

# Maddy Emergency Medical Services Fund

# **Statewide Report Summary Fiscal Year 2017-18**

Emergency Medical Services Authority California Health and Human Services Agency



EMSA #R002-2019 February 2020



DAVID DUNCAN MD DIRECTOR

JENNIFER LIM ACTING CHIEF DEPUTY DIRECTOR

TOM MCGINNIS CHIEF, EMS SYSTEMS DIVISION

ANGELA WISE ASSISTANT CHIEF, EMS SYSTEMS DIVISION

EMSA #R002-2019 February 2020

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

# **Table of Contents**

EXECUTIVE SUMMARY	4
HISTORY AND BACKGROUND	5
METHODOLOGY	6
DATA SUMMARY	9
DISCUSSION	13
FUTURE REPORTING	15
APPENDIX A – FLOW CHARTS	16
APPENDIX B – MADDY EMS FUND/ORIGINAL ASSESSMENT SUMMARY BY COUNTY	17
APPENDIX C – SUPPLEMENTAL ASSESSMENT/RICHIE'S FUND SUMMARY BY COUNTY	
APPENDIX D – COUNTY SUBMITTED REPORTS	19

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

## **EXECUTIVE SUMMARY**

Health and Safety Code (HSC) § 1797.98b requires each county with an established Maddy Emergency Medical Services (EMS) Fund to report to the EMS Authority by April 15<sup>th</sup> of each year on the implementation and status of the fund for the immediately preceding fiscal year and requires the EMS Authority to forward a summary of each county's report to the appropriate policy and fiscal committees of the State Legislature. The EMS Authority prepared the tables presented in this report from data submitted by each county in its report; the data in these tables has not been audited. The summary provides a snapshot of the revenue and expenditures for the state fiscal year 2017-18.

Fifty-one counties have established the Maddy EMS Fund (Original Assessment), and 36 of these counties have established Richie's Fund (Supplemental Assessment), an increase of one county from 2016-17. For 2017-18, 50 counties submitted reports to the EMS Authority in accordance with HSC § 1797.98b. Modoc County did not submit a report; therefore, their data is not included.

As shown in the table below, the beginning balance on July 1, 2017 was \$44 million. That amount, combined with interest, miscellaneous deposits, penalty collection deposits, and reimbursements from physicians/surgeons and hospitals, provided for a total amount of money available of \$111 million. Expenditures for 2017-18 totaled \$64 million leaving a balance of \$47 million in the fund on June 30, 2018.

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

## **HISTORY AND BACKGROUND**

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

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

As a result of a restructuring of penalty assessments for trial courts funding in 1991, the Maddy EMS Fund deposit methodology (GC § 76104) was revised by SB 939, Monteith (Chapter 674, Statutes of 1999). If the fund was established before July 1, 1991, then the amount deposited into the Maddy EMS Fund is based upon the actual amount collected and deposited in the Maddy EMS Fund for 1990-91, plus a maximum of 10% growth per year, if any. For counties implementing the penalty assessment after 1990-91, up to 28% of the total revenue collected from penalty assessments under GC § 76000 may be set aside.

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

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

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

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

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

# METHODOLOGY

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

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

# Phase 1 – Collections of Penalty Assessments

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

# Phase 2 – Deposits into the Maddy EMS Fund

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

- Fund growth as calculated from 1990-91 or up to 28% of the fund collected under GC § 76000, using the methodology as described in GC § 76104.
- Penalty assessment of \$2 per \$10 of fines, penalties, and forfeitures collected under GC § 76000.

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

## Phase 3 – Distribution of Revenue

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

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

## 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 fiscal year in excess of any reserve held and rolled over to the next year must be distributed proportionally, based on the dollar amount of claims submitted and paid to all physicians/surgeons who submitted qualifying claims during that year.

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

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

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

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

- reimbursement to physicians/surgeons, and to hospitals for patients who do not make payment for emergency care services in hospitals up to the point of stabilization
- hospitals for expanding the services provided to pediatric trauma patients at trauma centers and other hospitals providing care to pediatric trauma patients
- pediatric trauma centers, including the purchase of equipment.

Local EMS agencies may conduct a needs assessment of pediatric trauma services in the county to distribute these expenditures. Counties that do not maintain a pediatric trauma center may utilize the money deposited into the fund to improve access to, and coordination of, pediatric trauma and emergency services in the county, with preference for funding given to hospitals that specialize in services to children, and physicians/surgeons who provide emergency care for children.

# DATA SUMMARY

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

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

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

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

For 2017-18, deposits from penalty assessments totaled \$65 million.

Maddy EMS Fund Summary Deposits from Penalty Assessments	Original Assessment	Supplemental Assessment	Total
GC76000 (GC76104 based)	\$ 34,849,067.41		\$ 34,849,067.41
GC76000.5		\$ 23,591,777.33	\$ 23,591,777.33
VC 42007e	\$ 4,245,151.07	\$ 2,694,037.14	\$ 6,939,188.21
Total Deposits	\$ 39,094,218.48	\$ 26,285,814.47	\$ 65,380,032.95

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

Existing law allows for the collection of fines, forfeitures, and penalty assessments for uses other than the Maddy EMS Fund and Richie's Fund. Therefore, the deposit of funds into Maddy EMS Fund is a portion of the total amounts collected by the courts as defined in statute.

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

Maddy EMS Fund Summary	Original Assessment	Supplemental Assessment	Total
Beginning Balance July 1, 2017	\$ 26,380,692.58	\$ 17,454,636.48	\$ 43,835,329.06
Interest & Misc. Deposits	\$ 1,948,147.67	\$ (717,291.62)	\$ 1,230,856.05
Deposits from Penalty Assessments			
GC76000 (GC76104 based)	\$ 34,849,067.41		\$ 34,849,067.41
GC76000.5		\$ 23,591,777.33	\$ 23,591,777.33
VC 42007e	\$ 4,245,151.07	\$ 2,694,037.14	\$ 6,939,188.21
Reimbursements			
Physicians/Surgeons	\$ 495,470.75	\$ 79,737.12	\$ 575,207.87
Hospitals	\$ 23,170.07	\$ -	\$ 23,170.07
Fiscal Year Ending Balance June 30, 2018	\$ 67,941,699.55	\$ 43,102,896.45	\$ 111,044,596.00

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

The 2017-18 category distributions totaled \$68 million.

Maddy EMS Fund Summary Category Distributions	Original Assessment	Supplemental Assessment	Total
County Administration (actual cost ≤ 10%)	\$ 3,688,382.71	\$ 2,196,800.68	\$ 5,885,183.39
Richie's Fund (15%)		\$ 4,338,605.81	\$ 4,338,605.81
Physicians/Surgeons (58%)	\$ 22,219,365.38	\$ 11,380,201.10	\$ 33,599,566.48
Reserve (optional-up to 15%)	\$ 130,224.65	\$ -	\$ 130,224.65
Hospitals (25%)	\$ 9,423,643.81	\$ 4,962,546.02	\$ 14,386,189.83
Reserve (optional-up to 15%)	\$ 22,741.26	\$ -	\$ 22,741.26
Other Discretionary EMS (17%)	\$ 6,380,879.02	\$ 3,335,730.84	\$ 9,716,609.86
Reserve (optional any amount)	\$ -	\$ -	\$ -
Total	\$ 41,865,236.83	\$ 26,213,884.45	\$ 68,079,121.28

The 2017-18 Expenditures totaled \$64 million.

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

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

For 2017-18, the combined county-reported fund balance was \$47 million (Appendices B and C), which is \$1 million more than the previous fiscal year's end balance, and \$3 million more than the fund balance at the beginning of the year. Typically, this balance represents a continuous collection and appropriation from year-to-year, with expenditures on a quarterly basis. Counties make disbursements based on the previous fiscal year's data while the current fiscal year's collections flow in. It is anticipated that there will always be such a variance, due to claims being paid for the reporting year after the June 30<sup>th</sup> cut-off.

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

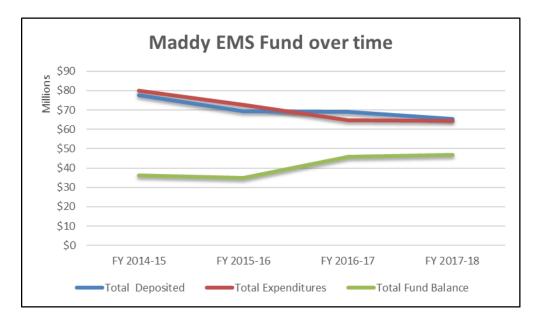
	Maddy EMS Fund Summary FY 2017-18 Fund Balance													
County	Fund Balance June 30, 2018	County	Fund Balance June 30, 2018											
Alameda	\$ 10,220,316.03	Placer	\$ 59,083.92											
Alpine	\$ -	Plumas	\$ -											
Amador	\$ 231,506.27	Riverside	\$ -											
Butte	\$ 121,186.71	Sacramento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

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

Maddy EMS Fund Summary	Totals Original Assessment	Totals Supplemental Assessment	Ма	Total addy EMS Fund
Beginning Balance July 1, 2017	\$ 26,380,692.58	\$ 17,454,636.48	\$	43,835,329.06
Interest & Misc. Deposits	\$ 1,948,147.67	\$ (717,291.62)	\$	1,230,856.05
Collections				
GC76000 (GC76104 based)	\$ 59,917,170.32		\$	59,917,170.32
GC76000.5		\$ 31,129,115.57	\$	31,129,115.57
VC 42007e	\$ 17,915,503.56	\$ -	\$	17,915,503.56
Deposits				
GC76000 (GC76104 based)	\$ 34,849,067.41		\$	34,849,067.41
GC76000.5		\$ 23,591,777.33	\$	23,591,777.33
VC 42007e	\$ 4,245,151.07	\$ 2,694,037.14	\$	6,939,188.21
Category Distributions				
County Administration (actual cost ≤ 10%)	\$ 3,688,382.71	\$ 2,196,800.68	\$	5,885,183.39
Richie's Fund (15%)		\$ 4,338,605.81	\$	4,338,605.81
Physicians/Surgeons (58%)	\$ 22,219,365.38	\$ 11,380,201.10	\$	33,599,566.48
Reserve (optional-up to 15%)	\$ 130,224.65	\$ -	\$	130,224.65
Hospitals (25%)	\$ 9,423,643.81	\$ 4,962,546.02	\$	14,386,189.83
Reserve (optional-up to 15%)	\$ 22,741.26	\$ -	\$	22,741.26
Other Discretionary EMS (17%)	\$ 6,380,879.02	\$ 3,335,730.84	\$	9,716,609.86
Reserve (optional any amount)	\$ -	\$ -	\$	-
Expenditures				
County Administration	\$ 3,386,449.44	\$ 2,142,431.12	\$	5,528,880.56
Richie's Fund		\$ 2,541,131.05	\$	2,541,131.05
Physicians/Surgeons Paid Claims	\$ 21,061,044.97	\$ 11,811,794.93	\$	32,872,839.90
Hospitals Paid Claims	\$ 813,235.22	\$ 134,769.50	\$	948,004.72
Hopitals Direct Disbursement	\$ 8,181,296.80	\$ 4,378,314.03	\$	12,559,610.83
Other Discretionary EMS	\$ 6,219,134.48	\$ 3,640,596.22	\$	9,859,730.70
Reimbursements				
Physicians/Surgeons	\$ 495,470.75	\$ 79,737.12	\$	575,207.87
Hospitals	\$ 23,170.07	\$ -	\$	23,170.07
FY Ending Balance June 30, 2018	\$ 28,280,538.64	\$ 18,453,859.60	\$	46,734,398.24

# DISCUSSION

On January 1, 2015, changes to HSC § 1797.98b required that counties submit their yearly reports to the EMS Authority instead of directly to the Legislature. Over the four fiscal years tracked by the EMS Authority, the Maddy EMS Fund has remained relatively stable with deposits closely matching expenditures from year to year. For 2017-18, total fund balance increased by \$1 million, while total expenditures fell by \$1 million.



Between 2013 and 2017, California's uninsured rate dropped from 17.2% to 7.2%<sup>2</sup> which could be attributed to the implementation of the main provisions of the Affordable Care Act, California's participation in the expansion of Medicaid eligibility (Medi-Cal), and the establishment of health insurance marketplaces (e.g. healthcare.gov) in 2014. This decrease may have accounted for the decrease in total Maddy EMS Fund expenditures over the 2013-14 through 2016-17 reporting years, with a corresponding increase in total fund balance.

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

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

While the uninsured i rate in California dropped 10% from 2013 - 2017, the number held steady with no statistically significant change for  $2017 - 2018^3$ . The relatively flat

<sup>&</sup>lt;sup>2</sup> Berchick, Edward R., Emily Hood, and Jessica C. Barnett, Current Population Reports, P60-264, *Health Insurance Coverage in the United States: 2017*, U.S. Government Printing Office, Washington, DC, 2018

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

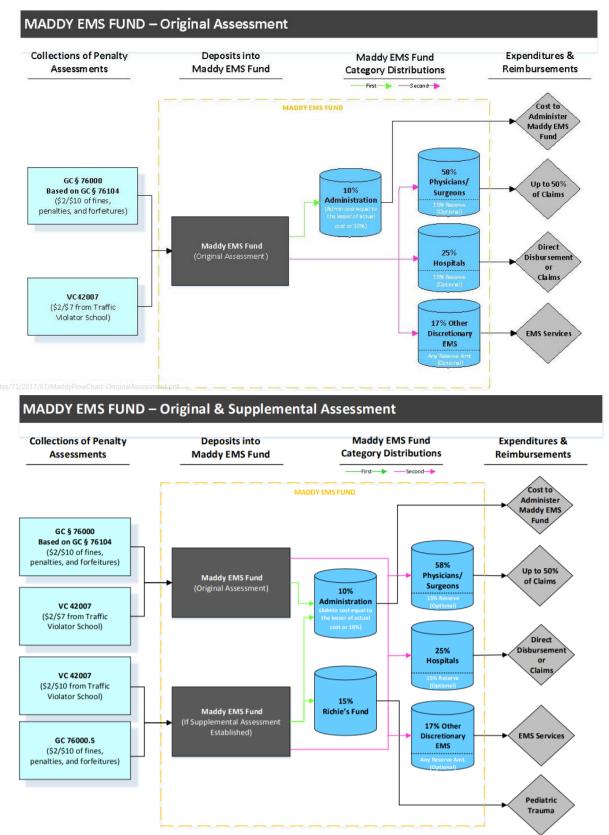
growth/expenditure pattern of the Maddy EMS Fund reflected in the above chart follows the same trend.

# FUTURE REPORTING

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

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

# **APPENDIX A – FLOW CHARTS**



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

							Maddy E	:MS F	und Original	Assessment						
Maddy EMS Fund Summary by County Original Assessment		Alameda	Alpine		Amador	Butte	Colusa	С	ontra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Inyo	Kern
Beginning Balance July 1, 2017	\$	4,463,025.58	\$-	\$	239,995.91	\$ 136,949.54	\$ 152,974.8	31 \$	344,727.22	\$ 6,033.27	\$ -	\$ 1,716,226.39	\$ 12,509.61	\$ 140,488.90 \$	\$ 507,591.81 \$	1,793,011.17
Interest & Misc. Deposits	\$	55,846.24	\$ 22.6	8 \$	2,042.53	\$ 1,576.25	\$ 2,040.3	32 \$	6,260.19			\$ 33,205.06	\$ 8,375.18	\$ 1,249.91 \$	\$ 11,786.77 \$	11,786.77
Collections					•									<b>-</b>		
GC76000 (GC76104 based)	\$	1,513,822.28	\$ 14,872.3	1 \$	- 1	\$ 212,121.60	\$ 123,061.4	15 \$	6,880,878.63	\$ 40,747.07	\$ 142,235.93	\$ 818,830.84	\$ 38,966.08	\$ 166,236.50 \$	\$ 136,531.81 \$	1,302,229.40
VC 42007e (Original Assessment)	\$	-	\$ 94,198.9	4 \$	218,775.30	\$ -	\$-	\$	2,774,780.19	\$ -	\$-	\$-	\$-	\$-\$	5 - \$	-
Deposits from Collections																
GC76000 (GC76104 based)	\$	1,513,822.28	\$ 14,872.3	1	1	\$ 212,121.60	\$ 54,172.9	94 \$	654,464.25	\$ 40,747.07	\$ 142,235.93	\$ 818,830.84	\$ 38,966.08	\$ 166,236.50 \$	\$ 275,608.54 \$	1,302,229.4
VC 42007e (Original Assessment)	\$	-	\$-	\$	43,648.81	\$ -	\$-	\$	371,595.80	\$ -	\$-	\$-	\$-	\$-\$	5 - \$	-
Category Distributions																
County Administration (actual cost $\leq$ 10%)	\$	156,966.85	\$-	\$	4,569.13	\$ 9,773.82	\$ 5,439.7	73 \$	102,606.61	\$ 7,451.69	\$ 15,078.01	\$ 85,203.59	\$ 3,933.30	\$ 16,786.83 \$	\$ 38,377.95 \$	133,386.0
Physicians/Surgeons (58%)	\$	819,366.97	\$-	\$	19,966.31	\$ 131,162.06		\$	535,602.99	\$ 61,465.00	\$ 78,707.20	\$ 444,762.74	\$ 5,257.44	\$ 284,307.57 \$	\$ 3,127.82 \$	696,275.1
Reserve (optional, up to 15%)	\$	-	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -	\$ 23,282.63	\$ - \$	5 - \$	-
Hospitals (25%)	\$	353,175.42	\$-		1	\$ 56,535.37	\$-	\$	230,863.37	\$-	\$ 33,925.52	\$ 191,708.08	\$ -	\$ 122,546.37 \$	\$ 19,498.50 \$	300,118.63
Reserve (optional, up to 15%)	\$	-	\$-	\$	-	\$ -	\$-	\$	-	\$-	\$ -	\$ -	\$ 21,359.54	\$ - \$	- \$	-
Other Discretionary EMS (17%)	\$	240,159.28	\$ 14,894.9	9 \$	29,499.43	\$ 38,444.05	\$ 23,021.9	91 \$	156,987.08		\$ 23,069.34	\$ 130,361.49	\$ 6,017.96	\$ 83,331.54 \$	\$ 78,404.70 \$	204,080.60
Reserve (optional, any amount)	\$		\$ -	\$		\$ -	\$ -	\$	-	\$ -	\$ -	\$ -	\$ -	\$ - \$	- \$	
Expenditures	<u> </u>		•			•	*	Ť		•	*	•	•	•		
County Administration	\$	-		\$	5,337.68	\$ 9,773.82	\$ 5,439.7	73 \$	100,873.01	\$ -	\$ 15,078.01	\$ 45,133.57	\$ 3,933.30	\$ 16,786.89 \$	\$ 38,377.95 \$	133,386.0
Physicians/Surgeons Allowable Claims	\$	-	\$-	\$	646,280.00	\$ 299.947.00				\$ 2.150.139.00	\$ 2,231,105,16	\$ 524,610,47	\$ 58,967.36	\$ 141.599.70 \$	\$ 3,727.82 \$	747,781.5
Physicians/Surgeons Paid Claims	\$	-	\$ -	\$	19,966.31	\$ 131,162.06			1. 1	\$ 61,465.00	\$ 78,707.21	\$ 524,610.47	\$ 5,257.44	1 1 1 1 1 1	\$ 3,727.82 \$	374,255.5
Hospitals Allowable Claims	\$	-	\$ -	\$		\$ 2,028,943.78		-		\$ -	\$ 714,779.39		\$ -	\$		-
Hospitals Paid Claims	\$	-	\$ -	\$	- 1	\$ 56,535.37		\$	-	\$ -	\$ 33,925.52	\$ -	\$ -	\$		-
Hospitals Direct Disbursement	\$	-	\$ -	\$	-	\$ -	\$ -	\$	226,945.68	\$ -	\$ -	\$ 406,712.50		\$ - \$		300,118.6
Other Discretionary EMS	\$	-	\$ 14,894.9	9 \$	29,499.43	\$ 38,444.05	\$ 23,021.9	91 \$		\$ -	\$ 23,069.34	\$ 160,608.19	\$ 6,017.96	\$ 83,331.54 \$	\$ 78,404.70 \$	204,080.6
Reimbursements	<u> </u>											,				
Physicians/Surgeons	\$	-	\$-	\$	622.44	\$ 6,454.62	\$-	\$	7,557.58	\$ 9,997.62	\$ 3,445.54	\$ 4,104.70	\$-	\$ 4,253.97 \$	s - \$	16,964.7
Hospitals	\$	-	\$ -	\$		\$ -	\$ -	\$		\$ -		\$ -	\$ -	\$ - \$	5 - \$	
Fiscal Year Ending Balance June 30, 2018	\$	6,032,694.10	\$ -	\$	231,506.27	\$ 121,186.71	\$ 180,726.4	13 \$	367,004.09	\$ (4,148.31)	\$ -	\$ 1,435,302.26	\$ 44,642.17	\$ 70.511.15 \$	654,978.15 \$	2,112,151.22
	1. 2. 3. 4.	otes Alpine County Inyo County r Modoc Count Nevada Coun	y has no hosp eports GC 76 ty: Several a ty reporting	000 tem peric	5 funds with 0 pts made to o od includes Q3		ount collecte nent vith no respoi data to transi	ed use nse fro tion to	d for contrac om county. o fiscal year r	ted EMS servio	ces and uncollect	ed ambulance c	harges.			
Original Assessment Expenditures Claims Detail Physicians/Surgeons	5.	Alameda	Alpine	eved	Amador	Butte	Colusa		contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Inyo	Kern
# Allowable Claims		0	0		34	646	0		6,342	1,682	2,186	20,340	1	1,632	73	13,145
# Paid Claims	1	0	0		17	646	0		6,342	1,682	2,186	20,340	0.1	1,632	73	13,145
0/ B 11 01 1		00/				1000/			1000/	1000/	1000/	1000/	00/	1000/	1000/	1000/

100%

0

0

0%

0%

0

0

0%

100%

0

0

0%

100%

179

179

100%

100%

0

0

0%

8%

0

0

0%

100%

0

0

0%

100%

73

73

100%

100%

0

0

0%

100%

587

587

100%

50%

0

0

0%

0%

0

0

0%

% Paid Claims

# Paid Claims

% Paid Claims

# Allowable Claims

Hosptals

0%

0

0

0%

Maddy EMS Fund Summary by County Original Assessment	Lake	Los Angeles	Madera	Marin	N	Variposa	Men	ndocino	Merced	Modoc	Mono		Monterey		Napa	Nevada		Orange	Placer
Beginning Balance July 1, 2017	\$ 42,744.51	\$ 896,391.12	\$ 218,339.83	\$ 54,046.62	\$	67,179.06	\$ 9	90,020.66	\$ 106,481.29	Did not report	\$ 193,379.86	\$	964,173.60	\$	63,444.26	\$ 78.63	7.27 \$	\$ 42,711.23	\$ 2,780.60
Interest & Misc. Deposits	\$ -	\$ 56,563.35			\$	-	_	54,727.93			\$ 3,068.34	\$	11,590.22		972.06		).66		1,303.55
Collections	 	· •			<u>.</u>				<u> </u>			. <u>.</u>							
GC76000 (GC76104 based)	\$ 59,381.76	\$ 18,037,952.26		\$ 54,046.62	\$	17,211.13	\$ 8	88,317.60	\$ 5,667,095.68		\$ 100,844.77	\$	964,173.60	\$ 4	471,852.51	\$ 174,69	).25 ′	\$ 5,266,423.50	\$ 315,619.10
VC 42007e (Original Assessment)	\$ -	\$ 4,951,730.09		\$-	\$	-	\$	-	\$ -			\$	-	\$ 4	415,578.32	\$	- !	\$-	
Deposits from Collections															· .				
GC76000 (GC76104 based)	\$ 59,381.76	\$ 5,153,693.20	\$ 147,881.40	\$ 348,100.66	\$	17,211.13	\$ 8	88,317.60	\$ 354,005.98		\$ 100,844.74	\$	764,591.58	\$ 1	155,616.27	\$ 174,69	).25 '	\$ 4,215,513.96	\$ 315,619.10
VC 42007e (Original Assessment)	\$ -	\$ 2,271,678.29	\$ 4,154.30	\$-	\$	-	\$	-	\$-			\$	-	\$	-	\$	- !	\$-	
Category Distributions																			
County Administration (actual cost $\leq$ 10%)	\$ 5,936.20	\$ 742,537.16	\$ 15,600.00	\$ 34,810.07	\$	2,000.00	\$ 3	33,955.06	\$ 35,772.58		\$ 10,391.31	\$	77,618.18	\$	15,561.63	\$ 9,30	5.16	\$ 69,827.88	\$ 9,412.04
Physicians/Surgeons (58%)	\$ 28,671.15	\$ 3,876,043.91	\$ 79,270.85	\$ 181,708.54			\$ 17	77,245.41	\$ 197,612.46		\$ 54,242.63	\$	405,166.90	\$	81,231.69	\$ 103,48	.80 '	\$ 2,399,863.32	\$ 166,722.09
Reserve (optional, up to 15%)	\$ -	\$-	\$ 3,111.27	\$-	\$	-	\$ 2	26,586.81	\$-					\$	63,444.26		5	\$-	
Hospitals (25%)	\$ 12,358.25	\$ 1,670,708.59	\$ 34,709.64	\$ 78,322.65	\$	4,000.00	\$ 7	76,398.89	\$ 80,348.84		\$ 23,380.44	\$	174,640.91	\$	35,013.66	\$ 44,60	i.22 '	\$ 1,063,932.98	\$ 71,862.97
Reserve (optional, up to 15%)	\$ -		\$ 799.90	\$-	\$	-	\$	-	\$-								5	\$-	
Other Discretionary EMS (17%)	\$ 8,403.61	\$ 1,136,081.83	\$ 24,146.68	\$ 53,259.40	\$	-	\$ 5	51,951.24	\$ 54,637.20		\$ 15,898.70	\$	118,755.82	\$	23,809.29	\$ 30,33	).88 (	\$ 716,637.36	\$ 48,866.82
Reserve (optional, any amount)	\$ -	\$-	\$-	\$-	\$	-	\$	-	\$-					\$	-				
Expenditures																			
County Administration	\$ 5,910.41	\$ 742,537.16	\$ 15,600.00	\$ 34,810.07	\$	2,000.00	\$	3,611.24	\$ 52,849.70	Did not report	\$ 10,391.31	\$	77,618.18	\$	15,561.63	\$ 9,30	5.13	\$ 69,827.88	\$ 9,412.04
Physicians/Surgeons Allowable Claims	\$ 1,058,785.00	\$ 25,514,476.00	\$ 1,290,819.60	\$ 579,150.37			\$ 17	75,970.64	\$ 241,035.73		\$ -	\$	509,323.00	\$ 7	785,768.00	\$ 103,48	.80	\$ 2,399,863.32	\$ 166,722.09
Physicians/Surgeons Paid Claims	\$ 42,524.30	\$ 4,416,638.10	\$ 80,526.34	\$ 181,895.49			\$ 15	52,368.00	\$ 241,035.73		\$ -	\$	254,661.46	\$	85,337.42	\$ 103,48	.80	\$ 2,399,863.32	\$ 166,722.09
Hospitals Allowable Claims	\$ -	\$-			\$	-			\$ -		\$ -	\$	-	\$	-	\$ 44,60	4.22 \$	\$-	\$ -
Hospitals Paid Claims	\$ -	\$-			\$	-			\$-		\$ -	\$	-	\$	-	\$ 44,60	4.22 \$	\$-	\$ -
Hospitals Direct Disbursement	\$ -	\$ 2,019,463.00	\$ 34,709.64	\$ 78,322.65	\$	4,000.00	\$ 7	77,185.25	\$ 36,380.50		\$ -	\$	174,640.91	\$	35,422.23	\$	- ?	\$ 1,063,932.98	\$ 71,862.97
Other Discretionary EMS	\$ 9,226.59	\$ 1,136,081.83	\$ 41,442.00	\$ 53,259.40	\$	-	\$ 5	53,002.28	\$ 99,810.97		\$ 15,898.70	\$	118,755.82	\$	23,871.66	\$	- !	\$ 716,637.36	\$ 48,866.82
Reimbursements																			
Physicians/Surgeons	\$ 531.00	\$ 163,762.73	\$ 1,255.49	\$ 11,115.57			\$	-	\$ 10,951.48		\$ -	\$	14,001.81	\$	2,678.87	\$ 2,19	3.18	\$ -	\$ 2,144.39
Hospitals	\$ -	\$ 23,170.07	\$ -	\$ -	\$	-	\$	-	\$ -		\$ -	\$	-	\$	-		:	\$-	\$ -
Fiscal Year Ending Balance June 30, 2018	\$ 44,995.97	\$ 250,538.67	\$ 168,534.02	\$ 64,975.24	\$	78,390.19	\$ 14	46,899.42	\$ 44,523.82	Did not report	\$ 271,002.93	\$	1,128,680.84	\$	62,518.52	\$ 100,11	).21	\$ 39,352.56	\$ 24,983.72

Original Assessment Expenditures Claims Detail	Lake	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange	Placer
Physicians/Surgeons				\$ 1,102.00						\$ 5,243.00				
# Allowable Claims	1,264	88,733	2,180	1,102	0	367	3,303	Did not report	0	5,243	1,975	5,768	62,713	11,202
# Paid Claims	630	88,733	2,180	1,102	0	367	3,303		0	5,243	1,975	5,768	62,713	11,202
% Paid Claims	50%	100%	100%	100%	0%	100%	100%		0%	100%	100%	100%	100%	100%
Hosptals														
# Allowable Claims	0	0	0	0	0	0	0	Did not report	0	0	0	2,083	0	0
# Paid Claims	0	0	0	0	0	0	0		0	0	0	2,083	0	0
% Paid Claims	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%	100%	0%	0%

Maddy EMS Fund Summary by County	Plumas	R	iverside	S	acramento	Sa	n Benito	Sa	n Bernardino	San Die	ao	Sa	n Francisco	Sa	n Joaquin	San	Luis Obispo	S	an Mateo	Sai	nta Barbara	S	anta Clara	S	Santa Cruz
Original Assessment	- Turnao		in or or a c		aoranionito	04	Denite	00	Bornaraino	ean bh	.90	ou	in randood	04		0	zaio obiopo		an matoo		na Bandara				
Beginning Balance July 1, 2017	\$ 28.89	\$	-	\$	687.00	\$	408,275.75	\$	-	\$ 1,514,9	09.64	\$	439,049.00	\$ 2	2,018,362.93	\$	167,624.55	\$	1,248,588.00	\$	-	\$	1,879,240.08	\$	355,180.58
Interest & Misc. Deposits	\$ 110.95	\$	35,597.00	\$	9,613.00	\$	7,944.88	\$	2,479.77	\$ 34,4	26.07	\$	10,798.00	\$	25,638.00	\$	1,358.89	\$	18,868.51	\$	77.00	\$	930,001.21	\$	299,558.29
Collections																									
GC76000 (GC76104 based)	\$ 37,641.77	\$ 2	2,320,480.00	\$	784,002.00	\$	67,573.61	\$	1,620,665.95	\$ 6,405,5	610.24	\$	549,399.00	\$	254,820.16	\$	302,069.62	\$	512,354.00	\$	3,986.00	\$	272,352.67	\$	261,548.93
VC 42007e (Original Assessment)	\$ -	\$	-	\$	553,529.00	\$	-	\$	-	\$ 6,515,3	36.92					\$	99,295.50	\$	700,740.00	1		\$	276,079.56	\$	-
Deposits from Collections																					•				
GC76000 (GC76104 based)	\$ 37,641.77	\$ 2	2,320,480.00	\$	770,006.00	\$	67,573.61	\$	1,620,665.95	\$ 7,524,9	946.44	\$	549,399.00	\$	254,820.61	\$	302,069.62	\$	512,354.00	\$	27,104.00	\$	272,352.67	\$	261,548.93
VC 42007e (Original Assessment)	\$ -	\$	-	\$	553,529.00	\$	-	\$	-							\$	99,295.50	\$	358,720.00			\$	276,079.56	\$	-
Category Distributions																					•				
County Administration (actual cost $\leq$ 10%)	\$ 3,022.52	\$	235,608.00	\$	132,353.00	\$	6,757.35	\$	162,314.57	\$ 754,9	30.00	\$	56,020.00	\$	-	\$	22,622.38	\$	87,107.38	\$	2,710.00	\$	163,302.60	\$	-
Physicians/Surgeons (58%)	\$ 20,160.26	\$	1,301,698.00	\$	700,991.00	\$	35,273.43	\$	847,282.07	\$ 3,763,6	75.00	\$	292,423.00	\$	106,484.57	\$	271,348.59	\$	454,700.53	\$	14,149.00	\$	879,899.27	\$	304,146.03
Reserve (optional, up to 15%)	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-							\$	-						
Hospitals (25%)	\$ 8,689.78	\$	530,117.00	\$	297,795.00	\$	15,204.08	\$	365,207.79	\$ 1,624,5	35.00	\$	126,044.00			\$	165,301.00	\$	195,991.61	\$	10,245.00	\$	370,144.09	\$	160,000.00
Reserve (optional, up to 15%)	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-							\$	-					\$	-
Other Discretionary EMS (17%)	\$ 5,909.05	\$	360,480.00	\$	202,501.00	\$	10,338.77	\$	248,341.30	\$ 1,018,5	19.68	\$	85,710.00			\$	60,111.34	\$	133,274.29	\$	-	\$	251,697.99	\$	-
Reserve (optional, any amount)	\$ -	\$	-	\$	-	\$	-			\$	-							\$	-					\$	-
Expenditures																					•				
County Administration	\$ 3,022.52	\$	235,608.00	\$	132,353.00	\$	6,757.35	\$	162,314.57	\$ 754,9	930.00	\$	56,020.00	\$	-	\$	22,622.38	\$	90,926.55	\$	2,718.00	\$	163,302.60	\$	-
Physicians/Surgeons Allowable Claims	\$ 89,094.82	\$ 12	2,769,928.00	\$	9,832,934.00	\$	18,007.42	\$	851,756.88	\$ 4,272,9	946.70	\$	238,032.00	\$	-	\$	785,138.95	\$	-	\$	14,189.00	\$	15,595,352.00	\$	1,713,309.00
Physicians/Surgeons Paid Claims	\$ 20,160.26	\$	1,301,698.00	\$	700,991.00	\$	18,007.42	\$	851,756.88	\$ 3,829,7	01.82	\$	238,032.00	\$	106,484.57	\$	207,636.40	\$	458,689.92	\$	14,189.00	\$	879,899.27	\$	304,146.03
Hospitals Allowable Claims	\$ 168,412.25	\$	-	\$	-	\$	-	\$	-	\$	-			\$	-	\$	-	\$	-			\$	11,413,789.00	\$	-
Hospitals Paid Claims	\$ 8,689.78	\$	-	\$	-	\$	-	\$	-	\$	-			\$	-	\$	-	\$	-			\$	370,144.09	\$	-
Hospitals Direct Disbursement	\$ -	\$	530,117.00	\$	297,795.00	\$	10,223.22	\$	365,207.79	\$ 1,624,5	535.00	\$	128,250.00	\$	-	\$	77,200.28			\$	10,274.00	\$	-	\$	160,000.00
Other Discretionary EMS	\$ 5,909.05	\$	360,480.00	\$	202,501.00	\$	-	\$	248,341.30	\$ 1,018,	19.68	\$	114,127.00	\$	-	\$	60,111.34	\$	252,175.01	\$	-	\$	251,697.99	\$	-
Reimbursements					<b>.</b>				•																
Physicians/Surgeons	\$ -	\$	71,826.00	\$	-	\$	1,804.71	\$	4,474.82	\$ 52,8	324.80			\$	2,889.42	\$	5,379.83					\$	38,245.26	\$	4,258.47
Hospitals	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Fiscal Year Ending Balance June 30, 2018	\$ -	\$	-	\$	195.00	\$	450,610.96	\$	-	\$ 1,900,0	20.45	\$	462,817.00	\$ 2	2,195,226.39	\$	208,157.99	\$	1,336,739.03	\$	-	\$	1,730,874.83	\$	456,400.24

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

							,	0								
Maddy EMS Fund Summary	Cialdiana		Calana		<b>C</b>	Chambelle	Culture	<b>T</b>		Talaas	<b>T</b>		Mantana	M - I -	Mada	<b>T</b> . 4 . 1
by County	Siskiyou		Solano		Sonoma	Stanislaus	Sutter	Trinity		Tulare	IU	olumne	Ventura	Yolo	Yuba	Total
Original Assessment																
Beginning Balance July 1, 2017	\$ 143,960.78		481,445.97		92,711.00	\$ 393,804.77	\$ 587,061.64	\$ 94,482.32	\$		\$	759.88	\$ 867,216.32	\$ 3,290,969.84	 62,469.52	\$ 26,380,692.58
Interest & Misc. Deposits	\$ 1,629.57	\$	7,350.54	\$	16,270.00	\$ 3,670.67	\$ 2,363.36	\$ 1,063.82	\$	4,562.45	\$	886.89	\$ 13,451.87	\$ 45,661.62	\$ 998.10	\$ 1,948,147.67
Collections																
GC76000 (GC76104 based)	\$ 146,448.23	\$	1,038,930.00	\$	269,875.00	\$ 671,004.27	\$ 96,655.82	\$ 15,239.89	\$	239,426.92	\$	-	\$ 947,018.96	\$ 440,668.62	\$ 51,355.98	\$ 59,917,170.32
VC 42007e (Original Assessment)	\$ -	\$	997,730.00	\$	-	\$ -		\$ 23,485.82	\$	37,203.20	\$	-	\$ 257,040.72	\$ -	\$ -	\$ 17,915,503.56
Deposits from Collections																
GC76000 (GC76104 based)	\$ 131,539.10	\$	368,316.34	\$	269,875.00	\$ 671,004.27	\$ 96,655.82	\$ 15,239.89	\$	195,485.62	\$	81,259.01	\$ 833,331.28	\$ 440,668.62	\$ 94,954.49	\$ 34,849,067.41
VC 42007e (Original Assessment)	\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	18,501.55	\$	-	\$ 247,948.26	\$ -	\$	\$ 4,245,151.07
Category Distributions																
County Administration (actual cost $\leq$ 10%)	\$ 10,231.91	\$	37,481.28	\$	27,542.00	\$ 54,179.46	\$ 9,904.77	\$ 1,523.99	\$	21,395.10	\$	8,535.00	\$ 194,849.59	\$ 44,066.68	\$ 9,624.28	\$ 3,688,382.71
Physicians/Surgeons (58%)	\$ 110,025.62	\$	186,337.83	\$	143,768.00	\$ 339,369.92	\$ 54,094.83	\$ 91,997.86	\$	126,242.33	\$	44,553.00	\$ 1,017,114.84	\$ 230,029.02	\$ 52,339.34	\$ 22,219,365.38
Reserve (optional, up to 15%)	\$ -							\$ 13,799.68	\$	-					\$ -	\$ 130,224.65
Hospitals (25%)	\$ 45,401.81	\$	-	\$	61,969.00	\$ 180,000.00	\$ 22,285.74	\$ 3,878.80	\$	5,414.80	\$	19,204.00	\$ 438,411.57	\$ 99,150.44		\$ 9,423,643.81
Reserve (optional, up to 15%)	\$ -							\$ 581.82	\$	-						\$ 22,741.26
Other Discretionary EMS (17%)	\$ 37,220.69	\$	54,616.25	\$	42,139.00	\$ 90,859.00	\$ 15,154.30	\$ 7,048.97	\$	37,002.08	\$	13,058.00	\$ 298,119.87	\$ 67,422.30	\$ 30,303.88	\$ 6,380,879.02
Reserve (optional, any amount)	\$ -							\$ -								\$ -
Expenditures		-		-												
County Administration	\$ 10,231.91	\$	37,481.28	\$	27,542.00	\$ 54,179.46	\$ 9,904.77	\$ 1,523.99	\$	21,395.10	\$	8,254.00	\$ 145,941.86	\$ 6,241.04	\$ 9,624.28	\$ 3,386,449.44
Physicians/Surgeons Allowable Claims	\$ 417,038.00	\$	5,520,969.00	\$	4,113,935.00	\$ 996,302.91	\$ 41,276.93	\$ 5,000.00	\$ 2	2,225,636.00	\$ 2	66,528.24	\$ 1,940,916.20	\$ 1,615,909.00	\$ 800,417.00	\$ 104,825,350.98
Physicians/Surgeons Paid Claims	\$ 110,025.62	\$	186,337.83	\$	350,126.58	\$ 339,369.92	\$ 41,276.93	\$ 5,126.61	\$	126,240.24	\$	43,087.19	\$ 524,236.01	\$ 350,821.35	\$ 52,339.34	\$ 21,061,044.97
Hospitals Allowable Claims	\$ 616,269.00	\$	-	\$	-	\$ 180,000.00		\$ -	\$ 4	4,314,999.17	\$	-	\$ -	\$ -		
Hospitals Paid Claims	\$ 45,401.81	\$	-	\$	-	\$ 180,000.00		\$ 22.05	\$	54,413.88	\$	-	\$ -	\$ -		\$ 813,235.22
Hospitals Direct Disbursement	\$ -	\$	-	\$	102,099.00	\$ -	57493.05	\$ 3,289.50			\$	18,572.00	\$ 266,544.02		\$ -	\$ 8,181,296.80
Other Discretionary EMS	\$ 37,220.69	\$	54,616.25	\$	42,139.00	\$ 90,859.00	\$ 15,154.30	\$ 1,187.75	\$	37,001.44	\$	12,629.00	\$ 281,915.43			\$ 6,219,134.48
Reimbursements				_				÷				·				
Physicians/Surgeons	\$ 2,548.38	\$	3,216.07	\$	-	\$ 18,906.23	\$ 2,391.91		\$	20,504.69	\$	2,444.15	\$ -	\$ -	\$ 1,720.27	\$ 495,470.75
Hospitals	\$ -	\$	-	\$	-	\$ -		1	\$	-	\$	-	\$ -	\$ -	\$ -	\$ 23,170.07
Fiscal Year Ending Balance June 30, 2018	\$ 76,797.80	\$	581,893.56	\$	(143,050.58)	\$ 422,977.56	\$ 564,643.68	\$ 99,636.13	\$	3.65	\$	2,807.74	\$ 743,310.41	\$ 3,420,237.69	\$ 98,178.76	\$ 28,280,538.64

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

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

#### FY 17/18 Collections and Distributions Summary of information received from each county Maddy EMS Fund Supplemental Assessment (Richie's Fund)

Maddy EMS Fund Summary by County Supplemental Assessment /Richie's Fund	Alameda	Alpine	Colusa	С	Contra Costa	[	Del Norte	El Dorado	Humboldt	Inyo	Kern	Lake		Los Angeles		Marin	Μ	lendocino
Beginning Balance July 1, 2017	\$ 4,976,821.48	\$ -	\$ 111,607.85	\$	406,036.47	\$	6,033.27	\$ 350,256.31	\$ 26,183.90	Reported with	\$ 477,797.48	\$ 9,59	1.89	\$ 5,346,281.44	\$	22,816.17	\$	198,469.00
Interest & Misc. Deposits	\$ 66,228.84	\$ 22.66	\$ 1,850.86	\$	6,599.72			\$ -	\$ 381.85	Original	\$ 10,840.94			\$ 137,722.93	3 \$	-	\$	5,077.72
Collections										Assessment								
GC76000.5	\$ 1,521,778.22	\$ 14,888.01	\$ 51,106.53	\$	620,162.46	\$	41,177.45	\$ 139,816.16	\$ 154,245.06		\$ 1,197,797.51	\$ 59,61	1.47	\$ 5,293,981.70	5\$	345,468.53	\$	141,715.77
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -			\$	-	\$ -	\$ -		\$ -	\$	-		\$	-	\$	-
Deposits from Collections																		
GC76000.5	\$ 1,521,778.22	\$ 14,888.01	\$ 47,074.27	\$	607,759.13	\$	41,177.45	\$ 139,816.16	\$ 154,245.06		\$ 1,197,797.51	\$ 59,61	1.47	\$ 5,293,981.70	5 \$	345,468.53	\$	141,715.77
VC 42007e (Supplemental Assessment)	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -	\$ -		\$ -	\$	-	\$ 2,333,515.59	) \$	-	\$	-
Category Distributions																		
County Administration (actual cost $\leq$ 10%)	\$ 158,800.71	\$ -	\$ -	\$	53,934.90			\$ 13,981.61	\$ 15,424.50		\$ 119,558.48	\$ 5,96	1.18	\$ 762,749.74	\$	34,546.85	\$	14,171.58
Richie's Fund (15%)	\$ 238,201.06	\$ 14,910.67	\$ -	\$	68,410.41	\$	-	\$ 18,875.18	\$ 20,823.08		\$ 179,337.71	\$ 8,03	6.60	\$ 1,144,124.60	) \$	51,820.28	\$	21,257.37
Physicians/Surgeons (58%)	\$ 690,783.07	\$ -	\$ -	\$	281,540.00			\$ 62,036.43	\$ 68,438.53		\$ 520,079.38	\$ 28,78	2.06	\$ 3,317,961.30	5 \$	150,278.81	\$	61,646.36
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -	\$ -		\$ -	\$	-	\$-			\$	-
Hospitals (25%)	\$ 297,751.32	\$ -	\$ -	\$	121,353.48	\$	-	\$ 26,739.84	\$ 29,499.38		\$ 224,172.17	\$ 12,40	6.06	\$ 1,430,155.76	5 \$	64,775.35	\$	26,571.71
Reserve (optional-up to 15%)	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -	\$ -		\$ -	\$	-	\$-	\$	-	\$	-
Other Discretionary EMS (17%)	\$ 202,470.90		\$ -	\$	82,520.34			\$ 18,183.10	\$ 20,059.58		\$ 152,437.06	\$ 8,43	6.12	\$ 972,505.89	) \$	44,047.24	\$	18,068.76
Reserve (optional-any amount)	\$ -	\$	\$ -	\$	-	\$	-	\$ -	\$ -		\$ -			\$ -	\$	-	\$	-
Expenditures																		
County Administration	\$ 216,109.69	\$ -	\$ -	\$	53,032.10	\$	-	\$ 13,981.61	\$ 15,424.50		\$ 119,558.48	\$ 5,95	0.74	\$ 762,749.74	\$	34,546.85	\$	11.11
Richie's Fund	\$ -	\$ 14,910.67	\$ -	\$	268,878.60	\$	-	\$ 42,302.05	\$ 20,823.08		\$ 179,337.71	\$ 8,83	6.16	\$-	\$	43,448.17		
Physicians/Surgeons Allowable Claims	\$ 1,564,869.19	\$ -	\$	\$	564,209.48	\$	-	\$ 2,231,108.16	\$ 28,609.24		\$ 558,551.86	\$ 1,058,78	5.00	\$ 22,639,752.20	) \$	443,344.63	\$	72,839.15
Physicians/Surgeons Paid Claims	\$ 1,611,470.63	\$ -	\$ -	\$	282,492.79	\$	-	\$ 62,036.43	\$ 28,609.24		\$ 279,548.36	\$ 42,81	4.46	\$ 3,919,014.00	) \$	139,350.20	\$	62,662.28
Hospitals Allowable Claims	\$ -	\$	\$ -	\$	-	\$	-	\$ 714,779.39			\$ -	\$	-					
Hospitals Paid Claims	\$ -	\$ -	\$ -	\$	-	\$	-	\$ 26,739.84			\$ -	\$	-				1	
Hospitals Direct Disbursement	\$ 197,499.96	\$	\$ -	\$	119,294.15	\$	-	\$ -	\$ -		\$ 555,946.94	\$	-	\$ 1,042,537.00	) \$	64,775.35	\$	27,188.13
Other Discretionary EMS	\$ 398,727.77	\$ -		\$	81,120.00	\$	-	\$ -	\$ 20,059.68		\$ 152,437.06	\$ 9,28	9.54	\$ 972,505.89	) \$	44,047.24	\$	43,677.66
Reimbursements																		
Physicians/Surgeons	\$ 46,601.44	\$ -	\$ -	\$	3,972.65	\$	-	\$ -	\$ 997.85		\$ -	\$	-	\$ -				
Hospitals	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -	\$ -		\$ -	\$	-	\$ -			\$	-
Fiscal Year Ending Balance June 30, 2018	\$ 4,187,621.93	\$ -	\$ 160,532.98	\$	219,550.33	\$	47,210.72	\$ 345,012.54	\$ 96,892.16		\$ 399,607.38	\$ 2,31	2.46	\$ 6,414,695.09	\$	42,116.89	\$	211,723.31

#### 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 did not submit a report

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

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

#### FY 17/18 Collections and Distributions Summary of information received from each county Maddy EMS Fund Supplemental Assessment (Richie's Fund)

Maddy EMS Fund Summary by County Supplemental Assessment /Richie's Fund		Merced	Modo	C	Mono		Napa	Orange	Placer	Plumas	Riverside	S	acramento	Sa	an Benito	Sar	n Bernardino	San Diego	Sa	n Francisco	San Luis Obispo
Beginning Balance July 1, 2017	\$	39.72	Did not r	eport \$	2,050.0	2 \$	95,316.27	\$ 11,326.29	\$ 9,724.64	\$ 15.70	\$ -	\$	-	\$	-	\$	-	\$ 358,217.78	\$	523,810.00	\$ 153,421.93
Interest & Misc. Deposits	\$	558.01		41	88.3	9 \$	987.97	\$ 88,909.24	\$ 1,325.99	\$ 60.27	\$ 35,597.00	\$	-	\$	8,141.61	\$	2,549.72	\$ 5,755.67	\$	12,176.00	\$ 1,362.15
Collections																					
GC76000.5	\$	5,668,866.08		\$	2,900.4	З\$	147,958.98	\$ 3,124,018.99	\$ 304,433.45	\$ 20,447.38	\$ 2,327,186.00	\$	219,655.00	\$	63,497.55	\$	1,556,563.43	\$ 2,337,867.63	\$	535,981.00	\$ 402,257.79
VC 42007e (Supplemental Assessment)	\$	-						\$ -	\$ -		\$ -			\$	-	\$	-		\$	-	
Deposits from Collections																					
GC76000.5	\$	354,304.13		\$	2,900.4	3\$	147,958.98	\$ 3,127,829.02	\$ 304,433.45	\$ 20,447.38	\$ 2,327,186.00	\$	215,294.00	\$	63,497.55	\$	1,556,563.43	\$ 360,151.32	\$	535,981.00	\$ 402,257.79
VC 42007e (Supplemental Assessment)	\$	-				\$	-	\$ -			\$ -			\$	-	\$	-		\$	-	\$ -
Category Distributions																					
County Administration (actual cost $\leq$ 10%)	\$	35,430.43		\$	298.8	9 \$	14,795.90	\$ 27,240.30	\$ 8,971.80	\$ 1,641.87	\$ 236,278.00	\$	21,529.00	\$	6,349.75	\$	155,911.32	\$ -	\$	54,816.00	\$ 22,676.73
Richie's Fund (15%)	\$	55,326.28		\$	448.3	3 \$	115,290.73	\$ 482,795.65	\$ 41,183.47		\$ 318,976.00	\$	32,294.00	\$	8,572.17	\$	210,480.28	\$ 330,470.00	\$	82,224.00	\$ 85,214.64
Physicians/Surgeons (58%)	\$	154,122.30		\$	5 1,300.1	5 \$	65,649.40	\$ 1,555,375.11	\$ 135,356.34	\$ 10,951.26	\$ 1,048,367.00	\$	93,653.00	\$	28,173.88	\$	691,778.50	\$-	\$	228,582.00	\$ 272,000.61
Reserve (optional-up to 15%)	\$	-				\$	-							\$	-				\$	-	
Hospitals (25%)	\$	66,432.02		\$	560.4	1 \$	28,297.15	\$ 683,960.52	\$ 58,343.25	\$ 4,720.37	\$ 451,882.00	\$	40,368.00	\$	12,149.91	\$	298,180.39	\$-	\$	98,668.00	\$ 165,698.19
Reserve (optional-up to 15%)	\$	-				\$	-		\$ -					\$	-				\$	-	
Other Discretionary EMS (17%)	\$	45,173.77		\$	381.0	8 \$	19,242.07	\$ 461,940.70	\$ 39,673.41	\$ 3,209.85	\$ 307,280.00	\$	27,450.00	\$	8,257.86	\$	202,762.66	\$-	\$	83,868.00	\$ 60,255.79
Reserve (optional-any amount)	\$	-		\$	; -	\$	-							\$							
Expenditures																					
County Administration	\$	-	Did not r	eport \$	298.8	9 \$	14,795.90	\$ 27,240.30	\$ 8,971.80	\$ 1,641.87	\$ 236,278.00	\$	21,529.00	\$	6,349.75	\$	155,911.32		\$	54,816.00	\$ 22,676.73
Richie's Fund	\$	-			; -	\$	14,788.26	\$ 482,795.65	\$ 41,183.47	\$ -	\$ -	\$	32,294.00	\$		\$	210,480.28	\$ 330,470.00	\$	90,000.00	\$ 49,804.81
Physicians/Surgeons Allowable Claims	\$	33,010.06		\$	; -	\$	617,390.00	\$ 1,555,375.11	\$ 135,356.34	\$ 48,397.18	\$ 12,769,928.00	\$	1,313,688.00	\$		\$	701,102.38	\$-	\$	198,360.00	\$ 787,025.55
Physicians/Surgeons Paid Claims	\$	33,010.06		\$	; -	\$	68,196.45	\$ 1,555,375.11	\$ 135,356.34	\$ 10,951.26	\$ 1,048,367.00	\$	93,653.00	\$		\$	701,102.38	\$-	\$	198,360.00	\$ 208,135.33
Hospitals Allowable Claims				\$	; -			\$ -	\$ -	\$ 91,483.19	\$ -			\$				\$-	\$	-	\$ -
Hospitals Paid Claims				\$	; -	\$	-	\$ -	\$ -	\$ 4,720.37	\$ -			\$		\$	-	\$-	\$	-	\$ -
Hospitals Direct Disbursement	\$	-		\$	388.7	1 \$	28,297.15	\$ 683,960.52	\$ 58,343.25	\$ -	\$ 770,858.00	\$	40,368.00	\$	11,361.71	\$	298,180.39	\$-	\$	106,875.00	\$ 77,385.79
Other Discretionary EMS	1			\$	; -	\$	19,242.07	\$ 464,940.70	\$ 39,673.41	\$ 3,209.85	\$ 307,280.00	\$	27,450.00	\$	-	\$	202,762.67	\$-	\$	128,400.00	\$ 60,255.79
Reimbursements																			1		
Physicians/Surgeons	\$	1,874.31		\$	; -	\$	2,547.05	\$ -	\$ 2,144.39	\$ -	\$ -	\$	-	\$		\$	9,323.89	\$-	1		\$ 5,392.76
Hospitals				\$	; -	\$	-	\$ -		\$ -	\$ -	\$	-	\$	-	\$	-	\$-	\$	-	\$ -
Fiscal Year Ending Balance June 30, 2018	\$	323,766.11		\$	4,351.2	9 \$	101,490.44	\$ 13,752.27	\$ 34,100.20	\$ -	\$ Ē	\$	-	\$	53,927.70	\$	-	\$ 393,654.77	\$	493,516.00	\$ 144,176.18

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

#### FY 17/18 Collections and Distributions Summary of information received from each county Maddy EMS Fund Supplemental Assessment (Richie's Fund)

Maddy EMS Fund Summary by County Supplemental Assessment /Richie's Fund	San Mateo	Sa	nta Barbara	Santa Clara	Santa Cruz	Sonoma	0	Stanislaus	Tulare	Ventura	Yolo	Yuba	Totals
Beginning Balance July 1, 2017	\$ 1,053,892.54	\$	817,942.00	\$ -	\$ 1,235,461.75	\$ 226,415.00	\$	120,171.11	\$ -	\$ 797,074.66	\$ 106,837.78	\$ 11,024.03	\$ 17,454,636.48
Interest & Misc. Deposits	\$ 19,323.19	\$	9,615.00	\$ (889,320.14)	\$ (279,423.87)	\$ 11,323.00	\$	1,199.38	\$ 10,643.92	\$ 12,934.22	\$ -	\$ 176.14	\$ (717,291.62)
Collections													
GC76000.5	\$ 550,044.00	\$	453,912.00	\$ 1,069,947.16	\$ 260,239.45	\$ 429,309.00	\$	123,363.87	\$ 560,311.18	\$ 1,174,006.17	\$ 163,317.68	\$ 51,282.37	\$ 31,129,115.57
VC 42007e (Supplemental Assessment)				\$ -	\$ -		\$	-			\$ -	\$ -	\$ -
Deposits from Collections													
GC76000.5	\$ 550,044.00	\$	428,812.00	\$ 1,069,947.16	\$ 260,239.45	\$ 429,309.00	\$	123,363.87	\$ 517,936.29	\$ 1,056,996.15	\$ 163,317.68	\$ 7,693.86	\$ 23,591,777.33
VC 42007e (Supplemental Assessment)	\$ 342,020.00			\$ -	\$ -		\$	-	\$ 18,501.55	\$ -	\$ -	\$ -	\$ 2,694,037.14
Category Distributions													
County Administration (actual cost $\leq$ 10%)	\$ 77,163.61	\$	42,881.00		\$ -	\$ 44,063.00	\$	11,471.50	\$ 53,643.79	\$ 185,407.08	\$ 16,331.77	\$ 769.39	\$ 2,196,800.68
Richie's Fund (15%)	\$ 120,428.75	\$	64,322.00	\$ 180,627.02		\$ 59,485.00			\$ 82,062.26	\$ 278,110.62	\$ 24,497.65	\$ -	\$ 4,338,605.81
Physicians/Surgeons (58%)	\$ 402,794.02	\$	190,914.00	\$ -	\$ -	\$ 195,508.00	\$	-	\$ 239,677.52	\$ 806,520.80	\$ 71,043.19	\$ 6,888.01	\$ 11,380,201.10
Reserve (optional-up to 15%)	\$ -	\$	-	\$ -	\$ -		\$	-					\$ -
Hospitals (25%)	\$ 173,618.11	\$	80,402.00	\$ -	\$ -	\$ 84,271.00	\$	-	\$ 103,309.28	\$ 347,638.28	\$ 30,622.07	\$ -	\$ 4,962,546.02
Reserve (optional-up to 15%)	\$ -	\$	-	\$ -	\$ -		\$	-				\$ -	\$ -
Other Discretionary EMS (17%)	\$ 118,060.32	\$	54,674.00	\$ -	\$ -	\$ 57,305.00	\$	-	\$ 70,250.31	\$ 236,394.03	\$ 20,823.00	\$ -	\$ 3,335,730.84
Reserve (optional-any amount)	\$ -			\$ -	\$ -							\$ -	\$ -
Expenditures													
County Administration	\$ 77,163.61	\$	44,577.00	\$ -	\$ -	\$ 44,062.00	\$	11,471.50	\$ 53,643.79	\$ 138,869.45		\$ 769.39	\$ 2,142,431.12
Richie's Fund	\$ -	\$	113,725.00	\$ 180,627.02	\$ -	\$ 78,536.00	\$	61,166.23	\$ 82,062.26	\$ 162,835.10	\$ 31,826.53	\$ -	\$ 2,541,131.05
Physicians/Surgeons Allowable Claims	\$ 469,743.34	\$	199,288.00	\$ -	\$ -	\$ -			\$ 2,225,636.00	\$ 1,539,048.82		\$ 117,008.00	\$ 51,872,425.69
Physicians/Surgeons Paid Claims	\$ 469,743.34	\$	199,288.00		\$ -	\$ -			\$ 239,677.53	\$ 415,692.73		\$ 6,888.01	\$ 11,811,794.93
Hospitals Allowable Claims	\$ -			\$ -	\$ -	\$ -			4314.99.17	\$ -	\$ -		\$ 806,262.58
Hospitals Paid Claims	\$ -			\$ -	\$ -	\$ -			\$ 103,309.29	\$ -	\$ -	\$ -	\$ 134,769.50
Hospitals Direct Disbursement	\$ -	\$	83,698.00	\$ -	\$ -	\$ -				\$ 211,355.98	\$ -	\$ -	\$ 4,378,314.03
Other Discretionary EMS	\$ 258,251.87	\$	56,166.00	\$ -	\$ -	\$ 57,304.00	\$	-	\$ 70,250.30	\$ 223,544.72		\$ -	\$ 3,640,596.22
Reimbursements													
Physicians/Surgeons		\$	4,381.00	\$ -	\$ -	\$ -			\$ 2,198.20	\$ -	\$ -	\$ 303.58	\$ 79,737.12
Hospitals	\$ -	\$	-	\$ -	\$ -	\$ -	\$	-		\$ -	\$ -	\$ -	\$ -
Fiscal Year Ending Balance June 30, 2018	\$ 1,160,120.91	\$	763,296.00	\$ -	\$ 1,216,277.33	\$ 487,145.00	\$	172,096.63	\$ 336.79	\$ 714,707.05	\$ 238,328.93	\$ 11,540.21	\$ 18,453,859.60

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

# **APPENDIX D – COUNTY SUBMITTED REPORTS**



	T	1			
I	Administering		anty / Department	County Contact (Name and T.	,
	Agency		ameda County Public Health Department	Sarah Joe/Financial Servi	ices Officer
			iress (Number and Street)	Phone Number	
			00 Broadway Ste500	510-267-8095	
		-	y or Post Office, State, and ZIP Code	Email Address	
		Oa	kland CA 94607	sarah.joe@acgov.org	
II	Establishment of Fund	la	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	🛛 Yes 🔲 No
		b	Date fund established.		
		c	Fund balance on July 1, 2017.		\$ 4,463,025.58
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	s reported ending
		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, 2017.		\$ 4,976,821.48
		d	If the Maddy EMS Fund beginning balance on July 1. balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending
HI	Collections of	3	Fines, penalties, and forfeitures collected under each		
	Penalty	5	statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 1,513,822.28
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
		с		Vehicle Code § 42007	
				Total	\$ 3,035,600.50
		d			
		4	Responsibility for collection of fines, penalties, and for	rfeitures:	
			Entity	Contact (Name and Title)	
			Alameda County Public Health Department	Sarah Joe/Financial Servi	ices Officer
			Phone Number 510-267-8095	Email Address Sarah.joe@acgov.org	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 1,513,822.28
	Ь		Vehicle Code § 42007	
	c		Total	\$ 1,513,822.28
	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	\$ 1,521,778.22
	b		Vehicle Code § 42007	
	Ċ		Total	\$ 1,521,778.22
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:	1	
		Entity Alameda County Public Health Department	Contact (Name and Title) Sarah Joe/Financial Servic	og Officer
		Phone Number 510-267-8095	Email Address Sarah.joe@acgov.org	
V Maddy EMS Fund Category Distributions	7 <b>8</b>	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	а	Interest earned during the fiscal year.		\$ 55,846.24
	b	Other deposits during the fiscal year.	<b>.</b>	L
	c	If other deposits were made, provide the type of depos	sits and the reason(s) for the dep	osits:
	9	Total amount of funds distributed to the specified cate during the fiscal year.	egories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor or 10%)	ial cost	\$ 156,966.85
	b	Physicians/Surgeons (58%)		\$ 819,366.97

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



			1	
с	Hospitals (25%)			\$ 353,175.42
d	Other Discretionary EMS (17%)			\$ 240,159.28
e		Total	\$ 0.00	\$ 1,569,668.52
10	Maddy EMS Fund (Supplemental Assessment) (If fu	nd not est	ablished, leave blank and go	to #12)
		,		Interest and Other Deposits
а	Interest earned during fiscal year.			\$ 66,228.84
b	Other deposits during fiscal year.			
c	If other deposits were made, provide the type of depo	osits and	the reason(s) for the dep	osits:
		<b>_</b> 1		
11	Total amount of funds distributed to the specified cat during the fiscal year.	tegories	Reserve (Optional)	Category Distributions
8	Administration (Admin cost equal to the lesser of act cost or 10%)	tual		\$ 158,800.71
b	Richie's Fund (15%)			\$ 238,201.06
с	Physicians/Surgeons (58%)			\$ 690,783.07
d	Hospitals (25%)			\$ 297,751.32
e	Other Discretionary EMS (17%)			\$ 202,470.90
ſ		Total	\$ 0.00	\$ 1,588,007.06
12	Desperability for astagony distributions.			
12	Entity	Conta	ct (Name and Title)	
	Alameda County Public Health Department	Sarah	Joe/Financial Servic	es Officer
	Phone Number			
	510-267-8095	Sarah	n.joe@acgov.org	
13	Total Administration expenditures from Maddy EM Assessment).	S Fund (	Original —	Amount
14	Total Administration expenditures from Maddy FM	S Fund (	Supplemental	Amount
	Assessment). (If fund not established, leave blank and go t		Supplemental	\$ 216,109.69
	d e 10 a b c 11 a b c d e f 12	d       Other Discretionary EMS (17%)         e	d       Other Discretionary EMS (17%)         e       Total         10       Maddy EMS Fund (Supplemental Assessment) (If fund not est         a       Interest earned during fiscal year.         b       Other deposits during fiscal year.         c       If other deposits were made, provide the type of deposits and         11       Total amount of funds distributed to the specified categories during the fiscal year.         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       Conta Alameda County Public Health Department         11       Total Administration expenditures from Maddy EMS Fund ( Assessment).       Saraf	d       Other Discretionary EMS (17%)



VI Expenditures &					Allowable Claims		Paid Claims	
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
	(cont.)		from Maddy EMS Fund (Original Assessment).				0%	
			A550550memty.			L		<u>l</u>
		b	If allowable claims were not paid during fisc	alveer In	v 1 2017 June 30	2018 stat	0 700500	
		U	in anowable claims were not paid during iso	cai year, yu	y 1, 2017-3 une 50,	2010, 3121	IC I CASUII	(3).
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed
					wable Claims			Claims
		17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental	#	\$ Amount	#	%	\$ Amount
			Assessment). (If fund not established, leave blank and go to #18)	20,657	\$ 1,564,869.19	20,657	100%	\$ 1,611,470.63
		Ь						
		b	If allowable claims were not paid during fisc	car year, Ju	y 1, 2017-June 30,	2010,3141		
		b				2010,314		
		b c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to			Amou	nt Reimbursed \$ 46,601.44
			Total reimbursements from Physicians/Surg	geons due to ttlements.	collections from		Amou	nt Reimbursed \$ 46,601.44
		¢	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T	geons due to ttlements. The below docu	collections from umentation is part of i	the Maddy	Amou	nt Reimbursed \$ 46,601.44
		¢	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently)	geons due to ttlements. <i>The below doct</i> ns claims pa	collections from umentation is part of i yment methodolog	the Maddy	Amou EMS Fun	Int Reimbursed \$ 46,601.44 Ind report, and <u>must</u>
		¢	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (T         be submitted concurrently)         Image: A description of the Physicians/Surgeor         Image: A statement of the policies, procedures,	geons due to ttlements. <i>The below docu</i> ns claims pa and regula ospitals adm	collections from <i>umentation is part of i</i> yment methodolog tory action taken to inistrator organiza	the Maddy ties. o implement	Amou EMS Fun ent and a names of	Int Reimbursed \$ 46,601.44 Ind report, and <u>must</u> administer the Specific
		¢	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se         Required documentation for submission. (T be submitted concurrently)         Image: A description of the Physicians/Surgeor         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Homes	geons due to ttlements. <i>The below docu</i> as claims pa and regula ospitals adm inistrators c	collections from <i>umentation is part of i</i> yment methodolog tory action taken to inistrator organiza ontacted to review	the Maddy ties. o impleme ation, or r	Amou EMS Fun ent and a names of ayment r	Int Reimbursed \$ 46,601.44 Ind report, and <u>must</u> administer the Specific nethodologies.
		¢	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se         Required documentation for submission. (T be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admit         Image: A description of the process used to solition	geons due to ttlements. <i>The below docu</i> as claims pa and regula ospitals adm inistrators c icit input fro	collections from umentation is part of i yment methodolog tory action taken to inistrator organizi ontacted to review om Physicians/Surg	the Maddy ties. o impleme ation, or r	Amou EMS Fun ent and a names of ayment r	Int Reimbursed \$ 46,601.44 Ind report, and <u>must</u> administer the Specific nethodologies.
		¢	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se</li> <li>Required documentation for submission. (T be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to soli payment distribution methodology.</li> </ul>	geons due to ttlements. <i>The below dock</i> as claims pa and regular ospitals adm inistrators c icit input fro	collections from umentation is part of a yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	the Maddy ties. o impleme ation, or r	Amou EMS Fun ent and a names of ayment r	Int Reimbursed \$ 46,601.44 Ind report, and <u>must</u> administer the Specific nethodologies.
		с 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see</li> <li>Required documentation for submission. (T be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppital admi</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	geons due to ttlements. <i>he below docu</i> ns claims pa and regula ospitals adm inistrators c icit input fro ed by the con cians/Surged Co	collections from <i>umentation is part of i</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>the Maddy</i> (ies. o implement ation, or r claims pa geons and Geons and	Amou EMS Fun ent and a names of ayment r Hospita	Int Reimbursed \$46,601.44 Ind report, and <u>must</u> administer the Especific methodologies. Is to review
		с 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se         Required documentation for submission. (T         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hogh Physicians/Surgeons and Hospital admit         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule use         Responsibility for claims payments to Physicians	geons due to ttlements. <i>he below docu</i> ns claims pa and regula ospitals adm inistrators c icit input fro ed by the con cians/Surged Co	collections from <i>umentation is part of i</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>the Maddy</i> (ies. o implement ation, or r claims pa geons and Geons and	Amou EMS Fun ent and a names of ayment r Hospita	Int Reimbursed \$46,601.44 Ind report, and <u>must</u> administer the Especific methodologies. Is to review
		с 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se</li> <li>Required documentation for submission. (T be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A description of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	geons due to ttlements. <i>The below doct</i> ns claims pa and regular ospitals adm inistrators c icit input fro ed by the con cians/Surge tment S	collections from <i>umentation is part of i</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>the Maddy</i> (ies. o implement ation, or r claims pa geons and Geons and	Amou EMS Fun ent and a names of ayment r Hospita	Int Reimbursed \$46,601.44 Ind report, and <u>must</u> administer the Especific methodologies. Is to review



VI Expenditures & Reimbursements (cont.)		20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			Yes Z No (If no, go to #20d)		
				Alle	owable Claims		Paid C	laims
				#	\$ Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.				0%	
			Total Hospitals experionales.		<b>_</b>			1
	C	If allowable claims were not paid during fisca	al year, J	uly 1, 2017-June 30,	2018, stat	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 b	asis.		Amount	
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns 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	, 2018 stat	te reason(	(s):			
								Amount
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital clains	s are paid on a claims b	asis.		\$ 197,499.96
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thir	d-party,	Amou	nt Reimbursed
		22	Required documentation for submission. (Th be submitted concurrently) A description of the hospitals payment n			the Maddy	EMS Fund	l report, and <u>must</u>
		23	Responsibility for claims payments to Hospit	als:	·			<u>-</u>
		_0	Entity		Contact (Name and		ince Off	icor
			Alameda County Public Health Departu Phone Number		Sarah Joe/Finan Email Address		ices Uff	
			510-267-8095		Sarah.joe@acgo	v.org		



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount	
	(cont.)		Assessment).	
				· <u>_</u>
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		238	(Supplemental Assessment). (If fund not established, leave blank)	\$ 398,727.77
		b	Description of other EMS services provided:	
			Funding for programs to improve Alameda County overall emergency re	esponsiveness

### STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass			
		Available Funds fo			Fund Total
	Balance on July 1, 2017	\$ 4,46	63,025.58 <i>(1c)</i>		\$ 4,463,025.58
	Deposits for July 1, 2017-June 30, 2018	\$ 1,5	13,822.28 <i>(5c)</i>		\$ 5,976,847.86
	Interest for July 1, 2017-June 30, 2018	\$ 5	55,846.24 <i>(8a)</i>		\$ 6,032,694.10
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 6,032,694.10
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 156,966.85		\$ 156,966.85	\$ 0.00 (13)
	Physicians/Surgeons (58%)	\$ 819,366.97 (9b)	\$ 0.00 (9b)	\$ 819,366.97	\$ 0.00 (16a)
	Hospitals (25%)	\$ 353,175.42 (9c)	\$ 0.00 <i>(9c)</i>	\$ 353,175.42	\$ 0.00 (20b Pd) \$ 0.00 (20d)
	Other Discretionary EMS (17%)	\$ 240,159.28 (9d)	\$ 0.00 (9d)	\$ 240,159.28	\$ 0.00 (24a)
	Total	\$ 1,569,668.5; (9e)	\$ 0.00 (9e)	\$ 1,569,668.5	\$ 0.00
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 6,032,694.10
	Reimbursements				
	Physicians/Surgeons		\$ 0.00		\$ 6,032,694.10
	Hospitals		\$ 0.00 (20e)		\$ 6,032,694.10
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 6,032,694.10

Signature of Maddy EMS Fund Administrator

19 Date

Sura

<u>Ch Joe Financial</u> Svr. Myr. Printed Name & Title Sarah. Jue @ acgov. 0X9

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

VII Fund Summary

(cont.)



Maddy EMS Fund
(Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 158,800.71 (11a)		\$ 158,800.71	\$ 216,109.69 (14)
Richie's Fund (15%)	\$ 238,201.06 (11b)		\$ 238,201.06	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 690,783.07 (11c)	\$ 0.00 (11c)	\$ 690,783.07	\$ 1,611,470.63 (17a)
Hospitals (25%)	\$ 297,751.32	\$ 0.00	\$ 297,751.32	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 197,499.96 (21d)
Other Discretionary EMS (17%)	\$ 202,470.90 (11e)	\$ 0.00 (11e)	\$ 202,470.90	\$ 398,727.77 (25a)
Total	\$ 1,588,007.0 (11)	\$ 0.00 (11)	\$ 1,588,007.0	\$ 2,423,808.05
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 4,141,020.49
Reimbursements				

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

Signature of Maddy EMS Fund Administrator

<u>Juste</u> <u>SVCS Mgr Sarah Jue@acg</u> Email Address

Printed Name & Title

DP

Sara

h

nancia



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

1	Administering	County / Department	County Contact (Name and Ti	
	Agency	Alpine County	Delana Lindsey, Assistan	Auditor Controller
		Address (Number and Street)	Phone Number	
		99 Water Street	(530) 694-2284	
		City or Post Office, State, and ZIP Code	Email Address	hudder -
		Markleeville, CA 96120	dlindsey@alpinecountyca	.gov
П	Establishment of Fund	Ia Has the agency established the Madd	y EMS Fund (Original Assessment)?	🗹 Yes 🗖 No
		b Date fund established.	a second s	01/16/2007
		c Fund balance on July 1, 2017.		\$ 0.00
		d If the Maddy EMS Fund beginning b balance on June 30, 2017, state reaso	alance on July 1, 2017, differs from the previous 1(s):	reported ending
		2a Has the agency established the Madd	y EMS Fund (Supplemental Assessment)?	Yes No (If no, go to #3)
		b Date fund established.		01/16/2007
		c Fund balance on July 1, 2017.		\$ 0.00
ш	Penalty	<ul> <li>balance on June 30, 2017, state reaso</li> <li>Fines, penalties, and forfeitures collegistatute.</li> </ul>		Collections
	Assessments	a	Government Code § 76000	\$ 14,872.31
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 14,888.01
		c	Vehicle Code § 42007	\$ 94,198.94
		d	Total	\$ 123,959.26
		4 Responsibility for collection of fines,	penalties, and forfeitures:	
		Entity	Contact (Name and Title)	
			and an extension of the second	
		Alpine County Superior Courts	Ann Gerth, Court Executiv	e Officer

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 14,872.31			
	b		Vehicle Code § 42007				
	c		Total	\$ 14,872,31			
	d	If no deposits into Maddy EMS Fund, state reason(s)	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			
	я		Government Code § 76000.5	\$ 14,888,01			
	ь		Vehicle Code § 42007				
	e		Total	\$ 14,888.01			
	7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)				
		Alpine County	Delana Lindsey, Assistant	Auditor Controller			
	Phone Number (530) 694-2284		Email Address dlindsey@alpinecountyca.gov				
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)					
Distributions				Interest and Other Deposits			
	а	Interest carned during the fiscal year.		\$ 22.68			
	b	Other deposits during the fiscal year.					
	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 cat during the fiscal year.	tegories Reserve (Optional)	Category Distributions			
	a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost				
	b	Physiciaus/Surgeons (58%)		A Design of the second s			

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)		
Distributions (cont.)	d	Other Discretionary EMS (17%)		\$ 14,894.99
(cont.)	e	3	Fotal \$ 0.00	\$ 14,894.99
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not established, leave blank and	go to #12)
				Other Deposits
	a	Interest carned during fiscal year.		\$ 22,66
	b	Other deposits during fiscal year.		
	c	If other deposits were made, provide the type of deposit	s and the reason(s) for the c	leposits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories 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%)		\$ 14,910.67
	f	Т	'otal \$ 0.00	\$ 14,910.67
		Description of the second s		
	12	Responsibility for category distributions: Entity	Contact (Name and Title)	
		Phone Number E	Cmail Address	
T Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	und (Original	Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). <i>(If fund not established, leave blank and go to #1</i>		Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supplemental	Amount

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



Expenditures & Reimbursements	nents		Allo	Allowable Claims		Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	#	\$ Amount	Ħ	% 0%	\$ Amount	
	b	If allowable claims were not paid during fisc	ıl year, Ju	ly 1, 2017-June 30,	2018, st:	ite reason	(\$):	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		) collections from		Amou	nt Reimbursed	
			Allo	wable Claims		Paid (	Claims	
	17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	#	\$ Amount	#	% 0%	\$ Amount	
	b	If allowable claims were not paid during fisc	u year, su	, .,				
							nt Reimbursed	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	cons due to tlements.	collections from		Amou	nt Reimbursed	
		Total reimbursements from Physicians/Surg	cons due to tlements.	collections from		Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set         Required documentation for submission. (77, be submitted concurrently)         A description of the Physicians/Surgeon.	cons due to tlements. <i>e below doc</i> s claims pa	o collections from <i>umentation is part of</i> syment methodolog	the Maddy	Amou EMS Fan	nt Reimbursed d report, and <u>mus</u>	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (77, be submitted concurrently)	cons due to tlements. <i>e below doc</i> s claims pa	o collections from <i>umentation is part of</i> syment methodolog	the Maddy	Amou EMS Fan	nt Reimbursed d report, and <u>mus</u>	
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set         Required documentation for submission. (77, be submitted concurrently)         A description of the Physicians/Surgeon:         A statement of the policies, procedures,	cons due to tlements. <i>e below doc</i> s claims pa and regula spitals adn	o collections from <i>umentation is part of</i> syment methodolog tory action taken t	<i>the Maddy</i> gies. to implen ation, or	EMS Fun	nt Reimbursed d report, and <u>mas</u> administer the specific	
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set         Required documentation for submission. (T/l be submitted concurrently)         A description of the Physicians/Surgeon:         A statement of the policies, procedures, fund(s).         Name(s) of Physicians/Surgeons and Homes	cons due to tlements. <i>e below doc</i> s claims pa and regula spitals adn tistrators o	o collections from <i>amentation is part of</i> syment methodolog tory action taken t ninistrator organiz	<i>the Maddy</i> gies. to implen ation, or claims [	EMS Fun	nt Reimbursed d report, and <u>mas</u> administer the specific nethodologies.	
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set         Required documentation for submission. (T/l be submitted concurrently)         A description of the Physicians/Surgeon:         A statement of the policies, procedures, fund(s).         Name(s) of Physicians/Surgeons and Hospital admin         A description of the process used to solid	cons due to tlements. e below doc s claims pa and regula spitals adn tistrators o it input fro	o collections from <i>umentation is part of</i> syment methodolog tory action taken t ninistrator organiz contacted to review om Physicians/Sur	<i>the Maddy</i> gies. to implen ation, or claims [	EMS Fun	nt Reimbursed d report, and <u>mas</u> administer the specific nethodologies.	
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set         Required documentation for submission. (T/l be submitted concurrently)         A description of the Physicians/Surgeon:         A description 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.	cons due to tlements. e below doc s claims pa and regula spitals adn tistrators o it input fr it input fr by the co	o collections from <i>amentation is part of</i> syment methodolog tory action taken t ninistrator organiz contacted to review om Physicians/Sur unty.	<i>the Maddy</i> gies. to implen ation, or claims [	EMS Fun	nt Reimbursed d report, and <u>mas</u> administer the specific nethodologies.	
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set         Required documentation for submission. (T/l be submitted concurrently)         A description of the Physicians/Surgeon:         A description 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.         An identification of the fee schedule used	cons due to tlements. e below doc s claims pa and regula spitals adn distrators o it input fr l by the co	o collections from <i>amentation is part of</i> syment methodolog tory action taken t ninistrator organiz contacted to review om Physicians/Sur unty.	<i>the Madd</i> y gies. ation, or claims [ geons an	EMS Fun	nt Reimbursed d report, and <u>mas</u> administer the specific nethodologies.	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	<b>2</b> 0a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					D No to #20d)		
			Alle	wable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	f allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A i Leave blank and go to #21e)	if hospital claim	s are paid on a claims b	asis.	,	Amount		
	e	Total reimbursements from Hospitals de county penalties, and settlements.	ue to collectio	ns from patient/thir	d-party,	Amoun	t Reimbursed		
	21a	Indicate if Hospital claims are paid on a EMS Fund (Supplemental Assessment). <i>and go to #22</i> )				Ves No (If no, go to #21d)			
			Alle	wable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during	g fiscal year, J	uly 1, 2017-June 30,	, 2018 sta	ite reason(s):			
	d	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 de county penalties, and settlements.	ue to collectio	ns from patient/third	d-party,	Amoun	t Reimbursed		
	22	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 hospitals paym	ent methodol	ogies.					
	23	Responsibility for claims payments to H Entity		Contact (Name and	Title)				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	I Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 14,894.99
		b	Description of other EMS services provided:	
			The entire amount collected was used for contracted EMS services	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		201	(Supplemental Assessment). (If fund not established, leave blank)	
			and the set of the set	
		b	Description of other EMS services provided:	
		b	Description of other EMS services provided:	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EMS (Original Asso			
		Available Funds fo	or Distribution		Fund Total
	Balance on July 1, 2017		\$ 0.00 ( <i>lc</i> )		\$ 0.00
	Deposits for July 1, 2017-June 30, 2018	\$ 1	14,872.31 (5c)		\$ 14,872.31
	Interest for July 1, 2017-June 30, 2018		\$ 22.68 (8a)		\$ 14,894.99
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 14,894.99
	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%)	\$ 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)		\$ 0.00 (20d)
	Other Discretionary EMS (17%)	\$ 14,894.99 (9d)	\$ 0.00 (9d)	\$ 14,894.99	\$ 14,894.99 (24a)
	Total	\$ 14,894.99 (9e)	\$ 0.00 (9e)	\$ 14,894.99	\$ 14,894.99
	Preliminary Fund Balance (Fund Total - Total Expenditures)		N.		\$ 0.00
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 (16c)	1	\$ 0.00
	Hospitals		\$ 0.00 (20e)		\$ 0.00
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 0.00

Delana Lindsey

6/10/209 Date

Signature of Maddy EMS Fund Administrator

Printed Name & Title

Hosistant

Contillor

dlindeyadapu Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



VII Fund Summary (cont.)		Maddy EMS (Supplemental A			
		Available Funds fo	r Distribution		Fund Total
	Balance on July 1, 2017		\$ 0.00 (2c)		\$ 0.00
	Deposits for July 1, 2017- June 30, 2018	\$ 14,8	388.01 (6c)		\$ 14,888.01
	Interest for July 1, 2017-June 30, 2018	\$	22.66 (10a)		\$ 14,910.67
	Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 <i>(10b)</i>		\$ 14,910.67
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
	Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 14,910.67 (15)
	Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 Pd)
		(11d)	(11d)		\$ 0.00 (21d)
	Other Discretionary EMS (17%)	\$ 14,910.67 (11e)	\$ 0.00 (11e)	\$ 14,910.67	\$ 0.00 (25a)
	Total	\$ 14,910.67	\$ 0.00 (11)	\$ 14,910.67	\$ 14,910.67
	Preliminary Fund Balance (Fund Total - Total Expenditures)	-			\$ 0.00
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
	Hospitals		\$ 0.00 (21e)		\$ 0.00
	Ending Balance for Total Available Funds as of June 30, 2018	-			\$ 0,00



Signature of Maddy EMS Fund Administrator

Delana Lindsey, Assistant Auditor Controller Printed Name & Title

6/10/2019 Date

dlindsey@alpinecountyca.gov Email Address



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

٩.	Administering Agency	County / Department Amador County Public H		nty Contact (Name and Tit blie Staniford, Fiscal S	
		Address (Number and Street 10877 Conductor Blvd., 5	Phone	e Number -232-6407	
		City or Post Office, State, and Sutter Creek CA 95685		il Address aniford@amadorgov.or	9
п	Establishment of Fund	1a Has the agency establish	ed the Maddy EMS Fund (Original )	Assessment)?	🗹 Yes 🗖 No
		b Date fund established.			06/20/1989
		c Fund balance on July 1,	2017.		\$ 239,995.91
		d If the Maddy EMS Fun- balance on June 30, 201	l beginning balance on July 1, 2017, 7, state reason(s):	differs from the previous	reported ending
		2a Has the agency establish	ed the Maddy EMS Fund (Suppleme	ental Assessment)?	Yes No (If no, go to #3)
		b Date fund established.			
		c Fund balance on July 1,	2017.		
			is a constant of the second states of the	different farme the maniferen	
		d If the Maddy EMS Fun balance on June 30, 201	d beginning balance on July 1, 2017, 7, state reason(s):	differs from the previous	reported ending
m	Collections of Penalty	balance on June 30, 201		Statute	reported ending Collections
III		balance on June 30, 201 3 Fines, penalties, and for	7, state reason(s): feitures collected under each		
ш	Penalty	3 Fines, penalties, and for statute.	7, state reason(s): feitures collected under each Gove (Only	Statute	Collections
uu	Penalty	balance on June 30, 201 3 Fines, penalties, and for statute. a	7, state reason(s): feitures collected under each Gove (Only Assess	Statute ernment Code § 76000 ernment Code § 76000.5 y applicable if Supplemental	Collections \$ 0.00

EntityContact (Name and Title)Amador Superior CourtRob Klotz, Amador Superior Court CEOPhone NumberEmail Address209-257-2600rklotz@amadorcourt.org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 0.00
	b		Vehicle Code § 42007	\$ 43,648.81
	c		Total	\$ 43,648.81
	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)	
		Amador County Auditor	Tacy Oneto Rouen, County	Auditor
		Phone Number 209-223-6363	Email Address trouen@amadorgov.org	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 2,042.53
	ь	Other deposits during the fiscal year.		\$ 0.00
	c	If other deposits were made, provide the type of depos	sits and the reason(s) for the depo	osits:
	9	Total amount of funds distributed to the specified cate during the fiscal year.	egories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor 10%)	nal cost	\$ 4,569.13

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



					Structure.
V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 0.00
Distributions	d	Other Discretionary EMS (17%)			\$ 29,499.43
(cont.)	e		otal	\$ 0.00	\$ 54,034.87
				1	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund n	ıot establish	ed, leave blank and go t	nterest and Other Deposits
	a	Interest earned during fiscal year.			
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of deposits	s and the r	eason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories	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	T	otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
	12		Contact (Na	me and Title)	
		18 3 3 7 C C C 4 VI COARMAN	12012-000	to Rouen	
			mail Addr	ress madorgov.org	
Expenditures &	-	203-223-0303 u	ouenwa	madorgov.org	
Reimbursements	13	Total Administration expenditures from Maddy EMS For Assessment).	und (Origi	nal	Amount \$ 5,337.68
	14	Total Administration expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #10		lemental	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fund Assessment). (If fund not established, leave blank and go to #1		emental	Amount



VI Expenditures &			Allo	wable Claims		Paid (	Claims	
	Reimbursements (cont.)	1/-	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	<b>S</b> Amount
			from Maddy EMS Fund (Original Assessment).	34.00	\$ 646,280.00	17	50%	\$ 19,966.31
		b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017-June 30, 2	2018, sta	ite reason	(s):
			Not enough funds in the account.					
			Total minduments from Dhusiaiang/Cuur	anna dua ta	millentions from		Amou	nt Reimbursed
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		conections if our	-		\$ 622.44
				Allo	wable Claims	1	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)		6		0%	
						_		
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017 - June 30, 2	2018, sta	ite reason	(s):	
		e	Total reimbursements from Physicians/Surg	eons due to	collections from		Amou	nt Reimbursed
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed
		c 18		tlements.		he Maddy		
			patient/third-party, county penalties, and set Required documentation for submission. (T/	tlements. 1e below docu	umentation is part of th			
			patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	tlements. ne below docu s claims pa	umentation is part of th yment methodologi	es.	EMS Fund	d report, and <u>mus</u>
			<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures,</li> </ul>	tlements. <i>The below docu</i> s claims pay and regulat spitals adm	umentation is part of th yment methodologi cory action taken to inistrator organiza	es. implem tion, or	EMS Fund tent and a names of	<i>d report, and <u>musi</u> dminister the</i> specific
			<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho</li> </ul>	tlements. The below docu s claims pay and regulat spitals adm nistrators c	umentation is part of the yment methodologi cory action taken to inistrator organiza ontacted to review o	es. implem tion, or claims p	EMS Fund tent and a names of payment m	<i>d report, and <u>mus</u></i> dminister the specific nethodologies.
			<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid</li> </ul>	tlements. The below docu s claims pay and regulat spitals adm nistrators c cit input fro	umentation is part of the yment methodologi cory action taken to inistrator organiza ontacted to review of m Physicians/Surg	es. implem tion, or claims p	EMS Fund tent and a names of payment m	<i>d report, and <u>mus</u></i> dminister the specific nethodologies.
			<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid payment distribution methodology.</li> </ul>	tlements. The below docu s claims pay and regulat spitals adm nistrators c cit input fro d by the cou	umentation is part of the yment methodologi cory action taken to inistrator organiza ontacted to review of om Physicians/Surg anty.	es. implem tion, or claims p	EMS Fund tent and a names of payment m	<i>d report, and <u>musi</u> dminister the</i> specific nethodologies.
		18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule used</li> </ul>	tlements. <i>The below docu</i> s claims pay and regulat spitals adm nistrators c cit input fro d by the cou ians/Surgeo	umentation is part of the yment methodologi cory action taken to inistrator organiza ontacted to review of om Physicians/Surg anty.	es. implem tion, or claims p eons and	EMS Fund tent and a names of payment m	<i>d report, and <u>mus</u></i> dminister the specific nethodologies.
		18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physicians</li> </ul>	tlements. The below docu s claims pay and regulat spitals adm nistrators c cit input fro d by the cou ians/Surgeo Cou	umentation is part of the yment methodologi tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	es. implem tion, or claims p eons and	EMS Fund tent and a names of ayment n d Hospital	d report, and <u>mus</u> dminister the specific nethodologies. Is to review
		18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physic</li> </ul>	tlements. The below docu- s claims pay and regulat spitals adm nistrators c cit input from d by the cou- ians/Surgeor Cou- Docu- Data	umentation is part of the yment methodologic ory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	es. implem tion, or claims p eons and	EMS Fund tent and a names of ayment n d Hospital	d report, and <u>mus</u> dminister the specific nethodologies. Is to review



I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					Ves No (If no, go to #20d)		
		-	Allo	wable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	<b>S</b> Amount		
	b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00		
	c	If allowable claims were not paid during	allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A ij Leave blank and go to #21e)	f hospital claims	s are paid on a claims l	basis.		Amount		
	e	Total reimbursements from Hospitals du county penalties, and settlements.	ie to collection	ns from patient/thir	d-party,	Amoun	t Reimbursed		
	21a	Indicate if Hospital claims are paid on a EMS Fund (Supplemental Assessment). and go to #22)	t es 📄 No (If no, go to #21d)						
			Allo	wable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during	, 2018 stat	e reason(s	;):				
	d	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 du county penalties, and settlements.	e to collection	ns from patient/thir	d-party,	Amoun	t Reimbursed		
	22	Required documentation for submission. be submitted concurrently)	(The below do	ocumentation is part of	the Maddy	EMS Fund	report, and <u>mus</u>		
		A description of the hospitals payme	ent methodolo	ogies.					
	23	Responsibility for claims payments to Ho							
		Entity Amador County Public Health		Contact (Name and Debbie Staniford	a second s	Superviso	or		
		Phone Number 209-223-6696		Email Address dstaniford@ama	domovo	ra			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8

4



VI	Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 29,499.43
				1
		b	Description of other EMS services provided:	
			Mountain Valley EMS Agency, Leek Springs Repeater, Mt. Zion Lease, F	Radio Maintenance
				(
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		234	(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. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass			
			Fund Total		
	Balance on July 1, 2017	\$ 23	39,995.91 (1c)		\$ 239,995.91
	Deposits for July 1, 2017-June 30, 2018	\$ 4	43,648.81 <i>(5c)</i>		\$ 283,644.72
	Interest for July 1, 2017-June 30, 2018	\$	2,042.53 (8a)		\$ 285,687.25
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 285,687.25
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 4,569.13 (9a)		\$ 4,569.13	\$ 5,337.68 (13)
	Physicians/Surgeons (58%)	\$ 19,966.31 (9b)	\$ 0.00 (9b)	\$ 19,966.31	\$ 19,966.31 (16a)
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd) \$ 0.00
	Other Discretionary EMS (17%)	(9c) \$ 29,499.43 (9d)	(9c) \$ 0.00 (9d)	\$ 29,499.43	(20d) \$ 29,499.43 (24a)
	Total	\$ 54,034.87 (9e)	\$ 0.00 (9e)	\$ 54,034.87	\$ 54,803.42
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 230,883.83
	Reimbursements				
	Physicians/Surgeons	. I	\$ 622.44 ( <i>16c</i> )		\$ 231,506.27
	Hospitals		\$ 0.00 (20e)		\$ 231,506.27
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 231,506.27

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

**Email Address** 

Funds as of June 30, 2018



VII Fund Summary (cont.)		Maddy EM (Supplemental A			
		Available Funds fo	r Distribution		Fund Total
	Balance on July 1, 2017		\$ 0.00		\$ 0.00
	Deposits for July 1, 2017- June 30, 2018		\$ 0.00 <i>(6c)</i>		\$ 0.00
	Interest for July 1, 2017-June 30, 2018		\$ 0.00 (10a)		\$ 0.00
	Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 (10b)		\$ 0.00
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
	Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
	Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
	Hospitals (25%)	\$ 0.00	\$ 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 (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, 2018				\$ 0.00

d P Atan

Date

Signature of Maddy EMS Fund Administrator

Dethie Staniford - Fiscal Supervisor Printed Name & Title Email Address Istaniford Ramador gov. org

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

Administering	g Co	unty / Department	County Contact (Name and T	ïtle)
Agency	Bu	tte County Public Health	Elizabeth Heckathorn, Su	pervisor, Admin Ana
	Ad	dress (Number and Street)	Phone Number	
	20	2 Mira Loma Dr	530-552-3817	
	Cit	y or Post Office, State, and ZIP Code	Email Address	
	Or	oville, CA 95965	eheckathorn@buttecount	y.net
I Establishment Fund	t of Ia	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes 🔲 No
	b	Date fund established.	$d(x) = - \frac{1}{2} \frac{d^2 x^2}{dx^2} \frac{d^2 x^2}{dx^2} + \frac{1}{2} \frac{d^2 x^2}{d$	02/01/1989
	c	Fund balance on July 1, 2017.		\$ 136,949.54
	d j	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	s reported ending
÷	2a	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	Yes INO (If no, go to #3)
b				
	b	Date fund established.		
	b c	Date fund established. Fund balance on July 1, 2017.	an a	*****
			, 2017, differs from the previous	s reported ending
	c	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		
Collections of Penalty Assessments	c d	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	Statute	Collections
Penalty	c đ	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		Collections \$ 212,121.60
Penalty	c d 3 a b	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections \$ 212,121.60 \$ 0.00
Penalty	c d 3 a b c	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
Penalty	c d 3 a b c đ	Fund balance on July 1, 2017.         If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 212,121.60 \$ 0.00 \$ 0.00
Penalty	c d 3 a b c	Fund balance on July 1, 2017.         If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         Fines, penalties, and forfeitures collected under each statute.         Responsibility for collection of fines, penalties, and for	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 212,121.60 \$ 0.00 \$ 0.00
	c d 3 a b c đ	Fund balance on July 1, 2017.         If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 212,121.60 \$ 0.00 \$ 0.00 \$ 212,121.60

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



	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)	\$ 212,121.60
		ь		Vehicle Code § 42007	\$ 0.00
		c		Total	\$ 212,121.60
٩		C		a <b>a</b> nn an a	
		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
		b		Vehicle Code § 42007	\$ 0.00
		c		Total	\$ 0.00
				-	
		d	If no deposits into Maddy EMS Fund, state reason(s): No Supplemental Assessment		
	7	7	Responsibility for deposit of penalty assessments:		
			Entity	Contact (Name and Title)	
			County of Butte	Rebecca Mittag - Superviso	r, Auditor-Accountan
			Phone Number (530) 552-3607	Email Address rmittag@buttecounty.net	
v	Maddy EMS	_			
v	Fund Category	8	Maddy EMS Fund (Original Assessment)		
v		8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
v	Fund Category	8 a			
v	Fund Category		Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year.		Other Deposits
v	Fund Category	a	Interest earned during the fiscal year.	osits and the reason(s) for the depo	Other Deposits \$ 1,576.25 \$ 6,454.62
v	Fund Category	a b	Interest earned during the fiscal year. Other deposits during the fiscal year.	the fund by a hospital/physicia	Other Deposits \$ 1,576.25 \$ 6,454.62
v	Fund Category	a b	Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depo The other deposits were money paid back to	the fund by a hospital/physicia Fund.	Other Deposits \$ 1,576.25 \$ 6,454.62
•	Fund Category	a b c	Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depo The other deposits were money paid back to t made after claim was paid under the Maddy F Total amount of funds distributed to the specified cat	the fund by a hospital/physicia Fund. tegories Reserve (Optional)	Other Deposits \$ 1,576.25 \$ 6,454.62 osits: an if payment was Category

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)			\$ 56,535.37
Distributions	d	Other Discretionary EMS (17%)	en e		\$ 38,444.05
(cont.)	e		Total	\$ 0.00	\$ 235,915.30
			n politica A States		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not estal	lished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.	•.		
	b	Other deposits during fiscal year.		· · · · · · · · · · · · · · · · · · ·	
		If other deposits were made, provide the type of deposi	ie and il	a reason(s) for the dam	seitet
	c	it other deposits were made, provide the type of deposit	15 ANU II	ie reason(s) for the dept	1511.5.
	11	Total amount of funds distributed to the specified categ during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		
	b	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f	1	[otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
	14		Contact	(Name and Title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Butte County Public Health	Elizabe	th Heckathorn, Supe	rvisor, Admin Analys
		Phone Number 1	Email A	ldress	
		530-552-3817 ε	heckat	horn@buttecounty.n	et
Expenditures &	10				Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	υπα (ΟΙ	Iginal	\$ 9,773.82
					Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1		pplemental	
			/		
	1.5	Trail like in the second secon	-d (6	alomental	A mou-4
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #.		piementai	Amount

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8

.



VI Expenditures &			Allowable Claims		Paid Claims				
Reimbursements (cont.)	16a	a Total Physicians/Surgeons expenditures	#	# SAmount		%	\$ Amount		
(com)		from Maddy EMS Fund (Original Assessment).	646.00	\$ 299,947.00	646	100%	\$ 131,162.06		
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2017-June 30,	2018, sta	te reason	(5):		
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed		
			Allor	wable Claims		Paid	Claims		
	179	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)							
				* *		Amou	nt Doimhursod		
	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 Ma be submitted concurrently)						addy EMS Fund report, and <u>must</u>		
		A description of the Physicians/Surgeon	ns/Surgeons claims payment methodologies.						
		<ul> <li>A statement of the policies, procedures, fund(s).</li> </ul>	and regulat	ory action taken t	o implen	ent and a	administer the		
		Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital administration	ospitals adm inistrators c	inistrator organiz ontacted to review	ation, or claims p	names of ayment i	specific methodologies.		
		<ul> <li>A description of the process used to soli payment distribution methodology.</li> </ul>	icit input fro	om Physicians/Sur	geons an	d Hospita	als to review		
		An identification of the fee schedule use	ed by the co	unty.					
	19	Responsibility for claims payments to Physi	cians/Surge	ons:					
•		Entity		ntact (Name and I					
		Butte County Public Health	E	izabeth Heckatl	norn, Su	perviso	r, Admin Analyst		
		Phone Number		ail Address					
		530-552-3817	eł	neckathorn@bu	ttecount	y.net			

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI 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)		
			T				
			Allo	wable Claims	· · · · ·	Paid Cl	aims
			#	S Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.	587	\$ 2,028,943.78	587	100%	\$ 56,535.37
	c	If allowable claims were not paid during fisc	al year, J	uly 1, 2017-June 30	, 2018, sta	te reason(s	3):
	d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #21e)	pital claims	are paid on a claims l	basis.		Amount
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thir	d-party,	Amoun	t Reimbursed
	21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If j and go to #22)			0	'es (If no, go to	D No #21d)
			Allo	wable Claims		Paid Cla	aims
			#	\$ Amount	#	%	S Amount
	b	Total Hospitals expenditures.				0%	
	C	If allowable claims were not paid during fisc	al year, Ju	ly 1, 2017-June 30,	2018 stat	e reason(s	):
	đ	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims	are paid on a claims b	asis.	A	mount
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/third	l-party,	Amount	Reimbursed
	22	Required documentation for submission. (The best submitted concurrently)	e below doo	umentation is part of	the Maddy I	EMS Fund i	report, and <u>must</u>
		A description of the hospitals payment n	rethodolog	gies.			
	23	Responsibility for claims payments to Hospit		-			
÷		Entity Butte County Public Health		Contact (Name and Elizabeth Heckatl		pervisor,	Admin Analys
		Phone Number		mail Address			

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount				
	(cont.)		Assessment).	\$ 38,444.05				
		b Description of other EMS services provided:						
			The discretionary expenditures are used to offset the cost of our contra	ct for LEMSA services.				
			·					
		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:					
	•							

#### STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 7 of 8



#### **VII Fund Summary**

	n persona de la companya de la comp Este de la companya d Este de la companya d	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 136,949.54 ( <i>lc</i> )	\$ 136,949.54
Deposits for July 1, 2017-June 30, 2018	\$ 212,121.60 (5c)	\$ 349,071.14
Interest for July 1, 2017-June 30, 2018	\$ 1,576.25 (8a)	\$ 350,647.39
Other Deposits for July 1, 2017-June 30, 2018	\$ 6,454.62 <sub>(8b)</sub>	\$ 357,102.01

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,773.82 (9a)		\$ 9,773.82	\$ 9,773.82 (13)
Physicians/Surgeons (58%)	\$ 131,162.06 (9b)	\$ 0.00 (96)	\$ 131,162.06	\$ 131,162.06 (16a)
Hospitals (25%)	\$ 56,535.37	\$ 0.00	\$ 56,535.37	\$ 56,535.37 (206 Pd) \$ 0.00
Other Discretionary EMS (17%)	(9c) \$ 38,444.05	<i>(9c)</i> \$ 0.00	\$ 38,444.05	(20d) \$ 38,444.05
Total	(9d) \$ 235,915.30 (9e)	(9d) \$ 0.00 (9e)	\$ 235,915.30	(24a) \$ 235,915.30
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 121,186.71
Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 121,186.71
Hospitals		\$ 0.00 (20e)		\$ 121,186.71
Ending Balance for Total Available Funds as of June 30, 2018				\$ 121,186.71

issbethake

Signature of Maddy EMS Fund Administrator

2/26/19 Date

Elizabeth Heckathorn checkathorn@ Printed Name & Title Email Address Supervisor, Admin Analyst buttecounty. het

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

\$

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ <u>0.00</u> (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 (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, 2018				\$ 0.00

Signature of Maddy EMS Fund Administrator

Elizabeth Heckathorn Printed Name & Title

Supervisor, Admin Analyst

2/26/ Date

<u>Checkathorn C</u> Email Address buttecounty.net

rete

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

Response to question 1d on the Annual Report Form:

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

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

This page left blank for printing purposes.



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

I	I Administering Agency		unty / Department blusa County Health & Human Services	County Contact (Name and Ti Christine Fusaro, Staff Se	
			Address (Number and Street) Phone N		Phone Number 530-458-0870
			y or Post Office, State, and ZIP Code olusa, CA 95932	Email Address christine.fusaro@countyo	fcolusa.com
П	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	🗹 Yes 🗖 No
		b	Date fund established.		05/02/1989
		с	Fund balance on July 1, 2017.		\$ 152,974.81
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
		b Date	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	Yes No (If no, go to #3)
			Date fund established.		08/12/2014
			Fund balance on July 1, 2017.		\$ 111,607.85
Ш	Collections of Penalty	3	balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments		statute.	Government Code § 76000	\$ 123,061.45
		a b		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 51,106.53
		с		Vehicle Code § 42007	\$ 0.00
		d		Total	\$ 174,167.98
		4	Responsibility for collection of fines, penalties, and for	orfeitures:	0.000
			Entity	Contact (Name and Title)	
			Colusa County Superior Court	Cynthia Otero	
			Phone Number 530-458-0687	Email Address cynthia.otero@colusa.cou	irts.ca.gov

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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		Government Code § 76000 (Based on GC § 76104)	\$ 54,172.94		
		b		Vehicle Code § 42007	\$ 0.00		
		c		Total	\$ 54,172.94		
		d	If no deposits into Maddy EMS Fund, state reason(s):				
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits		
		a		Government Code § 76000.5	\$ 47,074.27		
		b		Vehicle Code § 42007	\$ 0.00		
		с		Total	\$ 47,074.27		
		7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)			
			Colusa County Superior Court	Cynthia Otero			
		Phone Number 530-458-0687	Phone Number	Email Address cynthia.otero@colusa.courts.ca.gov			
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)	14			
	Distributions				Interest and Other Deposits		
		а	Interest earned during the fiscal year.		\$ 2,040.32		
		b	Other deposits during the fiscal year.		\$ 0.00		
			If other deposits were made, provide the type of depo	osits and the reason(s) for the dep	osits:		
		9	Total amount of funds distributed to the specified cat during the fiscal year.	tegories Reserve (Optional)	Category Distributions		
		а	Administration (Admin cost equal to the lesser of act	ual cost	\$ 5,439.73		
			or 10%)				

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 0.00
Distributions	d	Other Discretionary EMS (17%)			\$ 23,021.91
(cont.)	e		Total	\$ 0.00	\$ 28,461.64
	10	Maddy EMS Fund (Supplemental Assessment) (Iff	fund not establ	lished, leave blank and go	o #12) Interest and
					Other Deposits
	a	Interest earned during fiscal year.			\$ 1,850.86
	b	Other deposits during fiscal year.			\$ 0.00
	c	If other deposits were made, provide the type of dep	oosits and th	e reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified ca during the fiscal year.	ategories	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 e	Hospitals (25%)			
		Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions: Entity Colusa County Health & Human Services		(Name and Title) ne Fusaro, Staff Serv	vices Manager
		Phone Number	Email A		and and
I Evnandituuss 8-		530-458-0870	christin	e.fusaro@countyofc	olusa.com
/I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EM Assessment).	AS Fund (O	riginal	Amount \$ 5,439.73
	14	Total Administration expenditures from Maddy EN	upplemental	Amount	
	14	Assessment). (If fund not established, leave blank and go		-F.L.	\$ 0.00
	15	Total Richie's Fund expenditures from Maddy EM		pplemental	Amount
		Assessment). (If fund not established, leave blank and ge	o to #16a)		\$ 0.00



1 Expenditures & Reimbursements				Allowable Claims		Paid Claims	
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	0.00	\$ 0.00	0	0%	\$ 0.00
	b	If allowable claims were not paid during fisca	year, Jul	y 1, 2017-June 30,	2018, sta	nte reason	(s):
				-		Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set		collections from			\$ 0.00
			Alloy	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	0	0%	\$ 0.00
	b	If allowable claims were not paid during fisc:	year, Jul	y 1, 2017-June 30	, 2018, sta	ate reason	(s):
	b	If allowable claims were not paid during fisc:			, 2018, sta		nt Reimbursed
			ons due to		, 2018, sta		
		Total reimbursements from Physicians/Surge	ons due to ements.	collections from		Amou	nt Reimbursed \$ 0.00
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Th	ons due to ements. below docu	collections from umentation is part of	the Maddy	Amou	nt Reimbursed \$ 0.00
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (Th be submitted concurrently)	ons due to ements. <i>below docu</i> claims pa	collections from <i>imentation is part of</i> yment methodolog	the Maddy	Amou w EMS Fun	nt Reimbursed \$ 0.00 d report, and <u>mu</u> x
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon:         Image: A statement of the policies, procedures,	ons due to ements. <i>below docu</i> claims pa nd regulat	collections from <i>umentation is part of</i> yment methodolog tory action taken	<i>The Madd</i> y gies. to implen	Amou <i>EMS Fun</i> nent and a names of	nt Reimbursed \$ 0.00 d report, and <u>mur</u> administer the specific
	c	Total reimbursements from Physicians/Surge 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 Ho	ons due to ements. below docu claims pa nd regulat pitals adm istrators c	collections from <i>umentation is part of</i> yment methodolog tory action taken unistrator organiz	<i>The Madd</i> y gies. to implen pation, or v claims p	Amou WEMS Fun nent and a names of payment r	nt Reimbursed \$ 0.00 d report, and <u>mus</u> administer the specific nethodologies.
	c	Total reimbursements from Physicians/Surge 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	ons due to ements. below docu claims pa nd regulat pitals adm istrators c t input fro	collections from <i>umentation is part of</i> yment methodolog tory action taken inistrator organiz ontacted to reviev om Physicians/Sur	<i>The Madd</i> y gies. to implen pation, or v claims p	Amou WEMS Fun nent and a names of payment r	nt Reimbursed \$ 0.00 d report, and <u>mus</u> administer the specific nethodologies.
	c	Total reimbursements from Physicians/Surge 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 payment distribution methodology.	ons due to ements. below docu claims pa nd regulat pitals adm istrators c t input fro by the con	collections from <i>umentation is part of</i> yment methodolog tory action taken hinistrator organiz ontacted to review om Physicians/Sur unty.	<i>The Madd</i> y gies. to implen pation, or v claims p	Amou WEMS Fun nent and a names of payment r	nt Reimbursed \$ 0.00 d report, and <u>mus</u> administer the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surgepatient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon:         Image: A description of the Physicians/Surgeon:         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hopphysicians/Surgeons and Hopphysi	ons due to ements. below docu claims pa nd regulat pitals adm istrators c t input fro by the con ans/Surged Co	collections from <i>imentation is part of</i> yment methodolog tory action taken inistrator organiz ontacted to review om Physicians/Sur unty.	<i>Title</i> )	Amou w EMS Fun nent and a names of payment r d Hospita	nt Reimbursed \$ 0.00 d report, and <u>mus</u> administer the specific nethodologies. Is to review
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon:         Image: A description of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule used         Responsibility for claims payments to Physicians	ons due to ements. below docu claims pa nd regulat pitals adm istrators c t input fro by the cou ans/Surger Co es C	collections from umentation is part of yment methodolog tory action taken inistrator organiz ontacted to review om Physicians/Sur unty. ons: ntact (Name and hristine Fusaro	<i>Title</i> )	Amou w EMS Fun nent and a names of payment r d Hospita	nt Reimbursed \$ 0.00 d report, and <u>mus</u> administer the specific nethodologies. Is to review
	c 18	Total reimbursements from Physicians/Surgepatient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon:         Image: A description of the Physicians/Surgeon:         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hopphysicians/Surgeons and Hopphysi	ons due to ements. below docu claims pay nd regulat pitals adm istrators c t input fro by the cou ans/Surgeo es C En	collections from <i>imentation is part of</i> yment methodolog tory action taken inistrator organiz ontacted to review om Physicians/Sur unty.	<i>Title</i> ) , Staff S	Amou <i>y EMS Fun</i> nent and a names of payment r d Hospita ervices I	nt Reimbursed \$ 0.00 d report, and <u>mus</u> administer the specific nethodologies. Is to review Manager



/I Expenditures & Reimbursements (cont.)	20a						Yes No (If no, go to #20d)	
			Allov	vable 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 y	ear, Ju	ly 1, 2017-June 30,	2018, stat	e reason(s	s):	
	d	Direct disbursement to Hospitals. (N/A if hospita	l claims	are paid on a claims b	nsis		Amount	
	u	Leave blank and go to #21e)	crums	are pain on a claimb o			\$ 0.00	
	e	Total reimbursements from Hospitals due to co	llection	s from patient/third	l-party,	Amoun	t Reimbursed \$ 0.00	
		county penalties, and settlements.					\$ 0.00	
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>					(es 🔽 No (If no, go to #21d)	
			Alloy	vable Claims	1.1	Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal y	te reason(	s):				
				ŀ	Amount			
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)					\$ 0.0	
				e e to tra tra de la deserva	and and	Amour	t Reimbursed	
	e	Total reimbursements from Hospitals due to co county penalties, and settlements.	llection	s from patient/thir	i-party,		\$ 0.0	
	22	Required documentation for submission. (The b be submitted concurrently)	elow do	cumentation is part of	the Maddy	EMS Funa	report, and <u>must</u>	
		A description of the hospitals payment met	hodolo	gies.				
	23	Responsibility for claims payments to Hospitals			THE			
		Entity Colusa County Health & Human Service		Contact (Name and Christine Fusaro		ervices N	lanager	
		Phone Number		Email Address				
		530-458-0870		christine.fusaro@	County	fcolusa	com	



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount	
	(cont.)	244	Assessment).	\$ 23,021.91
		b	Description of other EMS services provided:	
			Ambulance Services	
		25	T-t-1 Other Discussion and EMS expanditures from Moddy EMS Fund	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. 1-2019) Page 7 of 8

**VII Fund Summary** 



	(Original Asse			
	Available Funds fo	r Distribution		Fund Total
Balance on July 1, 2017	\$ 15	2,974.81 <i>(1c)</i>		\$ 152,974.81
Deposits for July 1, 201 <u>7</u> -June 30, 2018	\$ 5	4,172.94 (5c)		\$ 207,147.75
Interest for July 1, 2017-June 30, 2018	\$	2,040.32 (8a)		\$ 209,188.07
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <sub>(8b)</sub>		\$ 209,188.07
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 5,439.73 (9a)		\$ 5,439.73	\$ 5,439.73 (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 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	(9c) \$ 23,021.91 (9d)	(9c) \$ 0.00 (9d)	\$ 23,021.91	\$ 23,021.91 (24a)
Total	\$ 28,461.64 (9e)	\$ 0.00 (9e)	\$ 28,461.64	\$ 28,461.64
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 180,726.43
Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 180,726.43
Hospitals		\$ 0.00 (20e)		\$ 180,726.43
Ending Balance for Total Available Funds as of June 30, 2018				\$ 180,726.43

pail 0

Signature of Maddy EMS Fund Administrator

4.15.19 Date

Bonnie Davies baavies & Printed Name & Title Email Address Colusa dh.hs. 09.

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

Ending Balance for Total Available

Funds as of June 30, 2018



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 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 (11)	\$ 0.00 (11)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 160,532.98
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 160,532.98
Hospitals		\$ 0.00 (21e)		\$ 160,532.98
The second second second second second				

5-19 Date

\$ 160,532.98

Signature of Maddy EMS Fund Administrator

Bonnie Davies b<u>davies</u> Printed Name & Title Email Address CD145Q dNhs.

Or



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

	Administering	Cou	inty / Department	County Contact (Name and Ti	tle)
	Agency	CC	ONTRA COSTA COUNTY	Robert Campbell, Auditor	Controller
		Add	Iress (Number and Street)	Phone Number	
			5 Court Street	925.335.8604	
			or Post Office, State, and ZIP Code	Email Address	
		Ma	irtinez, CA 94553	Bob.Campbell@ac.county	/.us
Π	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	Yes 🖾 No
		b	Date fund established.		07/01/1988
		c	Fund balance on July 1, 2017.		\$ 344,727.22
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		01/23/2007
		с	Fund balance on July 1, 2017.		\$ 406,036.47
		d		. 2017. differs from the previou	
III	Collections of Penalty		If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		s reported ending
III	Collections of Penalty Assessments	d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	collections
III	Penalty	d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		collections
III	Penalty	d 3	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute	Collections \$ 6,880,878.63 \$ 620,162.46
III	Penalty	d 3 a	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections \$ 6,880,878.63 \$ 620,162.46
III	Penalty	d 3 a b	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections \$ 6,880,878.63 \$ 620,162.46 \$ 2,774,780.19
111	Penalty	d 3 a b c	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 6,880,878.63 \$ 620,162.46 \$ 2,774,780.19

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 654,464.25		
		b		Vehicle Code § 42007	\$ 371,595.80		
		с		Tot	al \$1,026,060.05		
		d	If no deposits into Maddy EMS Fund, state reason(s):				
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits		
		a		Government Code § 76000.5	\$ \$ 607,759.13		
		b		Vehicle Code § 42007			
		с		Tot	al \$607,759.13		
		d	If no deposits into Maddy EMS Fund, state reason(s):				
		7	Responsibility for deposit of penalty assessments:				
			Entity Contra Costa Superior Court	Contact (Name and Title) Fae Li			
			Phone Number 925.608.2531	Email Address FLi@contracosta.courts.	ca.gov		
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
					Interest and Other Deposits		
		a	Interest earned during the fiscal year.		\$ 6,260.19		
		b	Other deposits during the fiscal year.				
		c	If other deposits were made, provide the type of depos	sits and the reason(s) for the d	eposits:		
	, 	9	Total amount of funds distributed to the specified cated during the fiscal year.	egories Reserve (Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of action or 10%)	al cost	\$ 102,606.61		
		b	Physicians/Surgeons (58%)		\$ 535,602.99		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8

.



Maddy EMS				and the second secon
Maddy EMS Fund Category	c	Hospitals (25%)		\$ 230,863.37
Distributions (cont.)	d	Other Discretionary EMS (17%)		\$ 156,987.08
	e	То	s 0.00	\$ 1,026,060.05
				· · · · · · · · · · · · · · · · · · ·
×				
	10	Maddy EMS Fund (Supplemental Assessment) (If fund no	ot established, leave blank and go	to #12)
				Interest and Other Deposits
÷	a	Interest earned during fiscal year.		\$ 6,599.72
	b	Other deposits during fiscal year.		
				•.
	c	If other deposits were made, provide the type of deposits	and the reason(s) for the dep	oosits:
	11	Total amount of funds distributed to the specified categor during the fiscal year.	ries Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 53,934.90
	b	Richie's Fund (15%)		\$ 68,410.41
	с	Physicians/Surgeons (58%)		\$ 281,540.00
	d	Hospitals (25%)		\$ 121,353.48
	e	Other Discretionary EMS (17%)		\$ 82,520.34
	f		s 0.00	\$ 607,759.13
	12	Responsibility for category distributions:		
			ontact (Name and Title) ae Li	
			mail Address	2 6
		925.608.2531 F	Li@contracosta.courts.ca	a.gov
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fu	ind (Original	Amount
	10	Assessment).		\$ 100,873.01
			·	
	14	Total Administration expenditures from Maddy EMS Fu	Ind (Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #10		\$ 53,032.10
	15	Total Richie's Fund expenditures from Maddy EMS Fun Assessment). (If fund not established, leave blank and go to #10		Amount
		, (J)		\$ 268,878.60

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



VI	Expenditures & Reimbursements (cont.)			Allowable Claims		Paid Claims		
		16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	#	\$ Amount	#	%	\$ Amount
				6,342.00	\$ 1,071,180. <del>}</del>	6,342	100%	\$ 535,459.21
		b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 201						(s):
		с	Total reimbursements from Physicians/Surgeons due to collections from				Amount Reimbursed	
		-	patient/third-party, county penalties, and settlements. \$7,557.58					
				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)	3,341	\$ 564,209.48	3,341	100%	\$ 282,492.79
		b	If allowable claims were not paid during fise	carycar, our	, , 2017 oune oo,	2010, sta	te reason	(3).
		С	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to				nt Reimbursed \$ 3,972.65
			Total reimbursements from Physicians/Sur	geons due to ettlements.	collections from		Amou	nt Reimbursed \$ 3,972.65
		с	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7	geons due to ettlements. The below docu	collections from	he Maddy	Amou	nt Reimbursed \$ 3,972.65
		с	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	geons due to ettlements. The below docu ns claims pay	collections from mentation is part of t yment methodolog	he Maddy ies.	Amou EMS Fun	nt Reimbursed \$ 3,972.65 d report, and <u>must</u>
		с	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7)         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	geons due to :ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm	collections from <i>mentation is part of t</i> yment methodolog rory action taken to inistrator organiz	<i>he Maddy</i> ies. o implem ation, or	Amou EMS Fun ent and a names of	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific
		с	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         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 Hereit	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co	collections from <i>mentation is part of t</i> yment methodolog ory action taken to inistrator organiza	<i>he Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific nethodologies.
		с	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         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 Hospital adm         ☑       A description of the process used to sol	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro	collections from <i>mentation is part of t</i> yment methodolog ory action taken to inistrator organiza ontacted to review om Physicians/Surg	<i>he Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific nethodologies.
		с	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         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 Hospital adm         ✓         A description of the process used to sol payment distribution methodology.	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou	collections from <i>mentation is part of t</i> yment methodolog ory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>he Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific nethodologies.
		c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hephysicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity</li> </ul>	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou cians/Surgeo	collections from <i>mentation is part of t</i> yment methodolog cory action taken to inistrator organize ontacted to review om Physicians/Surg inty.	<i>he Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun ent and a names of ayment n Hospita	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific nethodologies.
		c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (<i>T be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians</li> </ul>	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou cians/Surgeo	collections from <i>mentation is part of t</i> yment methodolog cory action taken to inistrator organiz: ontacted to review om Physicians/Surg inty.	<i>he Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun ent and a names of ayment n Hospita	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific nethodologies.
		c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hephysicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity</li> </ul>	geons due to ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou clains/Surgeo ment Pa	collections from <i>mentation is part of t</i> yment methodolog cory action taken to inistrator organize ontacted to review om Physicians/Surg inty.	<i>he Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun ent and a names of ayment n Hospita	nt Reimbursed \$ 3,972.65 d report, and <u>must</u> administer the specific nethodologies.

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	ns b <b>a</b> sis f	or the Maddy		Yes (If no, go	<b>No</b> to #20d)		
				Allo	wable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fisca	ıl year, J	uly 1, 2017-June 30	, 2018, sta	te reason(	(s):		
								Amount		
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital claims	s are paid on a claims i	basis.	\$	226,945.68		
		e Total reimbursements from Hospitals due to collections from patient/third-par county penalties, and settlements.						Amount Reimbursed		
						1				
		21a	Indicate if Hospital claims are paid on a clair EMS Fund (Supplemental Assessment). <i>(If fi</i> and go to #22)	Yes No (If no, go to #21d)						
				Allowable Claims			Paid Claims			
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during fisca	If allowable claims were not paid during fiscal year, July 1, 2017-June 30						
			·					Amount		
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims	s are paid on a claims	basis.	\$ 119,294.15			
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thin	rd-party,	Amou	nt Reimbursed		
		22	Required documentation for submission. (Th be submitted concurrently)	f the Maddy	ddy EMS Fund report, and <u>must</u>					
			A description of the hospitals payment n							
		23	Responsibility for claims payments to Hospit							
			Entity Contra Costa Health Services Departm		Contact (Name and Patrick Godley,		0			
			Phone Number		Email Address	555, O	<u> </u>			
			925.957.5405		Patrick.Godley@	<b>Occhealth</b>	n.org			

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



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

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



### **VII Fund Summary**

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

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

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

Signature of Maddy EMS Fund Administrator

PATRICK GODLEY, COO/CFO Printed Name & Title

Date Date <u>Patrick. Godley</u> Email Address cchealth. arg

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



### VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distributio	on Fund Total
Balance on July 1, 2017	\$ 406,036.47	(2c) \$ 406,036
Deposits for July 1, 2017- June 30, 2018	\$ 607,759.13	(6c) \$ 1,013,795
Interest for July 1, 2017-June 30, 2018	\$ 6,599.72	(0a) \$ 1,020,395
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(106) \$ 1,020,395

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 53,934.90 (11a)		\$ 53,934.90	\$ 53,032.10 (14)
Richie's Fund (15%)	\$ 68,410.41 (11b)		\$ 68,410.41	\$ 268,878.60 (15)
Physicians/Surgeons (58%)	\$ 281,540.00 (11c)	\$ 0.00 (11c)	\$ 281,540.00	\$ 282,492.79 (17a)
Hospitals (25%)	\$ 121,353.48	53.48 \$ 0.00 \$ 121,353.4		\$ 0.00 (21b Pd)
	(11d) (11d)			\$ 119,294.15 (21d)
Other Discretionary EMS (17%)	\$ 82,520.34 (11e)	\$ 0.00 (11e)	\$ 82,520.34	\$ 81,120.00 (25a)
Total	\$ 607,759.13	\$ 0.00 (11)	\$ 607,759.13	\$ 804,817.64
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 215,577.68

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

Å 16 9 Date

Signature of Maddy EMS Fund Administrator

PATRICK GODLE) COO/CFO

Printed Name & Title

Patriek. Godley @ Email Address echealth.org



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

I			unty / Department	County Contact (Name and Ti	,		
	Agency	Address (Number and Street) Phone Number		Ericka Nelson, Administra	trative Analyst		
		_	5 K Street	707-464-0860			
			y or Post Office, State, and ZIP Code	Email Address			
		Cr	escent City, CA 95531	enelson@co.del-norte.ca.	US		
Π	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes 🗖 No		
		b	Date fund established.				
		с	Fund balance on July 1, 2017.		\$ 6,033.27		
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)		
	b		Date fund established. Fund balance on July 1, 2017.		06/23/2017		
					\$ 6,033.27		
			balance on June 30, 2017, state reason(s): Balance is different due to inadvertently using report.	incorrect fund balance amou	unt on last years		
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000	\$ 40,747.07		
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 41,177.45		
		с		Vehicle Code § 42007			
		d		Total	\$ 81,924.52		
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:			
			Entity	Contact (Name and Title)			
		Del Norte County Elizabeth Cable, Co		Elizabeth Cable, County C	ounsel		
			Phone Number 707-464-7208	Email Address ecable@co.del-norte.ca.us			

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits				
r unu	a		Government Code § 76000 (Based on GC § 76104)	\$ 40,747.07				
	b		Vehicle Code § 42007					
	c		Total	\$ 40,747.07				
	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	\$ 41,177.45				
	ь		Vehicle Code § 42007					
	с		Total	\$ 41,177.45				
	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 the fiscal year.		\$ 538.73				
	b	Other deposits during the fiscal year.						
	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 during the fiscal year.	egories Reserve (Optional)	Category Distributions				
	а	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 7,451.69				
	b	Physicians/Surgeons (58%)		\$ 61,465.00				

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)			
Distributions	d	Other Discretionary EMS (17%)			
(cont.)	e	T	otal	\$ 0.00	\$ 68,916.69
	10	Maddy EMS Fund (Supplemental Assessment) (If fund n	not establis	ned, leave blank and go t	o #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of deposits	s and the	reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)         Richie's Fund (15%)         Physicians/Surgeons (58%)			
	b				
	с				
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f	T	otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
			Contact (N	ame and Title)	
		Phone Number E	Email Add	ress	
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)			Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #1		emental	Amount



VI Expenditures & Reimbursements			Allo	wable Claims	Paid Claims				
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
		from Maddy EMS Fund (Original Assessment).	1,682.00	\$ 2,150,139.00	1,682	100%	\$ 61,465.00		
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason(	(§):		
	с	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed \$ 9,997.62		
		patient/third-party, county penalties, and se	tuements.				\$ 0,007.02		
			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%			
	с	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		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, fund(s).							
				itals administrator organization, or names of specific strators 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							
		Entity		ntact (Name and T	,		Codor		
		Morgan Hill Emergency Group Phone Number	Delilah T. Orrego, EMA/Insurance Coder						
			Email Address delilah@emergencygroupsoffice.com						
		626-447-0296							

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures & Reimbursements (cont.)			Yes No (If no, go to #20d)						
			Alle	wable Claims		Paid C	laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%	1		
		If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):							
	c	II allowable claims were not paid during	g nscai year, j	uly 1, 2017-June 30	, 2018, sta	te reason(	<u>s):</u>		
	d	Direct disbursement to Hospitals. (N/A i	if hospital alaim	s ana paid an a alaims	hasis		Amount		
	u	Leave blank and go to #21e)	y nospitat ciatins				\$ 0.00		
	e	Total reimbursements from Hospitals de county penalties, and settlements.	ue to collectio	ns from patient/thir	d-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 (1f no, go to #21d)				
		Allowable Claims			Paid Claims				
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	с	If allowable claims were not paid during	te reason(	s):					
		62					Amount		
	d	Direct disbursement to Hospitals. (N/A ij Leave blank and go to #22e)							
						1			
	e	Total reimbursements from Hospitals de county penalties, and settlements.	Amoui	nt Reimbursed					
	22	Required documentation for submission be submitted concurrently)	EMS Fund	l report, and <u>mus</u>					
	12	A description of the hospitals paym							
	23	Responsibility for claims payments to H Entity		Contact (Name and	l Title)				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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:	
		25-		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. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Asso				
		Available Funds fo	or Distribution		Fund Total	
	Balance on July 1, 2017	\$	6,033.27 <i>(1c)</i>		\$ 6,033.27	
	Deposits for July 1, 2017-June 30, 2018	\$ 4	40,747.07 <sub>(5c)</sub>		\$ 46,780.34	
	Interest for July 1, 2017-June 30, 2018		\$ 538.73 (8a)		\$ 47,319.07	
	Other Deposits for July 1, 2017-June 30, 2018	\$ 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%)	\$ 7,451.69 (9a)		\$ 7,451.69	\$ 0.00 (13)	
	Physicians/Surgeons (58%)	\$ 61,465.00 (9b)	\$ 0.00 (9b)	\$ 61,465.00	\$ 61,465.00 (16a)	
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd)	
		(9c)	(9c)		\$ 0.00 (20d)	
	Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)	
	Total	\$ 68,916.69 (9e)	\$ 0.00 (9e)	\$ 68,916.69	\$ 61,465.00	
	Preliminary Fund Balance (Fund Total - Total Expenditures)	4			-\$ 14,145.93	
	Reimbursements		1	160		

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

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

Date cschaad@co. del-norte. ca.us Email Address

### **STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 8 of 8

VII Fund Summary (cont.)



	Maddy EN (Supplemental			
	Available Funds f	for Distribution		Fund Total
Balance on July 1, 2017	\$ 6	5,033.27 (2c)	·	\$ 6,033.27
Deposits for July 1, 2017- June 30, 2018	\$ 41	1,177.45 (6c)		\$ 47,210.71
Interest for July 1, 2017-June 30, 2018		\$ 0.00 (10a)		\$ 47,210.71
Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 (10b)		\$ 47,210.71
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures

vistributions/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 (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)
	(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)				\$ 47,210.71
aimhursomonts	1		-	

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

in Signature of Maddy EMS Fund Administrator Clinton Schood itor-Controller

Printed Name & Title

Date chaadle, co -norte. ca.us. **Email Address** 

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

	Administering Agency	County / Department	County Contact (Name and Ti	tle)		
	Themes	El Dorado County HHSA	Richard Todd			
		Address (Number and Street) 3057 Briw Rd B	Phone Number			
			530-621-6505			
		City or Post Office, State, and ZIP Code Placerville, Ca 95667	Email Address			
		Tracervine, Ca 30007	richard.todd@edcgov.us			
п	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes 🗖 No		
		b Date fund established.		02/07/1989		
		c Fund balance on July 1, 2017.				
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending		
		2a Has the agency established the Maddy EMS Fund (Su	ipplemental Assessment)?	Yes No (If no, go to #3)		
		b Date fund established.		07/17/2007		
			\$ 350,256.31			
		<ul> <li><u>Fund balance on July 1, 2017.</u></li> <li>If the Maddy EMS Fund beginning balance on July 1 bolance on June 30, 2017, state magazia)</li> </ul>	, 2017, differs from the previous			
111	e entrenene et		, 2017, differs from the previous			
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous Statute			
111		<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>	1.1240	reported ending		
111	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> </ul>	Statute	Collections		
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	reported ending		
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. ab	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections \$ 142,235.93		
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 142,235.93 \$ 139,816.16		
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 142,235.93 \$ 139,816.16		
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penaltics, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 142,235.93 \$ 139,816.16		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV	Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
	Fuild	a		Government Code § 76000 (Based on GC § 76104)	\$ 142,235.93		
		b		Vehicle Code § 42007			
		c		Total	\$ 142,235.93		
		d	If no deposits into Maddy EMS Fund, state reason(s):				
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits		
		a		Government Code § 76000.5	\$ 139,816.16		
		b		Vehicle Code § 42007			
		c		Total	\$ 139,816.16		
		d	If no deposits into Maddy EMS Fund, state reason(s)				
		7	Responsibility for deposit of penalty assessments:				
			Entity	Contact (Name and Title)			
			El Dorado County Superior Court Phone Number	Amy Wong, Accountant Email Address			
			530-621-7420	· · · · · · · · · · · · · · · · · · ·			
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
	Distributions				Interest and Other Deposits		
		a	Interest earned during the fiscal year.	\$ 5,098.61			
		b	Other deposits during the fiscal year.				
		c	If other deposits were made, provide the type of depo	sits and the reason(s) for the dep	osits:		
		9	Total amount of funds distributed to the specified cat during the fiscal year.	legories Reserve (Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 15,078.01		
		b	Physicians/Surgeons (58%)		\$ 78,707.20		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



/ Maddy EMS Fund Category	c	Hospitals (25%)			\$ 33,925.52
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 23,069.34
(cont.)	e	T	otal	\$ 0.00	\$ 150,780.07
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	ot establis	hed, leave blank and go t	to #12)
			_		Interest and Other Deposits
	a	Interest earned during fiscal year.			
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of deposits	s and the	reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	cost or 109	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%)			\$ 13,981.61
					\$ 18,875.18
	c				\$ 62,036.43
	d e f				\$ 26,739.84 \$ 18,183.10
			otal	\$ 0.00	\$ 139,816.16
	12	Responsibility for category distributions:			
			and the second se	Name and Title) Kollings, Chief Fisc	al Officer
		the Party of the Article and t	Cmail Ad	dress collings@edcgov.us	5
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Ori	ginal	Amount
		Assessment).		\$ 15,078.01	
	14	Total Administration expenditures from Maddy EMS F	und (Su-	nlemental	Amount
	14	Assessment). (If fund not established, leave blank and go to #1		premental	\$ 13,981.61
	15	Total Richie's Fund expenditures from Maddy EMS Fu		olemental	Amount
		Assessment). (If fund not established, leave blank and go to #,	16a)		\$ 42,302.05



I Expenditures & Reimbursements (cont.)			Allo	wable Claims	Paid Claims		
	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount
		from Maddy EMS Fund (Original Assessment).	2,186.00	\$ 2,231,108.	2,186	100%	\$ 78,707.21
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30, 2	2018, sta	te reason(	(s):
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so		collections from		Amou	nt Reimbursed \$ 3,445.54
			1		-		
	179	Total Physicians/Surgeons expenditures	#	wable Claims S Amount	#	Paid C	S Amount
	174	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave	2,186	\$ 2,231,108.1	# 2,186	100%	
		blank and go to #18)	2,100	\$ 2,231,100.	2,100	100%	\$ 62,036.43
	b	If allowable claims were not paid during fis	cal year, Ju	y 1, 2017-June 30,	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s		collections from		Amou	nt Reimbursed
	c 18	patient/third-party, county penalties, and se Required documentation for submission. (2)	ettlements.		he Maddy		nt Reimbursed
		patient/third-party, county penalties, and so Required documentation for submission. (2) be submitted concurrently)	ettlements. The below doci	umentation is part of t			nt Reimbursed
	18	patient/third-party, county penalties, and set         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures	ettlements. <i>The below doci</i> ons claims pa	umentation is part of t	ies.	EMS Fun	nt Reimbursed d report, and <u>mus</u>
	18 A	patient/third-party, county penalties, and set         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo	ettlements. The below doci ons claims pa s, and regula (ospitals adm	umentation is part of the yment methodologi tory action taken to ninistrator organiza	ies. ) implem ation, or	EMS Fundation	nt Reimbursed d report, and <u>mus</u> dminister the specific
	18 A	<ul> <li>patient/third-party, county penalties, and set Required documentation for submission. (2) be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H</li> </ul>	ettlements. The below doci ons claims pa s, and regula (ospitals adm ninistrators c	umentation is part of the yment methodologi tory action taken to ninistrator organiza contacted to review	ies. ) implem ntion, or claims p	EMS Fund tent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies.
	18 A B C	<ul> <li>patient/third-party, county penalties, and set Required documentation for submission. (<i>Ibe submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol</li> </ul>	ettlements. The below dock ons claims pa s, and regula (ospitals adm ninistrators c licit input fro	umentation is part of t yment methodolog tory action taken to ninistrator organiza contacted to review om Physicians/Surg	ies. ) implem ntion, or claims p	EMS Fund tent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies.
	18 А В С	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>to be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> </ul>	ettlements. The below dock ons claims pa s, and regula (ospitals adm ninistrators o licit input fro add by the co	umentation is part of t yment methodolog tory action taken to ninistrator organiza contacted to review om Physicians/Surg unty.	ies. ) implem ntion, or claims p	EMS Fund tent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies.
	18 ABCDE	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>to be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physic Entity</li> </ul>	ettlements. The below dock ons claims pa s, and regula cospitals adm ninistrators c licit input fro sed by the co icians/Surge	umentation is part of t yment methodologi tory action taken to ninistrator organiza contacted to review om Physicians/Surg unty.	ies. ) implem ation, or claims p geons and	<i>EMS Fun</i> eent and a names of ayment n i Hospita	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies. ls to review
	18 ABCDE	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>the submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicianty</li> <li>El Dorado County HHSA</li> </ul>	ettlements. The below dock ons claims pa s, and regula (ospitals adm inistrators of licit input from the by the co icians/Surge Co P	umentation is part of the yment methodologi tory action taken to ninistrator organiza contacted to review om Physicians/Surg unty. ons: ntact (Name and T amela Selko-Lav	ies. ) implem ation, or claims p geons and	<i>EMS Fun</i> eent and a names of ayment n i Hospita	nt Reimbursed d report, and <u>musi</u> dminister the specific nethodologies. ls to review
	18 ABCDE	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>to be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physic Entity</li> </ul>	ettlements. The below dock ons claims pa s, and regula cospitals adm ninistrators c licit input fro- sed by the co icians/Surge Co P En	umentation is part of t yment methodologi tory action taken to ninistrator organiza contacted to review om Physicians/Surg unty.	ies. ) implem ation, or claims p geons and itle) vson, A	EMS Fundation	nt Reimbursed d report, and <u>musi</u> dminister the specific nethodologies. ls to review

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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).			E	] Yes (If no, go	□ No to #20d)	
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	S Amount	
	Ь	Total Hospitals expenditures.	\$ 714,779.39	179	100%	\$ 33,925.52		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis.						
		Leave blank and go to #21e)				0.000	132235072	
	e	Total reimbursements from Hospitals d county penalties, and settlements.	d-party,	Amour	t Reimbursed			
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>					□ No p #21d)	
			Alle	owable Claims		Paid C	aims	
			#	S Amount	#	%	S Amount	
	b	Total Hospitals expenditures.	179	\$ 714,779.39	179	100%	\$ 26,739.84	
	c	If allowable claims were not paid durin	, 2018 sta	te reason(	s):			
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)	if hospital claim	s are paid on a claims t	basis.		Amount	
	e	Total reimbursements from Hospitals due to collections from patient/third-party, Amount Reimbursed county penalties, and settlements.						
A	22	Required documentation for submission be submitted concurrently)	the Maddy	EMS Fund	l report, and <u>must</u>			
		A description of the hospitals payn		ogies.				
	23	Responsibility for claims payments to E Entity El Dorado County HHSA	Iospitals:	Contact (Name and Pamela Selko-La		Accounta	nt II	
		Phone Number 530-295-6914		Email Address pamela.selko@e				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 23,069.34
		b	Description of other EMS services provided:	
			Offset to salary and benefit for Dr. Brazzel	
		75-	Amount	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	
	15		Description of other EMC succession is a	
		Ь	Description of other EMS services provided:	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary					
vii Fund Summary		Maddy EMS (Original Asse			
		Available Funds fo	Fund Total		
	Balance on July 1, 2017	2	\$ 0.00 (lc)		\$ 0.00
	Deposits for <u>July 1, 201</u> 7-June 30, 2018	\$ 14	2,235.93 (5c)		\$ 142,235.93
	Interest for July 1, 2017-June 30, 2018	\$	5,098.61 (8a)		\$ 147,334.54
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 147,334.54
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 15,078.01 (9a)		\$ 15,078.01	\$ 15,078.01 (13)
	Physicians/Surgeons (58%)	\$ 78,707.20 (9b)	\$ 0.00 (9b)	\$ 78,707.20	\$ 78,707.21 (16a)
	Hospitals (25%)	\$ 33,925.52	\$ 0.00	\$ 33,925.52	\$ 33,925.52 (20b Pd)
		(9c)	(9c)		\$ 0.00 (20d)
	Other Discretionary EMS (17%)	\$ 23,069.34 (9d)	\$ 0.00 (9d)	\$ 23,069.34	\$ 23,069.34 (24a)
	Total	\$ 150,780.07	\$ 0.00 (9e)	\$ 150,780.07	\$ 150,780.08
	Preliminary Fund Balance (Fund Total - Total Expenditures)			and the second s	-\$ 3,445.54
	Reimbursements				
	Physicians/Surgeons	\$	3,445.54 (16c)		\$ 0.00
	Hospitals		\$ 0.00 (20e)		\$ 0.00
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 0.00

CFO ture of Maddy EMS Fund Administrator Signa Dat 4W

Yvonne Kollings, Chief Fiscal Officer Printed Name & Title Email Address

Yvonne, Kollings 2 edegov, US

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

**Ending Balance for Total Available** 

Funds as of June 30, 2018



### VII Fund Summary

(cont.)

Maddy EMS Fund (Supplemental Assessment)						
	Available Funds for Distribution	Fund Total				
Balance on July 1, 2017	\$ 350,256.31 (2c)	\$ 350,256.31				
Deposits for July 1, 2017- June 30, 2018	\$ 139,816.16 (6c)	\$ 490,072.47				
Interest for July 1, 2017-June 30, 2018	\$ 0.00 (10a)	\$ 490,072.47				
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 490,072.47				

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

CFO Signature of Maddy EMS Fund Administrator Yvonne Kallings, Chief Fisco Printed Name & Title

(21e)

OFFICE

Date

\$ 345,012.54

Email Address Yvonne, Kollings a Edcgov. US



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

I	Administering		nty / Department	County Contact (Name and Ti	
	Agency		blic Health	Brandon Hill, Staff Analyst	
			Address (Number and Street) Phone Number		
			21 Fulton Street	559.600.3387	
		-	or Post Office, State, and ZIP Code	Email Address	
		Fre	esno, CA 93721	bhill@fresnocountyca.gov	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	-iginal Assessment)?	🛛 Yes 🗖 No
		b	Date fund established.		03/01/1990
		c	Fund balance on July 1, 2017.		\$ 1,716,226.39
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
			Accounting staff completed a reconciliation of unreconciled fund balance figures used in FY1		als differed from
		2a	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		
		c	Fund balance on July 1, 2017.		
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending
II	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 818,830.84
	te: Courts indicate zy do not maintain	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
	tue specific collection	ıs c		Vehicle Code § 42007	
ии	iu.	d		Tota	\$ 818,830.84
		4	Responsibility for collection of fines, penalties, and fo	orfeitures:	
			Entity	Contact (Name and Title)	
			Fresno County Superior Court	Lisa Armstrong	
			Phone Number	Email Address larmstrong@fresno.court	s.ca.gov

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits
Fund			ment Code § 76000 sed on GC § 76104)	\$ 818,830.84	
	b		Vehicle	Code § 42007	
	c			Total	\$ 818,830.84
	d	If no deposits into Maddy EMS Fund, state reason(s):	:		
	6	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	nent Code § 76000.5	
	b		Vehicle	Code § 42007	
	c			Total	\$ 0.00
	d	If no deposits into Maddy EMS Fund, state reason(s): Not established.			
	7	Responsibility for deposit of penalty assessments:			
		Entity	[	(Name and Title)	
		Department of Public Health Phone Number		n Hill, Staff Analyst	
		559.600.6468	Email Ac bhill@fr	resnocountyca.gov	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)			
Distributions					Interest and Other Deposits
	a	Interest earned during the fiscal year.			\$ 33,205.06
	b	Other deposits during the fiscal year.			
	c	If other deposits were made, provide the type of depo	sits and th	e reason(s) for the depo	sits:
	9	Total amount of funds distributed to the specified cat during the fiscal year.	egories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actuor or 10%)	ual cost		\$ 85,203.59
	b	Physicians/Surgeons (58%)			\$ 444,762.74

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



/ Maddy EMS	с	Hospitals (25%)		\$ 191,708.08
Fund Category Distributions	d	Other Discretionary EMS (17%)		\$ 130,361.49
(cont.)	e		otal \$ 0.00	\$ 852,035.90
	·	Note: Hospital and Discretionary figures represent paymen		de during FY 17/18.
	10	Maddy EMS Fund (Supplemental Assessment) (If fund n	ot established, leave blank and g	o to #12)
				Interest and Other Deposits
	a	Interest earned during fiscal year.	·····	
	b	Other deposits during fiscal year.		
	c	If other deposits were made, provide the type of deposits	and the reason(s) for the de	posits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ries 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	T	otal \$ 0.00	\$ 0.00
	12	Responsibility for category distributions:		
			Contact (Name and Title) Brandon Hill, Staff Analys	t
			Cmail Address	
		559.600.6468 k	hill@fresnocountyca.gov	/
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Original	Amount
Kennbur sentents	10	Assessment).		\$ 45,133.57
	14	Total Administration expenditures from Maddy EMS F	und (Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #1	16a)	
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #	ind (Supplemental 16a)	Amount



			Allowable Claims		Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(		from Maddy EMS Fund (Original Assessment).	20,340.00	\$ 524,610.47	20,340	100%	\$ 524,610.47
	b	If allowable claims were not paid during fisc	al year, July	/ 1, 2017-June 30,	2018, stat	te reason	(s):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to ttlements.	collections from		Amou	nt Reimbursed \$ 4,104.70
					1		
				wable Claims		1	Claims S Amount
	17 <b>a</b>	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	#	\$ Amount	#	% 0%	\$ Amount
	b	If allowable claims were not paid during fise	cai year, Jul	y 1, 2017-June 30	, 2010, Sta	ie i cason	u( <i>3)</i> ,
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and se	geons due to ettlements.	collections from		Amou	ınt Reimbursed
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently)	ettlements.		the Maddy		
		patient/third-party, county penalties, and se Required documentation for submission. (7	ettlements. The below docu	umentation is part of			
		patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	ettlements. The below docu ns claims pa	umentation is part of yment methodolog	gies.	EMS Fun	nd report, and <u>must</u>
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures</li> </ul>	ettlements. <i>The below docu</i> ns claims pa , and regulat cospitals adm	umentation is part of yment methodolog tory action taken hinistrator organiz	gies. to implem zation, or	<i>EMS Fun</i> nent and a names of	nd report, and <u>must</u> administer the f specific
		<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H</li> </ul>	ettlements. The below docu ns claims parts , and regular cospitals adm ninistrators c	umentation is part of yment methodolog tory action taken hinistrator organiz	gies. to implem zation, or w claims p	e EMS Fun	nd report, and <u>must</u> administer the f specific methodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol</li> </ul>	ettlements. The below docu ns claims pa , and regular cospitals adm ninistrators c licit input fro	umentation is part of yment methodolog tory action taken hinistrator organiz contacted to review om Physicians/Sur	gies. to implem zation, or w claims p	e EMS Fun	nd report, and <u>must</u> administer the f specific methodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> </ul>	ettlements. The below docu ns claims pa a, and regular cospitals adm inistrators c licit input from the by the co- icians/Surge	umentation is part of yment methodolog tory action taken hinistrator organiz ontacted to review om Physicians/Sun unty.	gies. to implem zation, or w claims p rgeons and	e EMS Fun	nd report, and <u>must</u> administer the f specific methodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (Tbe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physic</li> </ul>	ettlements. The below docu ns claims par- s, and regular cospitals adm inistrators c licit input from the by the co- icians/Surge Co	umentation is part of yment methodolog tory action taken ninistrator organiz contacted to review om Physicians/Sun unty. ons:	gies. to implem zation, or w claims p rgeons and Title)	e EMS Fun nent and a names of payment i d Hospita	nd report, and <u>must</u> administer the f specific methodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (T be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicians</li> </ul>	ettlements. The below docu ns claims par- s, and regular cospitals adm inistrators c licit input from the by the co- icians/Surge Co B	umentation is part of yment methodolog tory action taken ninistrator organiz contacted to review om Physicians/Sur unty. ons: ontact (Name and grandon Hill, Sta	gies. to implem zation, or w claims p rgeons and Title)	e EMS Fun nent and a names of payment i d Hospita	nd report, and <u>must</u> administer the f specific methodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (Tbe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physic</li> </ul>	ettlements. The below docu- ns claims par- a, and regular cospitals adm inistrators c licit input fro- icians/Surge Co B En	umentation is part of yment methodolog tory action taken ninistrator organiz contacted to review om Physicians/Sun unty. ons:	gies. to implem zation, or w claims p rgeons and Title) aff Analys	e EMS Fun nent and a names of payment n d Hospita	nd report, and <u>must</u> administer the f specific methodologies.



	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a c EMS Fund (Original Assessment).	laims basis for	r the Maddy		Yes (If no, go t	☑ No to #20d)		
λ	Note: Funds are di	stribu	buted according to the percentage of Allowable Claims					Paid Claims		
	ED/Trauma encou	nters c	f each hospital. Two fiscal years	#	\$ Amount	#	%	\$ Amount		
	of payments were n		-				0%			
		b	Total Hospitals expenditures.							
	c		If allowable claims were not paid during t	fiscal year, Ju	ly 1, 2017-June 30	, 2018, stat	e reason(s	):		
				· · · · · · · · · · · · · · ·	······································		ł	Amount		
		d	Direct disbursement to Hospitals. (N/A if Leave blank and go to #21e)	hospital claims	are paid on a claims	basis.	\$	406,712.50		
					£		Amoun	t Reimbursed		
		e	Total reimbursements from Hospitals du county penalties, and settlements.	e to collection	s from patient/thi	ra-party,		\$ 0.00		
		<b>2</b> 1a	Indicate if Hospital claims are paid on a EMS Fund (Supplemental Assessment). and go to #22)				Yes ZNo (If no, go to #21d)			
				wable Claims	F		aims			
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%			
		c	If allowable claims were not paid during	fiscal year, Ju	ily 1, 2017-June 3	0, 2018 sta	te reason(	s):		
			Direct disbursement to Hospitals. (N/A if					Amount		
		d	Leave blank and go to #22e)	nospitat ciaims	are paid on a claims	basis.				
		d e	Leave blank and go to #22e) 				Amou	nt Reimburse		
			Leave blank and go to #22e) Total reimbursements from Hospitals du county penalties, and settlements. Required documentation for submission be submitted concurrently)	ne to collection . (The below do	ts from patient/thi	ird-party,				
		e 22	Leave blank and go to #22e) Total reimbursements from Hospitals du county penalties, and settlements. Required documentation for submission be submitted concurrently)       Image: A description of the hospitals payment	e to collection . <i>(The below do</i> ent methodolo	ts from patient/thi	ird-party,				
		e	Leave blank and go to #22e) Total reimbursements from Hospitals du county penalties, and settlements. Required documentation for submission be submitted concurrently)           Image: Concurrently image: Concurren	ie to collection . <i>(The below do</i> ent methodolo ospitals:	is from patient/thi cumentation is part o ogies. Contact (Name an	of the Maddy	EMS Fund	nt Reimburse d report, and <u>m</u>		
		e 22	Leave blank and go to #22e) Total reimbursements from Hospitals du county penalties, and settlements. Required documentation for submission be submitted concurrently) T A description of the hospitals payments Responsibility for claims payments to Hereitan	e to collection . <i>(The below do</i> ent methodolo ospitals:	ts from patient/thi cumentation is part of ogies.	of the Maddy	EMS Fund			



VI Expenditures &	140	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
Reimbursements (cont.)	24a	Assessment).	\$ 160,608.19
(((((((((((((((((((((((((((((((((((((((			
	b	Description of other EMS services provided:	
		Supports activities of Local EMS Agency	
			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:	-
	b	Description of other ENIS services provided:	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass			
		Available Funds f	······		Fund Total
	Balance on July 1, 2017	\$ 1,7	16,226.39 <sub>(Ic)</sub>		\$ 1,716,226.39
	Deposits for July 1, 2017-June 30, 2018	\$8	18,830.84 <sub>(5c)</sub>		\$ 2,535,057.23
	Interest for July 1, 2017-June 30, 2018	\$	33,205.06 (8a)		\$ 2,568,262.29
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <sub>(8b)</sub>		\$ 2,568,262.29
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 85,203.59 (9a)		\$ 85,203.59	\$ 45,133.57 (13)
	Physicians/Surgeons (58%)	\$ 444,762.74 (9b)	\$ 0.00 (9b)	\$ 444,762.74	\$ 524,610.47 (16a)
	Hospitals (25%)	\$ 191,708.08	\$ 0.00	\$ 191,708.08	\$ 0.00 (20b Pd) \$ 406,712.50
		(9c)	(9c)		(20d)
	Other Discretionary EMS (17%)	\$ 130,361.49 (9d)	\$ 0.00 (9d)	\$ 130,361.49	\$ 160,608.19 (24a)
	Total	\$ 852,035.90 (9e)	\$ 0.00 (9e)	\$ 852,035.90	\$ 1,137,064.73
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,431,197.56
	Reimbursements Physicians/Surgeons		\$ 4,104.70		\$ 1,435,302.26
	Hospitals		(16c) \$ 0.00 (20e)		\$ 1,435,302.26
	Ending Balance for Total Available Funds as of June 30, 2018		(202)		\$ 1,435,302.26

3 Signature of Maddy EMS Fund Administrator

Date

Brancion Mile Staff Printed Name & Title Charge

Email Address

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

Funds as of June 30, 2018



### VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (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)
	(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	rener a status Maria Maria	inali Marita		
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
Ending Balance for Total Available				\$ 0.00

Signature of Maddy ÈMS Fund Administrator

Date

Brandhill Stoff Printed Name & Title Dango

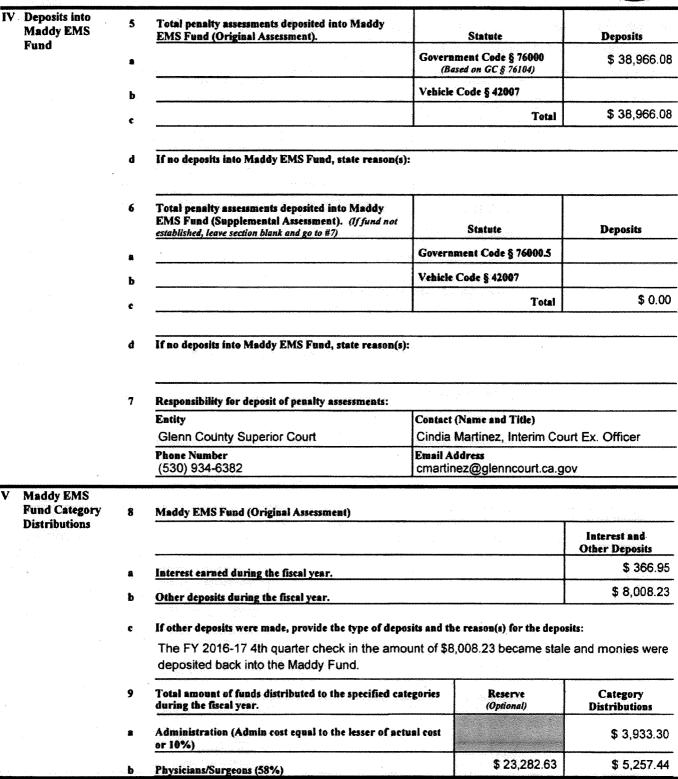
**Email Address** 

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

I	Administering	County / Department	County Contact (Name and T	
	Agency	Department of Finance	Humberto Medina, Asst. I	Director of Finance
		Address (Number and Street)	Phone Number	
		516 W Sycamore Street	(530) 934-6476	
		City or Post Office, State, and ZIP Code	Email Address	
		Willows, CA 95988	hmedina@countyofglenn.	net
I	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Yes D No
		b Date fund established.		12/20/1988
		c Fund balance on July 1, 2017.		\$ 12,509.61
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
		2a Has the agency established the Maddy EMS Fund (Si	ipplemental Assessment)?	Yes No (If no, go to #3)
		b Date fund established.		
		c Fund balance on July 1, 2017.	2017 differs from the previous	reported ending
11	Collections of	c Fund balance on July 1, 2017. d If the Maddy EMS Fund beginning balance on July i balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
II	Pensity	<ul> <li>Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1</li> </ul>	, 2017, differs from the previous Statute	collections
II		<ul> <li>Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		Collections
tI	Pensity	<ul> <li>Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>	Statute	Collections
ĪĪ	Pensity	<ul> <li>Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections
11	Pensity	<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> <li>a</li> <li>b</li> </ul>	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
II	Pensity	c Fund balance on July 1, 2017. d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 38,966.08
	Pensity	c Fund balance on July 1, 2017. d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c d	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 38,966.08
II	Pensity	c Fund balance on July 1, 2017. d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c d A Responsibility for collection of fines, penalties, and for	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	<b>Collections</b> \$ 38,966.08 \$ 38,966.08
	Pensity	c Fund balance on July 1, 2017. d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c d A Responsibility for collection of fines, penalties, and fo Entity	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total rfeitures: Contact (Name and Title)	Collections \$ 38,966.08 \$ 38,966.08 \$ 38,966.08



### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	с	Hospitals (25%)	\$ 21,359.54	\$ 0.00
Distributions	đ	Other Discretionary EMS (17%)	\$ 0.00	\$ 6,017.96
(cont.)	e	Tota	\$ 44,642.17	\$ 15,208.70
	•			
	10	Maddy EMS Fund (Supplemental Assessment) (If fund not e	stablished, leave blank and go	10 #12)
				Interest and Other Deposits
	A	Interest earned during fiscal year.		
	b	Other deposits during fiscal year.		
	c	If other deposits were made, provide the type of deposits an	d the reason(s) for the dep	osits:
	-			
			en de la face de la composition. Notae de la composition de la compositi	an a
	11	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
	8	Administration (Admin cost equal to the lesser of actual cost or 10%)		
	Ь	Richie's Fund (15%)		
	¢	Physicians/Surgeons (58%)		
	d	Hospitals (25%)		
	e	Other Discretionary EMS (17%)		
	ſ	Tota	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions: Entity Cont	act (Name and Title)	un en
			an Storz, Account Clerk	Supervisor
		Phone Number Ema	il Address	
n Segre da Referencia Referencia			rz@countyofglenn.net	
/I Expenditures & Reimbursements	13			Amount
	13	(530) 934-6476 ssto		Amount \$ 3,933.30
	13	(530) 934-6476 ssto Total Administration expenditures from Maddy EMS Fund Assessment).	(Original	\$ 3,933.30
/1 Expenditures & Reimbursements	13	(530) 934-6476 ssto Total Administration expenditures from Maddy EMS Fund	(Original	



Expenditures &	a ta cana ang ang ang ang ang ang ang ang ang			Allowable Claims		Paid Claims	
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	- <b>H</b>	%	S Amount
()		from Maddy EMS Fund (Original Assessment).	1.00	\$ 58,967.36	0	8%	\$ 5,257.44
	b	If allowable claims were not paid during fisc See the supplemental schedule attach					(\$):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed \$ 0.0
				wable Claims		Paid	Claims
	179	Total Physicians/Surgeons expenditures		S Amount	#	1%	S Amount
	1.4	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	al year, Jul	ly 1, 2017-June 30,	2018, sta	nte reason	(5):
	b	Total reimbursements from Physicians/Surg	cons due ta		2018, sta		(5): nut Reimbursed
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (7)	eons due ta tilements.	o collections from		Amou	nt Reimbursed
· · · · · · · · · · · · · · · · · · ·	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (T/ be submitted concurrently)	eons due ta itiements. he below doca	o collections from umentation is part of t	the Maddy	Amou	nt Reimbursed
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (7)	cons due to itiements. he below doca s claims pa	o collections from umentation is part of t	the Maddy	Amou EMS Fun	nt Reimbursed of report, and <u>my</u>
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (T/ be submitted concurrently)         [2] A description of the Physicians/Surgeon         [2] A statement of the policies, procedures,	eons due to itlements. he below doci s claims pa and regula spitals adn	o collections from umentation is part of t syment methodolog tory action taken to ninistrator organiza	<i>ihe Maddy</i> jes. 5 implen ation, or	Amou y EMS Fun	nt Reimbursed ad report, and <u>my</u> administer the
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (7/ be submitted concurrently)         [2] A description of the Physicians/Surgeon         [2] A statement of the policies, procedures, fund(s).         [2] Name(s) of Physicians/Surgeons and He	eons due to itlements. he below doci s claims pa and regula spitals adn aistrators c	o collections from umentation is part of t syment methodolog tory action taken to ninistrator organizz contacted to review	<i>the Maddy</i> ies. o implen ation, or claims p	Amou y EMS Fun	ant Reimbursed ad report, and <u>my</u> administer the Specific methodologies.
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (7/ be submitted concurrently)         I A description of the Physicians/Surgeon         A description of the policies, procedures, fund(s).         Name(s) of Physicians/Surgeons and Hospital admi         A description of the process used to solid	eons due to itiements. he below doct s claims pa and regula apitals adm nistrators o cit input fro	o collections from umentation is part of t syment methodolog tory action taken to ninistrator organizz contacted to review om Physicians/Surg	<i>the Maddy</i> ies. o implen ation, or claims p	Amou y EMS Fun	ant Reimbursed ad report, and <u>my</u> administer the Specific methodologies.
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (7/ be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A description of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hoppysicians/Surgeons and Hospital admini         Image: A description of the process used to solid payment distribution methodology.	eons due to itiements. he below doct s claims pa and regula aspitals adm aistrators o cit input fro d by the co	e collections from umentation is part of t syment methodolog tory action taken to ninistrator organizz contacted to review om Physicians/Surg unty.	<i>the Maddy</i> ies. o implen ation, or claims p	Amou y EMS Fun	ant Reimbursed ad report, and <u>my</u> administer the Specific methodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admit</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	eons due to tilements. he below dock s claims pa and regula spitals adn nistrators o cit input fro d by the co	e collections from umentation is part of t syment methodolog tory action taken to ninistrator organizz contacted to review om Physicians/Surg unty.	<i>the Maddy</i> jes. o implen ation, or claims p geons an	Amou y EMS Fun	ant Reimbursed ad report, and <u>my</u> administer the Specific methodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians</li> </ul>	eons due to tilements. he below dock s claims pa and regula and regula spitals adm aistrators o cit input fro d by the co cians/Surge	o collections from umentation is part of t syment methodolog tory action taken to ninistrator organizz contacted to review om Physicians/Surg unty.	the Maddy ies. o implem ation, or claims p geons an	Amou y EMS Fun nent and a names of payment r d Hospita	administer the Specific methodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons</li> </ul>	eons due to itiements. he below dock s claims pa and regula spitals adm nistrators o cit input fro d by the co cians/Surge Ca H	o collections from umentation is part of t syment methodolog story action taken to ninistrator organizz contacted to review om Physicians/Surg unty.	the Maddy ies. o implem ation, or claims p geons an	Amou y EMS Fun nent and a names of payment r d Hospita	administer the Specific methodologies.

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



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 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, 2017-June 30, 2018, state reason(s):					
			See the supplemental schedule atta	ched to th	e report for the	response.		Amount
		đ	Direct disbursement to Hospitals. (N/A if h Leave blank and go to #21e)	ospital claim	s are paid on a claims	basis.		
		e	Total reimbursements from Hospitals due	to collectio	as from patient/thi	rd-party,	Amou	nt Reimbursed
			county penalties, and settlements.				<u> </u>	\$ 0.00
		21a	Indicate if Hospital claims are paid on a cl EMS Fund (Supplemental Assessment). (1 and go to #22)	· · · · ·	Yes No (If no, go to #21d)			
				Alle	wable Claims		Paid C	aims
				#	S Amount	#	%	S Amount
		b	Total Hospitals expenditures.		1	<u> </u>	0%	
		C	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):					
						Amount		
		d	Direct disbursement to Hospitals. (N/A if he Leave blank and go to #22e)	ospilal claims	are paid on a claims	Dasis.	<u> </u>	
		e	Total reimbursements from Hospitals due county penalties, and settlements.	to coll <del>c</del> ctio	as from patient/thi	rd-party,	Amoun	t Reimbursed
		22	Required documentation for submission. (	The below do	cumentation is part o	f the Maddy	EMS Fund	report, and <u>must</u>
r.			A description of the bospitals payment	t methodolo	gies.			v.
		23	Responsibility for claims payments to Hosp		C	17141-1		
			Entity County of Glenn		Contact (Name and Humberto Media		Director of	ofFinance
			Phone Number		Email Address			
			(530) 934-6476		hmedina@coun	tyofglenn.	net	



### VI Expenditures & Reimbursements (cont.) 24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment). Amount b Description of other EMS services provided: See the supplemental schedule attached to the report for the response. See the supplemental schedule attached to the report for the response.

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. 1-2019) Page 7 of 8



**VII Fund Summary** 

## Maddy EMS Fund

(Original Assessment)				
	Available Funds for Distribution		Fund Total	
Balance on July 1, 2017	\$ 12,509.61 ( <i>Ic</i> )		\$ 12,509.61	
Deposits for July 1, 2017-June 30, 2018	\$ 38,966.08 <i>(Sc)</i>		\$ 51,475.69	
Interest for July 1, 2017-June 30, 2018	\$ 366.95 (8a)		\$ 51,842.64	
Other Deposits for July 1, 2017-June 30, 2018	\$ 8,008.23 <sub>(8b)</sub>		\$ 59,850.87	

Distributions/Expenditures	Category Distributions	<b>Reserve</b> (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 3,933.30 (9a)		\$ 3,933.30	\$ 3,933.30 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 5,257.44 (9b)	\$ 23,282.63 (9b)	-\$ 18,025.19	\$ 5,257.44 (16a)
Hospitais (25%)	\$ 0.00 (9c)	\$ 21,359.54 (9c)	-\$ 21,359.54	\$ 0.00 (206 Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 6,017.96 (94)	\$ 0.00 (9d)	\$ 6,017.96	\$ 6,017.96 (24a)
Total	\$ 15,208.70 (%)	\$ 44,642.17 (9e)	-\$ 29,433.47	\$ 15,208.70
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 44,642.17

Reimbursements			
Physicians/Surgeons	\$ 0.0	0 (16c)	\$ 44,642.17
Hospitals	\$ 0.0	0 (20e)	\$ 44,642.17
Ending Balance for Total Available Funds as of June 30, 2018			\$ 44,642.17

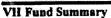
Signature of Maddy EMS Fund Administrator

Date

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

hmedina@countyofglenn.net Email Address

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 <i>(14</i> )
Richie's Fund (15%)	\$ 0.00 (116)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (114)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (216 Pa) \$ 0.00 (214)
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
Ending Balance for Total Available Funds as of June 30, 2018		\$ 0.00

Signature of Maddy EMS Fund Administrator

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

hmedina@countyofglenn.net Email Address

# Maddy Emergency Medical Services (EMS) Fund Report Supplemental Schedule County of Glenn

June 30, 2018

Supplemental Schedule

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

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

<u>Section VI Ouestion No. 18</u> – Physicians/Surgeons claims payment methodologies:

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

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

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

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

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

<u>Section VI Ouestion No. 20c</u> – Reason for not paying allowable claims during FY 2017-18:

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

Section VI Question No. 22 – Hospital payment methodologies:

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

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

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



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

Phone Number

707-445-7256

1	Administering Agency		inty / Department imboldt County DHHS- Public Health	County Contact (Name and Title) Shannon Falk-Carlsen		
	3-2-3	_	dress (Number and Street)	Phone Number		
			9 I Street	707-441-5438		
			y or Post Office, State, and ZIP Code	Email Address		
		Eu	ireka, CA 95501	sfalk-carlsen@co.humbol	dt.ca.us	
п	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	🗹 Yes 🗖 No	
		b	Date fund established.		02/04/1989	
		c	Fund balance on July 1, 2017.		\$ 140,488.90	
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes     No     (If no, go to #3)	
		ь	Date fund established.		06/26/2007	
		c	Fund balance on July 1, 2017.		\$ 26,183.90	
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending	
m	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	а		Government Code § 76000	\$ 166,236.50	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c		Vehicle Code § 42007		
		d		Total	\$ 320,481.56	
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
	Entity		Entity Superior Court of California Humboldt County	Contact (Name and Title) Court Clerk's Office		

Email Address

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	а		Government Code § 76000 (Based on GC § 76104)	\$ 166,236.50
	b		Vehicle Code § 42007	
	c		Total	\$ 166,236.50
	d	If no deposits into Maddy EMS Fund, state reason(s)	1:	
	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	\$ 154,245.06
	b		Vehicle Code § 42007	
	c		Total	\$ 154,245.06
	7			
		Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	-
	,	Entity Humboldt County Treasurer-Tax Collector	John Bartholomew, Treasur	er-Tax Collector
		Entity		
V Maddy EMS Fund Category		Entity Humboldt County Treasurer-Tax Collector Phone Number	John Bartholomew, Treasur Email Address	
		Entity Humboldt County Treasurer-Tax Collector Phone Number 707-476-2450 or 877-448-6829	John Bartholomew, Treasur Email Address	
Fund Category		Entity Humboldt County Treasurer-Tax Collector Phone Number 707-476-2450 or 877-448-6829	John Bartholomew, Treasur Email Address	Interest and
Fund Category	8	Entity Humboldt County Treasurer-Tax Collector Phone Number 707-476-2450 or 877-448-6829 Maddy EMS Fund (Original Assessment)	John Bartholomew, Treasur Email Address	Interest and Other Deposits
Fund Category	8 a	Entity Humboldt County Treasurer-Tax Collector Phone Number 707-476-2450 or 877-448-6829 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year.	John Bartholomew, Treasur Email Address taxinfo@co.humboldt.ca.us	Interest and Other Deposits \$ 1,249.91
Fund Category	8 a b	Entity Humboldt County Treasurer-Tax Collector Phone Number 707-476-2450 or 877-448-6829 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year.	John Bartholomew, Treasur Email Address taxinfo@co.humboldt.ca.us	Interest and Other Deposits \$ 1,249.91
Fund Category	8 a b c	Entity Humboldt County Treasurer-Tax Collector Phone Number 707-476-2450 or 877-448-6829 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depo	John Bartholomew, Treasur         Email Address taxinfo@co.humboldt.ca.us         osits and the reason(s) for the depo         tegories       Reserve (Optional)	Interest and Other Deposits \$ 1,249.91 sits:

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)			\$ 122,546.37	
Distributions	d	Other Discretionary EMS (17%)			\$ 83,331.54	
(cont.)	e	k	Total	\$ 0.00	\$ 506,972.31	
	10	Maddy EMS Fund (Supplemental Assessment) (If fu	nd not establ	lished leave blank and vo t	o #12)	
			nu nu cano	isincu, icure inuni unu go i	Interest and Other Deposits	
	a	Interest earned during fiscal year.			\$ 381.85	
	b	Other deposits during fiscal year.				
	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 ca during the fiscal year.	egories	Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 15,424.50	
ь	ь	Richie's Fund (15%)       Physicians/Surgeons (58%)       Hospitals (25%)       Other Discretionary EMS (17%)       Total			\$ 20,823.08 \$ 68,438.53	
	c					
	d				\$ 29,499.38	
	e				\$ 20,059.58 0 \$ 154,245.07	
	f					
	12	Responsibility for category distributions: Entity County of Humboldt Auditor's Office		(Name and Title) Tanuma, Senior Ac	countant-Auditor	
	Phone Number 707-476-2453		Email Address stanuma@co.humboldt.ca		aus	
Expenditures &	91				Amount	
Reimbursements	13 Total Administration expenditures from Maddy EMS Fund (Original Assessment).			riginal	\$ 16,786.89	
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		upplemental	Amount \$ 15,424.50	
				1	Amount	
	15	Total Dichia's Fund ownenditures from Madde FM	Fund /Ca.	5 Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		



			Allowable Claims		Paid Claims			
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
80.33		from Maddy EMS Fund (Original Assessment).	1,632.00	\$ 141,599.70	1,632	100%	\$ 141,599.70	
	b	If allowable claims were not paid during fis	cal year, July	/ 1, 2017-June 30,	2018, stat	te reason(	(s):	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	Amount Reimbursed \$ 4,253.97	
			The second	Studier of	r	- Carlos		
	17.	Total Physicians/Surgeons expenditures	Allov #	s Amount	#	Paid 0	Claims S Amount	
	1.04	from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave	1,632	\$ 28,609.24	# 1,632	100%	\$ 28,609.24	
		blank and go to #18)						
	b	If allowable claims were not paid during fis	cal year. July	1. 2017-June 30.	2018. sta	te reason	(s):	
	c	Total reimbursements from Physicians/Sur-	geons due to	collections from		Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so		collections from		Amou	nt Reimbursed \$ 997.85	
	c 18		ettlements.		the Maddy		\$ 997.85	
		patient/third-party, county penalties, and so Required documentation for submission. (A	ettlements. The below docu	mentation is part of			\$ 997.85	
		patient/third-party, county penalties, and so Required documentation for submission. (2 be submitted concurrently)	ettlements. The below docu ns claims pay	mentation is part of vment methodolog	gies.	EMS Fun	\$ 997.85 d report, and <u>mus</u> t	
		patient/third-party, county penalties, and set         Required documentation for submission. (1)         be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures	ettlements. The below docu ns claims pay and regulat cospitals adm	mentation is part of yment methodolog ory action taken t inistrator organiz	gies. 10 implem 11 ation, or	EMS Fun	\$ 997.85 d report, and <u>musi</u> administer the specific	
		<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>to be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H</li> </ul>	ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators co	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review	gies. 10 implem 11 ation, or 14 claims p	EMS Fun nent and a names of ayment r	\$ 997.85 d report, and <u>musi</u> administer the specific nethodologies.	
		<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>to submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol</li> </ul>	ettlements. The below docu ns claims pay , and regulat cospitals adm inistrators co licit input fro	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur	gies. 10 implem 11 ation, or 14 claims p	EMS Fun nent and a names of ayment r	\$ 997.85 d report, and <u>musi</u> administer the specific nethodologies.	
		<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>to be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> </ul>	ettlements. The below docu ns claims pay , and regulat cospitals adm ninistrators co licit input fro	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur unty.	gies. 10 implem 11 ation, or 14 claims p	EMS Fun nent and a names of ayment r	\$ 997.85 d report, and <u>must</u> administer the specific nethodologies.	
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>tbe submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	ettlements. The below docu ns claims pay a, and regulat cospitals adm linistrators co licit input fro wed by the cou icians/Surgeo	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur unty.	gies. o implem ation, or claims p geons and	EMS Fun nent and a names of ayment r	\$ 997.85 d report, and <u>muss</u> administer the specific nethodologies.	
	18	<ul> <li>patient/third-party, county penalties, and service of the submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Herror Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicians</li> </ul>	ettlements. The below docu ns claims pay and regulat cospitals adm dinistrators co licit input fro red by the cou icians/Surgeo Con	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur anty.	gies. o implem ation, or claims p geons and	EMS Fun nent and a names of nayment r d Hospita	\$ 997.85 d report, and <u>muss</u> administer the specific nethodologies.	
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (<i>tbe submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physic</li> </ul>	ettlements. The below docu ns claims pay and regulat cospitals adm inistrators co licit input fro red by the cou icians/Surgeo Ith O	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur mty.	gies. o implem ation, or claims p geons and	EMS Fun nent and a names of nayment r d Hospita	\$ 997.85 d report, and <u>muss</u> administer the specific nethodologies.	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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	aims	
			#	\$ Amount	#	%	S Amount	
	b	Total Hospitals expenditures.			-	0%		
	¢	If allowable claims were not paid during fisc	al year, J	uly 1, 2017-June 30,	2018, stat	te reason(	s):	
	d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #21e)	pital claims	s are paid on a claims b	oasis.		Amount	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amour	it Reimbursed	
	21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). <i>(If)</i> and go to #22)	Ø	es (If no, go ta	□ No n #21d)			
		,	Alle	wable Claims		Paid C	laims	
	b	Total Hospitals expenditures.	#	\$ Amount	#	% 0%	S Amount	
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #22e)	basis.		Amount			
	e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					nt Reimbursed	
	22	Required documentation for submission. (The submitted concurrently)	f the Maddy	EMS Fund	l report, and <u>must</u>			
	23	Responsibility for claims payments to Hospi						
		Entity Humboldt County DHHS- Public Healt	h	Contact (Name and Olivia Wilder, Bu		ecialist		
		Phone Number 707-441-5435						

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount					
	(cont.)		Assessment).	\$ 83,331.54				
				11. St. 19. St. 20.				
		ь	Description of other EMS services provided:					
			NCEMS is the local EMS Agency responsible for County delegated LEMS	A functions.				
			Amount					
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 20,059.68				
		<ul> <li>b Description of other EMS services provided:</li> <li>NCEMS is the local EMS Agency responsible for County delegated LEMS</li> </ul>	SA functions.					

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary	Maddy EMS Fund (Original Assessment)							
		Available Funds for Distribution		Fund Total				
	Balance on July 1, 2017	\$ 140,488.90 <i>(1c)</i>		\$ 140,488.90				
	Deposits for July 1, 2017-June 30, 2018	\$ 166,236.50 (5c)		\$ 306,725.40				
	Interest for July 1, 2017-June 30, 2018	\$ 1,249.91 (8a)		\$ 307,975.31				
	Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>		\$ 307,975.31				
			Available Funds for Disbursement					

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Tor Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 16,786.83 (9a)		\$ 16,786.83	\$ 16,786.89 (13)
Physicians/Surgeons (58%)	\$ 284,307.57 (9b)	\$ 0.00 (9b)	\$ 284,307.57	\$ 141,599.70 (16a)
Hospitals (25%)	\$ 122,546.37	\$ 0.00	\$ 122,546.37	\$ 0.00 (20b Pd)
	\$ 122,540.37 (9c)	\$ 0.00 (9c)	\$ 122,540.57	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 83,331.54 (9d)	\$ 0.00 (9d)	\$ 83,331.54	\$ 83,331.54 (24a)
Total	\$ 506,972.31 (9e)	\$ 0.00 (9e)	\$ 506,972.31	\$ 241,718.13
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 66,257.18
Reimbursements				
Physicians/Surgeons	\$	4,253.97		\$ 70,511.15
Hospitals		\$ 0.00 (20e)		\$ 70,511.15
Ending Balance for Total Available Funds as of June 30, 2018				\$ 70,511.15

Date

Signature of Maddy EMS Fund Administrator

Orivia Wilder, Budget Specialist owilder @co.hum-Printed Name & Title Email Address boldf.

ca.us

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# **VII Fund Summary**

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

Control of the second second second	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 26,183.90 <i>(2c)</i>	\$ 26,183.90
Deposits for July 1, 2017- June 30, 2018	\$ 154,245.06 <i>(6c)</i>	\$ 180,428.96
Interest for July 1, 2017-June 30, 2018	\$ 381.85 (10a)	\$ 180,810.81
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 180,810.81

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

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

M-lle for Olivia Wilder Signature of Maddy EMS Fund Administrator

4/11/19 Date

Olivia Wilder, Budget, Specialist Owilder @ CO. Printed Name & Title Email Address humboldt. Ca.us



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

Ι	Administering	County / Department	County Contact (Name and Ti	County Contact (Name and Title)		
	Agency	Inyo County Health & Human Service	s Melissa Best-Baker, Senio	Senior 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		
	<b>N</b> ( <b>II</b> ) ( <b>A</b>					
п	Establishment of Fund	1a Has the agency established the Maddy	EMS Fund (Original Assessment)?	Ves 🖸 No		
		b Date fund established.		07/01/1989		
		c Fund balance on July 1, 2017.		\$ 507,591.81		
			lance on July 1, 2017, differs from the previous			
		2a Has the agency established the Maddy	EMS Fund (Supplemental Assessment)?	☐ Yes		
		b Date fund established.	Date fund established.			
		N-las un				
		c Fund balance on July 1, 2017.				
Ш	Collections of Penalty	<ul> <li>balance on June 30, 2017, state reason</li> <li>Fines, penalties, and forfeitures collect statute.</li> </ul>		Collections		
	Assessments					
		a	Government Code § 76000	\$ 136,531.81		
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 138,091.04		
		c	Vehicle Code § 42007			
		d	Total	\$ 274,622.85		
		4 Responsibility for collection of fines, p				
		Entity	Contact (Name and Title)			
		Inyo Superior County of Californi		ance Manager		
		Phone Number 760-872-4730	Email Address danielle.sexton@inyocour	Email Address danielle.sexton@inyocourt.ca.gov		

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



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)	\$ 275,608.54	
	b		Vehicle Code § 42007		
	c		Total	\$ 275,608.54	
	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	7	Responsibility for deposit of penalty assessments:			
		Entity	Contact (Name and Title)		
		Inyo Superior County of California Danielle Sexton, Court Finance Man			
		Phone Number 760-872-4730	Email Address danielle.sexton@inyocourt.ca.gov		
		100 012 4100	daniene.sexton@myocourt.c	ca.gov	
Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)	damene.sexton@myocourt.c	ca.gov	
	8		damene.sexton@myocourt.c	a.gov Interest and Other Deposits	
Fund Category		Maddy EMS Fund (Original Assessment)	damene.sexton@myocourt.c	Interest and	
Fund Category	8 a b		damene.sexton@myocourt.c	Interest and Other Deposits	
Fund Category	a	Maddy EMS Fund (Original Assessment) Interest carned during the fiscal year.		Interest and Other Deposits \$ 7,322.40 \$ 4,008.41	
Fund Category	a b	Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year.		Interest and Other Deposits \$ 7,322.40 \$ 4,008.41	
Fund Category	a b	Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depo	osits and the reason(s) for the depo	Interest and Other Deposits \$ 7,322.40 \$ 4,008.41	
Fund Category	a b c	Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depo Probation and returned Maddy funds Total amount of funds distributed to the specified cat	osits and the reason(s) for the depo tegories Reserve (Optional)	Interest and Other Deposits \$ 7,322.40 \$ 4,008.41 sits: Category	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	с	Hospitals (25%)		\$ 19, <mark>498</mark> .50
Distributions	d	Other Discretionary EMS (17%)		\$ 78,404.70
(cont.)	e		stal \$ 0.00	\$ 139,408.97
	10	Maddy EMS Fund (Supplemental Assessment) (If fund no	ot established, leave blank and go	to #12) Interest and Other Deposits
	a	Interest earned during fiscal year.		
	b	Other deposits during fiscal year.		
	c	If other deposits were made, provide the type of deposits	and the reason(s) for the dep	osits:
	11	Total amount of funds distributed to the specified categor during the fiscal year.	ries Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%)		-
	b			
	c	Physicians/Surgeons (58%)		
	d	Hospitals (25%)		
	e	Other Discretionary EMS (17%)		
	f	To	stal \$ 0.00	\$ 0.00
	12	Responsibility for category distributions:		
	12		ontact (Name and Title)	
		Phone Number Er		
Expenditures &				Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Fu Assessment).	nd (Original	\$ 38,377.95
			Amount	
	14	Total Administration expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #16		
		Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		



VI Expenditures &			Allowable Claims			Paid Claims	
Reimbursemen (cont.)	is 16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(2011)		from Maddy EMS Fund (Original Assessment).	73.00	\$ 3,727.82	73	100%	\$ 3,727.82
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017-June 30,	2018, sta	nte reason(	\$):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amour	nt Reimbursed
			Alloy	vable Claims		Paid C	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%	10. st
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2017-June 30,	2018, sta	ate reason(	s):
	b	Total reimbursements from Physicians/Surg	eons due to		2018, sta	1	s): nt Reimbursed
			eons due to ttlements.	collections from		Amour	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T. be submitted concurrently)	eons due to itlements. he below docu	collections from mentation is part of t	the Maddy	Amour	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se         Required documentation for submission. (T. be submitted concurrently)         I A description of the Physicians/Surgeor	eons due to itlements. he below docu s claims pay	collections from mentation is part of a yment methodolog	the Maddy	Amour y EMS Fund	nt Reimbursed I report, and <u>must</u>
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T. be submitted concurrently)	eons due to itlements. he below docu s claims pay	collections from mentation is part of a yment methodolog	the Maddy	Amour y EMS Fund	nt Reimbursed I report, and <u>must</u>
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	eons due to itlements. he below docu s claims pay and regulat spitals adm	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz	<i>the Maddy</i> gies. o implen ation, or	Amour y EMS Fund nent and au names of s	nt Reimbursed I report, and <u>must</u> dminister the specific
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Home	eons due to itlements. he below docu s claims pay and regulat spitals adm nistrators co	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review	the Maddy ties. o implen ation, or claims j	Amour EMS Fund nent and au names of s payment m	nt Reimbursed I report, and <u>must</u> dminister the specific tethodologies.
	c	Total reimbursements from Physicians/Surg         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, fund(s).         □       Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admini         □       A description of the process used to soli	eons due to itlements. he below docu s claims pay and regulat spitals adm nistrators co cit input fro	collections from mentation is part of a yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg	the Maddy ties. o implen ation, or claims j	Amour EMS Fund nent and au names of s payment m	nt Reimbursed I report, and <u>must</u> dminister the specific tethodologies.
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (T         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hospital admi         I A description of the process used to soli payment distribution methodology.	eons due to ttlements. he below docu s claims pay and regulat spitals adm nistrators co cit input fro d by the cou	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg	the Maddy ties. o implen ation, or claims j	Amour EMS Fund nent and au names of s payment m	nt Reimbursed I report, and <u>must</u> dminister the specific tethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	eons due to ttlements. he below docu s claims pay and regulat spitals adm nistrators co cit input fro d by the cou cians/Surgeo Cou	collections from mentation is part of a yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur; inty.	<i>the Maddy</i> ;ies. o implen ation, or claims p geons an Geons an	Amour y EMS Fund nent and a names of s payment m d Hospital	nt Reimbursed
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited admited admited admited to the process used to solit payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians</li> </ul>	eons due to ttlements. he below docu s claims pay and regulat spitals adm nistrators co cit input fro d by the cou cians/Surgeo Cou	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg unty.	<i>the Maddy</i> ;ies. o implen ation, or claims p geons an Geons an	Amour y EMS Fund nent and a names of s payment m d Hospital	nt Reimbursed
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	eons due to itlements. he below docu s claims pay and regulat spitals adm nistrators co cit input fro d by the cou cians/Surgeo S M	collections from mentation is part of a yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur; inty.	<i>the Maddy</i> ;ies. o implen ation, or claims p geons an Geons an	Amour y EMS Fund nent and a names of s payment m d Hospital	nt Reimbursed

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expendi Reimbur (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			Z	Yes No (If no, go to #20d)		
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.	73	\$ 19,498.50	73	100%	\$ 19,498.50	
	c	If allowable claims were not paid during f	, 2018, sta	te reason(s	3):			
	d	Direct disbursement to Hospitals. (N/A if h Leave blank and go to #21e)	ospital claims	are paid on a claims l	basis.		Amount	
	e	Total reimbursements from Hospitals due to collections from patient/third-party. county penaltics, and settlements.				Amoun	t Reimbursed	
	21a	Indicate if Hospital claims are paid on a cl EMS Fund (Supplemental Assessment). (A and go to #22)				ť es (If no, go to	□ No #21d)	
				Paid Claims				
			#	\$ Amount	#	% 0%	\$ Amount	
	b	Total Hospitals expenditures.						
	c	If allowable claims were not paid during fi	iscal year, Ju	ıly 1, 2017-June 30	, 2018 sta	te reason(s	):	
	d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis				oasis.	A	mount	
	Leave blank and go to #22e)							
	e Total reimbursements from Hospitals due to collections from patient/third-j county penalties, and settlements.				d-party,	Amoun	t Reimbursed	
	22	Required documentation for submission. ( be submitted concurrently)	the Maddy	EMS Fund	report, and <u>must</u>			
		A description of the hospitals paymen	gies.					
	23	Responsibility for claims payments to Hosp Entity Inyo County Health & Human Servic	(	Contact (Name and Melissa Best-Bal		or Manad	gement Analy	
		Phone Number 760-878-0232	H	Email Address mbestbaker@iny				



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount	
	(cont.)		Assessment).	\$ 78,404.70
		b	Description of other EMS services provided:	
			EMS equipment and EMS eDispatch services	
		150	Total Other Dissurfice any EMS expenditures 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. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Asso			
		Available Funds fo	or Distribution	1	Fund Total
	Balance on July 1, 2017	\$ 50	)7,591.81 ( <i>Ic</i> )		\$ 507,591.81
	Deposits for July 1, 2017-June 30, 2018	\$ 27	75,608.54 <i>(5c)</i>		\$ 783,200.35
	Interest for July 1, 2017-June 30, 2018	\$	7,322.40 (8a)		\$ 790,522.75
	Other Deposits for July 1, 2017-June 30, 2018	\$	4,008.41 <sub>(8b)</sub>		\$ 794,531.16
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 38,377.95 (9a)		\$ 38,377.95	\$ 38,377.95 (13)
	Physicians/Surgeons (58%)	\$ 3,127.82 (9b)	\$ 0.00 (9b)	\$ 3,127.82	\$ 3,727.82 (16a)
	Hospitals (25%)	\$ 19,498.50	\$ 0.00	\$ 19,498.50	\$ 19,498.50 (206 Pd) \$ 0.00
	Other Discretionary EMS (17%)	(9c) \$ 78,404.70 (9d)	(9c) \$ 0.00 (9d)	\$ 78,404.70	(20d) \$ 78,404.70 (24a)
	Total	\$ 139,408.97 (9e)	\$ 0.00 (9e)	\$ 139,408.97	\$ 140,008.97
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 654,522.19
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 <i>(16c)</i>		\$ 654,522.19
	Hospitals		\$ 0.00 (20e)		\$ 654,522.19
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 654,522.19

5/31/19 Date

Mbestbaker@inyo Email Address Count

Signature of Maddy EMS Fund Administrator

Melissa Best Baker St Mgnt Printed Name & Title Analyst

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# **VII Fund Summary**

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (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)
	(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)			, P	\$ 0.00

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

Signature of Maddy EMS Fund Administrator

5/31/19

Signature of Maddy EMB Fund Melissa Best Baker Sr Mant Analyst Mestbaker Binys Printed Name & Title Email Address County. VS



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

(661) 868-4668

I	Administering	County / Department	County Contact (Name and Title)			
	Agency	Kern County Public Health Services Department	Brynn Carrigan Assistant	Director		
		Address (Number and Street)	Phone Number			
		1800 Mt. Vernon Ave	(661) 321-3000			
		City or Post Office, State, and ZIP Code	Email Address			
		Bakersfield, CA 93306	Brynn@kerncounty.com			
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes 🗖 No		
		b Date fund established.		07/19/1988		
		c Fund balance on July 1, 2017.		\$ 1,793,011.17		
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	s reported ending		
	2: b c d	2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?		Yes No (If no, go to #3)		
		b Date fund established.	02/01/2015			
		c Fund balance on July 1, 2017.	Fund balance on July 1, 2017.			
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending		
III	Collections of Penalty	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a	Government Code § 76000	\$ 1,302,229.4		
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,197,797.5		
		c	Vehicle Code § 42007			
		d	Total	\$ 2,500,026.9		
		4 Responsibility for collection of fines, penalties, and fo	rfaituras			
			Contact (Name and Title)			
		Entity Superior Court of California, County of Kern,				
		Phone Number	Email Address	1201		

Gina.Fisher@kern.courts.ca.gov

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
Fund	а		Government Code § 76000 (Based on GC § 76104)	\$ 1,302,229.40		
	b		Vehicle Code § 42007			
	c		Total	\$ 1,302,229.40		
	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	\$ 1,197,797.51		
	b		Vehicle Code § 42007			
	с		Total	\$ 1,197,797.51		
	d	If no deposits into Maddy EMS Fund, state reason(s):				
	7	Responsibility for deposit of penalty assessments:				
		Entity	Contact (Name and Title)			
		Superior Court of California, County of Kern,	Gina Fisher Email Address			
		(661) 868-4668	Gina.Fisher@kern.courts.ca	a.gov		
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)				
Distributions	Ū			Interest and Other Deposits		
	a	Interest earned during the fiscal year.		\$ 11,786.77		
	b	Other deposits during the fiscal year.				
		If other deposits were made, provide the type of deposits and the reason(s) for the deposits:				
	с	If other deposits were made, provide the type of depos	nts and the reason(s) for the dep	5115.		
	9	Total amount of funds distributed to the specified cate during the fiscal year.	egories Reserve (Optional)	Category Distributions		
	a	Administration (Admin cost equal to the lesser of actuor 10%)	al cost	\$ 133,386.07		
	b	Physicians/Surgeons (58%)		\$ 696,275.19		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	с	Hospitals (25%)			\$ 300,118.63
Distributions	d	Other Discretionary EMS (17%)			\$ 204,080.66
(cont.)	e		Total	\$ 0.00	\$ 1,333,860.55
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not establ	ished, leave blank and go l	to #12) Interest and Other Deposits
					\$ 10,840.94
	a	Interest earned during fiscal year.			
	b	Other deposits during fiscal year.			
	с 11	If other deposits were made, provide the type of depos Total amount of funds distributed to the specified cate during the fiscal year.		Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 119,558.48
	Ь				\$ 179,337.71
	с				\$ 520,079.38
	d	Hospitals (25%)		\$ 224,172.17	
	e	Other Discretionary EMS (17%)			\$ 152,437.06
	f		Total	\$ 0.00	\$ 1,195,584.80
	12	Responsibility for category distributions: Entity Kern County Public Health Services Departme		(Name and Title) Carrigan Assistant D	irector
		Phone Number	Email Address		
	_	(661) 321-300	Brynn@kerncounty.com		
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (Or	iginal –	Amount
		Assessment).			\$ 133,386.07
	14	Total Administration and ditum from Made Differen	Fund (8	nulomentel	Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		pplemental	Amount \$ 119,558.48
	14 15		#16a)		

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



I Expenditures &			Allowable Claims		Paid Claims			
Reimbursemen (cont.)		Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
(00111)		from Maddy EMS Fund (Original Assessment).	13,145.00	\$ 747,781.57	13,145	100%	\$ 374,255.51	
	Ь	If allowable claims were not paid during fis	e reason	(s):				
	с	Total reimbursements from Physicians/Surg	geons due to	collections from		Amount Reimbursed		
		patient/third-party, county penalties, and se			-		\$ 16,964.75	
			Allow	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)	13,145	\$ 558,551.86	13,145	100%	\$ 279,548.36	
	b	If allowable claims were not paid during fise						
	c	Total reimbursements from Physicians/Surg	geons due to				nt Reimbursed	
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7	geons due to ettlements.	collections from		Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	geons due to ettlements. The below docu	collections from mentation is part of a	the Maddy .	Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures,	geons due to ettlements. The below docu ns claims pay	collections from mentation is part of i ment methodolog	the Maddy /	Amou EMS Fun	nt Reimbursed d report, and <u>must</u>	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. ( <i>T</i> be submitted concurrently) A description of the Physicians/Surgeon	geons due to ettlements. <i>The below docur</i> ns claims pay , and regulate ospitals admi	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz	<i>the Maddy i</i> ties. o implement ation, or n	Amou EMS Fun ent and a names of	nt Reimbursed d report, and <u>must</u> dminister the specific	
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se         Required documentation for submission. (7 be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hereit	geons due to o ettlements. <i>The below docu</i> ns claims pay , and regulato ospitals admi inistrators co	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz ntacted to review	the Maddy A ties. o impleme ation, or n claims pa	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies.	
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adminimation         Image: A description of the process used to solid	geons due to o ettlements. <i>The below docul</i> ns claims pay , and regulato ospitals admi inistrators co icit input from	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz, ontacted to review m Physicians/Surg	the Maddy A ties. o impleme ation, or n claims pa	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies.	
	c	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (<i>T be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to soli payment distribution methodology.</li> </ul>	geons due to ettlements. <i>The below docut</i> ns claims pay , and regulate ospitals admi inistrators co icit input from ed by the cou	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz ontacted to review m Physicians/Surg nty.	the Maddy A ties. o impleme ation, or n claims pa	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies.	
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (<i>T be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicia</li></ul>	geons due to citilements. The below docu ns claims pay , and regulate ospitals admi inistrators co icit input from ed by the cou cians/Surgeo	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz ontacted to review m Physicians/Surg nty.	the Maddy , gies. o impleme ation, or m claims pa geons and	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies.	
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admi</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians</li> </ul>	geons due to ettlements. The below docut ns claims pay , and regulate ospitals admi inistrators co icit input from ed by the cou cians/Surgeo Con	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz ontacted to review m Physicians/Surg nty.	<i>the Maddy i</i> gies. ation, or m claims pa geons and	Amou EMS Fun ent and a names of tyment n Hospita	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies. Is to review	
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (<i>T be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons</li> </ul>	geons due to ettlements. The below docut ns claims pay , and regulate ospitals admi inistrators co icit input from ed by the cou cians/Surgeo Depart Br	collections from mentation is part of a ment methodolog ory action taken t nistrator organiz- ontacted to review m Physicians/Surg nty.	<i>the Maddy i</i> gies. ation, or m claims pa geons and	Amou EMS Fun ent and a names of tyment n Hospita	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies. Is to review	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI 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)		
			Alle	owable Claims		Paid C	laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospital	claim	s are paid on a claims	hasis.		Amount		
		Leave blank and go to #21e)				\$	300,118.63		
	e	Total reimbursements from Hospitals due to coll county penalties, and settlements.	ectio	ns from patient/thir	d-party,	Amour	nt Reimbursed		
	21a	Indicate if Hospital claims are paid on a claims b EMS Fund (Supplemental Assessment). (If fund t and go to #22)	(If no, go ta	☑ No > #21d)					
			Allo	wable Claims	1	Paid Cl	laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.	_			0%			
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):							
			Amount						
	d	Direct disbursement to Hospitals. (N/A if hospital of Leave blank and go to #22e)	oasis.	\$ 555,946.94					
	e	Total reimbursements from Hospitals due to colle county penalties, and settlements.	d-party,	ty, Amount Reimbursed					
	22	<b>Required documentation for submission.</b> (The below documentation is part of the Maddy EMS Fund report, and <u>p</u> be submitted concurrently)							
		A description of the hospitals payment methodologies.							
	23	Responsibility for claims payments to Hospitals:							
		Entity Kern County Public Health Serivces Depar		Contact (Name and Brynn Carrigan A		Director			
		Phone Number		Email Address	toolotailt	Director			
		Phone Number     Email Address       (661) 321-3000     Brynn@kerncounty.com							

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)		Assessment).	\$ 204,080.66
			B.*
	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)	
		(Suppremental Assessment). (I) juna noi established, teave blank)	\$ 152,437.06
		(Suppremental Assessment). (I) Juna noi established, leave blank)	\$ 152,437.06
	b	Description of other EMS services provided:	\$ 152,437.06

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary	Maddy EMS Fund (Original Assessment)								
		Available Funds	for Distribution		Fund Total				
	Balance on July 1, 2017	\$ 1,7	93,011.17 <i>(1c)</i>		\$ 1,793,011.17				
	Deposits for July 1, 2017-June 30, 2018	\$ 1,3	02,229.40 <i>(Sc)</i>		\$ 3,095,240.57				
	Interest for July 1, 2017-June 30, 2018	\$	11,786.77 <i>(8a)</i>		\$ 3,107,027.34				
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 3,107,027.34				
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures				
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 133,386.07 (9a)		\$ 133,386.07	\$ 133,386.07 (13)				
	Physicians/Surgeons (58%)	\$ 696,275.19 (9b)	\$ 0.00 (9b)	\$ 696,275.19	\$ 374,255.51 (16a)				
	Hospitals (25%)	\$ 300,118.63	\$ 0.00	\$ 300,118.63	\$ 0.00 (20b Pd)				
		(9c)	(9c)	\$ 500, 110,00	\$ 300,118.63 (20d)				
	Other Discretionary EMS (17%)	\$ 204,080.66 (9d)	\$ 0.00 (9d)	\$ 204,080.66	\$ 204,080.66 (24a)				
	Total	\$ 1,333,860.5! (9e)	\$ 0.00 (9e)	\$ 1,333,860.5	\$ 1,011,840,87				
	Preliminary Fund Balance (Fund Total - Total Expenditures)			10-34-5	\$ 2,095,186,47				
	Reimbursements		7613.152						
	Physicians/Surgeons	\$	16,964.75 ( <i>16c</i> )		\$ 2,112,151.22				
	Hospitals	\$ 0.00 (20e)			\$ 2,112,151.22				
		the second se							

Hospitals Ending Balance for Total Available Funds as of June 30, 2018

Signature of Maddy EMS Fund Administrator Printed Name Title

Date

\$ 2,112,151.22

me

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 477,797.48 (2c)	\$ 477,797.48
Deposits for July 1, 2017- June 30, 2018	\$ 1,197,797.51 (6c)	\$ 1,675,594.99
Interest for July 1, 2017-June 30, 2018	\$ 10,840.94 <i>(10a)</i>	\$ 1,686,435,93
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 1,686,435.93

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 119,558.48 (11a)		\$ 119,558,48	\$ 119,558.48 (14)
Richie's Fund (15%)	\$ 179,337.71 (11b)		\$ 179,337,71	\$ 179,337.71 (15)
Physicians/Surgeons (58%)	\$ 520,079.38 (11c)	\$ 0.00 (11c)	\$ 520,079.38	\$ 279,548.36 (17a)
Hospitals (25%)	\$ 224,172.17	\$ 0.00	\$ 224,172.17	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 555,946.94 (21d)
Other Discretionary EMS (17%)	\$ 152,437.06 (11e)	\$ 0.00 (11e)	\$ 152,437.06	\$ 152,437.06 (25a)
Total	\$ 1,195,584.8	\$ 0.00 (11)	\$ 1,195,584.8(	\$ 1,286,828.55
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 399,607.38

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

Signature of Maddy EMS Fund Administrator arrigan m Printed Name & Title

7/2017 Date

Endil Address



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

L	Administering	County / Department	County Contact (Name and Tit			
	Agency	Lake County Health Services	Cindy Silva-Brackett Accor	unant 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@laked	countyca.gov		
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	Ves No		
		b Date fund established.		07/01/1991		
		c Fund balance on July 1, 2017.		\$ 42,744.51		
		d If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending		
		2a Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)		
		b Date fund established.		07/01/2007		
		<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1</li> </ul>	, 2017, differs from the previous	\$ 9,591.89 reported ending		
111	Collections of	<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		reported ending		
111	Penalty	<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> </ul>	, 2017, differs from the previous	reported ending		
111		<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		reported ending Collections		
III	Penalty	<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> </ul>	Statute	reported ending Collections \$ 59,381.76		
111	Penalty	<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> <li>a</li> </ul>	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	reported ending Collections \$ 59,381.76		
III	Penalty	<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> <li>a</li> <li>b</li> </ul>	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	reported ending		
111	Penalty	c       Fund balance on July 1, 2017.         d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	reported ending Collections \$ 59,381.76 \$ 59,611.47		
m	Penalty	c Fund balance on July 1, 2017. d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c d	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	reported ending Collections \$ 59,381.76 \$ 59,611.47		
m	Penalty	c       Fund balance on July 1, 2017.         d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	reported ending Collections \$ 59,381.7( \$ 59,611.4		

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 59,381.76
	b		Vehicle Code § 42007	
	c		Total	\$ 59,381.76
	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	\$ 59,611.47
	b		Vehicle Code § 42007	
	c		Total	\$ 59,611.47
	7	Responsibility for deposit of penalty assessments:		
	,	Entity	Contact (Name and Title)	
		Phone Number	Email Address	
V Maddy EMS				
Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	a	Interest earned during the fiscal year.		
	b	Other deposits during the fiscal year.		
	с	If other deposits were made, provide the type of depo	osits and the reason(s) for the dep	osits:
		i. i		
	9	Total amount of funds distributed to the specified ca during the fiscal year.	tegories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 5,938.20
	b	Physicians/Surgeons (58%)		\$ 28,671.15

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



/ Maddy EMS Fund Category	c	Hospitals (25%)			\$ 12,358.25	
Distributions	d	Other Discretionary EMS (17%)			\$ 8,403.61	
(cont.)	e	]	otal	\$ 0.00	\$ 55,371.21	
	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.				
	b	Other deposits during fiscal year.				
	с 11	If other deposits were made, provide the type of deposit		reason(s) for the depo Reserve	osits: Category	
		during the fiscal year.	-	(Optional)	Distributions	
		Administration (Admin cost equal to the lesser of actual cost or 10%)         Richie's Fund (15%)         Physicians/Surgeons (58%)			\$ 5,961.18 \$ 8,036.60 \$ 28,782.06	
	b					
	с					
	d	Hospitals (25%)			\$ 12,406.06	
	е	Other Discretionary EMS (17%)			\$ 8,436.12	
	f	3	otal	\$ 0.00	\$ 63,622.02	
	12	Responsibility for category distributions:	Contact (	Name and Title)		
		-		igg-Accountant Au	ditor	
			Email Address			
I Expenditures &		707-263-2311 r	3-2311 mandy.figg@lakecountyca			
Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	'und (Ori	iginal	Amount \$ 5,910.41	
					Amount	
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)			\$ 5,950.74	
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ınd (Supj	plemental	Amount	
		Assessment). (If fund not established, leave blank and go to #	16a)		\$ 8,836.16	



I Expenditures & Reimbursements			Allo	Paid Claims			
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	1,264.00	\$ 1,058,785.0	630	50%	\$ 42,524.30
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30, 2	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so		collections from		Amount Reimbursed \$ 531.00	
			Alloy	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)	1,264	\$ 1,058,785.00	634	50%	\$ 42,814.46
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30, 2	2018, sta	te reason	(\$):
	b c	Total reimbursements from Physicians/Sur	geons due to		2018, sta		(s): nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7	geons due to ettlements.	collections from		Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to ettlements. The below docu	collections from umentation is part of th	he Maddy	Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (2 be submitted concurrently)	geons due to ettlements. <i>The below docu</i> ns claims pay	collections from imentation is part of th yment methodologi	he Maddy es.	Amou EMS Fun	nt Reimbursed d report, and <u>mus</u>
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and see Required documentation for submission. (1) be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, pro	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm	collections from <i>imentation is part of th</i> yment methodologi rory action taken to inistrator organiza	<i>he Maddy</i> es. implem tion, or i	Amou EMS Fun ent and a names of	nt Reimbursed d report, and <u>mus</u> dminister the specific
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (2)         be submitted concurrently)         ☑       A description of the Physicians/Surgeon         ☑       A statement of the policies, procedures, fund(s).         ☑       Name(s) of Physicians/Surgeons and Hereit	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co	collections from <i>imentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review o	<i>he Maddy</i> es. implem tion, or i claims p	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>muss</u> dminister the specific nethodologies.
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (2)         be submitted concurrently)         ☑       A description of the Physicians/Surgeon         ☑       A statement of the policies, procedures, fund(s).         ☑       Name(s) of Physicians/Surgeons and Hospital adm         ☑       A description of the process used to sol	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro	collections from <i>amentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review o m Physicians/Surgo	<i>he Maddy</i> es. implem tion, or i claims p	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> administer the specific aethodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see submitted concurrently)         ☑ A description of the Physicians/Surgeon         ☑ A statement of the policies, procedures, fund(s).         ☑ Name(s) of Physicians/Surgeons and Hoppital adm         ☑ A description of the process used to solipayment distribution methodology.	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou	collections from <i>imentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review o im Physicians/Surgo inty.	<i>he Maddy</i> es. implem tion, or i claims p	Amou EMS Fun ent and a names of ayment n	nt Reimbursed d report, and <u>muss</u> dminister the specific aethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (2 be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity</li> </ul>	geons due to ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou cians/Surgeo	collections from <i>imentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review o m Physicians/Surg inty.	<i>he Maddy</i> es. implem tion, or t claims p eons and	Amou EMS Fun ent and a names of ayment n l Hospita	nt Reimbursed d report, and <u>musi</u> administer the specific aethodologies. ls to review
	c 18 19	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity</li> <li>Lake County Health Services</li> </ul>	geons due to ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou cians/Surgeo Con Ci	collections from <i>imentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review o im Physicians/Surgo inty.	<i>he Maddy</i> es. implem tion, or t claims p eons and	Amou EMS Fun ent and a names of ayment n l Hospita	nt Reimbursed d report, and <u>musi</u> administer the specific aethodologies. ls to review
	c 18 19	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (2 be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity</li> </ul>	geons due to ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou cians/Surgeo Coi Ci	collections from <i>imentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review o m Physicians/Surg inty.	<i>he Maddy</i> es. implem tion, or r claims p cons and tile) ett - Su	Amou EMS Fun ent and a names of ayment n Hospita	nt Reimbursed d report, and <u>musi</u> administer the specific aethodologies. ls to review

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures Reimburseme (cont.)		Indicate if Hospital claims are paid on EMS Fund (Original Assessment).	on a claims basis for the Maddy		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, July 1, 2017-June 30, 2018, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #21e)	if hospital claims	are paid on a claims	basis.		Amount		
	e	Total reimbursements from Hospitals of county penalties, and settlements.	lue to collection	ns from patient/thi	rd-party,	Amour	nt Reimbursed		
	21a	Indicate if Hospital claims are paid on EMS Fund (Supplemental Assessment) and go to #22)				Yes INo (If no, go to #21d)			
			Allo	wable Claims		Paid Claims			
	L	To do L House to a superior difference	#	\$ Amount	#	% 0%	\$ Amount		
	b	Total Hospitals expenditures.				1 0 /0			
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):							
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)	basis.	Amount					
	e	Total reimbursements from Hospitals d county penalties, and settlements.	ue to collection	ns from patient/thin	rd-party,	Amoun	nt Reimbursed		
	22	Required documentation for submission be submitted concurrently)		f the Maddy	EMS Fund	l report, and <u>must</u>			
	23	Responsibility for claims payments to H	lospitals:						
		Entity Phone Number		Contact (Name and	Title)				
		Phone Number	1	Email Address					



Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)	244	Assessment).	\$ 9,226.59
	b	Description of other EMS services provided:	
		funding for functions of the LEMSA agency	
	250	Total Other Dispersionary FMS expanditures from Modely FMS Fund	Amount
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount \$ 9,289.54

#### **STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Asso			
		Available Funds fo	or Distribution		Fund Total
	Balance on July 1, 2017	\$ 4	42,744.51 <i>(Ic)</i>		\$ 42,744.51
	Deposits for <u>July 1, 201</u> 7-June 30, 2018	\$ !	59,381.76 (Sc)		\$ 102,126.27
	Interest for July 1, 2017-June 30, 2018		\$ 0.00 (8a)		\$ 102,126.27
1	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 102,126.27
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 5,938.20 (9a)		\$ 5,938.20	\$ 5,910.41 (13)
	Physicians/Surgeons (58%)	\$ 28,671.15 (9b)	\$ 0.00 <i>(9b)</i>	\$ 28,671.15	\$ 42,524.30 (16a)
	Hospitals (25%)	\$ 12,358.25	\$ 0.00	\$ 12,358.25	\$ 0.00 (20b Pd)
		φ 12,330.23 (9c)	ф 0.00 <i>(9с</i> )	φ 12,000.20	\$ 0.00 (20d)
	Other Discretionary EMS (17%)	\$ 8,403.61 (9d)	\$ 0.00 (9d)	\$ 8,403.61	\$ 9,226.59 (24a)
	Total	\$ 55,371.21 (9e)	\$ 0.00 (9e)	\$ 55,371.21	\$ 57,661.30

Preliminary Fund Balance (Fund Total - Total Expenditures)		\$ 44,464.97
Reimbursements		
Physicians/Surgeons	\$ 531.00 <i>(16c)</i>	\$ 44,995.97
Hospitals	\$ 0.00 (20e)	\$ 44,995.97
Ending Balance for Total Available Funds as of June 30, 2018	and the second	\$ 44,995.97

Signature of Maddy EMS Fund Administrator

3/27/2019 Date

Heatth Service Admin Managel Printed Name & Title Email Address josefine . Chrestel@gnail.com

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

## Maddy EMS Fund (Supplemental Assessment)

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

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

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

Signature of Maddy EMS Fund Administrator Health Services Admin Manager Printed Name & Title

3 27/2019 Date

osofine. Chescie genail.com

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

I.	Administering Agency		unty / Department AC - DEPARTMENT OF HEALTH SERVICES	County Contact (Name and T CATHY CHIDESTER, EN	•
			dress (Number and Street) 1100 PIONEER BLVD STE 200	Phone Number 562-378-1604	
			y or Post Office, State, and ZIP Code ANTA FE SPRINGS, CA 90670	Email Address cchidester@dhs.lacounty	gov
IJ	Establishment of Fund	la	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Yes No
		b	Date fund established.		01/01/1988
		c	Fund balance on July 1, 2017.		\$ 896,391.12
		đ	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
			We received more refunds from the physician \$16,712.60 after filing of FY 16-17 EMS Fund		g balance by
		2a	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	• Yes • No (If no, go to #3)
		b	Date fund established.		03/06/2007
		c	Fund balance on July 1, 2017.		\$ 5,346,281.44
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
			We received physician refunds and issued pay decreased the ending balance by \$1,236,929.		•
111	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments	. #		Government Code § 76000	\$ 18,037,952.26
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 5,293,981.76
				Vehicle Code § 42007	\$ 4,951,730.09
		c			· · · · · · · · · · · · · · · · · · ·
		c d	4	Totul	\$ 28,283,664.11
		c d 	Responsibility for collection of fines, penalties, and for		
		d	Responsibility for collection of fines, penalties, and for Entity LA SUPERIOR COURT - REVENUE MGMT		\$ 28,283,664.11

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	9 . :	n an Anna Anna Anna Anna Anna Anna Anna	Government Code § 76000 (Based on GC § 76104)	\$ 5,153,693.20
	b.		Vehicle Code § 42007	\$ 2,271,678.29
	c		Tota	\$ 7,425,371.4
	•			
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy	I	
	v	EMIS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
		established, leave section blank and go to #/J	Government Code § 76000.5	\$ 5,293,981.7
	a b	and a start of the s Start of the start of	Vehicle Code § 42007	\$ 2,333,515.5
	-		Tota	\$ 7,627,497.3
	C	Sussessing the construment of the construction of the construment of the construment of the construction of the		
	d	If no deposits into Maddy EMS Fund, state reason(s):	ang ang banang ang ang ang ang ang ang ang ang an	
	d 7	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT	Contact (Name and Title) SYLVIA CORRAL, FINAN	ICE ADMINISTRATO
		Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	ICE ADMINISTRATO
V Maddy EMS Fund Category		Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address	ICE ADMINISTRATO
V Maddy EMS	7	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address	ICE ADMINISTRATO
V Maddy EMS Fund Category	7	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment)	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address	Interest and Other Deposits
V Maddy EMS Fund Category	7 * * *	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment) Interest carned during the fiscal year.	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address	Interest and Other Deposits \$ 56,563.3
V Maddy EMS Fund Category	7 8 8 8 8	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment)	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address scorral@lacourt.org	Interest and Other Deposits \$ 56,563.3 \$ 0.0
V Maddy EMS Fund Category Distributions	7	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment) Interest carned during the fiscal year. Other deposits during the fiscal year.	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address scorral@lacourt.org sits and the reason(s) for the de	Interest and Other Deposits \$ 56,563.35 \$ 0.00
V Maddy EMS Fund Category Distributions	7 8 8 0	Responsibility for deposit of penalty assessments: Entity LA SUPERIOR COURT - REVENUE MGMT Phone Number 213-633-0087 Maddy EMS Fund (Original Assessment) Interest carned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depo	Contact (Name and Title) SYLVIA CORRAL, FINAN Email Address scorral@lacourt.org sits and the reason(s) for the de egories Reserve (Optional)	Interest and Other Deposits \$ 56,563.3 \$ 0.00 sposits:

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Т

V Maddy EMS Fund Category Distributions (cont.)

SCIEUDIALY ENIS (1770)			
scretionary EMS (17%)		an an an an Arthrean an Art Ar an Arthrean Arthrean an A	\$ 1,136,081.83
s (25%)			\$ 1,670,708.59
	; (25%)	: (25%)	

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

		Interest and Other Deposits
я	Interest carned during fiscal year.	\$ 137,722.93
b	Other deposits during fiscal year.	\$ 0.00

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

Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 762,749.74
Richie's Fund (15%)		\$ 1,144,124.60
Physicians/Surgeons (58%)		\$ 3,317,961.36
llospitals (25%)		\$ 1,430,155.76
Other Discretionary EMS (17%)		\$ 972,505.8
Total	\$ 0.00	\$ 7,627,497.35

	12	Responsibility for category distributions:	an a	
		Entity	Contact (Name and Title)	
		LAC - DEPARTMENT OF HEALTH SERVICE	CATHY CHIDESTER, EM	IS DIRECTOR
		Phone Number	Email Address	
		562-378-1604	cchidester@dhs.lacounty.	gov
VI	Expenditures &			Amount
	Reimbursements 13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).		\$ 742,537.16
			ter de la companya de	
				Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		\$ 762,749.74
	15	Total Richie's Fund expenditures from Maddy EMS I	Fund (Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to		\$ 0.00
-				

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



VI Expenditures &			Allo	wable Claims		Paid	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	SAmount	#	%	\$ Amount
((()))		from Maddy EMS Fund (Original Assessment).	88.733.00	\$ 25,514,476.	88,733	100%	\$ 4,416,638.1
	b	If allowable claims were not paid during fiss	cal year, Jul	y 1, 2017-June 30,	2018, stat	ie reason	(s):
				····		Γ.	
	c	Total reimbursements from Physicians/Surg		collections from		Amou	nt Reimbursed
		patient/third-party, county penalties, and se	ettlements.				\$ 163,762.73
			Allo	wable Claims		Paid	Claims
	17a	Total Physicians/Surgeons expenditures	#	SAmount	H	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	78,735	\$ 22,639,752.2	78,735	100%	\$ 3,919,014.0
						1	
	C	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and se		collections from		Amou	int Reimbursed \$ 0.00
	c 18	•	ettlements.	e politika National	the Maddy		\$ 0.00
		patient/third-party, county penalties, and se Required documentation for submission. (7)	ttlements. The below docu	mentation is part of			\$ 0.00
		patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	r <i>he below docu</i> ns claims pa	ementation is part of yment methodolog	jies.	EAIS Fun	\$ 0.00
		patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently) A description of the Physicians/Surgeon A statement of the policies, procedures,	eitlements. The below docu ns claims pay , and regulat ospitals adm	<i>mentation is part of</i> yment methodolog lory action taken t inistrator organiz	ties. 0 implem ation, or 1	EATS Fun	\$ 0.00 ad report, and <u>must</u> administer the specific
		<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hamiltonian (2)</li> </ul>	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators c	umentation is part of yment methodolog tory action taken t tinistrator organiz ontacted to review	ties. 0 implem ation, or 1 7 claims pr	ENIS Fun	\$ 0.00 ad report, and <u>must</u> administer the specific methodologies.
		<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeou</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol</li> </ul>	ttlements. The below dock ns claims pay , and regulat aspitals adm inistrators c licit input fro	imentation is part of yment methodolog lory action taken t inistrator organiz ontacted to review om Physicians/Sur	ties. 0 implem ation, or 1 7 claims pr	ENIS Fun	\$ 0.00 ad report, and <u>must</u> administer the specific methodologies.
		<ul> <li>patient/third-party, county penalties, and se Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hephysicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methadology.</li> </ul>	ettlements. <i>The below dock</i> ns cloims pay , and regulat ospitals adm inistrators c licit input fro ed by the cou	<i>imentation is part of</i> yment methodolog lory action taken t inistrator organiz ontacted to review om Physicians/Sur unty.	ties. 0 implem ation, or 1 7 claims pr	ENIS Fun	\$ 0.00 ad report, and <u>must</u> administer the specific methodologies.
	18	<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and H-Physicians/Surgeons and H-Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methadology.</li> <li>An identification of the fee schedule user Responsibility for claims payments to Physic Entity</li> </ul>	ettlements. The below dock ns claims pay , and regulat aspitals adm inistrators c licit input fro ed by the con icians/Surged	imentation is part of yment methodolog lory action taken t inistrator organiz ontacted to review om Physicians/Sur unty.	ties. o implement ation, or 1 claims pr geons and Fitle)	EAIS Fun ent and a names of ayment ( Hospita	\$ 0.00 ad report, and <u>must</u> administer the specific methodologies. als to review
	18	<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Haphysicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methadology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians/ LAC - DEPARTMENT OF HEALTH S</li> </ul>	the below dock the below dock as claims pay , and regulat ospitals adm inistrators c licit input fro ed by the cou- icians/Surged Co- ERVIC C	imentation is part of yment methodolog lory action taken t inistrator organiz ontacted to review om Physicians/Sur unty. ons: ntact (Name and T ATHY CHIDES	ties. o implement ation, or 1 claims pr geons and Fitle)	EAIS Fun ent and a names of ayment ( Hospita	\$ 0.00 ad report, and <u>must</u> administer the specific methodologies. als to review
	18	<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (7) be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and H-Physicians/Surgeons and H-Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methadology.</li> <li>An identification of the fee schedule user Responsibility for claims payments to Physic Entity</li> </ul>	titlements. The below dock ns cloims pay , and regulat ospitals adm inistrators c licit input fro ed by the con icians/Surged Co ERVIC C	imentation is part of yment methodolog lory action taken t inistrator organiz ontacted to review om Physicians/Sur unty.	ties. o implement ation, or 1 o claims pa geons and Fitle) Fitle)	EMS Fun ent and t hames of ayment t Hospita	\$ 0.00 ad report, and <u>must</u> administer the specific methodologies. als to review

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



I Expenditures & Reimbursements <sup>20</sup> (cont.)		Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			C	□ Yes		
			AI	lowable Claims		Paid C	aims	
			#	SAmount	#	%	S Amount	
	b.	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisca	il year,	July 1, 2017-June 30	, 2018, sta	te reason(	s):	
	đ	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital clain	ns are paid on a claims	basis.		Amount 019,463.00	
			•	the same of the second		т		
	C	Total reimbursements from Hospitals due to county penalties, and settlements.	collecti	ons from patient/this	d-party,		t Reimbursed	
	21a	Indicate if Hospital claims are paid on a clair EMS Fund (Supplemental Assessment). <i>(If fi</i> and go to #22)				ies (If no, go to	☑ No #21d)	
			All	owable Claims		Paid Cl	sims	
			Ħ	S Amount	#	%	S Amount	
	b	Total Hospitals expenditures.	anantatu takan bu			0%	<u></u>	
	c	If allowable claims were not paid during fisca	l year, .	July 1, 2017-June 30	, 2018 sta	le reason(s	;):	
				*****		<u>^</u>	mount	
		Direct disbursement to Hospitals. (N/A (f hospitals.) Leave blank and go to #22e)	ital claim	is are paid on a claims b	asis.	\$	1,042,537.0	
	e	Total reimbursements from Hospitals due to a	collectio	ins from patient/thir	d-party,	Amoun	t Reimbursed	
		county penalties, and settlements.				[	\$ 0.00	
		Required documentation for submission. (The be submitted concurrently)	: below d	ocumentation is part of	the Maddy	EMS Fund	report, and <u>myst</u>	
		A description of the hospitals payment m	cthodol	ogies.				
	23	Responsibility for claims payments to Hospita	ls:					
		Entity LAC - DEPARTMENT OF HEALTH SE	RVIG	Contact (Name and CATHY CHIDES			TOR	
		Phone Number		Email Address			singan kangkapatén pertapakan di didakan dan Akad	
		562-378-1604		cchidester@dhs.	acounty	.yuv		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI Expenditures &			e se provinsi de la constante d Norma de la constante de la const
Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)		Assessment).	\$ 1,136,081.83
	b	Description of other EMS services provided:	***************************************
		See attachment	
		۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		(Supplemental Assessment). (If fund not established, leave blank)	\$ 972,505.89
		;	
	b	Description of other EMS services provided:	
		See attachment	
and a state of the second			
		we determine the set of the set	
			~

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

VII Fund Summary



<ul> <li>Statistical Sciences and Scienc</li></ul>	Maddy EMS Fund (Original Assessment)		
	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	\$ 896,391.12 ( <i>le</i> )		\$ 896,391.12
Deposits for July 1, 2017-June 30, 2018	\$ 7,425,371.49	a set a su Alta da su	\$ 8,321,762.61
Interest for July 1, 2017-June 30, 2018	\$ 56,563.35 (8a)		\$ 8,378,325.96
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <sub>(86)</sub>		\$ 8,378,325.96
n an the second seco		A	Υ

Category	Pacame	for Disbursement (Category	
Distributions	(Optional)	Reserve)	Expenditures
\$ 742,537.16 (9a)		\$ 742,537.16	\$ 742,537.16 (13)
\$ 3,876,043.9 (96)	\$ 0.00 (9b)	\$ 3,876,043.9	\$ 4,416,638.10 (16a)
		<b>*</b> 4 070 700 C	\$ 0.00 (20b Pd)
\$ 1,670,708.5! (%)	\$ 0.00 (9c)	\$ 1,670,708.5	\$ 2,019,463.00 (20d)
\$ 1,136,081.8: (9d)	\$ 0.00 (9d)	\$ 1,136,081.8	\$ 1,136,081.83 (24a)
\$ 7,425,371.4!	\$ 0.00 (9e)	\$ 7,425,371.4	\$ 8,314,720.05
			\$ 63,605.87
	\$ 742,537.16 (%) \$ 3,876,043.9 (%) \$ 1,670,708.5! (%) \$ 1,136,081.8: (%) \$ 7,425,371.4!	Distributions         (Optional)           \$ 742,537.16 (79a)         (Optional)           \$ 3,876,043.9 (9b)         \$ 0.00 (9b)           \$ 1,670,708.5!         \$ 0.00 (9c)           \$ 1,136,081.8: (9d)         \$ 0.00 (9d)           \$ 7,425,371.4!         \$ 0.00	Category Distributions         Reserve (Optional)         Disbursement (Category Distributions - Reserve)           \$ 742,537.16 (9a)         \$ 742,537.16           \$ 3,876,043.9 (9b)         \$ 0.00 (9b)         \$ 3,876,043.9           \$ 1,670,708.5!         \$ 0.00 (9b)         \$ 1,670,708.5           \$ 1,136,081.8: (9d)         \$ 0.00 (9d)         \$ 1,136,081.8           \$ 7,425,371.4!         \$ 0.00         \$ 7,425,371.4

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

Signature of Myddy EMS Fund Administrator

5/14/19 Date

Cuthy Chidester, EMS DIRECTOR cchidestere drs. kcounty Printed Name & Title Email Address

# STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 8 of 8



N 363					
VII Fund Summary (cont.)		Maddy EM (Supplemental A		- te interve annotation i nederate - en e celle	3. 13. 1.
		Available Funds fo	r Distribution		Fund Total
	Balance on July 1, 2017	\$ 5,346,	281.44 (2c)		\$ 5,346,281.44
	Deposits for July 1, 2017- June 30, 2018	\$ 7,627,	497.35 (6c)		\$ 12,973,778.7!
	Interest for July 1, 2017-June 30, 2018	\$ 137,	722.93 (10a)		\$ 13,111,501.7:
	Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 (10b)		\$ 13,111,501.7;
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 762,749.74 (11a)		\$ 762,749.74	\$ 762,749.74 (14)
	Richie's Fund (15%)	\$ 1,144,124.6 (11b)		\$ 1,144,124.6	\$ 0.00 (15)
	Physicians/Surgeons (58%)	\$ 3,317,961.3	\$ 0.00 (11c)	\$ 3,317,961.3(	\$ 3,919,014.00 (17a)
	Hospitals (25%)	\$ 1,430,155.7	\$ 0.00	\$ 1,430,155.7(	\$ 0.00 (216 PM)
		(11d)	(11d)		\$ 1,042,537.00 (214)
	Other Discretionary EMS (17%)	\$ 972,505.89 (11e)	\$ 0.00 (11e)	\$ 972,505.89	\$ 972,505.89 (25a)
	Total	\$ 7,627,497.3 (11)	\$ 0.00 (11)	\$ 7,627,497.3!	\$ 6,696,806.63
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 6,414,695.09
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 (17c)		\$ 6,414,695.09
	Hospitals		\$ 0.00 (21e)	· · ·	\$ 6,414,695.09
	Ending Balance for Total Available Funds as of June 30, 2018			•	\$ 6,414,695.09

then àyour

Signature of Maddy EMS Fund Administrator

5/14/1G Date

Athu Chidester EMS DIRECTOR Printed Name & Title

cchidesteredhs. lacounty Email Address

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

# OTHER EMS USE ALLOCATION - (17%)

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

This page left blank for printing purposes.



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

Phone Number

(559) 416-5514

I	Administering Agency	County / Department County of Madera / Department of Public Health	County Contact (Name and Ti Sean Kirkpatrick, Program	
		Address (Number and Street)	Phone Number	i Manager
		14215 Road 28 (559) 675-7893		
		City or Post Office, State, and ZIP Code	Email Address	1. D. T.
		Madera, CA, 93638	sean.kirkpatrick@madera	county.com
п	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes 🗖 No
		b Date fund established.		07/01/1987
		c Fund balance on July 1, 2017.		\$ 218,3 <mark>39.8</mark> 3
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
		2a Has the agency established the Maddy EMS Fund (Supplemental A		Yes INO (If no, go to #3)
		b Date fund established.	Date fund established.	
		c Fund balance on July 1, 2017.	Fund balance on July 1, 2017.	
	d	d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s):	l, 2017, differs from the previou	s reported ending
m	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	
		d	Total	\$ 0.00
		4 Responsibility for collection of fines, penalties, and fo	orfeitures:	
		Entity Superior Court of CA, County of Madera	Contact (Name and Title) Tracy Callaway, Chief Fin	ancial Officer

**Email Address** 

tracy.callaway@madera.courts.ca.gov

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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		Government Code § 76000 (Based on GC § 76104)	\$ 147,881.40		
		b		Vehicle Code § 42007	\$ 4,154.30		
		c		Total	\$ 152,035.70		
		d	If no deposits into Maddy EMS Fund, state reason(s)				
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits		
		a		Government Code § 76000.5			
		b		Vehicle Code § 42007			
		c	<u></u>	Total	\$ 0.00		
			Contract in Color Color Color				
		7	If no deposits into Maddy EMS Fund, state reason(s): Responsibility for deposit of penalty assessments:				
		'	Entity	Contact (Name and Title)			
			Superior Court of CA, County of Madera	Tracy Callaway, Chief Finar	icial Officer		
			Phone Number (559) 416-5514	Email Address tracy.callaway@madera.cou	Contraction of the		
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
	Distributions				Interest and Other Deposits		
		а	Interest carned during the fiscal year.		\$ 2,357.14		
		b	Other deposits during the fiscal year.		-\$ 33,176.16		
		¢	If other deposits were made, provide the type of depo Adjustment of minus \$33,176.16 for year end		sits:		
		9	Total amount of funds distributed to the specified ca during the fiscal year.	tegories Reserve (Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 15,600.00		
		b	Physicians/Surgeons (58%)	\$ 3,111.27	\$ 79,270.85		
-							

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 799.90	\$ 34,709.64		
Distributions	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 24,146.68		
(cont.)	e		Total	\$ 3,911.17	\$ 153,727.17		
	10	Maddy EMS Fund (Supplemental Assessment) <i>(IJ</i>	fund not establ	ished, leave blank and go	to #12)		
					Interest and Other Deposits		
	а	Interest earned during fiscal year.					
	b	Other deposits during fiscal year.					
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:					
	11	Total amount of funds distributed to the specified during the fiscal year.	categories	Reserve (Optional)	Category Distributions		
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)         Richie's Fund (15%)         Physicians/Surgeons (58%)					
	b						
	c						
	d	Hospitals (25%)					
	e	Other Discretionary EMS (17%)					
	f		Total	\$ 0.00	\$ 0.00		
	12	Responsibility for category distributions: Entity	Contact	(Name and Title)			
		County of Madera Auditor Department	Sabrina	Rodriguez, Accour	tant Auditor		
		Phone Number (559) 675-7707	Email A	ddress .rodriguez@madera	acuptu com		
/I Expenditures &	-	(559) 675-7707	Sabrina	.rodnguez@madera			
Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).			Amount \$ 15,600.00		
		Assessmenty.					
			MORING		Amount		
	14	Total Administration expenditures from Maddy E Assessment). (If fund not established, leave blank and g		pplemental			
	15	- Total Richie's Fund expenditures from Maddy EI			Amount		

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



I Expenditures &			Allowable Claims		Paid Claims			
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Original Assessment).	2,180.00	\$ 1,290,819.6	2,180	100%	\$ 80,526.34	
	b	If allowable claims were not paid during fis All submitted claims were paid at a pu during the fiscal year. Reserve funds	n of fund	ds received				
	c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed \$ 1,255.49	
						Dald	Claims	
	179	Total Physicians/Surgeons expenditures	#	vable Claims S Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)		5 Anount	, m	0%	3 Amount	
	ь	If allowable claims were not paid during fis	, cur y cur , our,	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	2010,514	te i cason	(3).	
	e	Total reimbursements from Physicians/Sur	geons due to			1	nt Reimbursed	
		Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s Required documentation for submission. (	geons due to ettlements.	collections from		Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s Required documentation for submission. ( be submitted concurrently)	geons due to ettlements. The below docu	collections from mentation is part of i	the Maddy	Amou	nt Reimbursed	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures	geons due to ettlements. The below docu ons claims pay	collections from <i>mentation is part of i</i> yment methodolog	the Maddy	Amou EMS Fund	nt Reimbursed d report, and <u>nus</u>	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeometry	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat lospitals adm	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz	<i>the Maddy</i> ies. o implem ation, or	Amou EMS Fund tent and a names of	nt Reimbursed d report, and <u>mus</u> dminister the specific	
	c	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H</li> </ul>	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat Iospitals adm ninistrators co	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review	the Maddy ies. o implem ation, or claims p	Amou EMS Fund tent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies.	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to so	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat lospitals adm ninistrators co licit input fro	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur;	the Maddy ies. o implem ation, or claims p	Amou EMS Fund tent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies.	
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to so payment distribution methodology.	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat lospitals adm ninistrators co licit input fro sed by the con	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surj unty.	<i>the Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fund tent and a names of ayment n	nt Reimbursed d report, and <u>mus</u> administer the specific nethodologies.	
	c 18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat lospitals adm ninistrators co licit input fro sed by the cou sed by the cou	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur; inty.	<i>the Maddy</i> ies, o implem ation, or claims p geons and	Amou EMS Fund tent and a names of ayment n d Hospita	nt Reimbursed d report, and <u>nuts</u> dminister the specific nethodologies. ls to review	
	c 18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Phys</li> </ul>	geons due to ettlements. The below docu ons claims pay s, and regulat lospitals adm ninistrators co licit input fro sed by the cou sed by the cou con Si	collections from <i>mentation is part of i</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur; inty.	<i>the Maddy</i> ies, o implem ation, or claims p geons and	Amou EMS Fund tent and a names of ayment n d Hospita	nt Reimbursed d report, and <u>mus</u> dminister the specific nethodologies. ls to review	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	
			Alle	wable Claims	1.1	Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during	g fiscal year, J	uly 1, 2017-June 30,	2018, stat	e reason(s	s):	
	d	Direct disbursement to Hospitals. (N/A)	if hospital claim	s are paid on a claims l	basis.		Amount 5 34,709.64	
		Leave blank and go to #21e)					04,100.04	
	e	Total reimbursements from Hospitals d county penalties, and settlements.	ue to collectio	ns from patient/thir	d-party,	Amoun	t Reimbursed \$ 0.00	
	21a	Indicate if Hospital claims are paid on a EMS Fund (Supplemental Assessment) and go to #22)			Yes No (If no, go to #21d)			
			Allowable Claims			Paid Claims		
			#	\$ Amount	#	%	\$ Amount	
	ь	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
	d	Direct disbursement to Hospitals. (N/A	if hospital claim	s are paid on a claims	basis.	-	Amount	
		Leave blank and go to #22e)						
	e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.				Amou	nt Reimbursed	
	22	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 hospitals payment methodologies.						
	23	Responsibility for claims payments to I Entity County of Madera, Public Health	iospitals:	Contact (Name and Sara Hanson, S			chnician	
		Phone Number (559) 675-7893		Email Address sara.rioshanson	1.1.1	Sec. 1	1.1.5	

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount			
(cont.)		Assessment).	\$ 41,442.00			
	b Description of other EMS services provided:					
		Local EMS Agency contracted services for regional EMS system.				
	25.0	Tatal Other Disoutieness FMS even ditures from Moddy FMS Fund	Amount			
	258	(Supplemental Assessment). (If fund not established, leave blank)				
	b	Description of other EMS services provided:				
	Reimbursements	Reimbursements 24a (cont.) b 25a	Reimbursements (cont.)       24a       Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).         b       Description of other EMS services provided: Local EMS Agency contracted services for regional EMS system.         25a       Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)			

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



and the second se					
VII Fund Summary		Maddy EMS (Original Asse			
	Available Funds for Distribution			Fund Total	
	Balance on July 1, 2017	\$ 21	18,339.83 <i>(1c)</i>		\$ 218,339.83
	Deposits for July 1, 2017–June 30, 2018	\$ 15	52,035.70 (5c)		\$ 370,375.53
	Interest for July 1, 2017-June 30, 2018	\$	2,357.14 (8a)		\$ 372,732.67
	Other Deposits for July 1, 2017-June 30, 2018	-\$ 3	33,176.16 (8b)		\$ 339,556.51
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 15,600.00		\$ 15,600.00	\$ 15,600.00 (13)
	Physicians/Surgeons (58%)	\$ 79,270.85 (9b)	\$ 3,111.27 (9b)	\$ 76,159.58	\$ 80,526.34 (16a)
	Hospitals (25%)	\$ 34,709.64	\$ 799.90	\$ 33,909.74	\$ 0.00 (20b Pd)
		(9c)	(9c)		\$ 34,709.64 (20d)
	Other Discretionary EMS (17%)	\$ 24,146.68 (9d)	\$ 0.00 (9d)	\$ 24,146.68	\$ 41,442.00 (24a)
	Total	\$ 153,727.17 (9e)	\$ 3,911.17 (9e)	\$ 149,816.00	\$ 172,277.98
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 167,278.53
	Reimbursements				
	Physicians/Surgeons	\$	1,255.49 (16c)		\$ 168,534.02
	Hospitals		\$ 0.00 (20e)	1	\$ 168,534.02
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 168,534.02

IAN

Signature of Maddy EMS Fund Administrator

GAMBLE, SP.

Printed Name & Title

ANAUST

Date

brian.aamble <u>maderatounty</u> Email Address om

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (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 (11)	\$ 0.00 (11)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements				A

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

Signature of Maddy EMS Fund Administrator BRIAN GOMBLE, SP. ANAL

Printed Name & Title

briangan maderacou

Email Address



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

	Administering Agency	County / Department County of Marin Dept. of Health & Human Svcs	County Contact (Name and Ti Karen Wuopio, Public Hea			
		Address (Number and Street) Phone Number		one Number 15-473-6725		
		City or Post Office, State, and ZIP Code San Rafael, CA 94903	Email Address kwuopio@marincounty.or	g		
п	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes 🔲 No		
		b Date fund established.		07/01/2005		
		c Fund balance on July 1, 2017.		\$ 54,046.62		
		d If the Maddy EMS Fund beginning balance on July i balance on June 30, 2017, state reason(s):				
		2a Has the agency established the Maddy EMS Fund (S	upplemental Assessment)?	Yes No (If no, go to #3)		
		b Date fund established.		01/01/2008		
		<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July</li> </ul>	I, 2017, differs from the previous	\$ 22,816.17 reported ending		
	Collections of	d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s):				
m	Collections of Penalty	d If the Maddy EMS Fund beginning balance on July				
m		<ul> <li>d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		reported ending		
	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> </ul>	Statute	reported ending		
111	Penalty	d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	reported ending		
	Penalty	d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b	Statute Government Code § 76000 Government Code § 76000,5 (Only applicable if Supplemental Assessment established. See #2a.)	collections		
	Penalty	d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	collections		
	Penalty	d       If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	reported ending		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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		Government Code § 76000 (Based on GC § 76104)	\$ 348,100.66
		b		Vehicle Code § 42007	
		c		Total	\$ 348,100.66
		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	\$ 345,468.53
		b		Vehicle Code § 42007	
		c		Total	\$ 345,468.53
		d	If no deposits into Maddy EMS Fund, state reason(s)		
		7	Responsibility for deposit of penalty assessments:		
			Entity	Contact (Name and Title)	
			Phone Number	Email Address	
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
	Distributions				Interest and Other Deposits
		a	Interest earned during the fiscal year.		
		b	Other deposits during the fiscal year.		
	c		If other deposits were made, provide the type of depo	osits and the reason(s) for the dep	osits:
		9	Total amount of funds distributed to the specified cat during the fiscal year.	tegories Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 34,810.07

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c Hosp	itals (25%)			\$ 78,322.65
Distributions	C. 11.17	r Discretionary EMS (17%)			\$ 53,259.40
(cont.)	e		Total	\$ 0.00	\$ 348,100.66
	10 Mad	dy EMS Fund (Supplemental Assessment) (If fun	d not established, leave b	blank and go t	o #12) Interest and
	-			_	Other Deposits
	a Inter	est earned during fiscal year.			
	b Othe	r deposits during fiscal year.			
	c If oth	er deposits were made, provide the type of depo	its and the reason(s)	for the depo	osits:
		amount of funds distributed to the specified cate og the fiscal year.	gories Reserv (Option		Category Distributions
		Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%)			\$ 34,546.85
	b Rich				\$ 51,820.28
	c Phys	icians/Surgeons (58%)			\$ 150,278.81
	d Hosp	itals (25%)			\$ 64,775.35
	e Othe	r Discretionary EMS (17%)			\$ 44,047.24
	f		Total	\$ 0.00	\$ 345,468.53
		onsibility for category distributions:			
	Entit Cou	y nty of Marin Dept. of Health & Human Svc	Contact (Name and Karen Wuopio, Pu		h Division Director
		e Number	Email Address		
I Expenditures &	415-	473-6725	kwuopio@marinc	ounty.org	
Reimbursements		Administration expenditures from Maddy EMS	Fund (Original	-	Amount
	Asses	Assessment).			\$ 34,810.07
					Amount
	14 Total Asses	Administration expenditures from Maddy EMS sment). (If fund not established, leave blank and go to	#und (Supplemental #16a)		\$ 34,546.85
	1.00.00				
	-	Richie's Fund expenditures from Maddy EMS	Fund (Supplemental		Amount



	Expenditures &			Alloy	wable Claims		Paid (	Claims
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
			from Maddy EMS Fund (Original Assessment).	1,102.00	\$ 579,150.37	1,102	100%	\$ 181,895.49
		b	If allowable claims were not paid during fise	cal year, July	y 1, 2017-June 30,	2018, sta	te reason	(s):
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 11,115.57
				Alloy	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)	844	\$ 443,344.63	844	100%	\$ 139,350.20
		c	Total reimbursements from Physicians/Surg	geons due to	collections from		Amou	nt Reimbursed
			Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	ttlements.				
		c 18	<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently) (Please see and the physicians/Surgeon A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s).</li> </ul>	ttlements. <i>he below docu</i> attachme is claims pay and regulat	mentation is part of t ent 1) yment methodolog ory action taken te	ies. 0 implem	EMS Fun	d report, and <u>must</u> administer the
			<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T. be submitted concurrently</i>) (Please see )</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to solit</li> </ul>	ttlements. <i>he below docu</i> attachme as claims pay and regulat ospitals administrators co	mentation is part of t ent l) vment methodolog ory action taken to inistrator organiza ontacted to review	ies. o implem ation, or claims p	EMS Fund tent and a names of ayment n	<i>d report, and <u>must</u></i> administer the specific nethodologies.
			<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T. be submitted concurrently</i>) (Please see )</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited</li> </ul>	ttlements. <i>he below docu</i> attachme as claims pay and regulat ospitals admi- inistrators co icit input fro	mentation is part of t ent l) oment methodolog ory action taken to inistrator organiz: ontacted to review m Physicians/Surg	ies. o implem ation, or claims p	EMS Fund tent and a names of ayment n	<i>d report, and <u>must</u></i> administer the specific nethodologies.
			<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T. be submitted concurrently</i>) (Please see 1</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited Physicians/Surgeons and Hospital A description of the process used to solit payment distribution methodology.</li> </ul>	ttlements. <i>he below docu</i> attachme as claims pay and regulat ospitals admi- inistrators co icit input fro ed by the cou	mentation is part of t ent 1) vment methodolog ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	ies. o implem ation, or claims p	EMS Fund tent and a names of ayment n	<i>d report, and <u>must</u></i> administer the specific nethodologies.
		18	patient/third-party, county penalties, and se Required documentation for submission. ( <i>T. be submitted concurrently</i> ) (Please see 1) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admited the physicians/Surgeons and Hospital admited the process used to solit payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons	ttlements. the below docu attachme as claims pay and regulat ospitals admi inistrators co cit input fro ed by the cou cians/Surgeo Cor	mentation is part of t ent 1) went methodolog ory action taken to inistrator organiza ontacted to review m Physicians/Surg mty.	ies. o implem ation, or claims p geons and	EMS Fundation	d report, and <u>must</u> administer the specific nethodologies. Is to review
		18	<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently) (Please see 1</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> <li>Entity</li> <li>County of Marin Dept. of Health &amp; Hut</li> </ul>	ttlements. the below docu attachme as claims pay and regulat ospitals admi inistrators co icit input fro ed by the cou cians/Surgeo Cor man a Ka	mentation is part of t ent 1) vment methodolog ory action taken to inistrator organiz; ontacted to review m Physicians/Surg inty. ms: ntact (Name and T aren Wuopio, Pu	ies. o implem ation, or claims p geons and	EMS Fundation	d report, and <u>must</u> administer the specific nethodologies. Is to review
		18	patient/third-party, county penalties, and se Required documentation for submission. ( <i>T. be submitted concurrently</i> ) (Please see 1) A description of the Physicians/Surgeon A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admited the physicians/Surgeons and Hospital admited the process used to solit payment distribution methodology. An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons	ttlements. the below docu attachme as claims pay and regulat ospitals admi inistrators co icit input fro ed by the cou cians/Surgeo man a Ka	mentation is part of t ent 1) went methodolog ory action taken to inistrator organiza ontacted to review m Physicians/Surg mty.	ies. o implem ation, or f claims p geons and itle) itle)	EMS Fund ment and a names of ayment n I Hospita	d report, and <u>must</u> administer the specific nethodologies. Is to review

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims ba EMS Fund (Original Assessment).	asis i	for the Maddy		Yes (If no, go	☑ No to #20d)
				Alle	wable Claims	_	Paid C	laims
				¥	\$ Amount	#	%	S Amount
		b	Total Hospitals expenditures.				0%	1
				_		-		
		c	If allowable claims were not paid during fiscal ye	ar, J	uly 1, 2017-June 30,	2018, stat	te reason(	(s):
		d	Direct disbursement to Hospitals. (N/A if hospital of	lain	e ana paid an a alainn h	ante		Amount
		u	Leave blank and go to #21e)	aum	s are paid on a ciaims b	usis.		\$ 78,322.65
		e	Total reimbursements from Hospitals due to colle county penalties, and settlements.	ectio	ns from patient/thir	d-party,	Amou	nt Reimbursed
		21a	Indicate if Hospital claims are paid on a claims b EMS Fund (Supplemental Assessment). (If fund n and go to #22)				'es (If no, go t	☑ No o #21d)
				Alle	wable Claims		Paid C	laims
				¥	\$ Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.	_		_	0%	
		c	If allowable claims were not paid during fiscal ye	ar, J	uly 1, 2017-June 30	, 2018 stat	te reason(	(s):
					10.00	- 1		Amount
		d	Direct disbursement to Hospitals. (N/A if hospital of Leave blank and go to #22e)	laim	s are paid on a claims b	asis.		\$ 64,775.35
		e	Total reimbursements from Hospitals due to colle county penalties, and settlements.	ectio	ns from patient/thir	d-party,	Amou	nt Reimbursed
		22	Required documentation for submission. (The bell be submitted concurrently)	ow de	ocumentation is part of	the Maddy	EMS Fund	d report, and <u>must</u>
			A description of the hospitals payment meth	odol	<sup>ogies.</sup> (Please	see at	tachme	ent II)
		23	Responsibility for claims payments to Hospitals:		0 1 101	mut.s		
			Entity County of Marin Dept. of Health & Human		Contact (Name and Karen Wuopio, F		alth Divi	ision Director
			Phone Number 415-473-6725	1	Email Address kwuopio@marine	county.or	rg	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)		Assessment).	\$ 53,259.40
	b	Description of other EMS services provided:	
		Please see attachment III	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		(Supplemental Assessment). (If fund not established, leave blank)	\$ 44,047.24
	b	Description of other EMS services provided:	
		Please see attachment III	
	Reimbursements	Reimbursements 24a (cont.)	Reimbursements (cont.)       24a       Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).         b       Description of other EMS services provided: Please see attachment III         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. 1-2019) Page 7 of 8

Ending Balance for Total Available Funds as of June 30, 2018



VII Fund Summary		Maddy EMS (Original Asso			
		Available Funds fo	or Distribution		Fund Total
	Balance on July 1, 2017	\$ 5	54,046.62 <i>(1c)</i>		\$ 54,046.62
	Deposits for July 1, 2017-June 30, 2018	\$ 34	48,100.66 <i>(5c)</i>		\$ 402,147.28
	Interest for July 1, 2017-June 30, 2018		\$ 0.00 (8a)	L	\$ 402,147.28
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 402,147.28
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 34,810.07 (9a)		\$ 34,810.07	\$ 34,810.07 (13)
	Physicians/Surgeons (58%)	\$ 181,708.54 (9b)	\$ 0.00 (9b)	\$ 181,708.54	\$ 181,895.49 (16a)
	Hospitals (25%)	\$ 78,322.65	\$ 0.00	\$ 78,322.65	\$ 0.00 (20b Pd)
		\$ 70,322.03 (9c)	\$ 0.00 (9c)	\$ 70,322.05	\$ 78,322.65 (20d)
	Other Discretionary EMS (17%)	\$ 53,259.40 (9d)	\$ 0.00 (9d)	\$ 53,259.40	\$ 53,259.40 (24a)
	Total	\$ 348,100.66 (9e)	\$ 0.00 (9e)	\$ 348,100.66	\$ 348,287.61
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 53,859.67
	Reimbursements				
	Physicians/Surgeons	\$ 1	1,115.57 (16c)		\$ 64,975.24
	Hospitals		\$ 0.00 (20e)		\$ 64,975.24
		1		10 million (10 mil	

Signature of Maddy EMS Fund Administrator

Calen Wuop

\$ 64,975.24

t Maddy EMS Fund Administrator Date, KWU00010 Q UU0010, AUGlic Health Divison Marincovary.org Printed Name & Title Director Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment) **Available Funds for Distribution Fund Total** Balance on July 1, 2017 \$ 22,816.17 \$ 22,816.17 (2c) Deposits for July 1, 2017-\$ 345,468.53 \$ 368,284.70 June 30, 2018 (6c) Interest for July 1, 2017-June 30, 2018 \$ 0.00 \$ 368,284.70 (10a) Other Deposits for July 1, 2017 - June 30, 2018 \$ 0.00 \$ 368,284.70 (10b)

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

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

Signature of Maddy EMS Fund Administrator Public Healty Division reavor Printed Name & Title

Date

kivuopis emarineovity of **Email Address** 



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

	Administering	Cou	nty / Department	<b>County Contact (Name and Tit</b>	ile)
	Agency	Ma	riposa County Health Department	Diane L. Robarge, Adminis	strative Analyst
		Add	ress (Number and Street)	Phone Number	
		508	35 Bullion Street	(209) 966-3689	
		City	or Post Office, State, and ZIP Code	Email Address	
		Ma	riposa, CA 95338	drobarge@mariposacount	y.org
		_			
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	Yes No
		b	Date fund established.		07/01/1990
		с	Fund balance on July 1, 2017.		\$ 67,179.06
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		
		с	Fund balance on July 1, 2017.		
_		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending
II					Ĩ
	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each	Statute	Collections
	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Penalty	3 a		Statute Government Code § 76000	
	Penalty				\$ 17,211.13
	Penalty	a b		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	\$ 17,211.13
	Penalty	a		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.,	\$ 17,211.13
	Penalty	a b c		Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a., Vehicle Code § 42007 Tota	\$ 17,211.13
	Penalty	a b c d	<u>statute.</u>	Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a., Vehicle Code § 42007 Tota	\$ 17,211.13 \$ 0.00

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 17,211.13
	b		Vehicle Code § 42007	
	c		Total	\$ 17,211.13
	-			
	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	
	ь		Vehicle Code § 42007	
	c		Total	\$ 0.00
	Ľ			
	7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	rative Analyst
		Mariposa County Health Department	Diane L. Robarge, Administ	rative Analyst
		Phone Number (209) 966-3689	Email Address drobarge@mariposacounty	.org
V Maddy EMS Fund Category				
	Q	Moddy FMS Fund (Original Assessment)		
Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
Distributions				Other Deposits
Distributions	a	Interest earned during the fiscal year.		Other Deposits \$ 0.00
Distributions			sits and the reason(s) for the depe	Other Deposits \$ 0.00 \$ 0.00
Distributions	a b	Interest earned during the fiscal year. Other deposits during the fiscal year.		Other Deposits \$ 0.00 \$ 0.00
Distributions	a b c	Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depos Total amount of funds distributed to the specified cat	egories Reserve (Optional)	Other Deposits \$ 0.00 \$ 0.00 osits:

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	с	Hospitals (25%)			\$ 4,000.00
Distributions	d	Other Discretionary EMS (17%)			
(cont.)	e		otal	\$ 0.00	\$ 6,000.00
	C				
			_		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	not estai	blished, leave blank and go to	<i>#12)</i>
					Interest and Other Deposits
	a	Interest earned during fiscal year.			
	b				
	C	If other deposits were made, provide the type of deposit	s and t	he reason(s) for the depo	sits:
	11	Total amount of funds distributed to the specified category during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		\$ 0.00
	b	Richie's Fund (15%)			\$ 0.00
	с	Physicians/Surgeons (58%)			\$ 0.00
	d	Hospitals (25%)			\$ 0.00
	e	Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
				t (Name and Title)	trativo Analyst
				L. Robarge, Administ	
				rge@mariposacounty	.org
VI Expenditures &		x/ • • • • • • • • • • • • • • • • • •			Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (	Original —	\$ 2,000.00
		Assessmenty.			
					Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to #		Supplemental	\$ 0.00
		Trees of the second sec			
	15	Total Richie's Fund expenditures from Maddy EMS F	und (S	upplemental	Amount
	**'	Assessment). (If fund not established, leave blank and go to			\$ 0.00



Expenditures &			Allo	wable Claims		Paid C	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(00000)		from Maddy EMS Fund (Original Assessment).	0.00	\$ 0.00	0	0%	\$ 0.00
	b	If allowable claims were not paid during fisca	l year, Jul	y 1, 2017-June 30,	, 2018, sta	te reason	(s):
						Amou	nt Reimburse
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set	ons due to lements.	collections from			
			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	ii year, Ju	iy 1, 2017-June Se	J, 2010, SU	ate i casoi	1(5):
	b	If allowable claims were not paid during fisc		y 1, 2017-June 30	J, 2016, St		
	b	If allowable claims were not paid during fisc Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	cons due te				
		Total reimbursements from Physicians/Surg	cons due to tlements.	o collections from		Amou	unt Reimburs
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (T	cons due te tlements. Le below doc	o collections from	f the Madd	Amou	unt Reimburs
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	cons due to tlements. <i>Te below doc</i> s claims p:	o collections from cumentation is part of ayment methodolo	f the Madd	Amou ly EMS Fut	unt Reimburs nd report, and <u>n</u>
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	cons due to tlements. <i>The below doc</i> s claims part and regula spitals add	o collections from cumentation is part of ayment methodolo atory action taken ninistrator organ	f the Madd ogies. to imple ization, o	Amou ly EMS Fut ment and r names o	unt Reimburs administer th f specific
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hericitation	eons due to tlements. <i>The below doc</i> s claims particular and regular spitals administrators	o collections from cumentation is part of ayment methodolo atory action taken ninistrator organi contacted to revie	<i>f the Madd</i> ogies. to imple ization, ou	Amou ly EMS Fut ment and r names o payment	unt Reimburs nd report, and <u>n</u> administer th f specific methodologie
	c	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited physicians/Surgeons admited physicians/Surgeons and Hospital admited physicians/Surgeons admited physicians/S</li></ul>	eons due to tlements. e below doc s claims pa and regula spitals ada nistrators cit input fi	o collections from cumentation is part of ayment methodole atory action taken ninistrator organi contacted to revie com Physicians/Su	<i>f the Madd</i> ogies. to imple ization, ou	Amou ly EMS Fut ment and r names o payment	unt Reimburs nd report, and <u>n</u> administer th f specific methodologie
	c	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hee Physicians/Surgeons and Hospital admited Physicians/Surgeons Admited Physicians/Surge</li></ul>	eons due to tlements. e below doc s claims pa and regula spitals ada nistrators cit input fo d by the co	o collections from cumentation is part of ayment methodole atory action taken ninistrator organi contacted to revie com Physicians/Su	<i>f the Madd</i> ogies. to imple ization, ou	Amou ly EMS Fut ment and r names o payment	unt Reimburso administer th f specific methodologie
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admited</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	cons due ta tlements. e below doc s claims pa and regula spitals ada nistrators cit input fa d by the co ians/Surg	o collections from cumentation is part of ayment methodolo atory action taken ninistrator organic contacted to revie com Physicians/Su punty.	f the Madd ogies. to implet ization, of ew claims trgeons an	Amou by EMS Fun ment and r names o payment nd Hospit	unt Reimburse and report, and <u>m</u> administer th f specific methodologies als to review
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians</li> </ul>	cons due to tlements. e below doo s claims p: and regula spitals adu nistrators cit input fu d by the co cians/Surg	o collections from cumentation is part of ayment methodole atory action taken ninistrator organicontacted to revie rom Physicians/Su ounty.	f the Madd ogies. to implet ization, of ew claims trgeons an	Amou by EMS Fun ment and r names o payment nd Hospit	unt Reimburse and report, and <u>m</u> administer th f specific methodologies als to review
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admited</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	cons due ta tlements. e below doc s claims pa and regula spitals ada nistrators cit input fa d by the co cians/Surg C l E	o collections from cumentation is part of ayment methodolo atory action taken ninistrator organic contacted to revie com Physicians/Su punty.	f the Madd ogies. to implet ization, or ew claims trgeons an trgeons an	Amou by EMS Fun ment and r names o payment nd Hospit	unt Reimburse and report, and <u>m</u> administer th f specific methodologies als to review

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	ns b <b>a</b> sis fo	r the Maddy		Yes (If no, go a	<b>No</b> (0 #20d)
		3	Allow	able Claims		Paid Cl	aims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.				0%	
	c	If allowable claims were not paid during fisc	al year, Ju	ly 1, 2017-June 30	), 2018, stat	te reason(	s):
							Amount
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.) Leave blank and go to #21e)	pital claims	are paid on a claims	basis.		\$ 4,000.00
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collection	s from patient/thi	rd-party,	Amoun	nt Reimbursed
	<b>21</b> a	Indicate if Hospital claims are paid on a cla EMS Fund (Supplemental Assessment). (If and go to #22)	ims basis fo fund not esta	or the Maddy ablished, leave blank		les (If no, go t	<b>No</b> <i>w</i> No <i>w</i>
			Allo	wable Claims		Paid C	laims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.				0%	
	c	If allowable claims were not paid during fis	cal year, Ju	lly 1, 2017-June 3	i0, 2018 sta		(s): Amount
	d	<b>Direct disbursement to Hospitals.</b> (N/A if ho Leave blank and go to #22e)	spital claims	are paid on a claim	s basis.		
	e	Total reimbursements from Hospitals due t county penalties, and settlements.	o collectio	ns from patient/th	ird-party,	Amou	nt Reimburse
	22	Required documentation for submission. ( be submitted concurrently)			of the Madd	y EMS Fun	d report, and <u>m</u>
	23	Responsibility for claims payments to Hosp Entity		Contact (Name a	nd Title)		
		Mariposa County Health Department		Diane L. Roba		nistrative	e Analyst
		Phone Number		Email Address drobarge@ma	rinosacou	intv ora	
		(209) 966-3689		unnanhemuna	nposacou	any.org	



Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)	24a	Assessment).	\$ 0.00
()			
	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)	\$ 0.00
		(Supplemental Assessment). (1) juna noi estavusneu, teare blanky	÷ 0.00
		(Supplemental Assessment). (1) Juna not establishen, leave blanky	
	b	Description of other EMS services provided:	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,000.00 (9a)		\$ 2,000.00	\$ 2,000.00 (13)
Physicians/Surgeons (58%)	\$ 0.00 (9b)	\$ 0.00 (9b)	\$ 0.00	\$ 0.00 (16a)
Hospitals (25%)	¢ 4 000 00	¢ 0.00	¢ 4 000 00	\$ 0.00 (20b Pd)
	\$ 4,000.00 (9c)	\$ 0.00 (9c)	\$ 4,000.00	\$ 4,000.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)
Total	\$ 6,000.00 (9e)	\$ 0.00 (9e)	\$ 6,000.00	\$ 6,000.00
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				\$ 78,390.19
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 78,390.19

	(10C)	
Hospitals	\$ 0.00 (20e)	\$ 78,390.19
Ending Balance for Total Available Funds as of June 30, 2018		\$ 78,390.19

Signature of Maddy EMS Fund Administrator

9 19

Admin Analyst drobargela Printed Name & Title Email Address

Date

mariposa County org

### **VII Fund Summary**

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

**Email Address** 



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

1	Administering Agency		unty / Department endocino County Public Health	County Contact (Name and T Mary Alice Willeford, Adm		
		Address (Number and Street) Phone Number			initionative wigh it	
		11	20 South Dora Street	(707) 799-5083		
			y or Post Office, State, and ZIP Code	Email Address	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
		Ukiah, CA 95482 willefom@mendocing		willefom@mendocinocou	county.org	
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Ves No	
		b	Date fund established.		05/14/1991	
		c	Fund balance on July 1, 2017.		\$ 90,020.66	
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending	
		2a	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.		03/31/2007	
		e	Fund balance on July 1, 2017.		\$ 198,469.00	
III	Collections of Penalty	3	balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each			
	Assessments		statute.	Statute	Collections	
		a		Government Code § 76000	\$ 88,317.60	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 141,715.77	
		c		Vehicle Code § 42007		
		d		Total	\$ 230,033.37	
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:		
			Entity	Contact (Name and Title)		
			Mendocino County Court Collections	April Allen		
			Phone Number (707) 463-6816	Email Address allena@mendocinocounty	org	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



Maddy EMS Fund	5 Total penalty assessments deposited into Madd EMS Fund (Original Assessment).	y Statute	Deposits
runu	a	Government Code § 76000 (Based on GC § 76104)	\$ 88,317.60
	b	Vehicle Code § 42007	
	c	Total	\$ 88,317.60
	d If no deposits into Maddy EMS Fund, state rea	son(s):	
	6 Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund established, leave section blank and go to #7)		Deposits
	a	Government Code § 76000.5	\$ 141,715.77
	b	Vehicle Code § 42007	
	c	Total	\$ 141,715.77
	7 Responsibility for deposit of penalty assessment	s:	
	Entity		
	Entity Mendocino Co Treasurer Tax Collector	Contact (Name and Title) Julie Forrester, Deputy Treas	surer Tax Collector
		Contact (Name and Title)	
/ Maddy EMS Fund Category Distributions	Mendocino Co Treasurer Tax Collector Phone Number	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address	
	Mendocino Co Treasurer Tax Collector Phone Number (707) 234-6883	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address	
Fund Category	Mendocino Co Treasurer Tax Collector Phone Number (707) 234-6883	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address	Interest and Other Deposits
Fund Category	Mendocino Co Treasurer Tax Collector Phone Number (707) 234-6883 8 Maddy EMS Fund (Original Assessment)	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address	Interest and Other Deposits \$ 3,494.93
Fund Category	Mendocino Co Treasurer Tax Collector         Phone Number (707) 234-6883         8       Maddy EMS Fund (Original Assessment)         a       Interest earned during the fiscal year.	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address forrestj@mendocinocounty.c	Interest and Other Deposits \$ 3,494.93 \$ 251,233.00
Fund Category	Mendocino Co Treasurer Tax Collector         Phone Number (707) 234-6883         8       Maddy EMS Fund (Original Assessment)         a       Interest earned during the fiscal year.         b       Other deposits during the fiscal year.	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address forrestj@mendocinocounty.c	Interest and Other Deposits \$ 3,494.93 \$ 251,233.00
Fund Category	Mendocino Co Treasurer Tax Collector         Phone Number (707) 234-6883         8       Maddy EMS Fund (Original Assessment)         a       Interest earned during the fiscal year.         b       Other deposits during the fiscal year.         c       If other deposits were made, provide the type of	Contact (Name and Title) Julie Forrester, Deputy Treas Email Address forrestj@mendocinocounty.c	Interest and Other Deposits \$ 3,494.93 \$ 251,233.00
Fund Category	Mendocino Co Treasurer Tax Collector         Phone Number         (707) 234-6883         8       Maddy EMS Fund (Original Assessment)         a       Interest earned during the fiscal year.         b       Other deposits during the fiscal year.         c       If other deposits were made, provide the type of SCO Audit Finding for 2009-2015         9       Total amount of funds distributed to the specifie	Contact (Name and Title)         Julie Forrester, Deputy Treas         Email Address         forrestj@mendocinocounty.c         deposits and the reason(s) for the deposits         d categories       Reserve         (Optional)	Interest and Other Deposits \$ 3,494.93 \$ 251,233.00 its: Category

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS			- T	T	
Fund Category	c	Hospitals (25%)			\$ 76,398.89
Distributions (cont.)	d	Other Discretionary EMS (17%)			\$ 51,951.24
(court)	e		Fotal	\$ 26,586.81	\$ 339,550.60
	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.			\$ 5,077.72
	b	Other deposits during fiscal year.			
	c 11	If other deposits were made, provide the type of deposit		reason(s) for the depo Reserve	sits: Category
		during the fiscal year.	or res	(Optional)	Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		\$ 14,171.58
	b	Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 21,257.37
	c				\$ 61,646.36
	d	Hospitals (25%)			\$ 26,571.71
	e	Other Discretionary EMS (17%)			\$ 18,068.76
	f 12	1	otal	\$ 0.00	\$ 141,715.78
		Responsibility for category distributions:			
				ame and Title) e Willeford, Admini	strative Mgr II
		Phone Number E	Cmail Add	lress	
		(707) 472-2374 v	villefom(	@mendocinocounty	org
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Ori	zinal	Amount
		Assessment).			\$ 3,611.24
	14	Total Administration expenditures from Maddy EMS F	und (Sun	nlemental	Amount
		Assessment). (If fund not established, leave blank and go to #1			\$ 11.11
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supp	lemental	Amount
		Assessment). (If fund not established, leave blank and go to #1			\$ 0.00



Reimbursements			Allo	wable Claims		Paid (	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	367.00	\$ 175,970.64	367	100%	\$ 152,368.00
	b	If allowable claims were not paid during fise	al year, Jul	y 1, 2017-June 30, :	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 0.00
			Alloy	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)	139	\$ 72,839.15	139	100%	\$ 62,662.28
	c	Total reimbursements from Physicians/Surg		collections from		Amour	nt Reimbursed
		patient/third-party, county penalties, and set	tlements.				\$ 0.00
	с 18		tlements.		he Maddy		\$ 0.00
		patient/third-party, county penalties, and set Required documentation for submission. (7)	tlements. he below docu	mentation is part of th			\$ 0.00
		patient/third-party, county penalties, and set Required documentation for submission. (7) be submitted concurrently)	tlements. <i>ne below docu</i> s claims pay	<i>mentation is part of th</i> ment methodologi	es.	EMS Fund	\$ 0.00 I report, and <u>must</u>
		patient/third-party, county penalties, and set         Required documentation for submission. (7)         be submitted concurrently)         ☑       A description of the Physicians/Surgeon         ☑       A statement of the policies, procedures,	tlements. <i>he below docu</i> s claims pay and regulate spitals admi	<i>mentation is part of th</i> ment methodologi ory action taken to inistrator organiza	es. implem tion, or 1	EMS Fund ent and ad	\$ 0.00 I report, and <u>must</u> dminister the specific
		<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho</li> </ul>	tlements. <i>he below docu</i> s claims pay and regulate spitals admi nistrators co	mentation is part of the mentation is part of the methodologi ory action taken to inistrator organization taken to ortacted to review or taken to	es. implem tion, or 1 claims p:	EMS Fund ent and ad names of s ayment m	\$ 0.00 I report, and <u>must</u> dminister the specific ethodologies.
		<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (T) be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid</li> </ul>	tlements. <i>The below docu.</i> Is claims pay and regulate spitals administrators co the timput from	<i>mentation is part of th</i> ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg	es. implem tion, or 1 claims p:	EMS Fund ent and ad names of s ayment m	\$ 0.00 I report, and <u>must</u> dminister the specific ethodologies.
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (T) be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid payment distribution methodology.</li> </ul>	tlements. <i>The below docu.</i> Is claims pay and regulate spitals administrators co wit input from the by the cou	mentation is part of the second secon	es. implem tion, or 1 claims p:	EMS Fund ent and ad names of s ayment m	\$ 0.00 I report, and <u>must</u> dminister the specific ethodologies.
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admining</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physic</li> </ul>	tlements. <i>The below docu.</i> s claims pay and regulate spitals administrators con- cit input from the by the coun- tians/Surgeo- Con-	mentation is part of the second secon	es. implem tion, or i claims p eons and	<i>EMS Fund</i> ent and ad names of s ayment m	\$ 0.00 I report, and <u>must</u> dminister the specific ethodologies. s to review
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physic</li> <li>Entity</li> <li>Mendocino County Public Health</li> </ul>	tlements. the below docu. s claims pay and regulate spitals administrators co the input from the by the council ians/Surgeon Con Ma	mentation is part of the ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg nty. ns: itact (Name and Ti ary Alice Willefor	es. implem tion, or i claims p eons and	<i>EMS Fund</i> ent and ad names of s ayment m	\$ 0.00 I report, and <u>must</u> dminister the specific ethodologies. s to review
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admining</li> <li>A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physic</li> </ul>	tlements. The below docu. Is claims pay and regulate spitals administrators con- cit input from the by the cou- tians/Surgeon- Ma Ema	mentation is part of the second secon	es. implem tion, or i claims p eons and tle) tle) rd, Adm	EMS Fund ent and ad names of s ayment m Hospitals	\$ 0.00 I report, and <u>must</u> dminister the specific ethodologies. s to review

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



-	the second se							ACTEOR OF	
71	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a cl EMS Fund (Original Assessment).	E	Yes IN No (If no, go to #20d)				
				in.			D. L.C	1.0	
				#	wable Claims \$ Amount	#	Paid C	\$ Amount	
		14			5 Amount	m		5 Amount	
		b	Total Hospitals expenditures.	-			0%		
		c	If allowable claims were not paid during fi	2018, stat	te reason(	s):			
						- 1	1	Amount	
		d	Direct disbursement to Hospitals. (N/A if he Leave blank and go to #21e)	ospital claims	s are paid on a claims b	asis.		\$ 77,185.25	
							Amoun	t Reimbursed	
		e	Total reimbursements from Hospitals due county penalties, and settlements.	to collection	ns from patient/third	d-party,	\$ 0.00		
		21a	Indicate if Hospital claims are paid on a cl: EMS Fund (Supplemental Assessment). (I) and go to #22)			D Y	'es (If no, go to	☑ No #21d)	
			Allowable Claims				Paid Claims		
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fis	cal year, Ju	aly 1, 2017-June 30,	2018 stat	e reason(s	i):	
			Amount						
		d	Direct disbursement to Hospitals. (N/A if ho Leave blank and go to #22e)	spital claims	are paid on a claims b	asis.		\$ 27,188.13	
			The second s					Amount Reimbursed	
		e Total reimbursements from Hospitals due to collections from patient/third-party county penalties, and settlements.						\$ 0.00	
		22	Required documentation for submission. (7 be submitted concurrently)	The below do	cumentation is part of t	the Maddy I	EMS Fund	report, and <u>must</u>	
			Required documentation for submission. (7 be submitted concurrently)			the Maddy i	EMS Fund	report, and <u>must</u>	
		23	be submitted concurrently)  A description of the hospitals payment  Responsibility for claims payments to Hosp	methodolo itals:	gies.		EMS Fund	report, and <u>must</u>	
		23	be submitted concurrently)  A description of the hospitals payment  Responsibility for claims payments to Hosp Entity	methodolo itals:	gies. Contact (Name and '	Title)			
		23	be submitted concurrently)  A description of the hospitals payment  Responsibility for claims payments to Hosp Entity Mendocino County Public Health	methodolo itals:	gies. Contact (Name and ' Mary Alice Willefo	Title)			
		23	be submitted concurrently)  A description of the hospitals payment  Responsibility for claims payments to Hosp Entity	methodolo itals: F	gies. Contact (Name and '	Title) ord, Adm	inistrativ		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	Assessment).	\$ 53,002.28
14		
b		
	Coastal Valley EMS contract	
25a Total (	otal Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
	(Supplemental Assessment). (If fund not established, leave blank)	\$ 43,677.66
	I die oord a	
b	Description of other EMS services provided:	
	b 25a	Assessment). b Description of other EMS services provided: Coastal Valley EMS contract 25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



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

Distributions/Expenditures	nditures Category Reserve Distributions (Optional)		Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 33,955.06 (9a)		\$ 33,955.06	\$ 3,611.24 (13)	
Physicians/Surgeons (58%)	\$ 177,245.41 (9b)	\$ 26,586.81 (9b)	\$ 150,658.60	\$ 152,368.00 (16a)	
Hospitals (25%)	\$ 76,398.89	\$ 0.00	\$ 76,398.89	\$ 0.00 (20b Pd)	
	(9c)	(9c)	\$ 10,000.00	\$ 77,185.25 (20d)	
Other Discretionary EMS (17%)	\$ 51,951.24 (9d)	\$ 0.00 (9d)	\$ 51,951.24	\$ 53,002.28 (24a)	
Total	\$ 339,550.60 (9e)	\$ 26,586.81 (9e)	\$ 312,963.79	\$ 286,166.77	
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 146,899.42	

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

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address

## VII Fund Summary

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## **VII Fund Summary**

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 198,469.00 (2c)	\$ 198,469.00
Deposits for July 1, 2017- June 30, 2018	\$ 141,715.77 (6c)	\$ 340,184.77
Interest for July 1, 2017-June 30, 2018	\$ 5,077.72 (10a)	\$ 345,262.49
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (106)	\$ 345,262.49

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 14,171.58 (11a)		\$ 14,171.58	\$ 11.11 (14)
Richie's Fund (15%)	\$ 21,257.37 (11b)		\$ 21,257.37	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 61,646.36 (11c)	\$ 0.00 (11c)	\$ 61,646.36	\$ 62,662.28 (17a)
Hospitals (25%)	\$ 26,571.71	\$ 0.00	\$ 26,571.71	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 27,188.13 (21d)
Other Discretionary EMS (17%)	\$ 18,068.76 (11e)	\$ 0.00 (11e)	\$ 18,068.76	\$ 43,677.66 (25a)
Total	\$ 141,715.78	\$ 0.00 (11)	\$ 141,715.78	\$ 133,539.18
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 211,723,31
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 211,723.31
Hospitals		\$ 0.00 (21e)		\$ 211,723.31
Ending Balance for Total Available Funds as of June 30, 2018				\$ 211,723.31

,0 4-15-19 D De 9 A Signature of Maddy EMS Fund Administrator Date willufome Admin mgr II mendocinocounty Alicol MARY 0.1 Printed Name & Title Email Address



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

I	Administering Agency		unty / Department erced County	County Contact (Name and Ti Karl Stahlhut, Fiscal Mana		
		Ad	dress (Number and Street) 0 E. 15th Street	Phone Number (209) 381-1271		
		Cit	y or Post Office, State, and ZIP Code erced, CA 95341	Email Address Karl.Stahlhut@countyofm	erced.com	
п	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Yes No	
		b	Date fund established.		12/04/1989	
		c	Fund balance on July 1, 2017.		\$ 106,481.29	
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): N/A	, 2017, differs from the previous	reported ending	
		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, 2017.		\$ 39.72	
m	Collections of	d 3	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): N/A Fines, penalties, and forfeitures collected under each			
	Penalty Assessments		statute.	Statute	Collections \$ 5,664,095.68	
		a		Government Code § 76000	\$ 5,004,095.00	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 5,668,866.08	
				Vehicle Code § 42007	\$ 0.00	
		c d		Total	\$ 11,332,961.76	
		4	Responsibility for collection of fines, penalties, and fo			
		4	Responsibility for collection of fines, penalties, and for Entity Merced County	orfeitures: Contact (Name and Title) Lisa Cardella-Presto, Aud	iter Controller	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 354,005.98		
		b		Vehicle Code § 42007	\$ 0.00		
		c		Total	\$ 354,005.98		
		d	If no deposits into Maddy EMS Fund, state reason(s) N/A				
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits		
		a		Government Code § 76000.5	\$ 354,304.13		
		b	-	Vehicle Code § 42007	\$ 0.00		
		c		Total	\$ 354,304.13		
		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)			
			Merced County	Lisa Cardella-Presto, Audite	or-Controller		
			Phone Number (209) 385-7511	Email Address Lisa.Cardella-Presto@countyofmerced.com			
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
	Distributions				Interest and Other Deposits		
		a	Interest earned during the fiscal year.		\$ 3,161.97		
		b	Other deposits during the fiscal year.				
		c	If other deposits were made, provide the type of depo N/A	sits and the reason(s) for the depo	osits:		
		9	Total amount of funds distributed to the specified cat during the fiscal year.	egories Reserve (Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 35,772.58		
		b	Physicians/Surgeons (58%)	\$ 0.00	\$ 197,612.46		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)	\$ 0.00	\$ 80,348.84	
Distributions	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 54,637.20	
(cont.)	e		otal \$ 0.00	\$ 368,371.08	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	Interest and		
				Other Deposits \$ 558.01	
	a	Interest earned during fiscal year.		\$ 550.01	
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of deposit: N/A	s and the reason(s) for the dep	posits:	
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 35,430.43	
	b	c Physicians/Surgeons (58%) d Hospitals (25%)		\$ 55,326.28	
	c		\$ 0.00	\$ 154,122.30	
			\$ 0.00	\$ 66,432.02	
	e		\$ 0.00	\$ 45,173.77	
	f		otal \$ 0.00	\$ 356,484.80	
	12	Responsibility for category distributions:	Contact (Name and Title)		
			Karl Stahlhut, Fiscal Mana	ger	
		I none : tumber	Email Address Karl.Stahlhut@countyofme		
VI Ennandituras &	-	(209) 381-1271	Carri.Starini di Geodini yonne	Amount	
VI Expenditures & Reimbursement	s 13	Total Administration expenditures from Maddy EMS F Assessment).	\$ 52,849.70		
			Amount		
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #	\$ 0.00		
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #	and (Supplemental	Amount	



			Allowable Claims		Paid Claims			
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
(cont.)		from Maddy EMS Fund (Original Assessment).	3,303.00	\$ 241,035.73	3,303	100%	\$ 241,035.73	
	b	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reas N/A						
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so	geons due to	collections from		Amou	nt Reimbursed \$ 10,951.48	
		patient/iniru-party, county penantes, and s	ettientents.		-			
			Allow	vable 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)	656	\$ 33,010.06	656	100%	\$ 33,010.06	
		N/A						
		N/A	_		-			
	c	N/A Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so	geons due to ettlements.	collections from		Amou	nt Reimbursed \$ 1,874.31	
	c 18	Total reimbursements from Physicians/Sur	ettlements.		the Maddy		\$ 1,874.31	
		Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so Required documentation for submission. (2)	ettlements. The below docu	mentation is part of t			\$ 1,874.31	
		Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set         Required documentation for submission. ( <i>ibe submitted concurrently</i> )         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).	ettlements. The below docus ons claims pay s, and regulate	mentation is part of i ment methodolog ory action taken t	ies. 0 implem	EMS Fund	\$ 1,874.31 d report, and <u>musi</u> dminister the	
		Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so         Required documentation for submission. ( <i>ibe submitted concurrently</i> )         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures	ettlements. The below docus ons claims pay s, and regulate (ospitals admi	mentation is part of i ment methodolog ory action taken t inistrator organizi	ies. 0 implem ation, or 1	EMS Fund ent and a names of	\$ 1,874.31 d report, and <u>muss</u> dminister the specific	
		Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set         Required documentation for submission. ( <i>ibe submitted concurrently</i> )         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).         Image: Name(s) of Physicians/Surgeons and H	ettlements. The below docu ons claims pay s, and regulate Cospitals admi ninistrators co	mentation is part of i ment methodolog ory action taken to inistrator organiza	ies. o implem ation, or 1 claims p	EMS Fund ent and a names of ayment n	\$ 1,874.31 d report, and <u>muss</u> dminister the specific nethodologies.	
		Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to sological adm	ettlements. The below docus ons claims pay s, and regulate (ospitals admi inistrators co licit input fro	mentation is part of i rment methodolog ory action taken to inistrator organizi ontacted to review m Physicians/Surg	ies. o implem ation, or 1 claims p	EMS Fund ent and a names of ayment n	\$ 1,874.31 d report, and <u>musi</u> dminister the specific nethodologies.	
	18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> </ul>	ettlements. The below docu ons claims pay s, and regulate cospitals administrators co licit input from sed by the cou	mentation is part of i rment methodolog ory action taken to inistrator organiza- ontacted to review m Physicians/Surg mty.	ies. o implem ation, or 1 claims p	EMS Fund ent and a names of ayment n	\$ 1,874.31 d report, and <u>muss</u> dminister the specific nethodologies.	
		<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set Required documentation for submission. (<i>to be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> </ul>	ettlements. The below docus ons claims pay s, and regulate lospitals admin ninistrators co licit input from sed by the cou	mentation is part of i rment methodolog ory action taken to inistrator organiza- ontacted to review m Physicians/Surg mty.	ies. o implem ation, or r claims p geons and	EMS Fund ent and a names of ayment n	\$ 1,874.31 d report, and <u>muss</u> dminister the specific nethodologies.	
	18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so Required documentation for submission. (<i>tbe submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us Responsibility for claims payments to Physicians</li> </ul>	ettlements. The below docum ons claims pay s, and regulate cospitals administrators co licit input from sed by the council icians/Surgeo Cor	mentation is part of i ment methodolog ory action taken to inistrator organiziontacted to review m Physicians/Surg nty.	ies. o implem ation, or i claims p geons and ïtle)	EMS Fund ent and a names of ayment n I Hospita	\$ 1,874.31 d report, and <u>muss</u> dminister the specific nethodologies.	
	18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Herror Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us Responsibility for claims payments to Physicians/Surgeons and Physicians/Surgeons and Physicians/Surgeons and Physicians/Surgeons and Physicians/Surgeons and Hospital adm</li> </ul>	ettlements. The below documents ons claims pay s, and regulate lospitals administrators co- licit input from seed by the cou- icians/Surgeon Cor Ka	mentation is part of i ment methodolog ory action taken t inistrator organizi ontacted to review m Physicians/Surg mty.	ies. o implem ation, or i claims p geons and ïtle)	EMS Fund ent and a names of ayment n I Hospita	\$ 1,874.31 d report, and <u>muss</u> dminister the specific nethodologies.	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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 (If no, go	Yes No (If no, go to #20d)		
				All	owable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
	ь		Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during	g fiscal year, J	uly 1, 2017-June 30	, 2018, stat	te reason(	s):	
		d	Direct disbursement to Hospitals. (N/A) Leave blank and go to #21e)	if hospital claim	s are paid on a claims l	basis.		Amount \$ 36,380.50	
					The shake		Amour	nt Reimbursed	
		e	Total reimbursements from Hospitals d county penalties, and settlements.	ue to collectio	ns from patient/thir	d-party,	Anou	\$ 0.00	
		21a	Indicate if Hospital claims are paid on a EMS Fund (Supplemental Assessment). and go to #22)	a claims basis . <i>(If fund not es</i>	for the Maddy tablished, leave blank		'es (If no, go ta	☑ No o #21d)	
			Allowable Claims				Paid Claims		
				#	S Amount	#	%	S Amount	
		b	Total Hospitals expenditures.	_			0%		
		c	If allowable claims were not paid during	g fiscal year, J	uly 1, 2017-June 30	, 2018 stat	te reason(	s):	
								Amount	
		d	Direct disbursement to Hospitals. (N/A ) Leave blank and go to #22e)	if hospital claim	s are paid on a claims l	basis.		\$ 0.00	
			-		· · · · · · · · · · · · · · · · · · ·	A	Amour	nt Reimbursed	
		e	Total reimbursements from Hospitals d county penalties, and settlements.	ue to collectio	ns from patient/thir	u-party,		\$ 0.00	
		22	Required documentation for submission be submitted concurrently)			the Maddy	EMS Fund	l report, and <u>must</u>	
			A description of the hospitals paym		ogies.				
		23	Responsibility for claims payments to H Entity	lospitals:	Contact (Name and	Title)			
			Merced County		Karl Stahlhut, Fi		ager		
			Phone Number (209)381-1271	Email Address Karl.Stahlhut@countyofmerced.com					

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	244	Assessment).	\$ 99,810.97
		b	Description of other EMS services provided:	
			Labor cost of the EMS Agency.	
		250	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		25a	(Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00
		b	Description of other EMS services provided:	
			NIA	
			N/A	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Asso			
		Available Funds fo	or Distribution		Fund Total
	Balance on July 1, 2017	\$ 10	06,481.29 ( <i>lc</i> )		\$ 106,481.29
	Deposits for July 1, 2017-June 30, 2018	\$ 35	54,005.98 (5c)		\$ 460,487.27
	Interest for July 1, 2017-June 30, 2018	\$	\$ 463,649.24		
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 463,649.24
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 35,772.58 (9a)		\$ 35,772.58	\$ 52,849.70 (13)
	Physicians/Surgeons (58%)	\$ 197,612.46 (9b)	\$ 0.00 (9b)	\$ 197,612.46	\$ 241,035.73 (16a)
	Hospitals (25%)	\$ 80,348.84	\$ 0.00	\$ 80,348.84	\$ 0.00 (20b Pd)
		\$ 80,348.84 (9c)	\$ 0.00 (9c)	\$ 00,340.04	\$ 36,380.50 (20d)
	Other Discretionary EMS (17%)	\$ 54,637.20 (9d)	\$ 0.00 (9d)	\$ 54,637.20	\$ 99,810.97 (24a)
	Total	\$ 368,371.08 (9e)	\$ 0.00 (9e)	\$ 368,371.08	\$ 430,076.90
		1			

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

Preliminary Fund Balance (Fund Total - Total Expenditures)

Signature of Maduy EMS Fund Administrator

4/15/19 Date

\$ 33,572.34

Karl Stahlbut Fiscal Manager Karl. stahlbut @ county of Printed Name & Title Email Address worked org

#### STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 8 of 8



**VII Fund Summary** 

(cont.)

#### Maddy EMS Fund (Supplemental Assessment) **Available Funds for Distribution Fund Total** Balance on July 1, 2017 \$ 39.72 \$ 39.72 (2c) Deposits for July 1, 2017-\$ 354,304.13 \$ 354,343.85 June 30, 2018 (6c) Interest for July 1, 2017-June 30, 2018 \$ 558.01 \$ 354,901.86 (10a) Other Deposits for July 1, 2017 - June 30, 2018 \$ 0.00 \$ 354,901.86 (10b)

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 35,430.43 (11a)		\$ 35,430.43	\$ 0.00 (14)
Richie's Fund (15%)	\$ 55,326.28 (11b)	No.	\$ 55,326.28	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 154,122.30 (11c)	\$ 0.00 (11c)	\$ 154,122.30	\$ 33,010.06 (17a)
Hospitals (25%)	\$ 66,432.02	\$ 0.00	\$ 66,432.02	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 45,173.77 (11e)	\$ 0.00 (11e)	\$ 45,173.77	\$ 0.00 (25a)
Total	\$ 356,484.80 (11)	\$ 0.00	\$ 356,484.80	\$ 33,010.06
Preliminary Fund Balance (Fund Total - Total Expenditures)		A CONTRACT		\$ 321,891.80

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

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title Email Address of merced Karl Stah

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

Admir Agenc	ministering ency			inty / Department ono County Emergency Medical Services	County Contact (Name and Title) Penny Galvin, Admin Service Specialist		
			dress (Number and Street)	Phone Number	one Number		
		-	) Box 511	760-932-5485			
			y or Post Office, State, and ZIP Code	Email Address			
		Bri	dgeport, CA 93517	pgalvin@mono.ca.gov			
Est: Fur	tablishment of 1a		Has the agency established the Maddy EMS Fund	gency established the Maddy EMS Fund (Original Assessment)?			
		b	Date fund established.	ind established.			
		c	Fund balance on July 1, 2017.	ice on July 1, 2017.			
		d	ly 1, 2017, differs from the previo	ous reported ending			
		2a Has the agency establ	Has the agency established the Maddy EMS Fund	ished the Maddy EMS Fund (Supplemental Assessment)?			
		b	Date fund established.		09/11/2007		
		c	Fund balance on July 1, 2017.		\$ 2,050.02		
		<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous balance on June 30, 2017, state reason(s):</li> </ul>					

ш	III Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 100,844.77	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 2,900.48	
		c d	c		Vehicle Code § 42007	
					Total	\$ 103,745.25
		4	Responsibility for collection of fines, penalties, and for	rfeitures:		
			Entity	Contact (Name and Title)		
			Mono County Superior Court	Hector Gonzalez, CAO		
		Phone Number 760-924-5444 ext. 230	Email Address superiorcourt@mono.ca.gov			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



1	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits		
	Fund	а		Government Code § 76000 (Based on GC § 76104)	\$ 100,844.74		
		b		Vehicle Code § 42007			
		c		Total	\$ 100,844.74		
		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		
		a		Government Code § 76000.5	\$ 2,900.48		
		b		Vehicle Code § 42007			
		c		Total	\$ 2,900.48		
		7	If no deposits into Maddy EMS Fund, state reason(s)				
			Entity	Contact (Name and Title)			
			Mono County Finance Department	Stephanie Butters, Auditor-	Controller		
			Phone Number 760-932-5496	Email Address sbutters@mono.ca.gov			
1	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
					Interest and Other Deposits		
		a	Interest earned during the fiscal year.		\$ 3,068.34		
		b	Other deposits during the fiscal year.				
		c If other deposits were made, provide the type of deposits and the reason(s) for the o					
		9	Total amount of funds distributed to the specified cate during the fiscal year.	egories Reserve (Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of actuor or 10%)		\$ 10,391.31		
		b	Physicians/Surgeons (58%)		\$ 54,242.63		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 23,380.44	
Distributions	d	Other Discretionary EMS (17%)			\$ 15,898.70	
(cont.)	e		Total	\$ 0.00	\$ 103,913.08	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	l not establist	hed, leave blank and go	to #12)	
					Interest and Other Deposits	
	a	Interest earned during fiscal year.			\$ 88.39	
	b	Other deposits during fiscal year,				
	c	If other deposits were made, provide the type of depos		reason(s) for the dep	osits:	
	11	Total amount of funds distributed to the specified categ during the fiscal year.	gories	Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	\$ 298.89			
	b	Richie's Fund (15%)	\$ 448.33			
	c	Physicians/Surgeons (58%)	\$ 1,300.16			
	d e f	Hospitals (25%)			\$ 560.41	
		Other Discretionary EMS (17%)			\$ 381.08	
			Total	\$ 0.00	\$ 2,988.87	
	12	Responsibility for category distributions:				
				ame and Title) Butters, Auditor-C	Controller	
			Email Address sbutters@mono.ca.gov			
		700 000 5100				
	12	760-932-5496	sbutters@	mono.ca.gov	Amount	
/I Expenditures & Reimbursements	13	700 000 5 100	sbutters@	mono.ca.gov	Amount \$ 10,391.31	
		760-932-5496 Total Administration expenditures from Maddy EMS I Assessment).	sbutters@ Fund (Origi	mono.ca.gov		
	13 14	760-932-5496 Total Administration expenditures from Maddy EMS I	Sbutters@ Fund (Origi	mono.ca.gov	\$ 10,391.31	
VI Expenditures & Reimbursements		760-932-5496 Total Administration expenditures from Maddy EMS I Assessment). Total Administration expenditures from Maddy EMS F	Sbutters@ Fund (Origi Fund (Supp 16a)	mono.ca.gov	\$ 10,391.31 Amount	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



VI Expenditures &				Allowable Claims		Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Original Assessment).		\$ 0.00		0%	\$ 0.00	
	b	If allowable claims were not paid during fisca Staffing time constraints to review claim					(s):	
	c	Total reimbursements from Physicians/Surge		collections from		Amou	nt Reimburse	
		patient/third-party, county penalties, and sett	ements.				\$ 0.0	
			Allo	wable Claims	1	Paid C	laims	
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)		\$ 0.00		0%	\$ 0.00	
		If allowable claims were not paid during fiscal Staffing time constraints to review claim	s f <mark>or ad</mark> h	nerence to the C	County p	olicy.		
	c	Staffing time constraints to review claim	ns due to		County p	1		
	18	Staffing time constraints to review claim Total reimbursements from Physicians/Surged patient/third-party, county penalties, and settl Required documentation for submission. (The	ns due to ments.	collections from		Amour	\$ 0.00	
	18	Staffing time constraints to review claim Total reimbursements from Physicians/Surgeo patient/third-party, county penalties, and settl Required documentation for submission. (The be submitted concurrently)	ns due to ments. below docu	collections from umentation is part of	the Maddy	Amour	\$ 0.00	
	18	Staffing time constraints to review claim Total reimbursements from Physicians/Surged patient/third-party, county penalties, and settl Required documentation for submission. (The be submitted concurrently)	ns due to ments. below docu laims pay	collections from umentation is part of yment methodolog	<i>the Maddy</i>	Amour EMS Fund	\$ 0.00 report, and <u>mu</u>	
	18	Staffing time constraints to review claim         Total reimbursements from Physicians/Surgeo patient/third-party, county penalties, and settl         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	ns due to ments. <i>below docu</i> laims pay d regulat tals adm	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz	<i>the Maddy</i> gies. o implem ation. or	Amour EMS Fund	\$ 0.00 <i>report, and <u>mu</u></i> Iminister the	
	18	Staffing time constraints to review claim Total reimbursements from Physicians/Surged patient/third-party, county penalties, and settl Required documentation for submission. (The be submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, an fund(s).	ns due to ments. <i>below docu</i> laims pay d regulat tals adm trators co	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz ontacted to review	<i>the Maddy</i> gies. o implem ation, or <sup>o</sup> claims p	Amour EMS Fund tent and ac names of s ayment mo	\$ 0.00 <i>report, and <u>mu</u></i> Iminister the pecific ethodologies.	
	18	<ul> <li>Staffing time constraints to review claim</li> <li>Total reimbursements from Physicians/Surgee patient/third-party, county penalties, and settl</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>☑ A description of the Physicians/Surgeons</li> <li>☑ A statement of the policies, procedures, an fund(s).</li> <li>☑ Name(s) of Physicians/Surgeons and Hospital admini</li> <li>☑ A description of the process used to solicit</li> </ul>	ns due to ments. below docu laims pay d regulat tals adm trators co input fro	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur;	<i>the Maddy</i> gies. o implem ation, or <sup>o</sup> claims p	Amour EMS Fund tent and ac names of s ayment mo	\$ 0.00 <i>report, and <u>mu</u></i> Iminister the pecific ethodologies.	
	18	<ul> <li>Staffing time constraints to review claim</li> <li>Total reimbursements from Physicians/Surgee patient/third-party, county penalties, and settl</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>☑ A description of the Physicians/Surgeons</li> <li>☑ A statement of the policies, procedures, an fund(s).</li> <li>☑ Name(s) of Physicians/Surgeons and Hospital admini</li> <li>☑ A description of the process used to solicit payment distribution methodology.</li> </ul>	ns due to ments. below docu laims pay d regulat tals adm trators co input fro y the cou	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg	<i>the Maddy</i> gies. o implem ation, or <sup>o</sup> claims p	Amour EMS Fund tent and ac names of s ayment mo	\$ 0.00 <i>report, and <u>mu</u></i> Iminister the pecific ethodologies.	
	18	Staffing time constraints to review claim         Total reimbursements from Physicians/Surgeo patient/third-party, county penalties, and settl         Required documentation for submission. (The be submitted concurrently)         Image: A description of the Physicians/Surgeons         Image: A statement of the policies, procedures, an fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admini         Image: A description of the process used to solicity payment distribution methodology.         Image: An identification of the fee schedule used Images         Responsibility for claims payments to Physicia         Entity	ns due to ments. below docu laims pay d regulat tals adm trators co input fro y the cou s/Surgeo Con	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg	<i>the Maddy</i> gies. o implem ation, or claims p geons and	Amour EMS Fund tent and ac names of s ayment mo	\$ 0.00 <i>report, and <u>mu</u></i> Iminister the pecific ethodologies.	
	18	Staffing time constraints to review claim         Total reimbursements from Physicians/Surgeo patient/third-party, county penalties, and settl         Required documentation for submission. (The be submitted concurrently)         Image: A description of the Physicians/Surgeons         Image: A statement of the policies, procedures, an fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admini         Image: A description of the process used to solicity payment distribution methodology.         Image: An identification of the fee schedule used Images and the submitted concurrent of the fee schedule used Images and the submitted concurrent of the fee schedule used Images and the submitted concurrent of the fee schedule used Images and the submitted concurrent distribution methodology.	ns due to ments. Delow docu laims pay d regulat tals adm trators co input fro y the cou s/Surgeo Con	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg nty.	<i>the Maddy</i> gies. o implem ation, or claims p geons and	Amour EMS Fund tent and ac names of s ayment mo	\$ 0.00 <i>report, and <u>mu</u></i> Iminister the pecific ethodologies.	
	18	Staffing time constraints to review claim         Total reimbursements from Physicians/Surgeo patient/third-party, county penalties, and settl         Required documentation for submission. (The be submitted concurrently)         Image: A description of the Physicians/Surgeons         Image: A statement of the policies, procedures, an fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admini         Image: A description of the process used to solicity payment distribution methodology.         Image: An identification of the fee schedule used Images         Responsibility for claims payments to Physicia         Entity	ns due to ments. below doca laims pay d regulat tals adm trators co input fro y the cou s/Surgeo Con es Pe	collections from <i>mentation is part of</i> yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg anty.	<i>the Maddy</i> gies. o implem ation, or claims p geons and	Amour EMS Fund tent and ac names of s ayment mo	<i>report, and <u>mu</u></i> Iminister the pecific ethodologies. s to review	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims b EMS Fund (Original Assessment).	or the Maddy	Yes No (If no, go to #20d)					
			Allo	wable Claims		Paid Claims			
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.		\$ 0.00		0%	\$ 0.00		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): Staffing time constraints to review claims for adherence to the County policy.							
	d	Direct disbursement to Hospitals. (N/A if hospital d	claims	are paid on a claims i	basis.		Amount		
		Leave blank and go to #21e)					\$ 0.00		
	e	Total reimbursements from Hospitals due to colle county penalties, and settlements.	ection	s from patient/thir	d-party,	Amount Reimbursed \$ 0.00			
		county penantes, and settlements.					φ 0.00		
	21a	Indicate if Hospital claims are paid on a claims b EMS Fund (Supplemental Assessment). (If fund n and go to #22)	Yes INO (If no, go to #21d)						
			vable Claims	Paid Claims					
		,	#	S Amount	#	%	<b>S</b> Amount		
	b	Total Hospitals expenditures.		\$ 0.00		0%	\$ 0.00		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s): Staffing time constraints to review claims for adherence to the County policy.							
		and the second second second second	Amount						
	d	Direct disbursement to Hospitals. (N/A if hospital c Leave blank and go to #22e)	laims a	are paid on a claims b	asis.	/	\$ 0.00		
	е	Total reimbursements from Hospitals due to colle	Amount Reimbursed						
		county penalties, and settlements.		1	a party,		\$ 0.00		
	22	Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>							
	23	Responsibility for claims payments to Hospitals:							
		Entity Mono County Emergency Medical Services		ontact (Name and enny Galvin, Ad		ice Spec	cialist		
		Phone Number 760-932-5485	E	mail Address galvin@mono.ca					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount		
	(cont.)		Assessment).	\$ 15,898.70		
		b Description of other EMS services provided:				
			Support provided to the County for paramedic services.			
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount		
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 388.71		
		b Description of other EMS services provided:				
			Support provided to the County for paramedic services.			

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

VII Fund Summary



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

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

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

19 Date

Signature of Maddy EMS Fund Administrator

<u>Admin Sinire Specialist pgalvin@monu,</u> me & Title Email Address Ca. gov Penny jalvin Printed Name & Title

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## **VII Fund Summary**

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

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

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

Signature of Maddy EMS Fund Administrator

<u>4-15-19</u> Date

Fladdy EMS Fund Administrator <u>Jalvin Admin Service</u> <u>Pgalvin@mono</u>, Printed Name & Title <u>Spacialist</u> Email Address Ca, *gov.* nnaGalun



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

I			nty / Department	County Contact (Name and Ti	tle)	
	Agency	Мс	nterey County EMS Agency Teresa Rios, Manager		nent Analyst III	
			lress (Number and Street)	Phone Number		
			41 Schilling Place, South Building	831-783-7082	·····	
		-	or Post Office, State, and ZIP Code	Email Address		
		Sa	linas, CA 93906	riost@co.monterey.ca.us		
II	II Establishment of Fund		Has the agency established the Maddy EMS Fund (Or	the agency established the Maddy EMS Fund (Original Assessment)?		
		b	Date fund established.		1989	
		c	Fund balance on July 1, 2017.		\$ 964,173.60	
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending	
		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, 2017.			
		đ	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	s reported ending	
ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	ล	<u>, , , , , , , , , , , , , , , , , , , </u>	Government Code § 76000	\$ 964,173.60	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c		Vehicle Code § 42007		
		đ		Total	\$ 964,173.60	
		4	Responsibility for collection of fines, penalties, and fo	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.beinas@monterey.co	ourts.ca.gov	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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 Gove		ment Code § 76000 used on GC § 76104)	\$ 764,591.58		
		b		Vehicle	Code § 42007		
		c			Total	\$ 764,591.58	
		d	If no deposits into Maddy EMS Fund, state reason(s)	:			
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)		Statute	Deposits	
		я		Govern	ment Code § 76000.5		
		b		Vehicle	Code § 42007		
		c			Total	\$ 0.00	
		Ŀ	16				
		d	If no deposits into Maddy EMS Fund, state reason(s)	1;			
		7	Responsibility for deposit of penalty assessments:				
			Entity	Contact (Name and Title)			
			Superior Court of CA, County of Monterey		Belnas, Accountant Au	uditor	
			Phone Number 831-755-5616	Email A	elnas@monterey.cou	rt.ca.gov	
V	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
						Interest and Other Deposits	
		a	Interest carned during the fiscal year.			\$ 11,590.22	
		b	Other deposits during the fiscal year.				
		c	If other deposits were made, provide the type of dep	osits and t	he reason(s) for the depo	sits:	
		9	Total amount of funds distributed to the specified ca during the fiscal year.	tegories	Reserve (Optional)	Category Distributions	
		ล	Administration (Admin cost equal to the lesser of ac or 10%)	tual cost		\$ 77,6 <b>1</b> 8.18	
		b	Physicians/Surgeons (58%)			\$ 405,166.90	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	с	Hospitals (25%)			\$ 174,640.91
Distributions	d	Other Discretionary EMS (17%)			\$ 118,755.82
(cont.)	c		otal	\$ 0.00	\$ 776,18 <b>1</b> .81
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not est	ablished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			· · · · · · · · · · · · · · · · · · ·
	b	Other deposits during fiscal year.			
	ćc	If other deposits were made, provide the type of deposit	s and	the reason(s) for the dep	posits:
	11	Total amount of funds distributed to the specified category during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		
	b	Richic's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f	7	[otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:			
				et (Name and Title) sa Rios, Management	Analyst III
				Address	
				2)co.monterey.ca.us	
VI Expenditures &	12				Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS E Assessment).	und (	Original	\$ 77,618.18
				·	
	14	Total Administration expenditures from Maddy EMS F	und (	(Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #		-	
	15	Total Richie's Fund expenditures from Maddy EMS Fu		Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #	16a)		



VI Expenditures &			Allowable Claims		Paid Claims		
Reimbursements (cont.)		Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
· · ·		from Maddy EMS Fund (Original Assessment).	5,243.00	\$ 509,323.00	5,243	100%	\$ 254,661.46
	b	If allowable claims were not paid during fis	cal ycar, July	y 1, 2017-June 30,	2018, stat	e reason	(s):
	e	Total reimbursements from Physicians/Sur		collections from	<u>_,,_,_</u> ,	Amou	nt Reimbursed
	C	patient/third-party, county penalties, and so					\$ 14,001.81
			Alloy	vable Claims		Paid	Claims
	17 <b>a</b>	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%	
c							
	с	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so		collections from		Amou	nt Reimbursed
	c 18	patient/third-party, county penalties, and so Required documentation for submission. (7	ettlements.		the Maddy		
		patient/third-party, county penalties, and se	ettlements. The below docu	mentation is part of			
		patient/third-party, county penalties, and so Required documentation for submission. (2 be submitted concurrently)	ettlements. The below docu ns claims pay	mentation is part of yment methodolog	jies.	EMS Fun	d report, and <u>musi</u>
		patient/third-party, county penalties, and soRequired documentation for submission. (1)be submitted concurrently)Image: Colspan="2">Image: Colspan="2">Colspan="2"Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"A statement of the policies, procedures	ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm	mentation is part of yment methodolog ory action taken t inistrator organiz	ies. o implem ation, or 1	EMS Fun ent and s	<i>d report, and <u>musi</u></i> administer the specific
		<ul> <li>patient/third-party, county penalties, and so</li> <li>Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H</li> </ul>	ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators ec	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review	ies. o implem ation, or p claims p	EMS Fun ent and a names of ayment r	<i>d report, and <u>musi</u> administer the</i> specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol</li> </ul>	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators ed icit input fro	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur;	ies. o implem ation, or p claims p	EMS Fun ent and a names of ayment r	<i>d report, and <u>musi</u> administer the</i> specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> </ul>	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur; inty.	ies. o implem ation, or p claims p	EMS Fun ent and a names of ayment r	<i>d report, and <u>musi</u> administer the</i> specific nethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us Responsibility for claims payments to Physic Entity</li> </ul>	ttlements. <i>The below docu</i> <b>ns claims pay</b> , and regulat ospitals adm inistrators eq icit input fro ed by the cou cians/Surgeo Con	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sury inty.	ties, o implem ation, or f claims p geons and fitle)	<i>EMS Fun</i> ent and a names of ayment r	<i>d report, and <u>musi</u></i> administer the specific nethodologics. ls to revicw
	18	<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicians/ Entity</li> <li>Monterey County EMS Agency</li> </ul>	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators en- icit input fro ed by the cou cians/Surgeo Con Te	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sur; inty. ons: ntact (Name and T eresa Rios, Mar	ties, o implem ation, or f claims p geons and fitle)	<i>EMS Fun</i> ent and a names of ayment r	<i>d report, and <u>musi</u></i> administer the specific nethodologics. ls to revicw
	18	<ul> <li>patient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us Responsibility for claims payments to Physic Entity</li> </ul>	ttlements. The below docu ns claims pay , and regulat ospitals adm inistrators eq icit input fro ed by the cou cians/Surgeo Con Te Em	mentation is part of yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Sury inty.	ties, o implem ation, or f claims p geons and fitle) nagemen	EMS Fun ent and a names of ayment r I Hospita	<i>d report, and <u>musi</u></i> administer the specific nethodologics. ls to revicw



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					Yes INO (If no, go to #20d)	
			Allo	wable Claims		Paid Cl	aims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during f	e reason(s	;):				
	d	Direct disbursement to Hospitals. (N/A if ) Leave blank and go to #21e)	basis.	Amount \$ 174,640.91				
	e	Total reimbursements from Hospitals due	to collection	ns from patient/thin	d-party,	Amoun	t Reimbursed	
		county penalties, and settlements.			a. 991			
	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 INo (If no, go to #21d)	
		Allowable Claims			Paid Claims			
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
			e reason(					
	c	If allowable claims were not paid during t	iscal year, J	uly 1, 2017-June 30	), 2018 sta	ie reason(.	s):	
	c d	If allowable claims were not paid during the second					s): Amount	
		Direct disbursement to Hospitals. (N/A if a Leave blank and go to #22e) Total reimbursements from Hospitals due	nospital claims	are paid on a claims	basis.			
	d	Direct disbursement to Hospitals. (N/A if Leave blank and go to #22e)	nospital claims	are paid on a claims	basis.		Amount	
	d	Direct disbursement to Hospitals. (N/A if a Leave blank and go to #22e) Total reimbursements from Hospitals due	ospital claims	are paid on a claims	basis. rd-party,	Amoun	Amount nt Reimbursed	
	d	Direct disbursement to Hospitals. <i>(N/A if i</i> Leave blank and go to #22e) Total reimbursements from Hospitals due county penalties, and settlements. Required documentation for submission.	to collection (The below do	are paid on a claims ns from patient/thin ocumentation is part o	basis. rd-party,	Amoun	Amount nt Reimbursed	
	d	Direct disbursement to Hospitals. (N/A if it Leave blank and go to #22e)         Total reimbursements from Hospitals due county penalties, and settlements.         Required documentation for submission, be submitted concurrently)         A description of the hospitals payme         Responsibility for claims payments to Hospitals	to collection ( <i>The below do</i> nt methodolo	are paid on a claims	basis. rd-party, f the Maddy	Amoun	Amount nt Reimbursed	
	d e 22	Direct disbursement to Hospitals. (N/A if it Leave blank and go to #22e)         Total reimbursements from Hospitals due county penalties, and settlements.         Required documentation for submission. be submitted concurrently)         A description of the hospitals payme	to collection ( <i>The below da</i> nt methodolo	are paid on a claims ns from patient/thin ocumentation is part o	basis. rd-party, f the Maddy	Amoun	Amount nt Reimbursed	



VI Expenditures & Reimbursemen	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment),	\$ 118,755.82
		b	Description of other EMS services provided:	- Witz
			Data base and website management, data entry	
				· · · · · · · · · · · · · · · · · · ·
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		<i>A</i> .74	(Supplemental Assessment). (If fund not established, leave blank)	
	b	b	Description of other EMS services provided:	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EMS Fund (Original Assessment)		
		Available Funds for Distribution	1	Fund Total
	Balance on July 1, 2017	\$ 964,173.60 <i>(1c)</i>		\$ 964,173.60
	Deposits for <u>July 1, 201</u> 7-June 30, 2018	\$ 764,591.58		\$ 1,728,765.18
	Interest for July 1, 2017-June 30, 2018	\$ 11,590.22 (8a)		\$ 1,740,355.40
	Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <i>(8b)</i>	1	\$ 1,740,355.40
		0	Available Funds	

istributions/Expenditures	Category Distributions	Reserve (Optional)	for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 77,618.18 (9a)		\$ 77,618.18	\$ 77,618.18 (13)
Physicians/Surgeons (58%)	\$ 405,166.90 (9b)	\$ 0.00 (9b)	\$ 405,166.90	\$ 254,661.46 (16a)
Hospitals (25%)	\$ 174,640.91	\$ 0.00	\$ 174,640.91	\$ 0.00 (20b Pd)
	(9c)	ф 0.00 (9c)	\$ 174,040.01	\$ 174,640.91 (20d)
Other Discretionary EMS (17%)	\$ 118,755.82 (9d)	\$ 0.00 (9d)	\$ 118,755.82	\$ 118,755.82 (24a)
Total	\$ 776,181.81 (9e)	\$ 0.00 (9e)	\$ 776,181.81	\$ 625,676.37
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,114,679.03

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

Signature of Maddy EMS Fund Administrator

eresu Printed Name & Title

Date

Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (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 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (215 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)		999 (58) - Sale (58-58) (79 - 5 - Sale (58-58)		\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00

Ending Balance for Total Available Funds as of June 30, 2018

Signature of Maddy EMS Fund Administrator

Date

\$ 0.00

AL TOK

Printed Name & Title

Email Address



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

	I Administering Agency		unty / Department upa County	County Contact (Name and T Joseph Bowe - Staff Serv		
	-2-3	-	dress (Number and Street)	Phone Number	Aces Analyst	
		27	51 Napa Valley Corporate Drive	707.259.8110		
		City	y or Post Office, State, and ZIP Code	Email Address		
		Na	pa, CA 94558	Joseph.Bowe@countyofr	apa.org	
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Ves 🗆 No	
		b	Date fund established.		01/01/1989	
		c	Fund balance on July 1, 2017.		\$ 63,444.26	
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): N/A	, 2017, differs from the previous	reported ending	
		2a	Has the agency established the Maddy EMS Fund (St	upplemental Assessment)?	Yes No (If no, go to #3)	
		b Date fund established.			07/01/2007	
		c d	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1	, 2017, differs from the previous	\$ 95,316.27 reported ending	
ш	Collections of Penalty		If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		reported ending	
		d 3	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	Statute	collections	
111	Penalty	d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		reported ending	
	Penalty	d 3	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute	Collections \$ 471,852.5	
	Penalty	d 3 a	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections \$ 471,852.57 \$ 147,958.98	
	Penalty	d 3 a b	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	collections	
111	Penalty	d 3 a b c	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 471,852.57 \$ 147,958.98 \$ 415,578.32	
m	Penalty	d 3 a b c d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute. Responsibility for collection of fines, penalties, and for Entity	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 471,852.57 \$ 147,958.98 \$ 415,578.32	
111	Penalty	d 3 a b c d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute. Responsibility for collection of fines, penalties, and for	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 471,852.54 \$ 147,958.98 \$ 415,578.32 \$ 1,035,389.84	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS Fund	5 Total penalty assessments deposited into Ma EMS Fund (Original Assessment).	ddy Statute	Deposits
	a	Government Code § 76000 (Based on GC § 76104)	\$ 155,616.27
	b	Vehicle Code § 42007	\$ 0.00
	c	Total	\$ 155,616.27
	d If no deposits into Maddy EMS Fund, state r N/A	eason(s):	
	6 Total penalty assessments deposited into Mac EMS Fund (Supplemental Assessment). (If fu established, leave section blank and go to #7)	ldy und not Statute	Deposits
	a	Government Code § 76000.5	\$ 147,958.98
	b	Vehicle Code § 42007	\$ 0.00
	c	Total	\$ 147,958.98
	d If no deposits into Maddy EMS Fund, state ro N/A	eason(s):	
	7 Responsibility for deposit of penalty assessme	nts:	
	Entity	Contact (Name and Title)	
	Napa County Auditor-Controller's Office	George Parra, Accountant-A	uditor I
	Phone Number (707) 253-4556	Email Address George.Parra@countyofnap	a.org
V Maddy EMS Fund Category Distributions	8 Maddy EMS Fund (Original Assessment)		
			Interest and Other Deposits
	a Interest earned during the fiscal year.		\$ 972.06
	b Other deposits during the fiscal year.		\$ 0.00
	c If other deposits were made, provide the type N/A	of deposits and the reason(s) for the depos	its:
	9 Total amount of funds distributed to the specie during the fiscal year.	fied categories Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser or 10%)	of actual cost	\$ 15,561.63
	b Physicians/Surgeons (58%)	\$ 63,444.26	\$ 81,231.69

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 0.00	\$ 35,013.66	
Distributions	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 23,809.29	
(cont.)	e		Total	\$ 63,444.26	\$ 155,616.27	
	10	Maddy EMS Fund (Supplemental Assessment) <i>(If fund</i>	shed, leave blank and go t	o #12)		
			_		Interest and Other Deposits	
	a	Interest earned during fiscal year.			\$ 987.97	
	b	Other deposits during fiscal year.	_		\$ 0.00	
	c	If other deposits were made, provide the type of deposition of N/A	its and the	reason(s) for the depo	sits:	
	11	Total amount of funds distributed to the specified categ during the fiscal year.	gories	Reserve (Optional)	Category Distributions	
	c	Administration (Admin cost equal to the lesser of actual cost or 10%)         Richie's Fund (15%)         Physicians/Surgeons (58%)         Hospitals (25%)			\$ 14,795.90	
					\$ 115,290.73	
	c				\$ 65,649.40	
	d e f				\$ 28,297.15	
		Other Discretionary EMS (17%)			\$ 19,242.07	
			Fotal	\$ 0.00	\$ 243,275.25	
	12	Responsibility for category distributions:				
			a state of the sta	Name and Title) Nowe, Staff Services	Analyst	
	Phone Number (707) 259-8110		Email Address Joseph.Bowe@countyofna			
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	Total Administration expenditures from Maddy EMS Fund (Original		Amount \$ 15,561.63	
	14	Total Administration expenditures from Maddy EMS F		olemental	Amount	
		Assessment). (If fund not established, leave blank and go to #.			\$ 14,795.90	
	15	Total Richie's Fund expenditures from Maddy EMS Fu	ind (Suppl	emental	Amount	
		Assessment). (If fund not established, leave blank and go to #.	16a)		\$ 14,788.26	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



I Expenditures & Reimbursements			Allowable Claims		Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	<b>S</b> Amount
		from Maddy EMS Fund (Original Assessment).	1,975.00	\$ 785,768.00	1,975	100%	\$ 85,337.42
	b	If allowable claims were not paid during fis N/A	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to ettlements.	collections from		Amou	nt Reimbursed \$ 2,678.87
			Alloy	vable Claims		Paid (	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)	1,579	\$ 617,390.00	1,579	100%	\$ 68, <mark>196.45</mark>
		N/A				()	
	c		eons due to a	collections from		Amour	ıt Reimbursed
	c	N/A Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	cons due to a	collections from		Amour	it Reimbursed \$ 2,547.05
	18	Total reimbursements from Physicians/Surg	ttlements.		he Maddy ,		\$ 2,547.05
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. <i>(T</i> )	ttlements. he below docur	mentation is part of th			\$ 2,547.05
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (T) be submitted concurrently)	ttlements. he below docur s claims pay	<i>mentation is part of ti</i> ment methodologi	es.	EMS Fund	\$ 2,547.05 report, and <u>must</u>
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. ( <i>The submitted concurrently</i> )	ttlements. <i>he below docur</i> s claims pay and regulate spitals admi	mentation is part of the ment methodologi pry action taken to nistrator organiza	ies. implemo tion, or n	EMS Fund ent and ac	\$ 2,547.05 report, and <u>musi</u> lminister the pecific
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set submitted documentation for submission. (T) be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Ho	ttlements. he below docur s claims pay and regulato spitals admin nistrators co	mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review	ies. impleme tion, or n claims pa	EMS Fund ent and ac ames of s	\$ 2,547.05 report, and <u>must</u> Iminister the pecific ethodologies.
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set submitted documentation for submission. (T) be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital administration of the process used to solid	ttlements. he below docur s claims pay and regulato spitals admin nistrators co sit input fron	mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg	ies. impleme tion, or n claims pa	EMS Fund ent and ac ames of s	\$ 2,547.05 report, and <u>must</u> Iminister the pecific ethodologies.
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set submitted documentation for submission. (T) be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admining         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule used         Responsibility for claims payments to Physician	ttlements. he below docur s claims pay and regulato spitals admi nistrators co cit input from d by the cour ians/Surgeor	mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	es. impleme tion, or n claims pa cons and	EMS Fund ent and ac ames of s	\$ 2,547.05 report, and <u>must</u> Iminister the pecific ethodologies.
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set patient/third-party, county penalties, and set submitted concurrently)         Image: A statement of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule used Responsibility for claims payments to Physic Entity	ttlements. the below docur s claims pay and regulato spitals admin nistrators co cit input from d by the coun ians/Surgeon Com	mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. impleme tion, or n claims pa cons and cons and	EMS Fund ent and ac ames of s yment m Hospitals	\$ 2,547.05 <i>report, and <u>must</u></i> Iminister the pecific ethodologies.
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admit         Image: A description of the process used to solid payment distribution methodology.         Image: A nidentification of the fee schedule used         Responsibility for claims payments to Physic         Entity         Napa County HHSA-Fiscal Division	ttlements. the below docur s claims pay and regulato spitals admin nistrators co cit input from d by the coun ians/Surgeon Com JOS	mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surgenty. http: is: tact (Name and Ti seph Bowe, Staf	ies. impleme tion, or n claims pa cons and cons and	EMS Fund ent and ac ames of s yment m Hospitals	\$ 2,547.05 <i>report, and <u>must</u></i> Iminister the pecific ethodologies.
	18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set patient/third-party, county penalties, and set submitted concurrently)         Image: A statement of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admin         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule used Responsibility for claims payments to Physic Entity	ttlements. he below docur s claims pay and regulato spitals admin nistrators co cit input from d by the coun ians/Surgeor Cont JOS Ema	mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. impleme tion, or n claims pa cons and cons and tle) ff Servic	EMS Fund ent and ac ames of s syment m Hospitals es Analy	\$ 2,547.05 <i>report, and <u>must</u></i> Iminister the pecific ethodologies.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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 INo (If no, go to #20d)			
			Alle	wable Claims		Paid C	laims		
			#	S 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, 2017-June 30, 2018, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital claims	are paid on a claims b	oasis.		Amount \$ 35,422.23		
						-			
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	is from patient/thir	d-party,	Amoun	t Reimbursed \$ 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)						
		Allowable Claims				Paid Claims			
	2		#	S Amount	#	% 0%	S Amount		
	b	Total Hospitals expenditures.	-			076			
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):							
		••••••••••••••••••••••••••••••••••••••	A. 1	Amount					
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)					\$ 28,297.15		
	e	Total reimbursements from Hospitals due to a	ollection	s from natient/third	-narty	Amount Reimbursed			
		county penalties, and settlements.			-party,		\$ 0.00		
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>ma</u> be submitted concurrently)							
		A description of the hospitals payment m	thodolog	ies.					
		Responsibility for claims payments to Hospita	s:						
		Entity Napa County HHSA-Fiscal Division	J	ontact (Name and T oseph Bowe, Sta		es Analy	st		
	1	Phone Number (707) 259-8110		mail Address oseph.Bowe@cc		1.8			

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$23,871.66
			8	
		b	Description of other EMS services provided:	
			Medical Accountability within the EMS system, and exardinate associate	Collector and
			Medical Accountability within the EMS system, and coordinate specialty ca	ire systems
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 19,242.07
		ь	Description of other EMS services provided:	
			Medical Accountability within the EMS system, and coordinate specialty ca	ire systems

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



	Available Funds		Fund Total	
Balance on July 1, 2017	\$	63,444.26 ( <i>lc</i> )		\$ 63,444.26
Deposits for <u>July 1, 201</u> 7-June 30, 2018	\$ *	155,616.27 (Sc)		\$ 219,060.53
Interest for July 1, 2017-June 30, 2018		\$ 972.06 (8a)		\$ 220,032.59
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 220,032.59
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 15,561.63 (9a)		\$ 15,561.63	\$ 15,561.63 (13)
Physicians/Surgeons (58%)	\$ 81,231.69 (9b)	\$ 63,444.26 (9b)	\$ 17,787,43	\$ 85,337.42 (16a)
Hospitals (25%)	\$ 35 013 66	\$ 0.00	\$ 35 013 66	\$ 0.00 (20b Pd)
	(9c)	(9c)	\$ 55,615.00	\$ 35,422.23 (20d)
Other Discretionary EMS (17%)	\$ 23,809.29 (9d)	\$ 0.00 (9d)	\$ 23,809.29	\$ 23,871.66 (24a)
Total	\$ 155,616.27 (9e)	\$ 63,444.26 (9e)	\$ 92,172.01	\$ 160,192.94
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 59,839.65
Reimbursements				-
Physicians/Surgeons	\$	2,678.87 (16c)		\$ 62,518.52
	Deposits for July 1, 2017-June 30, 2018 Interest for July 1, 2017-June 30, 2018 Other Deposits for July 1, 2017-June 30, 2018 Distributions/Expenditures Administration (Admin cost = to lesser of actual cost or 10%) Physicians/Surgeons (58%) Hospitals (25%) Other Discretionary EMS (17%) Total Preliminary Fund Balance (Fund Total - Total Expenditures) Reimbursements	(Original AsAvailable FundsBalance on July 1, 2017\$Deposits for July 1, 2017-June 30, 2018\$Interest for July 1, 2017-June 30, 2018Category DistributionsOther Deposits for July 1, 2017-June 30, 2018Category DistributionsDistributions/ExpendituresCategory DistributionsAdministration (Admin cost = to lesser of actual cost or 10%)\$ 15,561.63 (9a)Physicians/Surgeons (58%)\$ 81,231.69 (9b)Hospitals (25%)\$ 35,013.66 (9c)Other Discretionary EMS (17%)\$ 23,809.29 (9d)Preliminary Fund Balance (Fund Total - Total Expenditures)\$ 155,616.27 (9e)ReimbursementsImage: Colspan="2">Coriginal As	Deposits for July 1, 2017-June 30, 2018         \$ 155,616.27 (sc)           Interest for July 1, 2017-June 30, 2018         \$ 972.06 (8a)           Other Deposits for July 1, 2017-June 30, 2018         \$ 0.00 (8b)           Distributions/Expenditures         \$ 15,561.63 (9a)           Physicians/Surgeons (58%)         \$ 81,231.69 (9b)           Physicians/Surgeons (58%)         \$ 35,013.66 (9c) (9c)           Other Discretionary EMS (17%)         \$ 23,809.29 (9c)           Other Discretionary Fund Balance (Fund Total - Total Expenditures)         \$ 155,616.27 (9c)           Reimbursements         \$ 2,678.87	(Original Assessment)           Available Funds for Distribution           Balance on July 1, 2017         \$ 63,444.26 (tc)           Deposits for July 1, 2017-June 30, 2018         \$ 155,616.27 (sc)           Interest for July 1, 2017-June 30, 2018         \$ 972.06 (8a)           Other Deposits for July 1, 2017-June 30, 2018         \$ 9072.06 (8a)           Other Deposits for July 1, 2017-June 30, 2018         \$ 9072.06 (8a)           Other Deposits for July 1, 2017-June 30, 2018         \$ 9072.06 (8b)           Available Funds for         \$ 0.00 (8b)           Distributions/Expenditures         \$ 0.00 Distributions           Administration (Admin cost = to lesser of actual cost or 10%)         \$ 15,561.63 (9a)           Physicians/Surgeons (58%)         \$ 81,231.69 (9b)         \$ 63,444.26 (9b)         \$ 17,787.43 (9b)           Hospitals (25%)         \$ 35,013.66 \$ 0.00 (9c)         \$ 0.00 (9d)         \$ 23,809.29 (9d)         \$ 23,809.29 (9d)           Total         \$ 155,616.27 (9c)         \$ 63,444.26 (9c)         \$ 92,172.01 (9d)         \$ 92,172.01 (9d)           Preliminary Fund Balance (Fund Total - Total Expenditures)         \$ 2,678.87         \$ 2,678.87

Physicians/Surgeons	\$ 2,678.87 (16c)	\$ 62,518.52
Hospitals	\$ 0.00 (20e)	\$ 62,518.52
Ending Balance for Total Available Funds as of June 30, 2018		\$ 62,518.52

Signature of Maddy EMS Fund Administrator

4/2/2019

Date

brian. heuricusene Brian M. Henricesen, EMS Administrator

Printed Name & Title

Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 95,316.27 (2c)	\$ 95,316.27
Deposits for July 1, 2017- June 30, 2018	\$ 147,958.98 (6c)	\$ 243,275.25
Interest for July 1, 2017-June 30, 2018	\$ 987.97 (10a)	\$ 244,263.22
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 244,263.22

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 14,795.90 (11a)		\$ 14,795.90	\$ 14,795.90 (14)
Richie's Fund (15%)	\$ 115,290.73 (11b)		\$ 115,290.73	\$ 14,788.26 (15)
Physicians/Surgeons (58%)	\$ 65,649.40 (11c)	\$ 0.00 (11c)	\$ 65,649.40	\$ 68,196.45 (17a)
Hospitals (25%)	\$ 28,297.15	\$ 0.00	\$ 28,297.15 -	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 28,297.15 (21d)
Other Discretionary EMS (17%)	\$ 19,242.07 (11e)	\$ 0.00 (11e)	\$ 19,242.07	\$ 19,242.07 (25a)
Total	\$ 243,275.25 (11)	\$ 0.00	\$ 243,275.25	\$ 145,319.83
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 98,943.39
Reimbursements		1		

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

Signature of Maddy EMS Fund Administrator

2/2019 Date brien. hens

Brian M. Henrickson, EMS Administrator

Printed Name & Title

**Email Address** 



1;

| |.

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

Ι	Administering	County / Department	County Contact (Name and Tit	le)
	Agency	NEVADA COUNTY PUBLIC HEALTH		
		Address (Number and Street)	Phone Number	
		950 MAIDU AVE	530-265-7256	
		City or Post Office, State, and ZIP Code	Email Address	
		NEVADA CITY, CA 95959	Judith.Richert@co.nevada	.ca.us
				<u> </u>
Ц	Establishment of Fund	1a Has the agency established the Maddy EMS Fund	(Original Assessment)?	Yes No
		b Date fund established.	· · · · · · · · · · · · · · · · · · ·	11/28/1989
		c Fund balance on July 1, 2017.	i ji	\$ 78,637.27
		d If the Maddy EMS Fund beginning balance on Jul balance on June 30, 2017, state reason(s):		
		Reporting period includes Q3 & Q4 16/17 a year reporting through 17/18. Interest +refu		
	,	2a Has the agency established the Maddy EMS Fund	(Supplemental Assessment)?	Yes INo (If no, go to #3)
		b Date fund established.		
		c Fund balance on July 1, 2017.	1	
		d If the Maddy EMS Fund beginning balance on Ju balance on June 30, 2017, state reason(s):	ly 1, 2017, differs from the previous	reported ending
III	Collections of Penalty	3 Fines, penalties, and forfeitures collected under ea statute.	sch Statute	Collections
	Assessments	a	Government Code § 76000	\$ 174,690.25
	·	b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
		c	Vehicle Code § 42007	
		d	Total	\$ 174,690.25
		4 Responsibility for collection of fines, penalties, an	d forfcitures:	
		Entity	Contact (Name and Title)	
		NEVADA COUNTY SUPERIOR COURT	THEA PALMIERA	
		Phone Number	Email Address	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8

ł



l

ĪV	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	St	atute	Deposits
	Fund	a			Code § 76000 1 GC § 76104)	\$ 174,690.25
		b		Vehicle Code	§ 42007	
		c			Total	\$ 174,690.25
				,		
		d	If no deposits into Maddy EMS Fund, state reason(s):			
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not</i> established, leave section blank and go to #7)	St	atute	Deposits
		a		Government	Code § 76000.5	· · · · · · · · · · · · · · · · · · ·
		b		Vehicle Cod	s 42007	
		c			Total	\$ 0.00
		d	If no deposits into Maddy EMS Fund, state reason(s):		· · · · · · · · · · · · · · · · · · ·	
		7	Responsibility for deposit of penalty assessments:			
			Entity NEVADA COUNTY AUDITOR CONTROLLER	Contact (Nan Linda West	ne and Title) -Managing Acco	ountant Auditor
			Phone Number 530-265-1566	<u> </u>	ss @co.nevada.ca	<b>us</b>
v	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		14 I	
	Distributions					Interest and Other Deposits
		a	Interest earned during the fiscal year.		1	\$ 1,980.66
		b	Other deposits during the fiscal year.	,		\$ 0.00
		c	If other deposits were made, provide the type of depos	its and the rea	ison(s) for the dep	osits:
				, ;	.	
		9	Total amount of funds distributed to the specified cate during the fiscal year.	gories	Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of actuor or 10%)	al cost		\$ 9,305.13
_		b	Physicians/Surgeons (58%)			\$ 103,481.80
						· · · · · · · · · · · · · · · · · · ·

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8

,

1

I

1 1



/ Maddy EMS Fund Category	с	Hospitals (25%)		i i i i i i i i i i i i i i i i i i i	\$ 44,604.22
Distributions	d	Other Discretionary EMS (17%)			\$ 30,330.88
(cont.)	e	<b>v</b> · · · · · · · · ·	Total	\$ 0.00	\$ 187,722.03
-	10	Maddy EMS Fund (Supplemental Assessment) (If fun	ıd not esta	blished, leave blank and go	o #12)
		···			Other Deposits
	a	Interest earned during fiscal year.			
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of depo	sits and t	the reason(s) for the dep	osits:
				i j	
			1		
	11	Total amount of funds distributed to the specified cate during the fiscal year.	egories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of action cost or 10%)	ual		
	þ	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		Total	\$ 0.00	\$ 0.00
	12	Demonstration for a factor of the Stationer		1	
	12	Responsibility for category distributions: Entity		t (Name and Title)	
		NEVADA COUNTY PUBLIC HEALTH Phone Number	_	TH RICHERT ACCOU	
		530-265-7256		.Richert@co.nevada.	ca.us
I Expenditures & Reimbursements	12	Tatal Administration and diama from No. 33- TAK	En da		Amount
Keimbursements	13	Total Administration expenditures from Maddy EMS Assessment).			\$ 9,305.1
				<u> </u>	
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		Supplemental	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		upplemental	Amount

4...

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8

٦,

,

ι



1

VI Expenditures &	_		Ailov	vable Claims		 Paid (	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	<b>%</b>	\$ Amount
(conc)		from Maddy EMS Fund (Original Assessment).	5,768.00	\$ 103,481.80	5,768	100%	\$ 103,481.80
						i	
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2017-June 30,	2018, sta	te reason	(s):
•				1			
				I		<u> </u>	
							nt Reimbursed
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	eons due to ttlements.	collections from			\$ 2,193.18
	•		Aller	wable Claims		Paid	Claims
	17a	Total Physicians/Surgeons expenditures	<i>#.</i>	S Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave		<u>·</u>		0%	
		blank and go to #18)				<u>r.</u>	I
		We do not have Supplemental Funds		<u> </u>		,     	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amo	int Reimbursed
	18	Required documentation for submission. (7 be submitted concurrently)	The below doci	umentation is part of	the Maddy	EMS Fu	nd report, and <u>must</u>
		A description of the Physicians/Surgeon	ns claims pa	yment methodolo	gies.	ı	
		A statement of the policies, procedures, fund(s).	, and regula	tory action taken	to implen	nent and	administer the
		Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm	ospitals adm inistrators c	inistrator organiz	vation, or v claims r	names o navment	f specific methodologies.
		<ul> <li>A description of the process used to sol payment distribution methodology.</li> </ul>		ł		l I	
		An identification of the fee schedule use	ed by the co	unty.		   	
				;		1	
	19	Responsibility for claims payments to Physi					
		Entity NEVADA COUNTY PUBLIC HEALTH		ntact (Name and ' UDITH RICHEF			IG TECH
-		Phone Number		nail Address			
		530-265-7256		udith.Richert@o	co.neva	ia.ca.us	5
						1	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	ns basis fo	r the Maddy	E	Yes ( <i>If no, go</i>	□ No to #20d)
			·	.4		<u> </u>	;   	
					vable Claims	<del> </del>	Paid Cl	
				#	\$ Amount	#	, %	\$ Amount
		b	Total Hospitals expenditures.	2,083	\$ 44,604.22	2,083	100%	\$ 44,604.22
	1				1	<i>,</i>	I.	· · · ·
		C	If allowable claims were not paid during fisc	al ỳear, Ju	ly 1, 2017-June 3	0, 2018, stat	e' reason(	s):
		đ	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	vital claims	are paid on a claim	basis.	   	Amount
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/th	ird-party,	Amou	nt Reimbursed
					I			
		<b>2</b> 1a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). <i>(If f</i> and go to #22)	ms basis fe fund not esta	or the Maddy ablished, leave blani	, 🗖 Y	es (if no, go t	☑ No o #21d)
				r —		1	:	
				Alloy	wable Claims	<u> </u>	i Paid C	
				#	\$ Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.		ļ		0%	
					1		1	-
		с	If allowable claims were not paid during fisc	al year, Ju	ly 1, 2017-June 3	0, 2018 sta	te reason	(s):
							ł	
							[	
		d	Direct disbursement to Hospitals. (N/A if hospitals.) (N/A if hospitals.)	pital claims	are paid on a claim	s basis.		Amount
				_	ļ			
							Amou	nt Reimbursed
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/th	ird-party,	Autou	nt Remibursed
			county penantes, and settlements.		 		<u> </u>	
		22	Required documentation for submission. (The best of the submitted concurrently)	he below do	cumentation is part	of the Maddy	EMS Fund	t report, and <u>must</u>
			A description of the hospitals payment	methodolo	gies.		,	
		23	Responsibility for claims payments to Hospi	tals			· · · · · · · · · · · · · · · · · · ·	
		23	Entity		Contact (Name ar		·	O TECU
			NEVADA COUNTY PUBLIC HEALTH Phone Number		JUDITH RICHI Email Address			
			530-265-7256		Judith.Richert@	) 2co.nevad	la.ca.us	
						<u> </u>		

## STATE OF CALIFORNIA

; ' ; |

I,

ןי וי

; 4 ; 4 ; 4 ; 4

ł

## EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



Т

		_		<u> </u>
VI	Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
				1
		b	Description of other EMS services provided:	_ <u> </u>
			·	<u> </u>
				!
		<b>2</b> 5a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	Amount
			(Suppremental Assessment). (I) Jana nos esnuorsnea, leave olanky	<u> </u>
		Ъ	Description of other EMC complete provided	1
		U	Description of other EMS services providea:	
				<u> </u>
				l I
				1
			i	1
			1	
			1	
			ı	, 1
				1
			1	
			1	1 
			1	ľ
				I
				1
				I
			·	1
				, I
				ļ
			i	1
				ł .
				1
			· ·	
			ł	1
			,	
				P 1

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

VII Fund Summary



	Maddy EM (Original Asso		I	`
	Available Funds fo	or Distribution	1	Fund Total
Balance on July 1, 2017	\$7	78,637.27		\$ 78,637.2
Deposits for July 1, 2017–June 30, 2018	\$ 17	74,690.25 (Se)		\$ 253,327.5
Interest for July 1, 2017-June 30, 2018	\$	1,980.66 (8a)	1	\$ 255,308.1
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 255,308.1
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,305.13 (9a)		\$ 9,305.13	\$ 9;305.1; (1.
Physicians/Surgeons (58%)	\$ 103,481.80 (9b)	\$ 0.00	\$ 103,481,.80	\$ 103,481.80 (16)
Hospitals (25%)	\$ 44,604.22	, \$ 0.00 (9c)	\$ 44,604.22 '	\$ 44,604,22 (205 P) \$ 0.00 (20)
Other Discretionary EMS (17%)	\$ 30,330.88 (9d)	\$ 0.00 (9d)	\$ 30,330.88	\$ 0.00 (24
Total	\$ 187,722.03 (9e)	\$ 0.00 (9e)	\$ 187,722.03	\$ 157,391.1
Preliminary Fund Balance (Fund Total - Total Expenditures)	an a			\$ 97,917.03
Reimbursements	-			
Physicians/Surgeons	\$	2,193.18 , ( <i>16c</i> )	1	\$ 100,110.2
Hospitals		\$ 0.00 (20e)	'	\$ 100,110.2
Ending Balance for Total Available Funds as of June 30, 2018	1			\$ 100,110.2

N Signature of Maddy EMS Fund Administrator

Date

<u>JUDITH</u> M. RICHERT Printed Name & Title

ł

Email Address

JUDITH RICHERT & CO. NEVADA. Ca. 45

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



·					
VII Fund Summary (cont.)		Maddy EM (Supplemental A		1	
		Available Funds fo	or Distribution !		Fund Total
	Balance on July 1, 2017		\$ 0.00 (2c)		\$ 0.00
	Deposits for July 1, 2017- June 30, 2018		\$ 0.00 (6c)		\$ 0.00
	Interest for July 1, 2017-June 30, 2018		\$ 0.00 (10a)	, 	\$ 0.00
	Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 (10b)		\$ 0.00
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category ' Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)	بر بالمحمد المحمد ال محمد المحمد ال محمد المحمد ال	\$ 0.00	\$ 0.00
	Richie's Fund (15%)	\$ 0.00 (11b)		\$ <b>0</b> .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 (216 Pdj
	· ·	(11d)	<u>(11d)</u>		\$ 0.00 (21 <u>d)</u>
	Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
	Total	\$ 0.00 (11)	\$ 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, 2018				\$ 0.00

Signature of Maddy EMS Fund Administrator

, i

ī

Date

Printed Name & Title

Email Address



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

I	Administering		unty / Department	County Contact (Name and T		
	Agency	Or	ange County Health Care Agency	Shelley Vrungos, Manage	er- Medic	al Safety Net
		Ad	dress (Number and Street)	Phone Number		
		60	0 Santa Ana Blvd. Ste. 1120	714 834-6249		
		Cit	y or Post Office, State, and ZIP Code	Email Address		
		Sa	inta Ana, CA 91701	svrungos@ochca.com		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🗹 Yes	D No
	T UNU	b	Date fund established.		03/	/01/1988
						2,711.23
		c	Fund balance on July 1, 2017.			
		d	If the Maddy EMS Fund beginning balance on July 1. balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported	ending
			I did not report residual interest for FY16-17 th	at would carry over into FY	17-18	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes (If no, g	D No 0 to #3)
		b	Date fund established.		02/	01/2008
		c	Fund balance on July 1, 2017.		\$ 1	1,326.29
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): I did not report residual interest for FY16-17 th		-	ending
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Co	llections
	Assessments	a		Government Code § 76000	\$ 5	,266,423.50
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 3	,124,018.99
		с		Vehicle Code § 42007		
		d		Total	\$8	,390,442.49
		4	Responsibility for collection of fines, penalties, and for	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. 1-2019) Page 2 of 8



TRY The second states				
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)	\$ 4,215,513.9
	b		Vehicle Code § 42007	
	c		Total	\$ 4,215,513.9
	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	\$ 3,127,829.0
	b		Vehicle Code § 42007	
	c		Total	\$ 3,127,829.0
	7	Responsibility for deposit of penalty assessments: Entity Orange County Auditor Controller	Contact (Name and Title) Miguel Salinas	
		Phone Number           714 834-5732	Email Address miguel.salinas@ac.ocgov.co	om
Fund Category	8	Phone Number	Email Address	om
	8	<b>Phone Number</b> 714 834-5732	Email Address	Interest and Other Deposits
Fund Category	8 a	<b>Phone Number</b> 714 834-5732	Email Address	Interest and Other Deposits
Fund Category		Phone Number 714 834-5732 Maddy EMS Fund (Original Assessment)	Email Address	Interest and Other Deposits
Fund Category	a	Phone Number 714 834-5732 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year.	Email Address miguel.salinas@ac.ocgov.cd	Interest and Other Deposits \$ 31,388.91
Fund Category	a b	Phone Number         714 834-5732         Maddy EMS Fund (Original Assessment)         Interest earned during the fiscal year.         Other deposits during the fiscal year.	Email Address miguel.salinas@ac.ocgov.cd	Interest and Other Deposits \$ 31,388.91
Fund Category	a b c	Phone Number         714 834-5732         Maddy EMS Fund (Original Assessment)         Interest earned during the fiscal year.         Other deposits during the fiscal year.         If other deposits were made, provide the type of depose         Total amount of funds distributed to the specified cate	Email Address miguel.salinas@ac.ocgov.cd its and the reason(s) for the depose cgories Reserve (Optional)	Interest and Other Deposits \$ 31,388.91 sits: Category

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	с	Hospitals (25%)			\$ 1,063,932.98
Distributions	d	Other Discretionary EMS (17%)			\$ 716,637.36
(cont.)	e	]	Fotal	\$ 0.00	\$ 4,250,261.54
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establish	ed, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 34,160.56
	b	Other deposits during fiscal year.			\$ 54,748.68
	с	If other deposits were made, provide the type of deposit	s and the r	eason(s) for the depo	osits:
		Fees collected by probation for SB1773.			
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)	L		\$ 27,240.30
	b	Richie's Fund (15%)			\$ 482,795.65
	с	Physicians/Surgeons (58%)			\$ 1,555,375.11
	d	Hospitals (25%)			\$ 683,960.52
	e	Other Discretionary EMS (17%)			\$ 461,940.70
	f	Т	otal	\$ 0.00	\$ 3,211,312.28
	12	Responsibility for category distributions:	Contact (Na	me and Title)	
			•		anager- Accounting
			Email Addr	ess	
		714 834-7484 ji	tu@ochca	i.com	
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Origi	nal	Amount
Kennbur seinents	10	Assessment).			\$ 69,827.88
	14	Total Administration expenditures from Maddy EMS F	und (Suppl	emental	Amount
	1-1	Assessment). (If fund not established, leave blank and go to #1			\$ 27,240.30
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supple	mental	Amount
		Assessment). (If fund not established, leave blank and go to #1			\$ 482,795.65



penditures & mbursements			Allo	wable Claims		Paid	Claims
nt.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	62,713.00	\$ 2,399,863.3	62,713	100%	\$ 2,399,863.3
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	ı(s):
	_			N C		Amou	ınt Reimbursed
	C	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so		collections from			\$ 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)	62,713	\$ 1,555,375.11	62,713	100%	\$ 1,555,375.11
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, stat	te reason	(s):
					2018, stat		(s): nt Reimbursed
	b c	If allowable claims were not paid during fis Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	cons due to		2018, stat		
		Total reimbursements from Physicians/Surg	geons due to ttlements.	collections from		Amou	nt Reimbursed \$ 0.00
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7	geons due to ttlements. he below docu	collections from mentation is part of t	the Maddy	Amou	nt Reimbursed \$ 0.00
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	eons due to ttlements. <i>he below docu</i> is claims pay	collections from mentation is part of t	the Maddy ies.	Amou EMS Fun	nt Reimbursed \$ 0.00 d report, and <u>must</u>
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7 be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	geons due to ttlements. <i>he below docu</i> is claims pay and regulat ospitals adm	collections from <i>mentation is part of t</i> yment methodolog ory action taken to inistrator organizz	<i>the Maddy</i> ies. o implementation, or r	Amou EMS Fun ent and a names of	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (7         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hereit	geons due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators co	collections from mentation is part of t yment methodolog ory action taken to inistrator organiz: ontacted to review	<i>the Maddy</i> ies. o impleme ation, or r claims pa	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific nethodologies.
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to solit	geons due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators co cit input fro	collections from mentation is part of t yment methodolog ory action taken to inistrator organizz ontacted to review m Physicians/Surg	<i>the Maddy</i> ies. o impleme ation, or r claims pa	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific nethodologies.
	c	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see</li> <li>Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to soli payment distribution methodology.</li> </ul>	eons due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators co cit input fro	collections from mentation is part of t yment methodolog ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	<i>the Maddy</i> ies. o impleme ation, or r claims pa	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific nethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (<i>T be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	cons due to ttlements. <i>he below docu</i> is claims pay and regulat ospitals adm inistrators co cit input fro ed by the cou	collections from mentation is part of t yment methodolog ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	<i>the Maddy</i> ies. o impleme ation, or r claims pa geons and	Amou EMS Fun ent and a names of ayment n	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific nethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians</li> </ul>	cians/Surgeo	collections from <i>mentation is part of t</i> yment methodolog ory action taken to inistrator organiz: ontacted to review m Physicians/Surg inty.	<i>the Maddy</i> ies. o impleme ation, or r claims pa geons and	Amou EMS Fun ent and a names of ayment n Hospita	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific nethodologies. Is to review
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (7 be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity</li> </ul>	econs due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators co cit input fro ed by the cou cians/Surgeo Cou	collections from <i>mentation is part of t</i> yment methodolog ory action taken to inistrator organizz ontacted to review m Physicians/Surg inty.	<i>the Maddy</i> ies. o impleme ation, or r claims pa geons and	Amou EMS Fun ent and a names of ayment n Hospita	nt Reimbursed \$ 0.00 d report, and <u>must</u> administer the specific nethodologies. Is to review



Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	ms basis fo	or the Maddy		6-1772-1	<b>No</b> to #20d)	
			Allo	wable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisc	al year, Ju	lly 1, 2017-June 30	), 2018, sta	te reason(	(s):	
	d	Direct disburgement to Hespitels (N/A if hespitel elsing are paid as a deing having					Amount	
		Leave blank and go to #21e)				\$1	,063,932.98	
	e	Total reimbursements from Hospitals due to	collection	s from patient/thi	rd-party,	Amou	nt Reimbursed	
		county penalties, and settlements.		_			\$ 0.00	
	21a						☑ No o #21d)	
	Allowable Cla					Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
		2					Amount	
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims o	are paid on a claims	basis.		\$ 683,960.52	
	P	Total reimbursements from Hospitals due to	collection	from natient/thi	rd-narty.	Amour	nt Reimbursed	
	C	county penalties, and settlements.			a party,		\$ 0.00	
	22	be submitted concurrently)			f the Maddy .	EMS Fund	report, and <u>must</u>	
				jies.				
	23	Entity	C					
					s MSN ma	anager		
		714 834-6249			a.com			
		Reimbursements (cont.)20abcde21abcdcdcdcdc21a	Reimbursements (cont.)       20a       Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).         b       Total Hospitals expenditures.         c       If allowable claims were not paid during fisca         d       Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)         e       Total reimbursements from Hospitals due to county penalties, and settlements.         21a       Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fi and go to #22)         b       Total Hospitals expenditures.         c       If allowable claims were not paid during fisca         d       Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22)         b       Total reimbursements from Hospitals due to county penalties, and settlements.         c       If allowable claims were not paid during fisca         d       Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)         c       Total reimbursements from Hospitals due to county penalties, and settlements.         21       Required documentation for submission. (Th be submitted concurrently)         c       Total A description of the hospitals payment n         23       Responsibility for claims payments to Hospitals Entity         Health Care Agency       Phone Number	Reimbursements       20a       Indicate if Hospital claims are paid on a claims basis for         EMS Fund (Original Assessment).       Allov         #       b       Total Hospitals expenditures.         c       If allowable claims were not paid during fiscal year, Ju         d       Direct disbursement to Hospitals. (N/A if hospital claims Leave blank and go to #21e)         e       Total reimbursements from Hospitals due to collection county penalties, and settlements.         21a       Indicate if Hospital claims are paid on a claims basis for EMS Fund (Supplemental Assessment). (If fund not esta and go to #22)         Allow       #         b       Total Hospitals expenditures.         c       If allowable claims were not paid during fiscal year, Ju         d       Direct disbursement to Hospitals. (N/A if hospital claims and go to #22)         a       Allow         d       Direct disbursement to Hospitals. (N/A if hospital claims at Leave blank and go to #22e)         c       If allowable claims were not paid during fiscal year, Ju         d       Direct disbursements from Hospitals due to collection: county penalties, and settlements.         c       If allowable claims were not paid during fiscal year, Ju         d       Direct disbursement to Hospitals. (N/A if hospital claims of Leave blank and go to #22e)         e       Total reimbursements from Hospitals due t	Reimbursements       20a       Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).         a       Allowable Claims         b       Total Hospitals expenditures.         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30         d       Direct disbursement to Hospitals. (WA if hospital claims are paid on a claims Leave blank and go to #21e)         e       Total reimbursements from Hospitals due to collections from patient/thi 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)         d       Indicate if Hospital sexpenditures.         1a       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)         d       Indicate if Hospitals expenditures.         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30         d       Direct disbursement to Hospitals. (WA if hospital claims are paid on a claims Leave blank and go to #22e)         c       Total reimbursements from Hospitals due to collections from patient/thi county penalties, and settlements.         2       Cotal reimbursements from Hospitals due to collections from patient/thi county penalties, and settlements.         2       Required documentation for sub	Reimbursements (cont.)       20a       Indicate if Hospital chains are paid on a chains basis for the Maddy EMS Fund (Original Assessment).       Allowable Claims         #       S Amount       #         b       Total Hospitals expenditures.       -         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, sta	Reimbursements       20a       Indicate if Hospital claims are paid on a claims basis for the Maddy       □ Yes         (cont.)       Indicate if Hospitals expenditures.       If allowable Claims are paid on a claims basis for the Maddy       Paid C         d       Direct disbursement to Hospitals. (WA # hospital claims are paid on a claims basis.       S 1         d       Direct disbursement to Hospitals. (WA # hospital claims are paid on a claims basis.       S 1         e       Total Hospitals expenditures.       S 1         d       Direct disbursement to Hospitals due to collections from patient/third-party, county penalties, and settlements.       S 1         e       Total Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #210)       Amount         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         d       Direct disbursement to Hospitals. (WA # hospital claims are paid on a claims basis.       Yes         f       Yes       Yes       Yes         e       Total Hospitals expenditures.       0%       Yes         d       Direct disbursement to Hospitals. (WA # hospital claims are paid on a claims basis.       24         e       Total Hospitals expenditures.       0%      <	



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

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

**VII Fund Summary** 



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

tributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 69,827.88 (9a)		\$ 69,827.88	\$ 69,827.88 (13)
Physicians/Surgeons (58%)	\$ 2,399,863.3: (9b)	\$ 0.00 (9b)	\$ 2,399,863.3	\$ 2,399,863.32 (16a)
Hospitals (25%)	\$ 1,063,932.9	\$ 0.00	\$ 1,063,932.9	\$ 0.00 (20b Pd)
	(9c)	(9c)		\$ 1,063,932.98 (20d)
Other Discretionary EMS (17%)	\$ 716,637.36 (9d)	\$ 0.00 (9d)	\$ 716,637.36	\$ 716,637.36 (24a)
Total	\$ 4,250,261.54 (9e)	\$ 0.00 (9e)	\$ 4,250,261.5	\$ 4,250,261.54
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 39,352.56

Reimbursements		
Physicians/Surgeons	\$ 0.00 (16c)	\$ 39,352.56
Hospitals	\$ 0.00 (20e)	\$ 39,352.56
Ending Balance for Total Available Funds as of June 30, 2018		\$ 39,352.56

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

**Email Address** 

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

<u></u>	Available Funds for Distribut	ion	Fund Total
Balance on July 1, 2017	\$ 11,326.29	(2c)	\$ 11,326.29
Deposits for July 1, 2017- June 30, 2018	\$ 3,127,829.02	(6c)	\$ 3,139,155.31
Interest for July 1, 2017-June 30, 2018	\$ 34,160.56	(10a)	\$ 3,173,315.87
Other Deposits for July 1, 2017 - June 30, 2018	\$ 54,748.68	(10b)	\$ 3,228,064.55

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

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

Signature of Maddy EMS Fund Administrator Sheller duin Mgr. (Un

Printed Nam Title

<u>13</u> Date

SV runge @ pchar 100 Email Address

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



-		0			
	Administering Agency		inty / Department acer	County Contact (Name and T	
		-	Iress (Number and Street)	Stan Hapak, Administrativ	le Services Manage
			91 County Center Dr., Suite #290	530-745-3144	
			or Post Office, State, and ZIP Code	Email Address	
		Au	burn, CA 95630	shapak@placer.ca.gov	
I	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Ves 🖸 No
		b	Date fund established.		07/01/1989
		c	Fund balance on July 1, 2017.		\$ 2,780.60
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
		2a	Has the agency established the Maddy EMS Fund (Su	upplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.	09/18/2007	
		c	Fund balance on July 1, 2017.		\$ 9,724.64
		c d	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	
п	Collections of Penalty		If the Maddy EMS Fund beginning balance on July 1	, 2017, differs from the previous Statute	
11		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		s reported ending
Ш	Penalty	d 3	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute	s reported ending Collections
11	Penalty	d 3 a	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	collections \$ 315,619.10
11	Penalty	d 3 a b	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections \$ 315,619.10 \$ 304,433.45
п	Penalty	d 3 a b c	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 315,619.10 \$ 304,433.45
11	Penalty	d 3 a b c d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 315,619.10 \$ 304,433.45
п	Penalty	d 3 a b c d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute. Responsibility for collection of fines, penalties, and for	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total rfeitures:	s reported ending Collections \$ 315,619.10 \$ 304,433.45 \$ 620,052.55

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS Fund		nalty assessments deposited into Maddy nd (Original Assessment).	Statute	Deposits
T unu	a		Government Code § 7600 (Based on GC § 76104)	<b>0</b> \$ 315,619
	b		Vehicle Code § 42007	
	c		Т	otal \$ 315,619
	d If no dep	posits into Maddy EMS Fund, state reason(s)	1	
	EMS Fu	nalty assessments deposited into Maddy nd (Supplemental Assessment). (If fund not id, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 7600	0.5 \$ 304,433
	b		Vehicle Code § 42007	
	c		Т	otal \$ 304,433
	d If no dej	oosits into Maddy EMS Fund, state reason(s)		
	7 Respons Entity	ibility for deposit of penalty assessments:	Contact (Name and Title)	
	7 Respons Entity Placer Phone N	ibility for deposit of penalty assessments: County Auditor-Controller		
Fund Category	7 Respons Entity Placer Phone N (530) 8	ibility for deposit of penalty assessments: County Auditor-Controller umber	Contact (Name and Title) Angela Jahnke, Accou Email Address	
	7 Respons Entity Placer Phone N (530) 8	ibility for deposit of penalty assessments: County Auditor-Controller umber 889-4155	Contact (Name and Title) Angela Jahnke, Accou Email Address	
<b>Fund Category</b>	7 Respons Entity Placer Phone N (530) 8 8 Maddy I	ibility for deposit of penalty assessments: County Auditor-Controller umber 889-4155	Contact (Name and Title) Angela Jahnke, Accou Email Address	V Interest and
<b>Fund Category</b>	7 Respons Entity Placer Phone N (530) 8 8 Maddy I a <u>Interest</u>	ibility for deposit of penalty assessments: County Auditor-Controller umber 189-4155 EMS Fund (Original Assessment)	Contact (Name and Title) Angela Jahnke, Accou Email Address	V Interest and Other Deposits
<b>Fund Category</b>	<ul> <li>7 Respons Entity Placer Phone N (530) 8</li> <li>8 Maddy I</li> <li>8 Maddy I</li> <li>a Interest</li> <li>b Other design of the second seco</li></ul>	ibility for deposit of penalty assessments: County Auditor-Controller umber 189-4155 EMS Fund (Original Assessment) earned during the fiscal year.	Contact (Name and Title) Angela Jahnke, Accou Email Address ajahnke@placer.ca.go	V Interest and Other Deposits \$ 1,303
<b>Fund Category</b>	<ul> <li>7 Respons Entity Placer Phone N (530) 8</li> <li>8 Maddy I</li> <li>a Interest</li> <li>b Other dest</li> <li>c If other entities</li> <li>9 Total am</li> </ul>	ibility for deposit of penalty assessments: County Auditor-Controller umber 189-4155 EMS Fund (Original Assessment) earned during the fiscal year. eposits during the fiscal year.	Contact (Name and Title) Angela Jahnke, Accou Email Address ajahnke@placer.ca.go	V Interest and Other Deposits \$ 1,303
<b>Fund Category</b>	<ul> <li>7 Respons Entity Placer Phone N (530) 8</li> <li>8 Maddy I</li> <li>a Interest</li> <li>b Other dest</li> <li>c If other ender</li> <li>9 Total am during the</li> </ul>	ibility for deposit of penalty assessments: County Auditor-Controller umber 189-4155 EMS Fund (Original Assessment) earned during the fiscal year. eposits during the fiscal year. deposits were made, provide the type of depo	Contact (Name and Title)         Angela Jahnke, Accou         Email Address         ajahnke@placer.ca.go         sits and the reason(s) for the         egories       Reserve (Optional)	V Interest and Other Deposits \$ 1,303

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 71,862.97
Distributions	d	Other Discretionary EMS (17%)			\$ 48,866.82
(cont.)	e		Fotal	\$ 0.00	\$ 296,863.92
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not established	l, leave blank and go t	o #12) Interest and
					Other Deposits
	a	Interest earned during fiscal year.			\$ 1,325.99
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of deposit	ts and the rea	ason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.		Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)	I		\$ 8,971.80
	b	Richie's Fund (15%)			\$ 41,183.47
	c	Physicians/Surgeons (58%)			\$ 135,356.34
	d	Hospitals (25%)			\$ 58,343.25
	e	Other Discretionary EMS (17%)			\$ 39,673.41
	f	т	otal	\$ 0.00	\$ 283,528.27
	12	Responsibility for category distributions:	Contact (Nan	and Title)	
					Services Manager
			Email Addres	i <b>s</b>	
E		(530) 745-3144 s	shapak@pla	acer.ca.gov	
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Origina	1	Amount
		Assessment).			\$ 9,412.04
	14	Total Administration expenditures from Maddy EMS F	und (Supple)	mental	Amount
		Assessment). (If fund not established, leave blank and go to #1			\$ 8,971.80
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supplem	ental	Amount



VI Expenditures & Reimbursements			Allo	wable Claims		Paid	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	11,202.00	\$ 166,722.09	11,202	100%	\$ 166,722.09
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 3,865.02
			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)	3,183	\$ 135,356.34	3,183	100%	\$ 135,356.34
	b	If allowable claims were not paid during fise	cal year, July	y 1, 2017-June 30,	2018, stat	te reason(	(s):
	b				2018, stat		(s): nt Reimbursed
		If allowable claims were not paid during fise Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to		2018, stat		
		Total reimbursements from Physicians/Surg	geons due to ttlements.	collections from		Amou	nt Reimbursed \$ 2,144.39
	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 mentation is part of th	he Maddy ;	Amou	nt Reimbursed \$ 2,144.39
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently)	cons due to ttlements. <i>he below docu</i> as claims pay	collections from mentation is part of t	he Maddy J	Amoun EMS Fund	nt Reimbursed \$ 2,144.39 d report, and <u>must</u>
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and see Required documentation for submission. (T be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	cons due to ttlements. <i>he below docu</i> is claims pay and regulat ospitals admi	collections from mentation is part of the ment methodologi ory action taken to inistrator organiza	<i>he Maddy i</i> ies. ) impleme	Amoun EMS Fund ent and a	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (T         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Ho	ceons due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals admi nistrators co	collections from mentation is part of the rment methodologi ory action taken to inistrator organiza ontacted to review	<i>he Maddy i</i> ies. ) impleme ition, or n claims pa	Amoun EMS Fund ent and a names of s	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific nethodologies.
	c	Total reimbursements from Physicians/Surgpatient/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 Hospital admini         ☑       A description of the process used to soli	cons due to ttlements. <i>The below docu</i> as claims pay and regulat ospitals admi nistrators co cit input fro	collections from mentation is part of the rment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg	<i>he Maddy i</i> ies. ) impleme ition, or n claims pa	Amoun EMS Fund ent and a names of s	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific nethodologies.
	c	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (T be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited admited structure of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians</li> </ul>	cons due to ttlements. <i>he below docu</i> is claims pay and regulat ospitals admi nistrators co cit input fro d by the cou	collections from mentation is part of the ment methodologi ory action taken to inistrator organization tacted to review m Physicians/Surg nty.	<i>he Maddy i</i> ies. ) impleme ation, or n claims pa geons and	Amoun EMS Fund ent and a names of s	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (T be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admit         Image: A description of the process used to soli payment distribution methodology.         Image: An identification of the fee schedule use         Responsibility for claims payments to Physic	econs due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals admi nistrators co cit input fro d by the cou cians/Surgeo Con	collections from mentation is part of to ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg nty.	<i>he Maddy i</i> ies. ) impleme ttion, or n claims pa ceons and	Amoun EMS Fund ent and a names of s nyment m Hospital	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hopital admit         I A description of the process used to soli payment distribution methodology.         I An identification of the fee schedule use         Responsibility for claims payments to Physic         Entity         Placer County HHS	ceons due to ttlements. <i>he below docu</i> as claims pay and regulat ospitals administrators co cit input from d by the cou cians/Surgeo Con Jo	collections from mentation is part of the renent methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg nty. ns: tact (Name and Ti dy Hoffman, Act	<i>he Maddy i</i> ies. ) impleme ttion, or n claims pa ceons and	Amoun EMS Fund ent and a names of s nyment m Hospital	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (T be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital admit         Image: A description of the process used to soli payment distribution methodology.         Image: An identification of the fee schedule use         Responsibility for claims payments to Physic	cons due to ttlements. the below docu as claims pay and regulat ospitals admi nistrators co cit input from d by the cou cians/Surgeo Con JO Ema	collections from mentation is part of to ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg nty.	he Maddy J ies. ) impleme claims pa geons and itle) count Cl	Amoun EMS Fund ent and a names of s nyment m Hospital	nt Reimbursed \$ 2,144.39 d report, and <u>must</u> dminister the specific nethodologies.



VI Expenditures & Reimbursements (cont.)		Indicate if Hospital claims are paid on EMS Fund (Original Assessment).	a claims basis	for the Maddy	C	Yes No (If no, go to #20d)		
			All	owable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A	basis.	Amount				
		Leave blank and go to #21e)					\$ 71,862.97	
	e	Total reimbursements from Hospitals o county penalties, and settlements.	due to collectio	ns from patient/thir	d-party,	Amour	nt Reimbursed \$ 0.00	
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22)					ves 🔽 No (If no, go to #21d)	
			ii =	Paid Claims				
	1	La des estas de la composición de la	#	\$ Amount	#	% 0%	\$ Amount	
	b	Total Hospitals expenditures.				078		
	c	If allowable claims were not paid durin	ig fiscal year, J	uly 1, 2017-June 30	, 2018 sta	te reason(s	s):	
		Linium martine a co	Section 8			A	Amount	
	d	Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)	if hospital claim.	s are paid on a claims b	asis.		\$ 58,343.25	
	e	Total reimbursements from Hospitals d county penalties, and settlements.	lue to collectio	ns from patient/thir	d-party,	Amoun	t Reimbursed \$ 0.00	
	22	Required documentation for submission be submitted concurrently)			the Maddy	EMS Fund	report, and <u>must</u>	
		A description of the hospitals payn		ogies.	_			
	23	Responsibility for claims payments to H Entity Placer County HHS		Contact (Name and Jody Hoffman, A		lork		
		Phone Number (530)745-3111		Email Address jhoffman@placer		GIN		
		-de-						

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 48,866.82
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		204	(Supplemental Assessment). (If fund not established, leave blank)	\$ 39,673.41
			/	
		b	Description of other EMS services provided:	
			Funding for Sierra-Sacramento Valley Emergency Medical Services Agen	cv operations.

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



## VII Fund Summary

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,412.04 (9a)		\$ 9,412.04	\$ 9,412.04 (13)
Physicians/Surgeons (58%)	\$ 166,722.09 (9b)	\$ 0.00 (9b)	\$ 166,722.09	\$ 166,722.09 (16a)
Hospitals (25%)	\$ 71,862.97	\$ 0.00	\$ 71,862.97	\$ 0.00 (20b Pd)
	(9c)	(9c)	φ / 1,002.97	\$ 71,862.97 (20d)
Other Discretionary EMS (17%)	\$ 48,866.82 (9d)	\$ 0.00 (9d)	\$ 48,866.82	\$ 48,866.82 (24a)
Total	\$ 296,863.92 (9e)	\$ 0.00 (9e)	\$ 296,863.92	\$ 296,863.92
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 22,839.33
Reimbursements		alter		
Physicians/Surgeons	\$	3,865.02		\$ 26,704.35

Physicians/Surgeons	\$ 3,865.02 (16c)	\$ 26,704.35
Hospitals	\$ 0.00 (20e)	\$ 26,70 <mark>4</mark> .35
Ending Balance for Total Available Funds as of June 30, 2018		\$ 26,704.35

tin n na

Signature of Maddy EMS Fund Administrator

-15-

shapakap Email Address ca.gov

Administrative Serv. Printed Name & Title

Date

Mar

#### STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 8 of 8



## **VII Fund Summary**

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 8,971.80 (11a)		\$ 8,971.80	\$ 8,971.80 (14)
Richie's Fund (15%)	\$ 41,183.47 (11b)		\$ 41,183.47	\$ 41,183.47 (15)
Physicians/Surgeons (58%)	\$ 135,356.34 (11c)	\$ 0.00 (11c)	\$ 135,356.34	\$ 135,356.34 (17a)
Hospitals (25%)	\$ 58,343.25	\$ 0.00	\$ 58,343.25	\$ 0.00 (21b Pd)
	(11d)	(11d)		\$ 58,343.25 (21d)
Other Discretionary EMS (17%)	\$ 39,673.41 (11e)	\$ 0.00 (11e)	\$ 39,673.41	\$ 39,673.41 (25a)
Total	\$ 283,528.27 (11)	\$ 0.00 (11)	\$ 283,528.27	\$ 283,528.27
Preliminary Fund Balance (Fund Total - Total Expenditures)		- 14		\$ 31,955.81

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

0 1 4 Signature of Maddy EMS Fund Administrator Stan Hapak Administrative Serv Printed Name & Title

Date

shapaka Email Address cagov

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

	Administering	County / Department	County Contact (Name and T	itle)
	Agency	Plumas County Public Health Agency	Debbie Robinson, Admini	strative Ser Officer
		Address (Number and Street)	Phone Number	
		270 County Hospital Rd. Suite #206	(530) 283-6459	
		City or Post Office, State, and ZIP Code	Email Address	
		Quincy, CA 95971-9115	debbierobinson@countyo	fplumas.com
II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Yes 🖸 No
		b Date fund established.	en de la segui de ser en la segui de ser en la segui de s En la segui de segui d	04/02/1991
		c Fund balance on July 1, 2017.		\$ 28.89
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	; reported ending
		2a Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b Date fund established.		05/10/2010
		<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1</li> </ul>	. 2017. differs from the previous	\$ 15.70
		<ul> <li><u>Fund balance on July 1, 2017.</u></li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> </ul>	, 2017, differs from the previous	
111	Collections of	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1	, 2017, differs from the previous	
111		<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		s reported ending Collections
111	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penaltics, and forfeitures collected under each statute.</li> </ul>	Contraction of the second	collections \$ 37,641.77
III	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> <li>a</li> </ul>	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	collections \$ 37,641.77
III	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penaltics, and forfeitures collected under each statute. a b	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections \$ 37,641.77 \$ 20,447.38
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penaltics, and forfeitures collected under each statute. a b	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 37,641.77 \$ 20,447.38
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penaltics, and forfeitures collected under each statute. a b c d	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	s reported ending Collections \$ 37,641.77 \$ 20,447.38
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #22.) Vehicle Code § 42007 Total	Collections \$ 37,641.77 \$ 20,447.38 \$ 58,089.15



Page 2 of 8		Ś.			CUISTIN DE
<ul> <li>Deposits into Maddy EMS Fund</li> </ul>	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).		Statute	Deposits
runa	a		Govern (Ba	ment Code § 76000 used on GC § 76104)	\$ 37,641.7
	Ь		Vehicle	Code § 42007	
	c	*	·	Total	\$ 37,641.7
	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	\$ 20,447.3
	b		Vehicle	Code § 42007	
	c			Total	\$ 20,447.3
•	d 7	If no deposits into Maddy EMS Fund, state reason(s) Responsibility for deposit of penalty assessments:	:		
• •	4	If no deposits into Maddy EMS Fund, state reason(s) Responsibility for deposit of penalty assessments:	:		
	4	Responsibility for deposit of penalty assessments: Entity Plumas County Treasurer	Contact Kelsey	(Name and Title) Hostetter, Assistant 7	reasurer
	4	Responsibility for deposit of penalty assessments: Entity	Contact Kelsey Email A	Hostetter, Assistant 1	
Maddy EMS Fund Category Distributions	*	Responsibility for deposit of penalty assessments: Entity Plumas County Treasurer Phone Number	Contact Kelsey Email A kelseyh	Hostetter, Assistant 7 ddress	mas.com Interest and
Fund Category	7	Responsibility for deposit of penalty assessments: Entity Plumas County Treasurer Phone Number (530) 283-6259 Maddy EMS Fund (Original Assessment)	Contact Kelsey Email A kelseyh	Hostetter, Assistant 1 ddress lostetter@countyofplu	Mas.com Interest and Other Deposits
Fund Category	7 7 7 8 8	Responsibility for deposit of penalty assessments: Entity Plumas County Treasurer Phone Number (530) 283-6259 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year.	Contact Kelsey Email A kelseyh	Hostetter, Assistant 1 ddress lostetter@countyofplu	Mas.com Interest and Other Deposits
Fund Category	7	Responsibility for deposit of penalty assessments: Entity Plumas County Treasurer Phone Number (530) 283-6259 Maddy EMS Fund (Original Assessment)	Contact Kelsey Email A kelseyh	Hostetter, Assistant 1 ddress lostetter@countyofplu	mas.com Interest and Other Deposits
Fund Category	7 7 7 8 8	Responsibility for deposit of penalty assessments: Entity Plumas County Treasurer Phone Number (530) 283-6259 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year.	Contact Kelsey Email A kelseyh	Hostetter, Assistant 1 ddress iostetter@countyofplu	Interest and Other Deposits \$ 110.9
Fund Category	7 7 8 8 8 b	Responsibility for deposit of penalty assessments:         Entity         Plumas County Treasurer         Phone Number         (530) 283-6259         Maddy EMS Fund (Original Assessment)         Interest earned during the fiscal year.         Other deposits during the fiscal year.	Contact Kelsey Email A kelseyh	Hostetter, Assistant 1 ddress iostetter@countyofplu	Interest and Other Deposits \$ 110.9
Fund Category	7 7 8 8 8 0 0	Responsibility for deposit of penalty assessments:         Entity         Plumas County Treasurer         Phone Number         (530) 283-6259         Maddy EMS Fund (Original Assessment)         Interest earned during the fiscal year.         Other deposits during the fiscal year.         If other deposits were made, provide the type of deposite the type of type of the type of the type of the type of type of type of the type of typ	Contact Kelsey Email A kelseyh	Hostetter, Assistant T ddress iostetter@countyofplu e reason(s) for the depos Reserve	Interest and Other Deposits \$ 110.95 its: Category

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	C	Hospitals (25%)			\$ 8,689.78
Distributions	đ	Other Discretionary EMS (17%)			\$ 5,909.05
(cont.)	e	1	Fotal	\$ 0.00	\$ 37,781.61
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not esta	blished, leave blank and go	to #1 <b>2</b> )
					Interest and Other Deposits
	8	Interest earned during fiscal year.		\$ 60.27	
	Ь	Other deposits during fiscal year.		···	
	c	If other deposits were made, provide the type of deposit	s and i	the reason(s) for the dep	osits:
	-			n an Shinkara a shinkara An tarihi	
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	8	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		\$ 1,641.87
	b	Richie's Fund (15%)			
	с	Physicians/Surgeons (58%)			\$ 10,951.26
	d	Hospitals (25%)			\$ 4,720.37
	e	Other Discretionary EMS (17%)			\$ 3,209.85
	f		otal	\$ 0.00	\$ 20,523.35
	-				
	12	Responsibility for category distributions:	"ontao	t (Name and Title)	
				Robinson, Admin Se	er Officer
				Address	
		(530) 283-6459 d	ebbie	robinson@countyofpl	umas.com
Expenditures &	13	Total Administration expenditures from Maddy EMS F	and (C	riginal	Amount
Keimbursements	15	Assessment).	unn (c	· • • • • • • • • • • • • • • • • • • •	\$ 3,022.52
				_	Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1		upplementai	\$ 1,641.87
		and the second secon a second second a second second a second second a second second a second second a second second a second se			
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #		pplemental	Amount 0

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



/I Expenditures & Reimbursements			Allo	wable Claims		Paid (	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
•		from Maddy EMS Fund (Original Assessment).	163.00	\$ 89,094.82	163	100%	\$ 20,160.26
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017–June 30,	2018, sta	te reason(	(s):
	с	Total reimbursements from Physicians/Surg	eons due to	collections from		Amou	nt Reimbursed
	·	patient/third-party, county penalties, and set				<u> </u>	0
			Allo	wable Claims		Paid (	Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
x		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	88	\$ 48,397.18	88	100%	\$ 10,951.26
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017-June 30,	2018,sta	te reason(	(s):
					2018, sta		s): nt Reimbursed
	b c	If allowable claims were not paid during fisc Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	cons due to		2018,sta		
		Total reimbursements from Physicians/Surg	cons due to tiements.	collections from	~	Amou	nt Reimbursed
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (7)	eons due to tlements. he below docu	collections from unentation is part of t	the Maddy	Amou	nt Reimbursed
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	eons due to tilements. he below docu s claims pa	collections from unentation is part of t yment methodolog	<i>he Maddy</i> ies.	Amout EMS Fund	nt Reimbursed I report, and <u>must</u>
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	eons due to tlements. he below docu s claims pay and regulat spitals adm	collections from <i>imentation is part of i</i> yment methodolog tory action taken to inistrator organiza	<i>the Maddy</i> ies. 0 implem ation, or 1	Amoun EMS Fund ent and a names of	nt Reimbursed 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. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Home	eons due to tilements. <i>he below docu</i> s claims pa and regulat spitals adm nistrators c	collections from umentation is part of a yment methodolog tory action taken to inistrator organiza ontacted to review	<i>he Maddy</i> ies. o implem ation, or 1 claims p	Amoun EMS Fund ent and a names of a	nt Reimbursed d report, and <u>musi</u> dminister the specific sethodologies.
	C	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admi</li> <li>A description of the process used to soli</li> </ul>	eons due to t <del>ilements.</del> he below docu s claims pay and regulat spitals adm nistrators c cit input fro	collections from <i>imentation is part of i</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	<i>he Maddy</i> ies. o implem ation, or 1 claims p	Amoun EMS Fund ent and a names of a	nt Reimbursed d report, and <u>must</u> dminister the specific sethodologies.
	C	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admi</li> <li>A description of the process used to solipayment distribution methodology.</li> </ul>	eons due to tlements. he below docu s claims pay and regulat spitals adm nistrators c cit input fro d by the cou	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	<i>he Maddy</i> ies. o implem ation, or 1 claims p	Amoun EMS Fund ent and a names of a	nt Reimbursed d report, and <u>must</u> dminister the specific sethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons</li> </ul>	cons due to tilements. he below docu s claims pay and regulat spitals adm nistrators c cit input fro d by the cou ians/Surgeo Con	collections from imentation is part of i yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg anty.	<i>the Maddy</i> ies. o implem ation, or 1 claims p geons and	Amoun EMS Fund ent and a names of a ayment m I Hospital	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies. Is to review
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to solio payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physic Entity NorCal EMS, Inc.</li> </ul>	eons due to tlements. he below docu s claims pay and regulat spitals adm nistrators c cit input fro d by the cou ians/Surgeo Cou Ka	collections from <i>imentation is part of i</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>the Maddy</i> ies. o implem ation, or 1 claims p geons and	Amoun EMS Fund ent and a names of a ayment m I Hospital	nt Reimbursed d report, and <u>must</u> dminister the specific nethodologies. Is to review
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admi</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons</li> </ul>	eons due to itlements. he below dock s claims pay and regulat spitals adm nistrators c cit input fro d by the cou ians/Surgeo Con Ka Em	collections from imentation is part of i yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg anty.	the Maddy ies. tion, or t claims p geons and ittle) Admin J	Amoun EMS Fund ent and a names of a ayment m I Hospital Assistan	nt Reimbursed d report, and <u>must</u> dminister the specific sethodologies. Is to review

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a cla EMS Fund (Original Assessment).	for the Maddy	ne Maddy Z Yes C (If no, go to #		<b>I</b> No to #20d)		
				All	owable Claims	Paid Claims			
				#	S Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.	121	\$ 168,412.25	121	100%	\$ 8,689.78	
		c	If allowable claims were not paid during fis	cal year, J	uly 1, 2017-June 30	, 2018, sta	te reason(	s):	
			and a start of the s Start of the start of					A A	
		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 county penalties, and settlements.	) collectio	ns from patient/thir	d-party,	Amoun	t Reimbursed	
		21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank</i> and go to #22)				Yes INo (If no, go to #21d)		
				Allo	wable Claims	•	Paid Cl	aims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.	66	\$ 91,483.19	66	100%	\$ 4,720.37	
		c	If allowable claims were not paid during fisc	2018 sta	te reason(s	)):			
		d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims l Leave blank and go to #22e)				asis.	A	<b>mount</b> O	
		ŧ	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	15 from patient/thire	d-party,	Amoun	t Reimbursed O	
		22	Required documentation for submission. (T) be submitted concurrently)			the Maddy	EMS Fund	report, and <u>must</u>	
				A description of the hospitals payment methodologies.					
		23	Responsibility for claims payments to Hospit Entity Nor Cal EMS, Inc.	0	Contact (Name and Kathy VanDonge, A		istant		
			Phone Number (530) 229-3979	i	Email Address kvandonge@norcal				



VI Expenditures &			Amount
Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	\$ 5,909.05
	Ь	Description of other EMS services provided:	
		Sheriff's Dept. for Medcom Communication Equipment and County Overhead.	
			Amount
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	\$ 3,209.85
	Ь	Description of other EMS services provided:	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



VII Fund Summary

(cont.)

	(Supplemental Assessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 15.70 (2c)	\$ 15.70
Deposits for July 1, 2017- June 30, 2018	\$ 20,447.38 (6c)	 \$ 20,463.08
Interest for July 1, 2017-June 30, 2018	\$ 60.27 (10a)	\$ 20,523.35
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (18b)	\$ 20,523.35

Maddy EMS Fund

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,641.87 ( <i>11a</i> )		\$ 1,641.87	\$ 1,641.87 ( <i>14</i> )
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 10,951.26	\$ 0.00 (11c)	\$ 10,951.26	\$ 10,951.26 ( <i>17a</i> )
Hospitals (25%)	\$ 4,720.37	\$ 0.00	\$ 4,720.37	\$ 4,720.37 <i>(216 Pd</i> ) \$ 0.00
	(11d)	(11d)		(21d)
Other Discretionary EMS (17%)	\$ 3,209.85 (11e)	\$ 0.00 (11e)	\$ 3,209.85	\$ 3,209.85 (25a)
Total	\$ 20,523.35	\$ 0.00 (11)	\$ 20,523.35	\$ 20,523.35
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements			r	
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00	e la companya de la c	\$ 0.00

Ending Balance for Total Available Funds as of June 30, 2018

Le 62 Signature of Maddy EMS Fund Administrator

4-10+9 Date

\$ 0.00

Signature of Admin Services Printed Name & Title Officer Email Address

(21e)

debbierobinson & countyofplums.com

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

**VII Fund Summary** 



Maddy EMS Fund (Or <del>ig</del> inal Assessment)						
	Available Funds f	Fund Total				
Balance on July 1, 2017	\$ 28.89 (1c)			\$ 28.		
Deposits for July 1, 2017-June 30, 2018	\$	37,641.77 <i>(Sc)</i>		\$ 37,670		
Interest for July 1, 2017-June 30, 2018		\$ 110.95 (8a)		\$ 37,781		
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <sub>(8b)</sub>		\$ 37,781		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures		
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 3,022.52 (9a)		\$ 3,022.52	\$ 3,022.6		
Pbysicians/Surgeons (58%)	\$ 20,160.26 (9b)	\$ 0.00 (9b)	\$ 20,160.26	\$ 20,160.2		
Hospitals (25%)	\$ 8,689.78	\$ 0.00	\$ 8,689.78	\$ 8,689.7 (205		
	(9c)	(9c)	\$ 0,000.70	\$ 0.0 (2		
Other Discretionary EMS (17%)	\$ 5,909.05 (9d)	\$ 0.00 (9d)	\$ 5,909.05	\$ 5,909.0 (2		
Total	\$ 37,781.61 (9e)	\$ 0.00 (9e)	\$ 37,781.61	\$ 37,781.6		
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.0		
Reimbursements		<u>an an an an Anna</u>				

Reimbursements		
Physicians/Surgeons	\$ 0.00 (16c)	\$ 0.00
Hospitals	\$ 0.00 (29e)	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2018		\$ 0.00

no of

4-10-19 Date

Signature of Maddy EMS Fund Administrator

Debbie Robinson, Admin. Services

Printed Name & Title

Officer Email Address

deblacerobinsong county of plumes. com

PLUMAS COUNTY AUDITOR / CONTROLLER

520 MAIN STREET • ROOM 205 • QUINCY, CA 95971-4111 • (530) 283-6246 • FAX (530) 283-6442 ROBERTA M. ALLEN, CPA • AUDITOR / CONTROLLER

A LEFORT

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,

Braine Harrison

Bianca Harrison, CMA Assistant Auditor/Controller Plumas County

This page left blank for printing purposes.



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

I	Administering Agency	County / Department		County Contact (Name and Title)				
	Agency	County of Riverside		ays - Program Supervisor				
		Address (Number and Street) 4210 Riverwalk Parkway Suite 320	Phone Number 951-358-7111					
		City or Post Office, State, and ZIP Code	Email Address					
		Riverside, CA 92505	NAHays@rivcocha.org					
_		The states, and a second states and a second state						
П	Establishment of Fund	1a Has the agency established the Made	Has the agency established the Maddy EMS Fund (Original Assessment)?					
		b Date fund established.						
		c Fund balance on July 1, 2017.		\$ 0.00				
		d If the Maddy EMS Fund beginning l balance on June 30, 2017, state reaso	palance on July 1, 2017, differs from the previous n(s):	reported ending				
		2a Has the agency established the Made	ly EMS Fund (Supplemental Assessment)?	Yes No (If no, go to #3)				
		b Date fund established.						
		c Fund balance on July 1, 2017.	Fund balance on July 1, 2017.					
		d If the Maddy EMS Fund beginning balance on June 30, 2017, state reaso	balance on July 1, 2017, differs from the previous on(s):	s reported ending				
ш	Collections of Penalty	3 Fines, penalties, and forfeitures colle statute.	ected under each Statute	Collections				
	Assessments	a	Government Code § 76000	\$ 2,320,480.00				
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 2,327,186.00				
		c	Vehicle Code § 42007	1				
		d	Total	\$ 4,647,666.00				
		4 Responsibility for collection of fines,	penalties, and forfeitures:					
		Entity	Contact (Name and Title)					
		Riverside County Superior Con						
2		<b>Phone Number</b> 951-777-3171	Email Address Anita.Sims@riverside.cou	rts.ca.gov				

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 2,320,480.00		
		b		Vehicle Code § 42007			
		c		Total	\$ 2,320,480.00		
		d	If no deposits into Maddy EMS Fund, state reason(s)				
		u	in no deposits into Maduy EMIS 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	\$ 2,327,186.00		
		b		Vehicle Code § 42007			
		c		Total	\$ 2,327,186.00		
		d	If no deposits into Maddy EMS Fund, state reason(s)				
		7	Responsibility for deposit of penalty assessments:				
			Entity	Contact (Name and Title)			
			Riverside County Superior Court	Anita Sims - Fiscal			
			Phone Number 951-777-3171	Email Address Anita.Sims@riverside.courts.ca.gov			
v	Maddy EMS						
	Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)				
					Interest and Other Deposits		
		a	Interest carned during the fiscal year.		\$ 35,597.00		
		b	Other deposits during the fiscal year.				
		c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:				
		č	in other deposits were made, provide the type of depo	sits and the reason(s) for the dept	5115.		
		9	Total amount of funds distributed to the specified cat		Category		
			during the fiscal year.	(Optional)	Distributions		
		a	Administration (Admin cost equal to the lesser of action or 10%)	ual cost	\$ 235,608.00		
		b	Physicians/Surgeons (58%)		\$ 1,301,698.00		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



/ Maddy EMS Fund Category	с	Hospitals (25%)		\$ 530,117.00
Distributions	d	Other Discretionary EMS (17%)		\$ 360,480.00
(cont.)	e		otal \$ 0.00	\$ 2,427,903.00
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	not established, leave blank and g	o to #12) Interest and
				Other Deposits
	a	Interest earned during fiscal year.		\$ 35,597.00
	b	Other deposits during fiscal year,		
	c	If other deposits were made, provide the type of deposits	s and the reason(s) for the de	posits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 236,278.00
	b	Richie's Fund (15%)		\$ 318,976.00
	c	Physicians/Surgeons (58%)		\$ 1,048,367.00
	d e f	Hospitals (25%)		\$ 451,882.00
		Other Discretionary EMS (17%)		\$ 307,280.00
			otal \$ 0.00	\$ 2,362,783.00
			C 2 <sup>4</sup>	
	12		Contact (Name and Title) Bruce Barton, REMSA Dir	ector
			Cmail Address	
		951-358-7100 E	Barton@rivco.org	
I Expenditures &	13			Amount
I Expenditures & Reimbursements	13	951-358-7100ETotal Administration expenditures from Maddy EMS FAssessment).		Amount \$ 235,608.00
	13	Total Administration expenditures from Maddy EMS F Assessment).	und (Original	\$ 235,608.00 Amount
		Total Administration expenditures from Maddy EMS F	und (Original 	\$ 235,608.00



VI Expenditures & Reimbursements			Allowable Claims		Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount
		from Maddy EMS Fund (Original Assessment).	18,931.00	\$ 12,769,928.	16,588	88%	\$ 1,301,698.00
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, stat	e reasor	n(s):
	c	Total reimbursements from Physicians/Sur;	geons due to	collections from		Amou	unt Reimbursed
		patient/third-party, county penalties, and se					\$ 71,826.00
			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)	18,931	\$ 12,769,928.0	16,588	88%	\$ 1,048,367.00
	b					C. S.	-(-)-
	c	If allowable claims were not paid during fise		collections from		Amou	int Reimbursed
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7	ettlements.		the Maddy 1		
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	ettlements. The below docu	mentation is part of			
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7 be submitted concurrently)         Image: A description of the Physicians/Surgeoned	ettlements. The below docu ns claims pay	mentation is part of i	ies.	EMS Fur	nd report, and <u>must</u>
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	ettlements. The below docu ns claims pay	mentation is part of i	ies.	EMS Fur	nd report, and <u>must</u>
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm	mentation is part of i yment methodolog ory action taken t inistrator organiz:	ies. o impleme ation, or n	EMS Fur	nd report, and <u>must</u> administer the <sup>F</sup> specific
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Height Surgeons	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co	umentation is part of i yment methodolog ory action taken t inistrator organiz: ontacted to review	ies. o implemo ation, or n claims pa	EMS Fur ent and a ames of	nd report, and <u>must</u> administer the Specific methodologies.
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hospital adm         I A description of the process used to soli	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro	mentation is part of i yment methodolog ory action taken t inistrator organiz: ontacted to review m Physicians/Surg	ies. o implemo ation, or n claims pa	EMS Fur ent and a ames of	nd report, and <u>must</u> administer the Specific methodologies.
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hospital adm         I A description of the process used to soli payment distribution methodology.	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou	mentation is part of i yment methodolog ory action taken t inistrator organiz: ontacted to review m Physicians/Surg unty.	ies. o implemo ation, or n claims pa	EMS Fur ent and a ames of	nd report, and <u>must</u> administer the Specific methodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7)         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule use         Responsibility for claims payments to Physic	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators co icit input fro ed by the cou cians/Surgeo Con	omentation is part of i yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg unty.	ies. o impleme ation, or n claims pa geons and ïtle)	EMS Fur ent and a ames of	nd report, and <u>must</u> administer the Specific methodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hospital adm         I A description of the process used to soli payment distribution methodology.         I An identification of the fee schedule use         Responsibility for claims payments to Physic         Entity         Riverside County Foundation for Med	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators cr icit input fro ed by the cou cians/Surgeo Cou lical Car	mentation is part of i yment methodolog ory action taken t inistrator organiz: ontacted to review m Physicians/Surg mty. ons: ntact (Name and T eresa Herrera -	ies. o impleme ation, or n claims pa geons and ïtle)	EMS Fur ent and a ames of	nd report, and <u>must</u> administer the Specific methodologies.
	c 18	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see         Required documentation for submission. (7)         be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to solid payment distribution methodology.         Image: An identification of the fee schedule use         Responsibility for claims payments to Physic	ttlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators cr icit input fro ed by the cou cians/Surgeo Cou lical Car	omentation is part of i yment methodolog ory action taken t inistrator organiz ontacted to review m Physicians/Surg unty.	ies. o impleme ation, or n claims pa geons and ïtle)	EMS Fur ent and a ames of	nd report, and <u>must</u> administer the Specific methodologies.



/1 Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a 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 durin	g fiscal year, .	July 1, 2017-June 30	, 2018, sta	te reason(	s):	
	d	Direct disbursement to Hospitals. <i>(N/A</i>	if hospital claim	s are paid on a claims	basis.		Amount	
		Leave blank and go to #21e)				\$	530,117.00	
	e	Total reimbursements from Hospitals d county penalties, and settlements.	lue to collectio	ns from patient/thir	d-party,	Amount Reimbursed		
	21a	EMS Fried (Supelingentil American) and a start start start					i es 🔲 No (lf no, go to #21d)	
			All	owable Claims		Paid C	laims	
	b	Total Hospitals expenditures.	#	\$ Amount	#	% 0%	\$ Amount	
	c	If allowable claims were not paid during	, 2018 sta	tate reason(s):				
	d	Direct disbursement to Hospitals. (N/A)	if hospital claim	s are paid on a claims )	hasis		Amount	
	Leave blank and go to #22e)						\$ 770,858.00	
	e	Total reimbursements from Hospitals d county penalties, and settlements.	ue to collectio	ns from patient/thir	d-party,	Amour	nt Reimbursed	
	22	Required documentation for submission be submitted concurrently)	EMS Funa	l report, and <u>must</u>				
	23	Responsibility for claims payments to H						
		Entity Riverside County EMS Agency		Contact (Name and Bruce Barton, E		tor		
		Phone Number 951-358-7100		Email Address BBarton@rivco.c	org			



VI Expenditures & Reimbursements 2		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount					
	(cont.)		Assessment).	\$ 360,480.00					
		b	Description of other EMS services provided:						
			Other Miscellaneous fees and services						
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount					
		2.74	(Supplemental Assessment). (If fund not established, leave blank)	\$ 307,280.00					
		b	Description of other EMS services provided:						
			Other Miscellaneous fees and services						

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



## VII Fund Summary

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 235,608.00 (9a)		\$ 235,608.00	\$ 235,608.00 (13)
Physicians/Surgeons (58%)	\$ 1,301,698.0 (9b)	\$ 0.00 (9b)	\$ 1,301,698.0	\$ 1,301,698.00 (16a)
Hospitals (25%)	\$ 530,117.00	\$ 0.00	\$ 530,117.00	\$ 0.00 (20b Pd)
	(9c)	(9c)	+ 000,111.00	\$ 530,117.00 (20d)
Other Discretionary EMS (17%)	\$ 360,480.00 (9d)	\$ 0.00 (9d)	\$ 360,480.00	\$ 360,480.00 (24a)
Total	\$ 2,427,903.0( (9e)	\$ 0.00 (9e)	\$ 2,427,903.0	\$ 2,427,903.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 71,826.00

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

Date

Signature of Maddy EMS Fund Administrator

DWGC Printed Name & Title

**Email Address** 

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

# Maddy EMS Fund (Supplemental Assessment)

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

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

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

4-16 Date

Signature of Maddy EMS Fund Administrator

Printed Name & Title

**Email Address** 



\$ 219,655.00

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

T	Administering Agency	County / Department Department of Health Services, County of Sacrary	County Contact (Name and Mulu Afework, Chief of F	
		Address (Number and Street) 7001-A East Parkway, Suite 1100		
		City or Post Office, State, and ZIP Code Sacramento, CA 95823	Email Address AfeworkM@saccounty.n	et
I	Establishment of Fund	la Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	🗹 Yes 🗖 No
		b Date fund established.		10/01/1988
		c Fund balance on July 1, 2017.		\$ 687.00
		2a Has the agency established the Maddy EMS Fund (Sup	oplemental Assessment)?	Yes     No     (If no, go to #3)
		b Date fund established.		01/01/2018
		c Fund balance on July 1, 2017.		\$ 0.00
		d If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previou	s reported ending
I	Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
		a	Government Code § 76000	\$ 784,002.00
		b	Government Code § 76000.5	

		Assessment established. See #2a.)	
с		Vehicle Code § 42007	\$ 553,529.00
d		Total	\$ 1,557,186.00
4	Responsibility for collection of fines, penalties, and for	rfeitures:	
	E	Contact (Name and Title)	
	Superior Court of California, County of Sacran	Cassie Wolter, Budget Analy	st II

(Only applicable if Supplemental

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



Maddy EMS Fund	5 Total penalty assessments o EMS Fund (Original Asses	deposited into Maddy sment).	Statute	Deposits
runa	a	Gov	ernment Code § 76000 (Based on GC § 76104)	\$ 770,006.00
	b	Veh	icle Code § 42007	\$ 553,529.00
	c		Total	\$ 1,323,535.00
	d If no deposits into Maddy E	EMS Fund, state reason(s):		
	6 Total penalty assessments d EMS Fund (Supplemental & established, leave section blank	Assessment). (If fund not	Statute	Deposits
	a	Gov	ernment Code § 76000.5	\$ 215,294.00
	b	Vehi	icle Code § 42007	
	c		Total	\$ 215,294.00
	7 Responsibility for deposit of Entity			
	Superior Court of Califo	rnia, County of Sacran Case	act (Name and Title) sie Wolter, Budget Analy	/st II
	the state of the second st	rnia, County of Sacrage Case		yst II
V Maddy EMS Fund Category Distributions	Superior Court of Califo Phone Number	rnia, County of Sacrage Case Emai Wolt	sie Wolter, Budget Analy I Address	yst II
Fund Category	Superior Court of Califo Phone Number (916) 874-8013	rnia, County of Sacrage Case Emai Wolt	sie Wolter, Budget Analy I Address	Interest and
Fund Category	Superior Court of Califo Phone Number (916) 874-8013	rnia, County of Sacras Emai Wolt	sie Wolter, Budget Analy I Address	
Fund Category	Superior Court of Califo Phone Number (916) 874-8013 8 Maddy EMS Fund (Origina	rnia, County of Sacras Emai Wolt I Assessment)	sie Wolter, Budget Analy I Address	Interest and Other Deposits
Fund Category	Superior Court of Califo         Phone Number       (916) 874-8013         8       Maddy EMS Fund (Original         a       Interest earned during the fit         b       Other deposits during the fit	rnia, County of Sacras Emai Wolt I Assessment)	sie Wolter, Budget Analy I Address erC@saccounty.net	Interest and Other Deposits \$ 195.00 \$ 9,418.00
Fund Category	Superior Court of Califo         Phone Number       (916) 874-8013         8       Maddy EMS Fund (Original         a       Interest earned during the fit         b       Other deposits during the fit	rnia, County of Sacras Case Emai Wolt I Assessment) scal year. scal year. provide the type of deposits and	sie Wolter, Budget Analy I Address erC@saccounty.net	Interest and Other Deposits \$ 195.00 \$ 9,418.00
Fund Category	Superior Court of Califo         Phone Number         (916) 874-8013         8       Maddy EMS Fund (Original         a       Interest earned during the fit         b       Other deposits during the fits         c       If other deposits were made, Emergency Medical Ser	rnia, County of Sacras Case Emai Wolt I Assessment) scal year. scal year. provide the type of deposits and	sie Wolter, Budget Analy I Address terC@saccounty.net	Interest and Other Deposits \$ 195.00 \$ 9,418.00
Fund Category	Superior Court of Califo         Phone Number         (916) 874-8013         8       Maddy EMS Fund (Original         a       Interest earned during the fit         b       Other deposits during the fits         c       If other deposits were made, Emergency Medical Ser         9       Total amount of funds distriduring the fiscal year.	rnia, County of Sacras Emai Wolt I Assessment) scal year. scal year. provide the type of deposits and vices (EMS) refunds.	sie Wolter, Budget Analy I Address terC@saccounty.net	Interest and Other Deposits \$ 195.00 \$ 9,418.00 its: Category

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS				\$ 297,795.00
Fund Category Distributions	c Hospitals (25%)			\$ 202,501.00
(cont.)	d Other Discretionary EMS (17%)		\$ 0.00	\$ 1,333,640.00
	e	Total	\$ 0.00	ψ 1,353,040.00
	10 Maddy EMS Fund (Supplemental Assessment) (If fa	und not establi	ished, leave blank and go t	o #12)
				Interest and Other Deposits
	a Interest earned during fiscal year.			Thursday and
	b Other deposits during fiscal year.			
	<ul> <li>c If other deposits were made, provide the type of dep</li> <li>11 Total amount of funds distributed to the specified ca during the fiscal year.</li> </ul>		Reserve (Optional)	Category Distributions
	a Administration (Admin cost equal to the lesser of ac cost or 10%)	tual	(Optional)	\$ 21,529.00
	b Richie's Fund (15%)			\$ 32,294.00
	c Physicians/Surgeons (58%)			\$ 93,653.00
	d Hospitals (25%)			\$ 40,368.00
	e Other Discretionary EMS (17%)			\$ 27,450.00
	f	Total	\$ 0.00	\$ 215,294.00
	12 Responsibility for category distributions:	la		
	Entity Department of Health Services, County of Sa		Name and Title) ework, Chief of Fisc	al Services
	Phone Number (916) 875-1412	Email Ad	dress M@saccounty.net	
I Expenditures & Reimbursements	13 Total Administration expenditures from Maddy EM			Amount
	Assessment).			\$ 132,353.00
	14 Total Administration expenditures from Maddy EM	S Fund (Su	onlemental	Amount
	Assessment). (If fund not established, leave blank and go t		/prementar	\$ 21,529.00
	15 Total Richie's Fund expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go		plemental	Amount



Expenditures & Reimbursements				Allowable Claims		Paid (	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount
		Assessment).	35,393.00	\$ 9,832,934.0	35,393	100%	\$ 700,991.00
	b	If allowable claims were not paid during fisca	year, Jul	y 1, 2017-June 30,	2018, stat	te reason	(s):
	c	Total reimbursements from Physicians/Surger patient/third-party, county penalties, and sett	ons due to ements.	collections from		Amou	nt Reimbursed
			Alloy	wable Claims	-	Paid (	laime
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	4,729	\$ 1,313,688.00	4,729	100%	\$ 93,653.00
	c	Total reimbursements from Physicians/Surger		collections from		Amou	nt Reimbursed
	c 18	patient/third-party, county penalties, and settl Required documentation for submission. (The	ements.		he Maddy		
		patient/third-party, county penalties, and settl Required documentation for submission. (The be submitted concurrently)	ements. below docu	mentation is part of th		EMS Fund	
		patient/third-party, county penalties, and settl Required documentation for submission. (The be submitted concurrently)	ements. <i>below docu</i> claims pay nd regulate	<i>mentation is part of th</i> /ment methodologi ory action taken to	es. PEMS	EMS Fund Guidelines	l report, and <u>must</u>
		<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, as fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini Slerra Sacramento Valley Medical Society</li> </ul>	ements. below docu claims pay nd regulate and Sanitation bitals admi strators co	<i>mentation is part of th</i> yment methodologi ory action taken to inistrator organiza ontacted to review	es. pems) implemo tion, or r claims pa	EMS Fund Guidelines ent and a names of s	<i>d report, and <u>must</u></i> dminister the specific sethodologies.
		<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, and fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hospital admini Slerra Sacramento Valley Medical Society</li> <li>A description of the process used to solicit payment distribution methodology. Slerra Sacrament Valley Medical Society</li> </ul>	ements. below docu claims pay nd regulation of regulation of anitation of tals admi strators co i input fro Gacramento Va	mentation is part of th ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg lleyMedical Society	es. pems) implemo tion, or r claims pa	EMS Fund Guidelines ent and a names of s	<i>d report, and <u>must</u></i> dminister the specific sethodologies.
		<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, at fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hospi Physicians/Surgeons and Hospi Physicians/Surgeons and Hospital admini Sierra Sacramento Valley Medical Society</li> <li>A description of the process used to solicit</li> </ul>	ements. below docu claims pay nd regulation of regulation of anitation of tals admi strators co i input fro Gacramento Va	mentation is part of th ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg lleyMedical Society	es. pems) implemo tion, or r claims pa	EMS Fund Guidelines ent and a names of s	<i>d report, and <u>must</u></i> dminister the specific sethodologies.
	18	<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, and fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hospital admini Slerra Sacramento Valley Medical Society</li> <li>A description of the process used to solicit payment distribution methodology. Slerra Sacrament Valley Medical Society</li> </ul>	ements. below docu claims pay nd regulati and Sanitation bitals admi strators co t input fro. Gacramento Va	mentation is part of th /ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg lleyMedicalSociety nty. PEMS calendar	es. pems) implemo tion, or r claims pa	EMS Fund Guidelines ent and a names of s	<i>d report, and <u>must</u></i> dminister the specific sethodologies.
	18	<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, and fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini Sierra Sacramento Valley Medical Society</li> <li>A description of the process used to solicity payment distribution methodology. Sierra Sierra Sacramento Valley Medical Society</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physician Entity</li> </ul>	ements. below docu claims pay nd regulation pitals administrators co input from incomparento Va by the cou ns/Surgeo Con	mentation is part of the ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg MeyMedicalSociety Inty. PEMS Calendar	es. PEMS implement tion, or r claims pa eons and	EMS Fund Guidelines ent and a names of f nyment m Hospital	d report, and <u>must</u> dminister the specific sethodologies. s to review
	18	<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, and fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hospital adminitional Surgeons and Hospital adminitional Surgeons (Section 2014)</li> <li>A description of the process used to solicity payment distribution methodology. Sierral An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physician Entity</li> <li>Department of Health Services, County</li> </ul>	ements. below docu claims pay nd regulation pitals administrators co input from incomparento Va by the cou ns/Surgeo Con	mentation is part of the ment methodologi ory action taken to inistrator organization inistrator organi inistrator organizatio	es. PEMS implement tion, or r claims pa eons and	EMS Fund Guidelines ent and a names of f nyment m Hospital	d report, and <u>must</u> dminister the specific sethodologies. s to review
	18	<ul> <li>patient/third-party, county penalties, and settle</li> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, and fund(s). Sacramento County Code (SCC) - Title 6 Health</li> <li>Name(s) of Physicians/Surgeons and Hosp Physicians/Surgeons and Hospital admini Sierra Sacramento Valley Medical Society</li> <li>A description of the process used to solicity payment distribution methodology. Sierra Sierra Sacramento Valley Medical Society</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physician Entity</li> </ul>	ements. below docu claims pay id regulation of contraction input from input from input from input from incomento Va by the cou ns/Surgeo Of Contraction Emis	mentation is part of the ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg MeyMedicalSociety Inty. PEMS Calendar	es. PEMS implement tion, or r claims pa eons and itle) ief of Fis	EMS Fund Guidelines ent and a names of f hyment m Hospital	d report, and <u>must</u> dminister the specific tethodologies. s to review



/I Expenditures & Reimbursements (cont.)	res & ments 20a	Indicate if Hospital claims are paid on a claims b EMS Fund (Original Assessment).	asis f	or the Maddy	[	Yes (If no, ge	☑ No to #20d)	
			Allo	wable Claims	11	Paid C	laims	
			ŧ	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.		1		0%		
	c	If allowable claims were not paid during fiscal ye	ar, Ju	uly 1, 2017-June 30	, 2018, sta	ite reason	(s):	
	d	Direct disbursement to Hospitals. (N/A if hospital c	laims	are paid on a claims	basis.		Amount 297,795.00	
		Leave blank and go to #21e)					201,100.00	
	e	Total reimbursements from Hospitals due to colle county penalties, and settlements.	ction	s from patient/thir	d-party,	Amou	nt Reimbursed	
	21a	Indicate if Hospital claims are paid on a claims be EMS Fund (Supplemental Assessment). (If fund m and go to #22)	Yes 🔽 No (If no, go to #21d)					
			Allov	vable Claims		Paid C	laims	
		<b>T</b>	1	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				076		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
		Direct distances of the state of the		Amount				
	d	Leave blank and go to #22e)	isbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. nk and go to #22e)					
	e	Total reimbursements from Hospitals due to collections from patient/third-party county penalties, and settlements.					Amount Reimbursed	
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>m</u> be submitted concurrently) A description of the hospitals payment methodologies.						
	23	Responsibility for claims payments to Hospitals:						
		Entity Department of Health Services, County of		ontact (Name and Julu Afework, Cl		scal Ser	vices	
		Phone Number (916) 875-1412	E	mail Address AfeworkM@sacc				

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



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

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass	S Fund essment)		
		Available Funds f	or Distribution		Fund Total
	Balance on July 1, 2017		\$ 687.00 ( <i>lc</i> )		\$ 687.00
	Deposits for July 1, 2017-June 30, 2018	\$ 1,32	23,535.00 (5c)		\$ 1,324,222.00
	Interest for July 1, 2017-June 30, 2018		\$ 195.00		\$ 1,324,417.00
	Other Deposits for July 1, 2017-June 30, 2018	\$	9,418.00 <sub>(8b)</sub>		\$ 1,333,835.00
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 132,353.00 (9a)		\$ 132,353.00	\$ 132,353.00 (13)
	Physicians/Surgeons (58%)	\$ 700,991.00 (9b)	\$ 0.00 (9b)	\$ 700,991.00	\$ 700,991.00 (16a)
	Hospitals (25%)	\$ 297,795.00	\$ 0.00	\$ 297,795.00	\$ 0.00 (20b Pd)
		(9c)	(9c)	+ 207,100.00	\$ 297,795.00 (20d)
	Other Discretionary EMS (17%)	\$ 202,501.00 (9d)	\$ 0.00 (9d)	\$ 202,501.00	\$ 202,501.00 (24a)
	Total	\$ 1,333,640.0( (9e)	\$ 0.00 (9e)	\$ 1,333,640.0	\$ 1,333,640.00
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 195.00
	Reimbursements			1	
	Physicians/Surgeons		\$ 0.00 (16c)		\$ 195.00
	Hospitals		\$ 0.00		\$ 195.00
	n waard waard at a subscreen of the				

Ending Balance for Total Available Funds as of June 30, 2018

Signature of Maddy EMS Fund Administrator

Date

\$ 195.00

Mulu Afework, Chief of fiscal Revices Afework Mulu@coccounter Printed Name & Title Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



VII Fund Summary

(cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 0.00 (2c)	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 215,294.00 <i>(6c)</i>	\$ 215,294.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 (10a)	\$ 215,294.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 2 <mark>15,294.00</mark>

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 21,529.00 (11a)		\$ 21,529.00	\$ 21,529.00 (14)
Richie's Fund (15%)	\$ 32,294.00 (11b)		\$ 32,294.00	\$ 32,294.00 (15)
Physicians/Surgeons (58%)	\$ 93,653.00 (11c)	\$ 0.00 (11c)	\$ 93,653.00	\$ 93,653.00 (17a)
Hospitals (25%)	\$ 40,368.00	\$ 0.00	\$ 40,368.00	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 40,368.00 (21d)
Other Discretionary EMS (17%)	\$ 27,450.00 (11e)	\$ 0.00 (11e)	\$ 27,450.00	\$ 27,450.00 (25a)
Total	\$ 215,294.00 (11)	\$ 0.00 (11)	\$ 215,294.00	\$ 215,294.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00

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

Signature of Maddy EMS Fund Administrator

Mulu Afework, Chief of Fiscal Services Printed Name & Title

Date

Afework Muly @soccounty. net Email Address



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

I Administering Agency			unty / Department In Benito County EMS	County Contact (Name and T Kevin O'Neill OES/EMS N		
			dress (Number and Street) 1 Fourth Street	<b>Phone Number</b> 831-636-4168		
			y or Post Office, State, and ZIP Code Illister, CA 95023	Email Address koneill@cosb.us		
п	II Establishment of Fund		Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	🛛 Yes	No No
		b	Date fund established.		08/	/31/1989
		c	Fund balance on July 1, 2017.		\$ 40	08,275.75
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s): N/A	, 2017, differs from the previous	s reported	ending
		2a Has the agency established the Maddy EMS Fund (Supplemental Assessm		pplemental Assessment)?	Yes (If no, g	• to #3)
	b		Date fund established.			31/2008
			Fund balance on July 1, 2017.			5 0.00
			, 2017, differs from the previous categories, balance rolled in	-	-	
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Co	llections
	Assessments	a		Government Code § 76000		\$ 67,573.61
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		\$ 63,497.55
		с		Vehicle Code § 42007		\$ 0.00
		d		Total	\$	131,071.16
		4	Responsibility for collection of fines, penalties, and for	feitures:		
			Entity	Contact (Name and Title)		
			Superior Courts of California Phone Number 831-636-4057	Gil Solorio Email Address gsolorio@cosb.us		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 67,573.61			
		b		Vehicle Code § 42007	\$ 0.00			
		c		Total	\$ 67,573.61			
		d	If no deposits into Maddy EMS Fund, state reason(s)	:				
	•	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits			
		a		Government Code § 76000.5	\$ 63,497.55			
		b		Vehicle Code § 42007	\$ 0.00			
		с		Total	\$ 63,497.55			
		d	If no deposits into Maddy EMS Fund, state reason(s) N/A					
		7	Responsibility for deposit of penalty assessments:					
			Entity San Benito County EMS	Contact (Name and Title) Kevin O'Neill				
			Phone Number 831-636-4168	Email Address koneill@cosb.us				
v	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)					
	Distributions				Interest and Other Deposits			
		a	Interest earned during the fiscal year.		\$ 7,944.88			
		b	Other deposits during the fiscal year.		\$ 0.00			
		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 during the fiscal year.	egories Reserve (Optional)	Category Distributions			
		a	Administration (Admin cost equal to the lesser of actuor or 10%)	1al cost	\$ 6,757.35			
		b	Physicians/Surgeons (58%)	\$ 0.00	\$ 35,273.43			

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)	\$ 0.00	\$ 15,204.08
Distributions	d	Other Discretionary EMS (17%)	\$ 0.00	\$ 10,338.77
(cont.)	e		Cotal \$ 0.00	\$ 67,573.63
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not established, leave blank and go	to #12) Interest and Other Deposits
	а	Interest earned during fiscal year.		\$ 8,141.61
	b	Other deposits during fiscal year.		\$ 0.00
	c	If other deposits were made, provide the type of deposit	s and the reason(s) for the dep	osits:
	11	Total amount of funds distributed to the specified category during the fiscal year.	ories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)		\$ 6,349.75
	b Richie's Fund (15%)		\$ 8,572.17	
	с	Physicians/Surgeons (58%)		\$ 28,173.88
	d	Hospitals (25%)	\$ 0.00	\$ 12,149.91
	е	Other Discretionary EMS (17%)	\$ 0.00	\$ 8,257.86
	f	1	'otal \$ 0.00	\$ 63,503.57
	12	Responsibility for category distributions:		
		-	Contact (Name and Title) Kevin O'Neill OES/EMS Ma	anager
			Cmail Address oneill@cosb.us	
Expenditures &	13			Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	\$ 6,757.35	
	14	Total Administration expenditures from Maddy EMS F	und (Sunniamental	Amount
	74	Assessment). (If fund not established, leave blank and go to #1		\$ 6,349.75
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supplemental	Amount



I Expenditures & Reimbursements			Alloy		Paid C	Claims				
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount			
		from Maddy EMS Fund (Original Assessment).	505.00	\$ 18,007.42	505	100%	\$ 18,007.4			
	b	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):								
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		Amount Reimbursed \$ 1,804.71						
			1							
				vable Claims		Paid (				
	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%	\$ 0.00			
	b	If allowable claims were not paid during fisc			2018, sta	1	s): ht Reimbursed			
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	eons due to ottlements.	collections from		Amour	nt Reimbursed \$ 0.00			
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (The be submitted concurrently)	eons due to o tilements. he below docum	collections from mentation is part of th	he Maddy	Amour	nt Reimbursed \$ 0.00			
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and set         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures,	eons due to o ttlements. <i>he below docut</i> s claims pay	collections from mentation is part of ti ment methodologi	he Maddy ies.	Amour EMS Fund	nt Reimbursed \$ 0.00 I report, and <u>mus</u>			
	c	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         Image: A description of the Physicians/Surgeon	eons due to o itlements. <i>he below docus</i> s claims pay and regulate spitals admi	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza	<i>he Maddy</i> ies. ) implem	Amour EMS Fund ent and ad	nt Reimbursed \$ 0.00 Preport, and <u>mus</u> dminister the specific			
	c	Total reimbursements from Physicians/Surg patient/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 Home	eons due to o ttlements. <i>he below docut</i> s claims pay and regulate spitals admi nistrators co	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review	<i>he Maddy</i> ies. ) implem ation, or a claims p	Amour EMS Fund ent and ac names of s ayment m	nt Reimbursed \$ 0.00 Treport, and <u>mus</u> dminister the specific ethodologies.			
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set patient/third-party, county penalties, and set submitted 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 Hoppital admited         ✓       A description of the process used to solid	eons due to o itlements. <i>he below docut</i> s claims pay and regulato spitals admi nistrators co cit input from	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg	<i>he Maddy</i> ies. ) implem ation, or a claims p	Amour EMS Fund ent and ac names of s ayment m	nt Reimbursed \$ 0.00 I report, and <u>mus</u> dminister the specific ethodologies.			
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and ser         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 admi         ✓       A description of the process used to soli payment distribution methodology.	eons due to o ttlements. <i>he below docul</i> s claims pay and regulato spitals admi nistrators co cit input from d by the cou	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	<i>he Maddy</i> ies. ) implem ation, or a claims p	Amour EMS Fund ent and ac names of s ayment m	nt Reimbursed \$ 0.00 I report, and <u>mus</u> dminister the specific ethodologies.			
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and ser         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 Hoppiscians/Surgeons and Hospital admi         ☑ A description of the process used to soli payment distribution methodology.	eons due to o ttlements. he below docu s claims pay and regulate spitals admi nistrators co cit input from d by the cou ians/Surgeon	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	<i>he Maddy</i> ies. ) implem tion, or claims pa cons and	Amour EMS Fund ent and ac names of s ayment m	nt Reimbursed \$ 0.00 I report, and <u>mus</u> dminister the specific ethodologies.			
	c 18	Total reimbursements from Physicians/Surg patient/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 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	eons due to o ttlements. he below docut s claims pay and regulate spitals admi nistrators co cit input from d by the cou ians/Surgeon Con	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	<i>he Maddy</i> ies. ) implem (tion, or ) claims p (cons and	Amour EMS Fund ent and ad names of s ayment m I Hospitals	nt Reimbursed \$ 0.00 I report, and <u>mus</u> dminister the specific ethodologies.			
	c 18	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (Tr         be submitted concurrently)         ✓         A description of the Physicians/Surgeon         ✓         A statement of the policies, procedures, fund(s).         ✓         ✓         Name(s) of Physicians/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	eons due to o ttlements. he below docut s claims pay and regulato spitals admi nistrators co cit input from d by the cou ians/Surgeon Con Ke	collections from mentation is part of the ment methodologi ory action taken to nistrator organiza ntacted to review m Physicians/Surg nty.	<i>he Maddy</i> ies. ) implem (tion, or ) claims p (cons and	Amour EMS Fund ent and ad names of s ayment m I Hospitals	nt Reimbursed \$ 0.00 I report, and <u>mus</u> dminister the specific ethodologies.			

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



20a	Indicate if Hospital claims are paid on a EMS Fund (Original Assessment).	for the Maddy	Yes No (If no, go to #20d)				
		Alle	owable Claims		Paid C	laims	
		#	\$ Amount	#	%	\$ Amount	
b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
						Amount	
đ	Direct disbursement to Hospitals. (N/A Leave blank and go to #21e)	if hospital claim	s are paid on a claims l	DASIS.		\$ 10,223.22	
e		lue to collectio	ns from patient/thir	d-party,	Amou	nt Reimbursed \$ 0.00	
	county penalties, and settlements.					\$ 0.00	
21a				Yes No (If no, go to #21d)			
	Allowable Claims				Paid Claims		
		#	\$ Amount	#	%	\$ Amount	
b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
c	If allowable claims were not paid during	g fiscal year, J	uly 1, 2017-June 30	, 2018 stat	te reason(	s):	
						Amount	
d	Direct disbursement to Hospitals. (N/A) Leave blank and go to #22e)	if hospital claim	s are paid on a claims b	oasis.			
					A	t Daimhunad	
e	Total reimbursements from Hospitals d county penalties, and settlements.	ue to collectio	ns from patient/thir	d-party,	Amour	\$ 0.0	
22	Required documentation for submission	The below d	ocumentation is part of	the Maddy	EMS Fund	report, and must	
	be submitted concurrently)	·					
23	Responsibility for claims payments to H						
	Entity San Benito County EMS		Contact (Name and Kevin O'Neill	Title)			
	b c d 21a b c d e 22	EMS Fund (Original Assessment).         b       Total Hospitals expenditures.         c       If allowable claims were not paid durin N/A         d       Direct disbursement to Hospitals. (N/A Leave blank and go to #21e)         e       Total reimbursements from Hospitals of county penalties, and settlements.         21a       Indicate if Hospital claims are paid on EMS Fund (Supplemental Assessment) and go to #22)         b       Total Hospitals expenditures.         c       If allowable claims were not paid durin N/A         d       Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)         e       Total reimbursements from Hospitals. (N/A Leave blank and go to #22e)         c       If allowable claims were not paid durin N/A         d       Direct disbursement to Hospitals. (N/A Leave blank and go to #22e)         e       Total reimbursements from Hospitals d county penalties, and settlements.         22       Required documentation for submission be submitted concurrently)         [2]       A description of the hospitals paym         23       Responsibility for claims payments to Hentity	EMS Fund (Original Assessment).         Alle         #         0         c       If allowable claims were not paid during fiscal year, J         N/A         d       Direct disbursement to Hospitals. (N/A if hospital claim Leave blank and go to #21e)         e       Total reimbursements from Hospitals due to collectio county penalties, and settlements.         21a       Indicate if Hospital claims are paid on a claims basis EMS Fund (Supplemental Assessment). (If fund not es and go to #22)         21a       Alle         #       0         c       If allowable claims were not paid during fiscal year, J         N/A       0         d       Direct disbursement to Hospitals. (N/A if hospital claims Leave blank and go to #22)         a       Alle         #       0         c       If allowable claims were not paid during fiscal year, J         N/A       0         d       Direct disbursement to Hospitals. (N/A if hospital claims Leave blank and go to #22e)         e       Total reimbursements from Hospitals due to collection county penalties, and settlements.         22       Required documentation for submission. (The below do be submitted concurrently)         [2]       A description of the hospitals payment methodole         23       Responsibility for claims payments	Allowable Claims         #       \$ Amount         0       \$ 0.00         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30         N/A       N/A         d       Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims leave blank and go to #21e)         e       Total reimbursements from Hospitals due to collections from patient/thir 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)          Allowable Claims         b       Total Hospitals expenditures.         0       \$ 0.00         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30 N/A         d       Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis for the Maddy Elawe blank and go to #22)         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30 N/A         d       Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims below documentation is part of be submitted concurrently)         c       Total reimbursements from Hospitals due to collections from patient/thir county penalties, and settlements.         212       Required documentation for submission. (The below documentation is part of be submitted concurrently)	EMS Fund (Original Assessment).         Allowable Claims         #       \$ Amount         #       \$ Amount         #       \$ Amount         #       \$ 0         0       \$ 0.00         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, sta         N/A         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.         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)          Allowable Claims         #       \$ Amount         #       \$ 0.00         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 stat         N/A       0       \$ 0.00         c       If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 stat         N/A       0       \$ 0.00	EMS Fund (Original Assessment).       (f no, gall is a second in the second is a second is second is second is second is second is second is a second is a second is secon	



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				
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00				
		b	Description of other EMS services provided:					
			N/A					

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

VII Fund Summary



	Maddy EMS Fund (Original Assessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 408,275.75 ( <i>lc</i> )	\$ 408,275.75
Deposits for July 1, 2017-June 30, 2018	\$ 67,573.61 <i>(5c)</i>	\$ 475,849.36
Interest for July 1, 2017-June 30, 2018	\$ 7,944.88 (8a)	\$ 483,794.24
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 (8b)	\$ 483,794,24

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,757.35 (9a)		\$ 6,757.35	\$ 6,757.35 (13)
Physicians/Surgeons (58%)	\$ 35,273.43 (9b)	\$ 0.00 (9b)	\$ 35,273.43	\$ 18,007.42 (16a)
Hospitals (25%)	\$ 15,204.08	\$ 0.00	\$ 15,204.08	\$ 0.00 (20b Pd
	\$ 15,204.08 (9c)	(9c)	\$ 10,204.00	\$ 10,223.22 (20d
Other Discretionary EMS (17%)	\$ 10,338.77 (9d)	\$ 0.00 (9d)	\$ 10,338.77	\$ 0.00 (24a
Total	\$ 67,573.63 (9e)	\$ 0.00 (9e)	\$ 67,573.63	\$ 34,987.99
Preliminary Fund Balance (Fund Total - Total Expenditures)			-	\$ 448,806.25

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

Date

Signature of Maddy EMS Fund Administrator

<u>Koneillecosb.u</u>s Email Address

Kevin ONEIII DESJEMS Manager Printed Name & Title

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 0.00 (2c)	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 63,497.55 (6c)	\$ 63,497.55
Interest for July 1, 2017-June 30, 2018	\$ 8,141.61 (10a)	\$ 71,639.16
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 71,639.16

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 6,349.75 (11a)		\$ 6,349.75	\$ 6,349.75 (14)
Richie's Fund (15%)	\$ 8,572.17 (11b)	1	\$ 8,572.17	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 28,173.88 (11c)	\$ 0.00 (11c)	\$ 28,173.88	\$ 0.00 (17a)
Hospitals (25%)	\$ 12,149.91	\$ 0.00 (11d)	\$ 12,149.91	\$ 0.00 (21b Pa) \$ 11,361.71 (21d)
Other Discretionary EMS (17%)	\$ 8,257.86 (11e)	\$ 0.00 (11e)	\$ 8,257.86	\$ 0.00 (25a)
Total	\$ 63,503.57 (11)	\$ 0.00 (11)	\$ 63,503.57	\$ 17,711.46
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 53,927.70

Reimbursements		
Physicians/Surgeons	\$ 0.00 (17c)	\$ 53,927.70
Hospitals	\$ 0.00 (21e)	\$ 53,927.70
Ending Balance for Total Available Funds as of June 30, 2018		\$ 53,927.70

1 Signature of Maddy EMS Fund Administrator

19 Date

Koneill@Cosb.US Email Address

Kevin Ó Neill OES/EMS Manager Printed Name & Title STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8

ş



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

I	I Administering		inty / Department	County Contact (Name and T	itle)	
	Agency	Inla	and Counties Emergency Medical Agency	Tom Lynch, EMS Adminsitrator		
		Add	Address (Number and Street) Phone Number			
		14	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.sbcount	y.gov	
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	Z Yes No	
		b	Date fund established.		10/31/1988	
		с	Fund balance on July 1, 2017.		\$ 0.00	
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.		01/09/2007	
		с	Fund balance on July 1, 2017.		\$ 0.00	
III	Collections of	d 3	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each			
	Penalty		statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 1,620,665.95	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,556,563.43	
		с		Vehicle Code § 42007		
		d		Total	\$ 3,177,229.38	
		4	Responsibility for collection of fines, penalties, and for	rfeitures:		
			Entity	Contact (Name and Title)		
			Superior Court of San Bernardino	Chief Financial Officer		
			<b>Phone Number</b> (909) 708-8744	Email Address RFleshman@sb.court.org		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 1,620,665.95
		b		Vehicle Code § 42007	
		c		Total	\$ 1,620,665.95
		Ľ			
		d	If no deposits into Maddy EMS Fund, state reason(s)	:	99999999999999999999999999999999999999
		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	\$ 1,556,563.43
		ь		Vehicle Code § 42007	
		c		Total	\$ 1,556,563.43
		d	If no deposits into Maddy EMS Fund, state reason(s):		
		7	Responsibility for deposit of penalty assessments:		
			Entity	Contact (Name and Title)	
			Superior Court of San Bernardino	Robert E.Fleshman, Chief	-inancial Officer
			Phone Number (909) 708-8744	Email Address RFleshman@sb-court.gov	
V	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
	Distributions				Interest and Other Deposits
		a	Interest earned during the fiscal year.		\$ 2,479.77
		b	Other deposits during the fiscal year.		
		c	If other deposits were made, provide the type of depos	sits and the reason(s) for the depo	sits:
		9	Total amount of funds distributed to the specified cate during the fiscal year.	egories Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of actuor or 10%)	al cost	\$ 162,314.57
		b	Physicians/Surgeons (58%)		\$ 847,282.07

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8

•

.



V Maddy EN		Hospitals (25%)			\$ 365,207.79
Fund Cate Distributio	gury	Other Discretionary EMS (17%)			\$ 248,341.30
(cont.)	e	Omer Discretionary 2000 (2000)	Total	\$ 0.00	\$ 1,623,145.73
				-Wirked leave black and go	(a #12)
	10	Maday EMS Fund (Supplemental Assessment) (17)	una not esti	adisnea, teave blank and go	Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 2,549.72
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of dep	oosits and	the reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified ca during the fiscal year.	tegories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of a cost or 10%)	ctual		\$ 155,911.32
	b	Richie's Fund (15%)			\$ 210,480.28
	c	Physicians/Surgeons (58%)			\$ 691,778.50
	d	Hospitals (25%)			\$ 298,180.39
	e	Other Discretionary EMS (17%)			\$ 202,762.66
	f		Total	\$ 0.00	\$ 1,559,113.15
	12	<u>Responsibility for category distributions:</u> Entity Arrowhead Regional Medical Center		t (Name and Title) I Oswal, Chief Financ	al Officer
		Phone Number		Address	
X71 D 1:4		(909)580-6170	Oswa	IA@armc.sbcounty.gc	
VI Expenditur Reimburse		Total Administration expenditures from Maddy EM Assessment).	IS Fund ((	Original —	Amount \$ 162,314.57
	14	Total Administration expenditures from Maddy EM Assessment). (If fund not established, leave blank and go	IS Fund (S to #16a)	Supplemental	Amount \$ 155,911.32
	15	Total Richie's Fund expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go		1pplemental	Amount \$ 210,480.28

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8

.



VI Expenditures &					Allowable Claims		Paid Claims			
	Reimbursements (cont.)	16a		#	\$ Amount	#	%	\$ Amount		
	(,)		from Maddy EMS Fund (Original Assessment).	60,840.00	\$ 851,756.88	60,840	100%	\$ 851,756.88		
		b	If allowable claims were not paid during fisc Please reference attachment.	al year, July	/ 1, 2017-June 30,	2018, stat	e reason	(s):		
		c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.Amount Reimburse \$ 4,474.5							
				Alloy	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)	50,079	\$ 701,102.38	50,079	100%	\$ 701,102.38		
			Please reference attachment.				Amou	nt Reimbursed		
		c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					\$ 9,323.89		
		18	<ul> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hospital admit</li> <li>A description of the process used to solid payment distribution methodology.</li> </ul>	s claims pay and regulate spitals admi nistrators co	ment methodolog ory action taken to nistrator organiz: ntacted to review	ies. 0 impleme ation, or n claims pa	ent and a ames of yment n	dminister the specific hethodologies.		
			An identification of the fee schedule use	d by the cou	nty.					
		19	An identification of the fee schedule user Responsibility for claims payments to Physic	ians/Surgeo	ns:					
		19	Responsibility for claims payments to Physic Entity	ians/Surgeo Con	ns: tact (Name and T					
		19	Responsibility for claims payments to Physic Entity Risk Management	ians/Surgeo Con Ra	ns: tact (Name and T Ifael Viteri, Dep		stor			
		19	Responsibility for claims payments to Physic Entity	ians/Surgeo Con Ra Ema	ns: tact (Name and T	uty Direc				

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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 C	laims
			#	\$ Amount	#	%	\$ 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 hos Leave blank and go to #21e)	pital claims	are paid on a claims	basis.		Amount 365,207.79
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	o collection	is from patient/thi	rd-party,	Amour	nt Reimbursed
	21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). <i>(If )</i> and go to #22)	ms basis f fund not esta	or the Maddy ablished, leave blank	<b>•</b>	'es (If no, go ta	☑ No > #21d)
			Allo	wable Claims		Paid Cl	aims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.				0%	
	c	If allowable claims were not paid during fisc	), 2018 stat	te reason(	s):		
						A	Amount
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	pital claims	are paid on a claims	basis.		\$ 298,180.39
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thi	rd-party,	Amoun	t Reimbursed
	22	Required documentation for submission. (T) be submitted concurrently) A description of the hospitals payment r	EMS Fund	report, and <u>must</u>			
	23	Responsibility for claims payments to Hospita		<b>D</b>			
	~~	Entity Arrowhead Regional Medical Center	C	Contact (Name and Arvind Oswal, C		ncial Offi	cer
		Phone Number	Email Address OswalA@armc.sbcounty.gov				

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8

•



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount					
	(cont.)		Assessment).	\$ 248,341.30				
	b	Description of other EMS services provided:						
			Provide EMS system medical control including policy and protocol develo	opment.				
			Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount				
		25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>		\$ 202,762.67				
		b	Description of other EMS services provided:					
			Provide quality improvement oversight to the EMS system to assure the	best possible care.				

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



## VII Fund Summary

Maddy EMS Fund (Original Assessment)						
	Available Funds for Distribution	Fund Total				
Balance on July 1, 2017	\$ 0.00 <i>(1c)</i>	\$ 0.00				
Deposits for July 1, 2017-June 30, 2018	\$ 1,620,665.95 (5c)	\$ 1,620,665.95				
Interest for July 1, 2017-June 30, 2018	\$ 2,479.77 (8a)	\$ 1,623,145.72				
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <sub>(8b)</sub>	\$ 1,623,145.72				

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 162,314.57 (9a)		\$ 162,314.57	\$ 162,314.57 (13)
Physicians/Surgeons (58%)	\$ 847,282.07 (9b)	\$ 0.00 (9b)	\$ 847,282.07	\$ 851,756.88 (16a)
Hospitals (25%)	\$ 365,207.79	\$ 0.00	\$ 365,207.79	\$ 0.00 (206 Pd) \$ 365,207.79
Other Discretionary EMS (17%)	(9c) \$ 248,341.30 (9d)	(9c) \$ 0.00 (9d)	\$ 248,341.30	(20d) \$ 248,341.30 (24a)
Total	\$ 1,623,145.7; (9e)	\$ 0.00 (9e)	\$ 1,623,145.7	\$ 1,627,620.54
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 4,474.82

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

NO Signature of Maddy EMS Fund Administrator

4/1

Tom, Lynch @ <u>Cao. sbcounty.g</u> Email Address

Tom Lynch, EMS Administrator Printed Name & Title

Date

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

.

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 0.00 (2c)	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 1,556,563.43 (6c)	\$ 1,556,563.43
Interest for July 1, 2017-June 30, 2018	\$ 2,549.72 (10a)	\$ 1,559,113.15
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 1,559,113.15

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 155,911.32 (11a)		\$ 155,911.32	\$ 155,911.32 (14)
Richie's Fund (15%)	\$ 210,480.28 (11b)		\$ 210,480.28	\$ 210,480.28 (15)
Physicians/Surgeons (58%)	\$ 691,778.50 ( <i>11c</i> )	\$ 0.00 (11c)	\$ 691,778.50	\$ 701,102.38 ( <i>17a</i> )
Hospitals (25%)	\$ 298,180.39 (11d)	\$ 0.00 (11d)	\$ 298,180.39	\$ 0.00 (216 Pd) \$ 298,180.39 (214)
Other Discretionary EMS (17%)	\$ 202,762.66 (11e)	\$ 0.00 (11e)	\$ 202,762.66	\$ 202,762.67 (25a)
Total	\$ 1,559,113.1 ( <i>11</i> )	\$ 0.00 (11)	\$ 1,559,113.1	\$ 1,568,437.04
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 9,323.89

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

Signature of Maddy EMS Fund Administrator

TOM Lynch, EMS Administrator Printed Name & Title

Date Tom, Lynch @ Cao. sb county, gov Email Address

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

ACTUAL ADMINISTRATIVE EXPENSE	VI 13		V 14		
	MAI	DDY EMS FUND	MADDY	EMS SUPPLEMENTAL	
10% DEPOSIT INTO ADMINISTRATIVE FUND	\$	162,314.58	\$	155,911.33	
ACTUAL EXPENDITURES					
1ST QUARTER	\$	9,966.64	\$	8,976.36	
2ND QUARTER		5,056.91	\$	2,686.23	
3RD QUARTER	\$ \$	10,276.45	\$	7,352.57	
4TH QUARTER	\$ \$	10,755.89	\$	6,860.05	
TOTAL ACTUAL EXPENDITURES	\$	36,055.89	\$	25,875.21	
BALANCE	\$	126,258.69	\$	130,036.12	
INTEREST EARNED IN FUND	\$	1,105.66	\$	1,360.50	
10% DEPOSIT LESS ACTUAL EXPENDISTURES BALANCE TO			- <u></u>		
DISTRIBUTE TO OTHER FUNDS	\$	127,364.35	\$	131,396.62	
RITCHIE FUND 15%	\$		\$	19,709.50	
PHYSICIAN/SURGEON FUND 58%	\$	73,871.32	\$	64,778.53	
HOSPITALS FUND 25%	\$	31,841.09	\$	27,921.78	
OTHER DISCRETIONARY EMS 17%	\$	21,651.94	\$	18,986.81	
	\$	127,364.35	\$	131,396.62	
PHYSICIAN/SURGEON FUND 58%	\$	73,871.32	\$	64,778.53	
INTEREST EARNED	\$	6,448.23	\$	7,368.12	
TOTAL ADDITIOANAL DISTRIBUTION PHYSICIANS	\$	80,319.55	\$	72,146.65	
HOSPITALS FUND 25%	\$	31,841.09	\$	27,921.78	
INTEREST EARNED	\$	2,131.82	\$	947.71	
TOTAL ADDITIOANL DISTRIBUTION HOSPITALS	\$	33,972.91	\$	28,869.49	
ter en la recentra en altre la competituit en en de la competition de la competition de la competition de la co					

V 14

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

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

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

#### SECTION VI 16b

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

#### SECTION VI 17b

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

Cash balance, July 1, 2017	\$ 462,083.71	Cash balance, July 1, 2017	\$ 597,437.68
Balance forwarded - Transition from FAS to SAP	\$ 175,742.34	Transition from FAS to SAP per ATC 09/30/2017	\$ 52,814.63
Claims Paid	(264,119.57)	Claims Paid	(244,137.36)
Allocations Received	680,282.21	Allocations Received	562,403.41
Unused FY 15-16 Administrative Funds for Claims	68,501.92	Unused FY 16-17 Administrative Funds for Claims	73,803.55
Refunds Received	4,474.81	Refunds Received	9,323.88
Interest Revenue	7,368.12	Interest Revenue	6,448.23
EMS Recovery	-	EMS Recovery	-
Stale Dated Warrant	-	Stale Dated Warrant	-
Fund Code Corrections	-	Fund Code Corrections	~
Cash balance, July 5, 2018	\$ 1,134,333.54	Cash balance, July 5, 2018	\$ 1,058,094.02

Total Payments:	\$ 264,119.57	Total Payments:	\$ 244,137.36
Total Number of Claims:	20,311	Total Number of Claims:	23,681
Total Refunds:	\$ 4,556.51	Total Refunds:	\$ 9,323.88
Total Number of Refunds:	294	Total Number of Refunds:	593

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

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

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

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

				1				DIST	RIBU	TION			
	FUND RECEIVED	INTEREST	FU	ND RECEIVED	Ad	min		sk Management	Hos	pital	ICEMA Public Health	Т	otal Distribution
July-17	\$ 128,131.11		\$	128,131.11	\$	12,813.11	\$	66,884.44	\$	28,829.50	\$ 19,604.06	\$	128,131.11
August-17			\$	112,136.05	\$	11,213.61	\$	58,535.02	\$	25,230.61	\$ 17,156.82	\$	112,136.05
September-17			\$	124,462.60	\$	12,446.26	\$	64,969.48	\$	28,004.09	\$ 19,042.78	\$	124,462.60
October-17		\$ 551.24	\$	122,703.23	\$	12,270.32	\$	64,051.09	\$	27,608.23	\$ 18,773.59	\$	122,703.23
November-17	\$ 123,540.10		\$	123,540.10	\$	12,354.01	\$	64,487.93	\$	27,796.52	\$ 18,901.64	\$	123,540.10
December-17	\$ 122,469.90		\$	122,469.90	\$	12,246.99	\$	63,929.29	\$	27,555.73	\$ 18,737.89	\$	122,469.90
January-18	\$ 108,262.70	\$ 714.65	\$	108,977.35	\$	10,897.74	\$	56,886.18	\$	24,519.90	\$ 16,673.53	\$	108,977.35
February-18	\$ 124,773.25		\$	124,773.25	\$	12,477.33	\$	65,131.64	\$	28,073.98	\$ 19,090.31	\$	124,773.25
March-18	\$ 136,834.74		\$	136,834.74	\$	13,683.47	\$	71,427.73	\$	30,787.82	\$ 20,935.72	Ś	136,834.74
April-18	\$ 198,572.04	\$ 622.23	\$	199,194.27	\$	19,919.43	\$	103,979.41	\$	44,818.71			199,194.27
May-18	\$ 169,610.84		\$	169,610.84	\$	16,961.08	\$	88,536.86	\$	38,162.44	\$ 25,950.46		169,610.84
June-18	\$ 150,312.28		\$	150,312.28	\$	15,031.23	\$	78,463.01	\$	33,820.26	\$ 22,997.78		150,312.28
Y2018 Total	\$ 1,620,665.95	\$ 2,479.77	\$	1,623,145.72	\$	162,314.57	\$	847,282.07	\$	365,207.79	\$ 248,341.30	\$	1,623,145.72
UNUSED ADM							\$	5 73,871.32	\$	31,841.09	\$ 21,651.94	\$	127,364.35
							\$	921,153.39	\$	397,048.88	\$ 269,993.24	\$	1,750,510.07
	ADM EXP	1ST QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER	\$ \$ \$	9,966.64 5,056.91 10,276.45 10,755.89									
		TOTAL	\$	36,055.89								\$	36,055.89
TOTAL ADM												\$	163,420.24
NTEREST EARNED	IN FUND				C	1105.66	6\$	6,448.23	\$	2,131.82		\$	1,105.67

(0.01)

\$

.....

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

	······							DISTRIBUTION				Γ	1
	FUND RECEIVED	INTEREST	FUND RECEIVED	Ad		Pediatric Trauma	Risk	Management	Hosp	oital	ICEMA Public Health	1 т	otal Distribution
July-17	\$ 121,923.49		\$ 121,923.49	\$	12,192.35	\$ 16,459.67	\$	54,097.45	\$	23,317.87	\$ 15,856.15	\$	121,923.49
August-17			\$ 106,858.74	\$	10,685.87	\$ 14,425.93	\$	47,413.22	\$	20,436.73	\$ 13,896.98	\$	106,858.74
September-17				\$	12,912.43	\$ 17,431.78	\$	57,292.44	\$	24,695.02	\$ 16,792.61	\$	129,124.28
October-17		\$ 515.08	\$ 128,007.49	\$	12,800.75	\$ 17,281.01	\$	56,796.92	\$	24,481.43	\$ 16,647.37	\$	128,007.49
November-17			\$ 128,701.39	\$	12,870.14	<u></u>	\$	57,104.81	\$	24,614.14	\$ 16,737.62	\$	128,701.39
December-17			\$ 115,385.40	\$	11,538.54	\$ 15,577.03	\$	51,196.50	\$	22,067.46	\$ 15,005.87	\$	115,385.40
January-18		\$ 721.46	\$ 105,644.54	\$	10,564.45		\$	46,874.48	\$	20,204.52	\$ 13,739.07	\$	105,644.54
February-18	\$ 120,964.44		\$ 120,964.44	\$	12,096.44	\$ 16,330.20	\$	53,671.92	\$	23,134.45	\$ 15,731.43	\$	120,964.44
March-18	\$ 130,487.56		\$ 130,487.56	\$	13,048.76	\$ 17,615.82	\$	57,897.33	\$	24,955.75	\$ 16,969.91	\$	130,487.56
April-18	\$ 179,678.94	\$ 754.56	\$ 180,433.50	\$	18,043.35	\$ 24,358.52	\$	80,058.34	\$	34,507.91	\$ 23,465.38	\$	180,433.50
May-18	\$ 155,206.14		\$ 155,206.14	\$	15,520.61	\$ 20,952.83	\$	68,864.96	\$	29,683.17	\$ 20,184.56	\$	155,206.14
June-18	\$ 136,376.18		\$ 136,376.18	\$	13,637.62	\$ 18,410.78	\$	60,510.11	\$	26,081.94			136,376.18
FY2018 Total	\$ 1,556,563.43	\$ 2,549.72	\$ 1,559,113.15	\$	155,911.32	\$ 210,480.28	\$	691,778.50	\$	298,180.39	\$ 202,762.67	\$	1,559,113.15
UNUSED ADM						\$ 19,709.50	\$	64,778.53	\$	27,921.78	\$ 18,986.81	\$	131,396.62
						\$ 230,189.78	\$	756,557.03	\$	326,102.17	\$ 221,749.48	\$	1,690,509.77
	ADM EXP	15T QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER	\$ 8,976.36 \$ 2,686.23 \$ 7,352.57 \$ 6,860.05										
		TOTAL	\$ 25,875.21	=								\$	25,875.21
TOTAL ADM												\$	157,271.83
INTEREST EARNED	IN FUND			С	1360.5		\$	7,368.12	\$	947.71		\$	1,360.51

\$ (0.01)

\*

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

Ī	Administering	County / Department	County Contact (Name and T	ítle)			
	Agency	County of San Diego	Jamie Beam, Program Co	pordinator			
		Address (Number and Street)	Phone Number				
		5500 Overland Ave, Suite 430	(858) 505-6526				
		City or Post Office, State, and ZIP Code	Email Address				
		San Diego, CA. 92123	Jamie.Beam@sdcounty.c	a.gov			
11	Establishment of Fund	1a Has the agency established the Maddy EMS Fu	nd (Original Assessment)?	🗹 Yes 🔲 No			
		b Date fund established.	an a	11/22/1988			
		c Fund balance on July 1, 2017.		\$ 1,514,909.64			
		d If the Maddy EMS Fund beginning balance on J balance on June 30, 2017, state reason(s): Please see attached for explanation	luly 1, 2017, differs from the previous	reported ending			
		2a Has the agency established the Maddy EMS Fur	nd (Supplemental Assessment)?	Yes No (If no, go to #3)			
		b Date fund established.		03/20/2007			
		c Fund balance on July 1, 2017.		\$ 358,217.78			
		d If the Maddy EMS Fund beginning balance on balance on June 30, 2017, state reason(s): Please see attached for explanation	July 1, 2017, differs from the previou	s reported ending			
111	Collections of						
	Penalty	3 Fines, penalties, and forfeitures collected under	1	Collections			
	Assessments	statute.	Statute	Collections			
		a 	Government Code § 76000	\$ 6,405,510.24			
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 2,337,867.63			
		c	Vehicle Code § 42007	\$ 6,515,336.92			
		d	Total	al \$ 15,258,714.79			
		4 Responsibility for collection of fines, penalties, a	nd forfeitures:				
		Entity					
		County of San Diego - Superior Court	Jeffrey Gately, Chief Finar	inancial Officer			
		Phone Number (619) 450-7205	Email Address Jeffrey.Gately@sdcourt.ca	a.gov			



Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits					
ruda	a		Government Code § 76000 (Based on GC § 76104)	\$ 7,524,946.44					
	ь		Vehicle Code § 42007						
	c		Tetal	\$ 7,524,946.44					
	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					
	8		Government Code § 76000.5	\$ 360,151.32					
	ь		Vehicle Code § 42007						
	c		Total	\$ 360,151.32					
	7								
		Responsibility for deposit of penalty assessments:							
	,		Contact (Name and Title)						
	,	Entity County of San Diego - Medical Care Services	Jamie Beam, Program Coo	ordinator					
		Entity County of San Diego - Medical Care Services	•						
Fund Category		Entity County of San Diego - Medical Care Services Phone Number	Jamie Beam, Program Coo Email Address						
		Entity County of San Diego - Medical Care Services Phone Number (858) 505-6526	Jamie Beam, Program Coo Email Address						
Fund Category		Entity County of San Diego - Medical Care Services Phone Number (858) 505-6526	Jamie Beam, Program Coo Email Address	.gov Interest and Other Deposits					
Fund Category	8	Entity County of San Diego - Medical Care Services Phone Number (858) 505-6526 Maddy EMS Fund (Original Assessment)	Jamie Beam, Program Coo Email Address	.gov Interest and Other Deposits					
Fund Category	8	Entity County of San Diego - Medical Care Services Phone Number (858) 505-6526 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year.	Jamie Beam, Program Coo Emsil Address Jamie.Beam@sdcounty.ca	.gov Interest and Other Deposits \$ 34,426.07					
Fund Category	8 a b	Entity County of San Diego - Medical Care Services Phone Number (858) 505-6526 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year.	Jamie Beam, Program Coo Email Address Jamie.Beam@sdcounty.ca its and the reason(s) for the dep	.gov Interest and Other Deposits \$ 34,426.07					
Fund Category	8 a b c	Entity County of San Diego - Medical Care Services Phone Number (858) 505-6526 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of deposit Total amount of funds distributed to the specified cate	Jamie Beam, Program Coo Email Address Jamie.Beam@sdcounty.ca its and the reason(s) for the dep gories Reserve (Optional)	.gov Interest and Other Deposits \$ 34,426.07 osits: Category					

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	C	Hospitals (25%)	,		\$ 1,624,535.00
Distributions	d	Other Discretionary EMS (17%)			\$ 1,018,519.68
(cont.)	е		Total	\$ 0.00	\$ 7,161,659.68
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not est	ablished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 5,755.67
	b	Other deposits during fiscal year.			
	C	If other deposits were made, provide the type of depos	its and	the reason(s) for the dep	osits:
	11	Total amount of funds distributed to the specified cate during the fiscal year.	gories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actu cost or 10%)	a1		
	b	Richie's Fund (15%)			\$ 330,470.00
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f	·	Total	\$ 0.00	\$ 330,470.00
	12	Responsibility for category distributions:			
		Entity		et (Name and Title)	
		County of San Diego - Medical Care Services	Jamie	Beam, Program Coo	rdinator
		Phone Number		Address	
-		(858) 505-6526	Jamie	.Beam@sdcounty.ca	.gov
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (	Original	Amount
i como un semento		Assessment).			\$ 754,930.00
	14	Total Administration expenditures from Maddy EMS	Fund (S	Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to			i
	15	Total Richie's Fund expenditures from Maddy EMS I		upplemental	Amount
		Assessment). (If fund not established, leave blank and go to	#16-1		\$ 330,470.00



Expenditures & Reimbursements			Allov	Allowable Claims		Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Original Assessment).	57,253.00	\$ 4,272,946.7	57,253	100%	\$ 3,829,101.82	
	b	If allowable claims were not paid during fise All claims were processed and paid fo						
		funding availability.						
	c	Total reimbursements from Physicians/Surg	eons due to	collections from		Amou	nt Reimbursed	
	·	patient/third-party, county penalties, and se					\$ 52,824.80	
		<u></u>	Allow	vable Claims		Paid	Claims	
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, icave blank and go to #18)				0%		
	b	If allowable claims were not paid during fisc	al year, July	y 1, 2017 - June 30,	2018, stat	e reason	(s):	
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed	
	c 18		itlements.	ana dan karana ana dara karan da dara ara da da ara argana	he Maddy i			
		patient/third-party, county penalties, and se Required documentation for submission. (7)	itlements. he below docu	mentation is part of t	_			
		patient/third-party, county penalties, and se Required documentation for submission. (The submitted concurrently)	ttlements. he below docu is claims pay	mentation is part of t	jes.	EMS Fun	d report, and <u>must</u>	
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures,</li> </ul>	itlements. <i>he below docu</i> is claims pay and regulate spitals admi	mentation is part of t ment methodolog ory action taken to inistrator organiza	ies. 0 implem ation, or 1	EMS Fun ent and a sames of	d report, and <u>must</u> administer the specific	
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho</li> </ul>	itlements. he below docu is claims pay and regulate spitals admi nistrators co	mentation is part of t yment methodolog ory action taken to inistrator organiza ontacted to review	ies. 0 implemo ation, or n claims pa	EMS Fun ent and a names of nyment n	<i>d report, and <u>must</u></i> administer the specific nethodologies.	
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited admited concurrent for the process used to solition of the process used to solition.</li> </ul>	itlements. <i>he below docu</i> is claims pay and regulat spitals admi nistrators co cit input fro	mentation is part of t ment methodolog ory action taken to inistrator organizy ontacted to review m Physicians/Surg	ies. 0 implemo ation, or n claims pa	EMS Fun ent and a names of nyment n	<i>d report, and <u>must</u></i> administer the specific nethodologies.	
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited physicians/Surgeons and Hospital admited physicians/Surgeons and Hospital admited physicians/Surgeons and Hospital admited physicians (Surgeons and Hospital admited physicians)</li> </ul>	itlements. <i>he below docu</i> is claims pay and regulat ospitals admi nistrators co cit input fro d by the cou	mentation is part of t ment methodolog ory action taken to inistrator organiz ontacted to review m Physicians/Surg	ies. 0 implemo ation, or n claims pa	EMS Fun ent and a names of nyment n	<i>d report, and <u>must</u></i> administer the specific nethodologies.	
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians/Surgeons</li> </ul>	ttlements. the below docu s claims pay and regulate oppitals administrators co cit input fro d by the cou cians/Surgeo Con	mentation is part of t ment methodolog ory action taken to inistrator organizy ontacted to review m Physicians/Surg inty.	ies. o impleme ation, or n claims pa geons and	EMS Fun ent and a names of nyment n Hospita	<i>d report, and <u>must</u></i> administer the specific nethodologies. Ils to review	
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> <li>Entity</li> <li>Americhoice - United Health Care</li> </ul>	itlements. The below docu as claims pay and regulat and regulat ospitals administrators co cit input fro d by the cou cians/Surgeo Con Ci	mentation is part of t ment methodolog ory action taken to inistrator organiza intacted to review m Physicians/Surg mty. ns: ntact (Name and T elo Anderson, E	ies. o impleme ation, or n claims pa geons and	EMS Fun ent and a names of nyment n Hospita	<i>d report, and <u>must</u></i> administer the specific nethodologies. Ils to review	
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians/Surgeons</li> </ul>	itlements. The below docu as claims pay and regulate spitals administrators co cit input fro d by the cou tians/Surgeo Cor Ci Em.	mentation is part of t ment methodolog ory action taken to inistrator organizy ontacted to review m Physicians/Surg inty.	ies. o implement ation, or m claims pa geons and "itle) Director o	EMS Fun ent and a names of hyment n Hospita	<i>d report, and <u>must</u></i> administer the specific nethodologies. Ils to review	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	ms basis	for the Maddy	٦	]Yes (If no, go	12 No to #20d)
				r		r		
					owable Claims		Paid C	T
				#	\$ Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.				0%	<u> </u>
		c	If allowable claims were not paid during fisc	al year, J	uly 1, 2017-June 30	), 2018, sta	te reason(	(s):
						Amount		
		d Direct disbursement to Hospitals. (N/A If hospital claims are paid on a claims bas Leave blank and go to #21e)						,624,535.00
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	d-party,	Amou	nt Reimbursed \$ 0.00		
			county penantes, and settlements.		1			
		<b>2</b> 1a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>				Yes INO (If no, go to #21d)	
				Alle	wable Claims	<u></u>	Paid C	laims
				#	\$ Amount	Ħ	%	\$ Amount
		b	Total Hospitals expenditures.				0%	
		c	If allowable claims were not paid during fisca	al year, J	uly 1, 2017-June 30	, 2018 stat	e reason(	s):
		d	Direct disbursement to Hospitals. (N/A If hosp	ital claim:	are paid on a claims t	basis.		Amount
			Leave blank and go to #22e)				L	******
			Total reimbursements from Hospitals due to	acileatio	e from nationt/this	d	Атоцл	t Reimbursed
		C	county penalties, and settlements.	CONCUID		u-party,		\$ 0.00
		22	Required documentation for submission. (The be submitted concurrently)	e below de	cumentation is part of	the Maddy	EMS Fund	report, and <u>must</u>
			A description of the hospitals payment m	nethodolo	gies.			
		23	Responsibility for claims payments to Hospitz Entity	als:	Contact (Name and	Title)		<u></u>
			County of San Diego - Medical Care Se	ervig	Jamie Beam, Pro	ogram Co	ordinato	)[
			Phone Number (858) 505-6526	1	Email Address Jamie.Beam@so	teounty e	a 00v	



VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount		
	(cont.)		Assessment).	\$ 1,018,519.68		
		b	Description of other EMS services provided:			
		36.	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount		
		25a	(Supplemental Assessment). (If fund not established, leave blank)			
		Ь	Description of other EMS services provided:			

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



#### **VII Fund Summary**

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 1,514,909.64 ( <i>1c</i> )	\$ 1,514,909.64
Deposits for July 1, 2017-June 30, 2018	\$ 7,524,946.44 (Sc)	\$ 9,039,856.08
Interest for July 1, 2017-June 30, 2018	\$ 34,426.07 (8a)	\$ 9,074,282.15
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <sub>(8b)</sub>	\$ 9,074,282.15

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 754,930.00 (9a)		\$ 754,930.00	\$ 754,930.00 (13)
Physicians/Surgeons (58%)	\$ 3,763,675.04 (9b)	\$ 0.00 (9b)	\$ 3,763,675.0	\$ 3,829,101.82 (16a)
Hospitals (25%)	\$ 1,624,535.0t (9c)	\$ 0.00 (9c)	\$ 1,624,535.0	\$ 0.00 (20b Pd) \$ 1,624,535.0C (20d)
Other Discretionary EMS (17%)	\$ 1,018,519.6; (9d)	\$ 0.00 (9d)	\$ 1,018,519.6	\$ 1,018,519.68 (24a)
Total	\$ 7,161,659.61	\$ 0.00 (9e)	\$ 7,161,659.6	\$ 7,227,086.50
Preliminary Fund Balance (Fund Total - Total Expenditures)		· .		\$ 1,847,195.65
Reimbursements				
Physicians/Surgeons	\$ 5	2,824.80 (16c)		\$ 1,900,020.45
Hospitals		\$ 0.00 (20e)		\$ 1,900,020.45

Ending Balance for Total Available Funds as of June 30, 2018

0

Whi Ordone Signature of Maddy EMS Fund Administrator

20/9

\$ 1,900,020.45

Debbie Ordonez, Revenue & Budget Mgr Printed Name & Title

**Email Address** 

Debbie.Ordonez@sdcounty.ca.gov

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



### VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Baiance on July 1, 2017	\$ 358,217.78 (2c)	\$ 358,217.78
Deposits for July 1, 2017- June 30, 2018	\$ 360,151.32 (6e)	\$ 718,369.10
Interest for July 1, 2017-June 30, 2018	\$ 5,755.67 (10a)	\$ 724,124.77
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (10b)	\$ 724,124.77

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 330,470.00 (11b)		\$ 330,470.00	\$ 330,470.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 PM)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 330,470.00 (11)	\$ 0.00 (11)	\$ 330,470.00	\$ 330,470.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 393,654.77
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 393,654.77
Hospitals		\$ 0.00 (21e)		\$ 393,654.77
Ending Balance for Total Available Funds as of June 30, 2018				\$ 393,654.77



Jetti Ordone

6/13/2019 Date

Signature of Maddy EMS Fund Administrator

Debbie Ordonez, Revenue & Budget Mgr Printed Name & Title Emai

**Email Address** 

Debbie.Ordonez@sdcounty.ca.gov

### **EXPLANATION OF VARIANCES ON 1D AND 2D**

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

#### **VI Expenditures & Reimbursements**

18 Required documentation for submission.

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

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

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

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

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

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

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

#### FY17-18 EMSA 801 Report Descriptions

#### Page 5 VI Expenditures & Reimbursements 22. Description of hospital payment methodologies

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

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

#### Page 6 VI Expenditures & Reimbursements

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

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

To ensure the availability of critical Advanced Life Support Ambulance services by contracting with service providers in the rural, unincorporated areas of San Diego County.

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

• Prehospital Program:

The Prehospital Program is responsible for planning, implementing, and evaluating the EMS system (medical 9-1-1 response) for San Diego County and maintaining an organized pattern of readiness and response services. The program includes Advanced Life Support, Basic Life Support, medical direction, and prehospital personnel investigations.

 Regional Communication System with County of San Diego Sheriff Department: To facilitate communication of vital information between Base Hospitals, Trauma Centers and ambulances in the field with 800 MHz Radios. This page left blank for printing purposes.

.



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

Ι	Administering Agency	Count	ty / Department	County Contact (Name and T	itle)	
		Address (Number and Street) Phone Number				
		City o	r Post Office, State, and ZIP Code	Code Email Address		
Π	Establishment of Fund	1a	🗆 Yes 🛛 No			
		b <u> </u>	Date fund established.			
		c <u>l</u>	Fund balance on July 1, 2017.			
			If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending	
		2a   	Has the agency established the Maddy EMS Fund (Su	☐ Yes ☐ No (If no, go to #3)		
		b <u>l</u>	Date fund established.			
		с <u>I</u>	Fund balance on July 1, 2017.			
			If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	s reported ending	
		_				
ш	Collections of Penalty Assessments		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				
		4 ]				
		]	Entity	Contact (Name and Title)		
		]	Phone Number	Email Address		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)				
		b		Vehicle	Code § 42007				
		c			Total				
		d	If no deposits into Maddy EMS Fund, state reason(s):						
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (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				
		d	If no denosite into Maddy FMS Fund state reason(s)						
		u	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 A	ddress				
V	Maddy EMS								
	Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)						
						Interest and Other Deposits			
		a	Interest earned during the fiscal year.						
		b	Other deposits during the fiscal year.						
		c	If other deposits were made, provide the type of depos	its and th	e reason(s) for the depo	osits:			
		9	Total amount of funds distributed to the specified cate during the fiscal year.	egories	Reserve (Optional)	Category Distributions			
		a	Administration (Admin cost equal to the lesser of actuon or 10%)	al cost					
		b	Physicians/Surgeons (58%)						



V	Maddy EMS							
	Fund Category	c	Hospitals (25%)					
	Distributions (cont.)	d	Other Discretionary EMS (17%)					
	(0010)	e	Τα	tal				
		10	Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)					
					Interest and			
					Other Deposits			
		a	Interest earned during fiscal year.					
		b	Other deposits during fiscal year.					
			If other deposits were made, provide the type of deposits	and the reason(s) for the d	lonosita			
		c	if other deposits were made, provide the type of deposits	and the reason(s) for the d	eposits:			
					1			
		11	Total amount of funds distributed to the specified categor during the fiscal year.	ies Reserve (Optional)	Category Distributions			
			Ţ					
		a	Administration (Admin cost equal to the lesser of actual cost or 10%)					
		b	Richie's Fund (15%)		L			
		c	Physicians/Surgeons (58%)					
		d	Hospitals (25%)					
		e	Other Discretionary EMS (17%)					
		f	Ta	tal				
		12	Responsibility for category distributions:					
			Entity	ontact (Name and Title)				
			Phone Number Er	nail Address				
VI	Expenditures &				Amount			
	Reimbursements	13	Total Administration expenditures from Maddy EMS Fu Assessment).	nd (Original				
					Amount			
		14	Total Administration expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #16					
			,,, ,,		l			
		15	Total Richie's Fund expenditures from Maddy EMS Fun	d (Supplemental	Amount			
		-	Assessment). (If fund not established, leave blank and go to #10	· • •				



VI Expenditures &				Allo	owable Claims		Paid	Claims		
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
			from Maddy EMS Fund (Original Assessment).							
					1					
		b	If allowable claims were not paid during fisca	l year, Ju	ly 1, 2017-June 30,	2018, sta	te reason	(s):		
		с	Total raimbursaments from Physicians/Surga	ons duo te	a collections from		Amou	nt Reimbursed		
		C		Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.       Information reimbursed						
						1				
					owable Claims	Paid Claims		Claims		
		17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental	#	\$ Amount	#	%	\$ Amount		
			Assessment). (If fund not established, leave blank and go to #18)							
							1	I		
		b	If allowable claims were not paid during fisca	l year, Ju	ly 1, 2017-June 30,	2018, sta	te reason	(s):		
							Amou	Int Reimbursed		
		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>							
		10	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 solici				•	C		
			payment distribution methodology.	n mput n	om r nysicians/Sur	geons and	i nospita	iis to review		
			An identification of the fee schedule used by the county.							
		19	Responsibility for claims payments to Physicians/Surgeons:							
			Entity	C	ontact (Name and T	Title)				
			Dhana Maruhan							
			Phone Number	E	nail Address					
				<u> </u>						



Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims b <b>a</b> sis for the Maddy EMS Fund (Original Assessment).			□ Yes □ No (If no, go to #20d)				
			Allo #	wable Claims \$ Amount	#	Paid C %	S Amount		
			17	5 Anount	π	70	5 Anount		
	b	Total Hospitals expenditures.							
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):							
						Amount			
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	vital claims	are paid on a claims l	basis.				
	e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed		
	<b>21</b> a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If f and go to #22)				es (If no, go t	□ No 10 #21d)		
			Allo	wable Claims		Paid C	laims		
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.							
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hosp	vital claims	are paid on a claims l	basis.		Amount		
		Leave blank and go to #22e)							
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thir	d-party,	Amou	nt Reimbursed		
	22	<b>Required documentation for submission.</b> (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)							
		A description of the hospitals payment methodologies.							
	23	Responsibility for claims payments to Hospitals:         Entity       Contact (Name and Title)							
		Phone Number							
		г попе тишрег	1	Email Address					



VI Expenditures & Reimbursements (cont.)	Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
		b	Description of other EMS services provided:	
				1
		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. 1-2019) Page 7 of 8



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

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

**Email Address** 

#### **STATE OF CALIFORNIA** EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



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

Maddy EMS Fund

oshua Nossiter

4/12/19 Date

Signature of Maddy EMS Fund Administrator

Joshua Nossiter, AB 75 Coordinator

joshua.nossiter@sfdph.org

Printed Name & Title

**Email Address** 

## **VII Fund Summary**

(cont.)



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

I	Administering		inty / Department	County Contact (Name and T	-			
	Agency		n Joaquin County Emergency Medical Services	Natisha Plummer, Accour	ting lech l			
			lress (Number and Street)	Phone Number				
			) Box 220	209-468-6818 Email Address				
		-	y or Post Office, State, and ZIP Code ench Camp, CA 95231	nplummer@sjgov.org				
				npidininei@sjgov.org				
II	Establishment of Fund							
		b	Date fund established.		05/19/1992			
		c	Fund balance on July 1, 2017.		\$ 2,018,362.93			
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending			
		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, 2017.					
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	s reported ending			
III	Collections of Penalty	3	Fines, penaltics, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	a		Government Code § 76000	\$ 254,820.16			
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)				
		c		Vehicle Code § 42007				
		d		Total	\$ 254,820.16			
		4	Responsibility for collection of fines, penalties, and forfeitures:					
			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. 1-2019) 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 ised on GC § 76104)	\$ 254,820.61
		b		Vehicle	Code § 42007	
		c		-	Total	\$ 254,820.61
		-				
		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	
		с			Total	\$ 0.00
		d	If no deposits into Maddy EMS Fund, state reason(s):	:		
		7	Responsibility for deposit of penalty assessments:			
			Entity		(Name and Title)	
			San Joaquin County Superior Courts	Julian		
			Phone Number 209-992-5477	Email A jflores(	@sjcourts.org	
V	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)			
	Distributions					Interest and Other Deposits
		a	Interest carned during the fiscal year.			\$ 25,638.00
		b	Other deposits during the fiscal year.			
		с	If other deposits were made, provide the type of depo	sits and th	ne reason(s) for the deno	osits:
		C			<b>k</b>	
		9	Total amount of funds distributed to the specified cat during the fiscal year.	egories	Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of act or 10%)	ual cost		
		b	Physicians/Surgeons (58%)			\$ 106,484.57

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	с	Hospitals (25%)			
Distributions	d	Other Discretionary EMS (17%)			
(cont.)	e	T	otal	\$ 0.00	\$ 106,484.57
	-				
	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.			······································
	b	Other deposits during fiscal year.			
		If other deposits were made, provide the type of deposit	s and t	he reason(s) for the den	asits:
	c	11 other deposits were made, provide the type of deposit	s anu i	ne reason(s) for the dep	0313
	11	Total amount of funds distributed to the specified categories of the specified categor	nries	Reserve	Category
	11	during the fiscal year.		(Optional)	Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			
	b	Richie's Fund (15%)	0.2000 0.000		
	с	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			, _ ,
	e	Other Discretionary EMS (17%)			
	f	1	[otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:	Contac	t (Name and Title)	
		5		a Plummer, Account	ing Tech I
		Phone Number I	Email 4	Address	
		209-468-6818 r	nplum	mer@sjgov.org	
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS F	Fund (C	Driginal	Amount
Kennbursements	15	Assessment).			
				T	
	14	Total Administration expenditures from Maddy EMS F	Fund (S	Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #			
	1	Tatal Dishiels Fund amonditures from Modds FMC F.	und (6-	unnlamental	Amount
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). <i>(If fund not established, leave blank and go to #</i>	16a)	apprementar	Amount
					an a



VI Expenditures &			Allowable Claims			Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
(conti)		from Maddy EMS Fund (Original Assessment).				0%	\$ 106,484.57	
	Ь	If allowable claims were not paid during fisc	al year, Ju	ıly 1, 2017-June 30,	, 2018, sta	ite reasor	u(s):	
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		o collections from		Amount Reimbursed \$ 2,889.42		
			A 11.	owahla Claims	1	Paid	Claims	
	17a	Total Physicians/Surgeons expenditures	Allowable Claims # \$ Amount		#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)				0%		
						Τ.		
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		o collections from		Amou	unt Reimbursed	
	18	Required documentation for submission. <i>(The submitted concurrently)</i>	te below do	cumentation is part of	the Maddy	, EMS Fui	nd report, and <u>must</u>	
		A description of the Physicians/Surgeon	s claims p	ayment methodolog	gies.			
		A statement of the policies, procedures, fund(s).	and regula	atory action taken	to implen	nent and	administer the	
		Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital administration	spitals adı nistrators	ministrator organiz contacted to review	zation, or v claims j	names of payment	f specific methodologies.	
		A description of the process used to solid payment distribution methodology.	cit input fi	rom Physicians/Sur	geons an	d Hospit:	als to review	
		An identification of the fee schedule use	d by the c	ounty.				
	19	Responsibility for claims payments to Physic	ians/Surg	eons:				
		Entity	C	ontact (Name and '	Title)			
		SJC Emergency Medical Services	1	Natisha Plumme	r, Accou	nting Te	ech I	
		Phone Number	E	mail Address				
		209-468-6818	I	nplummer@sjgov	v.org	<u>.</u>		
		209-468-6818	I	nplummer@sjgo	v.org			



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).					Yes No (If no, go to #20d)				
			Allowable Claims		owable Claims		Paid Cl	aims				
				#	\$ Amount	#	%	\$ Amount				
		b	Total Hospitals expenditures.				0%					
		c	If allowable claims were not paid during fisc	al year, J	uly 1, 2017-June 30	, 2018, sta	te reason(	s):				
		d	Direct disbursement to Hospitals. (N/A if hos 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)								
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thi	·d-party,	Amour	nt Reimbursed				
		21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>					D No 9 #21d)				
					Paid Claims							
				#	\$ Amount	#	%	\$ Amount				
		b	Total Hospitals expenditures.				0%					
		c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):									
		d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #22e)	pital 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	<sup>.</sup> d-party,	Amour	nt Reimbursed				
		22	Required documentation for submission. (T be submitted concurrently)			f the Maddy	EMS Fund	l report, and <u>must</u>				
			A description of the hospitals payment	methodol	ogies.							
		23	Responsibility for claims payments to Hospi Entity San Joaquin County Emergency Med		Contact (Name and Natisha Plumme		nting Te	ch I				
			Phone Number 209-468-6818		Email Address nplummer@sjgc	ov.org						



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	214	Assessment).	
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
	2:	2.3a	(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. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0,00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11e)	\$ 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 (11)	\$ 0.00 (11)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
Reimbursements			1	
Physicians/Surgeons		\$0.00		\$ 0.00

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

Signature of Maddy EMS Fund Administrator

April 23, 2019 Date

Dan Burch, EMS Administrator Printed Name & Title dburch@sigov.org Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary			h.r.si					
VII Fund Summary	Maddy EMS Fund (Original Assessment)							
		Fund Total						
	Balance on July 1, 2017	\$ 2,01	\$ 2,018,362.93 ( <i>Ic</i> )		\$ 2,018,362.93			
	Deposits for July 1, 2017-June 30, 2018	\$ 25	54,820.61 <i>(5c)</i>		\$ 2,273,183.54			
	Interest for July 1, 2017-June 30, 2018	\$ 2	25,638.00 (8a)	A	\$ 2,298,821.54			
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 2,298,821.54			
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (9a)		\$ 0.00	\$ 0.00 (13)			
	Physicians/Surgeons (58%)	\$ 106,484.57 (96)	\$ 0.00 (9b)	\$ 106,484.57	\$ 106,484.57 (16a)			
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd)			
		ф 0.00 (9c)	(9c)	\$ 0.00	\$ 0.00 (20d)			
	Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)			
	Total	\$ 106,484.57 (9e)	\$ 0.00 (9e)	\$ 106,484.57	\$ 106,484.57			
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 2,192,336.97			
	Reimbursements			4				
	Physicians/Surgeons	\$ 2,889.42			\$ 2,195,226.39			
	Hospitals		\$ 0.00 (20e)		\$ 2,195,226.39			
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 2,195,226.39			

Signature of Maddy EMS Fund Administrator

April 23, 2019 Date

Dan Burch, EMS Administrator
Printed Name & Title

dburch@sjgov.org Email Address



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

(805) 781-5417

Ι	Administering	Car	rate / Deno-tracet		141-X
1	Agency		inty / Department	County Contact (Name and T	•
	ingeney	-	Luis Obispo Health Agency Sondra Stamboolian, Accour		
			dress (Number and Street)	Phone Number	
			80 Johnson Avenue	(805)781-4876	
			y 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	iginal Assessment)?	🗹 Yes 🗖 No
		b	Date fund established.		11/01/1988
		с	Fund balance on July 1, 2017.		\$ 167,624.55
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previou	s reported ending
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		04/01/2007
		с	Fund balance on July 1, 2017.		\$ 153,421.93
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending
ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each	<b>2</b>	
	Assessments		statute.	Statute	Collections
		a		Government Code § 76000	\$ 302,069.62
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.,	
		с		Vehicle Code § 42007	\$ 99,295.50
		d		Tota	\$ 803,622.91
		4	Responsibility for collection of fines, penalties, and for	rfeitures:	
			Entity	Contact (Name and Title)	
			Superior Court of California, County of San Lu	Connie McNamara, Cour	t Fiscal Services
			Phone Number	Email Address	

connie.mcnamara@slo.courts.ca.gov

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 302,069.62
	b		Vehicle Code § 42007	\$ 99,295.50
	c		Total	\$ 401,365.12
	đ	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	\$ 402,257.79
	b	· · · · · · · · · · · · · · · · · · ·	Vehicle Code § 42007	
	c		Total	\$ 402,257.79
				•
	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 Luis Obispo, Auditor-Controller Phone Number	Sarah Kidd, Accounting Te	ecnnician
		(805) 781-5181	skidd@co.slo.ca.us	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
DISTIDUTORS				Interest and Other Deposits
	а	Interest earned during the fiscal year.		\$ 1,358.89
	b	Other deposits during the fiscal year.		
	c	If other deposits were made, provide the type of depo	sits and the reason(s) for the de	posits:
	9	Total amount of funds distributed to the specified car during the fiscal year.	tegories Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of act or 10%)		\$ 22,622.38
	b	Physicians/Surgeons (58%)		\$ 271,348.59

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS	с	Hospitals (25%)			\$ 165,301.00	
Fund Category Distributions	d	Other Discretionary EMS (17%)			\$ 60,111.34	
(cont.)			Total	\$ 0.00	\$ 519,383.31	
	e		Total			
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	nd not est	ablished, leave blank and g	o to #12)	
					Interest and Other Deposits	
	a	Interest earned during fiscal year.			\$ 1,362.15	
	b	Other deposits during fiscal year.				
	с 11	If other deposits were made, provide the type of depo Total amount of funds distributed to the specified cate during the fiscal year.		Reserve (Optional)	posits: Category Distributions	
	a	Administration (Admin cost equal to the lesser of action cost or 10%)	ual		\$ 22,676.73	
	b	Richie's Fund (15%)			\$ 85,214.64	
	с	Physicians/Surgeons (58%)			\$ 272,000.61	
	d	Hospitals (25%)			\$ 165,698.19	
	e	Other Discretionary EMS (17%)			\$ 60,255.79	
	f		Total	\$ 0.00	\$ 605,845.96	
	12	Responsibility for category distributions: Entity County of San Luis Obispo, Health Agency	Sond	Contact (Name and Title) Sondra Stamboolian, Accountant III		
		<b>Phone Number</b> (805) 781-4876		Address nboolian@co.slo.ca.u	16	
VI Expenditures &		(803) 781-4870	SSLAI			
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	5 Fund (	Original	Amount \$ 22,622.38	
	14	Total Administration expenditures from Maddy EMS		Supplemental	Amount \$ 22,676.73	
		Assessment). (If fund not established, leave blank and go to	) #16a)		φ 22,0/0./3	
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (S	Supplemental	Amount	
		Assessment). (If fund not established, leave blank and go to			\$ 49,804.81	

1

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



Reimbursements			Allo	wable Claims		Paid (	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount
		Assessment).	992.00	\$ 785,138.95	992	100%	\$ 207,636.4
	b	If allowable claims were not paid during fise	al year, Jul	y 1, 2017-June 30, 7	2018, sta	te reason	(s):
	C	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.				Amount Reimbursed \$ 5,379.83	
							<u></u>
	17a	Total Physicians/Surgeons expenditures	#	wable Claims \$ Amount	#	<b>Paid</b>	Claims \$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	994	\$ 787,025.55	994	100%	\$ 208,135.3
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 5,392.76
	c 18		ttlements.	,	he Maddy		\$ 5,392.76
		patient/third-party, county penalties, and see         Required documentation for submission. (T         be submitted concurrently)         I A description of the Physicians/Surgeon	ttlements. he below docu as claims pa	umentation is part of t	ies.	EMS Fun	\$ 5,392.76 d report, and <u>mus</u>
		patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently)	ttlements. he below docu as claims pa	umentation is part of t	ies.	EMS Fun	\$ 5,392.76 d report, and <u>mus</u>
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures,</li> </ul>	ttlements. <i>he below docu</i> as claims pa and regulat ospitals adm	umentation is part of t yment methodologi tory action taken to inistrator organiza	ies. ) implem ntion, or :	EMS Fundation	\$ 5,392.76 d <i>report, and <u>mus</u></i> administer the specific
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho</li> </ul>	ttlements. <i>he below docu</i> is claims pay and regulat ospitals adm inistrators c	umentation is part of t yment methodologi tory action taken to inistrator organiza ontacted to review	ies. ) implem ntion, or : claims p	EMS Fund ment and a names of ayment n	\$ 5,392.76 d report, and <u>mus</u> administer the specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited physicians/Surgeons admited physicians/Surgeons admited physicians/Surgeons and Hospital admited physicians/Surgeons admited physicians/Surge</li></ul>	ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators c cit input fro	umentation is part of t yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	ies. ) implem ntion, or : claims p	EMS Fund ment and a names of ayment n	\$ 5,392.76 <i>d report, and <u>mus</u></i> administer the specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited Physicians/Surgeons and Hospital admited Physicians/Surgeons and Hospital admited A description of the process used to solid payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians</li> </ul>	ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators c cit input fro ed by the cou cians/Surgeo	umentation is part of t yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	ies. ) implem ntion, or claims p geons and	EMS Fund ment and a names of ayment n	\$ 5,392.76 <i>d report, and <u>mus</u></i> administer the specific nethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	ttlements. <i>he below docu</i> as claims pay and regulat ospitals adm inistrators c cit input fro ed by the cou cians/Surgeo Co	umentation is part of t yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	ies. ) implem ntion, or claims p geons and itle)	<i>EMS Fun</i> ent and a names of ayment n d Hospita	\$ 5,392.76 <i>d report, and <u>mus</u></i> administer the specific nethodologies. Is to review
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> <li>Entity</li> <li>County of San Luis Obispo, Health Action</li> </ul>	ttlements. he below docu is claims pay and regulat ospitals adm inistrators c cit input fro ed by the cou cians/Surgeo pency So	umentation is part of t yment methodologi tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty. ons: ntact (Name and T ondra Stambooli	ies. ) implem ntion, or claims p geons and itle)	<i>EMS Fun</i> ent and a names of ayment n d Hospita	\$ 5,392.76 <i>d report, and <u>mus</u></i> administer the specific nethodologies. Is to review
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> </ul>	ttlements. he below docu as claims pay and regulat ospitals adm inistrators c cit input fro ed by the cou cians/Surgeo gency So Em	umentation is part of t yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	ies. b implem ation, or claims p geons and itle) an, Acc	EMS Fund nent and a names of ayment n d Hospita	\$ 5,392.76 <i>d report, and <u>me</u></i> administer the specific aethodologies. Is to review

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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 Claims			
			#	\$ Amount	#	· %	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital claims	are paid on a claims l	basis.		<b>Amount</b> 5 77,200.28	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thir	d-party,	Amoun	t Reimbursed	
	<b>2</b> 1a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). <i>(If fu</i> and go to #22)		t Yes INO (If no, go to #21d)				
				Paid Claims				
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
						l l	Amount	
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	ital claims	are paid on a claims i	basis.		\$ 77,385.79	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectior	ıs from patient/thi	-d-party,	Amour	tt Reimbursed	
	22	EMS Fund	report, and <u>must</u>					
	12	A description of the hospitals payment m Responsibility for claims payments to Hospit		-				
	23	Entity County of San Luis Obispo, Health Age		Contact (Name and Sondra Stambo		countant	111	
		Phone Number (805) 781-4876	]	Email Address sstamboolian@e			maa - Aa	
				U				



VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)		Assessment).	\$ 60,111.34
	Ь	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)	\$ 60,255.79
	Ь	Description of other EMS services provided:	
		-	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



### **VII Fund Summary**

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

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

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

IS Fund Administrator addy EN oolign

Printed Name & Title

Date

co.slo.ca.

2001 90 QC Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 22,676.73 (11a)		\$ 22,676.73	\$ 22,676.73 (14)
Richie's Fund (15%)	\$ 85,214.64 ( <i>11b</i> )		\$ 85,214.64	\$ 49,804.81 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 272,000.61 (11c)	\$ 0.00 (11c)	\$ 272,000.61	\$ 208,135.33 ( <i>17n</i> )
Hospitals (25%)	\$ 165,698.19 (114)	\$ 0.00	\$ 165,698.19	\$ 0.00 (216 Pa) \$ 77,385.79 (21a)
Other Discretionary EMS (17%)	\$ 60,255.79 (11e)	\$ 0.00 (11e)	\$ 60,255.79	\$ 60,255.79 (25a)
Total	\$ 605,845.96 (11)	\$ 0.00 (11f)	\$ 605,845.96	\$ 418,258.45
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 138,783.42

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

Fund Administrator Date | Sign <u>GN AccountantIII</u> Title Email Address Sctamboolian@ Co. Sto. Ca. US 6 Printed Name & Title



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

1	Administering Agency	그 것같은 그 것 같아. 말에 집에서 가지 않는 것 같은 것이 같이 많이 있는 것이 같이 많이	County Contact (Name and Title) Nancy Lapolla, EMS Director	
		Address (Number and Street)Phone Num801 Gateway Blvd1(650) 573	ber	
		City or Post Office, State, and ZIP CodeEmail AddrSouth San Francisco, CA, 94080nlapolla@	ess smcgov.org	
1	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Original Assess	ment)? 🛛 Yes 🗖 No	
		b Date fund established.	01/01/1991	
		c Fund balance on July 1, 2017.	\$ 1,248,588.00	
		2a Has the agency established the Maddy EMS Fund (Supplemental A		
		<ul> <li>2a Has the agency established the Maddy EMS Fund (Supplemental A</li> <li>b Date fund established.</li> </ul>	ssessment)?  Yes No (1f no, go to #3) 01/01/2010	
			(1f no, go to #3)	
		b Date fund established.	(If no, go to #3) 01/01/2010 \$ 1,053,892.54	

Penalty statute. Statute Collections Assessments Government Code § 76000 \$ 512,354.00 a Government Code § 76000.5 b \$ 550,044.00 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 \$ 700,740.00 c \$ 1,763,138.00 Total d 4 Responsibility for collection of fines, penalties, and forfeitures: Entity Contact (Name and Title) San Mateo Courts Steven Chang, Finance Director Phone Number Email Address 650-261-5046 StevenChang@sanmateocourt.org

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS Fund	5 Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
. und	â	Government Code § 76000 (Based on GC § 76104)	\$ 512,354.00
	b	Vehicle Code § 42007	\$ 358,720.00
	c	Total	\$ 871,074.00
	d If no deposits into Maddy EMS Fund, state reason(s		
	6 Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a	Government Code § 76000.5	\$ 550,044.00
	b	Vehicle Code § 42007	\$ 342,020.00
	e	Total	\$ 892,064.00
	7 Responsibility for denosit of penalty assessments:		
	7 Responsibility for deposit of penalty assessments: Entity San Mateo Courts	Contact (Name and Title)	otor
		Contact (Name and Title) Steven Chang, Finance Direc Email Address StevenChang@sanmateocod	
/ Maddy EMS Fund Category Distributions	Entity San Mateo Courts Phone Number	Steven Chang, Finance Direct	
<b>Fund Category</b>	Entity San Mateo Courts Phone Number 650-261-5046	Steven Chang, Finance Direct	urt.org Interest and
<b>Fund Category</b>	Entity San Mateo Courts Phone Number 650-261-5046	Steven Chang, Finance Direct	urt.org
<b>Fund Category</b>	Entity San Mateo Courts Phone Number 650-261-5046 8 Maddy EMS Fund (Original Assessment)	Steven Chang, Finance Direct	urt.org Interest and Other Deposits
<b>Fund Category</b>	Entity San Mateo Courts Phone Number 650-261-5046 8 Maddy EMS Fund (Original Assessment) a Interest earned during the fiscal year.	Steven Chang, Finance Direct Email Address StevenChang@sanmateocou	urt.org Interest and Other Deposits \$ 18,868.51
<b>Fund Category</b>	Entity San Mateo Courts Phone Number 650-261-5046 8 Maddy EMS Fund (Original Assessment) a Interest earned during the fiscal year. b Other deposits during the fiscal year.	Steven Chang, Finance Direct Email Address StevenChang@sanmateocou	urt.org Interest and Other Deposits \$ 18,868.51
<b>Fund Category</b>	Entity San Mateo Courts Phone Number 650-261-5046 8 Maddy EMS Fund (Original Assessment) a Interest earned during the fiscal year. b Other deposits during the fiscal year. c If other deposits were made, provide the type of depo	Steven Chang, Finance Direct Email Address StevenChang@sanmateocou osits and the reason(s) for the deposit tegories Reserve (Optional)	Urt.org Interest and Other Deposits \$ 18,868.51 its: Category

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 195,991.61	
Distributions (cont.)	d	Other Discretionary EMS (17%)		\$ 133,274.29	
(cont.)	e	T	Total \$ 0.00	\$ 871,073.81	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	not established, leave blank and go	to #12)	
				Interest and Other Deposits	
	a	Interest earned during fiscal year.		\$ 19,323.19	
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of deposits	s and the reason(s) for the dep	osits:	
	u	Total amount of funds distributed to the specified catego during the fiscal year.	ries Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 77,163.61	
	Ь	Richie's Fund (15%)		\$ 120,428.75	
	c	Physicians/Surgeons (58%)		\$ 402,794.02	
	d	Hospitals (25%)		\$ 173,618.11	
	e	Other Discretionary EMS (17%)		\$ 118,060.32	
	f	T	otal \$ 0.00	\$ 892,064.81	
	12	Responsibility for category distributions:			
		Entity C	Contact (Name and Title) lancy Lapolla, EMS Directo	or	
		Phone NumberEmail Address1(650)573-2379nlapolla@smcqov.org			
		1(650)573-2379 n	lapolla@smcgov.org		
I Expenditures &	12			Amount	
I Expenditures & Reimbursements	13	1(650)573-2379       n         Total Administration expenditures from Maddy EMS Fu         Assessment).		Amount \$ 90,926.55	
	13	Total Administration expenditures from Maddy EMS Fu Assessment).	und (Original		
		Total Administration expenditures from Maddy EMS Fu	und (Original	\$ 90,926.55	



VI Expenditures & Reimbursements			Allowable Claims		1.0.127	Paid Claims	
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	S Amount
		from Maddy EMS Fund (Original Assessment).	3,796.00	\$ 458,689.92	3,796	100%	\$ 458,689.9
	b	If allowable claims were not paid during fis	te reason	(s):			
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and se	geons due to ettlements.	collections from		Amou	nt Reimbursed
			Allow	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)	3,888	\$ 469,743.34	3,888	100%	\$ 469,743.34
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed
	c 18	patient/third-party, county penalties, and se Required documentation for submission. (7	ettlements.		he Maddy		
		patient/third-party, county penalties, and se	ettlements. The below docur	nentation is part of t			
		patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	ettlements. The below docur ns claims pay	nentation is part of t ment methodolog	ies.	EMS Fund	l report, and <u>must</u>
		patient/third-party, county penalties, and see         Required documentation for submission. (7         be submitted concurrently)         ☑       A description of the Physicians/Surgeon         □       A statement of the policies, procedures,	ettlements. The below docur ns claims pay , and regulato ospitals admi	nentation is part of t ment methodolog ory action taken to nistrator organiza	ies. 9 implem 11ion, or 1	EMS Fund ent and a names of 1	<i>d report, and <u>must</u></i> dminister the specific
		patient/third-party, county penalties, and see         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 Ho	ettlements. The below docur ns claims pay , and regulate ospitals admin inistrators co	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review	ies. 9 implem 1 tion, or t claims pa	EMS Fund ent and a names of ayment m	<i>d report, and <u>must</u></i> dminister the specific tethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited</li> <li>A description of the process used to solition</li> </ul>	ettlements. The below docur ns claims pay , and regulate ospitals admin inistrators co icit input fror	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg	ies. 9 implem 1 tion, or t claims pa	EMS Fund ent and a names of ayment m	<i>d report, and <u>must</u></i> dminister the specific tethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited physicians/Surgeons and Hospital admited payment distribution methodology.</li> </ul>	ettlements. <i>The below docur</i> ns claims pay , and regulate ospitals admininistrators co icit input from ed by the coun	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. 9 implem 1 tion, or t claims pa	EMS Fund ent and a names of ayment m	<i>d report, and <u>must</u></i> dminister the specific tethodologies.
	18	patient/third-party, county penalties, and see         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 Hopital admining         □       A description of the process used to soli payment distribution methodology.         □       An identification of the fee schedule use         Responsibility for claims payments to Physic	ettlements. The below docur ns claims pay and regulate ospitals admini- inistrators co- icit input from ed by the coun- cians/Surgeon- Con-	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty. ns: tact (Name and T	ies. o implement ation, or r claims pa geons and geons and	EMS Fund ent and a names of a ayment m Hospital	<i>d report, and <u>must</u></i> dminister the specific tethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physic</li> <li>Entity</li> <li>San Mateo County - EMS</li> </ul>	ettlements. The below docur ns claims pay and regulate ospitals admini- inistrators co- icit input from ed by the coun- cians/Surgeon- Con-	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. o implement ation, or r claims pa geons and geons and	EMS Fund ent and a names of a ayment m Hospital	<i>d report, and <u>must</u></i> dminister the specific tethodologies.
	18	patient/third-party, county penalties, and see         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 Hopital admining         □       A description of the process used to soli payment distribution methodology.         □       An identification of the fee schedule use         Responsibility for claims payments to Physic	ettlements. The below docur Ins claims pay and regulated ospitals administrators co icit input fror ed by the coun cians/Surgeon Con Na	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty. ns: tact (Name and T	ies. o implement ation, or r claims pa geons and geons and	EMS Fund ent and a names of a ayment m Hospital	<i>d report, and <u>must</u></i> dminister the specific tethodologies.

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI	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	#	%	\$ Amount		
		b	Total Hospitals expenditures.				0%	\$ 0.00		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):								
		d	Direct disbursement to Hospitals. (N/A	if hospital clain	ns are paid on a claims i	basis.	Amount \$ 0.00			
			Leave blank and go to #21e)							
		e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.							
		21a	Indicate if Hospital claims are paid on EMS Fund (Supplemental Assessment) and go to #22)	Yes 🔽 No (If no, go to #21d)						
				owable Claims	11	Paid Cl	aims			
				#	\$ Amount	#	%	\$ Amount		
		Ь	Total Hospitals expenditures.				0%	\$ 0.00		
		c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s): Delayed due to transition of key staff member and will be paid out in 18/19.							
		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 d county penalties, and settlements.	Amoun	t Reimbursed						
	22	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and be submitted concurrently)								
	A description of the hospitals payment methodologies.									
		23	Responsibility for claims payments to H Entity	Title)						
			San Mateo County - EMS		Nancy Lapolla, E	MS Dire	ctor			
			Phone Number 1(650)573-2379		Email Address nlapolla@smcgo	v.org				
						9				



-

VI	VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
		214	Assessment).	\$ 252,175.01
		b	Description of other EMS services provided:	
			Clinical and system improvements, office supplies, equipment, training cos	t for EMS staff, etc.
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		2.54	(Supplemental Assessment). (If fund not established, leave blank)	\$ 258,251.87
		b	Description of other EMS services provided:	
	C			

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

Ending Balance for Total Available Funds as of June 30, 2018



	Maddy EMS (Original Asse			
	Available Funds fo	or Distribution		Fund Total
Balance on July 1, 2017	\$ 1,248,588.00 <i>(Ie)</i>			\$ 1,248,588.00
Deposits for <u>July 1, 201</u> 7-June 30, 2018	\$ 87	71,074.00 <i>(5c)</i>		\$ 2,119,662.00
Interest for July 1, 2017-June 30, 2018	\$ 1	8,868.51 (8a)		\$ 2,138,530.5
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 2,138,530.51
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 87,107.38 (9a)		\$ 87,107.38	\$ 90,926.55 (13)
Physicians/Surgeons (58%)	\$ 454,700.53 (9b)	\$ 0.00 (9b)	\$ 454,700.53	\$ 458,689.92 (16a)
Hospitals (25%)	\$ 195,991.61 (9c)	\$ 0.00 (9c)	\$ 195,991.61	\$ 0.00 (20b Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 133,274.29 (9d)	\$ 0.00 (9d)	\$ 133,274.29	\$ 252,175.01 (24a)
Total	\$ 871,073.81 (9e)	\$ 0.00 (9e)	\$ 871,073.81	\$ 801,791.48
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,336,739.03
Reimbursements				
Physicians/Surgeons		\$ 0.00 (16c)		\$ 1,336,739.03
Hospitals		\$ 0.00 (20e)		\$ 1,336,739.03

Malloghapaller

(20e)

Signature of Maddy EMS Fund Administrator

Nancy Lapolla, MPH Director, San Mateo County EMS Agency

Printed Name & Title

5/15/2019 Date

\$ 1,336,739.03

nlapolla@smcgov.org Email Address

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



**VII Fund Summary** 

(cont.)

Maddy EMS Fund (Supplemental Assessment)

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

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

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

Malle

Signature of Maddy EMS Fund Administrator

5/15/2019

Date

nlapolla@smcgov.org Email Address

Nancy Lapolla, MPH Director, San Mateo County EMS Agency

Printed Name & Title

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

	Administering Agency		nty / Department nta Barbara County EMS Agency	County Contact (Name and Nicholas Clay	Name and Title)	
			Iress (Number and Street) 0 N San Antonio Rd	Phone Number 805-681-5394		
			y or Post Office, State, and ZIP Code nta Barbara, CA 93110	Email Address Nicholas.Clay@sbcphd	org	
11	Establishment of Fund	la	Has the agency established the Maddy EMS F	und (Original Assessment)?	🗹 Yes 🗖 No	
		b	Date fund established.		01/01/2005	
		c	Fund balance on July 1, 2017.		\$ 0.00	
		balance on June 30, 2017, state reason(s):	· · · · · · · · · · · · · · · · · · ·			
		2a	Has the agency established the Maddy EMS F	und (Supplemental Assessment)?	E Yes No	
		2a b		und (Supplemental Assessment)?	Yes No     (If no, go to #3)     01/01/2009	
			Has the agency established the Maddy EMS F Date fund established. Fund balance on July 1, 2017.	und (Supplemental Assessment)?	(If no, go to #3)	

3 Fines, penalties, and forfeitures collected under es statute.	ch Statute	Collections
a	Government Code § 76000	\$ 3,986.00
b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 453,912.00
c	Vehicle Code § 42007	\$ 0.00
d	Total	\$ 457,898.00
4 Responsibility for collection of fines, penalties, and	forfeitures:	
Entity	Contact (Name and Title)	
	statute. a b c d Responsibility for collection of fines, penalties, and Entity	statute.     Statute       a     Government Code § 76000       b     Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)       c     Vehicle Code § 42007       d     Total

Email Address

mybarra@sbcourts.org

805-882-4677

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8

÷

á.



IV Deposits into Maddy EMS Fund	5 Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a	Government Code § 76000 (Based on GC § 76104)	\$ 27,104.0
	b	Vehicle Code § 42007	\$ 0.0
	c	То	tal \$ 27,104.0
	d If no deposits into Maddy EMS Fund, state reasor	(s):	
	6 Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund no established, leave section blank and go to #7)	Statute	Deposits
	a	Government Code § 76000.	5 \$ 428,812.00
	b	Vehicle Code § 42007	\$ 0.00
	c	Tot	al \$ 428,812.00
	d If no deposits into Maddy EMS Fund, state reason	(s):	
	7 Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	
	7 Responsibility for deposit of penalty assessments:	Contact (Name and Title)	nalyst
Fund Category	7 Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbar. Phone Number	Contact (Name and Title) Marc Ybarra, Financial A Email Address	nalyst
	7 Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbar Phone Number 805-882-4677	Contact (Name and Title) Marc Ybarra, Financial A Email Address	Interest and
<b>Fund Category</b>	7 Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbar Phone Number 805-882-4677	Contact (Name and Title) Marc Ybarra, Financial A Email Address	
<b>Fund Category</b>	<ul> <li>Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbars Phone Number 805-882-4677</li> <li>Maddy EMS Fund (Original Assessment)</li> </ul>	Contact (Name and Title) Marc Ybarra, Financial A Email Address	Interest and Other Deposits
<b>Fund Category</b>	<ul> <li>Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbars Phone Number 805-882-4677</li> <li>Maddy EMS Fund (Original Assessment)</li> <li>a Interest earned during the fiscal year.</li> </ul>	Contact (Name and Title) Marc Ybarra, Financial A Email Address mybarra@sbcourts.org	Interest and Other Deposits \$ 77.00
<b>Fund Category</b>	<ul> <li>Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbars Phone Number 805-882-4677</li> <li>Maddy EMS Fund (Original Assessment)         <ul> <li>a Interest earned during the fiscal year.</li> <li>b Other deposits during the fiscal year.</li> </ul> </li> </ul>	Contact (Name and Title) Marc Ybarra, Financial A Email Address mybarra@sbcourts.org	Interest and Other Deposits \$ 77.00
<b>Fund Category</b>	<ul> <li>7 Responsibility for deposit of penalty assessments: Entity Superior Court CA, County of Santa Barbar. Phone Number 805-882-4677</li> <li>8 Maddy EMS Fund (Original Assessment) <ul> <li>a Interest earned during the fiscal year.</li> <li>b Other deposits during the fiscal year.</li> <li>c If other deposits were made, provide the type of deposite during the fiscal year.</li> </ul> </li> <li>9 Total amount of funds distributed to the specified expectified expectified expectified expectified to the specified expectified expectified to the specified expectified expectified to the specified expectified expectified expectified to the specified expectified expectified expectified to the specified expectified expecti</li></ul>	Contact (Name and Title)         Marc Ybarra, Financial A         Email Address mybarra@sbcourts.org         osits and the reason(s) for the deside of the second seco	Interest and Other Deposits \$ 77.00 posits:

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8

.

.



V Maddy EMS	-				6 10 245 00
Fund Category Distributions	c	Hospitals (25%)			\$ 10,245.00
(cont.)	d	Other Discretionary EMS (17%)			
	c		Total	\$ 0.00	\$ 27,104.00
	10	Maddy EMS Fund (Supplemental Assessment)	All found was and	blicked forme block and	
	1		(I) fund not esta	biisnea, ieave biank ana go	Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 9,615.00
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of	deposits and t	he reason(s) for the dep	osits:
	11	Total amount of funds distributed to the specifie during the fiscal year.	d categories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 42,881.00
	b	Richie's Fund (15%)			\$ 64,322.00
	c	Physicians/Surgeons (58%)		\$ 190,914.00	
	d	Hospitals (25%)	ii		\$ 80,402.00
	e	Other Discretionary EMS (17%)			\$ 54,674.00
	f		Total	\$ 0.00	\$ 433,193.00
	12	Responsibility for category distributions:			
		Entity Santa Barbara County EMS Agency	Contact Nichola	(Name and Title) s Clay	
		Phone Number 805-681-5394	Email Ad Nichola	ldress s.Clay@sbcphd.org	
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy	EMS Fund (Or	iginal	Amount
		Assessment).		-5	\$ 2,718.00
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental		Amount	
	Assessment). (If fund not established, leave blank and go to #16a)				\$ 44,577.00
	15	Total Richie's Fund expenditures from Maddy El	ME Fund (Sum	nlomental	A
	15	Assessment). (If fund not established, leave blank and	vis rund (sup)	premental	Amount

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8

÷.



VI Expenditures & Reimbursements			Allo	wable Claims		Paid	Claims
(cont.)	16a	Beend on the second sec	#	S Amount	#	%	S Amount
		from Maddy EMS Fund (Original Assessment).	1,315.00	\$ 14,189.00	1,315	100%	\$ 14,189.00
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30	, 2018, sta	te reason	(5):
	c.	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	gcons due to ttlements.	collections from		Amou	nt Reimbursed \$ 0.00
			Alloy	vable Claims		Paid	Claims
	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)	18,476	\$ 199,288.00	18,476	100%	\$ 199,288.00
	Ь	If allowable claims were not paid during fise		.,		ie reason	(3):
	c	Total reimbursements from Physicians/Surg	eons due to c				nt Reimbursed
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penaltics, and set Required documentation for submission. (7)	cons due to c	collections from		Amour	nt Reimbursed \$ 4,381.00
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (77 be submitted concurrently)	eons due to c titlements. he below docum	collections from nentation is part of t	he Maddy I	Amour	nt Reimbursed \$ 4,381.00
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (T/ be submitted concurrently)	cons due to c itlements. <i>he below docun</i> s claims pays	collections from nentation is part of t ment methodologi	he Maddy I	Amour EMS Fund	nt Reimbursed \$ 4,381.00 Preport, and <u>must</u>
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penaltics, and set Required documentation for submission. ( <i>Tl</i> be submitted concurrently) I A description of the Physicians/Surgeon I A statement of the policies, procedures,	eons due to c itlements. <i>he below docun</i> s claims pays and regulato spitals admir	collections from nentation is part of t ment methodolog ry action taken to nistrator organiza	<i>he Maddy I</i> ies. ) impleme tion, or n	Amour EMS Fund ant and ac	nt Reimbursed \$ 4,381.00 Treport, and <u>must</u> Iminister the pecific
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (T/ be submitted concurrently)         Image: A description of the Physicians/Surgeon         Image: A statement of the policies, procedures, stund(s).         Image: Name(s) of Physicians/Surgeons and Hose	eons due to c itlements. <i>he below docun</i> s claims pays and regulato spitals admir nistrators con	collections from <i>nentation is part of t</i> ment methodolog ry action taken to nistrator organiza ntacted to review	<i>he Maddy I</i> ies. impleme tion, or n claims pa	Amour EMS Fund ent and ac ames of s yment m	nt Reimbursed \$ 4,381.00 <i>Treport, and <u>must</u></i> Iminister the pecific ethodologies.
	c 18	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set         Required documentation for submission. (T/ be submitted concurrently)         I A description of the Physicians/Surgeon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgeons and Hospital admini         I A description of the process used to solic	cons due to c itlements. <i>In below docun</i> s claims pays and regulato spitals admir nistrators con	collections from <i>mentation is part of t</i> ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg	<i>he Maddy I</i> ies. impleme tion, or n claims pa	Amour EMS Fund ent and ac ames of s yment m	nt Reimbursed \$ 4,381.00 <i>Treport, and <u>must</u></i> Iminister the pecific ethodologies.
	c 18 19	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (<i>Tl be submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admir</li> <li>A description of the process used to solic payment distribution methodology.</li> <li>An identification of the fee schedule used Responsibility for claims payments to Physici</li> </ul>	eons due to c attements. <i>The below docun</i> s claims pays and regulato spitals admir histrators con this input from the coun	collections from mentation is part of t ment methodolog ry action taken to histrator organiza ntacted to review h Physicians/Surg	<i>he Maddy I</i> ies. impleme tion, or n claims pa	Amour EMS Fund ent and ac ames of s yment m	nt Reimbursed \$ 4,381.00 <i>Treport, and <u>must</u></i> Iminister the pecific ethodologies.
	c 18 19	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and set         Required documentation for submission. (T/         be submitted concurrently)         I A description of the Physicians/Surgeon         A description of the policies, procedures, fund(s).         I 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 Physici	eons due to c atlements. The below docum s claims pays and regulato spitals admir nistrators con the input from the by the coun ans/Surgeon Cont	collections from mentation is part of t ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg aty.	<i>he Maddy I</i> ies. impleme tion, or n claims pa eons and	Amour EMS Fund ent and ac ames of s yment m	nt Reimbursed \$ 4,381.00 <i>Treport, and <u>must</u></i> Iminister the pecific ethodologies.
	c 18 19	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (7/ be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, sfund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solic payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physicianty</li> <li>Emergency Medical Services Agency</li> </ul>	eons due to c itlements. ie below docum s claims pays and regulato spitals admir nistrators con tit input from d by the coun ans/Surgeon Cont Nic	collections from mentation is part of t ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg nty. s: act (Name and Ti holas Clay	<i>he Maddy I</i> ies. impleme tion, or n claims pa eons and	Amour EMS Fund ent and ac ames of s yment m	nt Reimbursed \$ 4,381.00 <i>Treport, and <u>must</u></i> Iminister the pecific ethodologies.
	c 18 19 1	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and set         Required documentation for submission. (T/         be submitted concurrently)         I A description of the Physicians/Surgeon         A description of the policies, procedures, fund(s).         I 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 Physici	eons due to c itlements. he below docun s claims pays and regulato spitals admir histrators con the input from d by the coun ans/Surgeon Cont Nic Emai	collections from mentation is part of t ment methodolog ry action taken to nistrator organiza ntacted to review n Physicians/Surg aty.	<i>he Maddy I</i> ies. impleme tion, or n claims pa eons and tle)	Amour EMS Fund ant and ad ames of s yment m Hospitals	nt Reimbursed \$ 4,381.00 <i>Treport, and <u>must</u></i> Iminister the pecific ethodologies.

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clai EMS Fund (Original Assessment).	E	Yes No (If no, go to #20d)				
			Al	lowable Claims		Paid C	laims	
			#	S Amount	#	%	S 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, 2017-June 30, 2018, state reason(s):					
	d	Direct disbursement to Hospitals. (N/A if hosp	aital clain	n ara paid on a claime	hasis		Amount	
		Leave blank and go to #21e)				\$	5 10,274.00	
	c '	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thir	d-party,	Amoun	t Reimbursed \$ 0.00	
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>				es 🗾 No If no, go to #21 d)		
			Alle	wable Claims		Paid Cl	aims	
	b	Total Hospitals expenditures.	#	S Amount	#	% 0%	S Amount	
		If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
		in alternation in Balaka Data a				A	mount	
	d	Direct disbursement to Hospitals. (N/A if hospi Leave blank and go to #22e)	tal claims	are paid on a claims bu	asis.		\$ 83,698.00	
	e	Total reimbursements from Hospitals due to c county penalties, and settlements.	ollection	is from patient/third	l-party,	Amount	Reimbursed \$ 0.00	
	22 I	Required documentation for submission. (The be submitted concurrently)	below do	cumentation is part of t	he Maddy E	MS Fund r	eport, and <u>must</u>	
	1	A description of the hospitals payment me	ethodolo	gies.				
	I	Responsibility for claims payments to Hospital Entity Emergency Medical Services Agency	0	Contact (Name and T Nicholas Clay	ſitle)			
		Phone Number 805-681-5394	E	mail Address Nicholas.Clay@st	ocphd.org	3		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8

x



24a		
	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	Assessment).	\$ 0.00
5		
b	Description of other EMS services provided:	
		Amount
25a	(Supplemental Assessment). (If fund not established, leave blank)	\$ 56,166.00
	b 25a	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

**VII Fund Summary** 



Maddy EMS Fund (Original Assessment)						
	Available Funds for Distribution	Fund Total				
Balance on July 1, 2017	\$ 0.00 ( <i>Ic</i> )	\$ 0.00				
Deposits for <u>July 1, 2017-June 30, 2018</u>	\$ 27,104.00 <i>(Se)</i>	\$ 27,104.00				
Interest for July 1, 2017-June 30, 2018	\$ 77.00	\$ 27,181.00				
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 (8b)	\$ 27,181.00				

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 2,710.00 (9a)		\$ 2,710.00	\$ 2,718.00 (13)
Physicians/Surgeons (58%)	\$ 14,149.00 (9b)	\$ 0.00 (9b)	\$ 14,149.00	\$ 14,189.00 (16a)
Hospitals (25%)	\$ 10,245.00	\$ 0.00	\$ 10,245.00	\$ 0.00 (20b Pd)
	(9c)	(9c)	\$ 10,243.00	\$ 10,274.00 (20d)
Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a)
Total	\$ 27,104.00 (9e)	\$ 0.00 (9e)	\$ 27,104.00	\$ 27,181.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 0.00
eimbursements		122		
Physicians/Surgeons		\$ 0.00		\$ 0.00

Physicians/Surgeons	\$ 0.00	\$ 0.00
Hospitals	\$ 0.00 (20e)	\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2018		\$ 0.00

0 9 Date

Signature of Maddy EMS Fund Administrator

Director Printed Name & Title

Email Address

Nicholas. Clay Esbephd.org

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



### **VII Fund Summary**

(cont.)

### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 817,942.00 (2c)	\$ 817,942.00
Deposits for July 1, 2017 June 30, 2018	\$ 428,812.00 (6c)	\$ 1,246,754.00
Interest for July 1, 2017-June 30, 2018	\$ 9,615.00 (10a)	\$ 1,256,369.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	\$ 1,256,369.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 42,881.00 (11a)		\$ 42,881.00	\$ 44,577.00 (14)
Richie's Fund (15%)	\$ 64,322.00 (11b)		\$ 64,322.00	\$ 113,725.00 (15)
Physicians/Surgeons (58%)	\$ 190,914.00 (11c)	\$ 0.00 (11c)	\$ 190,914.00	\$ 199,288.00 (17a)
Hospitals (25%)	\$ 80,402.00	\$ 0.00	\$ 80,402.00	\$ 0.00 (216 Pd)
	(11d)	(11d)		\$ 83,698.00 (21d)
Other Discretionary EMS (17%)	\$ 54,674.00 (11e)	\$ 0.00 (11e)	\$ 54,674.00	\$ 56,166.00 (25a)
Total	\$ 433,193.00	\$ 0.00	\$ 433,193.00	\$ 497,454.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 758,915.00
Reimbursements			A	
Physicians/Surgeons	\$ 4,	\$ 4,381.00		
Hospitals		\$ 0.00		\$ 763,296.00
	A second s			

Ending Balance for Total Available Funds as of June 30, 2018

Signature of Maddy EMS Fund Administrator

Printed Name & Title

10-1 19 -Date

\$ 763,296.00

lature of Waddy EWIS Fund Administrator

Ivector

Email Address

Nicholas, Clay@sbcphd.org



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

Ī	Administering	Cou	nty / Department	County Contact (Name and T	itle)	
	Agency	SCVHHS Finance/Reimbursement Department		Pearly Epp, Maddy Fund Administrator		
		Add	ress (Number and Street)	Phone Number		
		232	25 Enborg Lane, Suite 360	408-885-6889		
		City	or Post Office, State, and ZIP Code	Email Address		
		Sa	n Jose, CA 95128	Pearly.Epp@hhs.sccgov.	org	
II	Establishment of				Yes No	
	Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?		
		b	Date fund established.		01/31/1989	
		c	Fund balance on July 1, 2017.		\$ 1,879,240.08	
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	s reported ending	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	• Yes • No (If no, go to #3)	
		b	Date fund established.		04/10/2007	
		c	c Fund balance on July 1, 2017.		\$ 0.00	
		d	If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s): See ATTACHMENT.			
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 272,352.67	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.,		
		c		Vehicle Code § 42007	\$ 276,079.56	
		d		Tota	\$ 1,618,379.39	
		4	Responsibility for collection of fines, penalties, and fo Entity Superior Court of CA-County of Santa Clara	rfeitures: Contact (Name and Title) Stephanie A. Gomez, Dir	ector of Finance	
			Phone Number 408-882-2871	Email Address SGomez@scscourt.org		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS	5 Total penalty assessments deposited into Made EMS Fund (Original Assessment).	dy Statute	Deposits		
Fund	2	Government Code § 76000 (Based on GC § 76104)	\$ 272,352.67		
	b	Vehicle Code § 42007	\$ 276,079.56		
	c	Total	\$ 548,432.23		
	d If no deposits into Maddy EMS Fund, state rea	ason(s):			
	6 Total penalty assessments deposited into Made EMS Fund (Supplemental Assessment). (If fun established, leave section blank and go to #7)		Deposits		
	2	Government Code § 76000.5	\$ 1,069,947.16		
	b	Vehicle Code § 42007	\$ 0.00		
	c	Total	\$ 1,069,947.16		
	See ATTACHMENT. 7 Responsibility for deposit of penalty assessmen	nts:			
	Entity	Contact (Name and Title)			
	County of Santa Clara-Controller-Treas				
	Phone Number 408-299-5249	Marilou.Mutuc@fin.sccgov			
Maddy EMS		Teldinou.telutuc@ini.scogoe	.org		
Fund Category	8 Maddy EMS Fund (Original Assessment)	Mariou. Mutuci@nit.socgov	/.org		
	8 Maddy EMS Fund (Original Assessment)		Interest and		
Fund Category			Interest and Other Deposits		
Fund Category	<ul> <li>8 Maddy EMS Fund (Original Assessment)</li> <li>a Interest carned during the fiscal year.</li> <li>b Other deposits during the fiscal year.</li> </ul>		Interest and Other Deposits \$ 29,639.26		
Fund Category	a Interest carned during the fiscal year.		Interest and Other Deposits \$ 29,639.26 \$ 900,361.95		
Fund Category	<ul> <li>a <u>Interest earned during the fiscal year.</u></li> <li>b <u>Other deposits during the fiscal year.</u></li> <li>c If other deposits were made, provide the type of the type</li></ul>	of deposits and the reason(s) for the dep	Interest and Other Deposits \$ 29,639.26 \$ 900,361.95		
Fund Category	<ul> <li>a Interest earned during the fiscal year.</li> <li>b Other deposits during the fiscal year.</li> <li>c If other deposits were made, provide the type of See ATTACHMENT.</li> <li>9 Total amount of funds distributed to the specific terms of terms</li></ul>	of deposits and the reason(s) for the dep fied categories Reserve (Optional)	Interest and Other Deposits \$ 29,639.26 \$ 900,361.95 osits: Category		

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)		\$ 0.00	\$ 370,144.09	
Distributions	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 251,697.99	
(cont.)	c		Total	\$ 0.00	\$ 1,665,043.95	
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	ed not esta	ablished, leave blank and go	to #12) Interest and	
					Other Deposits	
	a	Interest earned during fiscal year.			\$ 0.00 -\$ 889,320.14	
	b	Other deposits during fiscal year.				
	c	If other deposits were made, provide the type of deposite See ATTACHMENT.				
	11	Total amount of funds distributed to the specified categories during the fiscal year.		Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of actual cost or 10%) Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 0.00	
	b				\$ 180,627.02	
	c			\$ 0.00	\$ 0.00	
	d	Hospitals (25%)		\$ 0.00	\$ 0.00	
	c	Other Discretionary EMS (17%)		\$ 0.00	\$ 0.00	
	f		Total	\$ 0.00	\$ 180,627.02	
			Total			
	12	Responsibility for category distributions:				
		Entity Santa Clara Valley Health & Hospital System		t (Name and Title) (Epp, REIMBMNT M	GR/ASST CTRI	
		Phone Number		Address		
		408-885-6889	Pearly	.Epp@hhs.sccgov.or	g	
I Expenditures &	12	TALAL STAR			Amount	
Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (G		\$ 163,302.60	
	14 Total Administration expanditures from Maddy FMS Fund (Supplemental				Amount	
	14	Total Administration expenditures from Maddy EMS	Fund (S			
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		Suppremental	\$ 0.00	
	14 15		#16a)		\$ 0.00 Amount	



VI Expenditures &				Allowable Claims		Paid Claims		
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
			from Maddy EMS Fund (Original Assessment).	59,047.00	\$ 15,595,35 <b>2</b>	54,603	92%	\$ 879,899.27
		b	If allowable claims were not paid during fisc: See ATTACHMENT.	al year, Jul	y 1, 2017-June 30,	2018, stat	e reason	u(s):
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	Int Reimbursed \$ 38,245.26
				Allos	vable Claims		Paid	Claims
		17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	1 aiu %	\$ Amount
			from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	0	\$ 0.00	0	0%	\$ 180,627.02
			See ATTACHMENT. Total reimbursements from Physicians/Surge		collections from		Amou	unt Reimbursed
		C	patient/third-party, county penalties, and set					\$ 0.00
		18	<ul> <li>Required documentation for submission. (The be submitted concurrently)</li> <li>A description of the Physicians/Surgeons</li> <li>A statement of the policies, procedures, a fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admin</li> <li>A description of the process used to solic payment distribution methodology.</li> <li>An identification of the fee schedule used</li> <li>Responsibility for claims payments to Physici</li> <li>Entity</li> </ul>	s claims pay and regulat spitals adm nistrators co cit input fro d by the cou ians/Surgeo	vment methodolog ory action taken to inistrator organiz: ontacted to review m Physicians/Surg nty.	ies. o implement ation, or n claims pa geons and	ent and a names of nyment r	administer the specific nethodologies.
			Santa Clara Valley Health & Hospital S		early Epp, REIM		/IGR/AS	SST CTRL
			Phone Number		ail Address			
			408-885-6889	Pe	early.Epp@hhs.	sccgov.c	org	



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clair EMS Fund (Original Assessment).	ns b <b>a</b> sis fo	or the Maddy		Yes (If no, go	<b>No</b> to #20d)
			Allo	wable Claims		Paid Cl	aims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.	294	\$ 11,413,78	294	100%	\$ 370,144.09
	c	If allowable claims were not paid during fisc: See ATTACHED.	al year, Ju	ily 1, 2017-June 30	, 2018, stat	e 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 \$ 0.00
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thi	rd-party,	Amour	nt Reimbursed \$ 0.00
	21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If fa and go to #22)			D y	'es (If no, go to	2 No 0 #21d)
			Allo	wable Claims		Paid Cl	aims
			#	\$ Amount	#	%	\$ Amount
	Ь	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00
	c	If allowable claims were not paid during fisc	), 2018 stat	e reason(	s):		
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	oital claims	are paid on a claims	basis.	A	Amount \$ 0.00
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thi	rd-party,	Amour	nt Reimbursed \$ 0.00
	22	Required documentation for submission. (The be submitted concurrently) A description of the hospitals payment m			f the Maddy	EMS Fund	l report, and <u>must</u>
	23	Responsibility for claims payments to Hospit Entity Santa Clara Valley Health & Hospital S	System (	Contact (Name and Pearly Epp, REI		MGR/AS	SST CTRL
		Phone Number 408-885-6889		E <b>mail Address</b> Pearly.Epp@hh	s.sccgov.	org	



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	214	Assessment).	\$ 251,697.99
		b	Description of other EMS services provided:	
			See ATTACHMENT.	
		25.	Total Other Discretioners EMC super ditures from Modely EMC Fund	Amount
		25 <b>a</b>	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:	
			See ATTACHMENT.	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

**VII Fund Summary** 



	Maddy EMS Fund (Original Assessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 1,879,240.08 (Ic)	\$ 1,879,240.08
Deposits for July 1, 2017-June 30, 2018	\$ 548,432.23 (5c)	\$ 2,427,672.31
Interest for July 1, 2017-June 30, 2018	\$ 29,639.26 (8a)	\$ 2,457,311.57
Other Deposits for July 1, 2017-June 30, 2018	\$ 900,361.95 <sub>(8b)</sub>	\$ 3,357,673.52

istributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 163,302.60		\$ 163,302.60	\$ 163,302.60 (13)
Physicians/Surgeons (58%)	\$ 879,899.27 (9b)	\$ 0.00 (9b)	\$ 879,899.27	\$ 879,899.27 (16a)
Hospitals (25%)	\$ 370,144.09	\$ 0.00	\$ 370,144.09	\$ 370,144.09 (20b Pd)
	\$ 370,144.09 (9c)	\$ 0.00 (9c)	\$ 570, 144.05	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 251,697.99 (9d)	\$ 0.00 (9d)	\$ 251,697.99	\$ 251,697.99 (24a)
Total	\$ 1,665,043.9! (%)	\$ 0.00 (9e)	\$ 1,665,043.9	\$ 1,665,043.95
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,692,629.57

Reimbursements		
Physicians/Surgeons	\$ 38,245.26 (16c)	\$ 1,730,874.83
Hospitals	\$ 0.00 (20e)	\$ 1,730,874.83
Ending Balance for Total Available Funds as of June 30, 2018		\$ 1,730,874.83

Signature of Maddy I MS Fund Administrator

2 24 Date 19

Maddy AMS Fund. <u>Cop</u> Reimb. Manager Printed Name & Title PEONY. Eppenns-SCC. 50V Pearly Epp

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# **VII Fund Summary**

(cont.)

# Maddy EMS Fund

(Supplemental	Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 0.00	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 1,069,947.16	\$ 1,069,947.16
Interest for July 1, 2017-June 30, 2018	\$ 0.00	\$ 1,069,947.16
Other Deposits for July 1, 2017 - June 30, 2018	-\$ 889,320.14	\$ 180,627.02

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 180,627.02 (11b)		\$ 180,627.02	\$ 180,627.02 (15)
Physicians/Surgeons (58%)	\$ 0.00	\$ 0.00 (11c)	\$ 0.00	\$0.00 (17#)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (216 PM)
	(11d)	(11d)		\$ 0.00
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 180,627.02	\$ 0.00	\$ 180,627.02	\$ 180,627.02
Preliminary Fund Balance (Fund Totul - Total Expenditures)				\$0.00
Reimbursements		_		
Physicians/Surgeons	1.0.0	\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$0.00

**Ending Balance for Total Available** Funds as of June 30, 2018

2 26/19

\$0.00

Signature of Maddy EMS Fund Administrator

ear

emb. Managor

Name & Title

Date

Peorly Eppohns. Sccgov - mg

# ATTACHMENT

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

# Section II – Question 2d

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

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

# Section IV – Question 6d

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

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

# Section V – Question 8c

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

Recognizing the merging of the Supplemental Assessment with the Original Assessment, plus some adjustments for vendor reconciliation, internal receivables accrual, application of cash discounts taken, and other similar entries.

# Section V – Question 10c

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

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

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

# Section VI – Question 16b

*If allowable claims were not paid during the fiscal year [under the Original Assessment], July 1, 2017-June 30, 2018, state reason(s):* 

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

# ATTACHMENT

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

# Section VI – Question 17b

*If allowable claims were not paid during the fiscal year [under the Supplemental Assessment], July 1, 2017-June 30, 2018, state reason(s):* 

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



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

I	Administering Agency		Inty / Department	County Contact (Name and Ti Christine Williams/Chief o	
	Agency	_	nta Cruz County/Health Services Agency dress (Number and Street)	Phone Number	
			80 Emeline Ave, 2nd floor	831-454-7341	
			y or Post Office, State, and ZIP Code	Email Address	
			inta Cruz, CA 95060	christine.williams@santac	ruzcounty.us
п	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Ves No
		b	Date fund established.		03/31/1992
		с	Fund balance on July 1, 2017.		\$ 355,180.58
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s): n/a	, 2017, differs from the previous	reported ending
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		04/13/2007
		c	Fund balance on July 1, 2017.		\$ 1,235,461.75
Ш	Collections of	3	balance on June 30, 2017, state reason(s): n/a Fines, penalties, and forfeitures collected under each		
	Penalty		statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 261,548.93
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 260,239.45
		с		Vehicle Code § 42007	
		d		Total	\$ 521,788.38
		4	Responsibility for collection of fines, penalties, and fo		
			Entity	Contact (Name and Title)	
			Auditor-Controller-Treasurer-Tax Collector	Pam Silbaugh, Accounting	g Manager
			Phone Number 831-454-2679	Email Address pam.silbaugh@santacruz	county.us

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



	Deposits into Maddy EMS		penalty assessments deposited into Maddy Fund (Original Assessment).	Statute	Deposits
	Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 261,548.93
		b		Vehicle Code § 42007	
		с		Total	\$ 261,548.93
		d Ifnod	eposits into Maddy EMS Fund, state reason(s)	:	
		EMS I	penalty assessments deposited into Maddy Fund (Supplemental Assessment). (If fund not hed, leave section blank and go to #7)	Statute	Deposits
		a		Government Code § 76000.5	\$ 260,239.45
		b		Vehicle Code § 42007	
		-		Total	\$ 260,239.45
		c			
		Entity		Contact (Name and Title)	
		Entity Audit Phone	or-Controller-Treasurer-Tax Collector Number	Pam Silbaugh, Accounting N Email Address	
		Entity Audit Phone	or-Controller-Treasurer-Tax Collector	Pam Silbaugh, Accounting N	
	Maddy EMS Fund Category	Entity Audit Phone 831-4	or-Controller-Treasurer-Tax Collector Number	Pam Silbaugh, Accounting N Email Address	
		Entity Audit Phone 831-4	or-Controller-Treasurer-Tax Collector Number 154-2679	Pam Silbaugh, Accounting N Email Address	
	Fund Category	Entity Audit Phone 831-4 8 Madd	or-Controller-Treasurer-Tax Collector Number 454-2679 y EMS Fund (Original Assessment)	Pam Silbaugh, Accounting N Email Address	unty.us Interest and
	Fund Category	Audit Phone 831-4 8 Maddy a Intere	or-Controller-Treasurer-Tax Collector Number 154-2679	Pam Silbaugh, Accounting N Email Address	Interest and Other Deposits \$ 3,808.29
	Fund Category	8 Maddy a Interes b Other	or-Controller-Treasurer-Tax Collector Number 454-2679 y EMS Fund (Original Assessment) st earned during the fiscal year. deposits during the fiscal year.	Pam Silbaugh, Accounting M Email Address pam.silbaugh@santacruzcou	Interest and Other Deposits \$ 3,808.29 \$ 295,750.00
	Fund Category	Audit Phone 831-4 8 Maddy a Interes b Other c If othe	or-Controller-Treasurer-Tax Collector Number 454-2679 y EMS Fund (Original Assessment) st earned during the fiscal year.	Pam Silbaugh, Accounting N Email Address pam.silbaugh@santacruzcou	Interest and Other Deposits \$ 3,808.29 \$ 295,750.00
	Fund Category	Audit Phone 831-4 8 Madd a Intere b Other c If othe Trans 9 Total a	or-Controller-Treasurer-Tax Collector Number 454-2679 y EMS Fund (Original Assessment) st earned during the fiscal year. deposits during the fiscal year.	Pam Silbaugh, Accounting N Email Address pam.silbaugh@santacruzcou	Interest and Other Deposits \$ 3,808.29 \$ 295,750.00
	Fund Category	Audit Phone 831-4 8 Madd 8 Madd a Intere b Other c If othe Trans 9 Total a during	or-Controller-Treasurer-Tax Collector Number 454-2679 y EMS Fund (Original Assessment) st earned during the fiscal year. deposits during the fiscal year. er deposits were made, provide the type of depo sfer from Supplemental Assessment func- amount of funds distributed to the specified ca g the fiscal year. histration (Admin cost equal to the lesser of act	Pam Silbaugh, Accounting N         Email Address         pam.silbaugh@santacruzcou         osits and the reason(s) for the deposed.         tegories       Reserve (Optional)	Interest and Other Deposits \$ 3,808.29 \$ 295,750.00 its: Category

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



/ Maddy EMS Fund Category	с	Hospitals (25%)			\$ 160,000.00	
Distributions	d	Other Discretionary EMS (17%)				
(cont.)	e		Total	\$ 0.00	\$ 464,146.03	
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	nd not establ	ished, leave blank and go t		
					Interest and Other Deposits	
	a	Interest earned during fiscal year.			\$ 16,326.13	
	b	Other deposits during fiscal year.			-\$ 295,750.00	
	с	If other deposits were made, provide the type of depo	sits and th	e reason(s) for the depo	osits:	
	ı	Transfer to Original Assessment fund (Maddy fund.				
	11	Total amount of funds distributed to the specified cat during the fiscal year.	egories	Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of act cost or 10%)	qual to the lesser of actual			
	b	Richie's Fund (15%)				
	с	Physicians/Surgeons (58%)				
	d	Hospitals (25%)				
	e	e Other Discretionary EMS (17%)				
	f		Total	\$ 0.00	\$ 0.00	
	12	Responsibility for category distributions:				
	14	Entity Santa Cruz County Health Services Agency		(Name and Title) e Williams, Chief of	Fiscal Services	
		Phone Number	Email Ac			
		831-454-7341	christine	e.williams@santacru	Izcounty.us	
/I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EM Assessment).	S Fund (Or	riginal	Amount	
	14	Total Administration expenditures from Maddy EM Assessment). <i>(If fund not established, leave blank and go t</i>	S Fund (Su o #16a)	pplemental	Amount	



			Alloy	wable Claims		Paid	Claims
Reimbursements (cont.)	16a		#	\$ Amount	#	%	\$ Amount
(cont.)		from Maddy EMS Fund (Original Assessment).	3,648.00	\$ 1,713,309.0	100	3%	\$ 304,146.0
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017-June 30, 2	2018, sta	te reason	(\$):
						Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		ns due to collections from			\$ 4,258.47
			Allow	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	eons due to	collections from		Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed
	с 18		ttlements.		he Maddy		
		patient/third-party, county penalties, and see Required documentation for submission. (T	ttlements. he below docu	mentation is part of th			
		patient/third-party, county penalties, and set Required documentation for submission. (The be submitted concurrently)	ttlements. <i>he below docu</i> s claims pay	<i>mentation is part of th</i> yment methodologi	es.	EMS Fun	d report, and <u>mus</u>
		<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures,</li> </ul>	ttlements. <i>he below docu</i> is claims päy and regulat sspitals adm	<i>mentation is part of th</i> yment methodologi ory action taken to inistrator organiza	es. implem tion, or 1	EMS Fun ent and a names of	<i>d report, and <u>mus</u></i> administer the specific
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Home</li> </ul>	ttlements. <i>he below docu</i> is claims pay and regulat spitals adm nistrators co	mentation is part of the second secon	es. implem tion, or 1 claims p	EMS Fun ent and a names of ayment n	<i>d report, and <u>mus</u></i> administer the specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppiscians/Surgeons and Hospital admit</li> <li>A description of the process used to soli</li> </ul>	ttlements. <i>he below docu</i> is claims pay and regulat and regulat spitals adm nistrators co cit input fro	mentation is part of the yment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg	es. implem tion, or 1 claims p	EMS Fun ent and a names of ayment n	<i>d report, and <u>mus</u></i> administer the specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surg</li></ul>	ttlements. <i>he below docu</i> s claims pay and regulat spitals adm nistrators co cit input fro d by the cou cians/Surgeo	mentation is part of the second secon	es. implem tion, or r claims p eons and	EMS Fun ent and a names of ayment n	<i>d report, and <u>mus</u></i> administer the specific nethodologies.
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppiscians/Surgeons and Hoppiscians</li></ul>	ttlements. <i>he below docu</i> s claims pay and regulat ospitals adm nistrators co cit input fro d by the cou cians/Surgeo Con	mentation is part of the yment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	es. implem tion, or 1 claims p eons and	EMS Fun ent and a names of ayment n l Hospita	<i>d report, and <u>mus</u></i> administer the specific nethodologies. Is to review
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (Tribe submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hophysicians/Surgeons and Hophysicians/Surg</li></ul>	ttlements. the below docu s claims pay and regulat and regulat spitals adm nistrators co cit input fro d by the cou cians/Surgeo Gency Cl	mentation is part of the ment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	es. implem tion, or 1 claims p eons and	EMS Fun ent and a names of ayment n l Hospita	<i>d report, and <u>mus</u></i> administer the specific nethodologies. Is to review
	18	<ul> <li>patient/third-party, county penalties, and set</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppiscians/Surgeons and Hoppiscians</li></ul>	ttlements. the below docu s claims pay and regulat and regulat ospitals adm nistrators co cit input fro d by the cou cians/Surgeo gency Cl Em	mentation is part of the yment methodologi ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	es. tion, or r claims pr eons and itle)	EMS Fun ent and a names of ayment n I Hospita	d report, and <u>mus</u> administer the specific nethodologies. Is to review



I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	ns b <b>a</b> sis f	or the Maddy		Yes (If no, go	☑ No to #20d)	
			Allo	wable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ Amount	
	b	Total Hospitals expenditures.				0%		
	c	If allowable claims were not paid during fisca	e reason(	(s):				
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis.					<b>Amount</b> 160,000.00	
		Leave blank and go to #21e)	lleation	na from nationt/thi	rd party	Amou	nt Reimbursed	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thin	ru-party,			
	<b>21</b> a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). <i>(If fa and go to #22)</i>	ns basis f und not est	for the Maddy tablished, leave blank	<b>•</b> Y	'es (If no, go t	☑ No o #21d)	
			Allo	wable Claims		Paid C	laims	
			#	\$ Amount	#	%	\$ 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 basis.					Amount	
	u	Leave blank and go to #22e)				5		
	e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed	
	22	Required documentation for submission. <i>(The be submitted concurrently)</i>			f the Maddy	EMS Fund	d report, and <u>mu</u>	
	23	Responsibility for claims payments to Hospit Entity Santa Cruz County Health Services Ag		Contact (Name and Christine Williar		of Fisca	I Services	
		Phone Number		Email Address				

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



I Expenditures & Reimbursements (cont.)	<b>24</b> a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
	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:	
	b	Description of other EMS services provided:	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

**VII Fund Summary** 



	Maddy EMS Fund (Original Assessment)	
	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 355,180.58 ( <i>Ic</i> )	\$ 355,180.58
Deposits for July 1, 2017-June 30, 2018	\$ 261,548.93 <i>(5c)</i>	\$ 616,729.51
Interest for July 1, 2017-June 30, 2018	\$ 3,808.29 (8a)	\$ 620,537.80
Other Deposits for July 1, 2017-June 30, 2018	\$ 295,750.00 <sub>(8b)</sub>	\$ 916,287.80

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 (9a)		\$ 0.00	\$ 0.00 (13)
Physicians/Surgeons (58%)	\$ 304,146.03 (9b)	\$ 0.00 (9b)	\$ 304,146.03	\$ 304,146.03 (16a)
Hospitals (25%)		0.0.00	0.400.000.00	\$ 0.00 (20b Pd)
	\$ 160,000.00 (9c)	\$ 0.00 (9c)	\$ 160,000.00	\$ 160,000.00 (20d
Other Discretionary EMS (17%)	\$ 0.00 (9d)	\$ 0.00 (9d)	\$ 0.00	\$ 0.00 (24a
Total	\$ 464,146.03 (9e)	\$ 0.00 (9e)	\$ 464,146.03	\$ 464,146.03
Preliminary Fund Balance (Fund Total - Total Expenditures)		1-115		\$ 452,141.77

Reimbursements		
Physicians/Surgeons	\$ 4,258.47 ( <i>16c</i> )	\$ 456,400.24
Hospitals	\$ 0.00 (20e)	\$ 456,400.24
Ending Balance for Total Available Funds as of June 30, 2018	mail - Aven	\$ 456,400.24

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address

### **STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 1,235,461.75 (2c)	\$ 1,235,461.75
Deposits for July 1, 2017- June 30, 2018	\$ 260,239.45 (6c)	\$ 1,495,701.20
Interest for July 1, 2017-June 30, 2018	\$ 16,326.13 (10a)	\$ 1,512,027.33
Other Deposits for July 1, 2017 - June 30, 2018	-\$ 295,750.00 (10b)	\$ 1,216,277.33

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 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 (11)	\$ 0.00	\$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)		- Think	Laure La	\$ 1,216,277.33
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 1,216,277.33

\$ 0.00 (21e)	\$ 1,216,277.33
	\$ 1,216,277.33

Signature of Maddy EMS Fund Administrator

Date

<u>Christine Williams (FO</u> christine williams @ Printed Name & Title / Email Address San tacmb county. V.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

	Administering	County / Department	County Contact (Name and Ti	tle)
	Agency	SISKIYOU COUNTY HHSA PUBLIC HEALTH DI	DAWN WALTON, ADMIN	SERVICES MANAN
		Address (Number and Street)	Phone Number	
		810 S MAIN STREET	530.841.2149	
		City or Post Office, State, and ZIP Code	Email Address	، بىرى ئەرىپىلەر بىرىكە ئەرىپىلەر بىرىكە بىرىپىلەر بىرىپىلەر بىرىپىلەر بىرىپىلەر بىرىپىلەر بىرىكە بىرىپىلەر بىر
		YREKA CA 96097	DWALTON@CO.SISKIY	DU.CA.US
H	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (O	riginal Assessment)?	Yes No
		b Date fund established.		
		c Fund balance on July 1, 2017.		\$ 143,960.78
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
		2a Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes INo (If no, go to #3)
		b Date fund established.		<u>kan series and an electric states and an an and an all the United States and an and an all the United</u>
		c Fund balance on July 1, 2017.		
		<ul> <li><u>Fund balance on July 1, 2017.</u></li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> </ul>	, 2017, differs from the previous	reported ending
111	Collections of	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
111	Collections of Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penaltics, and forfeitures collected under each</li> </ul>		
111		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous Statute Government Code § 76000	reported ending Collections \$ 146,448.23
111	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penaltics, and forfeitures collected under each statute.</li> </ul>	Statute	Collections
111	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> <li>a</li> </ul>	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penaltics, and forfeitures collected under each statute. a b	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penaltics, and forfeitures collected under each statute. a b	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 146,448.23
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b c d	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 146,448.23
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         3       Fines, penaltics, and forfeitures collected under each statute.         a         b         c         d         4         Responsibility for collection of fines, penaltics, and for	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total rfeitures:	Collections \$ 146,448.23



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
3 0110	a		Government Code § 7600 (Based on GC § 76104)	<sup>0</sup> \$ 131,539.10
	ь		Vehicle Code § 42007	
	c		T	otal \$ 131,539.10
	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 § 7600	0.5
	b		Vehicle Code § 42007	
	c		Т	otal \$ 0.00
	đ	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		anten interaction and a substantian any part of the first and an anter state of the instant and provide in the
			Contact (Name and Title)	
		SISKIYOU COUNTY AUDITOR Phone Number	JENNIE EBEJER Email Address	
		530.842.8030	JEBEJER@CO.SISKI	YOU.CA.US
V Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
Distributions				Interest and Other Deposits
	8	Interest carned during the fiscal year.		\$ 1,629.57
	b	Other deposits during the fiscal year.		
	¢	If other deposits were made, provide the type of depo	sits and the reason(s) for th	e deposits:
			egories Reserve	Category
	9	Total amount of funds distributed to the specified cat during the fiscal year.	(Optional)	Distributions
	9 a	Total amount of funds distributed to the specified cat during the fiscal year. Administration (Admin cost equal to the lesser of act or 10%)	(Optional)	

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	с	Hospitals (25%)		\$ 45,401.81
Distributions	đ	Other Discretionary EMS (17%)		\$ 37,220.69
(cont.)	e		tal \$ 0.00	\$ 202,880.03
	10	Maddy EMS Fund (Supplemental Assessment) (If fund no	ot established, leave blank and go	to #12)
				Interest and Other Deposits
	a	Interest carned during fiscal year.		
	b	Other deposits during fiscal year.		
	¢	If other deposits were made, provide the type of deposits	and the reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified categor during the fiscal year.	ies Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actual cost or 10%)		
	b	Richie's Fund (15%)		
	c	Physicians/Surgeons (58%)		
	đ	Hospitals (25%)		
	e	Other Discretionary EMS (17%)		
	ſ	To	tal \$ 0.00	\$ 0.00
	12	Responsibility for category distributions:           Entity         Contraction	entact (Name and Title)	an inconsistent <b>and</b> and a second second and a second second second second second second second second second se
		Phone Number Er	nail Address	
I Expenditures &				Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS Fu Assessment).	no (Original	\$ 10,231.91
		Total Administration expenditures from Maddy EMS Fu	nd (Supplemental	Amount
	14	Total Administration expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #16	a)	



Reimbursemen	λ.		Allov	vable Claims		Paid (	Claims
(cont.)		Total Physicians/Surgeons expenditures	#	S Amount	#	%	S Amount
		from Maddy EMS Fund (Original Assessment).	1,312.00	\$ 417,038.00	1,312	100%	\$ 110,025.62
							an a
	b	If allowable claims were not paid during fise	cal ycar, July	y 1, 2017-June 30,	2018, stat	te reason	(\$):
						www.ex	
						Amou	nt Reimbursed
	C	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	geons due to ettlements.	collections from	NOV		\$ 2,548.38
		аучы дала та бала бала бала бай айман түрө үнө өнө бай	Allor	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)				0%	
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed
	c 18		ettlements.		the Maddy		
		patient/third-party, county penalties, and se Required documentation for submission. (7	ettlements. The below docu	umentation is part of t			
		patient/third-party, county penalties, and se Required documentation for submission. (7 be submitted concurrently)	ettlements. The below docu ns claims pa	umentation is part of yment methodolog	gies.	EMS Fun	d report, and <u>must</u>
		patient/third-party, county penalties, and set         Required documentation for submission. (7)         be submitted concurrently)         I A description of the Physicians/Surgeo         I A statement of the policies, procedures	ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm	umentation is part of t yment methodolog tory action taken t ninistrator organiz	;ies. 0 implem ation, or	EMS Fun	ad report, and <u>must</u> administer the <sup>T</sup> specific
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (1) be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H</li> </ul>	ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators c	umentation is part of i yment methodolog tory action taken t hinistrator organiz ontacted to review	ties. o implem ation, or claims p	EMS Fun	ad report, and <u>must</u> administer the Specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Herbysicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol</li> </ul>	ettlements. <i>The below docu</i> ns claims pay , and regular ospitals adm inistrators c licit input fro	umentation is part of i yment methodolog tory action taken t hinistrator organiz ontacted to review om Physicians/Sur-	ties. o implem ation, or claims p	EMS Fun	ad report, and <u>must</u> administer the Specific nethodologies.
		<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicians</li> </ul>	ettlements. <i>The below docu</i> ns claims pay , and regulat ospitals adm inistrators c licit input fro ed by the con icians/Surge	umentation is part of i yment methodolog tory action taken t hinistrator organiz ontacted to review om Physicians/Sur- unty.	gies. o implem ation, or claims p geons and	EMS Fun	ad report, and <u>must</u> administer the Specific nethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>Ibe submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physic</li> </ul>	ettlements. The below docu- ns claims pay , and regulat ospitals adm inistrators c licit input fro ed by the con- icians/Surge- Co-	umentation is part of i yment methodolog tory action taken t unistrator organiz ontacted to review om Physicians/Sur- unty.	ties. o implem ation, or claims p geons and Fitle)	EMS Fun	ad report, and <u>must</u> administer the Specific methodologies. als to review
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (<i>The submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicians</li> </ul>	ettlements. The below docu ns claims pay , and regulat ospitals adm inistrators c licit input fro ed by the con icians/Surged HEAL	umentation is part of i yment methodolog tory action taken t hinistrator organiz ontacted to review om Physicians/Sur- unty.	ties. o implem ation, or claims p geons and Fitle)	EMS Fun	ad report, and <u>must</u> administer the Specific methodologies. als to review

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expen Reimt (cont.)	oursements	20a	Indicate if Hospital claims are paid on a clai EMS Fund (Original Assessment).	al claims are paid on a claims basis for the Maddy nal Assessment).			Yes (If no, go to #	
				「			n.t.t.C	
				A110 #	S Amount	#	Paid Cl %	S Amount
							4	\$ 45,401.81
		b	Total Hospitals expenditures.	720	\$ 616,269.00	720	100%	5 40,401.01
		C	If allowable claims were not paid during fisc	al year, J	uly 1, 2017-June 30,	2018, sta	te reason(	s):
		đ	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #21e)	pital claims	s are paid on a claims b	oasis.		Amount
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thir	d-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)	
				Ailo	wable Claims		Paid Cl	aims
				#	S Amount	Ħ	%	S Amount
		b	Total Hospitals expenditures.			ansemantesti () - in sintette	0%	
		c	If allowable claims were not paid during fise	al year, J	uly 1, 2017-June 30	, 2018 sta	te reason(	s):
		d	Direct disbursement to Hospitals. (N/A if hos Leave blank and go to #22e)	oital claims	s are paid on a claims b	asis.	1	Amount
		¢	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	as from patient/thir	d-party,	Amour	nt Reimbursed
		22	Required documentation for submission. (The beside the submitted concurrently)	he below do	ocumentation is part of	the Maddy	EMS Fund	l report, and <u>must</u>
			A description of the hospitals payment i	nethodolo	ogies.			
		23	Responsibility for claims payments to Hospi Entity SISKIYOU COUNTY HHSA PUBLIC I		Contact (Name and DAWN WALTON	Title) NADMIN	SERVIC	CES MANAGE
			Phone Number		Email Address		011.04	10
			530.841.2149		DWALTON@CC	J.SISKIY	UU.CA.	19



VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount	
	(cont.)			\$ 37,220.69	
		b	Description of other EMS services provided:		
			Contract with Local EMS Agency		
				Amount	
		• •	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Anoun	
			(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. 1-2019) Page 7 of 8



## VII Fund Summary

Maddy EMS Fund (Original Assessment)							
	Available Funds for Distribution	Fund Total					
Balance on July 1, 2017	\$ 143,960.78 ( <i>lc</i> )	\$ 143,960.78					
Deposits for July 1, 2017-June 30, 2018	\$ 131,539.10 <sub>(3c)</sub>	\$ 275,499.88					
Interest for July 1, 2017-June 30, 2018	\$ 1,629.57 (8a)	\$ 277,129.45					
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00 <sub>(8b)</sub>	\$ 277,129.45					

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 10,231.91 (9a)		\$ 10,231.91	\$ 10,231.91 (13)
Physicians/Surgeons (58%)	\$ 110,025.62 (9b)	\$ 0.00 (9b)	\$ 110,025.62	\$ 110,025.62 (16a)
Hospitals (25%)	\$ 45,401.81 (9c)	\$ 0.00 (9c)	\$ 45,401.81	\$ 45,401.81 (206 Pd) \$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 37,220.69 (9d)	\$ 0.00 (9d)	\$ 37,220.69	\$ 37,220.69 (24a)
Total	\$ 202,880.03 (9e)	\$ 0.00 (9e)	\$ 202,880.03	\$ 202,880.03
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 74,249.42

Reimbursements		
Physicians/Surgeons	\$ 2,548.38 ( <i>16c</i> )	\$ 76,797.80
Hospitals	\$ 0.00 (20e)	\$ 76,797.80
Ending Balance for Total Available Funds as of June 30, 2018		\$ 76,797.80

Signature of Maddy EMS Fund Administrator

Dawn Walton, Admin Services Manager II Printed Name & Title

UD -06/04/2019 Date

dwalton@co.siskiyou.ca.us Email Address This page left blank for printing purposes.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

I Administering		Cour	nty / Department	County Contact (Name and Ti	
Agency		Sola	ano County	Iris Harms, Senior Accour	ntant
		Addr	ress (Number and Street)	Phone Number	
		275	Beck Avenue	707-784-8527	
		City	or Post Office, State, and ZIP Code	Email Address	
		Fair	field, CA 94533	INHarms@solanocounty.c	com
11	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	🗹 Yes 🗖 No
	junu	b	Date fund established.		04/01/2001
		с	Fund balance on July 1, 2017.		\$ 481,445.97
			If the Maddy EMS Fund beginning halance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending
		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, 2017.	2017 differs from the proving	reported ending
		-		, 2017, differs from the previous	reported ending
[]]	Collections of Penalty	c đ	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1.	, 2017, differs from the previous Statute	reported ending Collections
[]]		c đ	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each		
11	Penalty	c d	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute	Collections \$ 1,038,930.00
11	Penalty	c d 3 a	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections \$ 1,038,930.00 \$ 0.00
111	Penalty	c d 3 a b	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections
	Penalty	c d 3 a b c d	Fund balance on July 1, 2017. If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 1,038,930.00 \$ 0.00 \$ 997,730.00
	Penalty	c d 3 a b c d 4	Fund balance on July 1, 2017.         If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 1,038,930.00 \$ 0.00 \$ 997,730.00
	Penalty	c d 3 a b c d 4	Fund balance on July 1, 2017.         If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         Fines, penalties, and forfeitures collected under each statute.         f         Responsibility for collection of fines, penalties, and for fines, penalties, penalt	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 1,038,930.00 \$ 0.00 \$ 997,730.00 \$ 2,036,660.00
	Penalty	c d 3 a b c d 4	Fund balance on July 1, 2017.         If the Maddy EMS Fund beginning balance on July 1         balance on June 30, 2017, state reason(s):         Fines, penalties, and forfeitures collected under each statute.         f         Responsibility for collection of fines, penalties, and for	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total rfeitures: Contact (Name and Title)	Collections \$ 1,038,930.00 \$ 0.00 \$ 997,730.00 \$ 2,036,660.00

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
ź	Fund	a		Government Code § 76000 (Based on GC § 76104)	\$ 368,316.34
		b		Vehicle Code § 42007	\$ 0.00
		c		Total	\$ 368,316.34
		đ	If no deposits into Maddy EMS Fund, state reason(s): *5b deposits for 42007 are included in 76000 a		by the courts.
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not</i> established, leave section blank and go to #7)	Statute	Deposits
		а		Government Code § 76000.5	\$ 0.00
		b	·	Vehicle Code § 42007	\$ 0.00
		c		Total	\$ 0.00
		7	n/a Responsibility for deposit of penalty assessments:		
		7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	
			Solano Superior Court	Liliana Rebisz, Accountant	
			Phone Number 707-207-7479	Email Address  grebisz@solano.courts.ca.	gov
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
	B				Interest and Other Deposits
		a	Interest earned during the fiscal year.		\$ 7,350.54
		b	Other deposits during the fiscal year.		\$ 0.00
		c	If other deposits were made, provide the type of depo	sits and the reason(s) for the depo	osits:
• <b>`</b> .	х.	. 9	Total amount of funds distributed to the specified cat during the fiscal year.	egories Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of actors or 10%)		\$ 37,481.28
		b	Physicians/Surgeons (58%)		\$ 186,337.83

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



					VIII FORMU
Maddy EMS	c	Hospitals (25%)			\$ 0.00
Fund Category Distributions	d	Other Discretionary EMS (17%)			\$ 54,616.25
(cont.)		Out Districtionary End (1710)	Total	\$ 0.00	\$ 278,435.36
	e				
		•			
	10	Maddy EMS Fund (Supplemental Assessment) (If fa	ind not esta	blished, leave blank and go	
		5 <sup>-</sup>			Interest and Other Deposits
	8	Interest earned during fiscal year.		\$	\$ 0.00
	b	Other deposits during fiscal year.			\$ 0.00
			anita and t	he reason(s) for the day	osite
	c	If other deposits were made, provide the type of dep	osits and t	ne reason(s) for the dep	05115.
		n/a			
	11	Total amount of funds distributed to the specified ca	tegories	Reserve (Optional)	Category Distributions
		during the fiscal year.		(Opnonul)	· · · · · · · · · · · · · · · · · · ·
	a	Administration (Admin cost equal to the lesser of ac cost or 10%)		•	\$ 0.00
	b	Richie's Fund (15%)			\$ 0.00
	с	Physicians/Surgeons (58%)			\$ 0.00
	d	Hospitals (25%)			\$ 0.00
	e	Other Discretionary EMS (17%)			\$ 0.00
	f		Total	\$ 0.00	\$ 0.00
			,		
	12	Responsibility for category distributions:	Contact	(Name and Title)	
		Health and Social Services, Solano County	1	Vright, Staff Analyst	
		Phone Number	Email A	Address	
		707-784-8508	SAWri	ght@solanocounty.co	om
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EM	S Fund (O	riginal	Amount
Kennbursements	15	Assessment).			\$ 37,481.28
				·····	
	14	Total Administration expenditures from Maddy EM		upplemental	Amount
		Assessment). (If fund not established, leave blank and go t			\$ 0.00
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (Su	pplemental	Amount
		Assessment). (If fund not established, leave blank and go t			\$ 0.00

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



VI Expenditures &			Alle	wable Claims		Paid	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgcons expenditures	#	\$ Amount	#	%	\$ Amount
(,		from Maddy EMS Fund (Original Assessment).	7,155.0	\$ 5,520,969.0	6,918	97%	\$ 186,337.83
	b	If allowable claims were not paid during fisc	cal year, Ju	ly 1, 2017-June 30,	2018, stat	te reason	(s):
		n/a		3		ı	
	c	Total reimbursements from Physicians/Surg	eons due te	collections from		Amou	nt Reimbursed
	t	patient/third-party, county penalties, and se					\$ 3,216.07
					[		•
	. –	· · · · · · · · · · · · · · · · · · ·		wable Claims		I	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%	\$ 0.00
		* · · · · · · · · · · · · · · · · · · ·			L		
	b	If allowable claims were not paid during fisc	cal year, Ju	ly 1, 2017-June 30,	2018, sta	te reason	(s):
		٨					
				*			
						Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		o collections from		Amou	\$ 0.00
	18	Required documentation for submission. (T be submitted concurrently)	EMS Fun	d report, and <u>must</u>			
		A description of the Physicians/Surgeor	ns claims pa	yment methodolog	ies.		
		A statement of the policies, procedures, fund(s).	and regula	tory action taken t	o implem	ent and a	administer the
		Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi					
		A description of the process used to soli payment distribution methodology.	icit input fr	om Physicians/Surg	geons and	Hospita	ls to review
		An identification of the fee schedule use	ed by the co	unty.			
×	19	Responsibility for claims payments to Physic	cians/Surge	ons:			
		Entity		ontact (Name and T			
		Health and Social Services, Solano C		ally Wright, Staf	f Analys	t	*****
		Phone Number	1	nail Address			
		707-784-8508	9	AWright@solan	ocounty.	com	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures & Reimbursement (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)		
				Alloy	vable Claims		Paid C	laims	
				#	\$ Amount	#	%	§ Amount	
		b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00	
		c	If allowable claims were not paid during fisca	l year, Ju	ly 1, 2017-June 30	, 2018, stat	e reason(	s):	
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital claims	are paid on a claims	basis.		Amount \$ 0.00	
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thi	rd-party,	Amour	nt Reimbursed \$ 0.00	
		21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). <i>(If fu</i> and go to #22)	ns basis fo and not esta	or the Maddy blished, leave blank		'es (If no, go te	D No 9 #21d)	
				Allov	vable Claims		Paid C	aims	
			-	#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fisca	l year, Ju	ly 1, 2017-June 30	), 2018 stat	e reason(	s):	
				·			1	Amount	
		d	Direct disbursement to Hospitals. (N/A if hospit Leave blank and go to #22e)	ital claims	are paid on a claims	basis.		\$ 0.00	
		e .	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thi	rd-party,	Amour	nt Reimbursed \$ 0.00	
λ.* 		22	Required documentation for submission. (The be submitted concurrently) A description of the hospitals payment m			f the Maddy .	EMS Fund	report, and <u>must</u>	
		23	Responsibility for claims payments to Hospita	als:					
			Entity Health and Social Services, Solano Co	0	Contact (Name and Sally Wright, Sta		t		
			Phone Number 707-784-8508	1	Cmail Address SAWright@sola	nocounty	.com		

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



I Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
(cont.)	274	Assessment).	\$ 54,616.25
	b	Description of other EMS services provided:	
		Direct program expenditures to provide EMS services for FY17-18.	
	75.0	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
	25a	(Supplemental Assessment). (If fund not established, leave blank)	\$ 0.00
			,

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass			n e segura de la composition de la comp La composition de la c
		Available Funds		1	Fund Total
	Balance on July 1, 2017	· · · · · · · · · · · · · · · · · · ·	81,445.97 ( <i>lc</i> )		\$ 481,445.97
	Deposits for July 1, 2017-June 30, 2018	\$ 3	68,316.34 (sc)		\$ 849,762.31
	Interest for July 1, 2017-June 30, 2018		\$ 7,350.54 (8a)		\$ 857,112.85
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)	1	\$857,112.85
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 37,481.28 (9a)		\$ 37,481.28	\$ 37,481.28 (13)
	Physicians/Surgeons (58%)	\$ 186,337.83 (9b)	\$ 0.00 (9b)	\$ 186,337.83	\$ 186,337.83 (16a)
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd) \$ 0.00
		(9c)	(9c)	·	(20d)
	Other Discretionary EMS (17%)	\$ 54,616.25 (9d)	\$ 0.00 (9d)	\$ 54,616.25	\$ 54,616.25 (24a)
	Total	\$ 278,435.36 (9e)	\$ 0.00 (9e)	\$ 278,435.36	\$ 278,435.36
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 578,677.49
	Reimbursements				
	Physicians/Surgeons	\$	\$ 581,893.56		
	Höspitals		\$ 581,893.56		
• •	Ending Balance for Total Available Funds as of June 30, 2018		(20e)		\$ 581,893.56

EMS Fund Administrator Signature of

rinted Name & Title

Date SAWright C Solaro County. con

Email Address

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

VII Fund Summary (cont.)



	Maddy EM (Supplemental )		аналан — налан на так са се	
	Available Funds fo	or Distribution		Fund Total
Balance on July 1, 2017		\$ 0.00 (2c)		\$ 0.00
Deposits for July 1, 2017- June 30, 2018		\$ 0.00 <i>(6c)</i>	•	\$ 0.00
Interest for July 1, 2017-June 30, 2018		\$ 0.00 (10a)		\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 (10b)		\$ 0.00
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (215 Pd) \$ 0.00
Other Discretionary EMS (17%)	(11d) \$ 0.00	(11d) \$ 0.00	\$ 0.00	(21d) \$ 0.00
Total	(11e) \$ 0.00 (11f)	(11e) \$ 0.00 (11)	\$ 0.00	( <i>25a</i> ) \$ 0.00
Preliminary Fund Balance (Fund Total - Total Expenditures)			-	\$ 0.00
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 0.00
Hospitals		\$ 0.00 (21e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2018				\$ 0.00

J. Signature Maddy EMS Fund Administrator

U. Wright, Sta Printed Name & Title

Date

Shunight C Solano Camb <u>com</u> Email Address-



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

I	Administering	Cou	nty / Department	County Contact (Name and Ti	tle)
	Agency	So	noma	Joanne Chapman	
		Add	iress (Number and Street)	Phone Number	
			5 Concourse Blvd	707-565-6506	
			or Post Office, State, and ZIP Code	Email Address	
			nta Rosa, CA 95403	joanne.chapman@sonom	a-county.org
ĪI	Establishment of Fund	la	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	Yes No
		b	Date fund established.		07/01/2011
		с	Fund balance on July 1, 2017.		\$ 92,711.00
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending
			\$68,097 use of fund balance to cover EMS ope	erational expenditures.	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	• Yes • No (If no, go to #3)
		b	Date fund established.		01/01/2008
		с	Fund balance on July 1, 2017.		\$ 226,415.00
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending
			\$30,000 use of fund balance to cover EMS ope	erational expenditures.	
	<u> </u>				
111	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each	<b>6</b> 1.1.1	
	Assessments		statute.	Statute	Collections
	1 803 603 888 678 65	a		Government Code § 76000	\$ 269,875.00
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 429,309.00
		с		Vehicle Code § 42007	
		d		Total	\$ 699,184.00
		4	Responsibility for collection of fines, penalties, and fo	rfeitures:	
			Entity	Contact (Name and Title)	
			Sonoma County Courts	Linda Walker, Court Final	ncial Manager
			Phone Number 707-521-6507	Email Address  walker@sonomacountyce	ourt.org

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 269,875.00
		b		Vehicle Code § 42007	
		c		Total	\$ 269,875.00
		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
		а		Government Code § 76000.5	\$ 429,309.00
		b		Vehicle Code § 42007	
		c		Total	\$ 429,309.00
		_		·	a
		d	If no deposits into Maddy EMS Fund, state reason(s):	·	
		7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	
			Sonoma County Courts	Linda Walker	
			Phone Number 707-521-6507	Email Address lwalker@sonomacountycou	urt.ora
v	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
	Distributions				Interest and Other Deposits
		а	Interest earned during the fiscal year.	_	\$ 5,542.00
		b	Other deposits during the fiscal year.		\$ 10,728.00
		-			· · · · · · · · · · · · · · · · · · ·
		C	If other deposits were made, provide the type of depo Individual court fines - code 27450	sits and the reason(s) for the dep	osits:
		9	Total amount of funds distributed to the specified cat during the fiscal year.	tegories Reserve (Optional)	Category Distributions
		A	Administration (Admin cost equal to the lesser of act or 10%)	ual cost	\$ 27,542.00
		b	Physicians/Surgeons (58%)		\$ 143,768.00



		_		
c	Hospitals (25%)			\$ 61,969.00
d	Other Discretionary EMS (17%)			\$ 42,139.00
e		Total	\$ 0.00	\$ 275,418.00
10	Maddy EMS Fund (Supplemental Assessment) (If	fund not establ	lished, leave blank and go t	o #12)
				Interest and Other Deposits
a	Interest earned during fiscal year.			\$ 11,323.00
b	Other deposits during fiscal year.			
с	If other deposits were made, provide the type of de	posits and th	e reason(s) for the depo	sits:
			·	
11	Total amount of funds distributed to the specified c during the fiscal year.	ategories	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of a cost or 10%)	ctual		\$ 44,063.00
b	Richie's Fund (15%)			\$ 59,485.00
c	Physicians/Surgeons (58%)			\$ 195,508.00
d	Hospitals (25%)			\$ 84,271.00
e	Other Discretionary EMS (17%)			\$ 57,305.00
f		Total	\$ 0.00	\$ 440,632.00
12	Responsibility for category distributions:			
	Entity	Contact (	Name and Title)	
		Rachel S	Sweet, Accountant II	
		Email Ad	dress	
_	707-565-4898	rachel.sv	weet@sonoma-coun	ty.org
13	Total Administration expenditures from Maddy FN	1S Fund /Ori	ginal	Amount
	Assessment).		gmai	\$ 27,542.00
14	Total Administration expenditures from Maddy EM	IS Fund (Sup	plemental	Amount
	(IJ Juna not established, leave blank and go	10 #16a)		\$ 44,062.00
15	Total Richie's Fund expenditures from Maddy EMS	S Fund (Supe	lementol	Amount
	d e 10 a b c 11 a b c d e f 12 13	d       Other Discretionary EMS (17%)         e	d       Other Discretionary EMS (17%)         e	d       Other Discretionary EMS (17%)       Total       \$ 0.00         e       Total       \$ 0.00         10       Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and got         a       Interest earned during fiscal year.         b       Other deposits during fiscal year.         c       If other deposits were made, provide the type of deposits and the reason(s) for the depo         11       Total amount of funds distributed to the specified categories       Reserve (Optional)         a       Administration (Admin cost equal to the lesser of actual cost or 10%)       Image: Cost or 10%         b       Richie's Fund (15%)       Image: Contact (Name and Title)         c       Physicians/Surgeons (58%)       Image: Contact (Name and Title)         d       Hospitals (25%)       Image: Contact (Name and Title)         f       Total Administration expenditures from Maddy EMS Fund (Original Assessment).       Assessment).         13       Total Administration expenditures from Maddy EMS Fund (Original Assessment).       Image: Contact (Name end Title)



VI Expenditures &			Allov	vable Claims		Paid (	Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
()		from Maddy EMS Fund (Original Assessment).	8,622.00	\$ 4,113,935.0	8,622	100%	\$ 350,126.58
	Ъ	If allowable claims were not paid during fisc			2018, sta	te reason	(s):
		Services rendered in FY17-18 were pa	aid in FY18	3-19			
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed
	15.		Allov #	vable Claims S Amount	#	Paid (	Claims S Amount
	1/1	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	#	5 Amount	n	0%	5 Amount
	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 best of the submitted concurrently)	he below docu	mentation is part of t	he Meddy	EMS Fun	d report, and <u>must</u>
		A description of the Physicians/Surgeon	s claims pay	ment methodolog	ies.		
		A statement of the policies, procedures, fund(s).	and regulat	ory action taken to	o implem	ent and a	dminister the
		Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi	spitals adm nistrators c	inistrator organiza ontacted to review	tion, or l claims p	names of ayment n	specific 1ethodologies.
		A description of the process used to soli payment distribution methodology.	cit input fro	m Physicians/Surg	geons and	l Hospita	ls to review
		An identification of the fee schedule use	d by the cou	inty.			
	19	Responsibility for claims payments to Physic			N		
		E an dùtan	Col	Acres (Manager and T	'itle)		
		Entity		ntact (Name and T			
		Sonoma County Dept of Health Srvcs	R	achel Sweet, Ac		nt II	-
		•	Ra Em	•	countar		



I Expenditures &							
Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	ns b <b>a</b> sis fo	r the Maddy		Yes (lf no, go	☑ No 10 #20d)
			A 11			D-14 Ct	
			<u>Allov</u> #	vable Claims S Amount	#	Paid Cl	s Amount
						0%	
	b	Total Hospitals expenditures.			12	070	
	c	If allowable claims were not paid during fiscs	ıl year, Ju	ly 1, 2017-June 30	), 2018, stat	e reason(s	;):
	d	Direct disbursement to Hospitals. (N/A if hosp	ital claims	are paid on a claims	basis.		Amount
		Leave blank and go to #21e)	· · · · · · · · · · · · · · · · · · ·			<b>&gt;</b>	102,099.00
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thi	rd-party,	Amoun	t Reimbursed
	21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). <i>(If fa and go to #22)</i>				'es (If no, go to	☑ No #21d)
			Allov	vable Claims		Paid Cl	aims
			#	\$ Amount	#	%	\$ Amount
	ь	Total Hospitals expenditures.				0%	
	с	If allowable claims were not paid during fisca	l year, Ju	ly 1, 2017-June 30	), 2018 stat	e reason(s	i):
				مطايبة لتمتمينا ملا	enital nor	entage (	of charity ca
		We combine the disbursement amt and	d distribu	te based on no	spital per	sentage .	or onlinity of
	đ	We combine the disbursement amt and Direct disbursement to Hospitals. (N/A if hosp					mount
	d						
	d e	Direct disbursement to Hospitals. (N/A if hosp	ital claims	are paid on a claims	basis.	A	mount
		Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e) Total reimbursements from Hospitals due to	ital claims of the second s	are paid on a claims s from patient/thi	basis. rd-party,	Amoun	t Reimbursed
	e	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e) Total reimbursements from Hospitals due to county penalties, and settlements. Required documentation for submission. (Th	ital claims of collection:	are paid on a claims s from patient/thin cumentation is part o	basis. rd-party,	Amoun	t Reimbursed
	e 22	Direct disbursement to Hospitals. (N/A if hosp         Leave blank and go to #22e)         Total reimbursements from Hospitals due to county penalties, and settlements.         Required documentation for submission. (The submitted concurrently)         Image: Concurrent in the submitted	ital claims i collection: e below doc	are paid on a claims s from patient/thin cumentation is part o	basis. rd-party,	Amoun	t Reimbursed
	e	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e) Total reimbursements from Hospitals due to county penalties, and settlements. Required documentation for submission. (The be submitted concurrently)	ital claims of collections of the collections of the collection of	are paid on a claims s from patient/thin cumentation is part o	basis. rd-party, f the Maddy	Amoun	t Reimbursed
	e 22	Direct disbursement to Hospitals. (N/A if hosp         Leave blank and go to #22e)         Total reimbursements from Hospitals due to county penalties, and settlements.         Required documentation for submission. (The submitted concurrently)         I A description of the hospitals payment in Responsibility for claims payments to Hospitals	ital claims of collections of collec	are paid on a claims s from patient/thin cumentation is part o gies.	basis. rd-party, f the Maddy	Amoun EMS Fund	t Reimbursed
	e 22	Direct disbursement to Hospitals. (N/A if hosp         Leave blank and go to #22e)         Total reimbursements from Hospitals due to county penalties, and settlements.         Required documentation for submission. (The submitted concurrently)         I A description of the hospitals payment in Responsibility for claims payments to Hospitals to Hospitals	ital claims of collection: e below doc nethodolog als:	are paid on a claims s from patient/thin cumentation is part of gies.	basis. rd-party, f the Maddy	Amoun EMS Fund	t Reimbursed

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 42,139.00
		b	Description of other EMS services provided:	
			Local regulation of the EMS system through the Emergency Medical Ser	vices System Ordina
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		80A	(Supplemental Assessment). (If fund not established, leave blank)	\$ 57,304.00
		b	Description of other EMS services provided:	
			Local regulation of the EMS system through the Emergency Medical Se	rvices System Ordina

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EMS (Original Asso			
		Available Funds fo			Fund Total
	Balance on July 1, 2017	\$ 9	92,711.00 ( <i>lc</i> )		\$ 92,711.00
	Deposits for July 1, 2017-June 30, 2018	\$ 26	69,875.00 (5c)		\$ 362,586.00
	Interest for July 1, 2017-June 30, 2018	\$	5,542.00 (8a)		\$ 368,128.00
	Other Deposits for July 1, 2017-June 30, 2018	\$ -	10,728.00 <sub>(8b)</sub>		\$ 378,856.00
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 27,542.00 (9a)		\$ 27,542.00	\$ 27,542.00 (13)
	Physicians/Surgeons (58%)	\$ 143,768.00 (9b)	\$ 0.00 (9b)	\$ 143,768.00	\$ 350,126.58 (16a)
	Hospitals (25%)	\$ 61,969.00	\$ 0.00	\$ 61,969.00	\$ 0.00 (20b Pd)
		(9c)	(9c)	• • • •	\$ 102,099.00 (20d)
	Other Discretionary EMS (17%)	\$ 42,139.00 (9d)	\$ 0.00 (9d)	\$ 42,139.00	\$ 42,139.00 (24a)
	Total	\$ 275,418.00	\$ 0.00 (9e)	\$ 275,418.00	\$ 521,906.58
	Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 143,050.58
	Reimbursements				
	Physicians/Surgeons		\$ 0.00 (16c)		-\$ 143,050.58
	Hospitals		\$ 0.00 (20e)		-\$ 143,050.58
	Ending Balance for Total Available Funds as of June 30, 2018				-\$ 143,050.58

Danne Clen

Date

Signature of Maddy EMS Fund Administrator

Joanne Chapman EMS Coordinator

Printed Name & Title

Email Address

Joanne. chapman @ sonoma - county.org

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribu	tion	Fund Total
Balance on July 1, 2017	\$ 226,415.00	(2c)	\$ 226,415.00
Deposits for July 1, 2017- June 30, 2018	\$ 429,309.00	(6c)	\$ 655,724.00
Interest for July 1, 2017-June 30, 2018	\$ 11,323.00	(10a)	\$ 667,047.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	(105)	\$ 667,047.00

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 44,063.00 (11a)		\$ 44,063.00	\$ 44,062.00 (14)
Richie's Fund (15%)	\$ 59,485.00 (11b)		\$ 59,485.00	\$ 78,536.00 (15)
Physicians/Surgcons (58%)	\$ 195,508.00 (11c)	\$ 0.00 (11c)	\$ 195,508.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 84,271.00	\$ 0.00	\$ 84,271.00	\$ 0.00 (216 Pd) \$ 0.00 (214)
Other Discretionary EMS (17%)	\$ 57,305.00 (11e)	\$ 0.00 (11e)	\$ 57,305.00	\$ 57,304.00 (25a)
Total	\$ 440,632.00 (11))	\$ 0.00 (11)	\$ 440,632.00	\$ 179,902.00
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 487,145.00

Reimbursements		
Physicians/Surgeons	\$ 0.00 (17c)	\$ 487,145.00
Hospitals	\$ 0.00 (21e)	\$ 487,145.00
Ending Balance for Total Available Funds as of June 30, 2018		\$ 487,145.00

10 Signature of Maddy EMS Fund Administrator

19 5

Date

EMS Coordinator DanneChapman

Printed Name & Title Email Address JDanne. Chapman @ Sonoma-County-0

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

	Administering	County / Department	County Contact (Name and Ti	tle)
	Agency	County of Stanislaus Health Serivces Agency	Maria Blanco, Manager III	
		Address (Number and Street)	Phone Number	
		830 Scenic Drive	(209) 558-4802	
		City or Post Office, State, and ZIP Code	Email Address	
		PO 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, 2017.		\$ 393,804.77
		d If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending
		2a Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b Date fund established.		03/20/2007
				0 100 171 11
		<ul> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s);</li> </ul>	, 2017, differs from the previous	\$ 120,171.11 reported ending
111	Collections of		, 2017, differs from the previous	a set and
	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous Statute	a set and
111		<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		collections
m	Penalty	<ul> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each statute.</li> </ul>	Statute	Collections \$ 671,004.27
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute.	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental	Collections \$ 671,004.27
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a b	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	Collections \$ 671,004.27 \$ 123,363.87
111	Penalty	d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s): 3 Fines, penalties, and forfeitures collected under each statute. a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 671,004.27 \$ 123,363.87
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 671,004.27 \$ 123,363.87
111	Penalty	d       If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):         3       Fines, penalties, and forfeitures collected under each statute.         a	Statute Government Code § 76000 Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.) Vehicle Code § 42007 Total	Collections \$ 671,004.27 \$ 123,363.87 \$ 794,368.14

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 671,004.27		
		b	Vehicle Code § 42007	1.4.2.2.3		
		c	Total	\$ 671,004.27		
		d If no deposits into Maddy EMS Fund, state reason(s)	K.			
		6 Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits		
		a	Government Code § 76000.5	\$ 123,363.87		
		b	Vehicle Code § 42007			
		c	Total	\$ 123,363.87		
		d If no deposits into Maddy EMS Fund, state reason(s)	1:			
		7 Responsibility for deposit of penalty assessments:				
		Entity County Of Stanislaus Auditor Controller's Off	Contact (Name and Title) roller's Offic Jillian Echavarria, Accountant II			
		Phone Number (209)525-6598	Email Address EChavarria@stancounty.com			
Fund	ldy EMS d Category ributions	8 Maddy EMS Fund (Original Assessment)				
Dist	TIDUCIONS			Interest and Other Deposits		
		a Interest earned during the fiscal year.		\$ 3,670.67		
		b Other deposits during the fiscal year.				
		c If other deposits were made, provide the type of dep	osits and the reason(s) for the depo	osits:		
		9 Total amount of funds distributed to the specified ea during the fiscal year.	ategories Reserve (Optional)	Category Distributions		
		a Administration (Admin cost equal to the lesser of ac or 10%)	tual cost	\$ 54,179.46		
		b Physicians/Surgeons (58%)		\$ 339,369.92		
-						

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



					ALIFORNIA
V Maddy EMS	с	Hospitals (25%)			\$ 180,000.00
Fund Category Distributions					\$ 90,859.00
(cont.)	d	Other Discretionary EMS (17%)	1.2.7	\$ 0.00	\$ 664,408.38
	e		Total	\$ 0.00	\$ 001,100.00
	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 carned during fiscal year.			\$ 1,199.38
	b	Other deposits during fiscal year.			
	c	If other deposits were made, provide the type of depos	its and th	e reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified cate during the fiscal year.	gories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 11,471.50
	b	Richie's Fund (15%)	1		
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)		-	1.
	f		Total	\$ 0.00	\$ 11,471.50
	12	Responsibility for category distributions:			
		Entity County Of Stanislaus Health Services Agency		(Name and Title) Blanco, Manager III	
		Phone Number	Email A	ddress	
		(209) 558-4802	MBland	co@schsa.org	
I Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (O	riginal	Amount \$ 54,179.46
		Assessment).			
		AT A THICK OF A THICK OF A THICK AND	1.	1	Amount
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to		upplemental	\$ 11,471.50
	15	Total Richie's Fund expenditures from Maddy EMS	Fund (Su	pplemental	Amount
	10	Assessment). (If fund not established, leave blank and go to			\$ 61,166.2

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 4 of 8



			Allowable Claims		Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
()		from Maddy EMS Fund (Original Assessment).	6,665.00	\$ 996,302.91	6,665	100%	\$ 339,369.92
	b	If allowable claims were not paid during fis	te reason	(\$):			
		Total reimbursements from Physicians/Sur	magne due to	collections from		Amou	nt Reimbursed
	C	patient/third-party, county penalties, and s		conections from			\$ 18,906.23
				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)	_		1	0%	
	с	Total reimbursements from Physicians/Sur		collections from	-	Amou	int Reimbursed
	c 18	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s Required documentation for submission. (	ettlements.		the Maddy		
		patient/third-party, county penalties, and s Required documentation for submission. ( be submitted concurrently)	ettlements. The below docu	umentation is part of			
		patient/third-party, county penalties, and s         Required documentation for submission. (         be submitted concurrently)         Image: I	settlements. The below docu ons claims pa	umentation is part of yment methodolo	gies.	EMS Fur	nd report, and <u>mus</u>
		patient/third-party, county penalties, and sRequired documentation for submission. (be submitted concurrently)Image: Concurrently and the submission of the Physicians/Surgeous	ettlements. <i>The below docu</i> ons claims pa s, and regular Hospitals adm	umentation is part of yment methodolo tory action taken unistrator organiz	gies. to implen zation, or	<i>EMS Fun</i> nent and a	nd report, and <u>mus</u> administer the f specific
		<ul> <li>patient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedure fund(s).</li> <li>Name(s) of Physicians/Surgeons and F</li> </ul>	settlements. The below docu ons claims pa s, and regular Hospitals adm ninistrators c	umentation is part of yment methodolo tory action taken hinistrator organiz	gies. to implen zation, or v claims p	eMS Fun	ad report, and <u>mus</u> administer the f specific methodologies.
		<ul> <li>patient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedure fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so</li> </ul>	ettlements. The below docu ons claims pa s, and regular Hospitals adm ninistrators c olicit input fro	<i>umentation is part of</i> yment methodolo tory action taken ninistrator organiz ontacted to reviev om Physicians/Sur	gies. to implen zation, or v claims p	eMS Fun	nd report, and <u>mus</u> administer the f specific methodologies.
		<ul> <li>patient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surged</li> <li>A statement of the policies, procedure fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> </ul>	ettlements. The below docu ons claims pa- s, and regular Hospitals adm ninistrators c olicit input fro sed by the con sicians/Surge	umentation is part of yment methodolo tory action taken ninistrator organi: ontacted to review om Physicians/Sur unty.	gies. to implen zation, or v claims p rgeons an	eMS Fun	nd report, and <u>mus</u> administer the f specific methodologies.
	18	<ul> <li>patient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedure fund(s).</li> <li>Name(s) of Physicians/Surgeons and Herror Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule un Responsibility for claims payments to Physicians/Surgeons and Physicians/Surgeons and Physicians/Surgeons and Physicians/Surgeons and Physicians/Surgeons and Hospital adm</li> </ul>	ettlements. The below docu ons claims pay s, and regular Hospitals adm ninistrators c blicit input fro sed by the con sicians/Surger Co	umentation is part of yment methodolo tory action taken ninistrator organiz ontacted to reviev om Physicians/Sur unty. ons: ntact (Name and	gies. to implen zation, or v claims p rgeons an Title)	eEMS Fun	nd report, and <u>mus</u> administer the f specific methodologies. als to review
	18	<ul> <li>patient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surged</li> <li>A statement of the policies, procedure fund(s).</li> <li>Name(s) of Physicians/Surgeons and He Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule u</li> <li>Responsibility for claims payments to Physicians to Physicians</li> </ul>	The below docu ons claims pays, and regular dospitals administrators collicit input fro sed by the collicit second sicians/Surged are Jo	umentation is part of yment methodolo tory action taken ninistrator organi: ontacted to review om Physicians/Sur unty.	gies. to implen zation, or v claims p rgeons an Title)	eEMS Fun	nd report, and <u>mus</u> administer the f specific methodologies. als to review

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)		
(contr)				wable Claims		Paid Claims			
			#	S Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.	426	\$ 180,000.00	426	100%	\$ 180,000.00		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospital Leave blank and go to #21e)	claims	s are paid on a claims b	asis.		Amount		
	e	Total reimbursements from Hospitals due to co county penalties, and settlements.	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.						
	21a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>					Yes No (If no, go to #21d)		
		Allowable Claims			Paid Claims				
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%	\$ 0.00		
	c	If allowable claims were not paid during fiscal y	ate reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis.					Amount		
		Leave blank and go to #22e)							
	e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.         Required documentation for submission. (The below documentation is part of the Made be submitted concurrently)         Image: Concurrently image: Concurrently image: Concurrent image:					nt Reimbursed		
	22						nd report, and <u>must</u>		
	23	Responsibility for claims payments to Hospitals	_	1					
		Entity County of Stanislaus Health Services Ag	enn	Contact (Name and Maria Blanco, M		m _			
		Phone Number (209) 558-4802		Email Address MBlanco@schsa					

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	274	Assessment).	\$ 90,859.00
		b	Description of other EMS services provided:	
			To Implement an Emergency Medical Services System under CA Health	& Safety Code 1797
			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:	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



## **VII Fund Summary**

Maddy EMS Fund (Original Assessment) Available Funds for Distribution **Fund Total** \$ 393,804.77 \$ 393,804.77 Balance on July 1, 2017 (1c) **Deposits** for \$ 1,064,809.04 \$ 671,004.27 (5c) July 1, 2017-June 30, 2018 \$ 3,670.67 Interest for July 1, 2017-June 30, 2018 \$ 1,068,479.71 (8a) Other Deposits for \$ 0.00 \$ 1,068,479.71 July 1, 2017-June 30, 2018 (86)

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 54,179.46 (9a)		\$ 54,179.46	\$ 54,179.46 (13)
Physicians/Surgeons (58%)	\$ 339,369.92 (9b)	\$ 0.00 (9b)	\$ 339,369.92	\$ 339,369.92 (16a)
Hospitals (25%)	\$ 180,000.00	¢ 0.00	\$ 180,000.00	\$ 180,000.00 (20b Pd)
	\$ 180,000.00 (9c)	\$ 0.00 (9c)	\$ 180,000.00	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 90,859.00 (9d)	\$ 0.00 (9d)	\$ 90,859.00	\$ 90,859.00 (24a)
Total	\$ 664,408.38 (9e)	\$ 0.00 (9e)	\$ 664,408.38	\$ 664,408.38
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 404,071.33
Reimbursements			-	
Physicians/Surgeons	\$ 1	8,906.23		\$ 422,977.56

Reimbursements	and the second se	
Physicians/Surgeons	\$ 18,906.23 (16c)	\$ 422,977.56
Hospitals	\$ 0.00 (20e)	\$ 422,977.56
Ending Balance for Total Available Funds as of June 30, 2018		\$ 422,977.56

Lunda cm

41819 Date

Signature of Maddy EMS Fund Administrator

Accounternt TII ami **Printed Name & Title** 

KDhamies ORG **Email Address** 

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

**Ending Balance for Total Available** 

Funds as of June 30, 2018



## **VII Fund Summary**

(cont.)

#### (Supplemental Assessment) Available Funds for Distribution **Fund Total** Balance on July 1, 2017 \$ 120,171.11 \$ 120,171.11 (2c) Deposits for July 1, 2017-\$ 123,363.87 \$ 243,534.98 June 30, 2018 (6c) Interest for July 1, 2017-June 30, 2018 \$ 1,199.38 \$ 244,734.36 (10a) \$ 244,734.36 **Other Deposits for** \$ 0.00 July 1, 2017 - June 30, 2018 (10b) **Available Funds** for Disbursement (Category Category Reserve Distributions -Distributions/Expenditures Expenditures Distributions (Ontional) Reserval

**Maddy EMS Fund** 

Distributions/Expenditures	Distributions	(Optional)	Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 11,471.50 (11a)		\$ 11,471.50	\$ 11,471.50 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 61,166.23 (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)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 0.00 (11e)	\$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 11,471.50 (11)	\$ 0.00 (11)	\$ 11,471.50	\$ 72,637.73
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 172,096.63
Reimbursements				
Physicians/Surgeons		\$ 0.00 (17c)		\$ 172,096.63
Hospitals		\$ 0.00 (21e)		\$ 172,096.63

ram LSINDON Signature of Maddy EMS Fund Administrator

Date

\$ 172,096.63

m **Email Address** 

CCOUNTRINTITI Printed Name & Title



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

Administering	County / Department	County Contact (Name and	Title)		
Agency	Sutter County	Patrick Larrigan, ASO	Patrick Larrigan, ASO		
	Address (Number and Street)	Phone Number			
	1445 Veterans Memorial Circle	530-822-7215			
	City or Post Office, State, and ZIP Code	Email Address	· · · · · · · · · · · · · · · · · · ·		
	Yuba City, CA 95993	plarrigan@co.sutter.ca	us		
I Establishment o Fund	1a Has the agency established the Maddy EMS I	Fund (Original Assessment)?	Yes No		
	b Date fund established.		02/13/1990		
	c Fund balance on July 1, 2017.		\$ 587,061.64		
	d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the prev balance on June 30, 2017, state reason(s):				
	Due to interest and treasury fees being	posted late there is a \$640.95 d	lifference		
,	2a Has the agency established the Maddy EMS E	Jund (Supplemental Assessment)?	Yes INO (If no, go to #3)		
	b Date fund established.				
	c Fund balance on July 1, 2017.				
	d If the Maddy EMS Fund beginning balance of balance on June 30, 2017, state reason(s):	n July 1, 2017, differs from the previ	ous reported ending		

III Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
Assessments	a		Government Code § 76000	\$ 96,655.82
	b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
	c		Vehicle Code § 42007	
	d		Total	\$ 96,655.82
	4	Responsibility for collection of fines, penalties, and for	rfeitures:	
		Entity	Contact (Name and Title)	
		Sutter County Superior Court	Brenda Cummings, Fiscal M	anager
		Phone Number	Email Address	<u> </u>

bcummings@suttercourts.com

530-822-3340

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
A. BARANA	а		Government Code § 76000 (Based on GC § 76104)	\$ 96,655.82
	b		Vehicle Code § 42007	
	с		Total	\$ 96,655.82
	d	If no deposits into Maddy EMS Fund, state reason(s):	<u> </u>	
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	
	b		Vehicle Code § 42007	
	c		Total	\$ 0.00
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:	·····	
		Entity Suttor County Auditor Controllor	Contact (Name and Title)	uditon Controllor
		Sutter County Auditor Controller Phone Number 530-822-7127	Ronda Putman, Assistant A Email Address	uallor Controller
		530-622-7127	rputman@co.sutter.ca.us	
V Maddy EMS Fund Category				
	8	Maddy EMS Fund (Original Assessment)		
Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	8 a	Maddy EMS Fund (Original Assessment)		Other Deposits
	a	Interest carned during the fiscal year.	its and the reason(s) for the depo	Other Deposits \$ 2,363.36
	a b	Interest carned during the fiscal year. Other deposits during the fiscal year.		Other Deposits \$ 2,363.36
	a b c	Interest carned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of depos Total amount of funds distributed to the specified cate	egories Reserve (Optional)	Other Deposits \$ 2,363.36 sits: Category

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	с	Hospitals (25%)	1		\$ 22,285.74
Distributions	d	Other Discretionary EMS (17%)			\$ 15,154.30
(cont.)	e		Total	\$ 0.00	\$ 101,439.64
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not establi	ished, leave blank and go	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			
	b				
					•
	С	If other deposits were made, provide the type of deposi	ts and the	e reason(s) for the depo	osits:
	11	Total amount of funds distributed to the apositied actor	oming	Demo	C-4
	11	Total amount of funds distributed to the specified categ during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		
	b	Richie's Fund (15%)			
	с	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		[otal	\$ 0.00	\$ 0.00
	12	Responsibility for category distributions:	Contact (	Name and Title)	
		Phone Number J	Email Ad	dress	
/I Expenditures &					
Reimbursements	13	Total Administration expenditures from Maddy EMS F	und (Ori	ginal	Amount \$ 9,904.77
		Assessment).			φ 3,304.11
				Amount	
	14		Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)		
	15	Total Richie's Fund expenditures from Maddy EMS Fu		olemental	Amount
		Assessment). (If fund not established, leave blank and go to #	16a)		\$ 0.00



ACHIDUI Sements			Allowable Claims		Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	2,303.00	\$ 41,276.93	2,303	100%	\$ 41,276.93
	b	If allowable claims were not paid during fis	cal year, July	1, 2017-June 30,	2018, stat	te reason(	s):
	с	Total reimbursements from Physicians/Surg	eons due to d	collections from		Amour	nt Reimbursed
	-	patient/third-party, county penalties, and se				\$ 2,391.9	
			Allow	able Claims	Paid Claims		
	17 <b>a</b>	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	al year, July	1, 2017-June 30,	2018, stat	e reason(	s):
						Amour	• Doimhungd
	c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se		collections from		Amoun	ıt Reimbursed
	c 18		ttlements.		he Maddy I		
		patient/third-party, county penalties, and se Required documentation for submission. (T	ttlements. he below docur	nentation is part of t			
		patient/third-party, county penalties, and se Required documentation for submission. (T be submitted concurrently)	ttlements. he below docum is claims pays	nentation is part of t ment methodolog	ies.	EMS Fund	report, and <u>mus</u>
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures,</li> </ul>	ttlements. <i>he below docum</i> is claims payr and regulato spitals admin	nentation is part of t ment methodolog ory action taken to nistrator organiza	ies. 9 impleme 1tion, or n	EMS Fund ent and ac	<i>report, and <u>mus</u> dminister the</i> ppecific
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Ho</li> </ul>	ttlements. he below docum is claims pay and regulato spitals admin nistrators co	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review	ies. 9 impleme ation, or n claims pa	EMS Fund ent and ac ames of s syment m	<i>report, and <u>mus</u></i> dminister the specific ethodologies.
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (<i>T</i> be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited physicians/Surgeons admited physicians/Surg</li></ul>	ttlements. <i>he below docur</i> as claims payr and regulato spitals admin nistrators con cit input from	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg	ies. 9 impleme ation, or n claims pa	EMS Fund ent and ac ames of s syment m	report, and <u>mus</u> dminister the specific ethodologies.
		<ul> <li>patient/third-party, county penalties, and se</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited Physicians/Surgeons Physi</li></ul>	ttlements. <i>he below docur</i> is claims payr and regulato spitals admin nistrators con- cit input from d by the cour	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. 9 impleme ation, or n claims pa	EMS Fund ent and ac ames of s syment m	<i>report, and <u>mus</u></i> dminister the specific ethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	ttlements. the below docum is claims pays and regulator spitals admin nistrators con- cit input from d by the coun- tians/Surgeor	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. o impleme ation, or n claims pa geons and	EMS Fund ent and ac ames of s syment m	<i>report, and <u>mus</u></i> dminister the specific ethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (T. be submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital admited and the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians</li> </ul>	ttlements. the below docur is claims pays and regulato spitals admin nistrators con cit input from d by the coun tians/Surgeon Cont	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty.	ies. o impleme ation, or n claims pa geons and itle)	EMS Fund ent and ac ames of s syment m	<i>report, and <u>mus</u></i> dminister the specific ethodologies.
	18	<ul> <li>patient/third-party, county penalties, and see</li> <li>Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgeon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hoppital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> <li>Responsibility for claims payments to Physicians/Surgeons</li> </ul>	ttlements. the below docum s claims pays and regulator spitals admin nistrators con- cit input from d by the cour- cians/Surgeor Cont- es Pai	nentation is part of t ment methodolog ory action taken to nistrator organiza ntacted to review n Physicians/Surg nty. ns: tact (Name and T	ies. o impleme ation, or n claims pa geons and itle)	EMS Fund ent and ac ames of s syment m	<i>report, and <u>mus</u></i> dminister the specific ethodologies.



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	wable Claims		Paid C	aims		
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
		d	Direct disbursement to Hospitals. (N/A if hosp	<u>Amount</u> \$ 57,493.05					
			Leave blank and go to #21e)						
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thin	rd-party,	Amoun	t Reimbursed	
		21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fi and go to #22)	(les 🔽 No (lf no, go to #21d)					
				wable Claims		Paid Claims			
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.				0%		
		с	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):						
		đ	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 county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amoun	t Reimbursed		
	22	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 hospitals payment m	nethodolo	ogies.					
	23	Responsibility for claims payments to Hospita Entity		Contact (Name and					
		Sutter County Health & Human Serivce		Patrick Larrigan,	ASO				
		Phone Number 530-822-7215		Email Address plarrigan@co.su	tter.ca.us	5			



VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 15,154.30
	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:	

#### STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass			
		Available Funds 1	for Distribution		Fund Total
	Balance on July 1, 2017	\$ 587,061.64 <sub>(1c)</sub>			\$ 587,061.64
	Deposits for July 1, 2017-June 30, 2018	\$	96,655.82 (5c)		\$ 683,717.46
	Interest for July 1, 2017-June 30, 2018	\$ 2,363.36 (8a)			\$ 686,080.82
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <sub>(8b)</sub>		\$ 686,080.82
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,904.77 (9a)		\$ 9,904.77	\$ 9,904.77 (13)
	Physicians/Surgeons (58%)	\$ 54,094.83 (9b)	\$ 0.00 (9b)	\$ 54,094.83	\$ 41,276.93 (16a)
	Hospitals (25%)	\$ 22,285.74 (9c)	\$ 0.00 (9c)	\$ 22,285.74	\$ 0.00 (20b Pd) \$ 57,493.05 (20d)
	Other Discretionary EMS (17%)	\$ 15,154.30 (9d)	\$ 0.00 (9d)	\$ 15,154.30	\$ 15,154.30 (24a)
	Total	\$ 101,439.64 (9e)	\$ 0.00 (9e)	\$ 101,439.64	\$ 123,829.05
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 562,251.77
	Reimbursements				
	Physicians/Surgeons	\$	2,391.91 ( <i>16c</i> )		\$ 564,643.68
	Hospitals		\$ 0.00 (20e)		\$ 564,643.68
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 564,643.68

Date

Signature of Maddy EMS Fund Administrator amle D Printed Name & Title

RCI arrigan Email Address IS

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



## VII Fund Summary

(cont.)

### Maddy EMS Fund (Supplemental Assessment)

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

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 0.00 (11a)		\$ 0.00	\$ 0.00 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (11c)	\$ 0.00	\$ 0.00 (17a)
Hospitals (25%)	\$ 0.00 (11d)	\$ 0.00 (11d)	\$ 0.00	\$ 0.00 (216 Pa) \$ 0.00 (21a)
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, 2018		\$ 0.00

Signature of Maddy EMS Fund Administrator

b 1

Printed Name & Title

Date/ plannçan@co.sulfaca Email Address US

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 1 of 8



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

1	Administering Agency	County / Department Auditor - Controller	County Contact (Name and T Christine Gaffney Account		
		Address (Number and Street) 11 Court St/PO Box 1230	Phone Number 530-623-13-17		
		City or Post Office, State, and ZIP Code Weaverville CA 96093	Email Address cgaffney@trinitycounty.or	9	
11	Establishment of Fund	1a Ilas the agency established the Maddy EMS Fund (O	riginal Assessment)?	🛛 Yes 🔲 No	
		b Date fund established.		08/01/1991	
		e Fund balance on July 1, 2017.		\$ 94,482.32	
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending	
		2a Ilas the agency estublished the Maddy EMS Fund (Su	lias the agency estublished the Maddy EMS Fund (Supplemental Assessment)?		
		b Date fund established.			
		c Fund balance on July 1, 2017.			
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):			
111	Collections of Penalty	3 Fines, penaltics, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	. 8	Government Code § 76000	\$ 15,239.89	
		b No second	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)		
		c	Vehicle Code § 42007	\$ 23,485.82	
		d	Total	\$ 38,725.71	
		4 Responsibility for collection of fines, penaltics, and for	rfeitures;		
		Entity	Contact (Name and Title)		
•	:	Trinity County Superior Courts Phone Number 530-623-1369	Trisha Saxon Email Address psaxon@trinitycounty.org	101.001010-01-010100-01010-01-01-01-01-01-01	



IV	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	Fund	8		Government Code § 76000 (Based on GC § 76104)	\$ 15,239.89
		Ь		Vehicle Code § 42007	
		c		Total	\$ 15,239.89
		d	If no deposits into Maddy EMS Fund, state reason(s): Board did not approve revenues to be deposite		7.
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
		8		Government Code § 76000.5	
		Ь	And the second	Vehicle Code § 42007	
		c		Total	\$ 0.00
		7	Responsibility for deposit of penalty assessments:	Contact (Name and Title)	
			Entity	Contact (Name and Title)	
			Trinity County Superior Courts Phone Number	Trisha Saxon Email Address	
			530-623-1369	psaxon@trinitycounty.org	
V	Maddy EMS Fund Category	8	Maddy EMS Fund (Original Assessment)		
	Distributions			a.	Interest and Other Deposits
		A	Interest earned during the fiscal year.		\$ 1,063.82
		b	Other deposits during the fiscal year.		
		c	If other deposits were made, provide the type of depo	sits and the reason(s) for the depo	sits:
ь		9	Total amount of funds distributed to the specified cat during the fiscal year.	egories Reserve (Optional)	Category Distributions
		8	Administration (Admin cost equal to the lesser of act or 10%)	· · · · · · · · · · · · · · · · · · ·	\$ 1,523.99
		_	Physicians/Surgeons (58%)	\$ 13,799.68	\$ 91,997.86
		b			

154.

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	c	Hospitals (25%)		S 581.82	\$ 3,878.80
Distributions	d	Other Discretionary EMS (17%)	in dite T	\$ 0.00	\$ 7,048.97
(cont.)			otal	\$ 14,381.50	\$ 104,449.62
	C		Vear	Lange and the second	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund i	not est	ablished, leave blank and go t	a #12)
					Interest and Other Deposits
	8	Interest carned during fiscal year.	2		
		Other deposits during fiscal year.			
	b	Ciner deposits during itseat year.			
	c	If other deposits were made, provide the type of deposit	s and	the reason(s) for the depo	sits:
	11	Total amount of funds distributed to the specified catego during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	8	Administration (Admin cost equal to the lesser of actual cost or 10%)	)		
	Ь	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
*					
	d	Hospitals (25%)	- <b></b>		
	c	Other Discretionary EMS (17%)	·	\$ 0.00	\$ 0.00
	ſ		`otal	\$ 0.00	ψ 0.00
		Den eta persona de la conserva de televitores			
	12	Responsibility for category distributions:	Conta	ct (Name and Title)	
			<b>Frish</b> i	a Saxon	
				Address	
· .		530-623-1369 p	saxo	on@trinitycounty.org	
Expenditures &		Total Administration expenditures from Maddy EMS Fund (Original			Amount
Reimbursements	13	Assessment).		Contraction of the second s	\$ 1,523.99
					Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1	und ( 16a)	Supplemental	
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (9	unnlemental	Amount
	1.7	Assessment). (If fund not established, leave blank and go to #1	16a)		



VI Expenditures &			Allowable Claims			Paid Claims		
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	# S Amount		H	%	SAmount	
()		from Maddy EMS Fund (Original Assessment).	31.00	\$ 5,000.00	31	100%	\$ 5,126.61	
	b	If allowable claims were not paid during fise No where else to put the 66.47 admin was not enough budget to cover admi	fee from F	Y 16/17 or the	60.14 a	udit expe	onse. There	
	c	Total reimbursements from Physicians/Surg	eons due to	collections from		Amou	nt Reimbursed	
	C	patient/third-party, county penalties, and se	tlements.		24		\$ 0.00	
			Aller	wable Claims	Ι.:	Paid C	Claims	
	17a	Total Physicians/Surgeons expenditures	#	S Amount	H	<b>%</b> ⊔	S 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	ai year, Jul	y 1, 2017-June 30	, 2018, sti	ate reason(	(5):	
	b c	If allowable claims were not paid during fisc Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	cons due to		, 2018, str			
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (7)	cons due to tlements.	collections from		Amou	nt Reimbursed \$ 0.00	
	¢	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se	cons due to tlements. he below docs	collections from unientation is part of	the Madd	Amou	nt Reimbursed \$ 0.00	
	¢	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (The be submitted concurrently)	cons due to tlements. <i>he below docu</i> s claims pa	collections from unentation is part of yment methodolog	<i>the Madd</i>	Amou by EMS Fund	nt Reimbursed \$ 0.00 d report, and <u>mu</u>	
	¢	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         [2] A description of the Physicians/Surgcon         [2] A statement of the policies, procedures,	cons due to tlements. a claims pay and regular spitals adm	collections from unentation is part of yment methodolog tory action taken inistrator organiz	<i>the Madd</i> gles. to impler	Amou by EMS Fund ment and a mannes of	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific	
	¢	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         I A description of the Physicians/Surgcon         I A statement of the policies, procedures, fund(s).         I Name(s) of Physicians/Surgcons and Heter	cons due to tlements. <i>In below docu</i> s claims pay and regulat spitals adm nistrators c	collections from unentation is part of yment methodolog tory action taken inistrator organiz ontacted to review	<i>The Madd</i> gics. to impler tation, or v claims	Amou by EMS Fund nent and a manies of payment n	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific nethodologies.	
	¢	Total reimbursements from Physicians/Surg         patient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         [2] A description of the Physicians/Surgcor         [2] A statement of the policies, procedures, fund(s).         [2] Name(s) of Physicians/Surgcons and Hoppital admi         [2] A description of the process used to soli	cons due to tlements. te below doct s claims pay and regular and regular spitals adm nistrators c cit input fro	collections from unentation is part of yment methodolog tory action taken inistrator organiz ontacted to reviev om Physicians/Sur	<i>The Madd</i> gics. to impler tation, or v claims	Amou by EMS Fund nent and a manies of payment n	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific nethodologies.	
	¢	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and se         Required documentation for submission. (The submitted concurrently)         [2] A description of the Physicians/Surgcor         [2] A statement of the policies, procedures, fund(s).         [2] Name(s) of Physicians/Surgcors and Hophysicians/Surgcors and H	cons due to tlements. re below doce s claims pay and regulat spitals adm nistrators c cit input fro d by the cou	collections from <i>imentation is part of</i> yment methodolog tory action taken inistrator organiz ontacted to review om Physicians/Sur unty.	<i>The Madd</i> gics. to impler tation, or v claims	Amou by EMS Fund nent and a manies of payment n	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific nethodologies.	
	c 18	<ul> <li>Total reimbursements from Physicians/Surg patient/third-party, county penalties, and se Required documentation for submission. (The submitted concurrently)</li> <li>A description of the Physicians/Surgcon</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgcons and Hophysicians/Surgeons and Hospital admit</li> <li>A description of the process used to soli payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	cons due to tlements. te below doce s claims pay and regulat spitals adm nistrators c cit input fro d by the con- lans/Surger	collections from <i>imentation is part of</i> yment methodolog tory action taken inistrator organiz ontacted to review om Physicians/Sur unty.	<i>the Madd</i> gics. to impler tation, or v claims geons an	Amou by EMS Fund nent and a manies of payment n	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific nethodologies.	
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and server the submitted concurrently)</li> <li>A description of the Physicians/Surgcor</li> <li>A statement of the policies, procedures, fund(s).</li> <li>Name(s) of Physicians/Surgcons and Hophysicians/Surgeons an</li></ul>	cons due to tlements. he below doca s claims pay and regulat spitals adm nistrators c cit input fro d by the con tians/Surged Co	collections from unentation is part of yment methodolo tory action taken inistrator organiz ontacted to review om Physicians/Sur unty.	The Madd gics. to impler tation, or v claims geons an Thile)	Amou by EMS Fund nent and a manies of payment n	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific nethodologies.	
	c 18	<ul> <li>Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and see Required documentation for submission. (The submitted concurrently)</li> <li>[2] A description of the Physicians/Surgcor</li> <li>[2] A statement of the policies, procedures, fund(s).</li> <li>[2] Name(s) of Physicians/Surgcons and Hophysicians/Surgeons and Hospital admi</li> <li>[2] A description of the process used to soli payment distribution methodology.</li> <li>[2] An identification of the fee schedule use Responsibility for claims payments to Physicians/Surgeons</li> </ul>	cons due to tlements. re below doce s claims pay and regulat spitals adm nistrators c cit input fro d by the con tians/Surgeo Co Ce C	collections from unentation is part of yment methodolog tory action taken inistrator organiz ontacted to review om Physicians/Sur unty.	The Madd gics. to impler tation, or v claims geons an Thile)	Amou by EMS Fund nent and a manies of payment n	nt Reimbursed \$ 0.00 d report, and <u>mu</u> administer the specific nethodologies.	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



A STATES								
I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).				Ves 🖸 No (1f no. go to #20d)		
				lowable Claims		Paid C	luime	
			#	S Amount	#	- <u>1411 C</u>	S Amount	
	b	Total Hospitals expenditures.			1	0%	\$ 22.05	
				<u></u>		1	L	
	C	If allowable claims were not paid during fisce See attached for explanation on 20b.	al year,	July 1, 2017-June 3	0, 2018, ste	ile reason(	s):	
						T	Amount	
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	ital clain	s are puid on a claims	basis.		\$ 3,289.50	
	t	Total reimbursements from Hospitals due to	collectio	ns from nationt/thi	ril-nerty	Amoun	t Reimbursed	
	•	county penalties, and settlements.					\$ 0.00	
	21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). ( <i>if fu</i> and go to #22)				í es (If no, go to	□ No #21d)	
			All	owable Claims		Paid Ch	aims	
			#	S Amount	#	%	S Amount	
	Ь	Total Hospitals expenditures.				0%		
	C	If allowable claims were not paid during fisca	i year, J	(uly 1, 2017-June 30	), 2018 sta	ie rcason(s	):	
	d	Direct disbursement to Hospitals. (N/A if hospi	tal claim	s are puid on a claims i	basis.	A	mount	
		Leuve blunk and go to #22e)				L		
		Total reimbursements from Hospitals due to e county penalties, and settlements.	ollectio	ns from patient/thir	d-party,	Amount	Reimbursed	
		Required documentation for submission. (The	below di	ocumentation is part of	(the Maddy)	ENIS Fund 1	eport, and <u>mus</u>	
		A description of the hospitals payment me	thodol	ogies.				
	23	Responsibility for claims payments to Hospital	ls:				······	
		Entity Tripity County Auditor, Controller's Office		Contact (Name and		1		
		Trinity County Auditor-Controller's Office Phone Number		Christine Gaffne Email Address	y Accoun			
		530-623-1317		cgaffney@trinity				

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 1,187.75			
		b	Description of other EMS services provided:				
			50% allocation per board approved agenda 2.04 for propane/maintena	ince of repeaters.			
		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:	<u> </u>			

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

VII Fund Summary



	Fund Total			
Balance on July 1, 2017	\$	94,482.32		\$ 94,482.3
Deposits for July 1, 2017-June 30, 2018	\$	15,239.89 (Sc)		\$ 109,722.2
Interest for July 1, 2017-June 30, 2018		\$ 1,063.82 (8a)		<b>\$ 110</b> ,786.0
Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <sub>(8b)</sub>		\$ 110,786.0
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 1,523.99 (9a)		\$ 1,5 <b>23</b> .99	\$ 1,523.99 (13)
Physicians/Surgeons (58%)	\$ 91,997.86 (9b)	\$ 13,799.68 (9b)	\$ 78,198.18	\$ 5,126.61 (16a)
Hospitals (25%)	\$ 3,878.80	\$ 581.82 (%)	\$ 3,296.98	\$ 22.05 (206 Pd) \$ 3,289.50 (204)
Other Discretionary EMS (17%)	\$ 7,048.97 (9d)	\$ 0.00 (9d)	\$ 7.048.97	\$ 1,187.75 (24a)
Total	\$ 104,449.62	\$ 14,381.50 (9c)	\$ 90,068.12	<b>\$</b> 11,149.90
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 99,636.13
Reimbursements				
Physicians/Surgeons	n a Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna	\$ 0.00		\$ 99,636.13
Hospitals		\$ 0.00		\$ 99,636,13
Ending Balance for Total Available Funds as of June 30, 2018				\$ 99,636.13

Signature of Maddy EMS Fund Administratoy

Christine Gaffney Accountant I Printed Name & Title

cgaffney@trinitycounty.org Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



VII Fund Summary

(cont.)

# Maddy EMS Fund

(Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 0.00 <i>(2c)</i>	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 0.00 (6c)	\$ 0.00
Interest for July 1, 2017-June 30, 2018	\$ 0.00 (10a)	\$ 0.00
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00	\$ 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)		<b>\$ 0</b> .00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 0.00 (11c)	\$ 0.00 (1)c)	\$ 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 ( <i>He</i> )	\$ 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 (21e)		\$ 0.00
Ending Balance for Total Available Funds as of June 30, 2018				\$ 0.00

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address

### Section VI: Expenditures and Reimbursements- Number 20b

There were no claims paid on a claim's basis for EMS fund. But we do have audit expense and a roll over on admin fees as there was not enough budget to cover the amount in the prior fiscal year.

### Section VI: Expenditures and Reimbursements- Number 22 Methodology used to disburse moneys to the hospitals per Health and Safety Code Section 17997.98a-17997.98g subparagraph (B):

A final report is run for the Hospital's account of funds, after the fiscal year ending month of the June court distribution. A reduction of the administration fees and the 15% reserve are taken out of the total and the remaining amount is allocated to the Hospital. This page left blank for printing purposes.



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

1	Administering Agency	County / Department Tulare County, Health & Human Services	County Contact (Name and Ti Robert Hernandez, Health	
		Address (Number and Street) 5957 S. Mooney Blvd.	Phone Number 559-624-7454	
		City or Post Office, State, and ZIP Code Visalia, CA 93277	Email Address RJHernandez@tularehhs	a.org
п	Establishment of Fund	<ul> <li>Ia Has the agency established the Maddy EMS Fund (O</li> <li>b Date fund established.</li> <li>c Fund balance on July 1, 2017.</li> <li>d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):</li> </ul>		Yes No 09/19/2001
		2a Has the agency established the Maddy EMS Fund (S	upplemental Assessment)?	Yes No (If no, go to #3)
		<ul> <li>b Date fund established.</li> <li>c Fund balance on July 1, 2017.</li> </ul>		11/14/2006
	Collections of	<ul> <li>d If the Maddy EMS Fund beginning balance on July balance on June 30, 2017, state reason(s):</li> <li>3 Fines, penalties, and forfeitures collected under each</li> </ul>		s reported ending
	Penalty Assessments	statute.	Statute	Collections
	Assessments	3	Government Code § 76000	\$ 239,426.92
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	
		e	Vehicle Code § 42007	\$ 37,203.20
		d	Total	\$ 836,941.30
		4 Responsibility for collection of fines, penalties, and f Entity	Contact (Name and Title)	
		Tulare County Probation/Superior Court	Sheryl Pasalaskis/Christin	ne Renteria
_		Phone Number (559)713-2788 / (559)730-5000 x1103	Email Address spasalask@co.tulare.ca.t	us/crenteria@tulare.co

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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		Government Code § 76000 (Based on GC § 76104)	\$ 195,485.62	
		b		Vehicle Code § 42007	\$ 18,501.55	
		c		Total	\$ 213,987.17	
		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	
		а		Government Code § 76000.5	\$ 517,936.29	
		b		Vehicle Code § 42007	\$ 18,501.55	
		c		Total	\$ 536,437.84	
	d 7		If no deposits into Maddy EMS Fund, state reason(s)			
			Responsibility for deposit of penalty assessments: Entity			
			Tulare County Probation/Superior Court	Contact (Name and Title) Sheryl Pasalaskis/Christine	Renteria	
		Phone Number (559)713-2788 / (559)730-5000 x1103		Email Address spasalask@co.tulare.co.us/crenteria@tulare.co		
v	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)			
	Distributions				Interest and Other Deposits	
		а	Interest earned during the fiscal year.		\$ 4,562.45	
		ь	Other deposits during the fiscal year.			
	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 during the fiscal year.	tegories Reserve (Optional)	Category Distributions	
		a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 21,395.10	
		b	Physicians/Surgeons (58%)		\$ 126,242.33	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 54,414.80
Distributions	d	Other Discretionary EMS (17%)			\$ 37,002.08
(cont.)	e		Total	\$ 0.00	\$ 239,054.31
	10	Maddy EMS Fund (Supplemental Assessment) (If,	fund not establ	lished, leave blank and go t	to #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 10,643.92
	b	Other deposits during fiscal year.			1. 1. A
	c	If other deposits were made, provide the type of de	posits and th	e reason(s) for the depo	osits:
	11	Total amount of funds distributed to the specified c during the fiscal year.	ategories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)			\$ 53,643.79
	b	Richie's Fund (15%)			\$ 82,062.26
	c	Physicians/Surgeons (58%)			\$ 239,677.52
	d e f	Hospitals (25%)			\$ 103,309.28
		Other Discretionary EMS (17%)			\$ 70,250.31
			Total	\$ 0.00	\$ 548,943.16
	12	Responsibility for category distributions: Entity Tulare County Health & Human Services	and the second	(Name and Title) Aguirre, Administra	tive Specialist
	Phone Number	Phone Number (559) 624-8031	Email Address MAguirre1@tularehhsa.org		_
/I Expenditures &					Amount
Reimbursements	13	Total Administration expenditures from Maddy E Assessment).	MS Fund (O	riginal	\$ 21,395.10
		Total Administration expenditures from Maddy E	MS Fund (Si	upplemental	Amount
	14	Assessment). (If fund not established, leave blank and g	o to #16a)		\$ 53,643.79
	15	Total Richie's Fund expenditures from Maddy EN	1S Fund (Su	pplemental	Amount
		Assessment). (If fund not established, leave blank and g	o to #16a)		\$ 82,062.26



VI Expenditures & Reimbursements			Allo	wable Claims		Paid (	Claims
(cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Original Assessment).	3,768.00	\$ 2,225,636.0	3,768	100%	\$ 126,240.24
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(s):
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and se		collections from		Amou	nt Reimbursed \$ 20,504.69
			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)	3,768	\$ 2,225,636.00	3,768	100%	\$ 239,677.53
	b	If allowable claims were not paid during fis	cal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(\$):
					2018, sta		(s): nt Reimbursed
	b c	If allowable claims were not paid during fis Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so	geons due to		2018, sta		
		Total reimbursements from Physicians/Sur	geons due to ettlements.	collections from		Amou	nt Reimbursed \$ 2,198.20
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so Required documentation for submission. (7)	geons due to ettlements. The below docu	collections from umentation is part of t	the Maddy	Amou	nt Reimbursed \$ 2,198.20
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and so Required documentation for submission. (2) be submitted concurrently)	geons due to ettlements. The below docu ns claims pa	collections from umentation is part of t yment methodolog	the Maddy ies.	Amou EMS Fun	nt Reimbursed \$ 2,198.20 d report, and <u>must</u>
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set required documentation for submission. ( <i>ibe submitted concurrently</i> )         Image: Concurrently imag	geons due to ettlements. The below doci ns claims pa s, and regula cospitals adm	collections from umentation is part of t yment methodolog tory action taken to ninistrator organiz:	<i>the Maddy</i> ies. o implem ation, or	Amou EMS Fun eent and 2 names of	nt Reimbursed \$ 2,198.20 d report, and <u>must</u> administer the Specific
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and surpatient/third-party, county penalties, procedures fund(s).         ☑       A statement of the policies, procedures fund(s).         ☑       Name(s) of Physicians/Surgeons and H	geons due to ettlements. The below docu ns claims pa , and regula cospitals adm inistrators c	collections from umentation is part of a yment methodolog tory action taken to ninistrator organiz: ontacted to review	<i>the Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun tent and a names of ayment r	nt Reimbursed \$ 2,198.20 ad report, and <u>must</u> administer the specific nethodologies.
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set submitted documentation for submission. ( <i>ibe submitted concurrently</i> )         ☑ A description of the Physicians/Surgeo         ☑ A statement of the policies, procedures fund(s).         ☑ Name(s) of Physicians/Surgeons and Hospital adm         ☑ A description of the process used to sol	geons due to ettlements. The below docu ns claims pa , and regula cospitals adm inistrators c licit input fro	collections from umentation is part of a yment methodolog tory action taken to ninistrator organiz: ontacted to review om Physicians/Surg	<i>the Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun tent and a names of ayment r	nt Reimbursed \$ 2,198.20 ad report, and <u>must</u> administer the specific nethodologies.
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and so         Required documentation for submission. ( <i>ibe submitted concurrently</i> )         I A description of the Physicians/Surgeo         A statement of the policies, procedures fund(s).         I Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm         I A description of the process used to sol payment distribution methodology.	geons due to ettlements. The below doca ns claims pa , and regula cospitals adm inistrators c licit input fra ed by the co	collections from <i>umentation is part of t</i> yment methodolog tory action taken to ninistrator organiza ontacted to review om Physicians/Surg unty.	<i>the Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun tent and a names of ayment r	nt Reimbursed \$ 2,198.20 ad report, and <u>must</u> administer the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and service of the submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).         Image: Name(s) of Physicians/Surgeons and Hospital adm         Image: A description of the process used to sol payment distribution methodology.         Image: An identification of the fee schedule us         Responsibility for claims payments to Physicians/Surgeo	geons due to ettlements. The below doci ns claims pa , and regula cospitals adm inistrators c licit input fro ed by the co icians/Surge Co	collections from umentation is part of a yment methodolog tory action taken to ninistrator organiz: contacted to review om Physicians/Surg unty.	<i>the Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun eent and a names of ayment r d Hospita	nt Reimbursed \$ 2,198.20 ad report, and <u>must</u> administer the Specific nethodologies. als to review
	c 18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and set Required documentation for submission. (<i>ibe submitted concurrently</i>)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and H Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to sol payment distribution methodology.</li> <li>An identification of the fee schedule us Responsibility for claims payments to Physicianty Tulare County Health &amp; Human Server</li> </ul>	geons due to ettlements. The below doca ns claims pa , and regula cospitals adm inistrators c licit input fra ed by the co icians/Surge	collections from umentation is part of t yment methodolog tory action taken to ninistrator organiz; contacted to review om Physicians/Surg unty.	<i>the Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun eent and a names of ayment r d Hospita	nt Reimbursed \$ 2,198.20 ad report, and <u>must</u> administer the Specific nethodologies. als to review
	c 18	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and service of the submitted concurrently)         ☑ A description of the Physicians/Surgeo         ☑ A description of the Physicians/Surgeo         ☑ A statement of the policies, procedures fund(s).         ☑ Name(s) of Physicians/Surgeons and Herric of the process used to sol payment distribution methodology.         ☑ An identification of the fee schedule us         Responsibility for claims payments to Physicians/Surgeons	geons due to ettlements. The below docu ns claims pa c, and regula cospitals adm inistrators c licit input fro ed by the co icians/Surge icians/Surge	collections from umentation is part of a yment methodolog tory action taken to ninistrator organiz: contacted to review om Physicians/Surg unty.	the Maddy ies. o implem ation, or claims p geons and 'itle)	Amou EMS Fun eent and a names of ayment r d Hospita	nt Reimbursed \$ 2,198.20 ad report, and <u>must</u> administer the Specific nethodologies. als to review

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 5 of 8



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claim EMS Fund (Original Assessment).	Yes No (If no, go to #20d)						
			Allo	wable Claims		Paid Cl	aims		
			#	S Amount	#	%	\$ Amount		
	ь	Total Hospitals expenditures.	1,065	\$ 4,314,999.1	1,065	100%	\$ 54,413.88		
	c	If allowable claims were not paid during fiscal	2018, sta	te reason(:	s):				
	d	Direct disbursement to Hospitals. (N/A if hospit Leave blank and go to #21e)	tal claims	are paid on a claims b	oasis.		Amount		
	e	Total reimbursements from Hospitals due to c county penalties, and settlements.	ollection	ns from patient/thir	d-party,	Amour	t Reimbursed \$ 0.00		
	21a		licate if Hospital claims are paid on a claims basis for the Maddy IS Fund (Supplemental Assessment). <i>(If fund not established, leave blank go to #22)</i>						
			Allo	wable Claims		Paid Cl	aims		
			#	\$ Amount	#	%	\$ Amount		
	Ь	Total Hospitals expenditures.	1,065	\$ 4,314,999.1	1,065	100%	\$ 103,309.29		
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.	tal claims	are paid on a claims t	basis.	-	Amount		
	e	Total reimbursements from Hospitals due to o county penalties, and settlements.	collection	ns from patient/thir	d-party,	Amou	nt Reimbursed \$ 0.00		
	22	Required documentation for submission. (The be submitted concurrently)			the Maddy	EMS Fund	l report, and <u>must</u>		
	23	Responsibility for claims payments to Hospita Entity		Contact (Name and	Title)	Sanis	og Officer		
		Tulare County Health & Human Service Phone Number (559)624-8070	es	Dana Allen, Adn Email Address DLAllen@tulare	141.1 ····		es Unicer		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 37,001.44
		b	Description of other EMS services provided:	
			Ambulance and Orthopedic Services	
		25a Total Other Discretionary EMS expenditures from Maddy E	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		254	(Supplemental Assessment). (If fund not established, leave blank)	\$ 70,250.30
		b	Description of other EMS services provided:	
			Ambulance and Orthopedic Services	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8

VII Fund Summary



	Maddy EMS Fund (Original Assessment)		
	Available Funds for Distributi	ion	Fund Total
Balance on July 1, 2017	\$ 0.00	(1c)	\$ 0.00
Deposits for <u>July 1, 201</u> 7-June 30, 2018	\$ 213,987.17	(5c)	\$ 213,987.17
Interest for July 1, 2017-June 30, 2018	\$ 4,562.45	(8a)	\$ 218,549.62
Other Deposits for July 1, 2017-June 30, 2018	\$ 0.00	(8b)	\$ 218,549.62

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 21,395.10 (9a)		\$ 21,395.10	\$ 21,395.10 (13)
Physicians/Surgeons (58%)	\$ 126,242.33 (9b)	\$ 0.00 (9b)	\$ 126,242.33	\$ 126,240.24 (16a)
Hospitals (25%)	\$ 54,414.80	\$ 0.00	\$ 54,414.80	\$ 54,413.88 (20b Pd)
	\$ 54,414.00 (9c)	\$ 0.00 (9c)	\$ 34,414,60	\$ 0.00 (20d)
Other Discretionary EMS (17%)	\$ 37,002.08 (9d)	\$ 0.00 (9d)	\$ 37,002.08	\$ 37,001.44 (24a)
Total	\$ 239,054.31 (9e)	\$ 0.00 (9e)	\$ 239,054.31	\$ 239,050.66
Preliminary Fund Balance (Fund Total - Total Expenditures)				-\$ 20,501.04
Reimbursements			1	
Physicians/Surgeons	\$ 2	0,504.69		\$ 3.65

Reimbursements		
Physicians/Surgeons	\$ 20,504.69 ( <i>16c</i> )	\$ 3.65
Hospitals	\$ 0.00 (20e)	\$ 3.65
Ending Balance for Total Available Funds as of June 30, 2018		\$ 3.65

Signature of Muddy EMS Fund Administrator

ate

birceton met Printed Name & Title

Email Address

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 0.00 (2c)	\$ 0.00
Deposits for July 1, 2017- June 30, 2018	\$ 536,437.84 (6c)	\$ 536,437.84
Interest for July 1, 2017-June 30, 2018	\$ 10,643.92 (10a)	\$ 547,081.76
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 (106)	\$ 547,081.76

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 53,643.79 (11a)		\$ 53,643.79	\$ 53,643.79 (14)
Richie's Fund (15%)	\$ 82,062.26 (11b)		\$ 82,062.26	\$ 82,062.26 (15)
Physicians/Surgeons (58%)	\$ 239,677.52 (11c)	\$ 0.00 (11c)	\$ 239,677.52	\$ 239,677.53 (17a)
Hospitals (25%)	\$ 103,309.28	\$ 0.00	\$ 103,309.28	\$ 103,309.29 (21b Pd)
	(11d)	(11d)		\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 70,250.31 (11e)	\$ 0.00 (11e)	\$ 70,250.31	\$ 70,250.30 (25a)
Total	\$ 548,943.16	\$ 0.00	\$ 548,943.16	\$ 548,943.17
Preliminary Fund Balance (Fund Total - Total Expenditures)		-		-\$ 1,861.41

Reimbursements		
Physicians/Surgeons	\$ 2,198.20 (17c)	\$ 336.79
Hospitals	\$ 0.00	\$ 336.79
Ending Balance for Total Available Funds as of June 30, 2018		\$ 336.79

Signature of Maddy EMS Fund Administrator

Timoth idon Printed Name & Title

Email Address



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

Ι	Administering	Сог	inty / Department	County Contact (Name and T	(Name and Title)		
	Agency	Auditor-Controller Jasmine Bohn, Se		Jasmine Bohn, Senior Ac	enior Accountant		
		Add	Iress (Number and Street)	Phone Number			
		2 5	South Green Street	209-533-5558			
		City	y or Post Office, State, and ZIP Code	Email Address			
		So	nora, CA 95370	JBohn@co.tuolumne.ca.u	IS		
				1			
Π	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	iginal Assessment)?	Ves No		
		b	Date fund established.		03/01/1989		
		c	Fund balance on July 1, 2017.		\$ 759.88		
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	2017, differs from the previous	reported ending		
			N/A, agrees to June 30, 2017 balance				
		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, 2017.				
			If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previou	s reported ending		
III	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
	Assessments	a		Government Code § 76000			
		b	Indeterminable. Unable to differentiate between various	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)			
		c	government and vehicle codes.	Vehicle Code § 42007			
		d		Total	\$ 0.00		
		4	Responsibility for collection of fines, penalties, and for	1			
			Entity	Contact (Name and Title)			
			County of Tuolumne	Michelle Ronning, Reven	Le Recovery Manager		
			Phone Number 209-533-5547	Email Address MRonning@co.tuolumne.	ca.us		

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) 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)	\$ 81,259.01	
		b		Vehicle Code § 42007		
		c		Total	\$ 81,259.01	
		d	If no deposits into Maddy EMS Fund, state reason(s):			
			N/A			
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits	
		a		Government Code § 76000.5		
		b		Vehicle Code § 42007		
		c		Total	\$ 0.00	
		d	If no deposits into Maddy EMS Fund, state reason(s):			
		u	n no ucposits into mauty Emis Fund, state reason(s).			
		_				
		7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)		
			Superior Court of Tuolumne County	Shelley Walker, Court Fiscal Manager		
			Phone Number 209-533-6928	Email Address Shelley@tuolumne.courts.c	a.gov	
V	Maddy EMS					
	Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		l	
					Interest and Other Deposits	
		a	Interest earned during the fiscal year.		\$ 886.89	
		b	Other deposits during the fiscal year.			
		с	If other deposits were made, provide the type of depos	sits and the reason(s) for the depo	sits:	
			N/A			
		9	Total amount of funds distributed to the specified cate during the fiscal year.	egories Reserve (Optional)	Category Distributions	
		a	Administration (Admin cost equal to the lesser of actuor 10%)		\$ 8,535.00	
		b	Physicians/Surgeons (58%)		\$ 44,553.00	
					·	



V Maddy EMS		Hemitals (259/)			\$ 19,204.00
Fund Category Distributions	c	Hospitals (25%)			\$ 13,058.00
(cont.)	d	Other Discretionary EMS (17%)		\$ 0.00	\$ 85,350.00
	e	3	Fotal	\$ 0.00	φ 00,000.00
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	not esta	blished, leave blank and g	o to #12)
					Interest and
					Other Deposits
	a	Interest earned during fiscal year.			
	b	Other deposits during fiscal year.			
	с	If other deposits were made, provide the type of deposit	ts and t	the reason(s) for the de	mosits:
	C	i oner deposits were made, provide the type of deposit	to and	the reason(s) for the u	posits.
	11	Total amount of funds distributed to the specified categ	ories	Reserve	Category
		during the fiscal year.	01105	(Optional)	Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	ıl		
	b	Richie's Fund (15%)			
	c	Physicians/Surgeons (58%)			
	d	Hospitals (25%)			
	e	Other Discretionary EMS (17%)			
	f		Fotal	\$ 0.00	\$ 0.00
					l
	12	Responsibility for category distributions:	~		
		•		et (Name and Title)	countant
				Address	
		209-533-5558	JBohr	n@co.tuolumne.ca.u	IS
VI Expenditures &	12			<b></b>	Amount
Reimbursements	13	Total Administration expenditures from Maddy EMS F Assessment).	and (C	Jriginal	\$ 8,254.00
	14	Total Administration expenditures from Maddy EMS F	Fund (S	Sunnlemental	Amount
	17	Assessment). (If fund not established, leave blank and go to #.		ppromental	
	15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #		upplemental	Amount
		1 $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$	100)		



VI Expenditures &				Allo	wable Claims		Paid (	Claims
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
	()		from Maddy EMS Fund (Original Assessment).	1,132.00	\$ 266,528.24	1,132	100%	\$ 43,087.19
						I	11	
		b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017-June 30,	2018, stat	te reason	(s):
			N/A					
						Атон	nt Reimbursed	
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		collections from			\$ 2,444.15
			reaction of the second s				1	
				Allo	wable 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)				070	
		b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2017-June 30,	2018, stat	te reason	(s):
		0	Total usimburgaments from Physicians/Surg	aana dua ta	collections from		Amou	nt Reimbursed
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set		conections from			
		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/Surgeon	s claims pa	yment methodolog	ies.		
			<ul> <li>✓ A statement of the policies, procedures, and regulatory action taken to implement and administer the</li> </ul>					
			fund(s).	0	·	•		
			Name(s) of Physicians/Surgeons and Ho Physicians/Surgeons and Hospital admi					
			A description of the process used to solid payment distribution methodology.	cit input fro	om Physicians/Surg	geons and	Hospita	ls to review
			An identification of the fee schedule use	d by the co	unty.			
		19	Responsibility for claims payments to Physic	ians/Surge	ons:			
			Entity	Со	ntact (Name and T	ïitle)		
			County of Tuolumne	Ja	asmine Bohn, Se	enior Ac	countan	t
			Phone Number		nail Address			
			209-533-5558	JI	Bohn@co.tuolun	nne.ca.u	IS	



I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	or the Ma <b>d</b> dy	Yes No (If no, go to #20d)				
			<b>A</b> 11 a -			Data Cl		
			#	vable Claims \$ Amount	#	Paid Cl %	s Amount	
	b	Total Hospitals expenditures.				0%		
			1	1				
	c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):						
	d	Direct disbursement to Hospitals. (N/A if hosp	sital claims	are paid on a claims	hasis		Amount	
	u	Leave blank and go to #21e)			Jusis.	Ş	\$ 18,572.00	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thin	rd-party,	Amoun	nt Reimbursed	
	21a	Indicate if Hospital claims are paid on a claim EMS Fund (Supplemental Assessment). (If fa 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	te reason(	s):				
	d	<b>Direct disbursement to Hospitals.</b> (N/A if hosp Leave blank and go to #22e)	ital claims	are paid on a claims	basis.	A	Amount	
	e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	s from patient/thin	rd-party,	Amoun	ıt Reimbursed	
	22	Required documentation for submission. (The be submitted concurrently)	e below doc	cumentation is part of	f the Maddy	EMS Fund	report, and <u>mu</u>	
		A description of the hospitals payment n	nethodolog	gies.				
	23	Responsibility for claims payments to Hospit						
		Entity County of Tuolumne		Contact (Name and Jasmine Bohn, S		countan	t	
		Phone Number 209-533-5558	E	Email Address				
		200-000-0000			anne.ca.l	S.		



VI Expenditures & Reimbursements		24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)		Assessment).	\$ 12,629.00
		b	Description of other EMS services provided:	
			These funds were used to purchase a back-up generator for one of the me	edic stations.
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		204	(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. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EMS (Original Asse			
			Fund Total		
	Balance on July 1, 2017		\$ 759.88 ( <i>lc</i> )		\$ 759.88
	Deposits for July 1, 2017-June 30, 2018	\$ 8	1,259.01 (Sc)		\$ 82,018.89
	Interest for July 1, 2017-June 30, 2018		\$ 886.89 (8a)		\$ 82,905.78
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 <sub>(8b)</sub>		\$ 82,905.78
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 8,535.00 (9a)		\$ 8,535.00	\$ 8,254.00 (13)
	Physicians/Surgeons (58%)	\$ 44,553.00 (9b)	\$ 0.00 (9b)	\$ 44,553.00	\$ 43,087.19 (16a)
	Hospitals (25%)	\$ 19,204.00	\$ 0.00	\$ 19,204.00	\$ 0.00 (20b Pd) \$ 18,572.00
		(9c)	(9c)		(20d)
	Other Discretionary EMS (17%)	\$ 13,058.00 (9d)	\$ 0.00 (9d)	\$ 13,058.00	\$ 12,629.00 (24a)
	Total	\$ 85,350.00 (9e)	\$ 0.00 (9e)	\$ 85,350.00	\$ 82,542.19
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 363.59
	Reimbursements				
	Physicians/Surgeons	\$	2,444.15 (16c)		\$ 2,807.74
	Hospitals		\$ 0.00 (20e)	J	\$ 2,807.74
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 2,807.74

Desi Bantista

Signature of Maddy EMS Fund Administrator

 $\frac{03/01/2019}{Date}$ DBautista@co.

tuolumne.ca.us

Debi Bautista, Auditor-Controller Printed Name & Title

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



### VII Fund Summary

(cont.)

#### Maddy EMS Fund (Supplemental Assessment) **Fund Total** Available Funds for Distribution \$ 0.00 \$ 0.00 Balance on July 1, 2017 (2c) \$ 0.00 \$ 0.00 Deposits for July 1, 2017-(6c) June 30, 2018 \$ 0.00 Interest for July 1, 2017-June 30, 2018 \$ 0.00 (10a) \$ 0.00 Other Deposits for \$ 0.00 July 1, 2017 - June 30, 2018 (10b) **Available Funds** for Disbursement (Category Reserve Category Distributions -Expenditures **Distributions/Expenditures** (Optional) Reserve) Distributions \$ 0.00 \$ 0.00 Administration (Admin cost = to \$ 0.00 lesser of actual cost or 10%) (11a)(14) \$ 0.00 \$ 0.00 Richie's Fund (15%) \$ 0.00 (15) (116) \$ 0.00 \$ 0.00 \$ 0.00 Physicians/Surgeons (58%) \$ 0.00 (17a)(11c) (11c) \$ 0.00 Hospitals (25%) (216 Pd) \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 (11d) (11d) (21d) \$ 0.00 Other Discretionary EMS (17%) \$ 0.00 \$ 0.00 \$ 0.00 (11e) (25a)(11e) \$ 0.00 \$ 0.00 \$ 0.00 Total \$ 0.00 (11) (11f)\$ 0.00 **Preliminary Fund Balance** (Fund Total - Total Expenditures) Reimbursements Physicians/Surgeons \$ 0.00 \$ 0.00 (17c) \$ 0.00 \$ 0.00 Hospitals (21e) \$ 0.00 Ending Balance for Total Available Funds as of June 30, 2018

Signature of Maddy EMS Fund Administrator Debi Bautista, Auditor-Controller Printed Name & Title

03/01/2019 DBautista@co. tuolumne.ca.us Email Address



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

**Phone Number** 

(805) 289-8881

ī	Administering	County / Department	County Contact (Name and T	itle)	
	Agency	Ventura County HCA/Public Health- EMS	Steve Carroll, EMS Admin	nistrator	
		Address (Number and Street) Phone Number			
		2220 E. Gonzales Rd., Ste. 200	805-981-5305		
		City or Post Office, State, and ZIP Code	Email Address		
		Oxnard, CA 93036	steve.carroll@ventura.org	)	
Π	Establishment 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, 2017.		\$ 867,216.32	
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	s reported ending	
		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, 2017.		\$ 797,074.66	
		d If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	l, 2017, differs from the previous	s reported ending	
III	Collections of Penalty	3 Fines, penalties, and forfeitures collected under each statute.	Statute		
	Assessments	a	Statute Government Code § 76000	Collections \$ 947,018.96	
		1	1	\$ 547,010.50	
		b	Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,174,006.17	
		c	Vehicle Code § 42007	\$ 257,040,72	
		d	Total	\$ 2,378,065.85	
		4 Responsibility for collection of fines, penalties, and fo	rfeitures:		
		Entity	Contact (Name and Title)		
		Ventura Superior Court	Richard Cabral, Director o	f Finance, Planning	

**Email Address** 

richard.cabral@ventura.courts.ca.gov

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS	y EMS EMS Fund (Original Assessment).		Statute	Deposits	
Fund	а		Government Code § 76000 (Based on GC § 76104)	\$ 833,331.28	
	Ь		Vehicle Code § 42007	\$ 247,948.26	
	c		Total	\$ 1,081,279.54	
	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	\$ 1,056,996.15	
	b	2	Vehicle Code § 42007	\$ 0.00	
	c		Total	\$ 1,056,996.15	
	c				
	7	Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)		
		Ventura County Emergency Medical Services	Steve Carroll, EMS Adminis	strator	
		<b>Phone Number</b> (805) 981-5305	Email Address steve.carroll@ventura.org		
V Maddy EMS					
Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		1	
Distributions				Interest and Other Deposits	
	а	Interest earned during the fiscal year.		\$ 13,451.87	
				\$ 0.00	
	b	Other deposits during the fiscal year.			
	C	If other deposits were made, provide the type of depo	osits and the reason(s) for the dep	osits:	
	9	Total amount of funds distributed to the specified car during the fiscal year.	tegories Reserve (Optional)	Category Distributions	
	a	Administration (Admin cost equal to the lesser of act or 10%)	tual cost	\$ 194,849.59	
	b	Physicians/Surgeons (58%)		\$ 1,017,114.84	

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



	_				
V Maddy EMS Fund Category	c	Hospitals (25%)			\$ 438,411.57
Distributions	d	Other Discretionary EMS (17%)			\$ 298,119.87
(cont.)	e		Total	\$ 0.00	\$ 1,948,495.87
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	nd not establi	shed, leave blank and go i	ro #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.		~ 1	\$ 12,934.22
	b	Other deposits during fiscal year.			\$ 0.00
	c	If other deposits were made, provide the type of depo			
	11	Total amount of funds distributed to the specified cate during the fiscal year.	egories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	ual		\$ 185,407.08
	b c	Richie's Fund (15%) Physicians/Surgeons (58%)			\$ 278,110.62
					\$ 806,520.80
	d	Hospitals (25%)			\$ 347,638.28
	e f	Other Discretionary EMS (17%)	IS (17%)		\$ 236,394.03
			Total	\$ 0.00	\$ 1,854,070.81
	12	Responsibility for category distributions:			
		Entity Ventura County Emergency Medical Services		Name and Title) arroll, EMS Adminis	trator
		Phone Number	Email Add		Tator
		(805) 981-5305	steve.car	roll@ventura.org	
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Assessment).	Fund (Ori	ginal	Amount \$ 145,941.86
			F		Amount
	14	Total Administration expenditures from Maddy EMS	FUNGISUN		
	14	Total Administration expenditures from Maddy EMS Assessment). (If fund not established, leave blank and go to			\$ 138,869.45
	14 15		#16a)		\$ 138,869.45 Amount



I Expenditures &			Allowable Claims		Paid Claims		
Reimbursements (cont.)	16a	6a Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(contra)		from Maddy EMS Fund (Original Assessment).	6,818.00	\$ 1,940,916. <mark>}</mark>	6,818	100%	\$ 524,236.01
	b	If allowable claims were not paid during fis	2018, sta	te reason	(s):		
	c	Total reimbursements from Physicians/Sur	geons due to	collections from	-	Amou	nt Reimbursed
	c	patient/third-party, county penalties, and s					\$ 0.00
		Allowable 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)	5,406	\$ 1,539,048. <b>£</b>	5,406	100%	\$ 415,692.73
	b	If allowable claims were not paid during fig	scal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(\$):
	b	If allowable claims were not paid during fit	scal year, Jul	y 1, 2017-June 30,	2018, sta	te reason	(\$):
	b c	If allowable claims were not paid during fis Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s	geons due to		2018, sta	1	(s): Int Reimbursed \$ 0.00
		Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s Required documentation for submission. (	geons due to ettlements.	collections from		Amou	nt Reimbursed \$ 0.00
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s	geons due to ettlements. The below docu	collections from umentation is part of t	he Maddy	Amou	nt Reimbursed \$ 0.00
	c	Total reimbursements from Physicians/Sur patient/third-party, county penalties, and s Required documentation for submission. ( be submitted concurrently)	rgeons due to ettlements. <i>The below docu</i> ons claims pay	collections from <i>imentation is part of t</i> yment methodolog	<i>he Maddy</i> ies.	Amou EMS Fun	int Reimbursed \$ 0.00 Id report, and <u>must</u>
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures	rgeons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat lospitals adm	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza	<i>he Maddy</i> ies. o implem ation, or	Amou EMS Fun	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the specific
	c	Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s         Required documentation for submission. (be submitted concurrently)         Image: A description of the Physicians/Surgeo         Image: A statement of the policies, procedures fund(s).         Image: Name(s) of Physicians/Surgeons and H	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat Iospitals adm ninistrators c	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organizz ontacted to review	<i>he Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun ent and a names of ayment r	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the Specific nethodologies.
	c	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so</li> </ul>	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat Iospitals adm ninistrators c licit input fro	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg	<i>he Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun ent and a names of ayment r	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the Specific nethodologies.
	c	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> </ul>	geons due to ettlements. <i>The below docu</i> ons claims pay s, and regulat Iospitals adm ninistrators c licit input fro sed by the cou	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>he Maddy</i> ies. o implem ation, or claims p	Amou EMS Fun ent and a names of ayment r	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the Specific nethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surged</li> <li>A statement of the policies, procedure: fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule use</li> </ul>	geons due to ettlements. The below docu ons claims pay s, and regulat lospitals adm ninistrators c licit input fro sed by the cou	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>he Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun ent and a names of ayment r	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the Specific nethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Physicians</li> </ul>	rgeons due to ettlements. The below docu ons claims pay s, and regulat lospitals adm ninistrators c licit input fro sed by the con sicians/Surgeo	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>he Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun ent and a names of ayment r d Hospita	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the Specific nethodologies.
	c 18	<ul> <li>Total reimbursements from Physicians/Surpatient/third-party, county penalties, and s</li> <li>Required documentation for submission. (be submitted concurrently)</li> <li>A description of the Physicians/Surgeo</li> <li>A statement of the policies, procedures fund(s).</li> <li>Name(s) of Physicians/Surgeons and Hospital adm</li> <li>A description of the process used to so payment distribution methodology.</li> <li>An identification of the fee schedule us</li> <li>Responsibility for claims payments to Phys</li> </ul>	rgeons due to ettlements. The below docu ons claims pay s, and regulat lospitals adm ninistrators c licit input fro sed by the con sicians/Surgeo Co M	collections from <i>imentation is part of t</i> yment methodolog tory action taken to inistrator organiza ontacted to review om Physicians/Surg unty.	<i>he Maddy</i> ies. o implem ation, or claims p geons and	Amou EMS Fun ent and a names of ayment r d Hospita	ant Reimbursed \$ 0.00 ad report, and <u>must</u> administer the Specific nethodologies.



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, 2017-June 30, 2018, state reason(s):							
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	pital claims	are paid on a claims l	basis.	Amount \$ 266,544.02			
	e	Total reimbursements from Hospitals due to	collection	s from patient/thir	d-party,	Amour	nt Reimbursed		
		county penalties, and settlements.					\$ 0.00		
	<b>21a</b>	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)					
			Allowable Claims		Paid Claims				
			#	\$ Amount	#	%	\$ Amount		
	b	Total Hospitals expenditures.				0%	_		
	c	If allowable claims were not paid during fisc	e reason(s	s):					
				Amount					
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	asis.	\$ 211,355.98					
	e	Total reimbursements from Hospitals due to	s from nationt/thir	Amount Reimbursed					
	Ū	county penalties, and settlements.			u-party,		\$ 0.00		
		Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and be submitted concurrently)							
	22	Required documentation for submission. (The best submitted concurrently)	e below doo	cumentation is part of	the Maddy	EMS Fund	report, and <u>must</u>		
	22	Required documentation for submission. (Th be submitted concurrently) A description of the hospitals payment n			the Maddy i	EMS Fund	report, and <u>must</u>		
	22 23	be submitted concurrently)           Image: A description of the hospitals payment n           Responsibility for claims payments to Hospitals	nethodolog	gies.		EMS Fund	report, and <u>must</u>		
		be submitted concurrently)           A description of the hospitals payment n           Responsibility for claims payments to Hospit           Entity	nethodolog als:	gies. Contact (Name and	Title)				
		be submitted concurrently)           Image: A description of the hospitals payment n           Responsibility for claims payments to Hospitals	nethodolog als: C	gies.	Title)				



VI	VI Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	248	Assessment).	\$ 281,915.43
				÷
		b	Description of other EMS services provided:	
			Proportionate funding for new replacement service vehicles, and multi-us	e repurposed bus
				Amount
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	
			(Supplemental Assessment). (If fund not established, leave blank)	\$ 223,544.72
		b	Description of other EMS services provided:	
			Proportionate funding for new replacement service vehicles, and multi-us	se repurposed bus.

#### **STATE OF CALIFORNIA** EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary		Maddy EM (Original Ass			
		Available Funds f	or Distribution		Fund Total
	Balance on July 1, 2017	\$ 86	67,216.32 <i>(1c</i> )		\$ 867,216.32
	Deposits for July 1, 2017-June 30, 2018	\$ 1,08	81,279.54 <i>(5c)</i>		\$ 1,948,495.86
	Interest for July 1, 2017-June 30, 2018	\$	13,451.87 (8a)		\$ 1,961,947.73
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 1,961,947.73
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 194,849.59 (9a)		\$ 194,849.59	\$ 145,941.86 (13)
	Physicians/Surgeons (58%)	\$ 1,017,114.8- (9b)	\$ 0.00 (9b)	\$ 1,017,114.8	\$ 524,236.01 (16a)
	Hospitals (25%)	\$ 438,411.57	\$ 0.00	\$ 438,411.57	\$ 0.00 (205 Pd)
		(9c)	(9c)	+,	\$ 266,544.02 (20d)
	Other Discretionary EMS (17%)	\$ 298,119.87 (9d)	\$ 0.00 (9d)	\$ 298,119.87	\$ 281,915.43 (24a)
	Total	\$ 1,948,495.8 <sup>.</sup> (9e)	\$ 0.00 (9e)	\$ 1,948,495.8	\$ 1,218,637.32
	Preliminary Fund Balance (Fund Total - Total Expenditures)			三年1三月	\$ 743,310.41
	Reimbursements			1. · · · · · · · · · · · · · · · · · · ·	
	Physicians/Surgeons		\$ 0.00 (16c)		\$ 743,310.41
	Hospitals		\$ 0.00 (20e)		\$ 743,310.41
	Ending Balance for Total Available Funds as of June 30, 2018	1 And			\$ 743,310.41

 $\mathcal{U}$ 

6/14 2019 Date

Signature of Maddy EMS Fund Administrator

STEVE CARROLL, EM S ADMINISTRATER Printed Name & Title

STEVE . LAR DO LL Q VENTINGA . ORG **Email Address** 

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8

Funds as of June 30, 2018



#### **VII Fund Summary**

(cont.)

#### (Supplemental Assessment) **Fund Total** Available Funds for Distribution Balance on July 1, 2017 \$797,074.66 \$797,074.66 (2c)\$ 1,854,070.81 Deposits for July 1, 2017-\$ 1,056,996.15 June 30, 2018 (6c) Interest for July 1, 2017-June 30, 2018 \$ 12,934.22 \$ 1,867,005.03 (10a) \$ 1,867,005.03 Other Deposits for \$ 0.00 July 1, 2017 - June 30, 2018 (10b) **Available Funds** for Disbursement (Category Category Reserve Distributions -Expenditures **Distributions/Expenditures** Distributions (Optional) Reserve) \$185,407.08 \$ 138,869.45 Administration (Admin cost = to \$185,407.08 lesser of actual cost or 10%) (11a)(14) \$278,110.62 \$ 162,835.10 Richie's Fund (15%) \$278,110.62 (11b)(15) \$806,520.80 \$415,692.73 \$ 0.00 Physicians/Surgeons (58%) \$806,520.80 (11c)(11c)(17a)Hospitals (25%) \$ 0.00 (216 Pd) \$ 0.00 \$ 347,638.28 \$ 347,638.28 \$211,355.98 (11d) (11d) (21d) **Other Discretionary EMS (17%)** \$ 236,394.03 \$ 0.00 \$ 236,394.03 \$ 223,544.72 (11e) (25a)(11e) \$ 1,854,070.8 \$ 0.00 \$ 1,152,297.98 Total \$ 1.854.070.8 (11) (110 \$714,707.05 **Preliminary Fund Balance** (Fund Total - Total Expenditures) Reimbursements \$ 0.00 (17c) Physicians/Surgeons \$714,707.05 \$ 0.00 \$714,707.05 Hospitals (21e) **Ending Balance for Total Available** \$714,707.05

Maddy EMS Fund

Signature of Maddy EMS Fund Administrator

STEVE. CARROLL @ VENTMER. DEG

EMS ADMINISTRATOR STEVE CARROLL Printed Name & Title

Email Address



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

I	Administering	Cou	County / Department County Contact		tact (Name and Title)	
	Agency	Co	ounty of Yolo	Marcie Azevedo, Account	ant III	
		Ade	Iress (Number and Street)	Phone Number	•	
		13	7 N. Cottonwood St.	(530) 666-8540		
			y or Post Office, State, and ZIP Code	Email Address		
			oodland, CA 95695	mazevedo@yolocounty.or	ra	
$\leq$	£					
Π	Establishment of Fund	la	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	Ves No	
		b	Date fund established.			
		с	Fund balance on July 1, 2017.		\$ 3,290,969.84	
		đ	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	reported ending	
		2a	llas the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)	
		b	Date fund established.		09/30/2006	
		c	Fund balance on July 1, 2017.	0.00	\$ 106,837.78	
		લં	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, amers nom the previous	reported enumg	
ш	Collections of	3	Fines, penalties, and forfeitures collected under each		22	
	Penalty Assessments		statute.	Statute	Collections	
	Assessments	а		Government Code § 76000	\$ 440,668.62	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 163,317.68	
		с		Vehicle Code § 42007		
		d		Total	\$ 603,986.30	
		4	Responsibility for collection of fines, penalties, and for Entity	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. 1-2019) Page 2 of 8



IV Deposits into Maddy EMS Fund	5 Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a	Government Code § 76000 (Based on GC § 76104)	\$ 440,668.62
	b	Vehicle Code § 42007	
	¢	Total	\$ 440,668 62
	d If no deposits into Maddy EMS Fund, state reason	(s):	
	6 Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund non established, leave section blank and go to #7)	t Statute	Deposits
	a	Government Code § 76000.5	\$ 163,317.68
	b	Vehicle Code § 42007	
	c	Total	\$ 163,317.68
	d. If no denosits into Maddy EMS Fund, state reason	(s).	
	d If no deposits into Maddy EMS Fund, state reason	(s):	
	7 Responsibility for deposit of penalty assessments:		
	7 Responsibility for deposit of penalty assessments: Entity	Contact (Name and Title)	
	7 Responsibility for deposit of penalty assessments:		l Officer
Maddy EMS Fund Category	7 Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number	Contact (Name and Title) Chad Rinde, Chief Financia Email Address	l Officer
	7 Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number (530) 666-8050	Contact (Name and Title) Chad Rinde, Chief Financia Email Address	l Officer Interest and Other Deposits
Fund Category	<ul> <li>Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number (530) 666-8050</li> <li>Maddy EMS Fund (Original Assessment)</li> </ul>	Contact (Name and Title) Chad Rinde, Chief Financia Email Address	Interest and Other Deposits
Fund Category	<ul> <li>Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number (530) 666-8050</li> <li>Maddy EMS Fund (Original Assessment)</li> </ul>	Contact (Name and Title) Chad Rinde, Chief Financia Email Address	Interest and Other Deposits
Fund Category	<ul> <li>Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number (530) 666-8050</li> <li>Maddy EMS Fund (Original Assessment)</li> <li>Interest earned during the fiscal year.</li> </ul>	Contact (Name and Title) Chad Rinde, Chief Financia Email Address crinde@yolocounty.org	Interest and Other Deposits \$ 45,661.62
Fund Category	<ul> <li>7 Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number (530) 666-8050</li> <li>8 Maddy EMS Fund (Original Assessment)</li> <li>a Interest earned during the fiscal year.</li> <li>b Other deposits during the fiscal year.</li> </ul>	Contact (Name and Title) Chad Rinde, Chief Financia Email Address crinde@yolocounty.org	Interest and Other Deposits \$ 45,661.62
Fund Category	<ul> <li>7 Responsibility for deposit of penalty assessments: Entity County of Yolo Phone Number (530) 666-8050</li> <li>8 Maddy EMS Fund (Original Assessment)</li> <li>8 Interest earned during the fiscal year.</li> <li>b Other deposits during the fiscal year.</li> <li>c If other deposits were made, provide the type of de</li> <li>9 Total amount of funds distributed to the specified of</li> </ul>	Contact (Name and Title) Chad Rinde, Chief Financia Email Address crinde@yolocounty.org	Interest and Other Deposits \$ 45,661.62 sits: Category

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



Maddy EMS Fund Category	C	Hospitals (25%)			\$ 99,150.44
Distributions (cont.)	d	Other Discretionary EMS (17%)	9		\$ 67,422.30
(cour.)	e		<b>Fotal</b>	\$ 0.00	\$ 440,668.62
			2		
	10	Maddy EMS Fund (Supplemental Assessment) (If fund	lished, leave blank and go	lo #12)	
		<u>ې</u>			Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 0.00
	Ь	Other deposits during fiscal year.			
	_	16 - shan damasia waxa wada musuida sha suwa shdananii			
	C	If other deposits were made, provide the type of deposit	is and ti	te reason(s) for the dep	)sits:
	11	Total amount of funds distributed to the specified category during the fiscal year.	ories	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actua cost or 10%)	1		\$ 16,331.77
	Ь	Richie's Fund (15%)			\$ 24,497.65
	c	Physicians/Surgeons (58%)			\$ 71,043.19
	d	Hospitals (25%)			\$ 30,622.07
	e	Other Discretionary EMS (17%)			\$ 20,823.00
	f	1	Fotal	\$ 0.00	\$ 163,317.68
	12	Responsibility for category distributions:			
	12	Entity		(Name and Title)	
	12	Entity County of Yolo R	Marcie	Azevedo, Accountar	nt III
	12	Entity County of Yolo Phone Number H	Marcie Email A	Azevedo, Accountar ddress	nt III
Expenditures &	12	Entity County of Yolo Phone Number H	Marcie Email A	Azevedo, Accountar	
Expenditures & Reimbursements	12	Entity County of Yolo f Phone Number (530) 666-8540 r Total Administration expenditures from Maddy EMS F	Marcie Email A nazeve	Azevedo, Accountar ddress edo@yolocounty.org	Amount
	3	Entity County of Yolo Phone Number H (530) 666-8540 r	Marcie Email A nazeve	Azevedo, Accountar ddress edo@yolocounty.org	
	3	Entity County of Yolo f Phone Number (530) 666-8540 r Total Administration expenditures from Maddy EMS F	Marcie Email A nazeve	Azevedo, Accountar ddress edo@yolocounty.org	Amount \$ 6,241.04
Expenditures & Reimbursements	3	Entity       G         County of Yolo       f         Phone Number       f         (530) 666-8540       r         Total Administration expenditures from Maddy EMS F         Assessment).	Marcie Email A mazeve Fund (O	Azevedo, Accountar ddress edo@yolocounty.org	Amount
	13	Entity       County of Yolo       I         County of Yolo       I         Phone Number       I         (530) 666-8540       I         Total Administration expenditures from Maddy EMS F         Assessment).	Marcie Email A mazeve Fund (O	Azevedo, Accountar ddress edo@yolocounty.org	Amount \$ 6,241.04
	13	Entity       G         County of Yolo       f         Phone Number       f         (530) 666-8540       r         Total Administration expenditures from Maddy EMS F         Assessment).	Marcie Email A mazeve Fund (O Fund (St <i>16a</i> )	Azevedo, Accountar ddress edo@yolocounty.org riginal	Amount \$ 6,241.04



VI Expenditures & Reimbursements			Allowable Claims			Paid Claims		
(cont.)	16a	Total Physicians/Surgeons expenditures	#	S Amount	#	%	S Amount	
		from Maddy EMS Fund (Original Assessment).	4,641.00	\$ 1,615,909.0	4,641	100%	\$ 350,821.35	
					- · ·			
	b	If allowable claims were not paid during fisca	il year, Jul	y 1, 2017-June 30, 3	2018, stat	e reason	(s):	
		X				3		
	c	Total reimbursements from Physicians/Surgeons due to collections from Amount Reimburs patient/third-party, county penalties, and settlements.						
			Allos	vable 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)				0%	\$ 0.00	
	b	If allowable claims were not paid during fisca	il year, July	r I, 2017-June 30,	2018, stat	e reason	(s):	
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set	ons due to lements.	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, a fund(s).	ind regulat	ory action taken to	implem	ent and a	dminister the	
			(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific cians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
		A description of the process used to solic payment distribution methodology.	it input fro	m Physicians/Surg	eons and	Hospital	ls to review	
		An identification of the fee schedule used	by the cou	nty.				
	19	Responsibility for claims payments to Physici						
		Entity County of Yolo		stact (Name and Ti		ant III		
		County of Yolo Phone Number		arcie Azevedo, A ail Address	recount	ant (1)		
					aunte -			
		(530) 666-8540	[ ma	azevedo@yoloc	ounty.of	y		



VI Expenditures & Reimbursements (cont.)		nbursements 20a Indicate if Hospital claims are paid on a claims basis for the Maddy				☐ Yes ☑ No ( <i>If no, go to #20d</i> )		
				Alle	wable Claims		Paid C	laims
				#	S Amount	#	°/o	S Amount
		b	Total Hospitals expenditures.				0%	
		C	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s): No claims received from hospitals. Will switch to direct disbursement.					
								Amount
		đ	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	oital claim.	s are paid on a claims	basis.		\$ 0.00
		c	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thi	rd-party,	Amou	nt Reimbursed
			2 <u>5</u>					
		21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If f and go to #22)			" "	'es (If no, go to	☑ No p #21d)
			· · · · · · · · · · · · · · · · · · ·					
				Alle	wable Claims		Paid C	laims
				#	S Amount	#	%	\$ Amount
		b	Total Hospitals expenditures.				0%	
		с	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):					
			No claims received from hospitals. Wil	I switch	to direct disburs	ement.		
								Amount
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	nital claims	s are paid on a claims	basis.		\$ 0.00
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collection	ns from patient/thi	rd-party,	Amous	nt Reimbursed
		22	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 hospitals payment m	nethodolo	ogies.			
		23	Responsibility for claims payments to Hospit	als:				
			Entity		Contact (Name and			
			County of Yolo		Marcie Azevedo	, Account	tant III	
			Phone Number (530) 666-8540		Email Address mazevedo@yol	ocounty.o	rg	



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:						
		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:					

#### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



nd Summary		Maddy EM (Original Ass			
		Available Funds f	or Distribution		Fund Total
	Balance on July 1, 2017	\$ 3,2	90,969.84 (1c)		\$ 3,290,969.84
	Deposits for July 1, 2017-June 30, 2018	\$ 4	40,668.62 (5c)		\$ 3,731,638.46
	Interest for July 1, 2017-June 30, 2018	\$ -	45,661.62 (8a)		\$ 3,777,300.08
	Other Deposits for July 1, 2017-June 30, 2018		\$ 0.00 (8b)		\$ 3,777,300.08
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 44,066.86 (9a)		\$ 44,066.86	\$ 6,241.04 (13)
	Physicians/Surgeons (58%)	\$ 230,029.02 (9b)	\$ 0.00 (9b)	\$ 230,029.02	\$ 350,821.35 (16a)
	Hospitals (25%)	\$ 99,150.44	\$ 0.00	\$ 99,150.44	\$ 0.00 (20b Pd)
		( <b>0</b> -1	¢ 0.00	÷ ••, •••, •••	\$ 0.00

Other Discretionary EMS (17%)

(Fund Total - Total Expenditures)

Reimbursements

Hospitals

Funds as of June 30, 2018

**Physicians/Surgeons** 

**Ending Balance for Total Available** 

**Preliminary Fund Balance** 

Total

**VII Fund Summary** 

Standiana - Cher	

Signature of Maddy EMS Fund Administrator

Kristin Weivock Printed Name & Title

(9c)

(9d)

(9c)

\$67,422.30

\$440,668.62

(9c)

(9d)

(9c)

(16c)

(20c)

\$67,422.30

\$440,668.62

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

EMS Admin

8/19/19 Date

(20d)

(24a)

\$ 0.00

\$357,062.39

\$ 3,420,237.69

\$ 3,420,237.69

\$ 3,420,237.69

\$ 3,420,237.69

on- File **Email Address** 

#### STATE OF CALIFORNIA **EMERGENCY MEDICAL SERVICES AUTHORITY** EMSA 801 (Rev. 1-2019) Page 8 of 8



**Fund Total** 

VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

Available Funds for Distribution

Balance on July 1, 2017	\$ 106,	837.78 (2c)		\$ 106,837.78
Deposits for July 1, 2017- June 30, 2018	\$ 163,;	317.68 (6c)		\$ 270,155.46
Interest for July 1, 2017-June 30, 2018		\$ 0.00 (10a)		\$ 270,155.46
Other Deposits for July 1, 2017 - June 30, 2018		\$ 0.00 (10b)		\$ 270,155.46
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 16,331.77 (11a)		\$ 16,331.77	\$ 0.00 (14)
Richic's Fund (15%)	\$ 24,497.65 (11b)		\$ 24,497.65	\$ 31,826.53 (15)
Physicians/Surgcons (58%)	\$ 71,043.19 ( <i>IIc</i> )	\$ 0.00 (11e)	\$ 71,043.19	\$ 0.00 (17a)
llospitals (25%)	\$ 30,622.07	\$ 0.00	\$ 30,622.07	\$ 0.00 (216 Pil)
	(11d)	(11d)	<u>.</u>	\$ 0.00 (21d)
Other Discretionary EMS (17%)	\$ 20,823.00 (11e)	\$ 0.00 (11e)	\$ 20,823.00	\$ 0.00
Total	\$ 163,317.68 (11)	\$ 0.00 (11)	\$ 163,317.68	\$ 31,826.53
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 238,328.93
Reimbursements		被支援者		
Physicians/Surgeons		\$ 0.00 (17c)		\$ 238,328.93
Hospitals		\$ 0.00 (21e)		\$ 238,328.93
Ending Balance for Total Available Funds as of June 30, 2018				\$ 238,328.93

Signature of Maddy EMS Fund Administrator

8/19/1 Date

on-Fi

Kristin Weivod **Printed Name & Title** 

Email Address



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

Ī	Administering	Co	unty / Department	County Contact (Name and T	itle)
	Agency		ba County Health & Human Services	Jennifer Vasquez, Director	
		Ad	dress (Number and Street)	Phone Number	
		57	30 Packard Ave. P.O. Box 2320	(530) 749-6278	
		Cit	y or Post Office, State, and ZIP Code	Email Address	
		Ma	arysville, CA 95901	kgoss@co.yuba.ca.us	
TT	Establishment of				
Π	Fund	1a	Has the agency established the Maddy EMS Fund (Or	Yes No	
		b	Date fund established.		03/26/1990
		c	Fund balance on July 1, 2017.		\$ 62,469.52
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2017, state reason(s):	· · · -	reported ending
			Totals were miss calculated on the Fiscal Year	r	
	2a	2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No (If no, go to #3)
		b	Date fund established.		03/26/1990
		c	Fund balance on July 1, 2017.		\$ 11,024.03
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2017, state reason(s):	, 2017, differs from the previous	s reported ending
TTT	Collections of			T	1
111	Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	Assessments	a		Government Code § 76000	\$ 51,355.98
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 51,292.37
		c		Vehicle Code § 42007	
		d		Total	\$ 102,648.35
		4	Responsibility for collection of fines, penalties, and for	rfeitures:	
			Entity	Contact (Name and Title)	
			Yuba Courts	Taryn Kraus, Court Fiscal	Manager
			Phone Number (530) 740-1630	Email Address tkraus@yuba.courts.ca.go	v

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 2 of 8



Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
Fund	а		<b>Government Code § 76000</b> ( <i>Based on GC § 76104</i> )	\$ 94,954.49
	b		Vehicle Code § 42007	
	с		Total	\$ 94,954.49
	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	\$ 7,693.86
	b		Vehicle Code § 42007	
	с		Total	\$ 7,693.86
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		5	Contact (Name and Title)	
			C. Richard Eberle, Auditor Email Address	
			mrjohnson@co.yuba.ca.us	
V Maddy EMS Fund Category	8			
	8	(530) 749-7811		Interest and Other Deposits
<b>Fund Category</b>	8 a	(530) 749-7811		
<b>Fund Category</b>		(530) 749-7811 Maddy EMS Fund (Original Assessment)		Other Deposits
<b>Fund Category</b>	a	(530) 749-7811 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year.	mrjohnson@co.yuba.ca.us	Other Deposits \$ 998.10
Fund Category	a b	(530) 749-7811 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year.	mrjohnson@co.yuba.ca.us ts and the reason(s) for the depo	Other Deposits \$ 998.10
Fund Category	a b c	(530) 749-7811 Maddy EMS Fund (Original Assessment) Interest earned during the fiscal year. Other deposits during the fiscal year. If other deposits were made, provide the type of deposit Total amount of funds distributed to the specified categ	mrjohnson@co.yuba.ca.us	Other Deposits \$ 998.10 sits: Category

# STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 3 of 8



v	Maddy EMS Fund Category	с	Hospitals (25%)			\$ 0.00
	Distributions	d	Other Discretionary EMS (17%)			\$ 30,303.88
	(cont.)	e	<u> </u>	Total	\$ 0.00	\$ 92,267.50
		L		10101		
		10		d.u.ot.aat	tablished lague blank and po	(4, 417)
		10	Maddy EMS Fund (Supplemental Assessment) (If f	ina not est	adusaea, ieave blank ana go	Interest and
						Other Deposits
		а	Interest earned during fiscal year.			\$ 176.14
		b	Other deposits during fiscal year.			\$ 0.00
		с	If other deposits were made, provide the type of dep	osits and	the reason(s) for the deg	posits:
		•			.,	
		11	Total amount of funds distributed to the specified ca during the fiscal year.	tegories	Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of ac cost or 10%)	tual		\$ 769.39
		b c	Richie's Fund (15%)			
			Physicians/Surgeons (58%)			\$ 6,888.01
		d	Hospitals (25%)			
		e	Other Discretionary EMS (17%)			
		f		Total	\$ 0.00	\$ 7,657.40
		12	Responsibility for category distributions:	Conta	ct (Name and Title)	
			Yuba County Health and Human Services		er Vasquez, Director	
			Phone Number	Email	Address	
			(530) 749-6278	kgoss	@co,yuba.ca.us	
VI	Expenditures &	12	Total Administration expenditures from Maddy EM	S Fund (		Amount
	Reimbursements	13	I otal Administration expenditures from Maddy EM Assessment).	.5 F UNO (	Original	\$ 9,624.28
		14	Total Administration expenditures from Maddy EM	S Fund (	Supplemental	Amount
		14	Assessment). (If fund not established, leave blank and go	o #16a)	~ - F. F	\$ 769.39
		15	Total Richie's Fund expenditures from Maddy EMS	Fund (S	upplemental	Amount
			Assessment). (If fund not established, leave blank and go	to #16a)	• •	



VI	VI Expenditures & Reimbursements			Allo		Paid Claims			
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount		
	()		from Maddy EMS Fund (Original Assessment).	1,798.00	\$ 800,417.00	1,798	100%	\$ 52,339.34	
	b	If allowable claims were not paid during fisc:	al year, Ju	ly 1, 2017-June 30,	2018, sta	te reason	(s):		
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set	Amount Reimbursed \$ 1,720.27					
				1				<u></u>	
		17.	Total DLusisians/Surgeons or anditures	Allo #	wable Claims \$ Amount	#	Paid C	S Amount	
		1/2	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	335	\$ 117,008.00	335	100%	\$ 6,888.01	
		b	If allowable claims were not paid during fisca						
		c	Total reimbursements from Physicians/Surge		collections from		Amount Reimbursed \$ 303.58		
		18	patient/third-party, county penalties, and settlements.       \$ 303.50         Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)       Image: Concurrently and must be submitted concurrently.         Image: Concurrently and Concurrently and Concurrent Surgeons claims payment methodologies.       Image: Concurrent Surgeons claims payment methodologies.					d report, and <u>must</u>	
			A statement of the policies, procedures, a fund(s).	and regula	tory action taken to	o implem	ent and a	dminister the	
			Name(s) of Physicians/Surgeons and Hos Physicians/Surgeons and Hospital admin						
			A description of the process used to solic payment distribution methodology.	it input fro	om Physicians/Surg	geons and	l Hospital	s to review	
			An identification of the fee schedule used	l by the co	unty.				
		19	Responsibility for claims payments to Physici						
			Entity		ntact (Name and T	,	_		
			Yuba County Health & Human Services		eniffer Vasquez,	Director			
			Phone Number		nail Address				
			(530) 749-6278	K	joss@co.yuba.c	a.us			



VI Expenditures & Reimbursements (cont.)		20a	Indicate if Hospital claims are paid on a clai EMS Fund (Original Assessment).	ms basis	for the Maddy	Z	] Yes (If no, go	<b>No</b> <i>to #20d)</i>		
				Alle	owable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00		
		c	If allowable claims were not paid during fisc Hospital did not submit any claims for	-	•	), 2018, sta	te reason(	s):		
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #21e)	vital claim	s are paid on a claims	basis.		<u>Amount</u> \$ 0.00		
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thi	rd-party,	Amour	nt Reimbursed \$ 0.00		
		21a	Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). <i>(If f</i> and go to #22)			D 1	es (If no, go ta	☑ No p #21d)		
			Allowable Claims					Paid Claims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.	0	\$ 0.00	0	0%	\$ 0.00		
		C	If allowable claims were not paid during fisc Hospital did not submit any claims for	te reason(s):						
								Amount		
		d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	oital clains	s are paid on a claims i	basis.		\$ 0.00		
		e	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thin	-d-party,	Amoun	t Reimbursed \$ 0.00		
			<b>Required documentation for submission</b> . (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)							
			A description of the hospitals payment n	A description of the hospitals payment methodologies.						
			Responsibility for claims payments to Hospit Entity Yuba County Health and Human Servi		Contact (Name and Jennifer Vasque		or			
			Phone Number		Email Address	_,				
			(530) 749-6278		kgoss@co.yuba	.ca.us				



VI	Expenditures & Reimbursements	24a	otal Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	Assessment).	\$ 0.00	
			b Description of other EMS services provided:	
		b		
	25a			1
		25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
				\$ 0.00
		b Description of other EMS services provided:		
	U		Description of other Divid services provided.	

## STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 7 of 8



VII Fund Summary	Maddy EMS Fund (Original Assessment)					
		Available Funds	for Distribution		Fund Total	
	Balance on July 1, 2017	lance on July 1, 2017 \$ 62,469.52			\$ 62,469.52	
	Deposits for July 1, 2017-June 30, 2018	\$	94,954.49 <sub>(5c)</sub>		\$ 157,424.01	
	Interest for July 1, 2017-June 30, 2018	\$ 998.10 (8a) \$ 0.00 (8b)			\$ 158,422.11	
	Other Deposits for July 1, 2017-June 30, 2018				\$ 158,422.11	
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures	
	Administration (Admin cost = to lesser of actual cost or 10%)	\$ 9,624.28 (9a)		\$ 9,624.28	\$ 9,624.28 (13)	
	Physicians/Surgeons (58%)	\$ 52,339.34 (9b)	\$ 0.00 (9b)	\$ 52,339.34	\$ 52,339.34 (16a)	
	Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (20b Pd) \$ 0.00	
		(9c)	<u>(9c)</u>		(20d)	
	Other Discretionary EMS (17%)	\$ 30,303.88 (9d)	\$ 0.00 (9d)	\$ 30,303.88	\$ 0.00 (24a)	
	Total	\$ 92,267.50 (9e)	\$ 0.00 (9e)	\$ 92,267.50	\$ 61,963.62	
	Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 96,458.49	
	Reimbursements					
	Physicians/Surgeons	\$ 1,720.27 (16c)			\$ 98,178.76	
	Hospitals		\$ 0.00 (20e)		\$ 98,178.76	
	Ending Balance for Total Available Funds as of June 30, 2018				\$ 98,178.76	

ENNIFER VASQUEZ Signature of Maddy EMŞ Fund Administrator

Printed Name & Title POTOY

29 Date

106 Email Address Ca.

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 1-2019) Page 8 of 8



# VII Fund Summary

(cont.)

### Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	Fund Total
Balance on July 1, 2017	\$ 11,024.03 (2c)	\$ 11,024.03
Deposits for July 1, 2017- June 30, 2018	\$ 7,693.86 (6c)	\$ 18,717.89
Interest for July 1, 2017-June 30, 2018	\$ 176.14 (10a)	\$ 18,894.03
Other Deposits for July 1, 2017 - June 30, 2018	\$ 0.00 <sub>(10b)</sub>	\$ 18,894.03

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 769.39 (11a)		\$ 769.39	\$ 769.39 (14)
Richie's Fund (15%)	\$ 0.00 (11b)		\$ 0.00	\$ 0.00 (15)
Physicians/Surgeons (58%)	\$ 6,888.01 (11c)	\$ 0.00 (11c)	\$ 6,888.01	\$ 6,888.01 (17a)
Hospitals (25%)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 (21b Pd) \$ 0.00 (21d)
Other Discretionary EMS (17%)	(11d) \$ 0.00 (11e)	(11d) \$ 0.00 (11e)	\$ 0.00	\$ 0.00 (25a)
Total	\$ 7,657.40 (11)	\$ 0.00 (11f)	\$ 7,657.40	\$ 7,657.40
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 11,236.63

Reimbursements			
Physicians/Surgeons	\$ 303.58 <sub>(17c)</sub>	\$ 11,540.21	
Hospitals	\$ 0.00 <sub>(21e)</sub>	\$ 11,540.21	
Ending Balance for Total Available Funds as of June 30, 2018		\$ 11,540.21	

Stgnatur. J<u>ENNIFEY VII 4 vr.</u> Printed Name & Title Signature of Maddy EMS Fund Administrator pirector

Х

11/11/14/19 JEmail Address .A US 00.4U