r the depo	sits:
			<u> </u>	I	
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories Reserv		Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor 10%)	ral cost		\$ 134,287.4
	b	Physicians/Surgeons (58%)			\$ 700,980.6

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V Maddy EMS Fund Category	e	Hospitals (25%)			\$ 302,146.87
Distributions	d	Other Discretionary EMS (17%)			\$ 205,459.82
(cont.)	e		Total	\$ 0.00	\$ 1,342,874.80
			~ 		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	d not esta	iblished, leave blank and go i	Interest and Other Deposits
		Interest earned during fiscal year, July 1, 2016-June 3	0 2017		\$ 14,105.73
	a 1.				
	b	Other deposits during fiscal year, July 1, 2016-June 30	J, 2017.		
	c 11	Total amount of funds distributed to the specified		Reserve	Category
		categories for the period July 1, 2016-June 30, 2017.		(Optional)	Distributions
	al.	Administration (Admin cost equal to the lesser of actueost or 10%)	al		\$ 117,003.51
	b	Richie's Fund (15%)			\$ 175,505.28
	c	Physicians/Surgeons (58%)			\$ 508,965.33
	d	Hospitals (25%)			\$ 219,381.65
	e	Other Discretionary EMS (17%)			\$ 149,179.49
•	f		Total	\$ 0.00	\$ 1 <u>,</u> 170,035.26
	12	Responsibility for category distributions:			
		Entity	l .	ct (Name and Title)	
		Kern County Public Health Services Department Phone Number		Carrigan Address	
		(661) 321-300	l	@kerncounty.com	•
/I Expenditures &			de contractor	· ·	Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (Original	\$ 134,287.49
					,
	4.4	Total Administration expenditures from Maddy EMS	Eund /	Supplemental	Amount
	14	Assessment). (If fund not established, leave blank and go to		Suppremental	\$ 117,003.51
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (S	Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to			\$ 175,505.28

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



I Expenditures Reimbursemer			Allov	vable Claims		Paid (Claims
(cont.)	nrs 16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	- S Amount
, ,	9	from Maddy EMS Fund (Original Assessment).	13,127	\$ 754,308.70	13,127	100%	\$ 377,194.97
					!		
	b	If allowable claims were not paid during fisc	al year, July	1, 2016-June 30,	2017, stat	e reason	(s):
	a a						
				•			
							٠
	c	Total reimbursements from Physicians/Surg	eone due to	collections from		Amou	nt Reimbursed
•		patient/third-party, county penalties, and sel		Concerous ir on			\$ 12,732.82
					 		
			Allov	vable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental	#	\$ Amount	#	%	\$ Amount
		Assessment). (If fund not established, leave	13,127	\$ 547,685.59	13,127	100%	\$ 273,872.28
		blank and go to #18)		1	L		

	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed
	18	Required documentation for submission. (The be submitted concurrently)	he below docu	mentation is part of	the Maddy	EMS Fun	
		П . 1					d report, and must
		☐ A description of the Physicians/Surgeon	is claims pay	yment methodolog	gies.		d report, and <u>must</u>
		A description of the policies, procedures, fund(s).		•	,	ent and a	· ·
		☐ A statement of the policies, procedures,	and regulat	ory action taken t	o implem ation, or 1	names of	administer the
		 ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho 	and regulat espitals administrators co	ory action taken t inistrator organiz ontacted to review	o implem ation, or i	names of ayment n	idminister the specific nethodologies.
-		 □ A statement of the policies, procedures, fund(s). □ Name(s) of Physicians/Surgeons and Horphysicians/Surgeons and Hospital admi □ A description of the process used to soli 	and regulat ospitals admi nistrators co	ory action taken t inistrator organiz ontacted to review m Physicians/Sur	o implem ation, or i	names of ayment n	idminister the specific nethodologies.
	19	 □ A statement of the policies, procedures, fund(s). □ Name(s) of Physicians/Surgeons and Horphysicians/Surgeons and Hospital admi □ A description of the process used to soli payment distribution methodology. 	and regulat espitals administrators co cit input fro d by the con	ory action taken t inistrator organiz ontacted to review m Physicians/Sur inty.	o implem ation, or i claims pa geons and	names of ayment n	idminister the specific nethodologies.
	19	 □ A statement of the policies, procedures, fund(s). □ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admi □ A description of the process used to soli payment distribution methodology. □ An identification of the fee schedule use Responsibility for claims payments to Physic Entity 	and regulat espitals administrators co cit input fro d by the cou- cians/Surgeo	ory action taken t inistrator organiz ontacted to review m Physicians/Sur inty.	o implem ation, or i claims pa geons and	names of ayment n	idminister the specific nethodologies.
	19	 □ A statement of the policies, procedures, fund(s). □ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admi □ A description of the process used to soli payment distribution methodology. □ An identification of the fee schedule use Responsibility for claims payments to Physic Entity Kern County Public Health Services D 	and regulat espitals administrators co cit input fro d by the cou- cians/Surgeo	ory action taken t inistrator organiz ontacted to review m Physicians/Sur inty. ons: ntact (Name and Trynn Carrigan	o implem ation, or i claims pa geons and	names of ayment n	idminister the specific nethodologies.
	19	 □ A statement of the policies, procedures, fund(s). □ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admi □ A description of the process used to soli payment distribution methodology. □ An identification of the fee schedule use Responsibility for claims payments to Physic Entity 	and regulat espitals administrators co cit input fro d by the con cians/Surgeo Departs Br	ory action taken t inistrator organiz ontacted to review m Physicians/Sur inty.	o implem ation, or i claims pa geons and	names of ayment n	idminister the specific nethodologies.

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VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	s basis f	for the Maddy		Yes (If no, go	✓ No to #20d)	
	,		Allo	owable Claims		Paid Cl	aims	
			#	S Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							Amount	
*	đ	Direct disbursement to Hospitals. (N/A if hospitals teave blank and go to #21e)	tal claim:	s are paid on a claims l	busis.	\$	302,146.83	
	e	Total reimbursements from Hospitals due to e	ollectio	ns from patient/thir	d-party,	Amour	nt Reimbursed	
		county penalties, and settlements.					\$ 0.00	
	21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fun and go to #22)			D \	es (If no, go to	☑ No o #21d)	
			Alle	owable Claims		Paid C	laims	
			Ħ	S Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.		,		0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							Amount	
	đ	Direct disbursement to Hospitals. (N/A if hospitals teave blank and go to #22e)		\$ 544,066.42				
				- F		Amou	nt Reimbursed	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	еонесно	ons from patient/thi	-и-рагту,		\$ 0.00	
	22	Required documentation for submission. (The be submitted concurrently)	e below d	locumentation is part o	f the Maddy	EMS Fund	d report, and must	
		A description of the hospitals payment m	ethodol	logies	a and a second second second			
	23	Responsibility for claims payments to Hospits	ıls:	Contact (Name and	l Title)			
		Kern County Public Health Services De	epar	Brynn Carrigan				
		Phone Number (661) 321, 3000		Email Address	inty com			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

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VII	Fund	Sum	mary

Maddy EMS Fund (Original Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 134,287.49 (%)		\$ 134,287.49	\$ 134,287.49 (13)
Physicians/Surgeons (58%)	\$ 700,980.62 (96)	\$ 0.00 (9b)	\$ 700,980.62	\$ 377,194.97 (16n)
Hospitals (25%)	\$ 302,146.87	\$ 0.00	\$ 302,146.87	\$ 0.00 (20b Pd) \$ 302,146.83
Other Discretionary EMS (17%)	\$ 205,459.82 (9d)	\$ 0.00 (9d)	\$ 205,459.82	\$ 205,459.82 (24a)
Total	\$ 1,342,874.8((9e)	\$ 0.00 (%)	\$ 1,342,874.8	\$ 1,019,089.11
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,780,278.35

Reimbursements		1 To 1	
Physicians/Surgeons	\$ 12,732.82 (76c)		\$ 1,793,011.17
Hospitals	\$ 0.00 (20e)		\$ 1,793,011.17
Ending Balance for Total Available Funds as of June 30, 2017		en en en	\$ 1,793,011.17

Signature of Maddy EMS Fund Administrator

Brynn Carrigan, Assistant Director

Printed Name & Title

04/16/2018

Date

brynn@kerncounty.com

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available

Funds as of June 30, 2017



VII	Fund Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	(Dappionalism)			
	Available Funds fo	r Distribution		Fund Total
Baiance on July 1, 2016	\$ 458,	326.44 (2c)		\$ 458,326.44
Deposits for July 1, 2016- June 30, 2017	\$ 1,264,	992.29 (6c)		\$ 1,723,318.73
Interest for July 1, 2016-June 30, 2017	\$ 14,	105.73		\$ 1,737,424.46
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 1,737,424.46
Distributions/Expenditures	Category Distributions	Reserve (Opilonal)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 117,003.51 (21a)		\$ 117,003.51	\$ 117,003.5
Richie's Fund (15%)	\$ 175,505.28 (116)		\$ 175,505.28	\$ 175,505.2
Physicians/Surgeons (58%)	\$ 508,965.33 (11)	\$ 0.00 (11c)	\$ 508,965.33	\$ 273,872.2 (17)
Hospitals (25%)	\$ 219,381.65	\$ 0.00	\$ 219,381.65	\$ 0.00 (216 Pe \$ 544,066.4
Other Discretionary EMS (17%)	(11d) \$ 149,179,49 (11e)	(114) \$ 0.00 (11e)	\$ 149,179.49	(21a \$ 149,179.4 (23)
Total	\$ 1,170,035.2	\$ 0.00 (11)	\$ 1,170,035.26	\$ 1,259,626.9
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 477,797.4
Reimbursements				
Physicians/Surgeons		\$ 0.00 _(17e)		\$ 477,797.4
Hospitals		\$ 0.00 (21e)		\$ 477,797.48

Signature of Maddy EMS Fund Administrator

Brynn Carrigan, Assistant Director

Printed Name & Title

04/16/2018

Date

brynn@kerncounty.com

\$ 477,797.48

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency		unty Department .C - DEPARTMENT OF HEALTH SERVICES	County Contact (Name and Ti		
	0 "	_	dress (Number and Street)	Phone Number	LECTOR OF EIVIS	
			100 PIONEER BLVD STE 200	562-378-1604		
			y or Post Office, State, and ZIP Code	Email Address		
			NTA FE SPRINGS, CA 90670	cchidester@dhs.lacounty.	gov	
II	Establishment of	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes ☐ No	
	rund	b	Date fund established.	,	01/01/1988	
		c	Fund balance on July 1, 2016.		\$ 671,727.44	
		ď	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending balar		
			The ending fund balance from FY 2015-16 rep	oort was based on an estima	te.	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No	
		b	Date fund established.	*	03/06/2007	
		c	Fund balance on July 1, 2016.		\$ 4,742,281.25	
		đ	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
			The ending fund balance from FY 2015-16 rep	oort was based on an estima	te.	
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	а		Government Code § 76000	\$ 20,607,259,37	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 6,022,246.74	
		c		Vehicle Code § 42007	\$ 4,618,626.01	
		d		Total	\$ 31,248,132.12	
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
			Entity	Contact (Name and Title)		
			LA SUPERIOR COURT - REVENUE MGMT	SYLVIA CORRAL, FINAN	CE ADMINISTRATO	
			Phone Number 213-633-0087	Email Address scorral@lacourt.org		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute		Deposits
runa	а		Government Code (Based on GC §	§ 76000 76104)	\$ 5,887,793.86
	b		Vehicle Code § 420	007	\$ 2,132,926.60
	c			Total	\$ 8,020,720,46
	d	If no deposits into Maddy EMS Fund, state reason(s)	:		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute		Deposits
	a		Government Code	§ 76000.5	\$ 6,022,246.74
	b		Vehicle Code § 420	007	\$ 2,181,633.82
	c			Total	\$ 8,203,880,56
				-	
	7	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT	Contact (Name and SYLVIA CORRA		E ADMINISTRATO
	7	Entity		AL, FINANCE	E ADMINISTRATO
Fund Category		Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number	SYLVIA CORRA	AL, FINANCE	E ADMINISTRATO
		Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087	SYLVIA CORRA	AL, FINANCE	E ADMINISTRATO
Fund Category		Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087	SYLVIA CORRA Email Address scorral@lacourt	AL, FINANCE	Interest and Other Deposits
Fund Category	8	Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment)	SYLVIA CORRA Email Address scorral@lacourt. 30, 2017.	AL, FINANCE	Interest and Other Deposits \$ 27,268.58
Fund Category	8	Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	SYLVIA CORRA Email Address scorral@lacourt. 30, 2017.	AL, FINANCE	Interest and Other Deposits \$ 27,268.58 \$ 0.00
Fund Category	8 a b	Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of deposits during fiscal year, July 1, 2016-June 3	SYLVIA CORRA Email Address scorral@lacourt. 30, 2017. 60, 2017. sits and the reason(s	org org for the depos	Interest and Other Deposits \$ 27,268.58 \$ 0.00 sits:
Fund Category	8 a b	Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of deposits	SYLVIA CORRA Email Address scorral@lacourt. 30, 2017. 60, 2017. sits and the reason(s	org	Interest and Other Deposits \$ 27,268.58 \$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



					- Company (*)
Maddy EMS Fund Category	c	Hospitals (25%)			\$ 1,804,662.10
Distributions	d	Other Discretionary EMS (17%)			\$ 1,227,170.23
(cont.)	c		Total	\$ 0.00	\$ 8,020,720.46
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	ed not ertak	lichad leave blowb and no e	n #12)
		maday 2010 r and touppiemental resessmenty (1) Jan	u noi establ	isneu, leure biana anu go l	Interest and Other Deposits
	я	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.		\$ 121,004.87
	b	Other deposits during fiscal year, July 1, 2016-June 30	0, 2017.		\$ 0.00
	c	If other deposits were made, provide the type of depos	sits and th	e reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	я	Administration (Admin cost equal to the lesser of actu-	ıal		\$ 820,388.05
	ь	Richie's Fund (15%)			\$ 1,230,582.09
	c	Physicians/Surgeons (58%)			\$ 3,568,688.03
	d	Hospitals (25%)			\$ 1,538,227.62
	e	Other Discretionary EMS (17%)			\$ 1,045,994.77
	ſ		Total	\$ 0,00	\$ 8,203,880.56
	12	Responsibility for category distributions: Entity	Contact	(Name and Title)	
		LAC - DEPARTMENT OF HEALTH SERVICE		CHIDESTER, DIRE	CTOR OF EMS
		Phone Number	Email A		
		562-378-1604	cchides	ter@dhs.lacounty.go	ov
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (O	riginal	Amount
		Assessment).			\$ 802,072.04
	14	Total Administration expenditures from Maddy EMS	F		Amount
	1.4			hbicmentai	\$ 820,388.05
		Assessment). (If fund not established, leave blank and go to	#1 Ou/	***	
	15	Total Richie's Fund expenditures from Maddy EMS I		polementai	Amount

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Reimbursements				Allowable Claims			Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount		
		from Maddy EMS Fund (Original Assessment).	07,191.00	\$ 28,845,467.1	107,191	100%	\$ 4,236,735.50		
	b	If allowable claims were not paid during fiscal	ear, July	y 1, 2016-June 30,	2017, stat	e reason	ı(s):		
	c	Total reimbursements from Physicians/Surgeon patient/third-party, county penalties, and settle	is due to ments.	collections from		Amount Reimbursed \$ 195,107.46			
		Allowable Claims					Claims		
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount		
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	85,901	\$ 23,116,019.8	85,901	100%	\$ 3,395,211.44		
							(D: 1)		
	c	Total reimbursements from Physicians/Surgeor patient/third-party, county penalties, and settle		collections from		Amou	ınt Reimbursed		
	c 18		ments.		he Maddy				
		patient/third-party, county penalties, and settle Required documentation for submission. (The b	ments. elow docu	mentation is part of t					
¥.		patient/third-party, county penalties, and settle Required documentation for submission. (The be be submitted concurrently)	ments. elow docu aims pay	mentation is part of t	ies.	EMS Fun	d report, and <u>must</u>		
X.		patient/third-party, county penalties, and settle Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeons c A statement of the policies, procedures, and	ments. elow docu aims pay d regulate tals admi	mentation is part of to ment methodologory action taken to	ies. o implemo	EMS Fun	ad report, and <u>must</u> administer the		
¥		 patient/third-party, county penalties, and settle Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons c A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hospi 	ments. elow docu laims pay l regulate tals admitrators co	mentation is part of to ment methodologory action taken to inistrator organization	ies. o implemo ation, or r claims pa	EMS Fun	ad report, and <u>must</u> administer the specific nethodologies.		
Y		 patient/third-party, county penalties, and settle Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons of A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hospital adminis A description of the process used to solicit 	ments. elow docu aims pay d regulate tals admit trators co input fro	mentation is part of the ment methodologony action taken to inistrator organization tacted to review methodologony.	ies. o implemo ation, or r claims pa	EMS Fun	ad report, and <u>must</u> administer the specific nethodologies.		
¥.		 patient/third-party, county penalties, and settle Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons of A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hospital adminis A description of the process used to solicit payment distribution methodology. 	ments. elow docu aims pay d regulate tals admitrators co input fro y the cou	mentation is part of the mentation is part of the ment methodology or action taken to inistrator organization tacted to review methodology methodology in the methodology in the mentation is a mentation of the m	ies. o implemo ation, or r claims pa	EMS Fun	ad report, and must administer the specific nethodologies.		
	18	patient/third-party, county penalties, and settle Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons of A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hospit Physicians/Surgeons and Hospital adminis A description of the process used to solicit payment distribution methodology. An identification of the fee schedule used by Responsibility for claims payments to Physician Entity	nents. clow docu aims pay il regulativators co input fro y the cou s/Surgeo	mentation is part of the mentation is part of the methodology or action taken to inistrator organization tacted to review management may be made and Technology of the methodology of th	ies. o implemention, or relaims pageons and	EMS Fun ent and a names of nyment a	ad report, and must administer the specific methodologies.		
	18	patient/third-party, county penalties, and settle Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons of A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hospital adminis Physicians/Surgeons and Hospital adminis A description of the process used to solicit payment distribution methodology. An identification of the fee schedule used be Responsibility for claims payments to Physician Entity LAC - DEPARTMENT OF HEALTH SER	d regulations pay it regulations continuit from the course of the course	mentation is part of the mentation is part of the mentation taken to the mentator organization taken to the mentator organization taken to the mentator organization taken to review the mentator organization organi	ies. o implemention, or relaims pageons and	EMS Fun ent and a names of nyment a	ad report, and must administer the specific methodologies.		
Y .	18	patient/third-party, county penalties, and settle Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons of A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hospit Physicians/Surgeons and Hospital adminis A description of the process used to solicit payment distribution methodology. An identification of the fee schedule used by Responsibility for claims payments to Physician Entity	aims pay I regulate tals admit trators con input from the country	mentation is part of the mentation is part of the methodology or action taken to inistrator organization tacted to review management may be made and Technology of the methodology of th	ies. o implemention, or relaims pageons and	ent and anames of ayment a	ad report, and must administer the specific methodologies.		

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I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	Yes No (If no, go to #20d)						
			A11	owable Claims		Paid C	laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals, (N/A if hosp	ital clain	is are paid on a claims	basis.		Amount ,839,354.00		
		Leave blank and go to #21e)				21	,639,354.00		
	c	Total reimbursements from Hospitals due to county penalties, and settlements.	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.						
20	21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fu and go to #22)	_	Yes I No (If no, go to #21d)					
		31	Paid Claims						
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.	= 0			0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
							Amount		
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.)							
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ons from patient/thin	d-party,	Amou	nt Reimbursed		
	22	Required documentation for submission. (The be submitted concurrently)	e below d	locumentation is part oj	the Maddy	EMS Fund	l report, and <u>must</u>		
		A description of the hospitals payment m	ethodol	logies.					
	23	Responsibility for claims payments to Hospita	als:	C	Tide				
		Entity LAC - DEPARTMENT OF HEALTH SE	RVIE	Contact (Name and CATHY CHIDES		RECTO	R OF EMS		
		Phone Number 562-378-1604	10.000	Email Address cchidester@dhs					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



VII Fund Summary	Maddy EMS Fund (Original Assessment)							
		Available Funds fo	or Distribution		Fund Total			
	Balance on July 1, 2016	\$ 67	71,727.44 (1c)		\$ 671,727.44			
	Deposits for July 1, 2016-June 30, 2017	\$ 8,02	20,720.46		\$ 8,692,447.90			
	Interest for July 1, 2016-June 30, 2017	\$ 2	27,268.58 (8a)		\$ 8,719,716.48			
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 _(8b)		\$ 8,719,716.48			
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Avaitable Funds for Disbursement (Category Distributions - Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 802,072.04 (9a)		\$ 802,072.04	\$ 802,072.04 (13)			
	Physicians/Surgeons (58%)	\$ 4,186,816.0 (9b)	\$ 0.00 (9b)	\$ 4,186,816.0	\$ 4,236,735.50 (16a)			
	Hospitals (25%)	\$ 1,804,662.11	\$ 0.00	\$ 1,804,662.1	\$ 0.00 (20b Pd)			
		(9c)	(9c)		\$ 1,839,354.00 (20d)			
	Other Discretionary EMS (17%)	\$ 1,227,170.2: (9d)	\$ 0.00 (9d)	\$ 1,227,170.2	\$ 1,227,170.23 (24a)			
	Total	\$ 8,020,720.4t (9e)	\$ 0.00 (9e)	\$ 8,020,720.4	\$ 8,105,331.77			
	Preliminary Fund Balance (Fund Total - Total Expenditures)	in the second			\$ 614,384.71			
	Reimbursements							
	Physicians/Surgeons	\$ 19	95,107.46 (16c)		\$ 809,492.17			
	Hospitals	\$ 7	(0,186.35 (20e)		\$ 879,678.52			
	Ending Balance for Total Available Funds as of June 30, 2017				\$ 879,678.52			

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

Hospitals

Ending Balance for Total Available Funds as of June 30, 2017



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 820,388.05 (11a)		\$ 820,388.05	\$ 820,388.05
Richie's Fund (15%)	\$ 1,230,582.0 (11b)		\$ 1,230,582.0!	\$ 0.00
Physicians/Surgeons (58%)	\$ 3,568,688.0 (11c)	\$ 0.00 (11c)	\$ 3,568,688.0	\$ 3,395,211.44 (17a)
Hospitals (25%)	\$ 1,538,227.6	\$ 0.00	\$ 1,538,227.6	\$ 0.00 (216 PM)
	(11d)	(11d)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 1,222,358.00
Other Discretionary EMS (17%)	\$ 1,045,994.7 (IIe)	\$ 0.00 (11e)	\$ 1,045,994.7	\$ 1,045,994.77
Total	\$ 8,203,880.5	\$ 0.00 (11)	\$ 8,203,880.56	\$ 6,483,952.26
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 6,583,214.42
Reimbursements				
Physicians/Surgeons		\$ 0.00 (170)		\$ 6,583,214.42
			- 1	

Signature of Maddy EMS Fund Administrator

\$ 0.00

hy Chedister Director

\$ 6,583,214.42

\$ 6,583,214.42

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 1 of 8



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

Ι	Administering			ct (Name and Title)		
	Agency	Lake County Health Services Cindy Silva-Brackett		Accounant II		
		Address (Number and Street)	Phone Number			
		922 Bevins Ct	707-263-1090			
		City or Post Office, State, and ZIP Code	Email Address			
		Lakeport CA 95453	cindy.silva-brackett@lake	countyca.gov		
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund	(Original Assessment)?	☑ Yes □ No		
		b Date fund established.		07/01/1991		
		c Fund balance on July 1, 2016.		\$ 25,120.22		
		d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from endi state reason(s):		nce on June 30, 2016,		
		2a Has the agency established the Maddy EMS Fund	as the agency established the Maddy EMS Fund (Supplemental Assessment)?			
		b Date fund established.	Date fund established.			
		c Fund balance on July 1, 2016.		\$ 2,010.77		
		d If the Maddy EMS Fund beginning balance on Ju state reason(s):	y 1, 2016, differs from ending bala	nce on June 30, 2016,		
III	Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under ea statute.	ch Statute	Collections		
	Assessments	a	Government Code § 76000	\$ 64,379.42		
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 63,816.20		
		c	Vehicle Code § 42007			
		d	Total	\$ 128,195.62		
		4 Responsibility for collection of fines, penalties, and	forfeitures:			
		Entity	Contact (Name and Title)			
		Courts, Tax Collector, Probaction	Unknown			
		Phone Number	Email Address			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 2 of 8



	Deposits into Maddy EMS Fund	5 Total penalty assessments deposited into EMS Fund (Original Assessment).	Maddy Statute	Deposits
	runu	a	Government Code § 76000 (Based on GC § 76104)	\$ 64,379.42
		b	Vehicle Code § 42007	\$ 0.00
		c	Total	\$ 64,379.42
		d If no deposits into Maddy EMS Fund, st	ate reason(s):	
		Total penalty assessments deposited into EMS Fund (Supplemental Assessment). established, leave section blank and go to #7)	Maddy (If fund not Statute	Deposits
		a	Government Code § 76000.5	\$ 63,816.20
		b	Vehicle Code § 42007	
		c	Total	\$ 63,816.20
	d 7			
		7 Responsibility for deposit of penalty asse	ssments:	
			C + + ON T TITLE >	
		Entity Lake County Auditor's Office	Contact (Name and Title) Mandy Figg-Accountant Aud	litor
		Lake County Auditor's Office Phone Number	Mandy Figg-Accountant Aud Email Address	
¥7	M. IJ. FRAC	Lake County Auditor's Office	Mandy Figg-Accountant Aud	
	Maddy EMS Fund Category	Lake County Auditor's Office Phone Number	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g	
		Lake County Auditor's Office Phone Number 707-263-2311	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g	
	Fund Category	Lake County Auditor's Office Phone Number 707-263-2311	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g	OV Interest and
	Fund Category	Lake County Auditor's Office Phone Number 707-263-2311 Maddy EMS Fund (Original Assessment)	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g	Interest and Other Deposits
	Fund Category	Lake County Auditor's Office Phone Number 707-263-2311 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1 b Other deposits during fiscal year, July 1,	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g	Interest and Other Deposits \$ 0.00
	Fund Category	Lake County Auditor's Office Phone Number 707-263-2311 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1 b Other deposits during fiscal year, July 1,	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g 2016-June 30, 2017. 2016-June 30, 2017. type of deposits and the reason(s) for the deposes specified categories Reserve	Interest and Other Deposits \$ 0.00
	Fund Category	Lake County Auditor's Office Phone Number 707-263-2311 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1 b Other deposits during fiscal year, July 1, c If other deposits were made, provide the	Mandy Figg-Accountant Aud Email Address mandy.figg@lakecountyca.g 2016-June 30, 2017. 2016-June 30, 2017. type of deposits and the reason(s) for the depose specified categories Reserve (Optional)	Interest and Other Deposits \$ 0.00 \$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 3 of 8



					777111
Maddy EMS Fund Category	c	Hospitals (25%)			\$ 13,356.91
Distributions	d	Other Discretionary EMS (17%)			\$ 9,082.66
(cont.)	e		Γotal	\$ 0.00	\$ 59,865.46
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	shed, leave blank and go t	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		\$ 0.00
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		\$ 0.00
	c	If other deposits were made, provide the type of deposit	s and the	e reason(s) for the depo	sits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 6,381.64
	b	Richie's Fund (15%)			\$ 8,821.55
	c	Physicians/Surgeons (58%)			\$ 30,813.68
	d	Hospitals (25%)			\$ 13,281.72
	e	Other Discretionary EMS (17%)			\$ 9,031.60
	f		otal	\$ 0.00	\$ 68,330.16
	12	Responsibility for category distributions: Entity	Contact (Name and Title)	
				lva-Brackett-Accour	ntant
		Phone Number E	mail Ad	dress	
		707-263-1090	indy.sil	va-brackett@lakeco	untyca.gov
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	und (Ori	ginal	Amount \$ 5,623.94
	1.4	Total Administration are an Attorney for the 12 F1360 F1			Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #I		ppiementai	\$ 5,574.67
	15	Total Richie's Fund expenditures from Maddy EMS Fu		plemental	Amount
		Assessment). (If fund not established, leave blank and go to #1	(6a)		\$ 8,148.09

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 4 of 8

707-263-1090



Expenditures &			Allo	Allowable Claims		Paid	Claims	
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
,		from Maddy EMS Fund (Original Assessment).	1,168	\$ 846,206.00	604	52%	\$ 34,376.55	
	b	If allowable claims were not paid during fise	cal year, Ju	ly 1, 2016-June 30,	2017, sta	te reason	(s):	
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.			Amount Reimbursed \$ 1,619.87			
						1		
		1	Allo	wable Claims		Paid	Claims	
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	1,168	\$ 846,206.00	564	48%	\$ 34,184.58	
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed	
	10	patient/third-party, county penalties, and settlements.						
	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/Surgeor☑ A statement of the policies, procedures,	-		ent and a	dminister 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 Physic	cians/Surge	ons:				
		Entity		ntact (Name and T	ide)			
		Lake County Health Services	С	indy Silva-Brack	ett-Acc	ountant		
		Phone Number	En	nail Address				

cindy.silva-brackett@lakecountyca.gov

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a cl EMS Fund (Original Assessment).	Yes (If no, go	No 10 #20d)					
		-	All	owable Claims	Paid Cla		laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fi	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e) Amount							
	e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.							
	21a	FMS Fund (Supplemental Assessment) (Ifficial wat antablished Issue Hank					es No (If no, go to #21d)		
			Alle	owable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e) Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount		
	e						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 Hosp Entity	oitals:	Contact (Name and	Title)				
		Phone Number		Email Address					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 6 of 8



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount		
(cont.)	274	Assessment).	\$ 8,374.51		
			121		
	b Description of other EMS services provided:				
		funding for functions of the LEMSA agency			
	_	Total Other Discustioners EMS owner ditures from Models EMS Ford	Amount		
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 8,327.74		
	b	Description of other EMS services provided: funding for functions of the LEMSA agency			

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VII Fund Summary

Maddy E	MS Fund
(Original A	ssessment)

(01-82-11-12-12-12-12-12-12-12-12-12-12-12-12						
	Available Funds for Distribution	(+/-)	Fund Total			
Balance on July 1, 2016	\$ 25,120.22	+	\$ 25,120.22			
Deposits for July 1, 2016-June 30, 2017	\$ 64,379.42 (5c)	+	\$ 89,499.64			
Interest for July 1, 2016-June 30, 2017	\$ 0.00	+	\$ 89,499.64			
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (86)	+	\$ 89,499.64			

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

Reimbursements		450	
Physicians/Surgeons	\$ 1,619.87	+	\$ 42,744.51
Hospitals	\$ 0.00 (20e)	+	\$ 42,744.51
Ending Balance for Total Available Funds as of June 30, 2017			\$ 42,744.51

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 6-2017) Page 8 of 8

Hospitals (25%)

Other Discretionary EMS (17%)



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	(Supplemental A	Assessment)		
	Available Funds fo	or Distribution	(+/-)	Fund Total
Balance on July 1, 2016	\$ 2,	,010.77 (2c)	+	\$ 2,010.77
Deposits for July 1, 2016- June 30, 2017	\$ 63,	816.20 <i>(6c)</i>	+	\$ 65,826.97
Interest for July 1, 2016-June 30, 2017		\$ 0.00 (10a)	+	\$ 65,826.97
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00		+	\$ 65,826.97
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,381.64 (11a)		\$ 6,381.64	\$ 5,574.67
Richie's Fund (15%)	\$ 8,821.55 (11b)		\$ 8,821.55	\$ 8,148.09 (15)
Physicians/Surgeons (58%)	\$ 30,813.65 (11c)	\$ 0.00 (11c)	\$ 30,813.65	\$ 34,184.58 (17a)

Total	\$ 68,330.16	\$ 0.00 (11f)	\$ 68,330.16	\$ 56,235.08
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 9,591.89
Reimbursements		3,800	المعتمل المان	Water .
Physicians/Surgeons		\$ 0.00 _(17c)	+	\$ 9,591.89
Hospitals	,	\$ 0.00 (21e)	+	\$ 9,591.89
Ending Balance for Total Available Funds as of June 30, 2017				\$ 9,591.89

\$ 13,281.72

\$ 9,031.60

(11d)

Signature of Maddy EMS Fund Administrator

VOCTONE S. CHESTER

HEALTH SERVICES HOMIN MGR.

Email Address

Josephe . chester@lakecomtya.go

\$ 0.00 (21b Pd)

\$ 0.00

\$8,327.74

\$ 13,281.72

\$ 9,031.60

\$ 0.00

(11d)

(11e)

\$ 0.00

Printed Name & Title

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Administering Agency		nty Department dera	County Contact (Name and Ti Kim Witten (Accountant A			
			ress (Number and Street) 215 Road 28	Phone Number 559-675-7893			
		100	or Post Office, State, and ZIP Code dera, CA, 93638	Email Address kim.witten@maderacount	y.com		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	☑ Yes □ No			
		b	Date fund established.		07/01/1987		
		c	Fund balance on July 1, 2016.		\$ 214,742.60		
		đ	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	applemental Assessment)?	Yes No (If no, go to #3)		
		b Date fund established.					
		c	Fund balance on July 1, 2016.				
III	A STATE OF THE STA	3	If the Maddy EMS Fund beginning balance on July 1 state reason(s): Fines, penalties, and forfeitures collected under each	, 2016, differs from ending bala	nce on June 30, 2016,		
	Penalty Assessments		statute.	Statute	Collections		
		а		Government Code § 76000	\$ 321,012.60		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 0.00		
		c		Vehicle Code § 42007	\$ 143,453.00		
		d		Total	\$ 464,465.60		
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:			
			Entity	Contact (Name and Title)	on North miles		
			Superior Court of CA, County of Madera Phone Number	Tracy Callaway (Chief Fin Email Address	ancial Officer)		
			559-416-5514 Email Address tracy.callaway@madera.courts.ca.gov				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits	
Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 172,817.90	
	b		Vehicle Code § 42007	\$ 0.00	
	c		Total	\$ 172,817.90	
	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	
	а		Government Code § 76000.5		
	b		Vehicle Code § 42007		
	c		Total	\$ 0.00	
		And the second second second			
	7	Responsibility for deposit of penalty assessments: Entity Superior Courts of CA, County of Madera	Contact (Name and Title) Tracy Callaway		
		Phone Number 559-416-5514	Email Address tracy.callaway@madera.courts.ca.gov		
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)			
Distributions				Interest and Other Deposits	
	а	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 1,658.25	
	b	Other deposits during fiscal year, July 1, 2016-June	30, 2017.	\$ 0.00	
	ć	If other deposits were made, provide the type of dep	osits and the reason(s) for the dep	osits:	
	9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve	Category Distributions	
	a	Administration (Admin cost equal to the lesser of ac or 10%)	tual cost	\$ 0.00	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS					
Fund Category	e	Hospitals (25%)			\$ 80,485.85
Distributions	d	Other Discretionary EMS (17%)			\$ 0.00
(cont.)	e		otal	\$ 0.00	\$ 171,067.54
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establis	hed, leave blank and go t	o #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 deposit			
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actua cost or 10%)	i		
	b	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
		Entity	and the second second	Name and Title)	
		Madera County Auditor Department	Sabrina	Rodriguez	1
		Phone Number	Imail Ad	Ivore	
		and the control of th	Email Adesabrina.r	dress odriguez@madera	county.com
I Expenditures & Reimbursements	13	and the control of th	sabrina.r	odriguez@madera	county.com Amount
	13	559-675-7707 EXT 2473 s Total Administration expenditures from Maddy EMS F	sabrina.r	odriguez@madera	
	13	559-675-7707 EXT 2473 s Total Administration expenditures from Maddy EMS F	sabrina.r 'und (Ori 'und (Sup	odriguez@madera	
I Expenditures & Reimbursements		Total Administration expenditures from Maddy EMS F Assessment). Total Administration expenditures from Maddy EMS F	sabrina.r 'und (Ori 'und (Sup	odriguez@madera	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



							THE REAL PROPERTY.		
I Expenditures & Reimbursements		Allowable Claims			Paid Claims				
(cont.)	16a		#	\$ Amount	#	%	\$ Amount		
3.3.0		from Maddy EMS Fund (Original Assessment).	2,470	\$ 90,581.69	2,470	100%	\$ 90,581.69		
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	c	Total reimbursements from Physicians/Surg	eons due to	collections from		Amou	nt Reimbursed		
		patient/third-party, county penalties, and set	ttlements,	20.07 p.375 p.350			\$ 188.62		
		-	Aller	wable Claims		Paid (Claims		
	170	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount		
	17a	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	"	3 Amount	#	0%	5 Amount		
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed \$ 0.00		
		patient/third-party, county penalties, and settlements. \$ 0.							
	18	Required documentation for submission. (To be submitted concurrently)			and the control	EMS Fun	d report, and <u>mus</u>		
		✓ A description of the Physicians/Surgeon			7-76				
		A statement of the policies, procedures, fund(s).	and regula	tory action taken	to implem	ent and a	dminister the		
		✓ Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi							
		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 use	d by the co	unty.					
	19	Responsibility for claims payments to Physic	-						
		Entity	10.00	ntact (Name and					
		Madera County Public Health		im Witten (Acco	ountant A	uditor II)		
		Phone Number	100	nail Address					
		559-675-7893	ki	m.witten@mad	eracount	y.com			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditure Reimbursem (cont.)		Indicate if Hospital claims are paid on EMS Fund (Original Assessment).	Yes No (If no, go to #20d)					
			Allow	able Claims		Paid Cl	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	162,409	\$ 80,485.85	162,409	100%	\$ 80,485.85	
	c	If allowable claims were not paid durin	g fiscal year, Ju	ly 1, 2016-June 3	0, 2017, stat	e reason(s):	
	d	Direct disbursement to Hospitals. (N/A	if hospital claims o	are paid o n a claims	basis.		Amount	
		Leave blank and go to #21e)	Esta anticonta	A Per alegando			\$ 0.00	
	e	Total reimbursements from Hospitals o	lue to collections	s from patient/thi	rd-party,	Amour	t Reimbursed \$ 0.00	
		county pointines, and activements.						
	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)		
			Allov	vable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	ь	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid durin	0, 2017, stat	e reason(s):			
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)	basis.	1	Amount			
	e	Total reimbursements from Hospitals county penalties, and settlements.	rd-party,	Amour	nt Reimbursed			
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, a be submitted concurrently)						
		A description of the hospitals pays						
	23	Responsibility for claims payments to I		ontact (Name an	d Title)			
		Madera County Public Health		Kim Witten (Ac		uditor II)	
		Phone Number 559-675-7893	1.0	mail Address kim.witten@ma	deracount	v.com		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 0.00
	b Description of other EMS services provided:		Description of other EMS services provided:	
			Amount	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00
	b Description of other EMS services provided:		Description of other EMS services provided:	
		=7	The state of the s	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



					CALIFORNIA			
VII Fund Summary	Maddy EMS Fund (Original Assessment)							
		Available Funds fo	or Distribution		Fund Total			
	Balance on July 1, 2016	\$ 21	(1c)		\$ 214,742.60			
	Deposits for July 1, 2016-June 30, 2017	\$ 17	72,817.90 (5c)		\$ 387,560.50			
	Interest for July 1, 2016-June 30, 2017	\$	1,658.25		\$ 389,218.75			
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (86)		\$ 389,218.75			
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (9a)		\$ 0.00	\$ 0.00 (13)			
	Physicians/Surgeons (58%)	\$ 90,581.69 (9b)	\$ 0.00 (9b)	\$ 90,581.69	\$ 90,581.69 (16a)			
	Hospitals (25%)	\$ 80,485.85	\$ 0.00	\$ 80,485.85	\$ 80,485.85 (20b Pd)			
		(9c)	(9c)		\$ 0.00 (20d)			
	Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)			
	Total	\$ 171,067.54 (9e)	\$ 0.00	\$ 171,067.54	\$ 171,067.54			
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 218,151.21			
	Reimbursements							
	Physicians/Surgeons		\$ 188.62 (16c)		\$ 218,339.83			
	Hospitals		\$ 0.00 (20e)		\$ 218,339.83			
	Ending Balance for Total Available Funds as of June 30, 2017				\$ 218,339.83			

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Kim, withen @ madem county

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 (6c)	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 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
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd)
	(11d)	(11a)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00	\$ 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, 2017				\$ 0.00

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Administering Agency			unty Department punty of Marin Dept.of Health & Human Services	County Contact (Name and Title) Celia Allen, Chief Fiscal Officer				
		Add	dress (Number and Street) N. San Pedro Rd. STE 2025	Phone Number (415) 473-2658	2/77/0			
			y or Post Office, State, and ZIP Code in Rafael, CA 94903	Email Address CAllen@marincounty.org				
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	☑ Yes □ No			
		b	Date fund established.		07/01/2005			
		c	Fund balance on July 1, 2016.		\$ 57,486.05			
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s): Ending balance should be included Refund fro		and the second			
		2a	Has the agency established the Maddy EMS Fund (Su		Yes No			
		b	Date fund established.		01/01/2008			
		c	Fund balance on July 1, 2016.		\$ 55,056.70			
111	Collections of	d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2010, differs from ending bala	nce on June 30, 2016,			
	Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	a		Government Code § 76000				
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)				
		c		Vehicle Code § 42007				
		d		Total	\$ 0.00			
		4	4 Responsibility for collection of fines, penalties, and forfeitures:					
			Entity	Contact (Name and Title)				
			Phone Number	Email Address	-			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Donosite			
Fund	a	EMS Fund (Original Assessment).	Government Code § 76000	Deposits \$ 324,018.04			
		-	(Based on GC § 76104) Vehicle Code § 42007				
	b		Total	\$ 324,018.04			
	c	-	Total	7 32 ((3.0.0)			
	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	\$ 323,104.10			
	b		Vehicle Code § 42007				
	c		Total	\$ 323,104.10			
	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		Wall man balls and a second	I.				
Distributions 1	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 3	0, 2017.				
	c	If other deposits were made, provide the type of depo	sits and the reason(s) for the depo	osits:			
	9	Total amount of funds distributed to the specified cat	egories Reserve	Category			
	,	for the period July 1, 2016-June 30, 2017.	(Optional)	Distributions			
	a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 32,401.80			
			- P	\$ 169,137.42			

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					ATT-UNIV
V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 72,904.06
Distributions	đ	Other Discretionary EMS (17%)			\$ 49,574.76
(cont.)	e		Total	\$ 0.00	\$ 324,018.04
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not establ	ished, leave blank and go t	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.		
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		
	c 11	Total amount of funds distributed to the specified	sits and the	Reserve	Category
		categories for the period July 1, 2016-June 30, 2017.		(Optional)	Distributions
	a	Administration (Admin cost equal to the lesser of actuacost or 10%)	ıal		\$ 32,310.41
	b	Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 48,465.62
	c				\$ 140,550.28
	d	Hospitals (25%)			\$ 60,582.02
	e	Other Discretionary EMS (17%)			\$ 41,195.77
	f		Total	\$ 0.00	\$ 323,104.10
	12	Responsibility for category distributions:			
				Name and Title)	
		County of Marin Dept. of Health&Human Svcs		len, Chief Fiscal Off	icer
		Phone Number (415) 473-2658	Email Ad	Idress Dmarincounty.org	
I Expenditures &	_	(413) 473-2030	CAllering	gmainicounty.org	5.7.5
Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount \$ 32,401.80
					Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to	CARL THE STREET	pplemental	\$ 32,310.41
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (Sun	plemental	Amount

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VI Expenditures & Reimbursements (cont.)			Allo	Allowable Claims Paid Claims			Claims
	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	1,101	\$ 542,469.53	1,101	100%	\$ 182,468.01
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed \$ 9,891.16
		patient/third-party, county penalties, and set	tlements.				Ψ 5,051.10
			Allo	wable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	870	\$ 427,752.47	870	100%	\$ 143,989.71
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (T) be submitted concurrently) (Please See	tlements. he below doci	umentation is part of t	the Maddy		
		patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) (Please See A description of the Physicians/Surgeon	tlements. he below doci Attachm s claims pa	umentation is part of a IENT) yment methodolog	ies.	EMS Fun	d report, and <u>must</u>
		Required documentation for submission. (The submitted concurrently) (Please See	tlements. he below doci Attachm s claims pa	umentation is part of a IENT) yment methodolog	ies.	EMS Fun	d report, and <u>must</u>
		patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) (Please See ☐ A description of the Physicians/Surgeon ☐ A statement of the policies, procedures,	ttlements. the below docu Attachm s claims pa and regular	umentation is part of the second seco	ies. o implem ation, or	EMS Fun	d report, and must administer the specific
		patient/third-party, county penalties, and set Required documentation for submission. (T) be submitted concurrently) (Please See ☐ A description of the Physicians/Surgeon ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho	ttlements. the below docu Attachm s claims pa and regula spitals adm nistrators c	umentation is part of the second lent l) yment methodolog tory action taken the sinistrator organization tacted to review	ies. o implem ation, or claims p	EMS Fundament and a	d report, and must administer the specific nethodologies.
		patient/third-party, county penalties, and set Required documentation for submission. (T) be submitted concurrently) (Please See ☐ A description of the Physicians/Surgeon ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi ☐ A description of the process used to solid	tlements. the below docu Attachm s claims pa and regula spitals adm nistrators c	amentation is part of the second lent l) yment methodolog tory action taken the sinistrator organization tacted to review om Physicians/Surg	ies. o implem ation, or claims p	EMS Fundament and a	d report, and must administer the specific nethodologies.
		Patient/third-party, county penalties, and set Required documentation for submission. (T) be submitted concurrently) (Please See ☐ A description of the Physicians/Surgeon ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi ☐ A description of the process used to solid payment distribution methodology.	telements. the below documents and regular spitals administrators continue from the continue from th	amentation is part of a IENT) yment methodolog tory action taken to sinistrator organizationtacted to review om Physicians/Surg	ies. o implem ation, or claims p	EMS Fundament and a	d report, and must administer the specific nethodologies.
	18	Patient/third-party, county penalties, and set Required documentation for submission. (T) be submitted concurrently) (Please See ☐ A description of the Physicians/Surgeon ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi ☐ A description of the process used to solid payment distribution methodology. ☐ An identification of the fee schedule use	telements. The below doca Attachm s claims pa and regula spitals adm nistrators c cit input fro d by the con ians/Surger	amentation is part of a IENT) yment methodolog tory action taken to sinistrator organizationtacted to review om Physicians/Surg	ies. o implem ation, or claims p geons and	EMS Fundament and a names of ayment n	d report, and must administer the specific nethodologies.

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VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). Yes (If no, go to #2)						
			A	llowable Claims		Paid C	laims		
			#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.			0%			
	c	If allowable claims were not paid during fiscal year	July 1, 2016-June 30,	2017, sta	te reason((s):			
		d	Direct disbursement to Hospitals. (N/A if hospital class	ims are paid on a claims b	oasis.		Amount \$ 72,904.06		
			Leave blank and go to #21e)				1, 1910 0 1100		
		e	Total reimbursements from Hospitals due to collect county penalties, and settlements.	ions from patient/thir	d-party,	Amount Reimbursed			
		21a	Indicate if Hospital claims are paid on a claims bas EMS Fund (Supplemental Assessment). (If fund not and go to #22)		Yes No (If no, go to #21d)				
			A	llowable Claims		Paid C	laims		
			#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.			0%			
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
				L. C.			Amount		
		d	Direct disbursement to Hospitals. (N/A if hospital clair Leave blank and go to #22e)	ms are paid on a claims b	asis.		\$ 60,582.02		
		ė	Total reimbursements from Hospitals due to collect county penalties, and settlements.	ions from patient/thir	d-party,	Amour	nt Reimbursed		
	22	Required documentation for submission. (The below	documentation is part of	the Maddy	EMS Fund	l report, and <u>must</u>			
			be submitted concurrently) A description of the hospitals payment method	ologies. (Please	See A	ttachm	ent II)		
		23	Responsibility for claims payments to Hospitals:						
			Entity County of Marin Dept. of Health&Human St	Contact (Name and Celia Allen, Chie		Officer			
			Phone Number (415) 473-2658	Email Address CAllen@marinco	unty.org				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 3-2018) Page 7 of 8



VII Fund Summary

Maddy	EMS Fund
(Original	Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 57,486.05 (Ic)	\$ 57,486.05
Deposits for July 1, 2016-June 30, 2017	\$ 324,018.04 (5c)	\$ 381,504.09
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 381,504.09
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (86)	\$ 381,504.09

stributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,401.80 (9a)		\$ 32,401.80	\$ 32,401.80 (13)
Physicians/Surgeons (58%)	\$ 169,137.42 (9b)	\$ 0.00 (9b)	\$ 169,137.42	\$ 182,468.01 (16a)
Hospitals (25%)	\$ 72,904.06	\$ 0.00	0.70.004.00	\$ 0.00 (20b Pd)
	\$ 72,904.00 (9c)	\$ 0.00 (9c)	\$ 72,904.06	\$ 72,904.06 (20d)
Other Discretionary EMS (17%)	\$ 49,574.76 (9d)	\$ 0.00 (9d)	\$ 49,574.76	\$ 49,574.76 (24a)
Total	\$ 324,018.04	\$ 0.00 (9e)	\$ 324,018.04	\$ 337,348.63
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 44,155.46

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

Signature of Maddy EMS Fund Administrator

Celia Allen, Chief Fiscal Officer

Printed Name & Title

CAllen@marincounty.org



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,310.41 (11a)		\$ 32,310.41	\$ 32,310.41 (14)
Richie's Fund (15%)	\$ 48,465.62 (11b)		\$ 48,465.62	\$ 77,266.72 (15)
Physicians/Surgeons (58%)	\$ 140,550.28 (11c)	\$ 0.00 (11c)	\$ 140,550.28	\$ 143,989.71 (17a)
Hospitals (25%)	\$ 60,582.02	\$ 0.00	\$ 60,582.02	\$ 0.00 (216 Pd)
	(11d)	(11a)	7 800119:000	\$ 60,582.02 (21d)
Other Discretionary EMS (17%)	\$ 41,195.77 (11e)	\$ 0.00 (11e)	\$ 41,195.77	\$ 41,195.77 (25a)
Total	\$ 323,104.10	\$ 0.00	\$ 323,104.10	\$ 355,344.63
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 22,816.17

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

Signature of Maddy EMS Fund Administrator

Date

Celia Allen, Chief Fiscal Officer

CAllen@marincounty.org

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency	County Department Mariposa County Health Department	County Contact (Name and Ti Diane L. Robarge, Admini		
		Address (Number and Street) 5085 Bullion Street	Phone Number (209) 966-3689		
		City or Post Office, State, and ZIP Code Post Office Box 5, Mariposa, CA 95338	Email Address drobarge@mariposacoun	ty.org	
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes □ No	
		b Date fund established.		07/01/1990	
		c Fund balance on July 1, 2016. d If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending balar	\$ 126,505.85 nce on June 30, 2016,	
		2a Has the agency established the Maddy EMS Fund (Su	applemental Assessment)?	☐ Yes ■ No (If no. 20 to #3)	
		b Date fund established.		(If no, go to #3)	
		c Fund balance on July 1, 2016.			
		d If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
m	Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a	Government Code § 76000	\$ 18,952.85	
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 0.00	
		c	Vehicle Code § 42007	\$ 0.00	
		d	Total	\$ 18,952.85	
		4 Responsibility for collection of fines, penalties, and fo	rfeitures:		
		Entity Marinesa County Health Department	Contact (Name and Title)	otentivo Analyset	
		Mariposa County Health Department Phone Number (209) 966-3689	Diane L. Robarge, Admini Email Address drobarge@mariposacount		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runa	a		Government Code § 76000 (Based on GC § 76104)	\$ 18,952.85
	b		Vehicle Code § 42007	
	c		Total	\$ 18,952.85
	d	If no deposits into Maddy EMS Fund, state reason(s)):	
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (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
	7	Responsibility for deposit of penalty assessments:		
		Entity Mariposa County Health Department	Contact (Name and Title) Diane L. Robarge, Administ	rativa Analyst
		Phone Number (209) 966-3689	Email Address drobarge@mariposacounty	
V Maddy EMS Fund Category				
Distributions Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 0.00
	ь	Other deposits during fiscal year, July 1, 2016-June 3		\$ 0.00
	c	If other deposits were made, provide the type of depo	osits and the reason(s) for the depo	sits:
	9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 2,000.00
	b	Physicians/Surgeons (58%)		\$ 70,000.00

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V Maddy EMS Fund Category	c	Hospitals (25%)			
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 6,279.64
	e		Total	\$ 0.00	\$ 78,279.64
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	l not establ	ished leave blank and go t	n #12)
	10	Maddy EMS Fund (Supplemental Assessment) (IJ) una	not estudi	snea, teave mank and go to	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 deposi	ts and the	e reason(s) for the depo	sits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	b c d e f	Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 2,000.00
					\$ 0.00
					\$ 70,000.00
		Hospitals (25%)			\$ 6,279.64
		Other Discretionary EMS (17%)			
			Total	\$ 0.00	\$ 78,279.64
		Responsibility for category distributions:			
				Name and Title) . Robarge, Administ	rativa Apalyat
		The state of the s	Email Ac	THE PROPERTY OF THE PARTY OF TH	rative Arialyst
				e@mariposacounty.	org
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (Or	iginal	Amount \$ 2,000.00
		Assessment).			Ψ 2,000.00
		Continues of the condu			Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to #		pplemental	\$ 0.00
	15	Total Richie's Fund expenditures from Maddy EMS F		plemental	Amount
		Assessment). (If fund not established, leave blank and go to	11.00		\$ 0.00

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Expenditures & Reimbursements			Allo	wable Claims		Paid (Claims	
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
No. of the second		from Maddy EMS Fund (Original Assessment).	1,221	\$ 252,214.73	281	23%	\$ 70,000.00	
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): Per Mariposa County Resolution policy 14-10 Mariposa County can only reimburse up to \$70,000 annually. **** Please see attachment						
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed	
			Allo	wable Claims		Paid (Claims	
	17a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	7	2		0%	J. Imount	
	b	If allowable claims were not paid during fisca	l year, Jul	y 1, 2016-June 30,	2017, sta	te reason	(s):	
	b c	If allowable claims were not paid during fiscal field of the second of t	ons due to		2017, sta	Ti	(s): nt Reimbursed	
		Total reimbursements from Physicians/Surge	ons due to	collections from		Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets Required documentation for submission. (Th	ons due to lements.	collections from unentation is part of t	he Maddy	Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	ons due to lements. e below docu	collections from mentation is part of t	he Maddy	Amou EMS Fund	nt Reimbursed d report, and <u>mus</u>	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, and sets the submitted concurrently.	ons due to elements. e below docu claims pa and regula	collections from <i>imentation is part of t</i> yment methodolog tory action taken to	he Maddy ies. implem	Amou EMS Fundament and a	nt Reimbursed d report, and muss administer the specific	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets. Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons. A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos	ons due to elements. e below docu claims pa and regula- pitals adm istrators c	collections from mentation is part of to yment methodolog tory action taken to inistrator organiza ontacted to review	he Maddy ies. o implem ation, or claims p	Amou EMS Fundament and a	nt Reimbursed d report, and muss administer the specific nethodologies.	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets. Required documentation for submission. (The besubmitted concurrently) A description of the Physicians/Surgeons. A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hospital admir. A description of the process used to solice.	ons due to lements. e below docu claims pa and regula pitals adm istrators c	collections from mentation is part of t yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	he Maddy ies. o implem ation, or claims p	Amou EMS Fundament and a	nt Reimbursed d report, and muss administer the specific nethodologies.	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets. Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons. A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hospital admir. A description of the process used to solic payment distribution methodology. An identification of the fee schedule used.	ons due to lements. e below doct claims pa and regulations consistrators consistrator	collections from mentation is part of to yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	he Maddy ies. o implem ation, or claims p	Amou EMS Fundament and a	nt Reimbursed d report, and muss administer the specific nethodologies.	
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets. Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeons. A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hospital admir. A description of the process used to solic payment distribution methodology.	ons due to elements. e below doca claims pa ind regula- cpitals adm istrators c it input from	collections from mentation is part of to yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	he Maddy ies. o implem ation, or claims p	Amou EMS Fundament and a	nt Reimbursed d report, and muss administer the specific nethodologies.	
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets. Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons and Hospital admir. Name(s) of Physicians/Surgeons and Hospital admir. A description of the process used to solic payment distribution methodology. An identification of the fee schedule used.	ons due to elements. e below docute claims particular regularity and regularity and regularity from the country of the countr	collections from mentation is part of to yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	he Maddy ies. ies implemation, or claims precons and	Amou EMS Fundament and a	nt Reimbursed d report, and mus. administer the specific nethodologies. ls to review	
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sets. Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons. A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admir. A description of the process used to solic payment distribution methodology. An identification of the fee schedule used. Responsibility for claims payments to Physicianity	ons due to elements. e below docus claims pa and regular spitals admistrators continuity from the continuity of the con	collections from amentation is part of to yment methodolog tory action taken to sinistrator organiza ontacted to review om Physicians/Surg unty. ons: ontact (Name and T	he Maddy ies. ies implemation, or claims precons and	Amou EMS Fundament and a	nt Reimbursed d report, and mus. administer the specific nethodologies. ls to review	

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T Expenditures & Reimbursements (cont.)	20a	a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					☑ No to #20d)	
			Allo	wable Claims		Paid C	laims	
			#	S Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisca	2017, stat	e reason(s):			
							Amount	
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.) Leave blank and go to #21e)	tal claims	are paid on a claims b	asis.		\$ 6,279.64	
	e	Total reimbursements from Hospitals due to c	ollection	ns from patient/thir	d-party,	Amount Reimbursed		
		county penalties, and settlements.					ψ 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		
			#	S Amount	#	0/6	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisca	te reason(s):				
	ď	Direct disbursement to Hospitals. (N/A if hospi	asis.		Amount			
		Leave blank and go to #22e)						
	e	e Total reimbursements from Hospitals due to collections from patient/third-par county penalties, and settlements.					nt Reimbursed	
	22	22 Required documentation for submission. (The below documentation is part of the Made be submitted concurrently)					report, and musi	
		☐ A description of the hospitals payment m	ethodolo	ogies.				
	23	Responsibility for claims payments to Hospita		Contract (Name :	Tial			
		Entity Mariposa County Health Department		Contact (Name and Diane L. Robarg		istrative	Analyst	
		Phone Number (209) 966-3689		Email Address drobarge@marip	osacoun	nty.org		

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

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Ending Balance for Total Available

Funds as of June 30, 2017



VII	Fund	Summary
-----	------	---------

Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total			
Balance on July 1, 2016	\$ 126,505.85 (Ic)	\$ 126,505.85			
Deposits for July 1, 2016-June 30, 2017	\$ 18,952.85 _(5e)	\$ 145,458.70			
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 145,458.70			
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)	\$ 145,458.70			

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,000.00		\$ 2,000.00	\$ 2,000.00 (13)
Physicians/Surgeons (58%)	\$ 70,000.00 (9b)	\$ 0.00 (9b)	\$ 70,000.00	\$ 70,000.00 (16a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd)
	\$ 0.00 (9c)	\$ 0.00 (9c)	\$ 0.00	\$ 6,279.64 (20d)
Other Discretionary EMS (17%)	\$ 6,279.64 (9d)	\$ 0.00 (9d)	\$ 6,279.64	\$ 0.00 (24a)
Total	\$ 78,279.64 (9e)	\$ 0.00 (9e)	\$ 78,279.64	\$ 78,279.64
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 67,179.06
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 67,179.06
Hospitals		\$ 0.00 (20e)		\$ 67,179.06

\$67,179.06

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VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,000.00 (11a)		\$ 2,000.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00
Physicians/Surgeons (58%)	\$ 70,000.00 (11c)	\$ 0.00 (11c)	\$ 70,000.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 6,279.64	\$ 0.00	\$ 6,279.64	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 78,279.64 (11f)	\$ 0.00 (11f)	\$ 78,279.64	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00

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

Signature of Maddy EMS Fund Administrator

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

I	I Administering Agency		unty Department	County Contact (Name and T		
		-	endocino Public Health	Mary Alice Willeford, Adm	ninistrative Mgr II	
				Phone Number		
		-	y or Post Office, State, and ZIP Code	(707) 472-2374 Email Address		
			kiah, CA 95482	willefom@mendocinocou	nty ora	
forester			many of the form	Willelom@mendodinocod	nty.org	
П	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes □ No	
		b	Date fund established.		05/14/1991	
		c	Fund balance on July 1, 2016.		\$ 65,071.23	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (St	applemental Assessment)?	■ Yes □ No (If no, go to #3)	
		b	Date fund established.		03/31/2007	
		c	Fund balance on July 1, 2016.		\$ 195,077.08	
111	Collections of	3	If the Maddy EMS Fund beginning balance on July 1 state reason(s): Fines, penalties, and forfeitures collected under each			
	Penalty Assessments		statute.	Statute	Collections	
	120000000000000000000000000000000000000	a		Government Code § 76000	\$ 91,963.05	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 116,563.21	
		c		Vehicle Code § 42007		
		d		Total	\$ 208,526.26	
		4 Responsibility for collection of fines, penalties, and forfeitures:				
			Entity	Contact (Name and Title)		
			Mendocino County Court Collections	April Allen		
			Phone Number (707) 463-6816	Email Address		

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IV Deposits into Maddy EMS Fund	5 Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Tunu	a	Government Code § 76000 (Based on GC § 76104)	\$ 91,963.05
	b	Vehicle Code § 42007	
	Ċ	Total	\$ 91,963.05
	d If no deposits into Maddy EMS Fund, state reason(s	s):	
	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	\$ 116,563.21
	b	Vehicle Code § 42007	
	Č.	Total	\$ 116,563.21
	d If no deposits into Maddy EMS Fund, state reason(s	s):	
	7 Responsibility for deposit of penalty assessments:		
	Entity Mandaging Co. Transports True Collector	Contact (Name and Title)	- Tou Callerton
	Mendocino Co Treasurer Tax Collector Phone Number	Julie Forrester, Deputy Trea Email Address	
	(707) 234-6883	forrestj@mendocinocounty.c	org
Maddy EMS Fund Category Distributions	8 Maddy EMS Fund (Original Assessment)		
Distributions			Interest and Other Deposits
	a Interest earned during fiscal year, July 1, 2016-June	2 30, 2017.	\$ 2,461.89
	b Other deposits during fiscal year, July 1, 2016-June	30, 2017.	
	c If other deposits were made, provide the type of dep	osits and the reason(s) for the depos	its:
	9 Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	alegories Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of ac or 10%)	tual cost	\$ 9,196.30
	b Physicians/Surgeons (58%)		\$ 48,004.70

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V Maddy EMS	c	Hospitals (25%)			\$ 20,691.68
Fund Category Distributions					\$ 14,070.34
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 91,963.02
	ė		Total	0 0.00	ψ 0 1 ₁ 000.02
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establis	shed, leave blank and go t	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30.	2017.		\$ 2,461.89
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		
	c	If other deposits were made, provide the type of deposit	s and the	reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	8	Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actual cost or 10%)	i		\$ 11,656.32
	b	Richie's Fund (15%)			\$ 17,484.48
	c	Physicians/Surgeons (58%)			\$ 50,705.00
	d	Hospitals (25%)		-41	\$ 21,855.61
	e	Other Discretionary EMS (17%)			\$ 14,861.81
	r		otal	\$ 0.00	\$ 116,563.22
	12	Responsibility for category distributions:			
		Entity		Name and Title)	T 1 1 2 7 7 7
		50 11 16 17 17 17		e Willefom, Admin	istrative Mgr II
			mail Add	Iress Omendocinocounty.	org
I Expenditures & Reimbursements	12				Amount
Kennbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	una (Ori;	ginar	\$ 0.00
	14	Total Administration expenditures from Maddy EMS F	und (Sun	plemental	Amount
		Assessment). (If fund not established, leave blank and go to #1			\$ 1,567.40
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supp	lemental	Amount
		Assessment). (If fund not established, leave blank and go to #)			\$ 40,638.62

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VI Expenditures & Reimbursements (cont.)

		Allo	wable Claims		Paid (Claims
16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount
	from Maddy EMS Fund (Original Assessment).	168	\$ 80,809.74	168	100%	\$ 48,444.22

- b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):
- Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.

 Amount Reimbursed
 \$ 0.00

		Allo	wable Claims		Paid (Claims
17a	a minima and accommend on the Barbara and Lawrence and	#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	161	\$ 94,016.33	161	100%	\$ 51,190.13

- b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):
- 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)
 - 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)
Mendocino County Public Health	Mary Alice Willeford, Administrative Mgr II
Phone Number	Email Address
(707) 472-2374	willefom@mendocinocounty.org

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VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a c EMS Fund (Original Assessment).	laims basis	for the Maddy		Yes (If no, go	□ No to #20d)	
			Al	lowable Claims		Paid C	laims	
			#	\$ Amount	#	%	S Amount	
	b	Total Hospitals expenditures.	15	\$ 47,798.39	15	100%	\$ 21,031.29	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if N	hospital elair	ms ara paid on a claims l	hasis	ŭ à	Amount	
	u	Leave blank and go to #21e)	iospuui euui	ns are pata on a ciams t	ousts.		\$ 0.00	
	e	Total reimbursements from Hospitals due county penaltics, and settlements.	to collecti	ons from patient/thir	d-party,	Amount Reimbursed \$ 0.00		
	21a	Indicate if Hospital claims are paid on a c EMS Fund (Supplemental Assessment). (and go to #22)	Ø	Yes				
			Al	lowable Claims		Paid Cl	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	11	\$ 50,538.78	11	100%	\$ 22,237.03	
	c	If allowable claims were not paid during f	, 2017, sta	te reason(s):			
	3	P. J. P. V.				1	Amount	
	d	Direct disbursement to Hospitals. (N/A if h Leave blank and go to #22e)	asis.		\$ 0.00			
	ė	Total reimbursements from Hospitals due county penalties, and settlements.	d-party,	Amoun	at Reimbursed \$ 0.00			
		county penanties, and settlements.						
	22	Required documentation for submission. be submitted concurrently)			the Maddy	EMS Fund	report, and must	
		A description of the hospitals paymen		logies.				
	23	Responsibility for claims payments to Hos Entity Mendocino County Public Health	pitals:	Contact (Name and Mary Alice Willef		ninistrativ	ve Mar II	
		Phone Number (707) 472-2374		Email Address willefom@mendo			- mgi ii	

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

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VII Fund Summary

Maddy EMS Fund (Original Assessment)

	(Original /tasessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 65,071.23 (1c)	\$ 65,071.23
Deposits for July 1, 2016-June 30, 2017	\$ 91,963.05 _(5c)	\$ 157,034.28
Interest for July 1, 2016-June 30, 2017	\$ 2,461.89	\$ 159,496.17
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	\$ 159,496.17

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,196.30 (9a)		\$ 9,196.30	\$ 0.00
Physicians/Surgeons (58%)	\$ 48,004.70 (9b)	\$ 0.00	\$ 48,004.70	\$ 48,444.22 (16a)
Hospitals (25%)	\$ 20,691.68	\$ 0.00	\$ 20,691.68	\$ 21,031.29 (206 Pd) \$ 0.00
Other Discretionary EMS (17%)	(9c) \$ 14,070.34 (9d)	\$ 0.00 (9a)	\$ 14,070.34	\$ 0.00 (24a)
Total	\$ 91,963.02 (9e)	\$ 0.00	\$ 91,963.02	\$ 69,475.51
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 90,020.66
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 90,020.66
Hospitals		\$ 0.00 (20e)		\$ 90,020.66
Ending Balance for Total Available Funds as of June 30, 2017				\$ 90,020.66

Signature of Maddy EMS Fund Administrator

Email Address

willefor @ mendocinocounty. org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available

Funds as of June 30, 2017



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 195,077.08 (2c)	\$ 195,077.08
Deposits for July 1, 2016- June 30, 2017	\$ 116,563.21 (6c)	\$ 311,640.29
Interest for July 1, 2016-June 30, 2017	\$ 2,461.89 (10a)	\$ 314,102.18
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 314,102.18

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 11,656.32 (11a)		\$ 11,656.32	\$ 1,567.40 (14)
Richie's Fund (15%)	\$ 17,484.48 (11b)		\$ 17,484.48	\$ 40,638.62 (15)
Physicians/Surgeons (58%)	\$ 50,705.00 (11c)	\$ 0.00	\$ 50,705.00	\$ 51,190.13 (17a)
Hospitals (25%)	\$ 21,855.61	\$ 0.00	\$ 21,855.61	\$ 22,237.03 (216 Pd)
	(11d)	(11d)	, , , , , , , , , , , , , , , , , , ,	\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 14,861.81 (11e)	\$ 0.00 (11e)	\$ 14,861.81	\$ 0.00 (25a)
Total	\$ 116,563.22	\$ 0.00 (11f)	\$ 116,563.22	\$ 115,633.18
Preliminary Fund Balance (Fund Total - Total Expenditures)			9	\$ 198,469.00
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 198,469.00
Hospitals		\$ 0.00		\$ 198,469.00

Signature of Maddy EMS Fund Administrator

Date

\$ 198,469.00

Admin Suc. Manager I Printed Name & Title

Email Address

William emendocinocounty.org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

ī	Administering Agency	County Department Merced County	Karl Stahlhut, Fiscal Mana	
		Address (Number and Street)	Phone Number	
		260 E. 15th St.	(209)381-1271	
		City or Post Office, State, and ZIP Code	Email Address	
		Merced, CA 95341	KStahlhut@co.merced.ca	us
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes □ No
	rung	t Burgalantiched		12/04/1989
		b Date fund established.		
		c Fund balance on July 1, 2016.		\$ 113,541.68
		state reason(s): 2a Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	□ Yes □ No
				(If no, go to #3)
		b Date fund established.		10/30/2007
		c Fund balance on July 1, 2016.		\$ 1,468.71
īII	Collections of	3 Fines, penalties, and forfeitures collected under each		
	Penalty	statute.	Statute	Collections
	Assessments	a	Government Code § 76000	\$ 8,813,498.22
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 8,816,166.09
		ė	Vehicle Code § 42007	
		d	Total	\$ 17,629,664.31
		4 Responsibility for collection of fines, penalties, and for	orfeitures:	
		Entity	Contact (Name and Title)	
		Merced County	Lisa Cardella-Presto, Audi	tor-Controller
		Phone Number (209)385-7511	Email Address cardella-presto@co.merce	ed.ca.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



Maddy EMS	5 Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	a	Government Code § 76000 (Based on GC § 76104)	\$ 326,425.86
	3	Vehicle Code § 42007	
	b	Total	\$ 326,425.86
	d If no deposits into Maddy EMS Fund, state reason(s);	
	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	3	Government Code § 76000.5	\$ 326,524.67
	b	Vehicle Code § 42007	
	c	Total	\$ 326,524.67
	B. W. W. Co. Joseph Strangly recommender		
	7 Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	
		Lisa Cardella-Presto, Auditor	-Controller
	Entity		
V Maddy EMS Fund Category	Entity Merced County Phone Number (209)385-7511	Lisa Cardella-Presto, Auditor Email Address	
V Maddy EMS Fund Category Distributions	Entity Merced County Phone Number	Lisa Cardella-Presto, Auditor Email Address	
Fund Category	Entity Merced County Phone Number (209)385-7511 Maddy EMS Fund (Original Assessment)	Lisa Cardella-Presto, Auditor Email Address Icardella-presto@co.merced.	Interest and Other Deposits
Fund Category	Entity Merced County Phone Number (209)385-7511 8 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	Lisa Cardella-Presto, Auditor Email Address Icardella-presto@co.merced.	Interest and Other Deposits
Fund Category	Entity Merced County Phone Number (209)385-7511 Maddy EMS Fund (Original Assessment)	Lisa Cardella-Presto, Auditor Email Address Icardella-presto@co.merced. e 30, 2017.	Interest and Other Deposits \$ 2,335.60
Fund Category	Entity Merced County Phone Number (209)385-7511 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June	Lisa Cardella-Presto, Auditor Email Address Icardella-presto@co.merced. e 30, 2017.	Interest and Other Deposits \$ 2,335.60
Fund Category	Entity Merced County Phone Number (209)385-7511 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June	Lisa Cardella-Presto, Auditor Email Address Icardella-presto@co.merced. e 30, 2017. 230, 2017. posits and the reason(s) for the depos	Interest and Other Deposits \$ 2,335.60
Fund Category	Entity Merced County Phone Number (209)385-7511 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June c If other deposits were made, provide the type of deposits during fiscal year.	Lisa Cardella-Presto, Auditor Email Address Icardella-presto@co.merced. e 30, 2017. 30, 2017. posits and the reason(s) for the depose ategories Reserve (Optional)	Interest and Other Deposits \$ 2,335.60 its:

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)			\$ 73,445.80	
Distributions	d	Other Discretionary EMS (17%)			\$ 49,943.15	
(cont.)	e		otal	\$ 0.00	\$ 326,425.86	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund n	Interest and Other Deposits			
			ion.		\$ 412.16	
	a	Interest earned during fiscal year, July 1, 2016-June 30,	Ų 412,10			
	b	Other deposits during fiscal year, July 1, 2016-June 30,				
	11	Total amount of funds distributed to the specified	Category Distributions			
		Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%)		(Optional)		
	а				\$ 32,652.46	
	b				\$ 48,978.70	
	c				\$ 142,038.24	
		Take State of the			\$ 61,223.37	
	d	Hospitals (25%)			\$ 41,631.90	
	e	Other Discretionary EMS (17%)		\$ 0.00	\$ 326,524.67	
	f		Total	Ψ 0.90	***************************************	
	12	Responsibility for category distributions:				
		Entity		lame and Title)	0.0	
		Werded oddrity	Email Add	lhut, Fiscal Manag	CI	
		I none Number		hut@co.merced.ca.us		
VI Expenditures &	-	(200)001 1211			Amount	
Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			\$ 44,682.30	
			Amount			
	14	Total Administration expenditures from Maddy EMS I Assessment). (If fund not established, leave blank and go to #	Amount			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

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\$ 11,320.39

VI	Expenditures &
	Reimbursements
	(cont.)

	Allov	Paid Claims			
Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	#	\$ Amount	#	% 100%	\$ Amount \$ 352,895.11
	4,850	\$ 352,895.11	4,850		
	from Maddy EMS Fund (Original	Total Physicians/Surgeons expenditures # from Maddy EMS Fund (Original 4 850	from Maddy EMS Fund (Original 4 850 \$ 352.895.11	Total Physicians/Surgeons expenditures # \$ Amount #	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original 4 850 \$ 352.895.11 4,850 100%

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

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

Paid Claims Allowable Claims \$ Amount 17a Total Physicians/Surgeons expenditures # S Amount # from Maddy EMS Fund (Supplemental \$ 51,940.80 \$51,940.80 1.399 100% Assessment). (If fund not established, leave 1,399 blank and go to #18)

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

Amount Reimbursed Total reimbursements from Physicians/Surgeons due to collections from \$ 1,120.95 patient/third-party, county penalties, and settlements.

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 Ø 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.

Responsibility for claims payments to Physicians/Surgeons:

Contact (Name and Title) Entity Karl Stahlhut, Fiscal Manager Merced County **Email Address** Phone Number kstahlhut@co.merced.ca.us (209)381-1271

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



1	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a cla EMS Fund (Original Assessment).	claims basis for the Maddy				Yes No (If no, go to #20d)	
				All	owable Claims		Paid Cl	aims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					s):		
							Amount		
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. \$\frac{1}{2}\$ \$ 135,184.99						
	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 cla EMS Fund (Supplemental Assessment). (I) and go to #22)		Yes No (If no, go to #21d)				
			Allowable Claims				Paid Claims		
				#	\$ Amount	#	0%	\$ Amount	
		b	Total Hospitals expenditures.						
		c	If allowable claims were not paid during fis	te reason((s):				
			San Carlotte		Amount				
		d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims bath Leave blank and go to #22e)						\$ 0.00	
		Total reimbursements from Hospitals due to collections from patient/third-party					Amount Reimbursed		
		e	county penalties, and settlements.	и-рапту,		\$ 0.00			
		22	Required documentation for submission. (be submitted concurrently) A description of the hospitals payment	EMS Fund	d report, and <u>must</u>				
		20							
	23	Responsibility for claims payments to Hosp Entity Merced County	pitais:	Contact (Name and Karl Stahlhut, F		nager			
		Phone Number (209)381-1271		Email Address kstahlhut@co.m					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	244	Assessment).	\$ 91,925.81
		b	Description of other EMS services provided:	
			Direct EMS Agency labor charges.	
		and the state of t	N. A. M. H. PMC Found	Amount
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00
		b	Description of other EMS services provided:	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



VII Fund Summary		Maddy EMS (Original Asse			
	1	Available Funds fo	r Distribution		Fund Total
	Balance on July 1, 2016		3,541.68 (Ic)		\$ 113,541.68
	Deposits for July 1, 2016-June 30, 2017	\$ 32	26,425,86 (5c)		\$ 439,967.54
	Interest for July 1, 2016-June 30, 2017	\$	2,335.60 (8a)		\$ 442,303.14
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (86)		\$ 442,303.14
	Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,642.59		\$ 32,642.59	\$ 44,682.30 (13)
	Physicians/Surgeons (58%)	\$ 170,394.32 (9b)	\$ 0.00 (9b)	\$ 170,394.32	\$ 352,895.11 (16a)
	Hospitals (25%)	\$ 73,445.80	\$ 0.00	\$ 73,445.80	\$ 0.00 (206 Pd) \$ 135,184.99
	Other Discretionary EMS (17%)	\$ 49,943.15 (9d)	\$ 0.00 (9d)	\$ 49,943.15	\$ 91,925.81 (24a)
	Total	\$ 326,425.86 (9e)	\$ 0.00 (9e)	\$ 326,425.86	\$ 624,688.21
	Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 182,385.07
	Reimbursements	M-11-11			
	Physicians/Surgeons	\$ 1	1,320.39 (16c)		-\$ 171,064.68
	Hospitals		\$ 0.00 (20e)		-\$ 171,064.68
	Ending Balance for Total Available Funds as of June 30, 2017				-\$ 171,064.68

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	\$ 1,468.71 (2c)	\$ 1,468.71
Deposits for July 1, 2016- June 30, 2017	\$ 326,524.67 (6c)	\$ 327,993.38
Interest for July 1, 2016-June 30, 2017	\$ 412.16 (10a)	\$ 328,405.54
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 328,405.54

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,652.46 (11a)		\$ 32,652.46	\$ 0.00 (14)
Richie's Fund (15%)	\$ 48,978.70 (116)		\$ 48,978.70	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 142,038.24 (11c)	\$ 0.00 (11c)	\$ 142,038.24	\$ 51,940.80 (17a)
Hospitals (25%)	\$ 61,223.37	\$ 0.00	\$ 61,223.37	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 41,631.90 (11e)	\$ 0.00 (11e)	\$ 41,631.90	\$ 0.00 (25a)
Total	\$ 326,524.67	\$ 0.00	\$ 326,524.67	\$ 51,940.80
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 276,464.74

Reimbursements		
Physicians/Surgeons	\$ 1,120.95 _(17e)	\$ 277,585.69
Hospitals	\$ 0.00 (21e)	\$ 277,585.69
Ending Balance for Total Available Funds as of June 30, 2017		\$ 277,585.69

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I			County Department County Contact (Name and Kim Bunn, Public Health			
	Agency		ono County Health Department	1 Fiscal Officer		
			dress (Number and Street)	Phone Number		
) Box 476	760.932.5587		
			y or Post Office, State, and ZIP Code	Email Address		
		Bri	idgeport, CA 93517	kbunn@mono.ca.gov		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	✓ Yes □ No	
		b	Date fund established.		08/15/1995	
		c	Fund balance on July 1, 2016.		\$ 143,802.08	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No	
	1	b	Date fund established.		09/11/2007	
			Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 80,464.65	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 2,072.89	
		c		Vehicle Code § 42007		
		d		Total	\$ 82,537.54	
		u		L	,1	
		4	Responsibility for collection of fines, penalties, and fo			
			Entity	Contact (Name and Title)		
			Mono County Superior Court	Hector Gonzalez, CAO		
			Phone Number 760,924.5444 ext. 230	Email Address superiorcourt@mono.ca.g	ov	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 80,464.65
	b		Vehicle Code § 42007	
	c		Total	\$ 80,464.65
	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
	а		Government Code § 76000.5	\$ 2,072.89
	b		Vehicle Code § 42007	
	c		Total	\$ 2,072.89
	7	Responsibility for deposit of penalty assessments: Entity Mono County Finance Department	Contact (Name and Title) Stephanie Butters, Auditor-	Controller
	7	Entity		Controller
		Entity Mono County Finance Department Phone Number 760.932.5496	Stephanie Butters, Auditor- Email Address	Controller
V Maddy EMS Fund Category Distributions	8	Entity Mono County Finance Department Phone Number	Stephanie Butters, Auditor- Email Address	Controller Interest and Other Deposits
Fund Category		Entity Mono County Finance Department Phone Number 760.932.5496 Maddy EMS Fund (Original Assessment)	Stephanie Butters, Auditor- Email Address sbutters@mono.ca.gov	Interest and
Fund Category	8 a	Entity Mono County Finance Department Phone Number 760.932.5496 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	Stephanie Butters, Auditor- Email Address sbutters@mono.ca.gov	Interest and Other Deposits \$ 1,653.71
Fund Category	8 a b	Entity Mono County Finance Department Phone Number 760.932.5496 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3	Stephanie Butters, Auditor- Email Address sbutters@mono.ca.gov	Interest and Other Deposits \$ 1,653.71
Fund Category	8 a	Entity Mono County Finance Department Phone Number 760.932.5496 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	Stephanie Butters, Auditor- Email Address sbutters@mono.ca.gov	Interest and Other Deposits \$ 1,653.71
Fund Category	8 a b	Entity Mono County Finance Department Phone Number 760.932.5496 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3	Stephanie Butters, Auditor- Email Address sbutters@mono.ca.gov 30, 2017. 30, 2017. sits and the reason(s) for the depo	Interest and Other Deposits \$ 1,653.71
Fund Category	8 a b	Entity Mono County Finance Department Phone Number 760.932.5496 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of deposits during fiscal year, July 1, 2016-June 3	Stephanie Butters, Auditor- Email Address sbutters@mono.ca.gov 30, 2017. 30, 2017. sits and the reason(s) for the depotence (Optional)	Interest and Other Deposits \$ 1,653.71 \$ 0.00 osits: Category

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS			-71	\$ 2,984.17	\$ 16,910.28
Fund Category Distributions	c	Hospitals (25%)	- +	\$ 0.00	\$ 13,528.22
(cont.)	ď	Other Discretionary EMS (17%)			
	e		Total	\$ 9,907.44	\$ 72,210.93
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	shed, leave blank and go to	o #12)
					Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30.	2017.		\$ 42.58
	b	Other deposits during fiscal year, July 1, 2016-June 30,			\$ 0.00
	11	Total amount of funds distributed to the specified		Reserve	Category Distributions
		categories for the period July 1, 2016-June 30, 2017.	-	(Optional)	
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		\$ 65.45
	b	Richie's Fund (15%)			\$ 317.32
	c	Physicians/Surgeons (58%)		\$ 150.74	\$ 854.22
	d	Hospitals (25%)		\$ 64.98	\$ 368.20
	e f	Other Discretionary EMS (17%)		\$ 0.00	\$ 294.56
			Γotal	\$ 215.72	\$ 1,899.75
	12	Responsibility for category distributions:			
			,	Name and Title) nie Butter, Auditor-C	ontroller
			Email Ad		OTIC ON O
		760.932.5496	butters	@mono.ca.gov	
I Expenditures &		The state of the s	1.0		Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	una (Or	iginai	\$ 2,540.58
	14	Total Administration expenditures from Maddy EMS F	Fund (Su	nnlemental	Amount
		Assessment). (If fund not established, leave blank and go to #			\$ 65.45
	15	Total Richie's Fund expenditures from Maddy EMS Fu		plemental	Amount
		Assessment). (If fund not established, leave blank and go to #			\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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	Expenditures &			A	Allowable Claims		Paid Claims		
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount	
,	(cont.)		from Maddy EMS Fund (Original Assessment).			0	0%	\$ 0.00	
			Assessment).	1		-			
		b	If allowable claims were not paid during fisca	al vear. J	July 1, 2016-June 30	, 2017, sta	ite reason	(s):	
		2	Staffing time constraints to review clair	-	-				
			Starring time constraints to review dan						
					4		Amou	nt Reimbursed	
		С	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set					\$ 0.00	
						,			
				A	llowable Claims		Paid (Claims	
		17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
			from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave				0%	\$ 0.00	
			blank and go to #18)						
		b	If allowable claims were not paid during fisca	al year, J	July 1, 2016-June 30	, 2017, sta	ite reason	(s):	
		c	Total reimbursements from Physicians/Surge				Amount Reimbursed \$ 0.00		
			patient/turu-party, county penantes, and settlements.						
		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		E: 1.5		
			Mono County Health Department		Kim Bunn, Public	Health	Fiscal O	nicer	
			Phone Number	ין	Email Address				
			760.932.5587		kbunn@mono.ca	.gov			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



Expenditures & Reimbursements (cont.)					✓ Yes			
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%	\$ 0.00	
	c						s):	
							Amount	
	d	Direct disbursement to Hospitals. (N/A if I Leave blank and go to #21e)	basis.		\$ 0.00			
			4		d north	Amour	ıt Reimbursed	
	e Total reimbursements from Hospitals due to collections from patient/third-pacounty penalties, and settlements.						\$ 0.00	
	21a	TRACE A CO. A. A.A.A. A. A. A.A.A.A.A.A.A.A.A.A.A					es	
			Allo	wable Claims		Paid C	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%	\$ 0.00	
	c						s):	
		7					Amount	
	d	Direct disbursement to Hospitals. (N/A if) Leave blank and go to #22e)	hospital claims	are paid on a claims i	basis.	\$ 0.00		
							nt Reimbursed	
	e	county penalties, and settlements.	e to conection	is from patient/thir	и-рагту,		\$ 0.00	
	22 Required documentation for submission. (The below documentation is part of the Madd be submitted concurrently)							
	A description of the hospitals payment methodologies. Responsibility for claims payments to Hospitals:							
		Entity Mono County Public Health Dent				nistrative	e Officer	
					a & Aumin	nou auve	Officer	
		760.932.5587			a.gov			
		Reimbursements (cont.) b c d e 21a b c	Direct disbursements (and go to #22)	Cont. 20a Indicate if Hospital claims are paid on a claims basis for EMS Fund (Original Assessment). Allo #	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). Allowable Claims	EMS Fund (Original Assessment). Allowable Claims	Cont. Cont	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	VI Expenditures & Reimbursements	240	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount			
	(cont.)	24a	Assessment).	\$ 30,000.00			
		b	Description of other EMS services provided:				
		Support provided to the County for paramedic services.					
				Amount			
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund				
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00			
	b		Description of other EMS services provided:				

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Ending Balance for Total Available Funds as of June 30, 2017



					LIFORKI
VII Fund Summary		Maddy EM			
		Available Funds fo	or Distribution		Fund Total
	Balance on July 1, 2016	\$ 14	43,802.08 (Ic)		\$ 143,802.08
	Deposits for July 1, 2016-June 30, 2017	\$ 8	30,464.65 <i>(5c)</i>		\$ 224,266.73
	Interest for July 1, 2016-June 30, 2017	\$	1,653.71 (8a)		\$ 225,920.44
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 _(8b)		\$ 225,920.44
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,540.58 (9a)		\$ 2,540.58	\$ 2,540.58 (13)
	Physicians/Surgeons (58%)	\$ 39,231.85 (9b)	\$ 6,923.27 (9b)	\$ 32,308.58	\$ 0.00 (16a)
	Hospitals (25%)	0.40.040.00	0.0.004.47	ft 42 026 44	\$ 0.00 (20b Pd)
		\$ 16,910.28	\$ 2,984.17 (9c)	\$ 13,926.11	\$ 0.00 (20d)
	Other Discretionary EMS (17%)	\$ 13,528.22 (9d)	\$ 0.00 (9d)	\$ 13,528.22	\$ 30,000.00 (24a)
	Total	\$ 72,210.93	\$ 9,907.44 (9e)	\$ 62,303.49	\$ 32,540.58
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 193,379.86
	Reimbursements				
	Physicians/Surgeons		\$ 0.00		\$ 193,379.86
	Hospitals		\$ 0.00 (20e)		\$ 193,379.86

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Date

\$ 193,379.86

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII	Fund Summary	
	(cont.)	

Maddy EMS Fund (Supplemental Assessment)

	(Euppremental			
	Available Funds f	or Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00 (2c)			\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 2,072.89 (6c)			\$ 2,072.89
Interest for July 1, 2016-June 30, 2017		\$ 42.58 (10a)		
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 2,115.47
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures

Distributions/Expenditures	Category Distributions	Reserve (Optional)	for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 65.45 (11a)		\$ 65.45	\$ 65.45 (14)
Richie's Fund (15%)	\$ 317.32 (116)		\$ 317.32	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 854.22 (11c)	\$ 150.74 (11c)	\$ 703.48	\$ 0.00 (17a)
Hospitals (25%)	\$ 368.20	\$ 64.98 \$ 303.22		\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 294.56 (11e)	\$ 0.00 (11e)	\$ 294.56	\$ 0.00 (25a)
Total	\$ 1,899.75	\$ 215.72 (11)	\$ 1,684.03	\$ 65.45
Preliminary Fund Balance				\$ 2,050.02

Reimbursements		
Physicians/Surgeons	\$ 0.00 _(17c)	\$ 2,050.02
Hospitals	\$ 0.00 <i>(21e)</i>	\$ 2,050.02
Ending Balance for Total Available Funds as of June 30, 2017		\$ 2,050.02

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Date

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Agency				County Contact (Name and Title) Teresa Rios, Management Analyst III		
			dress (Number and Street)		it Analyst III	
			41 Schilling Place, South Building	Phone Number 831-783-7082		
			y or Post Office, State, and ZIP Code	Email Address		
			alinas, CA 93906	riost@co.monterey.ca.us		
	All the second			nost@co.monterey.ca.us		
П	II Establishment of Fund		Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes ☐ No	
		b	Date fund established.		1989	
		c	Fund balance on July 1, 2016.		\$ 779,896.61	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (St	upplemental Assessment)?	Yes No	
		b	Date fund established.			
		c	Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July I state reason(s):	1, 2016, differs from ending bala	nce on June 30, 2016,	
III	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 771,448.89	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c		Vehicle Code § 42007		
		d	<u></u>	Total	\$ 771,448.89	
		4	Responsibility for collection of fines, penalties, and for	rfeitures:		
			Entity	Contact (Name and Title)		
			Superior Court of CA, County of Monterey	Lena Belnas, Accountant	Auditor III	
			Phone Number 831-755-5616	Email Address lena.belnas@monterey.co	urts.ca.gov	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



				* /		
IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
- 1114	a		Government Code § 76000 (Based on GC § 76104)	\$ 771,448.89		
	b		Vehicle Code § 42007			
	c		Tota	\$ 771,448.89		
	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:	Contact (Name and Title)			
		Responsibility for deposit of penalty assessments:				
Maddy EMS Fund Category		Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number	Contact (Name and Title) Lena Belnas, Accountant Email Address			
	7	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616	Contact (Name and Title) Lena Belnas, Accountant Email Address			
Fund Category	7	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616	Contact (Name and Title) Lena Belnas, Accountant Email Address lena.belnas@monterey.co	Interest and Other Deposits		
Fund Category	8	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616 Maddy EMS Fund (Original Assessment)	Contact (Name and Title) Lena Belnas, Accountant Email Address lena.belnas@monterey.co	Interest and Other Deposits		
Fund Category	8 a	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	Contact (Name and Title) Lena Belnas, Accountant Email Address lena.belnas@monterey.co	Interest and Other Deposits \$ 9,604.66		
Fund Category	8 a b	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	Contact (Name and Title) Lena Belnas, Accountant Email Address lena.belnas@monterey.co	Interest and Other Deposits \$ 9,604.66		
Fund Category	8 a b	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depose Reimbursements from physicians who receive	Contact (Name and Title) Lena Belnas, Accountant Email Address lena.belnas@monterey.co	Interest and Other Deposits \$ 9,604.66		
Fund Category	8 a b c	Responsibility for deposit of penalty assessments: Entity Superior Court of CA, County of Monterey Phone Number 831-755-5616 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depos Reimbursements from physicians who receive funds were disburseed Total amount of funds distributed to the specified cate	Contact (Name and Title) Lena Belnas, Accountant Email Address lena.belnas@monterey.co 30, 2017. 30, 2017. sits and the reason(s) for the depayment from other source egories Reserve (Optional)	Interest and Other Deposits \$ 9,604.66 posits: ces after Maddy Category		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



d Other Discretionary EMS (17%) Maddy EMS Fund (Supplemental Assessment) (If factorial interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June If other deposits were made, provide the type of deposits during fiscal year.	30, 2017. 30, 2017.		Interest and Other Deposits	
Maddy EMS Fund (Supplemental Assessment) (If fine a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June c If other deposits were made, provide the type of deposits	nd not establi 30, 2017. 30, 2017.	ished, leave blank and go t	\$ 604,020.95 to #12) Interest and Other Deposits	
a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June c If other deposits were made, provide the type of deposits	30, 2017. 30, 2017.		Interest and Other Deposits	
Other deposits during fiscal year, July 1, 2016-June If other deposits were made, provide the type of deposits	30, 2017.	e reason(s) for the depo	Other Deposits	
Other deposits during fiscal year, July 1, 2016-June If other deposits were made, provide the type of depo	30, 2017.	e reason(s) for the depo	osits:	
c If other deposits were made, provide the type of depo		e reason(s) for the depo	osits:	
	osits and the	e reason(s) for the depo	osits:	
11 I otal amount of funds distributed to the specified				
categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions	
Administration (Admin cost equal to the lesser of act cost or 10%)	ual			
Richie's Fund (15%)				
Physicians/Surgeons (58%)				
d Hospitals (25%)				
Other Discretionary EMS (17%)				
	Total	\$ 0.00	\$ 0.00	
12 Responsibility for category distributions:				
Entity	Contact (I	Name and Title)		
Phone Number	Email Add	dress		
3 Total Administration expenditures from Maddy EMS Assessment).			Amount \$ 78,105.36	
4 Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to	5 Fund (Sup #16a)	plemental	Amount	
	B Richie's Fund (15%) C Physicians/Surgeons (58%) D Hospitals (25%) Other Discretionary EMS (17%) Responsibility for category distributions: Entity Phone Number Total Administration expenditures from Maddy EMS Assessment).	B Richie's Fund (15%) C Physicians/Surgeons (58%) D Hospitals (25%) Other Discretionary EMS (17%) Total Responsibility for category distributions: Entity Contact (1) Phone Number Email Ad Total Administration expenditures from Maddy EMS Fund (Ori Assessment). Total Administration expenditures from Maddy EMS Fund (Sup Assessment). (If fund not established, leave blank and go to #16a)	B Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%) Other Discretionary EMS (17%) Responsibility for category distributions: Entity Contact (Name and Title) Phone Number Email Address Total Administration expenditures from Maddy EMS Fund (Original Assessment).	

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831-783-7082



I Expenditures &			Allo	wable Claims		Doid	Claims	
Reimbursements (cont.)	16a	Secure on Pentaltal Co	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Original Assessment).	4,711	\$ 461,354.69	4,711	100%	\$ 230,677.35	
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	eons due to tlements.	collections from		Amou	nt Reimbursed \$ 7,244.39	
) at 1 at						
	17-	T-A-I PI 1 /0		wable Claims			Claims	
	1 /a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	#	SAmount	#	0%	S Amount	
		If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sett	ons due to	collections from		Amour	ıt Reimbursed	
	18	Required documentation for submission. (The be submitted concurrently)	he Maddy i	ldy EMS Fund report, and must				
		☑ A description of the Physicians/Surgeons	claims nav	ment methodologi	29			
		A statement of the policies, procedures, a fund(s).				ent and a	dminister the	
		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 rev payment distribution methodology.						
		An identification of the fee schedule used	by the cou	nty.				
		Responsibility for claims payments to Physicia	ans/Surgeo	ns:				
		Entity	1/2001	tact (Name and Ti		7.5		
		Mo. Co. Emergency Medical Service		resa Rios, Mana	agement	Analys	t III	
		Phone Number	Ema	ail Address				

riost@co.monterey.ca.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures Reimburseme (cont.)	& ents 20a				Yes No (If no, go to #20d)			
			Allo	wable Claims		Paid Cl	laims	
		- 3	#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisca	l year, J	uly 1, 2016-June 30	, 2017, sta	te reason(s):	
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Amount						
		Leave blank and go to #21e)		an e pana on a cinins i	, , , , , , , , , , , , , , , , , , ,	\$	175,737.05	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amoun	t Reimbursed	
			-		T =			
	21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fu and go to #22)	is basis f nd not est	or the Maddy ablished, leave blank	_ n	es (If no, go to	□ No #21d)	
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospit Leave blank and go to #22e)	al claims	are paid on a claims b	asis.	A	mount	
	e	Total reimbursements from Hospitals due to c	ollection	s from patient/thire	d-party,	Amoun	t Reimbursed	
		county penalties, and settlements.						
	22	Required documentation for submission. (The be submitted concurrently)			the Maddy .	EMS Fund	report, and <u>nust</u>	
	100	A description of the hospitals payment me		gies.				
	23	Responsibility for claims payments to Hospital Entity Mo. Co. Emergency Medical Services	C	Contact (Name and		ot Analysi	· 101	
		Phone Number		Teresa Rios, Mai	nagemer	it Analysi	t III	
		831-783-7082		iost@co.monter	ey.ca.us			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



\$ 119,501.19
ograde website.
Amount

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VII	Fund	Summary
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Maddy	EMS	Fund
(Original	Asses	sment)

	(O'16 mil ressessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 779,896.61 (Ic)	\$ 779,896.61
Deposits for July 1, 2016-June 30, 2017	\$ 771,448.89 _(5c)	\$ 1,551,345.50
Interest for July 1, 2016-June 30, 2017	\$ 9,604.66	\$ 1,560,950.16
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	\$ 1,560,950.16

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 78,105.36 (9a)		\$ 78,105.36	\$ 78,105.36 (13)
Physicians/Surgeons (58%)	\$ 230,677.35 (9b)	\$ 0.00 (9b)	\$ 230,677.35	\$ 230,677.35 (16a)
Hospitals (25%)	\$ 175,737.05	\$ 0.00	\$ 175,737.05	\$ 0.00 (20b Pd) \$ 175,737.05
Other Discretionary EMS (17%)	\$ 119,501.19 (9d)	\$ 0.00 (9d)	\$ 119,501.19	\$ 119,501.19 (24a)
Total	\$ 604,020.95 (9e)	\$ 0.00 (9e)	\$ 604,020.95	\$ 604,020.95
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 956,929.21

Reimbursements		
Physicians/Surgeons	\$ 7,244.39	\$ 964,173.60
Hospitals	\$ 0.00	\$ 964,173.60
Ending Balance for Total Available Funds as of June 30, 2017		\$ 964,173.60

Signature of Maddy EMS Fund Administrator

Printed Nama & Title

riosteco. monterey.ca. us Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 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	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (IIe)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00 (11f)	\$ 0.00	\$ 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, 2017		\$ 0.00

Signature of Maddy EMS Fund Administrator

Printed Name & Title

and the same

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency	County Department Napa County	County Contact (Name and T Joseph Bowe	itle)		
		Address (Number and Street) Phone Num 2751 Napa Valley Corporate Drive 707.259.8		A CARDO CO.		
		City or Post Office, State, and ZIP Code Napa, CA, 94558	Email Address Joseph Bowe@countyofn	apa.org		
II Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O b Date fund established. c Fund balance on July 1, 2016. d If the Maddy EMS Fund beginning balance on July 1	lance on July 1, 2016.				
		state reason(s): N/A Has the agency established the Maddy EMS Fund (St		Yes No		
	ç	b Date fund established.		07/01/2007		
		c Fund balance on July 1, 2016.		\$ 131,647.30		
		d If the Maddy EMS Fund beginning balance on July 1 state reason(s): N/A	1, 2016, differs from ending bala	nce on June 30, 2016,		
Ш	Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a	Government Code § 76000	\$ 546,946.29		
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 181,905.20		
		c	Vehicle Code § 42007	\$ 439,978.56		
	a	d	Total	\$ 1,168,830.05		
		4 Responsibility for collection of fines, penalties, and fo	rfeitures:			
		Napa Superior Court	Lisa Skinner, Fiscal Service	es Manager		
		Phone Number (707)299-1248	Email Address Lisa.Skinner@Countyofna	pa.org		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
runu	a		Government Code § 76000 (Bused on GC § 76104)	\$ 181,267.32		
	ь		Vehicle Code § 42007	\$ 0.00		
	c		Total	\$ 181,267.32		
	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	\$ 181,905.20		
	b		Vehicle Code § 42007	\$ 0.00		
	c		Total	\$ 181,905.20		
	d	If no deposits into Maddy EMS Fund, state reason(s): N/A				
	7	Responsibility for deposit of penalty assessments:				
		Entity	Contact (Name and Title)	151400-0		
		Napa County Auditor-Controller's Office	George Parra, Accountant- Email Address	Auditor I		
		Phone Number (707)253-4556	George.Parra@countyofna	pa.org		
Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
Distributions				Interest and Other Deposits		
	а	Interest carned during fiscal year, July 1, 2016-June	30, 2017.	\$ 900.94		
	ь	Other deposits during fiscal year, July 1, 2016-June 3	50, 2017.	\$ 0.00		
	c	If other deposits were made, provide the type of depo	sits and the reason(s) for the depo	osits:		
	9	Total amount of funds distributed to the specified car for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions		
	a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 18,126.73		
		and the second s	\$ 46,222.24	\$ 94,621.54		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 76,854.57	\$ 40,785.15
Distributions	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 27,733.90
(cont.)	c		otal	\$ 123,076.81	\$ 181,267.32
	10	Maddy EMS Fund (Supplemental Assessment) (If fund a	ı #12)		
					Interest and Other Deposits
	а	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		\$ 599.76
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		
	c	If other deposits were made, provide the type of deposit	s and the	reason(s) for the depo	sits:
		N/A			
	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 accost or 10%)	actual		\$ 18,190.52 \$ 156,204.50
	b	Richie's Fund (15%)			
	c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) f Responsibility for category distributions:	STOCKNICK FAVORINGS		\$ 0.00	\$ 80,711.34
		Hospitals (25%)		\$ 0.00	\$ 34,789.37 \$ 23,656.77
		Other Discretionary EMS (17%)		\$ 0.00	
			otal	\$ 0.00	\$ 313,552.50
		Responsibility for category distributions:			
		Entity	Charles and the	Name and Title)	1.0.7459.5
		The Kernzan and Company of the Compa	Joseph Email Ad	Bowe, Staff Services	s Analyst
		A STATE OF THE STA		Bowe@countyofnap	a.org
/I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	and (Or	iginal	Amount
Reinbursements	its 15	Assessment). \$ 1			\$ 18,126.73
	14	Total Administration expenditures from Maddy EMS F	and (Su	onlemental	Amount
	14	Assessment). (If fund not established, leave blank and go to #.		. K. c. an and	\$ 18,190.52
	15	Total Richie's Fund expenditures from Maddy EMS Fu		plemental	Amount
		Assessment). (If fund not established, leave blank and go to #	16a)		\$ 61,487.98

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VI Expenditures & Reimbursements (cont.)

		Allo	wable Claims		Paid (Claims	
16a		Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount
	from Maddy EMS Fund (Original Assessment).	1,988	\$ 745,207.00	1,988	100%	\$ 80,845.32	

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

N/A

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

Amount Reimbursed \$ 3,050.38

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)

Allowable Claims		Paid Claims			
	#	S Amount	#	%	S Amount
	2,060	\$ 775,624.00	2,060	100%	\$ 83,772.46

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

N/A

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements. Amount Reimbursed \$ 3,061.12

- 18 Required documentation for submission. (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 HHSA- Fiscal Division	Joseph Bowe, Staff Services Analyst
Phone Number	Email Address
(707)259-8110	Joseph.Bowe@countyofnapa.org

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/I Expenditures & Reimbursements (cont.)	s 20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). Yes (If no, go							
		7	Allowable Claims		Paid Claims		laims		
			#	S Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.	1	0%					
	ć	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. \$ 118,118.27							
		Leave blank and go to #21e)							
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amou	nt Reimbursed \$ 0.00		
		county penantes, and seriements.	4						
	21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If fi- and go to #22)		Yes No (If no, go to #21d)					
				Paid Claims					
			#	\$ Amount	#	%	S Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
							Amount		
	d	Direct disbursement to Hospitals. (N/A if hospitals. Leave blank and go to #22e)	asis.	\$ 34,789.37					
			UALGO I	Amour	nt Reimbursed				
	c	Total reimbursements from Hospitals due to county penalties, and settlements.	d-party,		\$ 0.00				
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and mube submitted concurrently)							
		A description of the hospitals payment m	ethodolo	ogies.					
	23	Responsibility for claims payments to Hospitz Entity		Contact (Name and	Title)				
		Napa County HHSA- Fiscal Division		Joseph Bowe, St		ces Ana	lyst		
		Phone Number (707)259-8110		Email Address Joseph.Bowe@c	ountyofr	apa.org			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount				
	(cont.)		Assessment).	\$ 27,760.88				
		b	Description of other EMS services provided:					
			Medical Accountability within the EMS system, and coordinate specialty c	cialty care systems				
	25	25a Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount					
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 23,656.77				
		b	Description of other EMS services provided:					
			Medical Accountability within the EMS system, and coordinate specialty of	care systems				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



V	11	F	und	Sum	mary
---	----	---	-----	-----	------

Maddy EMS Fund

Stributions/Expenditures State of actual cost or 10%		(Original Ass			
Deposits for \$ 181,267.32 \$ 304,344		Available Funds f	for Distribution		Fund Total
July 1, 2016-June 30, 2017 \$ 900.94 \$ 305,245 Other Deposits for July 1, 2016-June 30, 2017 \$ 0.00 \$ 305,245 Other Deposits for July 1, 2016-June 30, 2017 \$ 0.00 \$ 305,245 Other Deposits for July 1, 2016-June 30, 2017 \$ 0.00 \$ 305,245 Other Deposits for July 1, 2016-June 30, 2017 \$ 0.00 \$ 305,245 Other Deposits for July 1, 2016-June 30, 2017 \$ 0.00 \$ 305,245 Other Deposits for July 1, 2016-June 30, 2017 \$ 305,245 Other Deposits for July	Balance on July 1, 2016	\$ 1			\$ 123,076.81
Other Deposits for \$ 0.00 (8b) \$ 305,245 Distributions/Expenditures Category Distributions		\$ 1	81,267.32 _(5c)		\$ 304,344.13
Distributions/Expenditures Category Category Distributions Expenditures Category Distributions Category Distributions Expenditures Category Distributions Expenditures Category Distributions Expenditures Category Distributions Category Distributions Expenditures Sample Sam	Interest for July 1, 2016-June 30, 2017		\$ 900.94		\$ 305,245.07
Category Reserve Category Distributions Category Distributions Expenditures Category Distributions Expenditures Expenditures S 18,126.73 S 18,12			\$ 0.00 (86)		\$ 305,245.07
lesser of actual cost or 10%) Physicians/Surgeons (58%) \$ 94,621.54 \$ 46,222.24 \$ 48,399.30 \$ 80,845	Distributions/Expenditures		0.000,000	for Disbursement (Category Distributions -	Expenditures
				\$ 18,126.73	\$ 18,126.73 (13)
(70) (70)	Physicians/Surgeons (58%)	\$ 94,621.54 (9b)	\$ 46,222.24 (9b)	\$ 48,399.30	\$ 80,845.32 (16a)
	Hospitals (25%)	\$ 40 785 15	\$ 76 854 57	-\$ 36 069 42	\$ 0.00 (20b Pd)
\$ 118,118		The second seconds	2000	-ψ 30,000,42	\$ 118,118.27 (20d)

Reimbursements		
Physicians/Surgeons	\$ 3,050.38 (16c)	\$ 63,444.25
Hospitals	\$ 0.00 (20e)	\$ 63,444.25
Ending Balance for Total Available Funds as of June 30, 2017		\$ 63,444.25

\$ 27,733.90 (9d)

\$ 181,267.32

Other Discretionary EMS (17%)

Preliminary Fund Balance

Total

Signature of Maddy EMS Fund Administrator

county of maga

\$ 0.00

\$ 123,076.81 (9e)

\$ 27,733.90

\$ 58,190.51

Printed Name & Title

Email Address

\$ 27,760.88

\$ 244,851.20

\$60,393.87

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VII	Fund Summary
	(cont.)

Maddy EMS Fund

	(Supplemental A	Assessment)		
	Available Funds fo	r Distribution		Fund Total
Balance on July 1, 2016	\$ 131,647.30 (2c)			\$ 131,647.30
Deposits for July 1, 2016- June 30, 2017	\$ 181,905.20 (6c)			\$ 313,552.50
Interest for July 1, 2016-June 30, 2017	\$ 599.76 (10a)			\$ 314,152.26
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (106)			\$ 314,152.26
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 18,190.52 (11a)		\$ 18, <mark>190.52</mark>	\$ 18,190.52 (14)
Richie's Fund (15%)	\$ 156 204 50		\$ 156 204 50	\$ 61 487 98

istributions/Expenditures	Category Distributions	Reserve (Optional)	(Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 18,190.52 (11a)		\$ 18,190.52	\$ 18,190.52 (14)	
Richie's Fund (15%)	\$ 156,204.50 (11b)		\$ 156,204.50	\$ 61,487.98 (15)	
Physicians/Surgeons (58%)	\$ 80,711.34 (11c)	\$ 0.00	\$ 80,711.34	\$ 83,772.46 (17a)	
Hospitals (25%)	\$ 34,789.37	\$ 0.00	\$ 34,789.37	\$ 0.00 (21b Pd)	
	(11d)	(11d)	1 1 1 1 4	\$ 34,789.37 (21d)	
Other Discretionary EMS (17%)	\$ 23,656.77 (11e)	\$ 0.00 (11e)	\$ 23,656.77	\$ 23,656.77 (25a)	
Total	\$ 313,552.50 (11))	\$ 0.00	\$ 313,552.50	\$ 221,897.10	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 92,255.16	

Reimbursements		
Physicians/Surgeons	\$ 3,061.12 (17e)	\$ 95,316.28
Hospitals	\$ 0.00 (21e)	\$ 95,316.28
Ending Balance for Total Available Funds as of June 30, 2017		\$ 95,316.28

Signature of Maddy EMS Fund Administrator

Brian M. Henricksen, EMS Administrator Printed Name & Title

5/17/2018

brian. henricesen@ county of napa. org **Email Address**

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering		inty Department	County Contact (Name and T	itle)	
	Agency			JUDITH RICHERT		
		Add	Iress (Number and Street)	Phone Number		
		95	0 MAIDU AVE	530-265-7256		
		-	or Post Office, State, and ZIP Code	Email Address		
		NE	EVADA CITY, CA 95959	Judith.Richert@co.nevad	a.ca.us	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
		b	Date fund established.		11/28/1989	
		c	Fund balance on July 1, 2016.	<u> </u>	\$ 66,615.00	
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending bala	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	☐ Yes	
		b	Date fund established.	ı		
		c	Fund balance on July 1, 2016.			
	d		If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nnce on June 30, 2016,	
					_ 	
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 145,591.00	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.,		
		c		Vehicle Code § 42007		
		đ		Tota	\$ 145,591.00	
			-			
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
			Entity	Contact (Name and Title)		
			NEVADA COUNTY SUPERIOR COURT	THEA PALMIERI		
			Phone Number 530-470-2728	Email Address thea palmieri@nevadaco	untycourts.com	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



	oosits into ddy EMS	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits	
Fun		1	Governm (Base	ent Code § 76000 d on GC § 76104)	\$ 145,591.00	
	1		Vehicle C	ode § 42007		
				Total	\$ 145,591.00	
	,	If no deposits into Maddy EMS Fund, state reasons	(s):		<u> </u>	
	•	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	ı	Statute	Deposits	
	:	·	Governm	ent Code § 76000.5		
	1	b	Vehicle C	Code § 42007		
				Total	\$ 0.00	
		If no deposits into Maddy EMS Fund, state reason	(e)·		 	
	'	We do not have the Supplemental Fund	(3).			
		Responsibility for deposit of penalty assessments:				
		Entity	Contact (Name and Title)			
			NEVADA COUNTY AUDITOR CONTROLLED DEBBIE DURKIN Phone Number Email Address			
		Phone Number 530-265-1560		Durkin@co.nevada.	ca.us	
Fun		8 Maddy EMS Fund (Original Assessment)				
Dist	tributions				Interest and Other Deposits	
	:	Interest earned during fiscal year, July 1, 2016-Jui	ne 30, 2017.		\$ 1,038.00	
		Other deposits during fiscal year, July 1, 2016-Jun		•	\$ 0.00	
	c If other deposits were made, provide the type of deposits and the reason(s) for the de					
	1	If other deposits were made, provide the type of de	eposits and the	reason(s) for the depo	sits:	
	ı	If other deposits were made, provide the type of de Doctor Reimbursments	eposits and the	reason(s) for the depo	sits:	
				Reserve	Sits: Category Distributions	
	,	Doctor Reimbursments Total amount of funds distributed to the specified	categories	Reserve	Category	

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V Maddy EMS	c	Hospitals (25%)			\$ 36,037.00
Fund Category Distributions	d	Other Discretionary EMS (17%)			\$ 24,506.00
(cont.)	e	<u> </u>	Total	\$ 0.00;	\$ 145,591.00
	•				
	10	Maddy EMS Fund (Supplemental Assessment) (If fu	nd not esta	ablished, leave blank and go i	o #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.	· L	
	c	If other deposits were made, provide the type of depo	sits and	the reason(s) for the depo	osits:
		We do not have the Supplemental Fund	eposits and the reason(s) for the de		
	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%)			
	ь	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			*
	d	Hospitals (25%)		'	<u> </u>
	e	Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 0.0
	12	Responsibility for category distributions:	<u>, </u>		·
		Entity NEVADA COUNTY PUBLIC HEALTH	1	et (Name and Title) TH RICHERT ACCOU	NTING TECH
		Phone Number	Email .	Address	·
<u></u> _		530-265-7256	Judith	.Richert@co.nevada.o	ca.us
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).		Original	Amount \$ 1,441.0
	14	Total Administration expenditures from Maddy EMS		· · ·	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		applemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8

530-265-7256



VI Expenditures & Paid Claims Allowable Claims Reimbursements # % \$ Amount # \$ Amount Total Physicians/Surgeons expenditures (cont.) from Maddy EMS Fund (Original 3,495 \$83,607.00 3,495 100% \$83,607.00 Assessment). If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): Amount Reimbursed Total reimbursements from Physicians/Surgeons due to collections from \$3,393.00 patient/third-party, county penalties, and settlements. Allowable Claims **Paid Claims** # % 17a Total Physicians/Surgeons expenditures \$ Amount \$ Amount from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave 0% blank and go to #18) b If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): We do not have the Supplemental Fund **Amount Reimbursed** Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements. 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. Responsibility for claims payments to Physicians/Surgeons: Entity Contact (Name and Title) NEVADA COUNTY PUBLIC HEALTH JUDITH RICHERT ACCOUNTING TECH Phone Number **Email Address**

Judith.Richert@co.nevada.ca.us

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/I Expenditures of Reimbursemen (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			E	Yes No No (If no, go to #20d)		
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	1,517	\$ 36,037.00	1,517	100%	\$ 36,037.00	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	đ	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)						
	e	Total reimbursements from Hospitals due t county penalties, and settlements.	Amoun	Amount Reimbursed				
	21 a	Indicate if Hospital claims are paid on a cla EMS Fund (Supplemental Assessment). (If and go to #22)	Yes No '(If no, go to #21d)					
			Allo	wable Claims		Paid Claims		
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.		ı		0%		
•	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): We do not have the Supplemental Fund						
	d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #22e)	nent to Hospitals. (N/A if hospital claims are paid on a claims basis to #22e)				Lmount	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collection	s from patient/thi	rd-party,	Amoun	t Reimbursed	
	22	Required documentation for submission. (Tobe submitted concurrently)	The below do	cumentation is part o	f the Maddy	EMS Fund	report, and must	
		A description of the hospitals payment	methodolo	gies.				
	23	Responsibility for claims payments to Hospi Entity		Contact (Name :	1 T:41-1			
		NEVADA COUNTY PUBLIC HEALTH		Contact (Name and JUDITH RICHE		DUNTING	TECH ·	
		Phone Number	F	Email Address				
		530-265-7256		Judith.Richert@	co.nevac	ia.ca.us		

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			ALIFORNIA
I Expenditures & Reimbursements (cont.)	24 a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
()			-
	b	Description of other EMS services provided:	
		<u> </u>	<u>-</u>
	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:	
		ı	
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		1	
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STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass		- -	
		Available Funds	<u> </u>		Fund Total
	Balance on July 1, 2016	\$ 66,615.00 (1c) \$ 145,591.00 (5c)			\$ 66,615.00
	Deposits for July 1, 2016-June 30, 2017			•	\$ 212,206.00
	Interest for July 1, 2016-June 30, 2017	\$ 1,038.00		i	\$ 213,244.00
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (86)		\$ 213,244.00
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,441.00 (9a)		\$ 1,44,1.00	\$ 1,441.00 (13)
	Physicians/Surgeons (58%)	\$ 83,607.00 (9b)	\$ 0.00 (%)	\$ 83,607.00	\$ 83,607.00 (16a)
	Hospitals (25%)	\$ 36,037.00	\$ 0.00	\$ 36,037.00	\$ 36,037.00 (20b Pd) \$ 0.00
		(9c)	(9c)	'	(20d)_
	Other Discretionary EMS (17%)	\$ 24,506.00 (9d)	\$ 0.00 (9d)	\$ 24,506.00	\$ 0.00 (24a)
	, Total	\$ 145,591.00 (9e)	\$ 0.00 (9e)	\$ 145,59 1.00	\$ 121,085.00
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 92,159.00
	Reimbursements				
	Physicians/Surgeons		3,393.00		\$ 95,552.00
•	Hospitals		\$ 0.00	;	\$ 95,552.00
	Ending Balance for Total Available Funds as of June 30, 2017				\$ 95,552.00

Signature of Maddy EM\$ Fund Administrator

James Kraywinkel Accountant
Printed Name & Title

Email Address

James, Kraywnkeleco, nevada, ca.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII	Fund	Summary
	(cont.	.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 0.00		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 (6c)	1	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00 (10a)	;	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	1	\$ 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 (116)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (IIc)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)	1 (1964) 1 (1964) 1 (1964)			\$ 0.00
Reimbursements			44	
Physicians/Surgeons		\$ 0.00		\$ 0.00
Hospitals	\$ 0.00 (21e)		i	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017				\$ 0.00

Signature of Maddy EMS Fund Administrator

James Kraywukel Accountant

Printed Name & Title Email Address

James, Kraywukel & co. nevada ca. us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering	Cor	County Department County Contact (Name and Title)				
	Agency	Or	ange County Health Care Agency	Shelley Vrungos, Manager- Medical Safety			
			Address (Number and Street) Phone Number				
		60	0 Santa Ana Blvd. Ste 1120	714 834-6249			
		City	y or Post Office, State, and ZIP Code	Email Address			
		Sa	inta Ana, CA 91701	svrungos@ochca.com			
_		2.					
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	✓ Yes	□ No	
		b	Date fund established.			01/1988	
		c	Fund balance on July 1, 2016.			\$ 6,359.12	
		d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending state reason(s):					
	2a		Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	□ Yes	□ No	
			The the agency combined the Fladby 2010 I and (Supplemental Listenburg).			(If no, go to #3)	
		b	Date fund established.			02/01/2008	
		c	Fund balance on July 1, 2016.			\$ 7,668.01	
		d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending state reason(s):					
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Со	llections	
	Assessments	a		Government Code § 76000	\$ 5	,645,075.02	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 3	,206,157.67	
		c		Vehicle Code § 42007		\$ 0.00	
		d		Total	\$ 8	,851,232.69	
	4 Responsibility for collection of fines, penalties, and forfeitures:			rfeitures:			
			Entity	Contact (Name and Title)			
			Orange County Superior Court	Susan Gnesda			
			Phone Number (657) 622-7600	Email Address sgnesda@occourts.org			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	a		Government Code § 76000 (Based on GC § 76104)	\$ 4,215,513.96
8	b		Vehicle Code § 42007	\$ 0.00
	c	3	Total	\$ 4,215,513.96
	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	\$ 3,210,186.75
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 3,210,186.75
V Maddy EMS	7	Responsibility for deposit of penalty assessments: Entity Orange County Auditor Controller Phone Number 714 834-2481	Contact (Name and Title) Kimberly Albano- Cost, Re Email Address kalbano@ac.ocgov.com	evenue and Budget
Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	80, 2017.	\$ 14,240.14
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.	\$ 20.91
	c	If other deposits were made, provide the type of deposition that the state of the s	sits and the reason(s) for the dep	oosits:
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor 10%)	nal cost	\$ 63,977.19
	b	Physicians/Surgeons (58%)		\$ 2,395,144.56

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f

VI Expenditures &

Other Discretionary EMS (17%)



\$ 463,872.00

\$ 3,210,186.75

\$ 0.00

V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 1,059,312.27
Distributions	d	Other Discretionary EMS (17%)		\$ 717,700.11
(cont.)	e	Total	\$ 0.00	\$ 4,236,134.13
		A		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund not estab	lished, leave blank and go	to #12)
		8=		Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30, 2017.		\$ 13,434.9°
	b Other deposits during fiscal year, July 1, 2016-June 30, 2017.			
	с	If other deposits were made, provide the type of deposits and the Fees collected by probation for SB1773 (\$60,634.87) Residual interest FY 15-16 brought forward (\$25.26)	ne reason(s) for the dep	osits:
	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%)		\$ 25,455.00
	b	Richie's Fund (15%)		\$ 481,528.01
	c	Physicians/Surgeons (58%)		\$ 1,557,167.06
	d	Hospitals (25%)		\$ 682,164.68

12	Responsibility for category distributions:	
	Entity	Contact (Name and Title)
	Orange county- Auditor Controller	Kimberly Albano, Cost, Revenue and Budget
	Phone Number	Email Address
	(714) 834-2481	kalbano@ac.ocgov.com

Total

enditures & mbursements	13 Total Administration expenditures from Maddy EMS Fund (Original	Amount
	Assessment).	\$ 63,977.19
	14 Tatal Administration and white from Models EMC Found (Complemental	Amount
	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	\$ 25,455.00
	15 Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental	Amount
	Assessment). (If fund not established, leave blank and go to #16a)	\$ 493,715.92

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VI Expenditures & Reimbursements (cont.)

		Allov	vable Claims		Paid	Claims
16a		#	\$ Amount	#	%	S Amount
	from Maddy EMS Fund (Original Assessment).	58,236.00	\$ 2,395,144.50	58,236	100%	\$ 2,395,144.56

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

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

Amount Reimbursed

\$ 0.00

Allowable Claims
Paid Claims

Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)

Allowable Claims

\$Amount # % \$Amount

58,236 \$1,599,088.9; 58,236 100% \$1,599,088.93

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

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

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, Manager, Medical Safety Net
Phone Number	Email Address
714 834-6249	svrungos@ochca.com

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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)		
				Allo	wable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
			Total Hospitals expellences.						
		c	If allowable claims were not paid during fisca	al year, Ju	ıly 1, 2016-June 30), 2017, sta	te reason((s):	
		ı	Direct dishuses ment to Hemitale (01/4 16 hem			Lasia		Amount	
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ottai ciaims	are paid on a claims	basis.	\$ 1	,059,312.27	
			Total reimbursements from Hospitals due to	collection	s from patient/thi	rd-party,	Amou	nt Reimbursed	
		e	county penalties, and settlements.			1 0,		\$ 0.00	
		21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If fi and go to #22)	Yes No (If no, go to #21d)					
				Allo	wable Claims	1	Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
						Amount			
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims	are paid on a claims	basis.		\$ 699,430.95	
		Total reimbursements from Hospitals due to	callection	s from nationt/thi	rd_narty	Amoui	nt Reimbursed		
		e	county penalties, and settlements.	Conceilon	s nom patientum	и-рагсу,		\$ 0.00	
		22	Required documentation for submission. (The submitted concurrently)	e below do	cumentation is part o	f the Maddy	EMS Fund	i report, and <u>must</u>	
			A description of the hospitals payment n	1ethodolo	gies.				
		23	Responsibility for claims payments to Hospit						
			Entity Orange County Health Care Agency		Contact (Name and Shelley Vrungos		er Medic	al Safety Net	
			Phone Number	F	Email Address			,	
			(714) 834-6249		svrungos@ocho	a.com			

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VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)	2	Assessment).	\$ 717,700.11
,			
	b	Description of other EMS services provided:	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
	23a	(Supplemental Assessment). (If fund not established, leave blank)	\$ 474,259.00
	b	Description of other EMS services provided:	

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VII Fund Summar	V	П	Fund	Sum	m	ar
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Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 6,359.12 (<i>lc</i>)	\$ 6,359.12
Deposits for July 1, 2016-June 30, 2017	\$ 4,215,513.96 (5c)	\$ 4,221,873.08
Interest for July 1, 2016-June 30, 2017	\$ 14,240.14 (8a)	\$ 4,236,113.22
Other Deposits for July 1, 2016-June 30, 2017	\$ 20.91 (8b)	\$ 4,236,134.13

stributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 63,977.19 (9a)		\$ 63,977.19	\$ 63,977.19 (13)
Physicians/Surgeons (58%)	\$ 2,395,144.5((9b)	\$ 0.00 (9b)	\$ 2,395,144.5	\$ 2,395,144.56 (16a)
Hospitals (25%)	¢ 4 050 242 2	0.00	\$ 1,059,312.2	\$ 0.00 (20b Pd
	\$ 1,059,312.2° (9c)	\$ 0.00 (9c)	\$ 1,059,512.2	\$ 1,059,312.2 ⁻
Other Discretionary EMS (17%)	\$ 717,700.11 (9d)	\$ 0.00 (9d)	\$ 717,700.11	\$ 717,700.11 (24a
Total	\$ 4,236,134.1; (9e)	\$ 0.00 (9e)	\$ 4,236,134.1	\$ 4,236,134.13
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00

Reimbursements		12 S-3 MOTE H
Physicians/Surgeons	\$ 0.00	\$ 0.00
Hospitals	\$ 0.00 (20e)	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 0.00

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

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VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds f	or Distribution		Fund Total
Balance on July 1, 2016	\$ 7	,668.01 (2c)		\$ 7,668.01
Deposits for July 1, 2016- June 30, 2017	\$ 3,210	\$ 3,210,186.75 <i>(6c)</i>		\$ 3,217,854.76
Interest for July 1, 2016-June 30, 2017	\$ 13	,434.91 (10a)		\$ 3,231,289.67
Other Deposits for July 1, 2016-June 30, 2017	\$ 60	,660.13 <i>(10b)</i>		\$ 3,291,949.80
	Category	Reserve	Available Funds for Disbursement (Category Distributions -	

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 25,455.00 (11a)		\$ 25,455.00	\$ 25,455.00 (14)
Richie's Fund (15%)	\$ 481,528.01 (11b)		\$ 481,528.01	\$ 493,715.92 (15)
Physicians/Surgeons (58%)	\$ 1,557,167.0 (11c)	\$ 0.00 (11c)	\$ 1,557,167.00	\$ 1,599,088.93 (17a)
Hospitals (25%)	\$ 682,164.68	\$ 0.00	\$ 682,164.68	\$ 0.00 (21b Pd)
	(11d)	(IId)		\$ 699,430.95 (21d)
Other Discretionary EMS (17%)	\$ 463,872.00 (11e)	\$ 0.00 (11e)	\$ 463,872.00	\$ 474,259.00 (25a)
Total	\$ 3,210,186.7	\$ 0.00 (11))	\$ 3,210,186.7!	\$ 3,291,949.80
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00

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

Signature of Maddy EMS Fund Administrator

Printed Name & Title Magazin

Manage En

Date

SVrumos Qochcaran

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



	-					
I	Administering Agency		unty Department	County Contact (Name and T Stan Hapak, Adm. & Fisca		
		-	dress (Number and Street)	Phone Number		
			91 County Center Dr. , Suite #290	530-745-3144		
			y or Post Office, State, and ZIP Code burn, CA 95603	Email Address shpak@placer.ca.gov		
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes ☐ No	
		b	Date fund established.		07/01/1989	
		c	Fund balance on July 1, 2016.		\$ 201,326.87	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	applemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.		09/18/2007	
		c	Fund balance on July 1, 2016.		\$ 103,834.57	
		d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending be state reason(s):				
ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	а		Government Code § 76000	\$ 311.64	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 311.64	
		c		Vehicle Code § 42007		
		d		Total	\$ 623.28	
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
			Entity	Contact (Name and Title)		
			Placer County Superior Court	Julie Kelly, Fiscal Division	Manager	
			Phone Number (916) 408-6113	Email Address kelly@placer.courts.ca.go	ov.	

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IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 278,813.23
	b		Vehicle Code § 42007	
	c		Total	\$ 278,813.23
	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	\$ 267,908.78
	ь		Vehicle Code § 42007	
	c		Total	\$ 267,908.78
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity Placer County Auditor-Controller	Contact (Name and Title) Caryl Hearn, Supervising Ad	countant-Auditor
	Phone Number Email Addres (530) 889-4180 Chearn@pla			
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
			as Control	The second second second
	a	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.	\$ 3,462.24
	a b	Other deposits during fiscal year, July 1, 2016-June 3	10 A	
			0, 2017.	\$ 0.00
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.	\$ 0.00
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017. sits and the reason(s) for the depo	\$ 0.00
	b c	Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of deposits Total amount of funds distributed to the specified cate	0, 2017. sits and the reason(s) for the depo egories Reserve (Optional)	Category

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W Maddy EMS Fund Category	c	Hospitals (25%)			\$ 117,930.64	
Distributions	d	Other Discretionary EMS (17%)			\$ 80,192.84	
(cont.)	e		Total	\$ 0.00	\$ 484,469.19	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	shed, leave blank and go t	o #12)	
					Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.		\$ 2,201.42	
	ь	Other deposits during fiscal year, July 1, 2016-June 30,	2017.	4		
	c	If other deposits were made, provide the type of deposit	ts and the	reason(s) for the depo	sits:	
	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 actua cost or 10%)	I.		\$ 11,456.06	
	b	Richie's Fund (15%)			\$ 53,337.34	
	c	Physicians/Surgeons (58%)			\$ 175,302.06	
	d	Hospitals (25%)			\$ 75,561.23	
	e f	e Other Discretionary EMS (17%)	Other Discretionary EMS (17%)			\$ 51,381.64
			Total	\$ 0.00	\$ 367,038.33	
	12	Responsibility for category distributions:				
				Name and Title) oak, Admin & Fiscal	Operations Mgr.	
		The state of the s	Email Ad shapak@	dress Oplacer.ca.gov		
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Ori	ginal	Amount	
remour sements		Assessment).	(01.	B	\$ 12,746.63	
	14	Total Administration expenditures from Maddy EMS F	und (Sur	plemental	Amount	
		Assessment). (If fund not established, leave blank and go to #		* Constants	\$ 11,456.06	
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ınd (Supp	lemental	Amount	
		Assessment). (If fund not established, leave blank and go to #	16a)		\$ 53,337.34	

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530-745-3111



Expenditures & Reimbursements			Allo	wable Claims	-	Paid	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount
		from Maddy EMS Fund (Original Assessment).	3,131	\$ 273,599.08	3,131	100%	\$ 273,599.08
	b	If allowable claims were not paid during fise	2017, sta	te reason	n(s):		
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	eons due to	collections from		Amou	nt Reimbursed \$ 3,647.45
			Allo	wable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	794	\$ 175,302.06	794	100%	\$ 175,302.06
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed
		patient/third-party, county penalties, and se	ttlements.				\$ 2,818.20
	c 18		ttlements.		he Maddy		\$ 2,818.20
		patient/third-party, county penalties, and se Required documentation for submission. (To	ttlements. he below docu	umentation is part of th			\$ 2,818.20
		patient/third-party, county penalties, and se Required documentation for submission. (To be submitted concurrently)	ttlements. he below docu- s claims pay	<i>mentation is part of ti</i>	es.	EMS Fund	\$ 2,818.20 d report, and <u>must</u>
		patient/third-party, county penalties, and set Required documentation for submission. (To be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures,	ttlements. the below doctor s claims pay and regulat spitals adm	mentation is part of the syment methodologic ory action taken to inistrator organiza	es. implemention, or r	EMS Fund	\$ 2,818.20 d report, and must dminister the specific
		patient/third-party, county penalties, and set Required documentation for submission. (To be submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Ho	ttlements. the below doctor s claims pay and regulat spitals adm nistrators co	mentation is part of the syment methodologic ory action taken to inistrator organization tacted to review	es. implemention, or t	EMS Fund	\$ 2,818.20 d report, and must dminister the specific nethodologies.
		patient/third-party, county penalties, and see Required documentation for submission. (To be submitted concurrently) ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi ✓ A description of the process used to solic	ttlements. the below docu- s claims pay and regulat spitals adm nistrators co-	umentation is part of the yment methodologic erry action taken to inistrator organiza ontacted to review om Physicians/Surg	es. implemention, or t	EMS Fund	\$ 2,818.20 d report, and must dminister the specific nethodologies.
		patient/third-party, county penalties, and see Required documentation for submission. (To be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi A description of the process used to solid payment distribution methodology.	ttlements. the below docu- s claims pay and regulat spitals adm nistrators co- cit input fro-	mentation is part of the syment methodologic ory action taken to inistrator organization on taken to review on Physicians/Surg	es. implemention, or t	EMS Fund	\$ 2,818.20 d report, and must dminister the specific nethodologies.
	18	patient/third-party, county penalties, and see Required documentation for submission. (To be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi A description of the process used to solic payment distribution methodology. An identification of the fee schedule use	telements. the below doctors s claims pay and regulat spitals adm nistrators co cit input fro d by the cou ians/Surgeo	mentation is part of the syment methodologic ory action taken to inistrator organization on taken to review on Physicians/Surg	implemention, or r claims pa cons and	ent and a	\$ 2,818.20 d report, and must dminister the specific nethodologies.

jhoffman@placer.ca.gov

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures & Reimbursements (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). Yes N (If no, go to #20d						
		-	All	lowable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e) Amount \$117,930.64						
	4		a			Amour	nt 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 I No (If no, go to #21d)						
		Allowable Claims				Paid Claims		
			#	SAmount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%	\$ 0.00	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							Amount	
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)					\$ 75,561.23	
	e	Total reimbursements from Hospitals due to collections from patient/third-party					Amount Reimbursed	
		county penalties, and settlements.						
	22	Required documentation for submission be submitted concurrently) A description of the hospitals payor			f the Maddy	EMS Fund	report, and <u>must</u>	
			TO SHE SHE	ogies.			-	
	23	Responsibility for claims payments to I Entity Placer County HHS	nospitals:	Contact (Name and Jody Hoffman, A		lerk		
		Phone Number 530-745-3111		Email Address jhoffman@place				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements 24a		Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount				
	(cont.)		Assessment).	\$ 80,192.84				
		b	Description of other EMS services provided:					
			Funding for Sierra-Sacramento Valley Emergency Medical Services Agence	у				
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount					
		200	(Supplemental Assessment). (If fund not established, leave blank)	\$ 51,381.64				
		b	Description of other EMS services provided:					
			Funding for Sierra-Sacramento Valley Emergency Medical Services Agend	су				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8

Ending Balance for Total Available Funds as of June 30, 2017



Available Funds

VII	Fund	Summary	
-----	------	---------	--

Maddy	EMS Fund
(Original	Assessment)

(Original Assessment)					
	Available Funds for Distribution	Fund Total			
Balance on July 1, 2016	\$ 201,326.87 (Ic)	\$ 201,326.87			
Deposits for July 1, 2016-June 30, 2017	\$ 278,813.23 _(5c)	\$ 480,140.10			
Interest for July 1, 2016-June 30, 2017	\$ 3,462.24	\$ 483,602.34			
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (86)	\$ 483,602.34			

Distributions/Expenditures	Category Reserve Distributions (Optional)		for Disbursement (Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 12,746.63 (9a)		\$ 12,746.63	\$ 12,746.63 (13)	
Physicians/Surgeons (58%)	\$ 273,599.08 (9b)	\$ 0.00 (9b)	\$ 273,599.08	\$ 273,599.08 (16a)	
Hospitals (25%)	\$ 117,930.64	\$ 0.00	\$ 117,930.64	\$ 0.00 (20b Pd)	
	(9c)	(9c)	φ 117,550.04	\$ 117,930.64 (20d)	
Other Discretionary EMS (17%)	\$ 80,192.84 (9d)	\$ 0.00 (9d)	\$ 80,192.84	\$ 80,192.84 (24a)	
Total	\$ 484,469.19 (9e)	\$ 0.00	\$ 484,469.19	\$ 484,469.19	
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 866.85	
Reimbursements					
Physicians/Surgeons	\$	3,647.45		\$ 2,780.60	
Hospitals		\$ 0.00		\$ 2,780.60	

Signature of Maddy EMS Fund Administrator

Printed Name & Title

\$2,780.60

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available Funds as of June 30, 2017



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	(Supplemental A	ssessment)			
	Available Funds fo		Fund Total		
Balance on July 1, 2016	\$ 103,	834.57		\$ 103,834.57	
Deposits for July 1, 2016- June 30, 2017	\$ 267,	908.78 (6c)		\$ 371,743.35	
Interest for July 1, 2016-June 30, 2017	\$ 2,2	201.42 (10a)		\$ 373,944.77	
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00		\$ 373,944.77	
Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 11,456.06 (11a)		\$ 11,456.06	\$ 11,456.06 (14)	
Richie's Fund (15%)	\$ 53,337.34 (11b) \$ 175,302.06 (11c)		\$ 53,337.34	\$ 53,337.34 (15)	
Physicians/Surgeons (58%)		\$ 0.00 (11c)	\$ 175,302.06	\$ 175,302.06 (17a)	
Hospitals (25%)	\$ 75,561.23	\$ 0.00	\$ 75,561.23	\$ 0.00 (21b Pd)	
	(11d)	(11d)		\$ 75,561.23 (21d)	
Other Discretionary EMS (17%)	\$ 51,381.64 (11e)	\$ 0.00 (11e)	\$ 51,381.64	\$ 51,381.64 (25a)	
Total	\$ 367,038.33 (11))	\$ 0.00	\$ 367,038.33	\$ 367,038.33	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 6,906.44	
Reimbursements					
Physicians/Surgeons	\$ 2	2,818.20 (17c)		\$ 9,724.64	
Hospitals		\$ 0.00 (21e)		\$ 9,724.64	

\$ 9,724.64

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	0		unty Department	County Contact (Name and Title)				
	Agency			Bianca Harrison, Asst Aud	Bianca Harrison, Asst Auditor/Controller			
			Address (Number and Street) Phone Number					
			0 Main Street, Room 205	530-283-6249				
		Cit	y or Post Office, State, and ZIP Code	Email Address				
		Qı	incy, CA 95971	biancaharrison@countyof	plumas.com			
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (On	✓ Yes □ No				
		b	b Date fund established.		04/02/1991			
		c	Fund balance on July 1, 2016.		\$ 44.47			
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on June 30, 2016,			
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No			
		b	Date fund established.					
		c						
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,			
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	a		Government Code § 76000	\$ 51,605.8			
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)				
		e		Vehicle Code § 42007				
		d		Total	\$ 51,605.			
		4	Responsibility for collection of fines, penalties, and fo	rfeitures				
		7	Entity	Contact (Name and Title)				
			Plumas County Auditor/Controller	Bianca Harrison, CMA As	st. Auditor/Controlle			
			Phone Number 530-283-6249	Email Address				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into	5	Total penalty assessments deposited into Maddy		
Maddy EMS Fund		EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 51,605.60
	b		Vehicle Code § 42007	
	c		Total	\$ 51,605.60
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	
	b		Vehicle Code § 42007	
	c		Total	\$ 0.00
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Plumas County Auditor/Controller	Bianca Harrison, CMA Assis	tant Auditor/Contr
		Phone Number 530-283-6249	Email Address biancaharrison@countyofplu	mas.com
/ Maddy EMS Fund Category				
70 4 · 17 · 18	8	Maddy EMS Fund (Original Assessment)		
Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
Distributions	8 a	Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.	Other Deposits
Distributions				Other Deposits
Distributions	а	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.	Other Deposits \$ 111.73
Distributions	a b	Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.	Other Deposits \$ 111.73
Distributions	a b	Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	sits and the reason(s) for the depo	Other Deposits \$ 111.73
Distributions	a b	Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depo	sits and the reason(s) for the depose	Other Deposits \$ 111.73 sits: Category

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS		The same of the sa			\$ 11,905.22
Fund Category Distributions	С	Hospitals (25%)			\$ 8,095.54
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 51,761.80
	e		Total		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	shed, leave blank and go to	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 deposit	s and the	e reason(s) for the depo	sits:
	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%) Richie's Fund (15%)			
	b				
	С	Physicians/Surgeons (58%)			
	d e f	Hospitals (25%)			
		Other Discretionary EMS (17%)			
			Total	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:	2	Name and Title)	
				Harrison, CMA Asst	Auditor/Controller
			Email Ad		
T 12		530-283-6249	biancaharrison@county		ımas.com
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount \$ 4,140.95
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #		pplemental	Amount
				*	
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #	ınd (Sup 16a)	plemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



VI	Expenditures &
	Reimbursements
	(cont.)

		Alloy	vable Claims	Paid Claims		
	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Original Assessment).	331	\$ 182,992.00	331	100%	\$ 27,620.09

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

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)

Allo	wable Claims	Paid Claims			
#	\$ Amount	#	%	\$ Amount	
			0%		

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

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

Amount Reimbursed

- 18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)
- 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)
NorCal EMS, Inc	Kathy VanDonge, Admin Assistant
Phone Number	Email Address
530-229-3979	Kathy Van Donge (kvandonge@norcalems.org)

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clai EMS Fund (Original Assessment).	Yes No (If no, go to #20d)					
			All	owable Claims		Paid C	laims	
			#	\$ Amount	#	0/0	\$ Amount	
	b	Total Hospitals expenditures.	210	\$ 295,027.15	201	96%	\$ 11,905.22	
	c	If allowable claims were not paid during fisc	eal year,	July 1, 2016-June 30,	2017, sta	te reason(s):	
	d	Direct disbursement to Hospitals. (N/A if hos	pital claim	s are paid on a claims b	asis.		Amount	
		Leave blank and go to #21e)						
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thir	d-party,	Amour	nt Reimbursed	
		sound, penning, and sections.						
	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)	
			All	owable Claims		Paid C	laims	
			#	\$ Amount	#	0/0	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisc	te reason(s):				
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims b				. A	Amount	
		Leave blank and go to #22e)						
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	d-party,	Amour	nt Reimbursed			
		V 1						
	22	Required documentation for submission. (To be submitted concurrently)	he below d	ocumentation is part of	the Maddy	EMS Fund	report, and must	
		A description of the hospitals payment	methodol	ogies.				
	23	Responsibility for claims payments to Hospi Entity	tals:	Contact (Name and				
		Nor-Cal EMS, Inc		Kathy VanDonge	Admin	Assistar	nt	
		Phone Number 530-229-3979		Email Address Kathy Van Donge	e (kvand	onge@n	orcalems.org)	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount						
	(cont.)	2711	Assessment).	\$ 8,095.54					
	(**************************************								
		b	Description of other EMS services provided:						
			Sheriff's Department for Medcom Communications Equipment and Cour	nty overhead.					
		250	Total Other Dispersions on EMS averagitues from Maddy EMS Fund	Amount					
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)						
	b		Description of other EMS services provided:						

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



					CALIFORNIA			
VII Fund Summary	Maddy EMS Fund (Original Assessment)							
	Available Funds for Distribution							
	Balance on July 1, 2016		\$ 44.47 —(1c)		\$ 44.47			
	Deposits for July 1, 2016-June 30, 2017	\$	51,605.60 <i>(5c)</i>		\$ 51,650.07			
	Interest for July 1, 2016-June 30, 2017		\$ 111.73 (8a)		\$ 51,761.80			
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 _(8b)		\$ 51,761.80			
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,140.95 (9a)		\$ 4,140.95	\$ 4,140.95			
	Physicians/Surgeons (58%)	\$ 27,620.09 (9b)	\$ 0.00 (9b)	\$ 27,620.09	\$ 27,620.09 (16a)			
	Hospitals (25%)	\$ 11,905.22	\$ 0.00	\$ 11,905.22	\$ 11,905.22 (20b Pd)			
		(9c)	(9c)		\$ 0.00 (20d)			
	Other Discretionary EMS (17%)	\$ 8,095.54 (9d)	\$ 0.00 (9d)	\$ 8,095.54	\$ 8,095.54 (24n)			
	Total	\$ 51,761.80 (9e)	\$ 0.00 (9e)	\$ 51,761.80	\$ 51,761.80			
	Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 0.00			
	Reimbursements				ii lie ja maaja viir			
	Physicians/Surgeons		\$ 0.00 (16c)		-\$ 0,00			
	Hospitals		\$ 0.00		-\$ 0.00			
	Ending Balance for Total Available Funds as of June 30, 2017				-\$ 0.00			

Signature of Maddy EMS Fund Administrator

Vobertaallen ©
Email Address
(County of plumas;
Com

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	(21d) \$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00	\$ 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, 2017		\$ 0.00

Signature of Maddy EMS Fund Administrator

Roberta M. Allen Printed Name & Title

robertaallen County of Email Address Plumes.

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,

Bianca Harrison, CMA

Assistant Auditor/Controller

Braine Harrison

Plumas County

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency		unty Department		ounty Contact (Name and Title)		
		County of Riverside Nadine Hays - Program Address (Number and Street) Phone Number		Supervisor			
		_	10 Riverwalk Parkway Suite 320	951-358-7111			
			y or Post Office, State, and ZIP Code	Email Address			
		Ri	verside, CA 92505	NAHays@rivcocha.org			
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No		
		b	Date fund established.				
		c	Fund balance on July 1, 2016.		\$ 0.00		
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balar	nce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No		
		b	Date fund established.				
		c	Fund balance on July 1, 2016.		\$ 0.00		
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,		
Ш	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000	\$ 2,266,961.00		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 2,252,716.00		
		c		Vehicle Code § 42007			
		d		Total	\$ 4,519,677.00		
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:			
			Entity	Contact (Name and Title)			
			Riverside County Superior Court	Anita Sims - Fiscal			
			Phone Number 951-777-3171	Email Address Anita.Sims@riverside.cou	rts.ca.gov		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV	Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits			
	rund	а	Government Code § 76000 (Based on GC § 76104)	\$ 2,266,961.00				
		b		Vehicle Code § 42007				
		c		Total	\$ 2,266,961.00			
		d	If no deposits into Maddy EMS Fund, state reason(s)					
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits			
		a		Government Code § 76000.5	\$ 2,252,716.00			
		b		Vehicle Code § 42007				
		c		Total	\$ 2,252,716.00			
			Responsibility for deposit of penalty assessments:	f no deposits into Maddy EMS Fund, state reason(s):				
			Entity Contact (Name and Title)					
			Riverside County Superior Court	Anita Sims - Fiscal				
			Phone Number 951-777-3171	Email Address Anita.Sims@riverside.cou				
V	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)					
	Distributions				Interest and Other Deposits			
		a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 19,256.00			
		b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.				
		c	If other deposits were made, provide the type of depo	sits and the reason(s) for the depo	sits:			
		9	Total amount of funds distributed to the specified cat for the period July 1, 2016-June 30, 2017.	egories Reserve (Optional)	Category Distributions			
		a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 228,622.00			
			Physicians/Surgeons (58%)		\$ 1,238,348.00			

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V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 514,399.00
Distributions	d	Other Discretionary EMS (17%)			\$ 349,791.00
(cont.)	e		otal	\$ 0.00	\$ 2,331,160.00
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	not establi:	shed, leave blank and go t	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		\$ 19,256.00
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		
	c 11	If other deposits were made, provide the type of deposits Total amount of funds distributed to the specified	s and the	Reserve	
	11	categories for the period July 1, 2016-June 30, 2017.		(Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 227,197.00
	b	Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%) Other Discretionary EMS (17%)			\$ 306,716.00 \$ 1,008,074.00 \$ 434,515.00 \$ 295,470.00
	c				
	d				
	e				
	f	Т	otal	\$ 0.00	\$ 2,271,972.00
	12	Responsibility for category distributions:			
		Entity		Name and Title)	
		TO AS A MANAGEMENT OF THE PARTY	Email Ad	arton, REMSA Dire	ctor
			BBarton@rivco.org		
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount \$ 228,622.00
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1		plemental	Amount \$ 227,197.00
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supp	olemental	Amount

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I Expenditures &			Allo	wable Claims	Paid Claims		
Reimbursements (cont.)	16a		#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	46,666	\$ 18,446,234.	38,402	82%	\$ 1,238,348.00
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2016-June 30,	2017, stat	e reasor	n(s):
	c	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and so		collections from		Amou	ant Reimbursed \$ 44,943.00
			Allo	wable Claims		Paid	Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	46,666	\$ 18,466,234.0	38,402	82%	\$ 1,008,074.00
	b	If allowable claims were not paid during fis-	cal year, Jul	y 1, 2016-June 30,	2017, stat	e reasor	n(s):
	b c	Total reimbursements from Physicians/Surg	geons due to		2017, state		unt Reimbursed
		Total reimbursements from Physicians/Surgatient/third-party, county penalties, and se	geons due to	collections from		Amou	ınt Reimbursed
	c	Total reimbursements from Physicians/Surgationt/third-party, county penalties, and se Required documentation for submission. (The submitted concurrently)	geons due to ettlements. The below docu	collections from	the Maddy I	Amou	ınt Reimbursed
	c	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently)	geons due to ettlements. The below docu ns claims pay	collections from mentation is part of yment methodolog	the Maddy I	Amou	unt Reimbursed and report, and must
	c	Total reimbursements from Physicians/Surgationt/third-party, county penalties, and see Required documentation for submission. (I be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures.	geons due to ettlements. The below docu ns claims pay , and regulat ospitals adm	collections from mentation is part of yment methodolog tory action taken t inistrator organiz	the Maddy I	Amou	ant Reimbursed and report, and must administer the
	c	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He	geons due to ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators c	collections from mentation is part of yment methodolog tory action taken t inistrator organiz ontacted to review	the Maddy I	Amou	and report, and must administer the f specific methodologies.
	c	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital adm A description of the process used to sol	geons due to ettlements. The below documents claims pay, and regulate ospitals administrators conceptions in the content of t	collections from amentation is part of yment methodolog fory action taken t inistrator organiz ontacted to review om Physicians/Sur	the Maddy I	Amou	and report, and must administer the f specific methodologies.
	c	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use	geons due to ettlements. The below documents claims pay, and regulate ospitals administrators contict input from the country of the country the country of	collections from mentation is part of yment methodolog fory action taken t inistrator organiz ontacted to review om Physicians/Sur	the Maddy I	Amou	and report, and must administer the f specific methodologies.
	c 18	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology.	geons due to ettlements. The below documents claims pay, and regulate ospitals administrators concept input from the concept of the concept	collections from mentation is part of yment methodolog fory action taken t inistrator organiz ontacted to review om Physicians/Sur	the Maddy I	Amou	and report, and must administer the f specific methodologies.
	c 18	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeonsibility for claims payments for Physicians/	geons due to ettlements. The below docu- ns claims pay , and regulat ospitals adm inistrators c- icit input fro- ed by the cou- icians/Surgeo	collections from amentation is part of yment methodolog tory action taken t inistrator organiz ontacted to review om Physicians/Sur	the Maddy I	Amou	and report, and must administer the f specific methodologies.
	c 18	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicianty	geons due to ettlements. The below documents claims pay and regulate complete so the country of	collections from mentation is part of yment methodolog cory action taken t inistrator organiz ontacted to review om Physicians/Sur- unty. ons: ntact (Name and T	the Maddy I	Amou	and report, and must administer the f specific methodologies.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



	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 Cl		laims		
				#	S Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
		d	Direct disbursement to Hospitals. (N/A if It	nosnital claim	as are paid on a claims	hasis	Amount		
		u	Leave blank and go to #21e)	iospitai ciaim	s are paid on a claims i	74313.	\$	514,399.00	
		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 c EMS Fund (Supplemental Assessment). (and go to #22)				es (If no, go t	✓ No o #21d)	
				Alle	owable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during f	iscal year, J	July 1, 2016-June 30	, 2017, sta	te 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) e Total reimbursements from Hospitals due to collections from patient/third-pcounty penalties, and settlements.						\$ 741,231.00	
							Amount Reimbursed		
		22	Required documentation for submission. be submitted concurrently)	(The below d	ocumentation is part of	the Maddy	EMS Fund	d report, and <u>must</u>	
			A description of the hospitals paymen	it methodol	ogies.				
		23	Responsibility for claims payments to Hos	pitals:					
			Entity Riverside County EMS Agency		Contact (Name and Bruce Barton, E		tor		
			Phone Number 951-358-7100		Email Address BBarton@rivco.	org			

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Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)		Assessment).	\$ 349,791.00
	b	Description of other EMS services provided:	
		Other Miscellaneous fees and services	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
	(Supplemental Assessment). (If fund not established, leave blank)	\$ 295,470.00	
	b	Description of other EMS services provided:	
		Other Miscellaneous fees and services	
	Reimbursements	Reimbursements (cont.) b 25a	Reimbursements (cont.) 24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment). b Description of other EMS services provided: Other Miscellaneous fees and services 25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank) b Description of other EMS services provided:

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Ending Balance for Total Available Funds as of June 30, 2017



					ALIFORNIA
VII Fund Summary		Maddy EMS (Original Asso			
		Fund Total			
	Balance on July 1, 2016	\$ 0.00		\$ 0.00	
	Deposits for July 1, 2016-June 30, 2017	\$ 2,26	66,961.00 _(5c)		\$ 2,266,961.00
	Interest for July 1, 2016-June 30, 2017	\$ *	19,256.00 (8a)		\$ 2,286,217.00
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (8b)		\$ 2,286,217.00
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 228,622.00 (9a)	Y LUZ	\$ 228,622.00	\$ 228,622.00 (13)
	Physicians/Surgeons (58%)	\$ 1,238,348.0(9b)	\$ 0.00 (9b)	\$ 1,238,348.0	\$ 1,238,348.00 (16a)
	Hospitals (25%)	\$ 514,399.00	\$ 0.00	\$ 514,399.00	\$ 0.00 (20b Pd)
		(9c)	(9c)	Ψ 014,000.00	\$ 514,399.00 (20d)
	Other Discretionary EMS (17%)	\$ 349,791.00 (9d)	\$ 0.00 (9d)	\$ 349,791.00	\$ 349,791.00 (24a)
	Total	\$ 2,331,160.0((9e)	\$ 0.00 (9e)	\$ 2,331,160.0	\$ 2,331,160.00
	Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 44,943.00
	Reimbursements				
	Physicians/Surgeons	\$ 4	14,943.00 (16c)		\$ 0.00
	Hospitals		\$ 0.00 (20e)		\$ 0.00

Signature of Maddy EMS Fund Administrator

Date

\$ 0.00

BRUCE BASTEN DMS ADMINISTRABLE

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available

Funds as of June 30, 2017



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds fo	r Distribution		Fund Total
Balance on July 1, 2016		\$ 0.00		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 2,252,			\$ 2,252,716.00
Interest for July 1, 2016-June 30, 2017	\$ 19,2	256.00 (10a)		\$ 2,271,972.00
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 2,271,972.00
Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 227,197.00 (11a)		\$ 227,197.00	\$ 227,197.00 (14)
Richie's Fund (15%)	\$ 306,716.00 (11b)		\$ 306,716.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 1,008,074.0 (11c)	\$ 0.00 (11c)	\$ 1,008,074.00	\$ 1,008,074.00 (17a)
Hospitals (25%)	\$ 434,515.00	\$ 0.00	\$ 434,515.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 741,231.00 (21 d)
Other Discretionary EMS (17%)	\$ 295,470.00 (11e)	\$ 0.00 (11e)	\$ 295,470.00	\$ 295,470.00 (25a)
Total	\$ 2,271,972.0	\$ 0.00 (11f)	\$ 2,271,972.00	\$ 2,271,972.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements	WINE TO THE			
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00		\$ 0.00

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Date

boarton eriva.org **Email Address**

\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Administering Agency	County Department Department of Health Services, County of Sacrary	County Contact (Name and Ti Maryann Luke, Deputy Di		
		Address (Number and Street) 7001-A East Parkway, Suite 1100	Phone Number (916) 875-1976		
		City or Post Office, State, and ZIP Code Sacramento, CA 95823	Email Address LukeM@saccounty.net		
П	Establishment of Fund	Ia Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
		b Date fund established.		10/01/1988	
		c Fund balance on July 1, 2016.		\$ 0.00	
		d If the Maddy EMS Fund beginning balance on July I, state reason(s):	2016, differs from ending balar	ice on June 30, 2016,	
		2a Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No	
		b Date fund established.			
		c Fund balance on July 1, 2016.			
		d If the Maddy EMS Fund beginning balance on July 1. state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
Ш	Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a	Government Code § 76000	\$ 799,967.00	
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c	Vehicle Code § 42007	\$ 564,962.00	
		d	Total	\$ 1,364,929.00	
		4 Responsibility for collection of fines, penalties, and for	rfeitures:		
		Entity	Contact (Name and Title)	1	
		Superior Court of California, County of Sacran	Cassie Wolter, Budget An Email Address	alyst II	
		(916) 874-8013	WolterC@saccounty.net		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5 To E	otal penalty assessments deposited into Maddy MS Fund (Original Assessment).	Statute	Deposits
rund	a		Government Code § 76000 (Based on GC § 76104)	\$ 785,947.00
	b		Vehicle Code § 42007	\$ 564,962.00
	c _		Total	\$ 1,350,909.00
	d If	no deposits into Maddy EMS Fund, state reason(s):		
	E	otal penalty assessments deposited into Maddy MS Fund (Supplemental Assessment). (If fund not tablished, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	
	b		Vehicle Code § 42007	
	c		Total	\$ 0.00
	7 R	esponsibility for deposit of penalty assessments:		
	100	ntity	Contact (Name and Title)	
		uperior Court of California, County of Sacra		yst II
		ione Number	Email Address	
	(8	916) 874-8013	WolterC@saccounty.net	
V Maddy EMS Fund Category		addy EMS Fund (Original Assessment)	WolterC@saccounty.net	
			WolterC@saccounty.net	Interest and Other Deposits
Fund Category	8 <u>M</u>			
Fund Category	8 <u>M</u>	addy EMS Fund (Original Assessment)	30, 2017.	Other Deposits
Fund Category	8 <u>M</u> a <u>In</u> b <u>Ot</u>	addy EMS Fund (Original Assessment) terest earned during fiscal year, July 1, 2016-June 3 ther deposits during fiscal year, July 1, 2016-June 3	50, 2017. 0, 2017.	Other Deposits \$ 687.00 \$ 10,260.00
Fund Category	8 <u>M</u> a <u>In</u> b <u>Ot</u> c If	addy EMS Fund (Original Assessment) terest earned during fiscal year, July 1, 2016-June 3	50, 2017. 0, 2017.	Other Deposits \$ 687.00 \$ 10,260.00
Fund Category	8 M a In b Of c If E	addy EMS Fund (Original Assessment) terest earned during fiscal year, July 1, 2016-June 3 ther deposits during fiscal year, July 1, 2016-June 3 other deposits were made, provide the type of depos	50, 2017. 0, 2017. sits and the reason(s) for the depo	Other Deposits \$ 687.00 \$ 10,260.00
Fund Category	8 M a In b Of c If E 9 To for	addy EMS Fund (Original Assessment) terest earned during fiscal year, July 1, 2016-June 3 ther deposits during fiscal year, July 1, 2016-June 3 other deposits were made, provide the type of depos mergency Medical Services (EMS) refunds	50, 2017. 0, 2017. sits and the reason(s) for the depo egories Reserve (Optional)	Other Deposits \$ 687.00 \$ 10,260.00 sits: Category

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V Maddy EMS Fund Category	e	Hospitals (25%)			\$ 303,955.00
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 206,689.00
(cont.)	e		Total	\$ 0.00	\$ 1,361,169.00
	10	Modde EMS For different and A 1995			
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not establ	ished, leave blank and go t	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3			
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		
	c	If other deposits were made, provide the type of depos	sits and th	e reason(s) for the depo	osits:
	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 actu- cost or 10%)	ial		
	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	the second second second	Name and Title)	a Na
		Department of Health Services, County of San Phone Number	Email Ad		CIOF
		(916) 875-1976		@saccounty.net	
I Expenditures & Reimbursements	13	Fotal Administration expenditures from Maddy EMS Fund (Original Assessment).		Amount \$ 135,091.00	
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		pplemental	Amount
		3			
	15	Total Richie's Fund expenditures from Maddy EMS I Assessment). (If fund not established, leave blank and go to		plemental	Amount

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I Expenditures & Reimbursements (cont.)				Allowable Claims		Paid Claims		
	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	S Amount	#	%	S Amount	
		Assessment).	5,676	\$ 8,723,218.0	35,676	100%	\$ 715,434.00	
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	c	Total reimbursements from Physicians/Surgeons patient/third-party, county penalties, and settlem		Amount Reimbursed				
			Allov	vable Claims		Paid C	laims	
	17a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	S Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	3 conount	
	b	If allowable claims were not paid during fiscal year	ır, July	1, 2016-June 30, 2	017, state	reason(s):	
					017, state		t Reimbursed	
	e	Total reimbursements from Physicians/Surgeons patient/third-party, county penalties, and settleme	lue to c	collections from		Amoun	t Reimbursed	
	c 18	Total reimbursements from Physicians/Surgeons of patient/third-party, county penalties, and settlement Required documentation for submission. (The below be submitted concurrently)	due to c nts. w docum	collections from nentation is part of th	e Maddy E	Amoun	t Reimbursed	
	e 18	Total reimbursements from Physicians/Surgeons of patient/third-party, county penalties, and settlement Required documentation for submission. (The hele	due to conts. w docum	collections from mentation is part of th ment methodologic	e Maddy E	Amoun MS Fund	t Reimbursed report, and <u>must</u>	
	c 18	Total reimbursements from Physicians/Surgeons of patient/third-party, county penalties, and settlemed Required documentation for submission. (The held be submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and r	due to cents. w docum ns payi egulato	collections from mentation is part of the ment methodologie ry action taken to	e Maddy E	Amoun MS Fund at and ad	t Reimbursed report, and must	
	c 18	Total reimbursements from Physicians/Surgeons of patient/third-party, county penalties, and settlemed Required documentation for submission. (The below be submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and refund(s).	due to conts. w docum ns payr egulato s admin tors cor	collections from mentation is part of th ment methodologie ry action taken to nistrator organizat ntacted to review c	e Maddy E es. implemention, or na laims pay	Amoun MS Fund at and ad mes of specific ment me	t Reimbursed report, and must minister the pecific ethodologies.	
	c 18	Total reimbursements from Physicians/Surgeons opatient/third-party, county penalties, and settleme Required documentation for submission. (The belobe submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and refund(s). Name(s) of Physicians/Surgeons and Hospital Physicians/Surgeons and Hospital administra A description of the process used to solicit inp	lue to conts. w docum ns payr egulato s admin tors con ut from	nentation is part of the ment methodologic ry action taken to histrator organizat ntacted to review c	e Maddy E es. implemention, or na laims pay	Amoun MS Fund at and ad mes of specific ment me	t Reimbursed report, and must minister the pecific ethodologies.	
	c 18	Total reimbursements from Physicians/Surgeons opatient/third-party, county penalties, and settlemed Required documentation for submission. (The below be submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and refund(s). Name(s) of Physicians/Surgeons and Hospital Physicians/Surgeons and Hospital administra A description of the process used to solicit inpayment distribution methodology.	due to conts. w docum ns payregulato s admir tors cor ut from	collections from mentation is part of the ment methodologie ry action taken to nistrator organizate ntacted to review con Physicians/Surge	e Maddy E es. implemention, or na laims pay	Amoun MS Fund at and ad mes of specific ment me	t Reimbursed report, and must minister the pecific ethodologies.	
	c 18	Total reimbursements from Physicians/Surgeons patient/third-party, county penalties, and settleme Required documentation for submission. (The belobe submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and refund(s). Name(s) of Physicians/Surgeons and Hospital Physicians/Surgeons and Hospital administra A description of the process used to solicit inpayment distribution methodology. An identification of the fee schedule used by the Responsibility for claims payments to Physicians/Surgeons/Surgeonsibility for claims payments to Physicians/Surgeons/Surity	due to conts. w docum ns payi egulato s admin tors con ut from urgeon Cont	collections from mentation is part of the ment methodologie ry action taken to nistrator organizate ntacted to review con Physicians/Surge	e Maddy E s. implement ion, or na laims pay ons and 1	Amoun MS Fund at and ad mes of specific ment me	t Reimbursed report, and must minister the pecific ethodologies.	
	c 18	Total reimbursements from Physicians/Surgeons patient/third-party, county penalties, and settleme Required documentation for submission. (The belobe submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and refund(s). Name(s) of Physicians/Surgeons and Hospital Physicians/Surgeons and Hospital administra A description of the process used to solicit inpayment distribution methodology. An identification of the fee schedule used by the Responsibility for claims payments to Physicians/Surgeons/Surgeonsibility for claims payments to Physicians/Surgeons/Surity	due to conts. w docum ns payregulato s admintors con ut from ue coun Cont	collections from mentation is part of the ment methodologie ry action taken to nistrator organizate ntacted to review con Physicians/Surge sty. s: act (Name and Title	e Maddy E s. implement ion, or na laims pay ons and I	Amoun MS Fund at and ad mes of syment me	t Reimbursed report, and must minister the pecific ethodologies.	
	c 18	Total reimbursements from Physicians/Surgeons patient/third-party, county penalties, and settleme Required documentation for submission. (The belobe submitted concurrently) A description of the Physicians/Surgeons claim A statement of the policies, procedures, and refund(s). Name(s) of Physicians/Surgeons and Hospital Physicians/Surgeons and Hospital administra A description of the process used to solicit inpurpayment distribution methodology. An identification of the fee schedule used by the Responsibility for claims payments to Physicians/S	lue to conts. w docum ns payr egulato s admin tors con ut from urgeon Conts Mar	collections from mentation is part of the ment methodologie ry action taken to nistrator organizate ntacted to review co n Physicians/Surge ity.	e Maddy E s. implement ion, or na laims pay ons and I	Amoun MS Fund at and ad mes of syment me	t Reimbursed report, and must minister the pecific ethodologies.	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



T Expenditures & Reimbursemen (cont.)		Indicate if Hospital claims are paid on a claims ba EMS Fund (Original Assessment).		Yes No (If no, go to #20d)				
			Allowable Claims	-	Paid C	laime		
		#	S Amount	#	%	S Amount		
	b	Total Hospitals expenditures.	3.1mount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0%	3 Amount		
	c	If allowable claims were not paid during fiscal year	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	d	Direct disbursement to Hospitals. (N/A if hospital cl Leave blank and go to #21e)	aims are paid on a claims	basis.		Amount 303,955.00		
	e	Total reimbursements from Hospitals due to collection county penalties, and settlements.	Amour	nt Reimbursed				
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)				Yes No No (If no, go to #21d)		
			Allowable Claims		Paid Cl	aims		
		#	S Amount	#	%	S Amount		
	b	Total Hospitals expenditures.			0%			
	c	If allowable claims were not paid during fiscal year	te reason(s):				
	d	Direct disbursement to Hospitals. (N/A if hospital cle Leave blank and go to #22e)	12	Amount				
	c 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 be submitted concurrently)						
		A description of the hospitals payment method	lologies.					
	23	Responsibility for claims payments to Hospitals:						
		Entity Department of Health Services, County of	Contact (Name and Maryann Luke, I		irector			
		Phone Number (916) 875-1976	Email Address LukeM@saccou					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 206,689.00
		b	Description of other EMS services provided:	
		25a	Total Other Dissertions FMS	Amount
	251	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	

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Ending Balance for Total Available Funds as of June 30, 2017



VII Fund Summary					CALIFORNIA.		
VII Fulld Summary	Maddy EMS Fund (Original Assessment)						
		Available Funds fo	or Distribution		Fund Total		
	Balance on July 1, 2016		\$ 0.00		\$ 0.00		
	Deposits for July 1, 2016-June 30, 2017	\$ 1,35	50,909,00 (5c)		\$ 1,350,909.00		
	Interest for July 1, 2016-June 30, 2017	- V	\$ 687.00 (8a)		\$ 1,351,596.00		
	Other Deposits for July 1, 2016-June 30, 2017	\$ 1	10,260.00 (8b)		\$ 1,361,856.00		
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures		
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 135,091.00 (9a)		\$ 135,091.00	\$ 135,091.00 (13)		
	Physicians/Surgeons (58%)	\$ 715,434.00 (9b)	\$ 0.00 (9b)	\$ 715,434.00	\$ 715,434.00 (16a)		
	Hospitals (25%)	\$ 303,955.00	\$ 0.00	\$ 303,955.00	\$ 0.00 (20b Pd)		
		(9c)	(9c)		\$ 303,955.00 (20d)		
	Other Discretionary EMS (17%)	\$ 206,689.00 (9d)	\$ 0.00	\$ 206,689.00	\$ 206,689.00 (24a)		
	Total	\$ 1,361,169.0((9e)	\$ 0.00	\$ 1,361,169.0	\$ 1,361,169.00		
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 687.00		
	Reimbursements						
	Physicians/Surgeons		\$ 0.00		\$ 687.00		
	Hospitals		\$ 0.00		\$ 687.00		
			(2.30)				

\$ 687.00

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Hospitals

Ending Balance for Total Available Funds as of June 30, 2017



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve	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
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00

Agrature of Maddy EMS Fund Administrator

\$ 0.00

(21e)

4/9/18 Date 18

Printed Name & Title

Email Address

\$ 0.00

\$ 0.00



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

1	Agency		unty Department an Benito County EMS	Kevin O'Neill OES/EMS N		
		_	dress (Number and Street)	Phone Number	- Indiagon	
			'1 Fourth Street	831-636-4168		
		_	y or Post Office, State, and ZIP Code	Email Address		
			ollister, CA 95023	koneill@cosb.us		
_						
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes No	
		b	Date fund established.		08/31/1989	
		c	Fund balance on July 1, 2016.		\$ 337,939.73	
		d	If the Maddy EMS Fund beginning balance on July 1	, 2016, differs from ending balar	nce on June 30, 2016,	
			state reason(s): N/A		\$ 337,939.73 Ing balance on June 30, 2016, Property of the second of t	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?		
		b	Date fund established.		Yes No 08/31/1989 \$ 337,939.73 g balance on June 30, 2016, Yes No (If no, go to #3) 03/31/2008 \$ 0.00 g balance on June 30, 2016, lled into original (see Collections 000 \$ 64,106.04 000.5 mental ve #2a.) \$ 0.00 Total \$ 125,068.46	
		c	Fund balance on July 1, 2016.		+	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s): accounting system does not separate certain (above).			
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 64,106.04	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 60,962.42	
		c		Vehicle Code § 42007	\$ 0.00	
		d		Total	\$ 125,068.46	
		4	Responsibility for collection of fines, penalties, and for	rfeitures:		
			Entity	Contact (Name and Title)		
			Superior Courts of California	Gil Solorio		
			Phone Number 831-636-4057	Email Address gsolorio@cosb.us		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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\$ 0.00

\$ 33,463.35

IV Deposits into Maddy EMS	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
Fund	a	Government Code § 76000 (Based on GC § 76104)	\$ 64,106.04		
	b	Vehicle Code § 42007	\$ 0.00		
	c	Total	\$ 64,106.04		
	d If no deposits into Maddy EMS Fund, state reason(s):			
	N/A				
	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	\$ 60,962.42		
	b	Vehicle Code § 42007	\$ 0.00		
	c	Total	\$ 60,962.42		
	N/A Responsibility for deposit of penalty assessments:				
	Entity	Contact (Name and Title)			
	San Benito County EMS	Kevin O'Neill OES/EMS Ma	nager		
	Phone Number 831-636-4168	Email Address koneill@cosb.us			
Maddy EMS Fund Category	8 Maddy EMS Fund (Original Assessment)				
Distributions			Interest and Other Deposits		
	a Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 3,274.14		
	b Other deposits during fiscal year, July 1, 2016-June	30, 2017.	\$ 0.00		
	c If other deposits were made, provide the type of depo	osits and the reason(s) for the depo	sits:		
	9 Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions		
	a Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 6,410.61		

Physicians/Surgeons (58%)

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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\$ 0.00

					CALIFORNIA
V Maddy EMS	c	Hospitals (25%)		\$ 0.00	\$ 14,423.86
Fund Category Distributions				\$ 0.00	\$ 9,808.23
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 64,106.05
	e		Total	7 0.00	190
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establis	shed, leave blank and go to	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.		\$ 144.18
	b	Other deposits during fiscal year, July 1, 2016-June 30,			\$ 0.00
	с	If other deposits were made, provide the type of deposit N/A	ts and the	reason(s) for the depo	sits:
	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%) Richie's Fund (15%) Physicians/Surgeons (58%) \$ 0.			\$ 6,096.24
	b				\$ 8,229.92
	c			\$ 0.00	\$ 27,049.02
	d	Hospitals (25%)		\$ 0.00	\$ 11,659.06
	e	Other Discretionary EMS (17%)		\$ 0.00	\$ 7,928.17
	f		Total	\$ 0.00	\$ 60,962.41
	12	Responsibility for category distributions:			
		Entity		Name and Title)	and a second
			Email Add	Neill OES/EMS Mar	lagei
			coneill@		
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F			Amount \$ 6,410.61
		Assessment).			φ 0,410.01
	14	Total Administration expenditures from Maddy EMS F	and (Sup	plemental	Amount
	14	Assessment). (If fund not established, leave blank and go to #2		L	\$ 6,096.24
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ınd (Supn	lemental	Amount
	1.5	Assessment). (If fund not established, leave blank and go to #			\$ 0.00

Assessment). (If fund not established, leave blank and go to #16a)

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

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VI Expenditures & Reimbursements (cont.)

		Allo	wable Claims		Paid (Claims
16a		#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Original Assessment).	811	\$ 27,473.34	811	100%	\$ 27,473.34

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

N/A

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

Amount Reimbursed \$ 910.04

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)

Allov	vable Claims		Paid C	Claims
#	\$ Amount	#	%	\$ Amount
0	\$ 0.00	0	0%	\$ 0.00

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

N/A

		Amount Reimbursed
c	Total reimbursements from Physicians/Surgeons due to collections from	¢ 0 00
	patient/third-party, county penalties, and settlements.	\$ 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)	
San Benito County EMS	Kevin O'Neill OES/EMS Manager	
Phone Number	Email Address	
831-636-4168	koneill@cosb.us	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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/I Expenditures Reimbursemo (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).				☐ Yes ☑ No (If no, go to #20d)			
			Allo	wable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #21e)	l if hospital claims	s are paid on a claims l	basis.		Amount \$ 10,606.94		
	e	Total reimbursements from Hospitals	due to collection	ns from patient/thir	d-party,	Amount Reimbursed			
		county penalties, and settlements.			\$ 0.00				
	21a	Indicate if Hospital claims are paid on EMS Fund (Supplemental Assessment and go to #22)		Yes No (If no, go to #21d)					
		Allowable Claims				Paid Claims			
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00		
	c	c If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s)							
						A	Amount		
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)	if hospital claims	are paid on a claims b		\$ 8,473.68			
			0 4 401	F4	Amoun	t Reimbursed			
	e	Total reimbursements from Hospitals county penalties, and settlements.	a-party,	\$ 0.00					
	22	Required documentation for submission be submitted concurrently)	on. (The below do	cumentation is part of	the Maddy	EMS Fund	report, and must		
		A description of the hospitals pays	ment methodolo	ogies.					
	23	Responsibility for claims payments to l		Company (Norman and	Title				
		Entity San Benito County EMS		Contact (Name and Kevin O'Neill OE		lanager			
		Phone Number	1	Email Address		J = -			
		831-636-4168		koneill@cosb.us					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

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VII Fund Summary

Maddy EMS Fund (Original Assessment)

	(Original ressessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 337,939.73 (1c)	\$ 337,939.73
Deposits for July 1, 2016-June 30, 2017	\$ 64,106.04 <i>(5c)</i>	\$ 402,045.77
Interest for July 1, 2016-June 30, 2017	\$ 3,274.14 (8a)	\$ 405,319.91
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)	\$ 405,319.91

oistributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,410.61 (9a)		\$ 6,410.61	\$ 6,410.61 (13)
Physicians/Surgeons (58%)	\$ 33,463.35 (9b)	\$ 0.00 (9b)	\$ 33,463.35	\$ 27,473.34 (16a)
Hospitals (25%)	\$ 14,423.86	\$ 0.00	\$ 14,423.86	\$ 0.00 (20b Pd)
	\$ 14,423.00 (9c)	\$ 0.00 (9c)	Ф 14,423.00	\$ 10,606.94 (20d)
Other Discretionary EMS (17%)	\$ 9,808.23 (9d)	\$ 0.00 (9d)	\$ 9,808.23	\$ 0.00 (24a)
Total	\$ 64,106.05 (9e)	\$ 0.00 (9e)	\$ 64,106.05	\$ 44,490.89
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 360,829.02

Reimbursements		
Physicians/Surgeons	\$ 910.04 (16c)	\$ 361,739.06
Hospitals	\$ 0.00	\$ 361,739.06
Ending Balance for Total Available Funds as of June 30, 2017		\$ 361,739.06

Signature of Maddy EMS Fund Administrator

Kevin Ökeill DES EMS Manager Koneill Cosb. US
Printed Name & Title Email Address

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Hospitals

Funds as of June 30, 2017

Ending Balance for Total Available



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for	r Distribution		Fund Total	
Balance on July 1, 2016		\$ 0.00		\$ 0.00	
Deposits for July 1, 2016- June 30, 2017	\$ 60,9	962.42 (6c)		\$ 60,962.42	
Interest for July 1, 2016-June 30, 2017	\$	144.18 <i>(10a)</i>		\$ 61,106.60	
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 61,106.60	
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,096.24 (11a)		\$ 6,096.24	\$ 6,096.24 (14)	
Richie's Fund (15%)	\$ 8,229.92 (11b)		\$ 8,229.92	\$ 0.00 (15)	
Physicians/Surgeons (58%)	\$ 27,049.02 (11c)	\$ 0.00 (11c)	\$ 27,049.02	\$ 0.00 (17a)	
Hospitals (25%)	\$ 11,659.06	\$ 0.00	\$ 11,659.06	\$ 0.00 (216 Pd) \$ 8,473.68 (21d)	
Other Discretionary EMS (17%)	\$ 7,928.17 (11e)	\$ 0.00 (11e)	\$ 7,928.17	\$ 0.00 (25a)	
Total	\$ 60,962.41	\$ 0.00 (11f)	\$ 60,962.41	\$ 14,569.92	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 46,536.68	
Reimbursements			,		
Physicians/Surgeons		\$ 0.00 (17c)		\$ 46,536.68	

Signature of Maddy EMS Fund Administrator

\$ 0.00

(21e)

Email Address

\$ 46,536.68

\$ 46,536.68

Printed Name & Title

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

ī	Administering	Cou	inty Department	County Contact (Name and Tit	tle)	
	Agency		and Counties Emergency Medical Agency	Tom Lynch, EMS Administ	trator	
			lress (Number and Street)	Phone Number		
			25 South "D" St.	(909) 388-5823		
		City	or Post Office, State, and ZIP Code	Email Address		
			n Bernardino, CA 92415-0060	Tom.Lynch@cao.sbcounty	y.gov	
_						
П	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	✓ Yes	□ No
		b	Date fund established.		10/	31/1988
		c	Fund balance on July 1, 2016.			0.00
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on Jun	e 30, 2016,
		2 a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes (If no, g	No (o to #3)
		b Date fund established.				
		c Fund balance on July 1, 2016.				\$ 0.00
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2010, unites from chang base		
m	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Co	ollections
	Assessments	a		Government Code § 76000	\$ 1	,658,520.59
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		1,872,319.88
		c		Vehicle Code § 42007		
		đ		Total	\$	3,530,840.47
		4	Responsibility for collection of fines, penalties, and for	Contact (Name and Title)		
			Superior Court of San Bernardino	Chief Financial Officer		
			Phone Number (909) 708-8744	Email Address RFleshman@sb.court.org]	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5 Total penalty assessme EMS Fund (Original A	ents deposited into Maddy Assessment).	Statute	Deposits		
Fund	a		ment Code § 76000 used on GC § 76104)	\$ 1,658,520.59		
	b	Vehicle	Code § 42007			
	c		Total	\$ 1,658,520.59		
	d If no deposits into Mac	ddy EMS Fund, state reason(s):				
	6 Total penalty assessme EMS Fund (Suppleme established, leave section	ents deposited into Maddy ental Assessment). (If fund not blank and go to #7)	Statute	Deposits		
	a	Govern	nment Code § 76000.5	\$ 1,872,319.88		
	b		e Code § 42007			
			Total	\$ 1,872,319.88		
	c		- ·			
	Responsibility for dep Entity Superior Court of S		t (Name and Title) t E. Fleshman, Chief I	Financial Officer		
	Phone Number (909) 708-8744	one Number Email Address				
Maddy EMS Fund Category	8 Maddy EMS Fund (O	original Assessment)				
Distributions				Interest and Other Deposits		
	a Interest earned durin	g fiscal year, July 1, 2016-June 30, 2017.		\$ 2,129.24		
	b Other deposits during	g fiscal year, July 1, 2016-June 30, 2017.				
	c If other deposits were	e made, provide the type of deposits and (the reason(s) for the depo	osits:		
	9 Total amount of fund for the period July 1,	ls distributed to the specified categories 2016-June 30, 2017.	Reserve (Optional)	Category Distributions		
	a Administration (Adm or 10%)	nin cost equal to the lesser of actual cost		\$ 166,064.96		
	b Physicians/Surgeons			\$ 866,859.22		

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\$ 253,153.25

•					CALIFORNIA
Maddy EMS	c	Hospitals (25%)			\$ 373,646.23
Fund Category Distributions					\$ 254,079.42
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 1,660,649.83
	e		Fotal		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	shed, leave blank and go t	o #12)
					Interest and Other Deposits
	а	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.		\$ 2,889.19
	b	Other deposits during fiscal year, July 1, 2016-June 30			\$ 0.00
	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	al	(Optional)	\$ 187,520.84
	b	cost or 10%) Richie's Fund (15%)			\$ 253,153.25
				\$ 832,030.29	
	C	Physicians/Surgeons (58%)			\$ 358,633.74
	d	Hospitals (25%)			\$ 243,870.9
	e	Other Discretionary EMS (17%)		\$ 0.00	\$ 1,875,209.0
	f	-	Total	V 0.00	ψ 1,01 0,200.0
	12	Responsibility for category distributions:			
		Entity Control		(Name and Title) Oswal, Chief Finance	ial Officer
		Arrowhead Regional Medical Center Phone Number	Email Ad		iai Onioci
		(909) 580-6170		@armc.sbcounty.go	ov
Expenditures &					Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (O	iginal	\$ 166,064.9
		71. 2. 12. 12. 12. 12. 12. 12. 12. 12. 12	Daniel (Co.	mulamantal	Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to	гина (30 #16a)	Ръсшенти	\$ 187,520.8
	15	Total Richie's Fund expenditures from Maddy EMS l	Fund (Ser	onlemental	Amount
	15	Assessment). (If fund not established, leave blank and 20 to			\$ 253 153 2

Assessment). (If fund not established, leave blank and go to #16a)

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Expenditures & Reimbursements (cont.)			A 11	vahla Claima		Paid C	Jaime		
(cont.)	16.	Total Physicians/Surgeons expenditures	#	vable Claims S Amount	#	%	S Amount		
	10%	from Maddy EMS Fund (Original Assessment).	49,517	\$ 881,551.79	49,517	100%	\$ 881,551.79		
	b	If allowable claims were not paid during fisc Please reference attachment.	2017, stat	e reason((s):				
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed \$ 14,692.57		
		patient/third-party, county penalties, and se	ttlements.			n	<u> </u>		
			Aller	wable Claims		Paid (Claims		
	170	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
	1/4	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	47,386	\$ 843,472.82	47,386	100%	\$ 843,472.82		
							470.2.1		
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 11,442.53		
	18	Required documentation for submission. (I be submitted concurrently)	The below doci			EMS Fun	d report, and <u>mus</u>		
		1/1 A Jaconin-tion of the Dhyminiana/Superco							
		A description of the Physicians/Surgeon A statement of the policies, procedures fund(s)				ent and :			
		•	, and regula	tory action taken (to implem	names of	administer the		
		A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H	, and regula ospitals adm inistrators o	tory action taken of the continuity of the conti	to implem zation, or : v claims p	names of ayment 1	administer the specific methodologies.		
		 A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm A description of the process used to sol 	o, and regula cospitals adm ninistrators of	tory action taken of the continuity of the contacted to review om Physicians/Sur	to implem zation, or : v claims p	names of ayment 1	administer the specific methodologies.		
	19	 A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. 	o, and regular cospitals administrators of licit input from	tory action taken of the contacted to review om Physicians/Surunty.	to implem zation, or : v claims p	names of ayment 1	administer the specific methodologies.		
	19	 A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule us 	o, and regular cospitals administrators of licit input from	tory action taken of the contacted to review om Physicians/Surunty.	to implem zation, or : v claims p geons and	names of ayment 1	administer the specific methodologies.		
	19	 ☑ A statement of the policies, procedures fund(s). ☑ Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm ☑ A description of the process used to sol payment distribution methodology. ☑ An identification of the fee schedule us Responsibility for claims payments to Physicians/Surgeons 	ospitals administrators of licit input from the continuation of th	tory action taken of the contacted to review om Physicians/Suranty.	to implementation, or a velaims per and	names of ayment 1 1 Hospita	administer the specific methodologies.		

(909) 386-8730

RViteri@riskmgmt.sbcounty.gov

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



Re	kpenditures & eimbursements ont.)	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		
		Ъ	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fisc	al year, J	uly 1, 2016-June 30,	2017, stat	e reason((s):		
								Amount		
		d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.)	pital claims	are paid on a claims b	asis.	\$	373,646.23		
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amou	nt Reimbursed		
		21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If)				☑ No to #21d)			
			and go to #22)							
					wable Claims		Paid C			
		b	Total Hospitals expenditures.	#	\$ Amount	#	0%	\$ Amount		
		e	If allowable claims were not paid during fisc	ol veor J	nly 1 2016_June 30	2017. stat	te reason	(s):		
			II angwant tiams were not past ouring not	, =,						
								Amount		
		d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)						\$ 358,633.74		
		e	Total reimbursements from Hospitals due to	d-party,	Amount Reimbursed					
			county penalties, and settlements.							
		22	Required documentation for submission. (To be submitted concurrently)	he below de	ocumentation is part of	the Maddy	EMS Fun	d report, and <u>must</u>		
			The state of the s	methodol	ogies.					
			A description of the hospitals payment	Inclination						
		23	Responsibility for claims payments to Hospi	itals:		I PROPAGE S				
		23		itals:	Contact (Name and Arvind Oswal, C		ncial Of	ficer		

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VI	VI Expenditures & Reimbursements 2 (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
		27a	Assessment).	\$ 254,079.42
		D	Description of other EMS services provided: Provide EMS system medical control including policy and protocol development.	opment.
			THE COLUMN	Amount
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 243,870.95
		ь	Description of other EMS services provided:	
		U	Provide quality improvement oversight to the EMS system to assure the	best possible care.
			1 Tortido quanty improvomento tronognicio dilo mino o jotom to accourant	

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Ending Balance for Total Available

Funds as of June 30, 2017

VII Fund Summary



	Maddy EMS (Original Asses			
	Available Funds for	r Distribution		Fund Total
Balance on July 1, 2016		\$ 0.00 (lc)		\$ 0.00
Deposits for July 1, 2016-June 30, 2017	\$ 1,65	8,520.59 (5c)		\$ 1,658,520.5
Interest for July 1, 2016-June 30, 2017	\$	2,129.24 (8a)		\$ 1,660,649.83
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (86)		\$ 1,660,649.8
	Category	Reserve	Available Funds for Disbursement (Category Distributions -	Fun and distances
Distributions/Expenditures	Distributions	(Optional)	Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 166,064.96 (9a)		\$ 166,064.96	\$ 166,064.96 (13
Physicians/Surgeons (58%)	\$ 866,859.22 (%)	\$ 0.00 (%)	\$ 866,859.22	\$ 881,551.79
Hospitals (25%)	\$ 373,646.23	\$ 0.00	\$ 373,646.23	\$ 0.00 (206 Pa
	(9c)	(9c)		\$ 373,646.23
Other Discretionary EMS (17%)	\$ 254,079.42 (9d)	\$ 0.00 (9d)	\$ 254,079.42	\$ 254,079.42 (24)
Total	\$ 1,660,649.83 (9e)	\$ 0.00 (9e)	\$ 1,660,649.8	\$ 1,675,342.4
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 14,692.57
Reimbursements				
Physicians/Surgeons	\$ 1	4,692.57 (16c)	V.	\$ 0.0
Hospitals		\$ 0.00		\$ 0.0

Signature of Maddy EMS Fund Administrator

4/16/18

Tom. Lynch@ Cao. sbcounty.gov **Email Address**

\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribu	ation_		Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 1,872,319.88	(6c)		\$ 1,872,319.88
Interest for July 1, 2016-June 30, 2017	\$ 2,889.19	(10a)		\$ 1,875,209.07
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	(10b)		\$ 1,875,209.07
			Available Funds	

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 187,520.84 (11a)		\$ 187,520.84	\$ 187,520.84 (14)
Richie's Fund (15%)	\$ 253,153.25 (11b)		\$ 253,153.25	\$ 253,153.25 (15)
Physicians/Surgeons (58%)	\$ 832,030.29 (11c)	\$ 0.00 (11c)	\$ 832,030.29	\$ 843,472.82 (17a)
Hospitals (25%)	\$ 358,633.74	\$ 0.00	\$ 358,633.74	\$ 0.00 (21b Pd)
	(11d)	(1 1d)		\$ 358,633.74 (21d)
Other Discretionary EMS (17%)	\$ 243,870.95 (11e)	\$ 0.00 (IIe)	\$ 243,870.95	\$ 243,870.95 (25a)
Total	\$ 1,875,209.0	\$ 0.00 (11)		\$ 1,886,651.60
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 11,442.53

Reimbursements		
Physicians/Surgeons	\$ 11,442.53 _(17c)	\$ 0.00
Hospitals	\$ 0.00 (21e)	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 0.00

Signature of Maddy EMS Fund Administrator

Tom Lynch Ems Administrator
Printed Name & Title

Tom. Lynch & Cao SbCounty gov Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

ı	Administering	Cor	inty Department	County Contact (Name and Ti	ile)	
	Agency	Co	ounty of San Diego Jamie Beam, Program C		Coordinator	
		Add	dress (Number and Street)	Phone Number		
		55	00 Overland Ave, Suite 430	(858) 505-6526		
		City	y or Post Office, State, and ZIP Code	Email Address		
		Sa	n Diego, CA 92123	Jamie.Beam@sdcounty.ca	a.gov	
_					illular -	
II	II Establishment of Fund		Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	☑ Yes ☐ No	
		b	Date fund established.			
		c	Fund balance on July 1, 2016.		\$ 1,451,078.17	
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	ce on June 30, 2016,	
	2a b		Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No	
			Date fund established.		03/20/2007	
		c	Fund balance on July 1, 2016.		\$ 127,315.67	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2010, uniters from ending balan	nce on dune 30, 2010,	
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 6,966,161.91	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 2,350,574.06	
		c		Vehicle Code § 42007	\$ 7,565,227.46	
		d		Total	\$ 16,881,963.43	
		4	Responsibility for collection of fines, penalties, and for Entity County of San Diego, Superior Court	rfeitures: Contact (Name and Title) Jeffrey Gately, Chief Finar	ncial Officer	
			Phone Number (619) 450-7205	Email Address Jeffrey.Gately@sdcourt.ca		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits			
Fund	а	а	Government Code § 76000 (Based on GC § 76104)	\$ 5,539,800.00			
	b		Vehicle Code § 42007				
	c		Total	\$ 5,539,800.00			
	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	\$ 2,350,751.00			
	b		Vehicle Code § 42007				
	c		Total	\$ 2,350,751.00			
	d	If no deposits into Maddy EMS Fund, state reason(s):					
	7	Responsibility for deposit of penalty assessments:					
		Entity	Contact (Name and Title)				
		County of San Diego - Medical Care Services Phone Number	Jamie Beam, Program Co	ordinator			
		(858) 505-6526	Jamie.Beam@sdcounty.ca	a.gov			
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)					
Distributions				Interest and Other Deposits			
	a	Interest earned during fiscal year, July 1, 2016-June 3	60, 2017.	\$ 15,638.99			
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.					
	c	If other deposits were made, provide the type of depos	sits and the reason(s) for the de	oosits:			
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories Reserve (Optional)	Category Distributions			
	a	Administration (Admin cost equal to the lesser of actuor 10%)	nal cost	\$ 552,523.19			
	b	Physicians/Surgeons (58%)		\$ 2,884,171.05			

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V Maddy EMS	_	H			\$ 1,243,177.18
Fund Category Distributions	c	Hospitals (25%)			\$ 845,360.48
(cont.)	d	Other Discretionary EMS (17%)		* 0.00	<u> </u>
	e		Total	\$ 0.00	\$ 5,525,231.90
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not esta	iblished, leave blank and go	to #12)
			Interest and Other Deposits		
	a	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.		\$ 1,893.50
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		
		If other deposits were made, provide the type of depos	ita and	the vector(s) for the den	ooitee
	С	if other deposits were made, provide the type of depos	sits and	tne reason(s) for the dep	osits:
	11	Total amount of funds distributed to the specified		Reserve	Category
		categories for the period July 1, 2016-June 30, 2017. (Optional)			Distributions
	a b	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 235,075.08
		Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 317,351.36
	c				\$ 1,043,028.13
	d	Hospitals (25%)			\$ 449,581.09
	e	Other Discretionary EMS (17%)			\$ 305,715.14
	f		Total	\$ 0.00	\$ 2,350,750.80
	12	Responsibility for category distributions: Entity	Contac	ct (Name and Title)	
		County of San Diego - Medical Care Services	1	Beam, Program Coo	ordinator
		Phone Number	Email	Address	
_		(858) 505-6526	Jamie	.Beam@sdcounty.ca	.gov
VI Expenditures &	1.7	T-A-1 A Juliai-A-Air annualitana Cam Madda EMG	· Fd (Onicianal	Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	runa (Original	\$ 552,523.19
	14	Total Administration expenditures from Maddy EMS	Fund (Sunnlamental	Amount
	14	Assessment). (If fund not established, leave blank and go to		Supplemental	\$ 235,075.08
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (S	upplemental	Amount
	13	Assessment). (If fund not established, leave blank and go to			\$ 317,351.36

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8

(858) 658-8707



Expenditures &			Allov	wable Claims		Paid Claims	
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(cont.)		from Maddy EMS Fund (Original Assessment).	58,463	\$ 4,602,400.00	58,463	100%	\$ 3,611,074.0
	b	If allowable claims were not paid during fisc	y 1, 2016-June 30,	2017, stat	e reason	i(s):	
		All claims submitted were paid just no	to fund	ling availability			
	c	Total reimbursements from Physicians/Surs	reons due to	collections from		Amou	int Reimbursed
	·	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements. \$54,552					\$ 54,552.00
			Allo	wable Claims		Paid	Claims
	17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental	#	\$ Amount	#	%	\$ Amount
		Assessment). (If fund not established, leave blank and go to #18)				0%	
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):					
	U	If allowable claims were not paid during fisc	al year, July	y 1, 2016-June 30,	2017, stat	e reason	ı(s):
	U	If allowable claims were not paid during fisc	al year, July	y 1, 2016-June 30,	2017, stat	e reason	ı(s):
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2016-June 30,	2017, stat	e reason	i(s):
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se	geons due to		2017, stat		unt Reimbursed
		Total reimbursements from Physicians/Surg	geons due to ttlements.	collections from		Amou	unt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7	geons due to ttlements. The below docu	collections from	the Maddy	Amou	unt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently)	geons due to ttlements. The below docu ns claims pay	collections from unentation is part of the symmetry of the sy	the Maddy . ies.	Amou	unt Reimbursed
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures,	geons due to ttlements. The below documents claims pay and regulate the position of the positi	collections from amentation is part of the second	the Maddy dies. o implementation, or r	Amou	ant Reimbursed and report, and must administer the
	c	Total reimbursements from Physicians/Surgentient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Home	geons due to ttlements. The below docu ns claims pay and regulat ospitals adm inistrators c	collections from amentation is part of a yment methodolog tory action taken to inistrator organization	the Maddy ties. o implementation, or rectaims pa	Amou	ant Reimbursed and report, and must administer the f specific methodologies.
	c	Total reimbursements from Physicians/Surgentient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital adm ✓ A description of the process used to soli	geons due to ttlements. The below documents claims pay and regulate the position of the positi	collections from amentation is part of a yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Sura	the Maddy ties. o implementation, or rectaims pa	Amou	ant Reimbursed and report, and must administer the f specific methodologies.
	c	Total reimbursements from Physicians/Surgentient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital adm ✓ A description of the process used to soli payment distribution methodology.	geons due to ttlements. The below documents claims pay and regulate the population of the content of the conten	collections from mentation is part of the yment methodolog tory action taken the inistrator organization on tacted to review om Physicians/Surg	the Maddy ties. o implementation, or rectaims pa	Amou	ant Reimbursed and report, and must administer the f specific methodologies.
	c 18	Total reimbursements from Physicians/Surgentient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital adm ✓ A description of the process used to soli payment distribution methodology. ✓ An identification of the fee schedule use	geons due to ttlements. The below documents claims pay and regulate a construction of the construction of	collections from mentation is part of the yment methodolog tory action taken the inistrator organization on tacted to review om Physicians/Surg	the Maddy dies. o implemonation, or reclaims pageons and	Amou	ant Reimbursed and report, and must administer the f specific methodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se Required documentation for submission. (The submitted concurrently) ☑ A description of the Physicians/Surgeon ☑ A statement of the policies, procedures, fund(s). ☑ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital adm ☑ A description of the process used to soli payment distribution methodology. ☑ An identification of the fee schedule used Responsibility for claims payments to Physicians Responsibility for claims payments to Physicians ☐ Responsibility for claims payments ☐ Responsibility for cla	geons due to ttlements. The below documents claims pay and regulate the pospitals administrators concit input from the concitations of the concita	collections from amentation is part of a yment methodolog tory action taken to inistrator organization organizated to review om Physicians/Surgunty.	the Maddy ties. o implementation, or reclaims pageons and	Amou EMS Fun ent and a names of ayment i	ant Reimbursed ad report, and must administer the f specific methodologies. als to review

Cielo_m_anderson@uhc.com

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



Ί	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)		
				All	owable Claims		Paid Claims		
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
				•			•		
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							Amount		
	d	Direct disbursement to Hospitals. (N/A if hospitals teave blank and go to #21e)	pital claim	s are paid on a claims	basis.	\$ 1	,243,177.18		
						Amoui	nt Reimbursed		
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thi	rd-party, ————		\$ 0.00	
		21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If f and go to #22)				Yes No (If no, go to #21d)		
				All	owable Claims	Paid Claims			
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fisc	te reason((s):				
								Amount	
		d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.)	pital claim	s are paid on a claims	basis.		\$ 449,581.09	
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thi	rd-party,	Amou	nt Reimbursed \$ 0.00	
		22	Required documentation for submission. (The be submitted concurrently)	ie below d	ocumentation is part o	f the Maddy	EMS Fund	d report, and must	
			A description of the hospitals payment i	nethodol	ogies.				
		23	Responsibility for claims payments to Hospit	tals:					
			Entity County of San Diego - Medical Care S	envice	Contact (Name and	,	oordingt	or	
			County of San Diego - Medical Care S Phone Number	GI VICE	Jamie Beam, Pi Email Address	ografii C	oordinat	UI	
			(858) 505-6526		Jamie.Beam@s	dcounty.	ca.gov		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	Assessment).	\$ 845,360.48	
		b	Description of other EMS services provided:	
				CONTRACTOR OF THE PARTY OF THE
		25a	Total Other Discretionary EMS expanditures from Maddy EMS Fund	Amount
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 305,715.14
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		b	Description of other EMS services provided:	
		55.0		

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VII Fund Summa	ry
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Maddy	EMS Fund
(Original	Assessment)

(Original Assessment)						
	Available Funds for Distribution	Fund Total				
Balance on July 1, 2016	\$ 1,451,078.17	\$ 1,451,078.17				
Deposits for July 1, 2016-June 30, 2017	\$ 5,539,800.00 (5c)	\$ 6,990,878.17				
Interest for July 1, 2016-June 30, 2017	\$ 15,638.99	\$ 7,006,517.16				
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)	\$ 7,006,517.16				

istributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 552,523.19 (9a)		\$ 552,523.19	\$ 552,523.19 (13)	
Physicians/Surgeons (58%)	\$ 2,884,171.0:	\$ 0.00 (9b)	\$ 2,884,171.0	\$ 3,611,074.0C (16a)	
Hospitals (25%)	\$ 1,243,177.1	\$ 0.00	\$ 1,243,177.1	\$ 0.00 (206 Pd) \$ 1,243,177.18 (20d)	
Other Discretionary EMS (17%)	\$ 845,360.48 (9d)	\$ 0.00 (9d)	\$ 845,360.48	\$ 845,360.48 (24a)	
Total	\$ 5,525,231.9((9e)	\$ 0.00 (9e)	\$ 5,525,231.9	\$ 6,252,134.85	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 754,382.31	

Reimbursements		
Physicians/Surgeons	\$ 54,552.00 (16c)	\$ 808,934.31
Hospitals	\$ 0.00 (20e)	\$ 808,934.31
Ending Balance for Total Available Funds as of June 30, 2017		\$ 808,934.31

Signature of Maddy EMS(Fund Administrator

Date

JAMES LANDY, LEVENUE & BUDGET MANAGER
Printed Name & Title

JAMES. LORDY DSPLOUNTY. CA.AD

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII	Fund	Sum	mary
	(cont.)	

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 127,315.67	\$ 127,315.67
Deposits for July 1, 2016- June 30, 2017	\$ 2,350,751.00 (6c)	\$ 2,478,066.67
Interest for July 1, 2016-June 30, 2017	\$ 1,893.50 (10a)	\$ 2,479,960.17
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 2,479,960.17

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 235,075.08 (11a)		\$ 235,075.08	\$ 235,075.08 (14)
Richie's Fund (15%)	\$ 317,351.36 (11b)		\$ 317,351.36	\$ 317,351.36 (15)
Physicians/Surgeons (58%)	\$ 1,043,028.1	\$ 0.00 (11c)	\$ 1,043,028.1	\$ 0.00 (17a)
Hospitals (25%)	\$ 449,581.09	\$ 0.00	\$ 449,581.09	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 449,581.09 (21 d)
Other Discretionary EMS (17%)	\$ 305,715.14 (11e)	\$ 0.00 (11e)	\$ 305,715.14	\$ 305,715.14 (25a)
Total	\$ 2,350,750.8	\$ 0.00 (11f)	\$ 2,350,750.80	\$ 1,307,722.67
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,172,237.50

Reimbursements		
Physicians/Surgeons	\$ 0.00 _(17c)	\$ 1,172,237.50
Hospitals	\$ 0.00 (21e)	\$ 1,172,237.50
Ending Balance for Total Available Funds as of June 30, 2017		\$ 1,172,237.50

0

Signature of Maddy EMS Fund Administrator

Date

JAMES LARDY, REVENUE & BYPGET MANAGER

Printed Name & Title

JAMES, LANDY & SOWBATY. CA GOV Email Address



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

I	Administering Agency		unty Department	County Contact (Name and T	•		
	Agency	-	n Francisco Department of Public Health				
			dress (Number and Street)	Phone Number			
			Van Ness Avenue, STE 260a	415-558-4037			
		-	y or Post Office, State, and ZIP Code	Email Address			
		Sa	n Francisco CA 94102	joshua.nossiter@sfdph.o	rg		
П	Establishment of						
	Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes □ No		
		b	Date fund established.		12/01/1989		
		c	Fund balance on July 1, 2016.		\$ 343,578.00		
	d		If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	Yes No			
		b	Date fund established.	12/28/2000			
			Fund balance on July 1, 2016.	\$ 517,023.00			
			If the Maddy EMS Fund beginning balance on July 1 state reason(s):	7			
111	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000	\$ 709,840.00		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 686,148.00		
		c		Vehicle Code § 42007			
		d		Total	\$ 1,395,988.00		
		4	Responsibility for collection of fines, penalties, and for Entity	feitures: Contact (Name and Title)			
			Superior Court of San Francisco, Traffic Divisi	, ,			
			Phone Number 415-551-5757	Email Address suewong@sftc.org			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits
rund	a	r		nent Code § 76000 ed on GC § 76104)	\$ 709,840.00
	b		Vehicle (Code § 42007	
	c			Total	\$ 709,840.00
	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		Governm	ent Code § 76000.5	\$ 686,148.00
	b		Vehicle C	Code § 42007	
	c			Total	\$ 686,148.00
	d	If no deposits into Maddy EMS Fund, state reason(s)			
	7	Responsibility for deposit of penalty assessments:			
		Entity Son Francisco Department of Bublic Health		Name and Title)	
		San Francisco Department of Public Health Phone Number	Email Add	ırrell, Finance Mana	ager
		415-554-2539		rrell@sfdph.org	
V Maddy EMS Fund Category Distributions	8				
Distributions					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.		\$ 5,340.00
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		
	c If other deposits were made, provide the type of deposits and the reason(s) for the deposi				sits:
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor 10%)	ial cost		\$ 71,518.00
	Ь	Physicians/Surgeons (58%)			\$ 373,324.00
		Z II (STEIMIN) DWI CHOIN (CO / 0)	l		

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100						
V	Maddy EMS Fund Category	c	Hospitals (25%)			\$ 160,915.00
	Distributions	d	Other Discretionary EMS (17%)			\$ 109,422.00
	(cont.)	e	,	Total	\$ 0.00	\$ 715,179.00
					-	
		10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	shed, leave blank and go	to #12)
						Interest and Other Deposits
		a	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.		\$ 6,847.00
		b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		
		c	If other deposits were made, provide the type of deposit	ts and the	reason(s) for the den	nsits:
		-			• • • • • • • • • • • • • • • • • •	
		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%)			\$ 69,300.00
		b	Richie's Fund (15%)	THE TELL	\$ 103,949.00	
		c	Physicians/Surgeons (58%)			\$ 288,979.00
		d	Hospitals (25%)			\$ 124,739.00
		e	Other Discretionary EMS (17%)			\$ 106,028.00
		f		otal	\$ 0.00	\$ 692,995.00
		13	Description of the second seco			
		12	Responsibility for category distributions: Entity	Contact (Name and Title)	
				-	derson, Director of	Operations
			Phone Number E	Email Add	dress	
			858.658-8707 c	ielo_m_	anderson@uhc.com	m
	Expenditures &	4.3				Amount
	Reimbursements 13		Total Administration expenditures from Maddy EMS For Assessment).	und (Ori	ginal	\$ 71,518.00
		1.4	Total Administration are added to form Maddy EMC E	1/6		Amount
		14	Total Administration expenditures from Maddy EMS For Assessment). (If fund not established, leave blank and go to #1		plemental	Amount \$ 69,300.00
		14 15		6a)		

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								LIFORING		
VI	Expenditures & Reimbursements			Allo	wable Claims		Paid	Claims		
	(cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount		
			from Maddy EMS Fund (Original Assessment).	10,244	\$ 312,078.57	10,244	100%	\$ 312,078.57		
		b	If allowable claims were not paid during fisc	cal year, Ju	ly 1, 2016-June 30,	2017, stat	te reason	ı(s):		
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 14,538.57		
				Allo	wable Claims		Paid (Claims		
		17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
			from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	9,080	\$ 252,310.20	9,080	100%	\$ 252,310.20		
		c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed		
			patient/third-party, county penalties, and set					\$ 4,360.20		
		18	Required documentation for submission. (The be submitted concurrently)	ie below docu	mentation is part of t	he Maddy I	EMS Fund	d report, and <u>must</u>		
			☑ A description of the Physicians/Surgeon	☑ 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 solic payment distribution methodology.	eit input fro	m Physicians/Surg	eons and	Hospital	s to review		
			An identification of the fee schedule used by the county.							
		19	Responsibility for claims payments to Physici							
			Entity Americk piece (United Health Core)		ntact (Name and Ti	· ·	· O	4:		
			AmeriChoice (United Health Care)		elo Anderson, D	irector o	Opera	tions		
			Phone Number 858.658-8707		ail Address	Auba a	am.			
			000.000-0707	CIE	elo_m_anderson	wunc.co	וווכ			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



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)			
				Allo	wable Claims		Paid C	Vatara	
				#	\$ Amount	#	%	\$ Amount	
		b	T . I . Y		- Cramount		0%	U T X III O WITE	
		U	Total Hospitals expenditures.				070		
		c	If allowable claims were not paid during fiscal	year, J	uly 1, 2016-June 30	, 2017, sta	te reason	(s):	
								Amount	
		d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #21e)	ıl claims	are paid on a claims b	basis.	\$	128,250.00	
			,				1		
		e	Total reimbursements from Hospitals due to co	llection	s from patient/thir	d-party,	Amour	nt Reimbursed	
			county penalties, and settlements.					\$ 0.00	
		21a	Indicate if Hospital claims are paid on a claims EMS Fund (Supplemental Assessment). (If fund and go to #22)	basis f	or the Maddy ablished, leave blank	II Y	Yes No (If no, go to #21d)		
				Alloy	wable Claims		Paid Cl	aims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fiscal y		l. 1 201/ I 20	2017 -4-4			
			it anowable claims were not paid during tiscary	car, ju	ly 1, 2010-June 30,	2017, Stat	e reason(s):	
								Amount	
			Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #22e)	claims o	are paid on a claims bo	isis.		\$ 106,875.00	
		e	Total reimbursements from Hospitals due to col	lections	from patient/third	-party,	Amoun	t Reimbursed	
		1.5	county penalties, and settlements.		•			\$ 0.00	
		22	Required documentation for submission. (The be	elow doc	umentation is part of t	he Maddy E	EMS Fund	report, and must	
			A description of the hospitals payment meth	odolog	ies.				
		23	Responsibility for claims payments to Hospitals:						
		1	Entity	C	ontact (Name and T	,			
			AmeriChoice (United Health Care)		ielo Anderson, D	irector o	f Operat	tions	
			858.658-8707	- 1	mail Address ielo_m_andersor	വയിലും പ	om		
			<u>:</u>			· C 4110.0			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount		
	(cont.)	274	Assessment).	\$ 122,400.00		
		b	Description of other EMS services provided:			
			Provision of DEM personnel to DPH.			
				<u> </u>		
		25a	Tread Other Birmstinner EMS amonditure from Maddy EMS Front	Amount		
			Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 172,084.00		
				-		
		b Description of other EMS services provided:				
		Provision of DEM personnel to DPH.				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



VII Fund Summary

Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 343,578.00 (Ic)	\$ 343,578.00
Deposits for July 1, 2016-June 30, 2017	\$ 709,840.00 _(5c)	\$ 1,053,418.00
Interest for July 1, 2016-June 30, 2017	\$ 5,340.00	\$ 1,058,758.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	\$ 1,058,758.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 71,518.00 (9a)		\$ 71,518.00	\$ 71,518.00 (13)
Physicians/Surgeons (58%)	\$ 373,324.00 (9b)	\$ 0.00 (9b)	\$ 373,324.00	\$ 312,078.57 (16a)
Hospitals (25%)	\$ 160,915.00	\$ 0.00	\$ 160,915.00	\$ 0.00 (20b Pd)
	(9c)	(9c)		\$ 128,250.00 (20d)
Other Discretionary EMS (17%)	\$ 109,422.00 (9d)	\$ 0.00 (9d)	\$ 109,422.00	\$ 122,400.00 (24a)
Total	\$ 715,179.00 (9e)	\$ 0.00 (9e)	\$ 715,179.00	\$ 634,246.57
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 424,511.43

Reimbursements		
Physicians/Surgeons	\$ 14,538.57 (<i>16c</i>)	\$ 439,050.00
Hospitals	\$ 0.00 (20e)	\$ 439,050.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 439,050.00

Signature of Maddy EMS Fund Administrator

AB 75 LOORDINATOR

Printed Name & Title

Date
JOSHUA, WOSITER
PSEDEN, DRG

Email Address



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds 1	or Distribution		Fund Total
Balance on July 1, 2016	\$ 517	7,023.00 (2c)		\$ 517,023.00
Deposits for July 1, 2016- June 30, 2017	\$ 686,148.00 (6c)			\$ 1,203,171.00
Interest for July 1, 2016-June 30, 2017	\$ 6,847.00 (10a)			\$ 1,210,018.00
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 1,210,018.00
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 69,300.00 (11a)		\$ 69,300.00	\$ 69,300.00 (14)
Richie's Fund (15%)	\$ 103,949.00 (11b)		\$ 103,949.00	\$ 90,000.00 (15)
Physicians/Surgeons (58%)	\$ 288,979.00 (11c)	\$ 0.00 (11c)	\$ 288,979.00	\$ 252,310.20 (17a)
Hospitals (25%)	\$ 124,739.00	\$ 0.00	\$ 124,739.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 106,875.00 (21d)
Other Discretionary EMS (17%)	\$ 106,028.00 (11e)	\$ 0.00 (11e)	\$ 106,028.00	\$ 172,084.00 (25a)
Total	\$ 692,995.00 (II))	\$ 0.00 (11f)	\$ 692,995.00	\$ 690,569.20
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 519,448.80

Reimbursements		
Physicians/Surgeons	\$ 4,360.20 _(17c)	\$ 523,809.00
Hospitals	\$ 0.00 (21e)	\$ 523,809.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 523,809.00

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Ī	Administering Agency	County Department	County Contact (Name and Title)				
		San Joaquin County Emergency Medical Service	Natisha Plummer, Accounting Technician I				
		Address (Number and Street)	Phone Number				
		PO Box 220	209-468-6818				
		City or Post Office, State, and ZIP Code	Email Address				
		French Camp, CA 95231	EMSAccounting@sjgov.or	g			
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Ori	iginal Assessment)?	☑ Yes ☐ No			
		b Date fund established.		05/19/1992			
		c Fund balance on July 1, 2016.		\$ 1,910,113.05			
		d If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	ce on June 30, 2016,			
		2a Has the agency established the Maddy EMS Fund (Sup	oplemental Assessment)?	Yes • No			
		b Date fund established.	Date fund established.				
		c Fund balance on July 1, 2016.	Fund balance on July 1, 2016.				
		d If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on June 30, 2016,			
	Collections of						
111	Penalty	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	а	Government Code § 76000				
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)				
		c	Vehicle Code § 42007	\$ 267,281.46			
		d	Total	\$ 267,281.46			
		4 Responsibility for collection of fines, penalties, and for	feitures:				
		Entity	Contact (Name and Title)				
		San Joaquin County Superior Courts	Julian Flores, Fiscal Servi	ces Technician			
		Phone Number 209-992-5477	Email Address jflores@sjcourts.org				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits	
Fund	a		Government Code § 76000 (Based on GC § 76104)		
	b		Vehicle Code § 42007	\$ 267,281.46	
	c		Tota	\$ 267,281.46	
	d	If no deposits into Maddy EMS Fund, state reason(s):			
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits	
	a		Government Code § 76000.5		
	b		Vehicle Code § 42007		
	c		Tota	\$ 0.00	
	d 7	If no deposits into Maddy EMS Fund, state reason(s): No Supplemental Assessment Responsibility for deposit of penalty assessments:			
		Entity	Contact (Name and Title)		
		Phone Number	Email Address		
W Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)			
Distributions				Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.	\$ 14,304.00	
	b	Other deposits during fiscal year, July 1, 2016-June 30, 2017.			
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:			
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of actuor 10%)	ial cost		
	b	Physicians/Surgeons (58%)		\$ 178,297.39	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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V Maddy EMS Fund Category	c	Hospitals (25%)			
Distributions	d	Other Discretionary EMS (17%)			
(cont.)	e		Total	\$ 0.00	\$ 178,297.39
	·				t
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	l not est	ablished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017		
	b	Other deposits during fiscal year, July 1, 2016-June 30	, 2017.		
	c	If other deposits were made, provide the type of deposit	its and	the reason(s) for the dep	oosits:
	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%)			\$ 178,297.39
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 178,297.39
	12	Responsibility for category distributions:	Conto	ect (Name and Title)	
		Entity San Joaquin County Emergency Medical Se			ting Technician I
		Phone Number	Email	Address	
		209-468-6818	EMS	Accounting@sjgov.or	g
VI Expenditures & Reimbursemen		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 Assessment). (If fund not established, leave blank and go to	Fund (S #16a)	Supplemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



VΙ	Expenditures &			Allowable Claims			Paid Claims		
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
	(cont.)		from Maddy EMS Fund (Original Assessment).				0%	\$ 178,297.39	
		b	If allowable claims were not paid during fisc	al year, Ju	ly 1, 2016-June 30,	2017, sta	ate reason	ı(s):	
		с	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 4,961.81	
				Allowable Claims			Paid	Claims	
		17a	Total Physicians/Surgeons expenditures	·#	\$ Amount	#	%	\$ Amount	
			from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%		
		c	Total reimbursements from Physicians/Surg	geons due t	o collections from		Amo	unt Reimbursed	
		c 18	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements. Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must						
		10	be submitted concurrently)				,		
			A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s).	nent and	administer the				
			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 Physi	cians/Surg	eons:	•			
			Entity	C	Contact (Name and	Title)			
			Phone Number	E	mail Address				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



/ I	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)			
				Allo	wable Claims		Paid Claims			
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e) Amount							
		e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements. Amount Reimbursed							
		21a						Yes		
				Allo	owable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fisc	cal year, J	July 1, 2016-June 30), 2017, sta	te reason((s):		
		d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #22e)	spital claim	s are paid on a claims	basis.		Amount		
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collectio	ns from patient/thin	rd-party,	Amou	nt Reimbursed		
		22	f the Maddy	EMS Fund	d report, and <u>must</u>					
			A description of the hospitals payment	metnodol	ogies.					
		23	Responsibility for claims payments to Hosp Entity	itals:	Contact (Name and	d Title)				
			Phone Number		Email Address					
					l					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original				
(cont.)		Assessment).				
	b	Description of other EMS services provided:				
		The second of th	Amount			
	(Supplemental Assessm	(Supplemental Assessment). (If fund not established, leave blank)				
	b	Description of other EMS services provided:				
	•	Reimbursements (cont.) b 25a	Reimbursements (cont.) 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). (If fund not established, leave blank)			

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Ending Balance for Total Available Funds as of June 30, 2017



VII	Fund	Summary

Maddy EMS Fund (Original Assessment)

(Original Assessment)					
	Available Funds for Distribution	Fund Total			
Balance on July 1, 2016	\$ 1,910,113.05	\$ 1,910,113.05			
Deposits for July 1, 2016-June 30, 2017	\$ 267,281.46 (Sc)	\$ 2,177,394.51			
Interest for July 1, 2016-June 30, 2017	\$ 14,304.00 (8a)	\$ 2,191,698.51			
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)	\$ 2,191,698.51			

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00		\$ 0.00	\$ 0.00 (13)
Physicians/Surgeons (58%)	\$ 178,297.39 (9b)	\$ 0.00 (9b)	\$ 178,297.39	\$ 178,297.39 (16a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd)
	(9c)	(9c)	Ψ 0.00	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)
Total	\$ 178,297.39 (9e)	\$ 0.00 (9e)	\$ 178,297.39	\$ 178,297.39
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 2,013,401.12
Reimbursements				
Physicians/Surgeons	\$	4,961.81 (16c)		\$ 2,018,362.93
Hospitals		\$ 0.00 (20e)		\$ 2,018,362.93

Signature of Maddy EMS Fund Administrator

4-23-18

\$ 2,018,362.93

Date

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 178,297.39 (11c)	\$ 0.00 (11c)	\$ 178,297.39	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
	(11d)	(11d)	22.2	\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 178,297.39	\$ 0.00	\$ 178,297.39	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				

Reimbursements

Physicians/Surgeons
\$0.00 (17c)

Hospitals
\$0.00

Ending Balance for Total Available Funds as of June 30, 2017

\$0.00

Signature of Maddy EMS Fund Administrator

4-23-18 Date

Printed Name & Title

Email Address



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

I	Administering	Cou	nty Department	County Contact (Name and T	itle)		
	Agency	Sa	n Luis Obispo Health Agency	Sondra Stamboolian, Accountant III			
		Add	ress (Number and Street)	Phone Number	one Number		
		218	30 Johnson Avenue	(805) 781-4876			
		City	or Post Office, State, and ZIP Code	Email Address			
		Sa	n Luis Obispo, CA 93401	sstamboolian@co.slo.ca.	us		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	☑ Yes □ No			
		b	Date fund established.		11/01/1988		
		c	Fund balance on July 1, 2016.		\$ 159,162.16		
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending bala	nce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No		
		b	Date fund established.	und established.			
		c	Fund balance on July 1, 2016.		\$ 196,187.65		
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	nce on June 30, 2016,			
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000	\$ 273,446.78		
	e.	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 352,052.08		
	•	c		Vehicle Code § 42007	\$ 77,764.46		
		d		Total	\$ 703,263.32		
		4	Responsibility for collection of fines, penalties, and for Entity Superior Court of California, County of San L	Contact (Name and Title)	: Fiscal Services		
			Phone Number (805) 781-5417	Email Address connie.mcnamara@slo.co	lo.courts.ca.gov		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	a		Government Code § 76000 (Based on GC § 76104)	\$ 273,446.78
	b		Vehicle Code § 42007	\$ 77,764.46
	c		Total	\$ 351,211.24
	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	\$ 352,052.08
	b		Vehicle Code § 42007	
	c		Total	\$ 352,052.08
	7	Responsibility for deposit of penalty assessments: Entity County of San Luis Obispo, Auditor-Controller	Contact (Name and Title) Sarah Kidd, Accounting Te	echnician
		Phone Number (805) 781-5181	Email Address skidd@co.slo.ca.us	
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.	\$ 594.53
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.	
	c	If other deposits were made, provide the type of depos	sits and the reason(s) for the dep	oosits:
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor 10%)	nal cost	\$ 19,535.08
	b	Physicians/Surgeons (58%)		\$ 249,520.59

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Maddy EMS Fund Category	c	Hospitals (25%)			\$ 165,513.69
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 52,496.20
(cont.)	e		Total	\$ 0.00	\$ 487,065.56
	10	Maddy EMS Fund (Supplemental Assessment) (If fi	ınd not est	ablished, leave blank and go i	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017		\$ 595.95
	b	Other deposits during fiscal year, July 1, 2016-June	30, 2017.		
	c	If other denosits were made provide the type of den	:4d	4h (-) (4l l .	•,
	C	If other deposits were made, provide the type of dep	osits and	the reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	a b	Administration (Admin cost equal to the lesser of accost or 10%)			\$ 19,582.03
		Richie's Fund (15%)		\$ 83,555.45	
	c	Physicians/Surgeons (58%)	\$ 250,120.16		
	d	Hospitals (25%)			\$ 165,911.40
	e	Other Discretionary EMS (17%)			\$ 52,622.34
	f		Total	\$ 0.00	\$ 571,791.38
	12	Responsibility for category distributions:			
		Entity County of San Luis Obispo Health Agency		ct (Name and Title) ra Stamboolian, Accoเ	intant III
		Phone Number		Address	intant III
		(805) 781-4876		nboolian@co.slo.ca.us	
Expenditures &					Amount
Reimbursements	13	Total Administration expenditures from Maddy EM Assessment).	IS Fund (Original	\$ 19,535.08
	4.				Amount
	14	Total Administration expenditures from Maddy EM Assessment). (If fund not established, leave blank and go to		Supplemental	\$ 19,582.03
	15	Total Richie's Fund expenditures from Maddy EMS	S Fund (S	Supplemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



VI Expenditures & Reimbursements (cont.) 16a Total Physicians/Surgeons expenditure

		Allo	wable Claims	Paid Claims		
16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	m Maddy EMS Fund (Original sessment).	1,149	\$ 673,458.59	1,149	100%	\$ 187,791.50

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

c	Total reimbursements from Physicians/Surgeons due to collections from	Amount Reimbursed
	tient/third-party, county penalties, and settlements.	\$ 4,923.24

		Allov	vable Claims	Paid Claims		
17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	1,152	\$ 675,076.84	1,152	100%	\$ 188,242.75

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

c	Total reimbursements from Physicians/Surgeons due to collections from	Amount Reimbursed
	patient/third-party, county penalties, and settlements.	\$ 4,935.08

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

A description of the Physicians/Surgeons claims payment methodologies.

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

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

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

An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
County of San Luis Obispo Health Agency	Sondra Stamboolian, Accountant III
Phone Number	Email Address
(805) 781-4876	sstamboolian@co.slo.ca.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



I 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)		
			All	owable Claims		Paid Cl	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
				1000000				
	c	If allowable claims were not paid during fisc	al year, .	July 1, 2016-June 30	, 2017, stat	te reason(s):	
	a	Direct disharmond of Marie 1					Amount	
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals)	pital claim	s are paid on a claims	basis.		\$ 88,443.84	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thin	d-party,	Amoun	nt Reimbursed	
	21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If j and go to #22)				es (If no, go to	☑ No 2 #21d)	
			All	owable Claims		Paid Cl	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	J			0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
				Amount				
	d	Direct disbursement to Hospitals. (N/A if hospitals to Heave blank and go to #22e)	pital claim	s are paid on a claims	basis.		\$ 88,656.37	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ons from patient/thin	d-party,	Amour	nt Reimbursed	
	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund rep be submitted concurrently)							
		☐ A description of the hospitals payment	methodo	logies.				
	23	Responsibility for claims payments to Hospi	tals:	Contact (Name	Title)			
		Entity County of San Luis Obispo Health Age	ency	Contact (Name and Sondra Stambo		countant	Ш	
		Phone Number (805) 781-4876		Email Address	co.slo ca	us		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



			E. CALFORNIA D
I Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)	2-14	Assessment).	\$ 52,496.20
	b	Description of other EMS services provided:	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		(Supplemental Assessment). (If fund not established, leave blank)	\$ 52,622.34
	b	Description of other EMS services provided:	



VII	F	und	Sum	ma	ry
-----	---	-----	-----	----	----

Maddy	EMS Fund
(Original	Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 159,162.16	\$ 159,162.16
Deposits for July 1, 2016-June 30, 2017	\$ 351,211.24 (5c)	\$ 510,373.40
Interest for July 1, 2016-June 30, 2017	\$ 594.53	\$ 510,967.93
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	\$ 510,967.93

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 19,535.08 (9a)		\$ 19,535.08	\$ 19,535.08 (13)
Physicians/Surgeons (58%)	\$ 249,520.59 (9b)	\$ 0.00 (9b)	\$ 249,520.59	\$ 187,791.50 (16a)
Hospitals (25%)	\$ 165,513.69	\$ 0.00 (9c)	\$ 165,513.69	\$ 0.00 (20b Pd) \$ 88,443.84 (20d)
Other Discretionary EMS (17%)	\$ 52,496.20 (9d)	\$ 0.00 (9d)	\$ 52,496.20	\$ 52,496.20 (24a)
Total	\$ 487,065.56 (9e)	\$ 0.00 (9e)	\$ 487,065.56	\$ 348,266.62
Preliminary Fund Balance (Fund Total - Total Expenditures)			10 mm	\$ 162,701.31

Reimbursements		
Physicians/Surgeons	\$ 4,923.24 (16c)	\$ 167,624.55
Hospitals	\$ 0.00 (20e)	\$ 167,624.55
Ending Balance for Total Available Funds as of June 30, 2017		\$ 167,624.55

Signature of Maddy EMS Fund Administrator

ANOUND THE

Printed Name & Title

1/2016 Date

sstambolian@

Co. So. Ca

Physicians/Surgeons

Ending Balance for Total Available

Hospitals

Funds as of June 30, 2017



Available Funds

VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 196,187.65 (2c)	\$ 196,187.65
Deposits for July 1, 2016- June 30, 2017	\$ 352,052.08 (6c)	\$ 548,239.73
Interest for July 1, 2016-June 30, 2017	\$ 595.95 (10a)	\$ 548,835.68
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 548,835.68

Distributions/Expenditures	Category Distributions	Reserve (Optional)	for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 19,582.03 (11a)		\$ 19,582.03	\$ 19,582.03
Richie's Fund (15%)	\$ 83,555.45 (11b)		\$ 83,555.45	\$ 51,245.34 (15)
Physicians/Surgeons (58%)	\$ 250,120.16 (11c)	\$ 0.00 (11c)	\$ 250,120.16	\$ 188,242.75 (17a)
Hospitals (25%)	\$ 165,911.40	\$ 0.00	\$ 165,911.40	\$ 0.00 (21b Pd)
	(11d)	(11d)	,	\$ 88,656.37 (21 d)
Other Discretionary EMS (17%)	\$ 52,622.34 (11e)	\$ 0.00 (11e)	\$ 52,622.34	\$ 52,622.34 (25a)
Total	\$ 571,791.38	\$ 0.00 (11f)	\$ 571,791.38	\$ 400,348.83
Preliminary Fund Balance (Fund Total - Total Expenditures)	Control of the contro		The state of the s	\$ 148,486.85
Reimbursements				

Sondra Jamboslian

MJYa StambooliaY

\$ 4,935.08

\$ 0.00

(17c)

Printed Name & Title

H3 2018

\$ 153,421.93

\$ 153,421.93

\$ 153,421.93

Sstambooliana

Co. Slo. Ca. US

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency		nty Department n Mateo County - Emergency Medical Services	County Contact (Name and Ti Nancy Lapolla, EMS Direc	100 miles	
			Iress (Number and Street) 1 Gateway Blvd.	Phone Number 1(650) 573-2579		
		97,773	y or Post Office, State, and ZIP Code uth San Francisco, CA, 94080	Email Address nlapolla@smcgov.org		
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
			Date fund established.		01/01/1991	
		c	Fund balance on July 1, 2016.		\$ 2,405,892.05	
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.	1	01/01/2010	
		c	Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s): San Mateo County has both original and suppl (see above).			
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 386,568.19	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 394,518.63	
		e		Vehicle Code § 42007	\$ 846,056.84	
		d		Total	\$ 1,627,143.66	
		4	Responsibility for collection of fines, penalties, and fo			
			Entity	Contact (Name and Title)		
			San Mateo Courts Phone Number 650-261-5046	Steven Chang, Finance D Email Address StevenChang@sanmateo		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	a		Government Code § 76000 (Based on GC § 76104)	\$ 386,568.19
	b		Vehicle Code § 42007	\$ 420,583.00
	c		Total	\$ 807,151.19
	d	If no deposits into Maddy EMS Fund, state reason(s)		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	\$ 394,519.00
	b		Vehicle Code § 42007	\$ 425,474.00
	c		Total	\$ 819,993.00
	7	Responsibility for deposit of penalty assessments: Entity San Mateo Courts	Contact (Name and Title) Steven Chang, Finance Dire	ector
	7	Entity	Contact (Name and Title) Steven Chang, Finance Dire Email Address StevenChang@sanmateoco	
V Maddy EMS Fund Category	7	Entity San Mateo Courts Phone Number	Steven Chang, Finance Dire	
		Entity San Mateo Courts Phone Number 650-261-5046	Steven Chang, Finance Dire	
Fund Category		Entity San Mateo Courts Phone Number 650-261-5046	Steven Chang, Finance Directors Email Address StevenChang@sanmateoco	Ourt.org Interest and Other Deposits
Fund Category	8	Entity San Mateo Courts Phone Number 650-261-5046 Maddy EMS Fund (Original Assessment)	Steven Chang, Finance Directors Email Address StevenChang@sanmateoco 30, 2017.	Ourt.org Interest and Other Deposits
Fund Category	8 a	Entity San Mateo Courts Phone Number 650-261-5046 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	Steven Chang, Finance Directors Email Address StevenChang@sanmateoco 30, 2017.	Interest and Other Deposits \$ 11,798.00
Fund Category	8 a b	Entity San Mateo Courts Phone Number 650-261-5046 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	Steven Chang, Finance Directors Email Address StevenChang@sanmateoco 30, 2017.	Interest and Other Deposits \$ 11,798.00
Fund Category	8 a b	Entity San Mateo Courts Phone Number 650-261-5046 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	Steven Chang, Finance Directors Email Address StevenChang@sanmateoco 30, 2017. 60, 2017. sits and the reason(s) for the depo	Interest and Other Deposits \$ 11,798.00
Fund Category	a b	Entity San Mateo Courts Phone Number 650-261-5046 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depo	Steven Chang, Finance Direct Email Address Steven Chang@sanmateoco. 30, 2017. 60, 2017. sits and the reason(s) for the deposition of th	Interest and Other Deposits \$ 11,798.00 sits:

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V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 341,200.06
Distributions	d	Other Discretionary EMS (17%)			\$ 232,016.0
(cont.)	e		otal	\$ 0.00	\$ 1,445,515.3
	10	Maddy EMS Fund (Supplemental Assessment) (If fund it	not establi	shed, leave blank and go to	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.		\$ 11,985.00
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.		
	c	If other deposits were made, provide the type of deposits	s and the	reason(s) for the depo	sits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	a b	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 70,929.33
		Richie's Fund (15%)			\$ 110,698.9
	c	Physicians/Surgeons (58%)			
	d e f	Hospitals (25%)			
		Other Discretionary EMS (17%)			
		т	otal	\$ 0.00	\$ 181,628.28
	12	Responsibility for category distributions:			
		Entity		Name and Title)	
			100	apolla, EMS Directo	ř.
		The state of the s	mail Add	Dsmcgov.org	
Expenditures &		1,000	аролац	gomegov.org	
Reimbursements	13	Total Administration expenditures from Maddy EMS Ft Assessment).	and (Ori	ginal	Amount \$ 81,894.89
	14	Total Administration expenditures from Maddy EMS Fu	and (Sun	plamantal	Amount
	17	Assessment). (If fund not established, leave blank and go to #10		решения	\$ 72,127.85
	15	Total Richie's Fund expenditures from Maddy EMS Fur	nd (Supr	lemental	Amount

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I Expenditures &			Alla	wable Claims		Paid	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(cont.)		from Maddy EMS Fund (Original Assessment).				0%	\$ 857,821.89
	b	If allowable claims were not paid during fisc	ate reason	(s):			
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amount Reimbursed \$ 51,523.30	
			Allo	wable Claims		Paid	Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed
		patient/third-party, county penalties, and set	tlements.		the Madd		
	c 18	patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	tlements. e below doca	umentation is part of			
		patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeon.	tlements. ne below docus s claims pa	umentation is part of	gies.	EMS Fun	d report, and <u>must</u>
		patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	tlements. ne below docus s claims pa	umentation is part of	gies.	EMS Fun	d report, and <u>must</u>
		patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon. A statement of the policies, procedures,	tlements. The below documents of the second	umentation is part of yment methodolog tory action taken t	gies. o implen ation, or	EMS Fun	d report, and <u>must</u> administer the specific
		patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently) ☑ A description of the Physicians/Surgeon ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho	tlements. The below documents of claims particular and regular spitals admistrators of the control of the cont	umentation is part of yment methodolog tory action taken t ninistrator organiz contacted to review	gies. o implen ation, or claims [eEMS Fun	d report, and must administer the specific nethodologies.
		patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) ☑ A description of the Physicians/Surgeon. ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin ☐ A description of the process used to solid	tlements. The below documents of claims particular and regular spitals admistrators of the cit input from t	umentation is part of yment methodolog tory action taken t tinistrator organiz contacted to review om Physicians/Sur	gies. o implen ation, or claims [eEMS Fun	d report, and <u>must</u> administer the specific nethodologies.
		patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) ☑ A description of the Physicians/Surgeons ☐ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Hospital admin ☐ A description of the process used to solid payment distribution methodology.	tlements. The below documents claims particularly and regularly administrators of the country o	umentation is part of yment methodolog tory action taken t tinistrator organiz contacted to review om Physicians/Sur	gies. o implen ation, or claims [eEMS Fun	d report, and must administer the specific nethodologies.
	18	patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon. A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin Physicians/Surgeons and Hospital admin A description of the process used to solid payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physic Entity	tlements. The below docousts claims partials admistrators of the country of the	umentation is part of yment methodolog tory action taken t ainistrator organiz contacted to review om Physicians/Sur unty. ons:	gies. o implen ation, or claims p geons an	nent and a names of payment n	d report, and must administer the specific nethodologies.
	18	Patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physic Entity San Mateo County - EMS	tlements. The below documents of the column strators of the column	umentation is part of yment methodolog tory action taken t tinistrator organiz contacted to review om Physicians/Sur unty. ons: ntact (Name and T ancy Lapolla, E	gies. o implen ation, or claims p geons an	nent and a names of payment n	d report, and must administer the specific nethodologies.
	18	patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeon. A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin Physicians/Surgeons and Hospital admin A description of the process used to solid payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physic Entity	tlements. The below docases claims parand regular spitals admistrators continue from the continue fr	umentation is part of yment methodolog tory action taken t ainistrator organiz contacted to review om Physicians/Sur unty. ons:	gies. o implen ation, or y claims p geons an Fitle) MS Dire	nent and a names of payment n	d report, and <u>must</u> administer the specific nethodologies.

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I Expenditures & Reimbursements (cont.)	20a	a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					☐ Yes ☑ No (If no, go to #20d)		
			All	owable Claims		Paid C	laims		
			#	\$ Amount	#	%	S Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during	fiscal year, J	July 1, 2016-June 30	, 2017, sta	te reason(s):		
	d	Direct disbursement to Hospitals. (N/A if	hospital claim	s are paid on a claims	basis.		Amount 209,724.31		
		Leave blank and go to #21e)				Ψ	200,124.01		
	e ·	Total reimbursements from Hospitals duccounty penalties, and settlements.	e to collectio	ns from patient/thin	rd-party,	Amour	nt Reimbursed		
	21a	Indicate if Hospital claims are paid on a c EMS Fund (Supplemental Assessment). and go to #22)		Yes					
		Allowable Claims				Paid Claims			
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)					Amount		
	e	Total reimbursements from Hospitals due county penalties, and settlements.	e to collectio	ns from patient/thin	d-party,	Amoun	nt Reimbursed		
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and be submitted concurrently)					report, and must		
		A description of the hospitals paymen		ogies.					
	23	Responsibility for claims payments to Hos Entity San Mateo County - EMS	spitals:	Contact (Name and Nancy Lapolla, E		ctor			
		Phone Number 1(650) 573-2579		Email Address nlapolla@smcgc		II CCLOI			

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VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 584,292.26
		b	Description of other EMS services provided:	-
			Amount	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	
			1	

	Beginning Fund	Deposits	Disbursement	Remaining Fund
	Balance			Balance
Physicians (58%)	537,445	803,999	806,299	535,145
Hospital (25%)	419,449	346,551	209,724	556,275
Other EMS (17%)	1,367,129	235,655	584,292	1,018,492
Administration (10%)	0	154,023	154,023	0
Richies Fund	81,869	110,699	0	192,568
TOTAL	2,405,892	1,650,926	1,754,338	2,302,481

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

I	Administering Agency		unty Department anta Barbara County EMS Agency	County Contact (Name and T Nicholas Clay	Title)
		Address (Number and Street) 300 N San Antonio Rd Phone Number 805-681-5394			
			y or Post Office, State, and ZIP Code anta Barbara, CA 93110	Email Address Nicholas.Clay@sbcphd.c	org
п	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (C	Priginal Assessment)?	☑ Yes ☐ No
		b	Date fund established.		01/01/2005
		c	Fund balance on July 1, 2016.		\$ 6,280.00
		d	If the Maddy EMS Fund beginning balance on July state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,
	2.8		Has the agency established the Maddy EMS Fund (Supplemental Assessment)?		Yes No
		b	Date fund established.		01/01/2009
		c	Fund balance on July 1, 2016.		\$ 907,841.00
111	Collections of Penalty	3	If the Maddy EMS Fund beginning balance on July state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute	
	Assessments	a	Sacute.	Government Code § 76000	Collections \$ 9,844.75
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 452,206.94
		c		Vehicle Code § 42007	\$ 50,543.29
		d		Total	\$ 512,594.98
		4	Responsibility for collection of fines, penalties, and for	rfeitures:	
			Entity	Contact (Name and Title)	
			Superior Court, County of Santa Barbara Phone Number	Marc Ybarra, supervisor Email Address	
			805-882-4677	mybarra@sbcourts.org	

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IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	а		Government Code § 76000 (Based on GC § 76104)	\$ 9,297.00
	b		Vehicle Code § 42007	\$ 21,290.00
	c		Total	\$ 30,587.00
	d	If no deposits into Maddy EMS Fund, state reason(s)		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a	Control of the second of the s	Government Code § 76000.5	\$ 415,452.00
	ь		Vehicle Code § 42007	\$ 28,042.00
	c		Total	\$ 443,494.00
	7	Responsibility for deposit of penalty assessments: Entity Superior Court, County of Santa Barbara	Contact (Name and Title) Marc Ybarra, supervisor	
		Phone Number 805-882-4677	Email Address mybarra@sbcourts.org	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	\$ 64.00	
	b	Other deposits during fiscal year, July 1, 2016-June 30		
	c	If other deposits were made, provide the type of depos	its and the reason(s) for the depo	sits:
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	gories Reserve	Category Distributions
	а	Administration (Admin cost equal to the lesser of actu- or 10%)	al cost	\$ 3,066.00
	b	Physicians/Surgeons (58%)		\$ 16,000.00

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V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 17,865.00	
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 0.00	
(cont.)	e		Total	\$ 0.00	\$ 36,931.00	
	10	Maddy EMS Fund (Supplemental Assessment) (Iffin	nd not establi	ished, leave blank and go	to #12)	
					Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.		\$ 6,568.00	
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 0.00	
	c	If other deposits were made, provide the type of depos	reason(s) for the dep	osits:		
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions	
	а	Administration (Admin cost equal to the lesser of actu- cost or 10%)	al		\$ 49,379.00	
	b	Richie's Fund (15%)			\$ 47,228.00	
	c	Physicians/Surgeons (58%)		\$ 218,563.00		
	d	Hospitals (25%)			\$ 173,174.00	
	e	Other Discretionary EMS (17%)			\$ 61,466.00	
	f	The second secon	Total	\$ 0.00	\$ 549,810.00	
	12	Responsibility for category distributions:				
		ACCRECATE OF A CARD COLOR OF A	Contact (N Nicholas	ame and Title) Clay		
		Phone Number Email Address			7563	
VI Expenditures &	-	805-681-5394	Nicholas.	Clay@sbcphd.org		
Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount \$ 3,066.00	
	53				Amount	
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)			\$ 49,379.00	
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ınd (Suppl	emental	Amount	
		Assessment). (If fund not established, leave blank and go to #	16a)	144.14	\$ 47,228.00	

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/I Expenditures &			1			200	AUFORNA	
Reimbursements (cont.)	ts			wable Claims			Claims	
	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	S Amount	#	%	S Amount	
		Assessment).	776	\$ 16,000.00	776	100%	\$ 16,000.00	
	b	If allowable claims were not paid during fis	, 2017, sta	te reason	(s):			
	ć	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amount Reimbursed		
			Allov	wable Claims		Paid (Claims	
	17a		#	S Amount	#	%	S Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	10,308	\$ 218,563.00	10,308	100%	\$ 218,563.00	
	c	Total reimbursements from Physicians/Surg	eons due to	collections from		Amoun	t Reimbursed	
		patient/third-party, county penalties, and set	ilties, and settlements.			\$ 9,849.00		
	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 pay	ment methodologi	es.			
		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 coun	nty.				
	19	Responsibility for claims payments to Physici	ans/Surgeon	s:				
		Entity	175,000,00	act (Name and Ti	tle)			
		Emergency Medical Conject Agency						
		Emergency Medical Services Agency		holas Clay				
		Phone Number 805-681-5394	Emai	holas Clay il Address holas.Clay@sbo	1. OAAn	_		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a cl EMS Fund (Original Assessment).	aims basis f	or the Maddy	E	Yes (If no, go	No to #20d)	
			Allo	wable Claims		Paid C	laims	
			#	S Amount	#	%	S Amount	
	b	Total Hospitals expenditures.	1,049	\$ 11,928.00	1,049	100%	\$ 11,928.00	
	c	If allowable claims were not paid during fi	scal year, Ju	ıly 1, 2016-June 30	0, 2017, sta	te reason((s):	
	d	Direct disbursement to Hospitals. (N/A if he	espital claims	are paid on a claims	hasis		Amount	
	7	Leave blank and go to #21e)	Sprint Children	are paid on a crains	Dusis.		\$ 5,937.00	
	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 cla EMS Fund (Supplemental Assessment). (If and go to #22)	1000	Yes				
		Allowable Claims		Paid Claims		aims		
			#	S Amount	#	%	S Amount	
	b	Total Hospitals expenditures.	7,023	\$ 79,614.00	7,023	100%	\$ 79,614.00	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
			u X.3 A L.	a di e agli di Gili	w.	A	mount	
	d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims bat Leave blank and go to #22e)				asis.		\$ 93,560.00	
	e Total reimbursements from Hospitals due to collections from patient/thin					Amount	Reimbursed	
		county penalties, and settlements.		7,000,000,000,000			\$ 0.00	
		Required documentation for submission. (7)	the Maddy E	EMS Fund i	report, and must			
		A description of the hospitals payment		les.				
	1	Entity Emergency Medical Services Agency	Co	ontact (Name and i	Title)			
	ī	Phone Number 805-681-5394	Er	nail Address icholas.Clay@s	boohd or	d org		

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VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount				
	(cont.)		Assessment).	\$ 0.00				
			CBCLC LIVING CO. L. C.					
		b	Description of other EMS services provided:					
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount				
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 61,466.00				
		b	Description of other EMS services provided:					
			to partially fund trauma manager, medical CQI coordinator and medical dir	ector.				
			The last of the property of th	0.450				

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VII Fund Summary

Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 6,280.00 (1c)	\$ 6,280.00
Deposits for July 1, 2016-June 30, 2017	\$ 30,587.00 (Sc)	\$ 36,867.00
Interest for July 1, 2016-June 30, 2017	\$ 64.00	\$ 36,931.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (86)	\$ 36,931.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 3,066.00		\$ 3,066.00	\$ 3,066.00 (13)
Physicians/Surgeons (58%)	\$ 16,000.00 (9b)	\$ 0.00 (9b)	\$ 16,000.00	\$ 16,000.00 (16a)
Hospitals (25%)	\$ 17,865.00	\$ 0.00	\$ 17,865.00	\$ 11,928.00 (20b Pd) \$ 5,937.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 36,931.00 (9e)	\$ 0.00	\$ 36,931.00	\$ 36,931.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 0.00
Hospitals		\$ 0.00 (20e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017				\$ 0.00

Signature of Maddy EMS Fund Administrator

Mick Clay, EMS Agency Director
Printed Name & Title

Date



VII Fund Summary (cont.)

	Maddy EM (Supplemental A			
	Available Funds fo	or Distribution		Fund Total
Balance on July 1, 2016	\$ 907,	841.00		\$ 907,841.00
Deposits for July 1, 2016- June 30, 2017	\$ 443,	494.00 (6c)		\$ 1,351,335.00
Interest for July 1, 2016-June 30, 2017	\$ 6,	568.00 (10a)		\$ 1,357,903.00
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00		\$ 1,357,903.00
Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 49,379.00 (11a)		\$ 49,379.00	\$ 49,379.00 (14)
Richie's Fund (15%)	\$ 47,228.00 (11b)		\$ 47,228.00	\$ 47,228.00 (15)
Physicians/Surgeons (58%)	\$ 218,563.00 (11c)	\$ 0.00 (11c)	\$ 218,563.00	\$ 218,563.00 (17a)
Hospitals (25%)	\$ 173,174.00	\$ 0.00	\$ 173,174.00	\$ 79,614.00 (216 Pd)
	(11d)	(11d)	1,11,51,11,10	\$ 93,560.00 (21d)
Other Discretionary EMS (17%)	\$ 61,466.00 (11e)	\$ 0.00 (11e)	\$ 61,466.00	\$ 61,466.00 (25a)
			The second secon	

(Fund Total - Total Expenditures)		\$ 808,093.00
Reimbursements		
Physicians/Surgeons	\$ 9,849.00 _(17c)	\$ 817,942.00
Hospitals	\$ 0.00 (21e)	\$ 817,942.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 817,942.00

\$ 549,810.00

Total

Signature of Maddy EMS Fund Administrator

\$ 0.00

\$ 549,810.00

\$ 549,810.00

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

ī	Administering	Co	unty Department	County Contact (Name and 1	Title)	
	Agency	S	SCVHHS Finance/Reimbursement Department Pearly Epp, Maddy Fund		•	
		Ad	dress (Number and Street)	Phone Number		
		23	25 Enborg Lane, Suite 360	408-885-6889		
		Cit	y or Post Office, State, and ZIP Code	Email Address		
		Sa	n Jose, CA 95128	Pearly.Epp@hhs.sccgov	.org	
ΙΙ	Establishment of Fund	1 a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes □ No	
		Ь	Date fund established.		01/31/1989	
		c	Fund balance on July 1, 2016.		\$ 2,111,294.31	
	**	ď	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):			
			See ATTACHMENT.			
		2a	Has the agency established the Maddy EMS Fund (St	upplemental Assessment)?	□ Yes □ No (If no, go to #3)	
		b	Date fund established.		04/10/2007	
		c	Fund balance on July 1, 2016.		\$ 0.00	
		d	If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):			
			See ATTACHMENT	**************************************		
[]]	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	2		Government Code § 76000	\$ 330,216.81	
	•	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,204,180.14	
		c		Vehicle Code § 42007	\$ 273,017.02	
		d		Total	\$ 1,807,413.97	
		4	Responsibility for collection of fines, penalties, and for	rfeitures:		
			Entity	Contact (Name and Title)		
			Superior Court of CA-County of Santa Clara	Stephanie A. Gomez, Dire	ctor of Finance	
			Phone Number 408-882-2871	Email Address SGomez@scscourt.org		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



īV	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
	Fund .	a		Government Code § 76000 (Based on GC § 76104)	\$ 330,216.81		
		b		Vehicle Code § 42007	\$ 273,017.02		
	,	c		Total	\$ 603,233.83		
		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		
		2		Government Code § 76000.5	\$ 1,204,180.14		
		ь		Vehicle Code § 42007			
		c		Total	\$ 1,204,180.14		
				3			
		d	If no deposits into Maddy EMS Fund, state reason(s): See ATTACHMENT.				
	*	7	Responsibility for deposit of penalty assessments:				
			1	Contact (Name and Title) Marilou Mutuc, Accountant	Ш		
			Phone Number	Email Address			
		.*	408-299-5249	Marilou.Mutuc@fin.sccgov	.org		
V	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)				
	Distributions		*		Interest and Other Deposits		
		2	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.	\$ 20,041.92		
		b	Other deposits during fiscal year, July 1, 2016-June 30,		\$ 911,609.91		
					? 		
	* ;	c	If other deposits were made, provide the type of deposit See ATTACHMENT.	ts and the reason(s) for the dep	osits:		
		9	Total amount of funds distributed to the specified categ for the period July 1, 2016-June 30, 2017.	gories Reserve (Optional)	Category Distributions		
				al cost	\$ 135,593.90		
		2	Administration (Admin cost equal to the lesser of actua or 10%)	11 CUS	\$ 130,030.30		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount			
			Assessment).	\$ 277,611.40			
			₽				
		b	Description of other EMS services provided:				
			See ATTACHMENT.				
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount			
		232	(Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00			
		b	Description of other EMS services provided:				
	,		See ATTACHMENT.				
				·			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



Ĭ	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			Yes No (If no, go to #20d)				
				Allowable Claims			Paid Claims			
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.	323	\$ 9,881,820.	323	100%	\$ 408,252.05		
ļ		c	If allowable claims were not paid during fise See ATTACHMENT.	, 2017, sta	te reason(s):				
		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							
		¢	Total reimbursements from Hospitals due to county penalties, and settlements.	ns from patient/thir	rd-party, Amount Reimbur \$ 0.0		nt Reimbursed \$ 0.00			
		21a	Indicate if Hospital claims are paid on a cla EMS Fund (Supplemental Assessment). (If and go to #22)	1 -	Yes INO (If no, go to #21d)					
				Alle	owable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
	*	b	Total Hospitals expenditures.	<u> </u>			0%			
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
		d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #22e)	basis.		Amount				
		c	Total reimbursements from Hospitals due to county penalties, and settlements.	o collectio	ns from patient/thir	d-party,	Amou	nt 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 Hosp Entity Santa Clara Valley Health & Hospital		Contact (Name and Pearly Epp, REII	•	MGR/AS	SST CTRL		
			Phone Number		Email Address Pearly Enn@hbs					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



V Maddy EMS				\$ 0.00	\$ 408,252.05			
Fund Category Distributions	C	Hospitals (25%)		\$ 0.00	\$ 277,611.40			
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00				
	e 10	Total \$ 0.00 \$ 1,788,104.89 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)						
					Interest and Other Deposits			
	24 a .	Interest earned during fiscal year, July 1, 2016-June 30, 2017.			\$ 0.00			
	b	Other deposits during fiscal year, July 1, 2016-June	-\$ 1,011,839.75					
	Ċ.	If other deposits were made, provide the type of deposits and the reason(s) for the deposits: See ATTACHMENT.						
	11 a b c d c f	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017. Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%) Other Discretionary EMS (17%)		Reserve (Optional)	Category Distributions			
					\$ 0.00 \$ 192,340.39 \$ 0.00 \$ 0.00			
				\$ 0.00				
				\$ 0.00				
				\$ 0.00	\$ 0.00			
			Total	\$ 0.00	\$ 192,340.39			
		Responsibility for category distributions: Entity Contact (Name and Title)						
		Santa Clara Valley Health & Hospital System	1	pp, REIMBMNT MO	AGR/ASST CTRL			
		Phone Number 408-885-6889	Email Address Pearly.Epp@hhs.sccgov.or		1.			
I Expenditures &	9							
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (Or	iginal	Amount \$ 135,593.90			
	14	oplementai —	Amount					
		Assessment). (If fund not established, leave blank and go to		\$ 0.00				
	15	Total Richie's Fund expenditures from Maddy EMS	plemental	Amount				
		Assessment). (If fund not established, leave blank and go to	#16a)		\$ 192,340.39			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



Th + 1			Allov	Allowable Claims		Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#			%	\$ Amount	
(, , ,		from Maddy EMS Fund (Original Assessment).	63,446	\$ 19,464,75	58,9 5	93%	\$ 966,647.54	
	b	If allowable claims were not paid during fisc See ATTACHMENT.	al year, July	y 1, 2016-June 30,	2017, stat	e reason	(s):	
c	c	Total reimbursements from Physicians/Surg		collections from		Amount Reimbursed \$ 21,165.00		
		Alloy	wable Claims		Paid Claims			
	172	Total Physicians/Surgeons expenditures	#	S Amount	#	%	S Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	0	\$ 0.00	0	0%	\$ 192,340.39	
	c	Total reimbursements from Physicians/Surg		collections from		Amou	int Reimbursed	
	40	patient/third-party, county penalties, and set						
	18	Required documentation for submission. (Th	re below do cu			C146 E	\$ 0.00	
		be submitted concurrently)		mentotion is part of i	he Maddy I	EMS Fun		
		A description of the Physicians/Surgeon	s claims pay		-	EMS Fun		
		_	, -	yment methodolog	ies.		d report, and <u>must</u>	
		 ☑ A description of the Physicians/Surgeon ☑ A statement of the policies, procedures, 	and regulat	yment methodolog ory action taken to inistrator organiza	ies. o impleme ation, or n	ent and a	ad report, and <u>must</u> administer the	
		 ✓ A description of the Physicians/Surgeon ✓ A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Ho 	and regulat spitals adm nistrators c	yment methodolog ory action taken to inistrator organiz: ontacted to review	ies. o impleme ation, or n claims pa	ent and a names of names of	ad report, and <u>must</u> administer the specific nethodologies.	
		 A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin A description of the process used to solice 	and regulat spitals adm nistrators c	yment methodolog ory action taken to inistrator organiza ontacted to review om Physicians/Surg	ies. o impleme ation, or n claims pa	ent and a names of names of	ad report, and <u>must</u> administer the specific nethodologies.	
	19	 A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin A description of the process used to solid payment distribution methodology. 	and regulat spitals adm nistrators co cit input fro d by the cou	yment methodolog fory action taken to inistrator organiza ontacted to review om Physicians/Surg	ies. o impleme ation, or n claims pa	ent and a names of names of	ad report, and <u>must</u> administer the specific nethodologies.	
	19	 A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin A description of the process used to solio payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physic Entity 	and regulat spitals adm nistrators co cit input fro d by the cou	yment methodolog fory action taken to inistrator organiza ontacted to review om Physicians/Surg unty. ons:	ies. o implementation, or no claims pageons and	ent and a names of nyment r Hospita	ad report, and <u>must</u> administer the specific nethodologies.	
	19	 A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admir A description of the process used to solid payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physical admiration of the fee schedule used	and regulat spitals adm nistrators co cit input fro d by the cou fans/Surgeo Coo System Pe	yment methodolog fory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	ies. o implementation, or no claims pageons and	ent and a names of nyment r Hospita	ad report, and <u>must</u> administer the specific nethodologies.	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8



V	H	F	nn	d	S	um	ms	rv
•		-	-		•	-	***	•• .7

Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total	
Balance on July 1, 2016	\$ 2,111,294.31 (1c)	\$ 2,111,294.31	
Deposits for July 1, 2016-June 30, 2017	\$ 603,233.83 _(5c)	\$ 2,714,528.14	
Interest for July 1, 2016-June 30, 2017	\$ 20,041.92 (8a)	\$ 2,734,570.06	
Other Deposits for July 1, 2016-June 30, 2017	\$ 911,609.91 _(8b)	\$ 3,646,179.97	

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 135,593.90 (94)		\$ 135,593.90	\$ 135,593.90
Physicians/Surgeons (58%)	\$ 966,647.54 (9b)	\$ 0.00 (%)	\$ 966,647.54	\$ 966,647.54 (/6a)
Hospitals (25%)	\$ 408,252.05	\$ 0.00	\$ 408,252.05	\$ 408,252.05 (206 Pd) \$ 0.00 (204)
Other Discretionary EMS (17%)	\$ 277,611.40	\$ 0.00 (%)	\$ 277,611.40	\$ 277,611.40 (24e)
Total	\$ 1,788,104.8!	\$ 0.00 (%)	\$ 1,788,104.8	\$ 1,788,104.89
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,858,075.08

Reimbursements		
Physicians/Surgeons	\$ 21,165.00 (16c)	\$ 1,879,240.08
Hospitals	\$ 0.00	\$ 1,879,240.08
Ending Balance for Total Available Funds as of June 30, 2017		\$ 1,879,240.08

nd Administrator

Email Address
Pearly Gpp@hhs.
scc.gov

STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available Funds as of June 30, 2017



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds fo	r Distribution		Fund Total
Balance on July 1, 2016		\$ 0.00 (2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 1,204;	180.14 (6c)	-	\$ 1,204,180.14
Interest for July 1, 2016-June 30, 2017		\$ 0.00 (10a)		\$ 1,204,180.14
Other Deposits for July 1, 2016-June 30, 2017	-\$ 1,011,8	339.75 (10b)		\$ 192,340.39
Distributions/Expenditures	Category Distributions	Reserve	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%)	\$ 192,340.39		\$ 192,340.39	\$ 192,340.39
Physicians/Surgeons (58%)	\$ 0.00 (Ue)	\$ 0.00 (11a)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
	(114)	(118)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (13e)	\$ 0.00	\$ 0.00	\$ 0.00 (25a)
Total	\$ 192,340.39	\$ 0.00 (11)	\$ 192,340.39	\$ 192,340.35
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements			1	
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals	en e	\$ 0.00		\$ 0.00

No. Manager Pearly. Sept 8

Fitte Email Address

Why. Scu. 904 Signature of Maddy EMS Fund Administrator

(210)

\$0.00

ATTACHMENT

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

Section II - Question 1d

If the Maddy EMS Fund (Original Assessment) beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):

The FY15-16 EMSA 801 Report reflected the full fund cycle which started on July 1, 2015 and completed April 15, 2017. This FY16-17 EMSA 801 Report reflects a snapshot of all collections and disbursements during the fiscal year beginning July 1, 2016 and ending June 30, 2017 - beginning with the actual fund balance according to our records on July 1, 2016.

Section II - Question 2d

If the Maddy EMS Fund (Supplemental Assessment) beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s):

The Supplemental Assessment is managed in the same Fund as the Original Assessment, so separate balance totals for these Assessments have never been maintained.

Section IV - Question 6d

If no deposits into the Maddy EMS Fund (Supplemental Assessment), state reason(s):

The revenue generated under VC §42007 is not differentiated between the Original Assessment and Supplemental Assessment, so all of it is recognized under the Original Assessment: hence the zero balance for (6b).

Section V – Question 8c

If other deposits were made [under the Original Assessment], provide the type of deposits and the reason(s) for the deposits:

Recognizing the merging of the Supplemental Assessment with the Original Assessment, plus some adjustments for vendor reconciliation, internal receivables accrual, application of IC-IT Services expenses, and other similar entries.

ATTACHMENT

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

Section V - Question 10c

If other deposits were made [under the Supplemental Assessment], provide the type of deposits and the reason(s) for the deposits:

Interest & other deposits are not differentiated between the Original Assessment & Supplemental Assessment and are shown under the Original Assessment.

NOTE: (10b) presents a negative amount, which represents the transfer of this fiscal year's Supplemental Assessment balance to the Original Assessment. The amount is equal to the total collections under (6c) minus the Richie Fund distribution in (11b).

Section VI - Question 16b

If allowable claims were not paid during the fiscal year [under the Original Assessment], July 1, 2016-June 30, 2017, state reason(s):

Unpaid allowable claims were due to the claims using CPT Codes that were not present in the MediCal Rates Schedule, and therefore had no basis upon which to pay.

Section VI - Question 17b

If allowable claims were not paid during the fiscal year. [under the Supplemental Assessment], July 1, 2016-June 30, 2017, state reason(s):

The distribution of funds from the Supplemental Assessment and Original Assessment is merged, so all claims totals are presented together under question (16).

ATTACHMENT

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

Section VI - Question 20c

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

Please note that trauma care hospital provided claims records with incomplete trauma care charge data, so the "\$ Amount" total presented in (20b) is smaller than actually the case.

Section VI - Question 24b

Description of other EMS services provided [under the Original Assessment]:

The EMS Agency coordinates the EMS system for all of Santa Clara County (for both public and private sectors), which includes monitoring patient care, ensuring personnel competency, and upholding standards of care.

Section VI - Question 25b

Description of other EMS services provided [under the Supplemental Assessment]:

The distribution of funds from the Supplemental Assessment and Original Assessment is merged, so all claims totals are presented together under question (24).

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering	Cor	unty Department	County Contact (Name and T	itle)		
	Agency	Sa	inta Cruz County Health Services Agency	Christine Williams, Administrative Svc Manager			
		Ado	dress (Number and Street)	Phone Number			
		10	80 Emeline Ave, 2nd floor	831-454-7341			
		Cit	y or Post Office, State, and ZIP Code	Email Address	 -		
		Sa	nta Cruz, CA 95060	christine.williams@santac	cruzcounty.us		
_	<u>-</u> -						
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes □ No		
		b	Date fund established.		03/31/1992		
		c	Fund balance on July 1, 2016.		\$ 541,523.28		
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending balar	nce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	ipplemental Assessment)?	Yes No (If no, go to #3)		
		Ь	Date fund established.		04/13/2007		
		c Fund balance on July 1, 2016.			\$ 1,307,238.11		
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on.June 30, 2016,		
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	а	ominate)	Government Code § 76000	\$ 268,569.95		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 266,221.71		
		c		Vehicle Code § 42007			
		d		Total	\$ 534,791.66		
		4	Responsibility for collection of fines, penalties, and for Entity	rfeitures: Contact (Name and Title)			
			Auditor-Controller-Treasurer-Tax Collector	Pam Silbaugh, Accounting	Manager		
			Phone Number 831-454-2679	Email Address pam.silbaugh@santacruzc			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018)

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IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
I unu	а		Government Code § 76000 (Based on GC § 76104)	\$ 268,569.95
	b		Vehicle Code § 42007	
	c		Total	\$ 268,569.95
*	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	\$ 266,221.71
	b		Vehicle Code § 42007	
	c		Total	\$ 266,221.71
	d	If no deposits into Maddy EMS Fund, state reason(s):	:	
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Auditor-Controller-Treasurer-Tax Collector Phone Number	Pam Silbaugh, Accounting F	Manager ————————————————————————————————————
		831-454-2679	pam.silbaugh@santacruzco	
				ounty.us
Fund Category	8	Maddy EMS Fund (Original Assessment)		ounty.us
	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
Fund Category	8 a	Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.	Interest and
Fund Category				Interest and Other Deposits \$ 4,729.94
Fund Category	а	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.	Interest and Other Deposits \$ 4,729.94 \$ 350,000.00
Fund Category	a b	Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	0, 2017. sits and the reason(s) for the depo	Interest and Other Deposits \$ 4,729.94 \$ 350,000.00
Fund Category	a b	Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depos	o, 2017.	Interest and Other Deposits \$ 4,729.94 \$ 350,000.00
Fund Category	a b c	Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 36 If other deposits were made, provide the type of depos Transfer from Supplemental Assessment fund Total amount of funds distributed to the specified cate	o, 2017. sits and the reason(s) for the deposite Reserve (Optional)	Interest and Other Deposits \$ 4,729.94 \$ 350,000.00 sits: Category

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)			\$ 480,000.00
Distributions	d	Other Discretionary EMS (17%)			
(cont.)	e		Total	\$ 0.00	\$ 818,467.0
	10	Maddy EMS Fund (Supplemental Assessment) (Iffi	und not estab	lished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	e 30, 2017.		\$ 12,001.93
	b	Other deposits during fiscal year, July 1, 2016-June	30, 2017.	1	-\$ 350,000.00
		To do to the second of the sec		, , , , , , , , , , , , , , , , , , ,	
	С	If other deposits were made, provide the type of dep	osits and th	e reason(s) for the dep	osits:
		Transfer to Maddy fund. Claims paid out of M	laddy fund	l,	
	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%)		11	
	b	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f	· ·	Total	\$ 0.00	\$ 0.00
	12	Daniel Life Survey and All Control of the Control o			
	12	Responsibility for category distributions: Entity	Contact (Name and Title)	
		Santa Cruz County Health Services Agency		e Williams, Adminis	trative Svs Manage
		Phone Number	Email Ad	dress	<u>-</u>
		831-454-7341	christine	e.williams@santacru	zcounty.us
Expenditures &	13	Total Administration expenditures from Maddy EM	S Fund (On	iginal	Amount
Reimbursements 1	15	Assessment).	ığınışı		
Reimbursements					
Kennoursements					
Remoursements	14	Total Administration expenditures from Maddy EM		pplemental	Amount
Reimbursements	14	Total Administration expenditures from Maddy EM Assessment). (If fund not established, leave blank and go to		pplemental	Amount
Remoursements	14		o #16a)		Amount

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I Expenditures &				"			
Reimbursements			Allo	wable Claims		Paid	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	3,579	\$ 1,602,502.0	100	3%	\$ 338,467.0
	b	If allowable claims were not paid during fisc	cal year, Jul	y 1, 2016-June 30,	2017, sta	te reason	n(s):
	c	Total reimbursements from Physicians/Surg	reans due to	collections from		Amou	ınt Reimbursed
		patient/third-party, county penalties, and se			\$ 8,824.42		
			Allo	wable Claims		Paid	Claims
	17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental	#	\$ Amount	#	%	\$ Amount
		Assessment). (If fund not established, leave blank and go to #18)	0	\$ 0.00	0	0%	
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2016-June 30, 2	2017, stat	e reason	(s):
		We pay the Supplemental Assessment (Maddy Fund)	it fund clair	ms via transfer to	Origin:	al Asse	ssment Fund
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed

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

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

19 Responsibility for claims payments to Physicians/Surgeons:

Entity	Contact (Name and Title)
Santa Cruz County Health Services Agency	Christine Williams, Administrative Svs Manager
Phone Number	Email Address
831-454-7341	christine.williams@santacruzcounty.us

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 I 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)				
,										
			Allo	owable Claims		Paid C	laims			
			#	\$ Amount	#	%	\$ Amount			
	b	Total Hospitals expenditures.	S.			0%				
		If allowable alaims was not not down for	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	C	If anowable claims were not paid during fisca	ai year, J	ury 1, 2016-June 30	, 201 /, Sta	te reason(s):			
		Di. 4 11 1 4 17 16 1 000 100					Amount			
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital claims	are paid on a claims	basis.	\$	480,000.00			
	е	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thi	rd-party,	\$ 480,000.00 Amount Reimbursed				
	21 a	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			
			Allo	wable Claims		Paid Cl	aims			
			#	\$ Amount	#	%	\$ Amount			
	b	Total Hospitals expenditures.		_		0%				
	c	If allowable claims were not paid during fisca	, 2017, stat	e reason(s	s):					
	ď	Direct disbursement to Hospitals. (N/A if hospitals. Leave blank and go to #22e)	ital claims	are paid on a claims t	basis.	A	mount			
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thir	d-party,	Amoun	t Reimbursed			
	22	Required documentation for submission. (The be submitted concurrently)	EMS Fund	report, and <u>must</u>						
		A description of the hospitals payment m	ethodolo	gies.						
	23	Responsibility for claims payments to Hospita Entity Santa Cruz County Hoolth Sonioce Acc	C	Contact (Name and	-	introti:	Cyo Monasa			
		Santa Cruz County Health Services Age	-	Christine William Cmail Address	s, Aamin	ISTRATIVE	ovs ivianager			
		831-454-7341	10.6	christine.williams	@santac	ruzcouni	tv.us			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

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VII	Fund	Summary
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Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total			
Balance on July 1, 2016	\$ 541,523.28 <i>(Ic)</i>	\$ 541,523.28			
Deposits for July 1, 2016-June 30, 2017	\$ 268,569.95 (5c)	\$ 810,093.23			
Interest for July 1, 2016-June 30, 2017	\$ 4,729.94 (8a)	\$ 814,823.17			
Other Deposits for July 1, 2016-June 30, 2017	\$ 350,000.00 _(8b)	\$ 1,164,823.17			

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (9a)		\$ 0.00	\$ 0.00 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 338,467.01 (9b)	\$ 0.00 (9b)	\$ 338,467.01	\$ 338,467.01 (16a)
Hospitals (25%)	\$ 480,000.00	\$ 0.00	\$ 480,000.00	\$ 0.00 (20b Pd)
	(9c)	(9c)	·	\$ 480,000.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)
. Total	\$ 818,467.01 (9e)	\$ 0.00 (9e)	\$ 818,467.01	\$ 818,467.01
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 346,356.16

Reimbursements		
Physicians/Surgeons	\$ 8,824.42	\$ 355,180.58
Hospitals	\$ 0.00	\$ 355,180.58
Ending Balance for Total Available Funds as of June 30, 2017		\$ 355,180.58

Chusten MUUDVIII
Signature of Maddy EMS Fund Administrator

4/3/18 Date

Christine Williams, Admin Svs Mgr.
Printed Name & Title

Email Address

Christine. Williams & santa courcounty. Us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Reimbursements



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 1,307,238.11 (2c)	\$ 1,307,238.11
Deposits for July 1, 2016- June 30, 2017	\$ 266,221.71	\$ 1,573,459.82
Interest for July 1, 2016-June 30, 2017	\$ 12,001.93 (10a)	\$ 1,585,461.75
Other Deposits for July 1, 2016-June 30, 2017	-\$ 350,000.00 (10b)	\$ 1,235,461.75

istributions/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 <i>(14</i>)
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	\$ 0.00	\$ 0.00 (216 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 (11)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,235,461.75

Physicians/Surgeons	\$ 0.00 (17c)	\$ 1,235,461.75
Hospitals	\$ 0.00 (21e)	\$ 1,235,461.75
Ending Balance for Total Available Funds as of June 30, 2017		\$ 1,235,461.75

Signature of Maddy EMS Fund Administrator

4/3/18 Date

Christine William, Admin Sus Mar Printed Name & Title

Email Address

christine. Williams & Santa cruz

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

I			inty Department	County Contact (Name and Ti		
	Agency	_	SKIYOU COUNTY HHSA PUBLIC HEALTH D	DAWN WALTON, ADMIN	SERVIC	ES MANAG
			lress (Number and Street)	Phone Number		
			0 S MAIN STREET	530.841.2149		
		-	y or Post Office, State, and ZIP Code	Email Address		_
		YR	REKA CA 96097	DWALTON@CO.SISKIYO	YOU.CA.US	
II	II Establishment of Fund		Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	✓ Yes	□ No
		b	Date fund established.			
		c	Fund balance on July 1, 2016.		\$ 26	88,815.48
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	ice on Jun	e 30, 2016,
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes	■ No
		b	Date fund established.			
		c	Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on Jur	ne 30, 2016,
III	Collections of	3	Fines, penalties, and forfeitures collected under each			
	Penalty	_	statute.	Statute	Co	llections
	Assessments	a		Government Code § 76000	\$	136,986.09
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c		Vehicle Code § 42007		
		d		Total	\$	136,986.09
		4	Responsibility for collection of fines, penalties, and for Entity	Contact (Name and Title)		
			SISKIYOU COUNTY AUDITOR	JENNIE EBEJER		
			Phone Number 530.842.8030	Email Address JEBEJER@CO.SISKIYOU	J.CA.US	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



137 Day 14 1 1				
IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	a		Government Code § 76000 (Based on GC § 76104)	\$ 136,968.09
	b		Vehicle Code § 42007	
	c	<u> </u>	Total	\$ 136,968.09
	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
	7	Responsibility for deposit of penalty assessments:		
	7	Entity	Contact (Name and Title)	
	7		Contact (Name and Title) JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU.	CA.US
V Maddy EMS Fund Category		Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030	JENNIE EBEJER Email Address	CA.US
V Maddy EMS Fund Category Distributions	8	Entity SISKIOYOU COUNTY AUDITOR Phone Number	JENNIE EBEJER Email Address	Interest and
Fund Category		Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030 Maddy EMS Fund (Original Assessment)	JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU.	Interest and Other Deposits
Fund Category	8 a	Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU.	Interest and Other Deposits
Fund Category	8 a b	Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU. 60, 2017.	Interest and Other Deposits \$ 2,666.16
Fund Category	8 a	Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU. 60, 2017.	Interest and Other Deposits \$ 2,666.16
Fund Category	8 a b	Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU. 50, 2017. 51, 2017. Sits and the reason(s) for the depo	Interest and Other Deposits \$ 2,666.16
Fund Category	8 a b	Entity SISKIOYOU COUNTY AUDITOR Phone Number 530.842.8030 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of depos	JENNIE EBEJER Email Address JEBEJER@CO.SISKIYOU. 50, 2017. 51, 2017. Sits and the reason(s) for the depo	Interest and Other Deposits \$ 2,666.16 sits:

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



	•			
c	Hospitals (25%)			\$ 67,396.01
d	Other Discretionary EMS (17%)			
e	T	otal	\$ 0.00	\$ 227,305.48
10	Maddy EMS Fund (Supplemental Assessment) (If fund n	ot establ	ished, leave blank and go t	o #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, 2	2017.		
c	If other deposits were made, provide the type of deposits	s and the	e reason(s) for the depo	osits:
			•	
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 f	Other Discretionary EMS (17%)			
	T	otal	\$ 0.00	\$ 0.00
12	Responsibility for category distributions:			<u>-</u>
	Entity	Contact ((Name and Title)	
	Phone Number E	mail Ad	Idress	
	Table I de la company de la co	1.00		Amount
13	Assessment).	rginai	\$ 6,453.33	
14	Total Administration expenditures from Maddy EMS F	und (Sn	nnlemental	Amount
- •	Assessment). (If fund not established, leave blank and go to #1-		F	
-	d e 10 a b c 11 a b c f	d Other Discretionary EMS (17%) e Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actual cost or 10%) b Richie's Fund (15%) c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) f Total Administration expenditures from Maddy EMS F Assessment).	d Other Discretionary EMS (17%) e Total 10 Maddy EMS Fund (Supplemental Assessment) (If fund not estable 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 categories for the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actual cost or 10%) b Richie's Fund (15%) c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) f Total 12 Responsibility for category distributions: Entity Contact (Phone Number Email Actual Administration expenditures from Maddy EMS Fund (Or Assessment).	d Other Discretionary EMS (17%) 10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to the latest earned during fiscal year, July 1, 2016-June 30, 2017. 11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017. 12 Responsibility for category distributions: Entity Contact (Name and Title) Phone Number Email Address 13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).

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Expenditures & Reimbursements			Allo	wable Claims		Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount	
		Assessment).	1,760	\$ 529,107.27	1,760	100%	\$ 153,456.14	
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2016-June 30,	2017, stat	te reason	(s):	
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 424.29	
			Allov	vable Claims		Paid (Claims	
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%		
			•			Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from				
	18	Required documentation for submission. (The be submitted concurrently)	ne below docu	mentation is part of t	he Maddy .	EMS Fund	l report, and <u>must</u>	
		☐ 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 Physic	ians/Surgeo	ns:		22		
		Entity		itact (Name and T	,			
		Siskiyou County HHSA Public Health I		awn Walton, Adı	min Serv	rices Ma	anager II	
		Phone Number		ail Address		_		
		530.841.2149	dv	valton@co.siski	you.ca.u	s		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



/I Expenditures & Reimbursement (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).				Yes No (If no, go to #20d)		
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	474	\$ 808,701.05	474	100%	\$ 67,396.01	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state					s):	
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.)	tal claims	are paid on a claims i	basis.	A	Amount	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	d-party,	Amoun	* 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)					□ No #21d)	
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospitals. Leave blank and go to #22e)	al claims	are paid on a claims l	basis.	A	amount	
	e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.						t Reimbursed	
	22	Required documentation for submission. (The be submitted concurrently)	below doo	cumentation is part of	the Maddy	EMS Fund	report, and <u>must</u>	
		A description of the hospitals payment mo	ethodolo	gies.				
	23	Responsibility for claims payments to Hospita Entity	(Contact (Name and		I SEDVIC	DEC MANIANO	
		SISKIYOU COUNTY HHSA PUBLIC HE Phone Number 530.841.2149	E	DAWN WALTON Cmail Address DWALTON CC				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 0.00
		b	Description of other EMS services provided:	***

		25a		T
			Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	
			100-100-100-100-100-100-100-100-100-100	

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VI	l F	und	Sumn	iary
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Maddy EMS Fund

(Original Assessment)						
	Available Funds for Distribution	Fund Total				
Balance on July 1, 2016	\$ 268,815.48 (1c)	\$ 268,815.48				
Deposits for July 1, 2016-June 30, 2017	\$ 136,968.09 (5c)	\$ 405,783.57				
Interest for July 1, 2016-June 30, 2017	\$ 2,666.16 (8a)	\$ 408,449.73				
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)	\$ 408,449.73				

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,453.33 (9a)		\$ 6,453.33	\$ 6,453.33 (13)
Physicians/Surgeons (58%)	\$ 153,456.14 (9b)	\$ 0.00 (9b)	\$ 153,456.14	\$ 153,456.14 (16a)
Hospitals (25%)	\$ 67,396.01 (9c)	\$ 0.00	\$ 67,396.01	\$ 67,396.01 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)
Total	\$ 227,305.48 (9e)	\$ 0.00 (9e)	\$ 227,305.48	\$ 227,305.48
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 181,144.25
Reimbursements				
Physicians/Surgeons		\$ 424.29 (16c)		\$ 181,568.54
Hospitals		\$ 0.00 (20e)		\$ 181,568.54
Ending Balance for Total Available				\$ 181 568 54

Funds as of June 30, 2017 Balance 181,5 Curdular calletion (37,607.76) Cost Fund Bal 143,960.78

Signature of Maddy EMS Fund Administrator

\$ 181,568.54

Dawn Walton

Email Address

Printed Name & Title Email A
Admin Services Manager TT dwaltonocosiskujou.ca.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00 (2c)	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00 (6c)	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 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
Physicians/Surgeons (58%)	\$ 0.00 (IIc)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pa)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00 (11)	\$ 0.00 (11)	\$ 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, 2017				\$ 0.00

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering Agency		inty Department Jano County	County Contact (Name and Title) Iris Harms, Accountant		
		Address (Number and Street) 275 Beck Ave		Phone Number 7077848527 Email Address INHarms@SolanoCounty.com		
			y or Post Office, State, and ZIP Code irfield, 94533			
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No	
		b	Date fund established.		04/01/2001	
		c	Fund balance on July 1, 2016.		\$ 369,722.72	
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s): n/a	2016, differs from ending balan	ce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.			
		c	Fund balance on July 1, 2016.			
III	Collections of	d 3	If the Maddy EMS Fund beginning balance on July 1 state reason(s): Fines, penalties, and forfeitures collected under each	, 2016, differs from ending bala	nce on June 30, 2016,	
	Penalty Assessments		statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 323,035.87	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 0.00	
		c		Vehicle Code § 42007		
		d		Total	\$ 323,035.87	
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
			Entity	Contact (Name and Title)	Ling Tool (C	
			Superior Court of California, County of Solano	Liliana Rebisz, Court Acco	ountant	
			Phone Number 707-207-7479	LGRebisz@solano.courts.	ca.gov	

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	IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
	Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 357,825.46		
		b		Vehicle Code § 42007	\$ 0.00		
		c	Total \$ 357,825.46				
		d	If no deposits into Maddy EMS Fund, state reason(s)):			
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits		
		a		Government Code § 76000.5	\$ 0.00		
				Vehicle Code § 42007	\$ 0.00		
		c		Total	\$ 0.00		
			-				
		7	Responsibility for deposit of penalty assessments:	Contact (Name and Title)			
		7		Contact (Name and Title) Email Address			
v	Maddy EMS Fund Category	7	Entity				
V			Entity Phone Number		Interest and Other Deposits		
V	Fund Category		Entity Phone Number	Email Address			
V	Fund Category	8	Phone Number Maddy EMS Fund (Original Assessment)	Email Address 30, 2017.	Other Deposits		
V	Fund Category	8 a	Entity Phone Number Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	Email Address 30, 2017.	Other Deposits \$ 4,098.42		
V	Fund Category	8 a b	Entity Phone Number Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June	Email Address 30, 2017. 30, 2017. osits and the reason(s) for the depo	Other Deposits \$ 4,098.42		
V	Fund Category	8 a b	Entity Phone Number Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June 2 If other deposits were made, provide the type of deposits	Email Address 30, 2017. 30, 2017. osits and the reason(s) for the deposited parties	Other Deposits \$ 4,098.42		
v	Fund Category	8 a b	Phone Number Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June If other deposits were made, provide the type of depo Other deposits: \$1,116.08 collections from the	Email Address 30, 2017. 30, 2017. osits and the reason(s) for the deposited parties tegories Reserve (Optional)	Other Deposits \$ 4,098.42 osits: Category		

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c	Hospitals (25%)			\$ 0.00
				\$ 49,358.28
e	Other Districtionary 2:120 (1770)	Total	\$ 0.00	\$ 251,316.71
		1		
10	Maddy EMS Fund (Supplemental Assessment) (If fig.	und not establ	ished, leave blank and go t	o #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 dep	osits and th	e reason(s) for the depo	osits:
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%) Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%)			
b				
c				
d e				
	Other Discretionary EMS (17%)			
f		Total	\$ 0.00	\$ 0.00
12	Responsibility for category distributions:	1-		
	Entity Health and Social Services, Solano county			
	Phone Number	1		40.5
	707,784-8508	SAWrig	ht@SolanoCounty.c	com
13	Total Administration expenditures from Maddy EMAssessment).	IS Fund (O	riginal	Amount \$ 33,559.57
	Total Administration expenditures from Maddy EM	IS Fund (Su	pplemental	Amount
14				
14	Assessment). (If fund not established, leave blank and go	to #16a)		
	10 a b c 11 a b c d c f 12	d Other Discretionary EMS (17%) e Interest earned during fiscal year, July 1, 2016-June Other deposits during fiscal year, July 1, 2016-June If other deposits were made, provide the type of deposits for the period July 1, 2016-June 30, 2017. Administration (Admin cost equal to the lesser of accost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%) d Hospitals (25%) Other Discretionary EMS (17%) Responsibility for category distributions: Entity Health and Social Services, Solano county Phone Number 707,784-8508 Total Administration expenditures from Maddy EM	d Other Discretionary EMS (17%) e Total 10 Maddy EMS Fund (Supplemental Assessment) (If fund not establication of the stable of the period 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 categories for the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actual cost or 10%) b Richie's Fund (15%) c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) f Total 12 Responsibility for category distributions: Entity Health and Social Services, Solano county Phone Number 707,784-8508 Contact Sally W. Phone Number 707,784-8508 Total Administration expenditures from Maddy EMS Fund (Only)	Other Discretionary EMS (17%) Total \$0.00 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to the deposits during fiscal year, July 1, 2016-June 30, 2017. Other deposits during fiscal year, July 1, 2016-June 30, 2017. If other deposits were made, provide the type of deposits and the reason(s) for the deposits are deposits for the period July 1, 2016-June 30, 2017. Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%) Other Discretionary EMS (17%) Responsibility for category distributions: Entity Health and Social Services, Solano county Phone Number 707,784-8508 Total Administration expenditures from Maddy EMS Fund (Original

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I Expenditures &			Allov	vable Claims		Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Original Assessment).	6,066.00	\$ 168,398.88	6,066	100%	\$ 168,398.86	
	b	If allowable claims were not paid during fisc n/a	2017, sta	te reason	(s):			
	c	Total reimbursements from Physicians/Surgatient/third-party, county penalties, and so		Amount Reimbursed \$ 1,116.08				
			Allov	vable Claims		Paid (Claims	
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%		
	b	If allowable claims were not paid during fis	cal year, July	y 1, 2016-June 30,	2017, sta	te reason	(s):	
	b c	Total reimbursements from Physicians/Sur	geons due to		2017, sta		nt Reimbursed	
		Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so	geons due to	collections from		Amou	int Reimbursed	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so	geons due to ettlements. The below docu	collections from	the Maddy	Amou	int Reimbursed	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (Tobe submitted concurrently)	geons due to ettlements. The below docu ns claims pay	collections from mentation is part of yment methodolog	the Maddy	Amou	int Reimbursed and report, and <u>mus</u>	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures	geons due to ettlements. The below docu ns claims pay s, and regulat	collections from mentation is part of yment methodolog ory action taken t	the Maddy gies. o implem	Amou	ant Reimbursed and report, and mus administer the	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H	geons due to ettlements. The below docu ns claims pay s, and regulat (ospitals adm	collections from mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review	the Maddy gies. To implemation, or	Amou	ant Reimbursed of report, and must administer the Especific nethodologies.	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm A description of the process used to sol	geons due to ettlements. The below docu ns claims pay s, and regulat (ospitals adm ninistrators co licit input fro	collections from mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur	the Maddy gies. To implemation, or	Amou	ant Reimbursed of report, and musical administer the Specific nethodologies.	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule us	geons due to ettlements. The below docu ans claims pay s, and regulat cospitals adm ainistrators co licit input fro eed by the cou	collections from mentation is part of a yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur	the Maddy gies. To implemation, or	Amou	ant Reimbursed of report, and musical administer the Specific nethodologies.	
	c 18	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and Head Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology.	geons due to ettlements. The below documents claims pays, and regulate dospitals administrators collicit input from the councied by the councied by the councied seed seed seed seed seed seed seed s	collections from mentation is part of a yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur	the Maddy gies. o implem ation, or claims p	Amou	ant Reimbursed of report, and musical administer the Specific nethodologies.	
	c 18	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use.	geons due to ettlements. The below docu ens claims pay s, and regulat dospitals adm ninistrators co licit input fro eed by the cou icians/Surgeo	collections from mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur inty.	the Maddy gies. o implem ation, or claims p	Amou	ant Reimbursed of report, and musical administer the Specific nethodologies.	
	c 18	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeo A statement of the policies, procedures fund(s). Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm A description of the process used to sol payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physiciative	geons due to ettlements. The below documents claims pays, and regulate dospitals administrators collicit input from the documents of the county of the coun	collections from mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur inty.	the Maddy gies. o implem ation, or claims p geons and	Amou EMS Fun nent and a names of ayment in the spital Hospital	ant Reimbursed of report, and musical administer the Specific nethodologies.	

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VI Expenditures Reimburseme (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). Z Yes (If no, go to #						
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal years	ar, Ju	ıly 1, 2016-June 30	, 2017, stat	e reason(s):	
	d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #21e)	claims	are paid on a claims	basis.		Amount	
	e	Total reimbursements from Hospitals due to coll county penalties, and settlements.	ection	s from patient/thir	d-party,	Amour	nt Reimbursed	
	21a	Indicate if Hospital claims are paid on a claims be EMS Fund (Supplemental Assessment). (If fund and go to #22)				es (If no, go te	☑ No o #21d)	
			Allo	wable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #22e)	basis.	Amount				
	e	Total reimbursements from Hospitals due to coll county penaltics, and settlements.	ection	ns from patient/thin	rd-party,	Amour	nt Reimbursed	
	22	Required documentation for submission. (The be be submitted concurrently)	low do	cumentation is part o	f the Maddy	EMS Fund	l report, and must	
		A description of the hospitals payment meth	odolo	gies.				
	23	Responsibility for claims payments to Hospitals: Entity	l Title)					
		Health and Social Services, Solano Coun	-	Sally Wright, Sta	aff Analys	t		
		Phone Number 707-784-8508		Email Address SAWright@sola	nocounty	.com		

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VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	244	Assessment).	\$ 49,358.28
		b	Description of other EMS services provided:	
			To all of the Property of the Maddy EMC Found	Amount
			Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	

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VII Fund Summary	
VII Fulld Summary	Maddy
	(Origina

Maddy EMS Fund (Original Assessment)							
	Available Funds for Distribution	Fund Total					
Balance on July 1, 2016	\$ 369,722.72 (1c)	\$ 369,722.72					
Deposits for July 1, 2016-June 30, 2017	\$ 357,825.46 _(5c)	\$ 727,548.18					
Interest for July 1, 2016-June 30, 2017	\$ 4,098.42 (8a)	\$ 731,646.60					
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (86)	\$ 731,646.60					

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 33,559.57 (9a)		\$ 33,559.57	\$ 33,559.57 (13)
Physicians/Surgeons (58%)	\$ 168,398.86 (9b)	\$ 0.00 (9b)	\$ 168,398.86	\$ 168,398.86 (16a)
Hospitals (25%)	£ 0.00	£ 0.00	\$ 0.00	\$ 0.00 (20b Pd)
	\$ 0.00 (9c)	\$ 0.00 (9c)	\$ 0.00	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 49,358.28 (9d)	\$ 0.00 (9d)	\$ 49,358.28	\$ 49,358.28 (24a)
Total	\$ 251,316.71 (9e)	\$ 0.00 (9e)	\$ 251,316.71	\$ 251,316.71
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 480,329.89

Reimbursements		
Physicians/Surgeons	\$ 1,116.08 (<i>16c</i>)	\$ 481,445.97
Hospitals	\$ 0.00 _(20e)	\$ 481,445.97
Ending Balance for Total Available Funds as of June 30, 2017		\$ 481,445.97

Signature of Maddy EMS Fund Administrator

INHarms Q Solanocounty . 6 Email Address

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Ending Balance for Total Available Funds as of June 30, 2017



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for	r Distribution		Fund Total	
Balance on July 1, 2016		\$ 0.00		\$ 0.00	
Deposits for July 1, 2016- June 30, 2017					
Interest for July 1, 2016-June 30, 2017	\$ 0.00			\$ 0.00	
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 0.00	
Distributions/Expenditures	Category Distributions	Reserve	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	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)	
	(11d)	(11d)		\$ 0.00 (21d)	
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)	
Total	\$ 0.00	\$ 0.00 (11))	\$ 0.00	\$ 0.00	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00	
Reimbursements			, ,		
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00	
Hospitals		\$ 0.00		\$ 0.00	

Signature of Maddy EMS Fund Administrator

2-7-2019
Date
INHAVMS &
Sdanacounty-le

\$ 0.00

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

I	Administering Agency		unty Department	County Contact (Name and Ti	tle)		
		Add	dress (Number and Street) 5 Concourse Blvd	Phone Number 707-565-6506			
			y or Post Office, State, and ZIP Code	Email Address			
		Sa	inta Rosa, CA 95403	Joanne.Chapman@sonon	na-county.org		
П	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes ☐ No		
		b	Date fund established.		07/01/2001		
		c	Fund balance on July 1, 2016.		\$ 186,733.00		
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	ce on June 30, 2016,		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No		
		b	Date fund established.				
		c	Fund balance on July 1, 2016.		\$ 263,789.00		
m	Collections of Penalty	3	state reason(s): \$7,228 use of fund balance to cover EMS open Fines, penalties, and forfeitures collected under each		Callections		
	Assessments		statute.	Statute S 76000	\$ 322,554.00		
		a		Government Code § 76000	\$ 322,334,00		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	at \$ 526,912.00		
		c		Vehicle Code § 42007			
		d		Total	\$ 849,466.00		
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:			
			Entity	Contact (Name and Title)	at 1 k i and a second		
			Sonoma County Courts Phone Number	Linda Walker, Court Finar Email Address	icial Manager		

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s into EMS	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
8		Government Code § 76000 (Based on GC § 76104)	\$ 322,554.00
1		Vehicle Code § 42007	
c		Total	\$ 322,554.00
Ċ	If no deposits into Maddy EMS Fund, state reason(s);	
6	EMS Fund (Supplemental Assessment). (If fund not	Statute	Deposits
8		Government Code § 76000.5	\$ 526,912.00
t		Vehicle Code § 42007	
c		Total	\$ 526,912.00
7	Entity	Contact (Name and Title)	
	Phone Number 707-521-6507	Email Address walker@sonomacountycou	rt.org
EMS ategory 8	Maddy EMS Fund (Original Assessment)		
itions			Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.	\$ 4,470.00
b	Other deposits during fiscal year, July 1, 2016-June	30, 2017.	
e	If other deposits were made, provide the type of depo	osits and the reason(s) for the depo	sits:
9	Total amount of funds distributed to the specified ca for the period July 1, 2016-June 30, 2017.	tegories Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 32,702.00
b	Physicians/Surgeons (58%)		\$ 170,706.00
	EMS ategory ations	EMS Fund (Original Assessment). a b c 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 87) a b c d If no deposits into Maddy EMS Fund, state reason(s) 7 Responsibility for deposit of penalty assessments: Entity Sonoma County Courts Phone Number 707-521-6507 EMS ategory tions 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June c If other deposits were made, provide the type of deposits during fiscal year, July 1, 2016-June 2 9 Total amount of funds distributed to the specified cafor the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actor 10%)	EMS EMS EMS Fund (Original Assessment) Statute

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c	Hospitals (25%)			\$ 73,580.00
				\$ 50,035,00
e		Fotal	\$ 0.00	\$ 327,023.00
10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establis	hed, leave blank and go to	o #12)
				Interest and Other Deposits
a	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.		\$ 8,787.00
b	Other deposits during fiscal year, July 1, 2016-June 30.	2017.		
c	If other deposits were made, provide the type of deposit	ts and the	reason(s) for the depo	sits:
11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
a b c	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 53,570.00
	Richie's Fund (15%)		\$ 72,319.00	
	Physicians/Surgeons (58%)			\$ 237,689.00
	Hospitals (25%)			\$ 102,452.00
e	Other Discretionary EMS (17%) Total			\$ 69,668.00
f			\$ 0.00	\$ 535,698.00
12	Responsibility for category distributions:			
	Service of the servic			
	Phone Number	Email Add	ress	
	707-565-4898	achel.sw	eet@sonoma-cour	nty.org
13	Total Administration expenditures from Maddy EMS F Assessment).	and (Orig	inal	Amount \$ 32,702.00
14				Amount \$ 53,570.00
15	Total Richie's Fund expenditures from Maddy EMS Fu	and (Cum	[amontal	Amount
	10 a b c 11 a b c d e f 12	d Other Discretionary EMS (17%) 10 Maddy EMS Fund (Supplemental Assessment) (Iffund a Interest earned during fiscal year, July 1, 2016-June 30, b Other deposits during fiscal year, July 1, 2016-June 30, c If other deposits were made, provide the type of deposit 11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actual cost or 10%) b Richie's Fund (15%) c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) 12 Responsibility for category distributions: Entity Sonoma County Dept of Health Srvcs Phone Number 707-565-4898 13 Total Administration expenditures from Maddy EMS F Assessment). 14 Total Administration expenditures from Maddy EMS F Assessment).	d Other Discretionary EMS (17%) e Total 10 Maddy EMS Fund (Supplemental Assessment) (If fund not established) 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 attegories for the period July 1, 2016-June 30, 2017. a Administration (Admin cost equal to the lesser of actual cost or 10%) b Richie's Fund (15%) c Physicians/Surgeons (58%) d Hospitals (25%) e Other Discretionary EMS (17%) f Total 12 Responsibility for category distributions: Entity Sonoma County Dept of Health Srvcs Phone Number 707-565-4898 13 Total Administration expenditures from Maddy EMS Fund (Orig Assessment). 14 Total Administration expenditures from Maddy EMS Fund (Supp Assessment). (If fund not established, leave blank and go to #16a)	d Other Discretionary EMS (17%) 10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to a linterest earned during fiscal year, July 1, 2016-June 30, 2017. 11 Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017. 12 Responsibility for category distributions: Entity Sonoma County Dept of Health Srvcs Phone Number Total Administration expenditures from Maddy EMS Fund (Original Assessment). 13 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). 14 Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). 15 (If fund not established, leave blank and go to #16a)

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707-565-4898



/I Expenditures &			Allo	wable Claims		Paid	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	9,478	\$ 3,820,755.0	9,478	100%	\$ 415,429.54
	b	If allowable claims were not paid during fisc Services rendered in FY16-17 were pa	2017, stat	e reason	(s):		
	e	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed
		<u></u>	Allo	wable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	
	b	If allowable claims were not paid during fisc We combine the disbursement amoun disbursement to doctors.					
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed
	18	Required documentation for submission. (The submitted concurrently)	ie below doci	umentation is part of t	he Maddy	EMS Fund	d report, and must
		A description of the Physicians/Surgeon	s claims pa	yment methodologi	ies.		
		A statement of the policies, procedures, fund(s).	and regula	tory action taken to	implemo	ent and a	dminister the
		Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admir	spitals adm nistrators e	inistrator organiza ontacted to review	tion, or n claims pa	ames of syment n	specific iethodologies.
		A description of the process used to solid payment distribution methodology.	eit input fro	om Physicians/Surg	eons and	Hospital	ls to review
		An identification of the fee schedule used	d by the cou	unty.			
	19	Responsibility for claims payments to Physic	ians/Surge	ons:			
		Entity Sonoma County Dept of Health Srvcs		ntact (Name and Ti achel Sweet, Acc		ETI.	
		Phone Number	Em	ail Address			

rachel.sweet@sonoma-county.org

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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		laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospit	basis.	Amount \$ 176,032.62					
		Leave blank and go to #21e)		\$ 170,032.02					
	ė	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.							
	21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fun and go to #22)	es No If no, go to #21d)						
		Allowable Claims				Paid Claims			
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.			e 25	0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): We combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement amt and distribute based on hospital percentage of charity can be a second or combine the disbursement among the second or combine the disbursement among the second or combine the seco							
							Amount		
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)							
	e	Total reimbursements from Hospitals due to collections from patient/third county penalties, and settlements.				y, Amount Reimbursed			
		county penantics, 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	Entity Contact (Name and Title)							
		Sonoma County Dept of Health Srvcs		Rachel Sweet, Accountant II					
		Phone Number 707-565-4898		Email Address rachel.sweet@s	@sonoma-county.org				

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VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount				
(cont.)		Assessment).	\$ 50,035.00					
	b	Description of other EMS services provided:						
			Local regulation of the EMS system through the Emergency Medical Services System Ordina					
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount				
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 69,668.00				
		b	Description of other EMS services provided:					
			Local regulation of the EMS system through the Emergency Medical Services	vices System Ordina				

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VII Fund Summary

Maddy EMS Fund (Original Assessment)

	1 B	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 186,733.00 (Ic)	\$ 186,733.00
Deposits for July 1, 2016-June 30, 2017	\$ 322,554.00 _(5c)	\$ 509,287.00
Interest for July 1, 2016-June 30, 2017	\$ 4,470.00 (8a)	\$ 513,757.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	\$ 513,757.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 32,702.00 (9a)		\$ 32,702.00	\$ 32,702.00 (13)
Physicians/Surgeons (58%)	\$ 170,706.00 (9b)	\$ 0.00 (9b)	\$ 170,706.00	\$ 415,429.54 (16a)
Hospitals (25%)	\$ 73,580.00	\$ 0.00	\$ 73,580.00	\$ 0.00 (20b Pd)
	\$ 73,380.00 (9c)	\$ 0.00 (9c)	\$ 73,380.00	\$ 176,032.62 (20d)
Other Discretionary EMS (17%)	\$ 50,035.00 (9d)	\$ 0.00	\$ 50,035.00	\$ 50,035.00 (24a)
Total	\$ 327,023.00 (9e)	\$ 0.00 (9e)	\$ 327,023.00	\$ 674,199.16
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 160,442.16

Reimbursements		
Physicians/Surgeons	\$ 0.00 (16e)	-\$ 160,442.16
Hospitals	\$ 0.00 (20e)	-\$ 160,442.16
Ending Balance for Total Available Funds as of June 30, 2017		-\$ 160,442.16

Signature of Maddy EMS Fund Administrator	Date
Printed Name & Title	Email Address



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 263,789.00 (2c)	\$ 263,789.00
Deposits for July 1, 2016- June 30, 2017	\$ 526,912.00 (6c)	\$ 790,701.00
Interest for July 1, 2016-June 30, 2017	\$ 8,787.00 (10a)	\$ 799,488.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 799,488.00

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 53,570.00 (11a)		\$ 53,570.00	\$ 53,570.00
Richie's Fund (15%)	\$ 72,319.00 (11b)		\$ 72,319.00	\$ 72,319.00 (15)
Physicians/Surgeons (58%)	\$ 237,689.00 (11c)	\$ 0.00	\$ 237,689.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 102,452.00	\$ 0.00	\$ 102,452.00	\$ 0.00 (21h Pd)
	(11d)	(114)	414447	\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 69,668.00 (11e)	\$ 0.00 (11e)	\$ 69,668.00	\$ 69,668.00 (25a)
Total	\$ 535,698.00	\$ 0.00	\$ 535,698.00	\$ 195,557.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 603,931.00

Reimbursements		
Physicians/Surgeons	\$ 0.00 (17c)	\$ 603,931.00
Hospitals	\$ 0.00 (21e)	\$ 603,931.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 603,931.00

Dune Clo

Signature of Maddy EMS Fund Administrator

1.1.

Date

Jeanne Chapman EMS Coordinator

Printed Name & Title

Email Address

Joanne. Chapman @Sonoma-county. org STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8

County Department

Administering



County Contact (Name and Title)

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

	Agency	Co	ounty of Stanislaus Health Services Agency	Maria Blanco, Manager II	
		Ado	dress (Number and Street)	Phone Number	
		83	0 Scenic Dr	(209) 558-4802	
			y or Post Office, State, and ZIP Code	Email Address	
		PC	D BOX 3271 Modesto CA 95355	MBlanco@schsa.org	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes □ No
		b	Date fund established.		03/20/2007
		c	Fund balance on July 1, 2016.		\$ 226,810.28
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on June 30, 2016,
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No
		b	Date fund established.		03/20/2007
		c	Fund balance on July 1, 2016.		\$ 104,673.94
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,
	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 626,443.38
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 157,048.74
		c		Vehicle Code § 42007	
		d		Total	\$ 783,492.12
		4	Responsibility for collection of fines, penalties, and for Entity	rfeitures: Contact (Name and Title)	
			County of Stanislaus Auditor Controller's Office	Jillian Echavarria, Account	tant II
			Phone Number (209) 525-6598	Email Address EChavarria@stancounty.c	om

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IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 626,443.38
	b		Vehicle Code § 42007	
	c	5	Total	\$ 626,443.38
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	\$ 157,048.74
	b		Vehicle Code § 42007	
	c		Total	\$ 157,048.74
	d	If no deposits into Maddy EMS Fund, state reason(s):		No. of the Control of
	7	Responsibility for deposit of penalty assessments:		
		1	Contact (Name and Title)	
			Jillian Echavarria, Accounta Email Address	int II
			EChavarria@stancounty.co	m .
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30	, 2017.	\$ 3,457.51
	b	Other deposits during fiscal year, July 1, 2016-June 30.	, 2017.	
·	c	If other deposits were made, provide the type of deposi	ts and the reason(s) for the depo	sits:
	9	Total amount of funds distributed to the specified category	gories Reserve	Category
		for the period July 1, 2016-June 30, 2017.	(Optional)	Distributions
	a	Administration (Admin cost equal to the lesser of actua or 10%)	al cost	\$ 63,131.27
	b	Physicians/Surgeons (58%)		\$ 328,789.72

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V Maddy EMS		Warrish (250/)			\$ 143,791.40
Fund Category Distributions	c	Hospitals (25%)			\$ 95,600.29
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 631,312.68
	e		Total	V V 100	
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not esta	blished, leave blank and go to	o #12)
		the control of the co			Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3	30, 2017.		\$ 1,411.78
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		
	c	If other deposits were made, provide the type of depos	sits and t	the reason(s) for the depo	sits:
	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 actucost or 10%)	ıal		\$ 15,704.87
	b	Richie's Fund (15%)			\$ 141,343.87
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 157,048.74
	12	Responsibility for category distributions:			
		Entity County of Stanislava Health Saniaga Aganay	ı	et (Name and Title) Blanco, Manager III	
		County of Stanislaus Health Services Agency		Address	
		Phone Number (209) 558-4802		nco@schsa.org	
I Expenditures &	lanka Martena				Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	S Fund (Original	\$ 49,074.96
					Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to	S Fund (1 0 #16a)	Supplemental	\$ 14,166.75
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (S	upplemental	Amount

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Expenditures & Reimbursements			Allo	wable Claims		Paid (Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	5,994	\$ 4,629,111.	5,994	100%	\$ 355,566.5
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2016-June 30,	2017, sta	te reason	(s):
			÷				
iř.	c	Total reimbursements from Physicians/Surg	eons due to	collections from		Amou	nt Reimbursed
	·	patient/third-party, county penalties, and set			······································		\$ 29,022.75
			Allo	wable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	1,496	\$ 593,023.00	1,496	100%	\$ 67,835.47
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2016-June 30,	2017, sta	te reason((s):
	b c	Total reimbursements from Physicians/Surg	eons due to		2017, sta		nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	eons due to	collections from		Amou	nt Reimbursed \$ 7,286.95
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and ser Required documentation for submission. (To be submitted concurrently)	eons due to ttlements. he below doc	collections from	the Maddy	Amou	nt Reimbursed \$ 7,286.95
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeon	eons due to ttlements. he below doca as claims pa	collections from umentation is part of t	the Maddy	Amou	nt Reimbursed \$ 7,286.95 d report, and <u>must</u>
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (To be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s).	eons due to ttlements. he below doca as claims pa and regula	umentation is part of the syment methodolog tory action taken to	the Maddy ties. o implem	Amou	nt Reimbursed \$ 7,286.95 d report, and <u>must</u> dminister the
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures,	teens due to ttlements. the below doca as claims pa and regula	umentation is part of the syment methodolog tory action taken to ministrator organization.	the Maddy ies. o implem	Amou	nt Reimbursed \$ 7,286.95 d report, and <u>must</u> dminister the specific
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (To be submitted concurrently) ☑ A description of the Physicians/Surgeon ☑ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Ho	teens due to ttlements. the below doca as claims pa and regula aspitals adn nistrators o	umentation is part of to syment methodolog tory action taken to ninistrator organiza	the Maddy ties. o implem ation, or a	Amou	nt Reimbursed \$ 7,286.95 d report, and must dminister the specific nethodologies.
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) ☑ A description of the Physicians/Surgeon ☑ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admi	teens due to ttlements. the below doca as claims pa and regula aspitals administrators of cit input from	umentation is part of the symmetry methodolog tory action taken to ministrator organization tacted to review om Physicians/Surg	the Maddy ties. o implem ation, or a	Amou	nt Reimbursed \$ 7,286.95 d report, and must dminister the specific nethodologies.
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) ☑ A description of the Physicians/Surgeon ☑ A statement of the policies, procedures, fund(s). ☐ Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admi ☐ A description of the process used to soli payment distribution methodology.	teens due to ttlements. the below documents claims parand regular and regular aspitals administrators of the contract of th	umentation is part of the syment methodology tory action taken to ministrator organization tacted to review om Physicians/Surgunty.	the Maddy gies. o implem ation, or a claims p	Amou	nt Reimbursed \$ 7,286.95 d report, and must dminister the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Horphysicians/Surgeons and Hospital admi A description of the process used to soli payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicianty	teons due to telements. the below documents claims parand regular and regular consistrators of the consistrators	collections from umentation is part of the syment methodology action taken to a ministrator organization tacted to review to methodology actions and the symmetry and the symme	the Maddy ties. o implem ation, or to claims possess and	Amou EMS Fund ent and a names of ayment n	nt Reimbursed \$ 7,286.95 d report, and must dminister the specific nethodologies. ls to review
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admining A description of the process used to soling payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicianis Foundation for Medical Cal	reons due to ttlements. the below documents claims parand regular and regular and restrators of the continuation of the conti	o collections from tumentation is part of the tyment methodology tory action taken to ninistrator organization tacted to review tom Physicians/Surgunty. ons: ontact (Name and Toonne Chippone	the Maddy ties. o implem ation, or to claims possess and	Amou EMS Fund ent and a names of ayment n	nt Reimbursed \$ 7,286.95 d report, and must dminister the specific nethodologies. ls to review
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Horphysicians/Surgeons and Hospital admi A description of the process used to soli payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicianty	teens due to ttlements. the below documents claims para and regular and regular and restrators of the continuity of the	collections from umentation is part of the syment methodology action taken to a ministrator organization tacted to review to methodology actions and the symmetry and the symme	the Maddy ties. to implement ation, or to claims por geons and	Amou EMS Fund ent and a names of ayment in Hospital	nt Reimbursed \$ 7,286.95 d report, and must dminister the specific nethodologies. ls to review

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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)		
				Alle	owable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		. b	Total Hospitals expenditures.	384	\$ 1,777,334.3:	384	100%	\$ 109,500.00	
		c	July 1, 2016-June 30	, 2017, sta	te reason(s):			
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital claim	s are paid on a claims l	basis.		Amount	
		e Total reimbursements from Hospitals due to collections from patient/third-pacounty penalties, and settlements.					Amour	nt Reimbursed	
		21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If fi and go to #22)				les (If no, go te	□ No o #21d)	
				Allowable Claims		Paid Claims			
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.	384	\$ 1,777,334.3:	224	58%	\$ 51,002.00	
			If allowable claims were not paid during fisca	ıl year, J	July 1, 2016-June 30	, 2017, sta	te reason(s):	
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claim	s are paid on a claims l	oasis.	A	Amount	
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thir	d-party,	Amour	nt Reimbursed	
		22	Required documentation for submission. (The be submitted concurrently)	e below d	ocumentation is part of	the Maddy	EMS Fund	report, and must	
			A description of the hospitals payment n	ethodol	ogies.				
		Responsibility for claims payments to Hospitals:							
			Entity		Contact (Name and				
			County of Stanislaus Health Services A	ngen g	Maria Blanco, M	anager II	II		
			Phone Number (200) 559 4802		Email Address MBlanco@schsa	ora			
			(209) 558-4802		MIDIANICO@SCI1Sa	a.uiy			

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VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount			
	(cont.)		Assessment).	\$ 87,408.00			
		b	Description of other EMS services provided: To Implement an Emergency Medical Services system under Ca Health & Safety Code 1797				
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount			
			(Supplemental Assessment). (If fund not established, leave blank)				
		b	Description of other EMS services provided:				

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VII Fu	nd Sum	mary
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Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 226,810.28 (Ic)	\$ 226,810.28
Deposits for July 1, 2016-June 30, 2017	\$ 626,443.38 _(5c)	\$ 853,253.66
Interest for July 1, 2016-June 30, 2017	\$ 3,457.51 (8a)	\$ 856,711.17
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)	\$ 856,711.17

istributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 63,131.27 (9a)		\$ 63,131.27	\$ 49,074.96 (13)
Physicians/Surgeons (58%)	\$ 328,789.72 (9b)	\$ 0.00 (9b)	\$ 328,789.72	\$ 355,566.55 (16a)
Hospitals (25%)	\$ 143,791.40	\$ 0.00	\$ 143,791.40	\$ 109,500.00 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 95,600.29 (9d)	\$ 0.00 (9d)	\$ 95,600.29	\$ 87,408.00 (24a)
Total	\$ 631,312.68 (9e)	\$ 0.00 (9e)	\$ 631,312.68	\$ 601,549.51
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 255,161.66

Reimbursements		
Physicians/Surgeons	\$ 29,022.75	\$ 284,184.41
Hospitals	\$ 0.00 (20e)	\$ 284,184.41
Ending Balance for Total Available Funds as of June 30, 2017		\$ 284,184.41

Signature of Maddy EVIS Fund Administrator

Date

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Hospitals

Funds as of June 30, 2017

Ending Balance for Total Available



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds fo	r Distribution		Fund Total
Balance on July 1, 2016	\$ 104,	673.94 (2c)		\$ 104,673.94
Deposits for July 1, 2016- June 30, 2017	\$ 157,	048.74 (6c)		\$ 261,722.68
Interest for July 1, 2016-June 30, 2017	\$ 1,	411.78 (10a)		\$ 263,134.46
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 263,134.46
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 15,704.87 (11a)		\$ 15,704.87	\$ 14,166.75
Richie's Fund (15%)	\$ 141,343.87 (11b)		\$ 141,343.87	\$ 104,659.92 (15
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 67,835,47 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 51,002.00 (21b Pd
Other Discretionary EMS (17%)	(11d) \$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a
Total	\$ 157,048.74	\$ 0.00 (11f)	\$ 157,048.74	\$ 237,664.14
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 25,470.3
Reimbursements				
Physicians/Surgeons	\$	7,286.95 _(17c)		\$ 32,757.2

Signature of Maddy EMS Fund Administrator

\$ 0.00

ole Financial Accountant I

Date

\$ 32,757.27

\$ 32,757.27

matable @schsa.ovg

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

I	Administering	Cou	ounty Department County Contact (Name and		l Title)	
	Agency	Su	tter County	Patrick Larrigan, Medical	Fiscal Manager	
		Add	Iress (Number and Street)	Phone Number		
		14	45 Veterans Memorial Circle	30-822-7215		
		City	or Post Office, State, and ZIP Code	Email Address		
		Yu	ba City, CA 95993	plarrigan@co.sutter.ca.us	3	
_						
Н	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	☑ Yes ☐ No	
		b	Date fund established.		02/13/1990	
		c	Fund balance on July 1, 2016.		\$ 606,673.02	
		ď	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.			
		c	Fund balance on July 1, 2016.			
		ď	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,	
			-			
Ш	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	Yes No 02/13/1990 \$ 606,673.02 ling balance on June 30, 2016, t)? Yes No (If no, go to #3) Collections 76000 76000.5 plemental See #2a.) 7 Total \$ 0.00	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c		Vehicle Code § 42007		
		d		Total	\$ 0.00	
		4	Responsibility for collection of fines, penalties, and for	feitures:		
			Entity	Contact (Name and Title)		
			Phone Number	Email Address		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



	Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits		
	z uno	a			ament Code § 76000 ased on GC § 76104)	\$ 79,512.85		
		b		Vehicle	Code § 42007			
		c			Total	\$ 79,512.85		
		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		Govern	ment 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 Sutter County Auditor Controller		(Name and Title) Putman	****		
			Phone Number 530-822-7127	Email A	ddress n@co.sutter.ca.us			
]	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)			utter.ca.us		
						Interest and Other Deposits		
		a	Interest earned during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 3,464.36		
		b	Other deposits during fiscal year, July 1, 2016-June 30	her deposits during fiscal year, July 1, 2016-June 30, 2017.				
		c	If other deposits were made, provide the type of depos	its and th	e reason(s) for the depos	sits:		
			· · · · · · · · · · · · · · · · · · ·					
		9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories	Reserve (Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of actuor 10%)	al cost		\$ 8,041.29		
			Physicians/Surgeons (58%)			\$ 42,329.66		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



V Maddy EMS Fund Category								
	c	Hospitals (25%)			\$ 18,092.90			
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 12,303.1			
(conc.)	e		Total	\$ 0.00	\$ 80,767.0			
	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 3	0, 2017.		***			
	b	Other deposits during fiscal year, July 1, 2016-June 30	, 2017.					
	c	If other deposits were made, provide the type of depos	its and tl	ne reason(s) for the depo	sits:			
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions			
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)						
	b	Richie's Fund (15%)						
	c	Physicians/Surgeons (58%)						
	d	Hospitals (25%)						
	e	Other Discretionary EMS (17%)						
	f		Total	\$ 0.00	\$ 0.00			
	12	Responsibility for category distributions:						
	12		Contact	(Name and Title)				
		Sutter County Medical Fiscal Manager	Patrick	Larrigan				
		Phone Number	Email A	ddress				
		530-822-7215	plarriga	n@co.sutter.ca.us				
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (O	riginal	Amount			
	10	Assessment).		igiliai	\$ 8,041.29			
	14	Total Administration expenditures from Maddy EMS J Assessment). (If fund not established, leave blank and go to #		pplemental	Amount \$ 0.00			
	15	Total Richie's Fund expenditures from Maddy EMS F	1.00		Amount			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



I Evnandituras &	life		_		-		CIFURD
Expenditures & Reimbursements			Allo	wable Claims		Paid (Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	1,605	\$ 60,028.94	1,605	100%	\$ 60,028.94
	b	If allowable claims were not paid during fisc	cal year, Jul	y 1, 2016-June 30,	2017, sta	te reason(s):
	c	Total reimbursements from Physicians/Surg		collections from		Amoui	nt Reimbursed \$ 300.12
		patient/third-party, county penalties, and se	ttlements.				Ф 300.12
			Allo	wable Claims		Paid (laims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	
	c	Total reimbursements from Physicians/Surg		collections from		Amoun	t Reimbursed
	18	patient/third-party, county penalties, and settlements. 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/Surgeon	e claime na	vment methodolog	ios		
		☐ A statement of the policies, procedures, fund(s).				ent and ad	lminister the
		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 solid payment distribution methodology.	cit input fro	m Physicians/Surg	geons and	Hospitals	to review
		An identification of the fee schedule used	d by the cou	inty.			
	19	Responsibility for claims payments to Physic	ians/Surgeo	ns:			
		Entity		ntact (Name and T	itle)		
		Sutter County Medical Fiscal Manager		atrick Larrigan	W		
		Phone Number	i	ail Address			
		530-822-7215	pla	arrigan@co.sutte	er.ca.us		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditu Reimburs (cont.)	ures & ements 20	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			Yes No (If no, go to #20d)		
			Alloy	wable Claims	Paid Claims		aims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.	1,486	\$ 21,919.35	1,486	100%	\$ 21,919.35
	c	If allowable claims were not paid during fisc	al year, Ju	lly 1, 2016-June 30	, 2017, sta	te reason(s):
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	oital claims	are paid on a claims	basis.		Amount
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collections	s from patient/thir	d-party,	Amoun	t Reimbursed \$ 0.00
	21:	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)	
			Allov	vable Claims		Paid Cl	aims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.				0%	
	c	If allowable claims were not paid during fisca	ıl year, Ju	ly 1, 2016-June 30,	, 2017, stat	e reason(s	j):
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims a	are paid on a claims b	asis.	A	amount
	ę	Total reimbursements from Hospitals due to county penalties, and settlements.	collections	from patient/thir	d-party,	Amoun	t Reimbursed
	22	Required documentation for submission. (The be submitted concurrently)	e below doci	umentation is part of	the Maddy l	EMS Fund	report, and <u>must</u>
		☐ A description of the hospitals payment m	ethodolog	ies.			
	23	Responsibility for claims payments to Hospita		ontact (Name and	Title)		
		Sutter County Medical Fiscal Manager		atrick Larrigan	11116)		
		Phone Number		mail Address			
		530-822-7215	р	larrigan@co.sut	ter.ca.us		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 12,303.18
				·
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	
			Week and the second sec	

Ending Balance for Total Available Funds as of June 30, 2017

VII Fund Summary



				CHIFORNIA
	Maddy EM (Original Ass			
	Available Funds f	for Distribution		Fund Total
Balance on July 1, 2016	\$ 6	06,673.02 (1c)		\$ 606,673.02
Deposits for July 1, 2016-June 30, 2017	\$	79,512.85 (5c)		\$ 686,185.87
Interest for July 1, 2016-June 30, 2017	9	\$ 3,464.36 (8a)		\$ 689,650.23
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 _(8b)		\$ 689,650.23
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 8,041.29 (9a)		\$ 8,041.29	\$ 8,041.29
Physicians/Surgeons (58%)	\$ 42,329.66 (9b)	\$ 0.00 (9b)	\$ 42,329.66	\$ 60,028.94 (16a)
Hospitals (25%)	\$ 18,092.90	\$ 0.00	\$ 18,092.90	\$ 21,919.35 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 12,303.18 (9d)	\$ 0.00	\$ 12,303.18	\$ 12,303.18 (24a)
Total	\$ 80,767.03 (9e)	\$ 0.00 (9e)	\$ 80,767.03	\$ 102,292.76
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 587,357.47
Reimbursements				
Physicians/Surgeons		\$ 300.12 (16c)		\$ 587,657.59
Hospitals		\$ 0.00 (20e)		\$ 587,657.59

Signature of Maddy EMS Fund Administrator

Printed Name & Title

mail Address

\$ 587,657.59

Email Address



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00 (2c)	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 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
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (IIc)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00
Other Discretionary EMS (17%)	\$ 0.00	(11d) \$ 0.00	\$ 0.00	(21d) \$ 0.00
	(11e)	(11e)		(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, 2017	ميالات مالي	\$ 0.00

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Email Address

ensettue, ca, us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Administering		unty Department Dunty of Trinity	Chelsey Jones Account T	•
			dress (Number and Street) D Box 1230	Phone Number 530-623-8339	
and the second s		3.5	y or Post Office, State, and ZIP Code eaverville, CA 96093	Email Address Cjones@trinitycounty.org	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes No
	runu Wyś	b.	Date fund established.		08/01/1991
		C A	Fund balance on July 1, 2016.		\$ 84,774.53
		d Nassau	If the Maddy EMS Fund beginning balance on July 1, state reason(s): Balance forward from last year	2016, differs from ending balar	ce on June 30, 2016,
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		
		Ċ	Fund balance on July 1, 2016.		
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June 30, 2016,
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 14,617.63
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 0.00
		c C	a terregian in the annual material and the terretain of the terretain of the terretain of the terretain of the	Vehicle Code § 42007	\$ 19,605.22
		d		Total	\$ 34,222.85
		4	Responsibility for collection of fines, penalties, and for		
			Entity Trinity County Superior Courts	Contact (Name and Title) Trisha Saxon	
	1		Phone Number 530-623-1369	Email Address psaxon@trinitycounty.org	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into 5 Total penalty assessments deposited into Maddy Maddy EMS EMS Fund (Original Assessment). Statute Deposits Fund Government Code § 76000 \$ 14.617.63 (Based on GC § 76104) Vehicle Code § 42007 b \$ 14,617.63 Total d If no deposits into Maddy EMS Fund, state reason(s): Board did not approve revenues to be deposited to Maddy fund for VC42007. Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not Statute Deposits established, leave section blank and go to #7) Government Code § 76000.5 Vehicle Code § 42007 b \$ 0.00 Total If no deposits into Maddy EMS Fund, state reason(s): ď Responsibility for deposit of penalty assessments: Contact (Name and Title) Entity Trisha Saxon **Trinity County Superior Courts Email Address Phone Number** 530-623-1369 psaxon@trinitycounty.org Maddy EMS **Fund Category** 8 Maddy EMS Fund (Original Assessment) **Distributions** Interest and Other Deposits \$ 567.47 Interest earned during fiscal year, July 1, 2016-June 30, 2017. Other deposits during fiscal year, July 1, 2016-June 30, 2017. b

9	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 1,461.76

Physicians/Surgeons (58%)

\$ 13,203,01

\$ 74.817.04

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

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)		\$ 534.29	\$ 3,012.50
Distributions	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 5,912.8
(cont.)	e		Total	\$ 13,737.30	\$ 85,204.1
			968 % . 841 	description of the second	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	l not esta	ıblished, leave blank and go t	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 3), 2017.		
	b	Other deposits during fiscal year, July 1, 2016-June 30	<u>, 2017.</u>		
	. S	If other deposits were made, provide the type of depos	its and	the reason(s) for the den	neite.
				one reason(s) for the dep	Jans.
	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 actu-	al		
	b	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)) de sage		
	e	Other Discretionary EMS (17%)			
2	f	reals the formed or his administration is until the religion of the control of	Total	\$ 0.00	\$ 0.00
		antightaliquida, haranging edikka natus metanging epity.			
	12	Responsibility for category distributions: Entity	Contac	t (Name and Title)	
		Trinity County Superior Courts		s Saxon	
				Address	
Expenditures &	3. (42.)	530-623-1369	Psaxc	on@trinitycounty.org	
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Original -	Amount \$ 1,368.00	
					Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		Supplemental	
	15	Total Richie's Fund expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to		upplemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8





I Expenditures & Reimbursements			Allov	wable Claims	was program a	Paid (Claims
(cont.)	16a	v	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	0	\$ 0.00	0	0%	\$ 53.43
	b	If allowable claims were not paid during fisca	l year, July	, 1, 2016-June 30,	2017, sta	ite reason	(s):
		See attachment for explanation.					
		Total maintain and from Direction 10				Amou	nt Reimbursed
,	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sett	ons due to (lements.	collections from			at 1temparatu
		The second section of the second		·····			
			Allow	vable Claims		Paid C	Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave				0%	
		blank and go to #18)					P
		If allowable claims were not paid during fiscal		to contract			
	c	Total reimbursements from Physicians/Surgeo	ons due to c	collections from		Amoun	t Reimbursed
		patient/third-party, county penalties, and settlements.					
		patient/third-party, county penalties, and settl	ements.				
	18	Required documentation for submission. (The be submitted concurrently)		nentation is part of t	he Maddy	EMS Fund	report, and must
	18	Required documentation for submission. (The	below docun			EMS Fund	report, and <u>must</u>
	18	Required documentation for submission. (The be submitted concurrently)	<i>below docun</i> claims payı	ment methodolog	ies.		· · · · · · · · · · · · · · · · · · ·
	18	Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, and	below docun claims payı nd regulato	ment methodolog ry action taken to nistrator organiza	ies.) implemo	ent and ad	Iminister the
		Required documentation for submission. (The be submitted concurrently) ☑ A description of the Physicians/Surgeons ☑ A statement of the policies, procedures, and fund(s). ☑ Name(s) of Physicians/Surgeons and Hosp	below docun claims payi nd regulato itals admir strators con	ment methodolog ry action taken to nistrator organiza ntacted to review	ies. implemo ition, or n claims pa	ent and ad names of s nyment me	lminister the pecific ethodologies.
		Required documentation for submission. (The be submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, and fund(s). ✓ Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini ✓ A description of the process used to solicit	below docun claims payr nd regulato nitals admin strators con input from	ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg	ies. implemo ition, or n claims pa	ent and ad names of s nyment me	lminister the pecific ethodologies.
		Required documentation for submission. (The be submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, and fund(s). ✓ Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini ✓ A description of the process used to solicit payment distribution methodology.	below docum claims payn nd regulato nitals admin strators con input from	ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg	ies. implemo ition, or n claims pa	ent and ad names of s nyment me	lminister the pecific ethodologies.
	19	Required documentation for submission. (The be submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, and fund(s). ✓ Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini ✓ A description of the process used to solicit payment distribution methodology. ✓ An identification of the fee schedule used Responsibility for claims payments to Physicia Entity	below docum claims payr id regulato itals admir strators con input from by the coun ns/Surgeon Cont	ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg nty. s: act (Name and Ti	ies. implemention, or neclaims pare	ent and ad names of s nyment me	lminister the pecific ethodologies.
	19	Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, and fund(s). Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini A description of the process used to solicit payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physicia Entity Trinity County Auditor-Controller	claims payind regulato itals admirstrators con input from by the coun Cont	ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg nty. s: act (Name and Ti elsey Jones	ies. implemention, or neclaims pare	ent and ad names of s nyment me	lminister the pecific ethodologies.
	19	Required documentation for submission. (The be submitted concurrently) ✓ A description of the Physicians/Surgeons ✓ A statement of the policies, procedures, and fund(s). ✓ Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini ✓ A description of the process used to solicit payment distribution methodology. ✓ An identification of the fee schedule used Responsibility for claims payments to Physicia Entity	claims pays ad regulato sitals admir strators con input from oy the coun Cont Che Emai	ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg nty. s: act (Name and Ti	ies. implemention, or neclaims parecons and	ent and ad names of s nyment me	lminister the pecific ethodologies.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



I Expenditures & Reimbursements (cont.)	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). 20a Indicate if Hospital claims are paid on a claims basis for the Maddy (If no, go to #20d)							
			Allo	wable Claims	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Paid Claims		
			#	\$ Amount	#	%	\$ Amount	
•	ing in	· 各种基本基本的基础系统。	ryd Alberta		0	0%	\$ 5.20	
	b .	Total Hospitals expenditures.					L	
	c	If allowable claims were not paid during fisc:	al year, Ju	ıly 1, 2016-June 30,	2017, sta	te reason(s):	
		See attachment for explanation	v 1 - 144 -			1		
		D' 4 I'd and 4 Homitale (N/4 Share	ital alaims	ava maid on a alaima b		<u> </u>	Amount	
	ď	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	niai Ciaims	are puid on a ciaims o	4353.		\$ 3,012.50	
					:	Amour	ıt Reimbursec	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	is from patient/thire	d-party,			
	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 I No (If no, go to #21d)	
	*		 					
				wable Claims		Paid C	T	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisc	al year, J	uly 1, 2016-June 30,	2017, sta	te reason(s):	
							Amount	
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals)	oital claims	are paid on a claims b	asis.		Imount	
		Leave mank and go to #22c)					*	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amour	nt Reimbursed	
	22	Required documentation for submission. (T) be submitted concurrently)	te below do	ocumentation is part of			report, and <u>mu</u>	
		☑ A description of the hospitals payment r	nethodolo				*	
	23	Responsibility for claims payments to Hospit		2				
		Entity Trinity County Auditor Controller		Contact (Name and Chelsey Jones	Title)			
		Phone Number		Email Address		-		
		530-623-8339		Cjones@trinityco	ounty.org	l		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 1,038.18
		b	Description of other EMS services provided:	
			50% allocation per board approved agenda 2.04 5/13/14 & Audit Expens	se
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	

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VII Fund Summary		Maddy EM (Original Ass			
		Available Funds f	or Distribution		Fund Total
	Balance on July 1, 2016	. \$	34,774.53 <i>(1c)</i>		\$ 84,774.53
	Deposits for July 1, 2016-June 30, 2017	\$	14,617.63 <i>(Sc)</i>		\$ 99,392.16
	Interest for July 1, 2016-June 30, 2017		\$ 567.47 (8a)		\$ 99,959.63
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (86)	,	\$ 99,959.63
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,461.76 (9a)		\$ 1,461.76	\$ 1,368.00 (13)
	Physicians/Surgeons (58%)	\$ 74,817.04 (9b)	\$ 13,203.01	\$ 61,614.03	\$ 53.43 (16a)
	Hospitals (25%)	\$ 3,012.50	\$ 534.29	\$ 2,478.21	\$ 5.20 (206 Pd) \$ 3,012.50
	Other Discretionary EMS (17%)	\$ 5,912.81 (9d)	\$ 0.00 (9d)	\$ 5,912.81	\$ 1,038.18 (24a)
	Total	\$ 85,204.11	\$ 13,737.30	\$ 71,466.81	\$ 5,477.31
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 94,482.32
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 (16c)		\$ 94,482.32
	Hospitals	·	\$ 0.00		\$ 94,482.32
	Ending Balance for Total Available Funds as of June 30, 2017	10 To			\$ 94,482.32

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Cgaffney Ohinity canty a

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available Funds as of June 30, 2017



$V\Pi$	Fund Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for	r Distribution		Fund Total
Balance on July 1, 2016		\$ 0.00		\$ 0.00
Deposits for July 1, 2016- June 30, 2017		\$ 0.00		\$ 0.00
Interest for July 1, 2016-June 30, 2017		\$ 0.00 (10a)		\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00		\$ 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)
llospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (He)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00 (11)	\$ 0.00 (11)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0,00

Manual Manual Signature of Maddy EMS Fund Administrator

Printed Name & Title

Date /

Cgaffney@hinity Genty or g Email Address

\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Agency			anty Department ealth & Human Services	Robert Hernandez		
	Address (Number and Street)		Phone Number			
	59	57 S. Mooney Blvd.	559-624-7454			
		7	y or Post Office, State, and ZIP Code	Email Address		
		Vis	salia, CA 93291	RJHernandez@tularehhsa	a.org	
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes	□ No
		b	Date fund established.		09/19/2001	
		c	Fund balance on July 1, 2016.		\$ 16	,978.92
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	ice on June	30, 2016,
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes (If no, go	□ No to #3)
	b	b	Date fund established.		11/1	4/2006
		c	Fund balance on July 1, 2016.			
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending bala	nce on June	30, 2016,
111	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Coll	ections
	Assessments	a		Government Code § 76000	\$	139,407.89
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$	530,023.47
		c		Vehicle Code § 42007	\$	205,367.52
		d		Total	\$	874,798.88
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
		1.7	Entity	Contact (Name and Title)		
			Tulare County Probation / Superior Court	Sheryl Pasalaskis / Christ	ine Rente	ria
			Phone Number (559)730-5000 x1103	Email Address spasalask@co.tulare.ca.u	s/crenteri	a@tulare.co

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



Maddy EMS Fund	5 Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runu	á	Government Code § 76000 (Based on GC § 76104)	\$ 130,621.97
	b	Vehicle Code § 42007	\$ 95,978.91
	e	Total	\$ 226,600.88
	d If no deposits into Maddy EMS Fund, state reason(s):	
	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	\$ 484,959.30
	b	Vehicle Code § 42007	\$ 93,702.98
	c	Total	\$ 578,662.28
	d If no deposits into Maddy EMS Fund, state reason(s	,	
	7 Responsibility for deposit of penalty assessments:		
	Entity		
		Contact (Name and Title) Sheryl Pasalaskis / Christine	Renteria
	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/o	The Section 2 is
V Maddy EMS Fund Category	Tulare County Probation / Superior Court Phone Number	Sheryl Pasalaskis / Christine Email Address	The State State
	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103	Sheryl Pasalaskis / Christine Email Address	The State State
Fund Category	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103 Maddy EMS Fund (Original Assessment)	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/c	crenteria@tulare.og
Fund Category	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/c	Interest and Other Deposits
Fund Category	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/c	Interest and Other Deposits \$ 3,829.35 \$ 41,477.00
Fund Category	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/o 2 30, 2017. 2005its and the reason(s) for the deposite	Interest and Other Deposits \$ 3,829.35 \$ 41,477.00
Fund Category	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June c If other deposits were made, provide the type of dep The \$41,477 represents a prior year expens	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/o 2 30, 2017. 30, 2017. posits and the reason(s) for the depose e accrual. This amount was lique	Interest and Other Deposits \$ 3,829.35 \$ 41,477.00
Fund Category	Tulare County Probation / Superior Court Phone Number (559)713-2788 / (559)730-5000 x1103 8 Maddy EMS Fund (Original Assessment) a Interest earned during fiscal year, July 1, 2016-June b Other deposits during fiscal year, July 1, 2016-June c If other deposits were made, provide the type of dep The \$41,477 represents a prior year expensionand included in this year's distribution. 9 Total amount of funds distributed to the specified c	Sheryl Pasalaskis / Christine Email Address spasalask@co.tulare.ca.us/c 2 30, 2017. 30, 2017. posits and the reason(s) for the depose accrual. This amount was lique ategories Reserve (Optional)	Interest and Other Deposits \$ 3,829.35 \$ 41,477.00 sits: uidated in FY 16/17,

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Maddy EMS Fund Category	c	Hospitals (25%)			\$ 72,807.59
Distributions	d	Other Discretionary EMS (17%)			\$ 49,509.16
(cont.)	e		Total	\$ 0.00	\$ 313,704.31
	10	Maddy EMS Fund (Supplemental Assessment) (If,	fund not establ	ished, leave blank and go to	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-Jun	ie 30, 2017.		\$ 9,778.88
	b	Other deposits during fiscal year, July 1, 2016-June	e 30, 2017.		
	c	If other deposits were made, provide the type of de	sits:		
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017	7.	Reserve (Optional)	Category Distributions
	a b	cost or 10%)			\$ 57,866.23
					\$ 94,193.72
	c	Physicians/Surgeons (58%)			\$ 276,020.96
	d	Hospitals (25%)			\$ 118,974.5
	e	Other Discretionary EMS (17%)			\$ 80,902.70
	ř		Total	\$ 0.00	\$ 627,958.16
	12	Responsibility for category distributions:	le au	A TOTAL A	.,
		Entity Tulare County Health & Human Services	and the second of the second	(Name and Title) Diaz-Carrera	
	Phone Number (559) 624-7490		Email A	ddress z@tularehhsa.org	
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy E. Assessment).	MS Fund (O	riginal	Amount \$ 22,473.94
					Amount
	14	Total Administration expenditures from Maddy E Assessment). (If fund not established, leave blank and g	MS Fund (St o to #16a)	pplemental	\$ 57,866.23
	15	Total Richie's Fund expenditures from Maddy EM	AS Fund (Su	pplemental	Amount
		Assessment). (If fund not established, leave blank and g	to #16a)		\$ 94,193.72

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



Expenditures &			Allo	wable Claims		Paid (Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
(cont.)		from Maddy EMS Fund (Original Assessment).	1,215	\$ 826,918.17	1,215	100%	\$ 168,913.62		
	b	If allowable claims were not paid during fisca	l year, Jul	ly 1, 2016-June 30, 2	2017, sta	te reason	(s):		
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set		collections from		Amou	\$ 24,818.16		
			Allo	wable Claims		Paid (Claims		
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	1,977	\$ 1,352,700.4	NEVET	100%	Laufert T.		
	b	If allowable claims were not paid during fisca	l year, Jul	ly 1, 2016-June 30, 7	2017, sta	te reason	(s):		
					2017, sta		(s): ant Reimbursed		
	b c	If allowable claims were not paid during fiscal field of the second of t	ons due to		2017, sta				
		Total reimbursements from Physicians/Surge	ons due to	o collections from		Amou	ant Reimbursed \$ 0.00		
	¢	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The	ons due to lements. e below doc	o collections from umentation is part of to	he Maddy	Amou	ant Reimbursed \$ 0.00		
	¢	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	ons due to lements. e below doc	o collections from umentation is part of to syment methodologi	he Maddy ies.	Amou EMS Fun	ant Reimbursed \$ 0.00 and report, and <u>must</u>		
	¢	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures,	ons due to lements. e below doc claims pa and regula	o collections from umentation is part of to syment methodologi story action taken to	he Maddy ies. o implem	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and <u>must</u> administer the Specific		
	¢	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho	ons due to lements. e below doc claims pa and regula spitals adm	o collections from umentation is part of the syment methodologic story action taken to ministrator organiza contacted to review	he Maddy ies. o implem ation, or claims p	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and must administer the specific methodologics.		
	¢	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin	ons due to lements. e below doc claims pa and regula spitals adn istrators o	e collections from umentation is part of the nyment methodologi story action taken to ninistrator organiza contacted to review om Physicians/Surg	he Maddy ies. o implem ation, or claims p	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and must administer the specific methodologics.		
	¢	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admin	ons due to lements. e below doc claims pa and regula spitals adn istrators o it input fr	o collections from umentation is part of the nyment methodologi story action taken to ninistrator organiza contacted to review om Physicians/Surg	he Maddy ies. o implem ation, or claims p	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and must administer the specific methodologics.		
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admin	ons due to lements. e below doc claims pa and regula spitals admistrators of it input fr	o collections from umentation is part of the nyment methodologi story action taken to ninistrator organiza contacted to review om Physicians/Surg	he Maddy les. o implem ation, or claims p	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and must administer the specific methodologics.		
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surge	ons due to lements. e below doc claims pa and regula spitals admistrators of it input fr	o collections from umentation is part of the syment methodological tory action taken to ninistrator organization taken to contacted to review om Physicians/Surgunty.	he Maddy les. o implem ation, or claims p	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and must administer the specific methodologics.		
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hop Physicians/Surgeons and Hop Physicians/Surgeons and Hoppital admin A description of the process used to solid payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physic Entity	ons due to dements. e below doc claims parand regula spitals admistrators of it input fr	o collections from umentation is part of the syment methodological tory action taken to ninistrator organization taken to om Physicians/Surguinty. cons:	he Maddy les. o implem ation, or claims p	Amou EMS Fun ent and a	ant Reimbursed \$ 0.00 and report, and must administer the specific methodologics.		

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VI Expenditures & Reimbursements (cont.)		Indicate if Hospital claims are paid on a claims b EMS Fund (Original Assessment).	Yes No (If no, go to #20d)					
			Allo	wable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	242	\$ 1,022,729.	242	100%	\$ 72,807.59	
	c	If allowable claims were not paid during fiscal ye	ear, J	uly 1, 2016-June 30,	2017, sta	te reason(s):	
	d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #21e)	claims	are paid on a claims b	asis.		Amount	
	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 I EMS Fund (Supplemental Assessment). (If fund and go to #22)	Ø	Yes				
		Allowable Claims				Paid Claims		
			#	S Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	398	\$ 1,282,906.	398	100%	\$ 118,974.55	
	c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospital	asts	Amount				
	,	Leave blank and go to #22e)	11313					
	e	Total reimbursements from Hospitals due to coll county penalties, and settlements.	ns from patient/thir	d-party,	Amoui	s 39,517.00		
	22	Required documentation for submission. (The be	elow de	ocumentation is part of	the Madd	y EMS Fund	l report, and <u>must</u>	
		A description of the hospitals payment meth	hodol	ogies.				
	23	Responsibility for claims payments to Hospitals:		0	T241-1			
		Entity Tulare County Health & Human Services		Contact (Name and Dana Allen	Title)		Test	
		Phone Number (559) 624-8070		Email Address DLAllen@tularel	nhsa.org			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount					
	(cont.)	244	Assessment).	\$ 49,509.16					
		b	Description of other EMS services provided:						
			Ambulance Services						
	9	200	Tatal Other Disputies on EMS and a little for Madde EMS Food	Amount					
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 80,902.70					
		b Description of other EMS services provided:							
		Ambulance and Orthopedic Services							

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VII	Fund	Sum	mary
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Maddy	EMS Fund
(Original	Assessment)

	Available Funds for Distribution	Fund Total		
Balance on July 1, 2016	\$ 16,978.92 (Ic)	\$ 16,978.92		
Deposits for July 1, 2016-June 30, 2017	\$ 226,600.88 _(5c)	\$ 243,579.80		
Interest for July 1, 2016-June 30, 2017	\$ 3,829.35	\$ 247,409.15		
Other Deposits for July 1, 2016-June 30, 2017	\$ 41,477.00 (86)	\$ 288,886.15		

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 22,473.94 (9a)		\$ 22,473.94	\$ 22,473.94 (13)
Physicians/Surgeons (58%)	\$ 168,913.62 (9b)	\$ 0.00 (9b)	\$ 168,913.62	\$ 168,913.62 (16a)
Hospitals (25%)	£ 72 007 50	£ 0.00	\$ 72,807.59	\$ 72,807.59 (20b Pd)
	\$ 72,807.59 (9c)	\$ 0.00		\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 49,509.16 (9d)	\$ 0.00 (9d)	\$ 49,509.16	\$ 49,509.16 (24a)
Total	\$ 313,704.31 (9e)	\$ 0.00	\$ 313,704.31	\$ 313,704.31
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 24,818.16
Reimbursements				

Reimbursements		
Physicians/Surgeons	\$ 24,818.16	\$ 0.00
Hospitals	\$ 0.00 (20e)	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2017		\$ 0.00

Signature of Maddy EMS Fund Administrator

ROB STEWART, Director of Fiscal Operations
Printed Name & Title

Email Address

Date

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available

Funds as of June 30, 2017



					111111111111111111111111111111111111111	
VII Fund Summary (cont.)	Maddy EMS Fund (Supplemental Assessment)					
		Fund Total				
	Balance on July 1, 2016		\$ 0.00		\$ 0.00	
	Deposits for July 1, 2016- June 30, 2017	\$ 578,6	662.28 (6c)		\$ 578,662.28	
	Interest for July 1, 2016-June 30, 2017	\$ 9,778.88			\$ 588,441.16	
	Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (10b)			\$ 588,441.16	
	Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 57,866.23 (11a)		\$ 57,866.23	\$ 57,866.23 (14)	
	Richie's Fund (15%)	\$ 94,193.72 (11b)		\$ 94,193.72	\$ 94,193.72 (15)	
	Physicians/Surgeons (58%)	\$ 276,020.96 (IIc)	\$ 0.00 (11c)	\$ 276,020.96	\$ 276,020.96 (17a)	
	Hospitals (25%)	\$ 118,974.55 \$ 0.00	\$ 118,974.55	\$ 118,974.55 (216 Pd)		
		(11d)	(11d)		\$ 0.00 (21d)	
	Other Discretionary EMS (17%)	\$ 80,902.70 (11e)	\$ 0.00 (11e)	\$ 80,902.70	\$ 80,902.70 (25a)	
	Total	\$ 627,958.16 (11))	\$ 0.00 (11))	\$ 627,958.16	\$ 627,958.16	
	Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 39,517.00	
	Reimbursements					
	Physicians/Surgeons		\$ 0.00 (17c)		-\$ 39,517.00	
	Hospitals	\$ 39,517.00			\$ 0.00	

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Email Address

\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Agency				Jasmine Bohn, Senior Acc	mine Bohn, Senior Accountant			
	Address (Number and Street) Phone Number			11100011111111				
			S. Green Street	209-533-5558				
		Cit	y or Post Office, State, and ZIP Code	Email Address				
		So	onora, CA 95370	JBohn@co.tuolumne.ca.u	a.us			
0.0	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	☑ Yes □ No				
			D - 6 - 1 - CLE K - 1	03/01/1989				
		Ь	Date fund established.	\$ 5,281.55				
		c	Fund balance on July 1, 2016.	\$ 5,201.55				
	2		If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016, state reason(s): N/A, agrees to 6/30/16 balance					
			Has the agency established the Maddy EMS Fund (Supplemental Assessment)?		Yes No			
			Date fund established.	7.7.4.4				
		c	Fund balance on July 1, 2016.					
			If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending balance on June 30, 2016					
111	Penalty	3	Fines, penaltics, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	a	200	Government Code § 76000				
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)				
		c		Vehicle Code § 42007				
				Total	\$ 0.00			
	d							
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:				
			Entity	Contact (Name and Title)	February Color.			
			County of Tuolumne	Michelle Ronning, Revenu	ie Recovery Manager			
			Phone Number 209-533-5547	Email Address MRonning@co.tuolumne.ca.us				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits	
Fund	a			ent Code § 76000 d on GC § 76104)	\$ 76,089.15	
	b		Vehicle C	ode § 42007		
	c			Total	\$ 76,089.15	
	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		Governm	ent Code § 76000.5		
	b		Vehicle C	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	1	Name and Title)	40.01	
		Superior Court of Tuolumne County		Walker, Court Fisca	l Manager	
,		Phone Number 209-533-6928	Email Add Shelley@	dress Dtuolumne.courts.ca	a.gov	
W Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
Distributions			4		Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.		\$ 772.54	
	b Other deposits during fiscal year, July 1, 2016-June 30, 2017.					
	c	If other deposits were made, provide the type of depo	sits:			
	·	N/A				
	9	Total amount of funds distributed to the specified cat for the period July 1, 2016-June 30, 2017.	tegories	Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost		\$ 7,733.00	
	b	Physicians/Surgeons (58%)			\$ 45,176.00	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



Maddy EMS	c	Hospitals (25%)			\$ 17,401.00	
Fund Category Distributions (cont.)		Other Discretionary EMS (17%)			\$ 11,833.00	
	d e		otal	\$ 0.00	\$ 82,143.00	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	iot establi	shed, leave blank and go t	o #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 deposit	s and the	e reason(s) for the depo	osits:	
	ii.	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%)			1000	
	b	Richie's Fund (15%)				
	c	Physicians/Surgeons (58%)				
	d	Hospitals (25%)				
	e	e	Other Discretionary EMS (17%)			
	r		otal	\$ 0.00	\$ 0.00	
	12	Responsibility for category distributions:				
	579	Entity		(Name and Title) e Bohn, Senior Acco	ountant	
		1000 CONST. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	Email Ac	ldress		
		209-533-5558	JBohn@	gco.tuolumne.ca.us	/ 1	
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS I Assessment).	tion expenditures from Maddy EMS Fund (Original		Amount \$ 7,657.00	
	14	Total Administration expenditures from Maddy EMS I	≀und (Su	pplemental	Amount	
		Assessment). (If fund not established, leave blank and go to #	16a)	35.87877		
	15	Total Richie's Fund expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to the	und (Sur	plemental	Amount	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



Expenditures &		THE RESERVE OF THE PARTY OF THE	Aflo	wable Claims		Paid C	laims	
Reimbursements	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount	
(cont.)		from Maddy EMS Fund (Original Assessment).	1,167	\$ 270,749.82	1,167	100%	\$ 44,779.36	
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s): N/A						
	e	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	cons due to tlements.	collections from		Amount Reimbursed \$ 0.00		
			Alle	wable Claims		Paid (Claims	
	17.	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount	
	174	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 Amyunt		0%	57,111	
			ar year, ou	ly 1, 2016-June 30,	2017, Sta	te reason	(3).	
	c	Total reimbursements from Physicians/Surg	eons due to	. (1) (1) (1)	2017, 818		William a coll	
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (To be submitted concurrently)	cons due to ttlements.	o collections from umentation is part of	the Maddy	Amou	nt Reimbursed	
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T.	eons due to ttlements. he below doc is claims pa	o collections from umentation is part of nyment methodolog	the Maddy gies.	Amou EMS Fun	nt Reimbursed d report, and <u>mu</u>	
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (T. be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures,	eons due to titlements. the below doc as claims pa and regula	o collections from numentation is part of nyment methodolog ntory action taken t	the Maddy gies. to implem	Amou EMS Fun ent and a	nt Reimbursed d report, and <u>mu</u> administer the	
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s).	eons due to titlements. he below doc s claims pa and regula aspitals adm nistrators	o collections from numentation is part of nyment methodolog ntory action taken t ninistrator organiz contacted to review	the Maddy gies. to implem sation, or r claims p	Amou EMS Fun ent and a	nt Reimbursed d report, and <u>mu</u> administer the specific nethodologies,	
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) ✓ A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Horpital admit A description of the process used to soli	eons due to titlements. he below doc s claims pa and regula ospitals adr nistrators cit input fr	o collections from numentation is part of nyment methodolog ntory action taken t ninistrator organiz contacted to review om Physicians/Sur	the Maddy gies. to implem sation, or r claims p	Amou EMS Fun ent and a	nt Reimbursed d report, and <u>mu</u> administer the specific nethodologies,	
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and see Required documentation for submission. (Tobe submitted concurrently) ✓ A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Horpital admit A description of the process used to soli payment distribution methodology.	cons due to titlements. The below documents of the selaims para and regular admistrators of the continuity of the conti	o collections from numentation is part of nyment methodolog ntory action taken t ninistrator organiz contacted to review om Physicians/Sur nunty.	the Maddy gies. to implem ration, or r claims p	Amou EMS Fun ent and a	nt Reimbursed d report, and <u>mus</u> administer the specific nethodologies,	
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) ✓ A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hor Physicians/Surgeons and Hospital admit A description of the process used to soli payment distribution methodology. ✓ An identification of the fee schedule use Responsibility for claims payments to Physicianty	eons due to telements. The below documents and regular and regular as positives and regular instrutors of the contract of the contract and the	o collections from numentation is part of nyment methodolog ntory action taken t ninistrator organiz contacted to review om Physicians/Sur nunty.	the Maddy gies. To implementation, or relaims progeons and	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and must administer the specific nethodologies, Is to review	
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and see Required documentation for submission. (Tobe submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Horphysicians/Surgeons and Hospital admit A description of the process used to soli payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicianty County of Tuolumne	eons due to titlements. the below doc s claims pa and regula spitals admistrators cit input fr d by the co	o collections from umentation is part of nyment methodolog ntory action taken to ninistrator organiz contacted to review om Physicians/Sur ounty. cons: contact (Name and ' lasmine Bohn, S	the Maddy gies. To implementation, or relaims progeons and	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and must administer the specific nethodologies, Is to review	
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Tobe submitted concurrently) ✓ A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). ✓ Name(s) of Physicians/Surgeons and Hor Physicians/Surgeons and Hospital admit A description of the process used to soli payment distribution methodology. ✓ An identification of the fee schedule use Responsibility for claims payments to Physicianty	eons due to titlements. the below doc as claims parand regular aspitals admistrators cit input from the continuous continuous from the continu	o collections from numentation is part of nyment methodolog ntory action taken t ninistrator organiz contacted to review om Physicians/Sur nunty.	the Maddy gies. to implem sation, or r claims p geons and	Amou EMS Fun ent and a names of ayment n I Hospita	nt Reimbursed d report, and mu. administer the specific nethodologies, Is to review	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a EMS Fund (Original Assessment).		Yes No (If no, go to #20d)						
				Alle	owable Claims		Paid Cl	aims		
				#	\$ Amount	#	%	S Amount		
		ь	Total Hospitals expenditures.				0%			
			4							
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
			an and seem work and			f and	Amount			
		d	Direct disbursement to Hospitals. (N/A i Leave blank and go to #21e)	y nospuai ciaim	s are paia on a ciaims	ousts.		\$ 17,230.00		
			man and the second of the second of	a da callanda	Communications (Abril	el navtu	Amount Reimbursed			
		e	Total reimbursements from Hospitals d county penalties, and settlements.	d-party,		\$ 0.00				
		21a	Indicate if Hospital claims are paid on a EMS Fund (Supplemental Assessment), and go to #22)	es □ No (If no, go to #21d)						
			Allowable Claims				Paid Claims			
				#	\$ Amount	#	%	S Amount		
		b	Total Hospitals expenditures.				0%			
		e	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):							
			William A. C. S. V.	NATION.	N. V. AV.			Amount		
		d	Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)	basis.						
		c	Total reimbursements from Hospitals d	rd-party,	Amount Reimbursed					
		22	Required documentation for submission be submitted concurrently)			f the Maddy	EMS Fund	d report, and <u>must</u>		
			A description of the hospitals payn		logies.					
		23	Responsibility for claims payments to I	lospitals:	Contact (Name an		non inter			
		County of Tuolumne Jasmine Bohn, Ser						ıı.		
			Phone Number 209-533-5558		JBohn@co.tuol	umne.ca.	us			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	/I Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount			
	(cont.)	****	Assessment).	\$ 11,717.00			
		b	Description of other EMS services provided:				
			The funds were used for a portion of the EMS Outfielder software upgrade on the ambulances.				
			The state of the s				
		ad.	THE WALLEY E.	Amount			
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)				
	b		Description of other EMS services provided:				
			A STATE OF THE STA				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8

Ending Balance for Total Available Funds as of June 30, 2017



					777-01-10			
VII Fund Summary	Maddy EMS Fund (Original Assessment)							
			Fund Total					
	Balance on July 1, 2016	\$	5,281.55 (1c)		\$ 5,281.55			
	Deposits for July 1, 2016-June 30, 2017	\$ 7	76,089.15 (5c)		\$ 81,370.70			
	Interest for July 1, 2016-June 30, 2017		\$ 772.54		\$ 82,143.24			
	Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (8b)		\$ 82,143.24			
	Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 7,733.00 (9a)		\$ 7,733.00	\$ 7,657.00 (13)			
	Physicians/Surgeons (58%)	\$ 45,176.00 (9b)	\$ 0.00 (9b)	\$ 45,176.00	\$ 44,779.36 (16n)			
	Hospitals (25%)	\$ 17,401.00	\$ 0.00	\$ 17,401.00	\$ 0.00 (20b Pd)			
		\$ 17,401.00	\$ 0.00 (9c)	\$ 17,401.00	\$ 17,230.00 (20d)			
	Other Discretionary EMS (17%)	\$ 11,833.00 (9d)	\$ 0.00 (9d)	\$ 11,833.00	\$ 11,717.00 (24a)			
	Total	\$ 82,143.00 (9e)	\$ 0.00 (9e)	\$ 82,143.00	\$ 81,383.36			
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 759.88			
	Reimbursements							
	Physicians/Surgeons	\$ 0.00			\$ 759.88			
	Hospitals		\$ 0.00 (20e)		\$ 759.88			
	A Section of the Control of the Cont				The second second second			

Signature of Maddy EMS Fund Administrator

04/04/2018

\$ 759.88

Date

Debi Bautista, Auditor-Controller

DBautista@co.tuolumne.ca.us

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Hospitals

Ending Balance for Total Available Funds as of June 30, 2017



Available Funds

VII	Fund Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 0.00	\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 0.00	\$ 0.00
Interest for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 0.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	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		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
	(11d)	(114)	The state of the s	\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 0.00	\$ 0.00 (11))		\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17e)		\$ 0.00

Signature of Maddy EMS Fund Administrator

\$ 0.00

(21e)

04/04/2018

\$ 0.00

\$ 0.00

Date

Debi Bautista, Auditor-Controller

DBautista@co.tuolumne.ca.us

Printed Name & Title

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

	inistering		unty Department	County Contact (Name and To	,	
Agency		Ventura County HCA/Public Health- EMS		Steve Carroll, EMS Administrator		
			dress (Number and Street)	Phone Number		
		_	20 E. Gonzales Rd., Ste. 200	805-981-5305		
			y or Post Office, State, and ZIP Code	Email Address		
		Ох	knard, CA 93036	steve.carroll@ventura.org		
II Estab	olishment of					
Fund		1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	✓ Yes □ No	
		b	Date fund established.		11/15/1988	
		c	Fund balance on July 1, 2016.		\$ 651,427.75	
		d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	, 2016, differs from ending balai	nce on June 30, 2016,	
		2a	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.		07/01/2012	
		c Fund balance on July 1, 2016.			\$ 606,693.37	
III Collec	etions of	3	Fines, penalties, and forfeitures collected under each			
	sments		statute.	Statute	Collections	
		a		Government Code § 76000	\$ 905,923.84	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,120,159.93	
		c	4	Vehicle Code § 42007	\$ 254,519.43	
		d	-	Total	\$ 2,280,603.20	
		4	Responsibility for collection of fines, penalties, and for	rfeitures:		
			Entity	Contact (Name and Title)		
			Ventura Superior Court	Richard Cabral, Director o	f Finance.Planning 🖁	
			Phone Number (805) 289-8881	Email Address richard.cabral@ventura.co		

STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 3-2018) Page 2 of 8



V Deposits into				
Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
runa	a		Government Code § 76000 (Based on GC § 76104)	\$ 794,371.15
	ь		Vehicle Code § 42007	\$ 245,733.21
	c		Total	\$ 1,040,104.36
	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	\$ 1,007,250.5
	b		Vehicle Code § 42007	\$ 0.00
	c		Total	\$ 1,007,250.5
	7	Responsibility for deposit of penalty assessments:		
		Entity Ventura County Emergency Medical Services	Contact (Name and Title) Steve Carroll, EMS Adminis	trator
			1	trator
Fund Category	8	Ventura County Emergency Medical Services Phone Number	Steve Carroll, EMS Adminis Email Address	trator
	8	Ventura County Emergency Medical Services Phone Number (805) 981-5305	Steve Carroll, EMS Adminis Email Address	Interest and Other Deposits
Fund Category	8 a	Ventura County Emergency Medical Services Phone Number (805) 981-5305	Steve Carroll, EMS Adminis Email Address steve.carroll@ventura.org	Interest and Other Deposits
Fund Category	8 a b	Ventura County Emergency Medical Services Phone Number (805) 981-5305 Maddy EMS Fund (Original Assessment)	Steve Carroll, EMS Adminis Email Address steve.carroll@ventura.org 30, 2017.	Interest and Other Deposits \$ 8,542.12
Fund Category	a	Ventura County Emergency Medical Services Phone Number (805) 981-5305 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3	Steve Carroll, EMS Adminis Email Address steve.carroll@ventura.org 30, 2017.	Interest and Other Deposits \$ 8,542.12
Fund Category	a b	Ventura County Emergency Medical Services Phone Number (805) 981-5305 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3	Steve Carroll, EMS Adminis Email Address steve.carroll@ventura.org 30, 2017. 0, 2017. sits and the reason(s) for the deposit	Interest and Other Deposits \$ 8,542.12
Fund Category	a b c	Ventura County Emergency Medical Services Phone Number (805) 981-5305 Maddy EMS Fund (Original Assessment) Interest earned during fiscal year, July 1, 2016-June 3 Other deposits during fiscal year, July 1, 2016-June 3 If other deposits were made, provide the type of deposits during fiscal year, July 1, 2016-June 3	Steve Carroll, EMS Adminis Email Address steve.carroll@ventura.org 30, 2017. 0, 2017. sits and the reason(s) for the deposite to the depos	Interest and Other Deposits \$ 8,542.12 \$ 0.00 sits:

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



					TO TO THE
V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 0.00	\$ 380,594.72
Distributions (cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 258,804.4
	e		Total	\$ 0.00	\$ 1,691,532.1
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	nd not establ	ished. leave blank and so t	ra #12)
		()		sores, tenze bianti anta go a	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June	30, 2017.		\$ 7,851.22
	b	Other deposits during fiscal year, July 1, 2016-June 3	30, 2017.		
	c	If other deposits were made, provide the type of depo	sits and the	e reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017.		Reserve (Optional)	Category Distributions
	a b c	Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 161,394.39
					\$ 242,091.58 \$ 702,065.59
	d	Hospitals (25%)			\$ 302,614.48
	e	Other Discretionary EMS (17%)			\$ 205,777.8
	f		Total	\$ 0.00	\$ 1,613,943.89
	12	Responsibility for category distributions:			
		Entity		Name and Title)	A
		Ventura County Emergency Medical Services Phone Number	-	arroll, EMS Adminis	trator
		(805) 981-5305			
Expenditures &	12				Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	S Fund (Ori	iginal —	\$ 54,556.21
	14	Total Administration expenditures from Maddy EMS	S Fund (Sur	onlemental	Amount
		Assessment). (If fund not established, leave blank and go to			\$ 52,053.79
	15	Total Richie's Fund expenditures from Maddy EMS		plemental	Amount
		Assessment). (If fund not established, leave blank and go to	#16a)		\$ 153,831.59

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



VI Expenditures & Reimbursements (cont.)

		Allowable Claims			Paid Claims		
16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
	from Maddy EMS Fund (Original Assessment).	6,841	\$ 1,872,120.	6,841	100%	\$ 544,165.56	

b	If allowable claims were not	paid during fiscal year, July 1, 2	016-June 30, 2017, state reason(s):
---	------------------------------	------------------------------------	-------------------------------------

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

		Allov	Paid Claims			
17a	- order in your manage of Booms on Political or	#	\$ Amount	#	%	\$ Amount
	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	5,440	\$ 1,488,540.	5,440	100%	\$ 432,671.20

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

Total reimbursements from Physicians/Surgeons due to collections from	Amount Reimbursed	
	\$ 0.00	
patient/third-party, county penalties, and settlements.	\$ 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)		
American Insurance Administrators	Marta Contreras, Program Administrator		
Phone Number	Email Address		
(213) 406-2298	marta@mapinc.com		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



VI Expenditures & Reimbursemen (cont.)		Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	C	☐ Yes					
			Allo	wable Claims		Paid Ci	laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017,								
						Amount			
	d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e) e Total reimbursements from Hospitals due to collections from patient/third-party county penalties, and settlements.						s 234,136.14		
							t Reimbursed		
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22) Yes (If no, go to #21d)							
			Allov	Allowable Claims			Paid Claims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.		A		0%			
	c	If allowable claims were not paid during fisca	al year, Ju	ly 1, 2016-June 30,	2017, stat	te reason(s	s):		
		Di di Pila				A	mount		
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims	are paid on a claims b	asis.		\$ 186,163.86		
	e	Total reimbursements from Hospitals due to	callection	s from nationt/this	d nauty	Amoun	t Reimbursed		
		county penalties, and settlements.	concetion	s irom patient/time	и-расту,		\$ 0.00		
	22	Required documentation for submission. (The be submitted concurrently) A description of the hospitals payment m	the Maddy I	EMS Fund	report, and <u>must</u>				
	A description of the hospitals payment methodologies. Responsibility for claims payments to Hospitals:								
		Entity Ventura County HCA/Public Health	C	ontact (Name and David Mitchell, P	,	Accounta	nt		
	Phone Number (805) 981-5284 David Mitchell@ventur								

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



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

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 7 of 8

Hospitals

Ending Balance for Total Available Funds as of June 30, 2017



VII	Fund	Summary
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Maddy EMS Fund (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 651,427.75 (1c)		\$ 651,427.75
Deposits for July 1, 2016-June 30, 2017	\$ 1,040,104.36 (5c)	· ·	\$ 1,691,532,11
Interest for July 1, 2016-June 30, 2017	\$ 8,542.12		\$ 1,700,074.23
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (8b)		\$ 1,700,074.23
		Available Funds for	

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 169,153.21 (9a)		\$ 169,153.21	\$ 54,556.21 (13)
Physicians/Surgeons (58%)	\$ 882,979.76 (9b)	\$ 0.00 (9b)	\$ 882,979.76	\$ 544,165.56 (16a)
Hospitals (25%)	\$ 380,594.72	\$ 0.00	\$ 380,594.72	\$ 0.00 (20b Pd)
	(9c)	(9c)	Ψ 000,004.72	\$ 234,136.14 (20d)
Other Discretionary EMS (17%)	\$ 258,804.41 (9d)	\$ 0.00 (9d)	\$ 258,804.41	\$ 0.00 (24a)
Total	\$ 1,691,532.1((9e)	\$ 0.00 (9e)	\$ 1,691,532.1	\$ 832,857.91
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 867,216.32
Reimbursements		13 16		الم المالية
Physicians/Surgeons		\$ 0.00 (16c)		\$ 867,216.32

Signature of Maddy EMS Fund Administrator

\$ 0.00

Date

\$867,216.32

\$867,216.32

Printed Name & Title

Email Address

STEVE. CAMBU EVANTURA

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available

Funds as of June 30, 2017



Available Funds

VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2016	\$ 606,693.37	\$ 606,693.37
Deposits for July 1, 2016- June 30, 2017	\$ 1,007,250.51 (6c)	\$ 1,613,943.88
Interest for July 1, 2016-June 30, 2017	\$ 7,851.22	\$ 1,621,795.10
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00	\$ 1,621,795.10

Distributions/Expenditures	Category Distributions	Reserve (Optional)	for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 161,394.39 (11a)		\$ 161,394.39	\$ 52,053.79
Richie's Fund (15%)	\$ 242,091.58 (11b)		\$ 242,091.58	\$ 153,831.59 (15)
Physicians/Surgeons (58%)	\$ 702,065.59 (11c)	\$ 0.00 (11c)	\$ 702,065.59	\$ 432,671.20 (17a)
Hospitals (25%)	\$ 302,614.48	\$ 0.00	\$ 302,614.48	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 186,163.86 (21d)
Other Discretionary EMS (17%)	\$ 205,777.85 (11e)	\$ 0.00 (11e)	\$ 205,777.85	\$ 0.00 (25a)
Total	\$ 1,613,943.8	\$ 0.00 (11))	\$ 1,613,943.89	\$ 824,720.44
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 797,074.66
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 797,074.66
Hospitals		\$ 0.00 (21e)		\$ 797,074,66

Signature of Maddy EMS Fund Administrator

STEVE CHILDU EMS HOMINISMITY

Printed Name & Title

6/20/18

\$797,074.66

Date

STEVE, CAMOU Q VENUM.ONC

Email Address

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

1	Administering	County of Yolo John Buzolich, Fiscal A Address (Number and Street) Phone Number		County Contact (Name and Ti	,		
	Agency			·	Inistrative Officer		
			7 N Cottonwood St	(530) 666-8689			
			y or Post Office, State, and ZIP Code	Email Address			
		W	oodland, CA 95695	jbuzolich@yolocounty.org			
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☑ Yes ☐ No		
		b	Date fund established.				
		c	Fund balance on July 1, 2016.		\$ 3,143,799.20		
		d	If the Maddy EMS Fund beginning balance on July 1, state reason(s):	2016, differs from ending balan	nce on June 30, 2016,		
		2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?		Yes No			
	b		Date fund established. Fund balance on July 1, 2016.		09/30/2006		
					\$ 0.00		
		d If the Maddy EMS Fund beginning balance on July 1, 2016, differs from ending b state reason(s):					
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000	\$ 466,301.68		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 196,052,79		
		c		Vehicle Code § 42007			
		d		Total	\$ 662,354.47		
		4	Responsibility for collection of fines, penalties, and fo	rfeitures: Contact (Name and Title)			
			Yolo Superior Courts	Leanne Sweeney			
			Phone Number (530) 406-6700	Email Address Isweeney@yolo.courts.ca	gov		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 2 of 8



\$ 243,409.48

			LIFORM				
V Deposits into Maddy EMS Fund	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits				
runa	a	Government Code § 76000 (Based on GC § 76104)	\$ 466,301.68				
	b	Vehicle Code § 42007					
	c	Total	\$ 466,301.68				
	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	\$ 196,052.79				
	b	Vehicle Code § 42007					
	c	Total	\$ 196,052.79				
	7 Responsibility for deposit of penalty assessments: Entity						
	County of Yolo	Josh Iverson, Accounting M	lanager				
	Phone Number (530) 666-8219	Email Address jiverson@yolocounty.org					
Maddy EMS Fund Category	8 Maddy EMS Fund (Original Assessment)						
Distributions			Interest and Other Deposits				
	a Interest earned during fiscal year, July 1, 2016-Jun	e 30, 2017.	\$ 21,204.39				
	b Other deposits during fiscal year, July 1, 2016-June	30, 2017.					
	c If other deposits were made, provide the type of de	posits and the reason(s) for the depo	osits:				
	9 Total amount of funds distributed to the specified of for the period July 1, 2016-June 30, 2017.	ategories Reserve	Category Distributions				
	a Administration (Admin cost equal to the lesser of a or 10%)	ctual cost	\$ 67,834.56				

Physicians/Surgeons (58%)

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 3 of 8



V Maddy EMS					0.404.047.00
Fund Category	c	Hospitals (25%)			\$ 104,917.88
Distributions (cont.)	d Other Discretionary EMS (17%)			\$ 71,344.16 	
(contro)	e		otal	\$ 0.00	\$ 487,506.08
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	n <i>ot establ</i>	ished, leave blank and go t	
				2	Interest and Other Deposits
	a	Interest earned during fiscal year, July 1, 2016-June 30,	2017.	. = = =	\$ 0.00
	b	Other deposits during fiscal year, July 1, 2016-June 30,	2017.	-	
	C	If other deposits were made, provide the type of deposit	e and th	a ranson(s) for the done	reite.
	C	it office deposits were made, provide the type of deposit	2 Wild (W	e reason(s) for the depo	15115:
			T		
	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 actua cost or 10%)	ı		\$ 19,605.28
	b c d	Richie's Fund (15%) Physicians/Surgeons (58%) Hospitals (25%)			\$ 29,407.92
					\$ 85,282.96
					\$ 36,759.9
	e	Other Discretionary EMS (17%)			\$ 24,996.73
	f		otal	\$ 0.00	\$ 196,052.79
	12 Responsibility for category distributions: Entity Contact (Name and Title)				
		·		uzolich, Fiscal Admir	nistrative Officer
			Email Ac		
		(530) 666-8689 j	buzolic	h@yolocounty.org	
/I Expenditures &			11311	al III-m	Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			-\$ 345.42
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental			Amount -\$ 99.83
		Assessment). (If fund not established, leave blank and go to #.	i 6a)		-a 33.00
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ınd (Sup	plemental	Amount
		Assessment). (If fund not established, leave blank and go to #			\$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 4 of 8



Expenditures &			Allo	wable Claims	Paid Claims					
Reimbursements (cont.)	ts 16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	S Amount			
		from Maddy EMS Fund (Original Assessment).	3,442	\$ 1,099,654.0	3,442	100%	\$ 329,173.32			
	b	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):								
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed			
		Allowable Claims				Paid Claims				
	17a		#	S Amount	#	%	\$ Amount			
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	893	\$ 284,951.92	893	100%	\$ 85,282.96			
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and sett		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 Physici	ans/Surge	ons:						
		Entity		ntact (Name and T						
		County of Yolo		hn Buzolich, Fis	cal Adn	ninistrati	ve Officer			
		Phone Number	Em	ail Address						
			jbuzolich@yolocounty.org							

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 5 of 8



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)		
				Allo	wable Claims		Paid Cl	laims
				#	S Amount	#	%	S Amount
		b	Total Hospitals expenditures.	0		0	0%	
		c	If allowable claims were not paid during fisca No claims received from hospitals. Wil				te reason(s):
		đ	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals)	ital claims	are paid on a claims	basis.		Amount
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	Amour	nt Reimbursed			
		21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)				Yes	
				Allo	wable Claims		Paid Cl	laims
			ļ	#	\$ Amount	#	%	S Amount
		b	Total Hospitals expenditures.	0		0	0%	
		c	If allowable claims were not paid during fisca No claims received from hospitals. Wil	te 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.						
		22	Required documentation for submission. (The be submitted concurrently)	e below do	cumentation is part of	the Maddy	EMS Fund	report, and must
			A description of the hospitals payment m	ethodolo	gies.			
		23	Responsibility for claims payments to Hospita Entity County of Yolo	1	Contact (Name and John Buzolich, F		ministrati	ive Officer
			Phone Number (530) 666-8969		Email Address	-		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 6 of 8



VI	VI Expenditures & Reimbursements	24n	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount					
	(cont.)		Assessment).	\$ 11,507.53					
		b	Description of other EMS services provided:						
			purchased Automated External Defibrillators						
		25a Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount						
	(Supplemental Assessment). (If fund not established, leave blank)		\$ 4,031.88						
		b	Description of other EMS services provided:						
			purchased Automated External Defibrillators						

STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 3-2018) Page 7 of 8



Maddy	EMS Fund
(Original	Assessment)

(Original Assessment)							
	Available Funds for Distribution	Fund Total					
Balance on July 1, 2016	\$ 3,143,799.20 (le)	\$ 3,143,799.20					
Deposits for July 1, 2016-June 30, 2017	\$ 466,301.68 <i>(5c)</i>	\$ 3,610,100.88					
Interest for July 1, 2016-June 30, 2017	\$ 21,204.39 (8a)	\$ 3,631,305.27					
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 _(8b)	\$ 3,631,305.27					

Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 67,834.56 (9a)		\$ 67,834.56	-\$ 345.42 (13)
Physicians/Surgeons (58%)	\$ 243,409.48 (9b)	\$ 0.00 (9b)	\$ 243,409.48	\$ 329,173.32 (16a)
Hospitals (25%)	\$ 104,917.88	\$ 0.00 (9c)	\$ 104,917.88	\$ 0.00 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 71,344.16 (9d)	\$ 0.00 (9d)	\$ 71,344.16	\$ 11,507.53 (24a)
Total	\$ 487,506.08 (%e)	\$ 0.00 (9e)	\$ 487,506.08	\$ 340,335.43
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 3,290,969.84
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 3,290,969.84

\$ 0.00 (20e) Hospitals \$ 3,290,969.84 Ending Balance for Total Available \$3,290,969.84 Funds as of June 30, 2017

Signature of Maddy EMS Fund Administrator

Mristin Wavoda
Printed Name & Title

EMS Admin

Krista.W Email Address

STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 3-2018) Page 8 of 8

Ending Balance for Total Available Funds as of June 30, 2017



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribut	ion		Fund Total
Balance on July 1, 2016	\$ 0.00	(2c)		\$ 0.00
Deposits for July 1, 2016- June 30, 2017	\$ 196,052.79	(6c)		\$ 196,052.79
Interest for July 1, 2016-June 30, 2017		(10a)		\$ 196,052.79
Other Deposits for July 1, 2016–June 30, 2017	\$ 0.00	(10b)		\$ 196,052.79
			Available Funds for Disbursement	

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 19,605.28 (11a)		\$ 19,605.28	-\$ 99.83 (14)
Richie's Fund (15%)	\$ 29,407.92 (11b)		\$ 29,407.92	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 85,282.96 (11c)	\$ 0.00 (11c)	\$ 85,282.96	\$ 85,282.96 (17a)
Hospitals (25%)	\$ 36,759.90	\$ 0.00	\$ 36,759.90	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (2 ld)
Other Discretionary EMS (17%)	\$ 24,996.73 (11e)	\$ 0.00 (11e)	\$ 24,996.73	\$ 4,031.88 (25a)
Total	\$ 196,052.79 (11)	\$ 0.00 (11)	\$ 196,052.79	\$ 89,215.01
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 106,837.78
Reimbursements				The Table
Physicians/Surgeons		\$ 0.00 (17c)		\$ 106,837.78
Hospitals		\$ 0.00		\$ 106,837.78

Signature of Maddy EMS Fund Administrator

Kristin Weivoda
Printed Name & Title

EMS Administrator

4/2/18

@4010court

\$ 106,837.78

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 3-2018) Page 1 of 8



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

Agency		unty Department uba County Health & Human Services	County Contact (Name and T Jennifer Vasquez, Directo	,	
		dress (Number and Street)	Phone Number	J1	
		30 Packard Ave. P.O. Box 2320	(530) 749-6278		
		y or Post Office, State, and ZIP Code	Email Address		
		arysville, CA 95901	kgoss@co.yuba.ca.us		
		aryovine, or cooo i	kgoss@co.yuba.ca.us		
II Establishment Fund	of 1a	Has the agency established the Maddy EMS Fund (C	Original Assessment)?	☑ Yes □ No	
	b	Date fund established.		03/26/1990	
	c	Fund balance on July 1, 2016.		\$ 232,173.67	
	d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	1, 2016, differs from ending bala	nce on June 30, 2016,	
	2a	Has the agency established the Maddy EMS Fund (St	upplemental Assessment)?	Yes No	
	b	Date fund established.		03/26/1990	
	c Fund balance on July 1, 2016.			\$ 5,377.48	
	d	If the Maddy EMS Fund beginning balance on July 1 state reason(s):	1, 2016, differs from ending bala	nce on June 30, 2016,	
III Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
Assessments	a		Government Code § 76000	\$ 42,384.82	
	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 44,359.19	
	c		Vehicle Code § 42007		
	ď		Total	\$ 86,744.01	
	4	Responsibility for collection of fines, penalties, and for	rfeitures:		
		Entity	Contact (Name and Title)		
		Yuba Courts	Steven Lewis, Chief financ	ial Officer	
		Phone Number (530) 740-1630	Email Address slewis@yubacourts.org		

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IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits
runu	a			nment Code § 76000 Based on GC § 76104)	\$ 42,384.82
	b		Vehic	le Code § 42007	
	c			Total	\$ 42,384.82
	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		Gover	nment Code § 76000.5	\$ 44,359.19
	b		Vehicl	e Code § 42007	
	c			Total	\$ 44,359.19
	7	Responsibility for deposit of penalty assessments:			
		Entity	Contac	t (Name and Title)	***************************************
		Yuba Count Auditor	C. Ric	hard Eberle, Auditor	
		Phone Number (530) 749-7811	Email A mjohn	Address son@co.yuba.ca.us-7	ncjohnson@co.yuba
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 3	30, 2017.		\$ 2,108.53
	b	Other deposits during fiscal year, July 1, 2016-June 3	0, 2017.		\$ 2,290.82
	c	If other deposits were made, provide the type of depos	sits and t	he reason(s) for the depos	sits:
		Refund of over payments made by insurance,	etc.		
	9	Total amount of funds distributed to the specified cate for the period July 1, 2016-June 30, 2017.	egories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor 10%)	ıal cost		\$ 12,555.00
	b	Physicians/Surgeons (58%)			\$ 76,705.26

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V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 114,261.00	
Distributions (cont.)	ď	Other Discretionary EMS (17%)			\$ 41,225.00	
	e		Total	\$ 0.00	\$ 244,746.2	
	10	lahlishad Jagya blaub aud aa	r. 473)			
	•	Maddy EMS Fund (Supplemental Assessment) (If	juna not est	abiisheu, teave biank and go	Interest and Other Deposits	
	a	Interest earned during fiscal year, July 1, 2016-Jui	ne 30, 2017	•	\$ 0.00	
	b	Other deposits during fiscal year, July 1, 2016-Jun			\$ 0.00	
	c	If other deposits were made, provide the type of de	posits and	the reason(s) for the depo	osits:	
	11	Total amount of funds distributed to the specified categories for the period July 1, 2016-June 30, 2017	7.	Reserve (Optional)	Category Distributions	
	a b c	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 911.90	
		Richie's Fund (15%)				
		Physicians/Surgeons (58%)	\$ 9,542.80			
	ď	Hospitals (25%)				
	e	Other Discretionary EMS (17%)				
	f 12		Total	\$ 0.00	\$ 10,454.70	
		Responsibility for category distributions:				
		Entity Yuba County Health and Human Services	1	t (Name and Title) er Vasquez, Director		
		Phone Number		Address		
		(530) 749-6278	kgoss	@co.yuba.ca.us		
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EM Assessment).	Original	Amount \$ 12,555.00		
	14	Total Administration expenditures from Maddy EM		upplemental	Amount	
		Assessment). (If fund not established, leave blank and go	to #16a)		\$ 911.90	
	15	Total Richie's Fund expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go		pplemental	Amount	

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VI Expenditures & Reimbursements (cont.)

a T		Allo	wable Claims		raid	Claims
	otal Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	rom Maddy EMS Fund (Original Assessment).	2,034	\$ 855,893.00	2,034	100%	\$ 76,705.2
Ī	f allowable claims were not paid during fisc	al year, Jul	y 1, 2016-June 30,	2017, sta	te reason	(s):
	otal reimbursements from Physicians/Surg atient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed
		Allo	vable Claims		Paid (Claims
	otal Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
Α	om Maddy EMS Fund (Supplemental ssessment). (If fund not established, leave ank and go to #18)	337	\$ 116,080.00	337	100%	\$ 9,542.80
т.	otal raimburgaments from Physicians/Surga	one due to	collections from		Amoui	nt Reimbursed
To pa	otal reimbursements from Physicians/Surgo atient/third-party, county penalties, and set	eons due to tlements.	collections from		Amoui	nt Reimbursed \$ 0.00
pa Re	otal reimbursements from Physicians/Surgationt/third-party, county penalties, and set equired documentation for submission. (The submitted concurrently)	tlements.		he Maddy i		\$ 0.00
pa Re	ntient/third-party, county penalties, and set equired documentation for submission. (The submitted concurrently)	tlements. e below docu	mentation is part of th			\$ 0.00
Re be	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons	tlements. e below docu c claims pay	mentation is part of the	es.	EMS Fund	\$ 0.00 i report, and <u>mu</u>
pa Re be	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s).	tlements. e below docu claims pay and regulate	mentation is part of the ment methodologic ory action taken to nistrator organiza	es. impleme tion, or n	EMS Fundent and according to the second and according to the second according	\$ 0.00 I report, and mus dminister the
Pa Re be	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin	e below docu claims pay and regulate pitals admi	mentation is part of the ment methodologic pry action taken to nistrator organiza antacted to review of the methodologic process.	es. impleme tion, or n claims pa	ent and action of sames of sames of sament m	\$ 0.00 I report, and must dminister the specific ethodologies.
Pa Rebe ✓	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin	e below docu claims pay and regulate pitals admi	mentation is part of the ment methodologic ory action taken to nistrator organiza intacted to review on Physicians/Surg	es. impleme tion, or n claims pa	ent and action of sames of sames of sament m	\$ 0.00 I report, and must dminister the specific ethodologies.
Park Rebe be	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin	e below docu claims pay and regulate pitals admi istrators co it input from	mentation is part of the ment methodologic ory action taken to nistrator organiza ontacted to review on Physicians/Surgenty.	es. impleme tion, or n claims pa	ent and action of sames of sames of sament m	\$ 0.00 I report, and must dminister the specific ethodologies.
Parket be be be view of the be view	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used	e below docu claims pay and regulate pitals admi istrators co it input from by the cou	mentation is part of the ment methodologic ory action taken to nistrator organiza ontacted to review on Physicians/Surgenty.	es. impleme tion, or n claims pa eons and	ent and action of sames of sames of sament m	\$ 0.00 I report, and must dminister the specific ethodologies.
Park be be of the beautiful for the beautiful fo	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used sponsibility for claims payments to Physicians/sponsibility for claims payments to Phys	e below docu calciums pay and regulate pitals admi distrators co it input from by the cou ans/Surgeon	mentation is part of the ment methodologic ory action taken to nistrator organiza intacted to review on Physicians/Surgenty.	es. implemention, or notaims pareons and	ent and an ames of syment m	\$ 0.00 I report, and mus dminister the specific ethodologies.
Ree En	equired documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used sponsibility for claims payments to Physiciatity	e below docu claims pay and regulate spitals admi sistrators co it input from by the cou ans/Surgeon Con ces Jel	mentation is part of the ment methodologic ory action taken to mistrator organiza on tacted to review on Physicians/Surgenty.	es. implemention, or notaims pareons and	ent and an ames of syment m	d report, and mus dminister the specific ethodologies.

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X 7 X	T 11. 6								
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)		
				Allo	wable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.	13	\$ 114,261.00	13	100%	\$ 114,261.00	
		с	If allowable claims were not paid during fiscal	2017 sta	te reason(z).			
				J, -					
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis.					Amount	
			Leave blank and go to #21e)			16363.		\$ 0.00	
		e	Total reimbursements from Hospitals due to ea	Maation	os from notion4/thir	3	Amoun	t Reimbursed	
		·	county penalties, and settlements.	mection	patient/thire	u-party, 	\$ 0.00		
			Indicate if Hospital claims are paid on a claims	hasis 6			<u></u>		
		21a	EMS Fund (Supplemental Assessment). (If funding to to #22)	Yes INO (If no, go to #21d)					
				Allo	wable Claims		Paid Cla	aims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
		c	If allowable claims were not paid during fiscal year, July 1, 2016-June 30, 2017, state reason(s):						
							A	mount	
		d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #22e)	l claims a	are paid on a claims ba	ısis.		\$ 0.00	
							A 0	- Doi	
			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 base be submitted concurrently)	elow doc	umentation is part of t	he Maddy E	EMS Fund r	eport, and <u>must</u>	
			A description of the hospitals payment met	hodolog	ies.				
		-	Responsibility for claims payments to Hospitals:						
			Entity Yuba County Health and Human Services		ontact (Name and T ennifer Vasquez,		-		
		-	Phone Number		mail Address	שופטנטו			
			(530) 749-6278		goss@co.yuba.c	a.us			

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I Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)		Assessment).	\$ 41,225.00
	b	Description of other EMS services provided:	**************************************
		Sierra Sac Valley EMS	
			Amount
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	
		(Supplemental Assessment). (1) Juna not establishea, teave blank)	\$ 0.00
	b	Description of other EMS services provided:	
	h	(Supplemental Assessment). (If fund not established, leave blank)	

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Ending Balance for Total Available Funds as of June 30, 2017



					रागुःताः।
nd Summary		Maddy EN (Original As			
		Available Funds	for Distribution		Fund Total
	Balance on July 1, 2016	\$ 2	232,173.67		\$ 232,173.67
	Deposits for July 1, 2016-June 30, 2017	\$	42,384.82 _(5c)		\$ 274,558.49
	Interest for July 1, 2016-June 30, 2017		\$ 2,108.53 (8a)		\$ 276,667.02
	Other Deposits for July 1, 2016-June 30, 2017		\$ 2,290.82 _(8b)		\$ 278,957.84
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 12,555.00 (9a)		\$ 12,555.00	\$ 12,555.00 (13)
	Physicians/Surgeons (58%)	\$ 76,705.26	\$ 0.00 (9b)	\$ 76,705.26	\$ 76,705.26 (16a)
	Hospitals (25%)	\$ 114,261.00	\$ 0.00	\$ 114,261.00	\$ 114,261.00 (20b Pd) \$ 0.00
		(9c)	(9c)		(20d)
	Other Discretionary EMS (17%)	\$ 41,225.00 (9d)	\$ 0.00 (9d)	\$ 41,225.00	\$ 41,225.00 (24a)
	Total	\$ 244,746.26 (9e)	\$ 0.00 (9e)	\$ 244,746.26	\$ 244,746.26
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 34,211.58
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 (16c)		\$ 34,211.58
	Hospitals		\$ 0.00 (20e)		\$ 34,211.58
			-		

Signature of Maddy LMS Fund Administrator

Printed Name & Title

111-1110-

\$ 34,211.58

Email Address yuba. Ca

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Hospitals

Ending Balance for Total Available Funds as of June 30, 2017



VII	Fund	Summary
	(cont.)

Maddy EMS Fund (Supplemental Assessment)

****	Available Funds f	or Distribution		Fund Total
Balance on July 1, 2016	\$ 5		\$ 5,377.48	
Deposits for July 1, 2016- June 30, 2017	\$ 44	,359.19 (6c)		\$ 49,736.67
Interest for July 1, 2016-June 30, 2017		\$ 0.00		\$ 49,736.67
Other Deposits for July 1, 2016-June 30, 2017		\$ 0.00 (10b)		\$ 49,736.67
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 911.90 (11a)		\$ 911.90	\$ 911.90 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 9,542.80 (11c)	\$ 0.00 (11c)	\$ 9,542.80	\$ 9,542.80 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 10,454.70 (11)	\$ 0.00 (11)	\$ 10,454.70	\$ 10,454.70
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 39,281.97
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 39,281.97

Signature of Maddy EMS Fund Administrator

\$ 0.00

(21e)

Printed Name & Title

Date

\$ 39,281.97

\$ 39,281.97