



## Maddy Emergency Medical Services (EMS) Fund Report

### Fiscal Year 2018/19 (July 1, 2018 – June 30, 2019)

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

  

<b>II</b>	<b>Establishment of Fund</b>	1a <b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b <b>Date fund established.</b>	
		c <b>Fund balance on July 1, 2018.</b>	
		d <b>If the Maddy EMS Fund beginning balance on July 1, 2018, differs from the previous reported ending balance on June 30, 2018, state reason(s):</b>	
		2a <b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
		b <b>Date fund established.</b>	
		c <b>Fund balance on July 1, 2018.</b>	
		d <b>If the Maddy EMS Fund beginning balance on July 1, 2018, differs from the previous reported ending balance on June 30, 2018, state reason(s):</b>	

  

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



<b>IV Deposits into Maddy EMS Fund</b>	<b>5</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000</b> <i>(Based on GC § 76104)</i>	
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
	<b>6</b>	<b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>	<b>Statute</b>	<b>Deposits</b>
	<b>a</b>		<b>Government Code § 76000.5</b>	
	<b>b</b>		<b>Vehicle Code § 42007</b>	
	<b>c</b>		<b>Total</b>	
	<b>d</b>	<b>If no deposits into Maddy EMS Fund, state reason(s):</b>		
<b>V Maddy EMS Fund Category Distributions</b>	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		<b>Entity</b>	<b>Contact (Name and Title)</b>	
		<b>Phone Number</b>	<b>Email Address</b>	
	<b>8</b>	<b>Maddy EMS Fund (Original Assessment)</b>		
			<b>Interest and Other Deposits</b>	
	<b>a</b>	<b>Interest earned during the fiscal year.</b>		
	<b>b</b>	<b>Other deposits during the fiscal year.</b>		
	<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 8c; report these amounts on line 16c and/or 20e.</b>		
	<b>9</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>
	<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>		
	<b>b</b>	<b>Physicians/Surgeons (58%)</b>		



<b>V Maddy EMS Fund Category Distributions (cont.)</b>	<b>c</b>	<b>Hospitals (25%)</b>		
	<b>d</b>	<b>Other Discretionary EMS (17%)</b>		
	<b>e</b>	<b>Total</b>		
<b>10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)</b>				
			<b>Interest and Other Deposits</b>	
<b>a</b>	<b>Interest earned during fiscal year.</b>			
<b>b</b>	<b>Other deposits during fiscal year.</b>			
<b>c</b>	<b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 10b; report these amounts on line 17c and/or 21e.</b>			
<b>11</b>	<b>Total amount of funds distributed to the specified categories during the fiscal year.</b>	<b>Reserve (Optional)</b>	<b>Category Distributions</b>	
<b>a</b>	<b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>			
<b>b</b>	<b>Richie's Fund (15%)</b>			
<b>c</b>	<b>Physicians/Surgeons (58%)</b>			
<b>d</b>	<b>Hospitals (25%)</b>			
<b>e</b>	<b>Other Discretionary EMS (17%)</b>			
<b>f</b>	<b>Total</b>			
<b>12</b>	<b>Responsibility for category distributions:</b>			
	<b>Entity</b>	<b>Contact (Name and Title)</b>		
	<b>Phone Number</b>	<b>Email Address</b>		
<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>	
	<b>14</b>	<b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>	
<b>15</b>	<b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>	<b>Amount</b>		



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).					
	b If allowable claims were not paid during fiscal year, July 1, 2018-June 30, 2019, state reason(s)					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
		#	\$ Amount	#	%	\$ Amount
	17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>					
	b If allowable claims were not paid during fiscal year, July 1, 2018-June 30, 2019, state reason(s)					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
	18 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>					
	<input type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input type="checkbox"/> An identification of the fee schedule used by the county.					
	19 Responsibility for claims payments to Physicians/Surgeons:					
	Entity			Contact (Name and Title)		
	Phone Number			Email Address		



<b>VI Expenditures &amp; Reimbursements (cont.)</b>		<b>20a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>																	
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.						
	Allowable Claims			Paid Claims																
	#	\$ Amount	#	%	\$ Amount															
<b>b</b> Total Hospitals expenditures.																				
		<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2018-June 30, 2019, state reason(s):																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;"></td> <td style="width: 25%; text-align: center;"><b>Amount</b></td> </tr> <tr> <td><b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i></td> <td></td> </tr> </table>				<b>Amount</b>	<b>d</b> Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>													
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		<b>21a</b> Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>																	
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		<b>22</b> Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input type="checkbox"/> A description of the hospitals payment methodologies.																		
		<b>23</b> Responsibility for claims payments to Hospitals:																		
		Entity	Contact (Name and Title)																	
		Phone Number	Email Address																	



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



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2018	(1c)		
Deposits for July 1, 2018-June 30, 2019	(5c)		
Interest for July 1, 2018-June 30, 2019	(8a)		
Other Deposits for July 1, 2018-June 30, 2019	(8b)		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)  Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(9a)		(13)
Physicians/Surgeons (58%)	(9b)	(9b)	(16a)
Hospitals (25%)	(9c)	(9c)	(20b Pd) (20d)
Other Discretionary EMS (17%)	(9d)	(9d)	(24a)
Total	(9e)	(9e)	
Preliminary Fund Balance (Fund Total - Total Expenditures)			
Reimbursements			
Physicians/Surgeons		(16c)	
Hospitals		(20e)	
Ending Balance for Total Available Funds as of June 30, 2019			

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

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

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2018		(2c)		
Deposits for July 1, 2018- June 30, 2019		(6c)		
Interest for July 1, 2018-June 30, 2019		(10a)		
Other Deposits for July 1, 2018 - June 30, 2019		(10b)		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(11a)			(14)
Richie's Fund (15%)	(11b)			(15)
Physicians/Surgeons (58%)	(11c)	(11c)		(17a)
Hospitals (25%)				(21b Pd)
	(11d)	(11d)		(21d)
Other Discretionary EMS (17%)	(11e)	(11e)		(25a)
<b>Total</b>	(11f)	(11f)		
<b>Preliminary Fund Balance              (Fund Total - Total Expenditures)</b>				
<b>Reimbursements</b>				
Physicians/Surgeons		(17c)		
Hospitals		(21e)		
<b>Ending Balance for Total Available              Funds as of June 30, 2019</b>				

Signature of Maddy EMS Fund Administrator

Email Address

Printed Name

Title

Date