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Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2018/19 (July 1, 2018 – June 30, 2019)

I	Administering Agency	Cou	unty / Department	County Contact (Name and Title)				
		Ado	dress (Number and Street)	Phone Number	Number			
		City	y or Post Office, State, and ZIP Code	Email Address				
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☐ Yes ☐ No			
	Tunu	b	Date fund established.					
		c						
		d	Fund balance on July 1, 2018. If the Maddy EMS Fund beginning balance on July 1, 2018, differs from the previous reported endin balance on June 30, 2018, state reason(s):					
		2a	Has the agency established the Maddy EMS Fund (Su	hed the Maddy EMS Fund (Supplemental Assessment)?				
		b	Date fund established.					
		c	Fund balance on July 1, 2018.					
		d	If the Maddy EMS Fund beginning balance on July 1 balance on June 30, 2018, state reason(s):	, 2018, differs from the previous	s reported ending			
Ш	Collections of Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections			
	Assessments	a		Government Code § 76000				
			b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)			
		c		Vehicle Code § 42007				
		d		Total				
		4	Responsibility for collection of fines, penalties, and for	rfeitures:				
			Entity	Contact (Name and Title)				
			Phone Number	Email Address				

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N	Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	addy Statute	ıte	Deposits		
r	una	a		Government Co (Based on G				
		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)	Statu	ite	Deposits		
		a		Government Co	ode § 76000.5			
		b		Vehicle Code §	42007			
		c			Total			
		d	If no deposits into Maddy EMS Fund, state reason(s):					
	7	7	Responsibility for deposit of penalty assessments:					
		Entity	Contact (Name and Title)					
			Phone Number	Email Address				
	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 deporefunds from Physicians/Surgeons or Hospitals on line					
		9	Total amount of funds distributed to the specified cat during the fiscal year.		Reserve Optional)	Category Distributions		
		a	Administration (Admin cost equal to the lesser of actuor 10%)	ial cost				
		b	Physicians/Surgeons (58%)					

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V Maddy EMS Fund Category	, c	Hospitals (25%)		
Distributions (cont.)	d	Other Discretionary EMS (17%)		
	e	<u></u>	otal	
	10	Maddy EMS Fund (Supplemental Assessment) (If fund n	ot established, leave blank an	d 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 refunds from Physicians/Surgeons or Hospitals on line 10		
	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	
	12	Responsibility for category distributions:		
		Entity	ontact (Name and Title)	
		Phone Number E	mail Address	
VI Expenditures & Reimbursemen		Total Administration expenditures from Maddy EMS F Assessment).	Amount	
				Amount
	14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1	Amount	
	15	Total Richie's Fund expenditures from Maddy EMS Fu	nd (Supplemental	Amount
		Assessment). (If fund not established, leave blank and go to #1		

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

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/1	Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).				☐ Yes ☐ No (If no, go to #20d)		
				Allo	owable Claims		Paid C	laims	
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.						
		c	If allowable claims were not paid during fisc	cal year, J	uly 1, 2018-June 30), 2019, sta	te reason	(s):	
		d	Direct disbursement to Hospitals. (N/A if hospitals. Leave blank and go to #21e)	pital claim	s are paid on a claims	basis.		Amount	
		e 21a	Total reimbursements from Hospitals due to county penalties, and settlements.	collectio	ns from patient/thi	rd-party,	Amou	nt Reimbursed	
			Indicate if Hospital claims are paid on a clai EMS Fund (Supplemental Assessment). (If j and go to #22)				Yes (If no, go t	□ No to #21d)	
				Allo	owable Claims		Paid Claims		
				#	\$ Amount	#	%	\$ Amount	
		b	Total Hospitals expenditures.						
		c	If allowable claims were not paid during fisc	te reason	(s):				
		d	Direct disbursement to Hospitals. (N/A if hospitals. (N/A if hospitals.)	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/thi	rd-party,	Amou	nt Reimbursed	
		22	Required documentation for submission. (To be submitted concurrently)	he below d	ocumentation is part o	f the Maddy	EMS Fund	d report, and <u>must</u>	
			☐ A description of the hospitals payment						
		23	Responsibility for claims payments to Hospi Entity		Contact (Name and	d Title)			
			Phone Number		Email Address				

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T 77	F 11. 0			
VI	Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
	(cont.)			1
b		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	Amount
				•
		b	Description of other EMS services provided:	

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Date



VII Fund Summary

Maddy EMS Fund (Original Assessment)

Available Funds f	or Distribution		Fund Total
	(1c)		
	(5c)		
	(0.)		
	(8a) (8b)		
Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
(9a)			(13)
(9b)	(9b)		(16a)
			(20b Pd)
(9c)	(9c)		(20d)
(9d)	(9d)		(24a)
(9e)	(9e)		
	(16c)		
	(20e)		
ministrator	Email Address		
	Category Distributions (9a) (9b)	(1c) (5c) (8a) (8b) Category Reserve (Optional) (9a) (9b) (9b) (9c) (9c) (9d) (9e) (9e) (16c) (20e)	(1c) (5c) (8a) (8b) Category Reserve (Optional) (9a) (9a) (9b) (9c) (9c) (9e) (9e) (16c) (16c) (20e)

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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)		
	Category	Reserve	Available Funds for Disbursement (Category Distributions -	
Distributions/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%)	(220)	(110)		(21b Pd)
	(11d)	(11d)		(21 d)
Other Discretionary EMS (17%)	(11a)	(11a)		(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, 2019				
Signature of Maddy EMS Fund Admin	istrator E	mail Address		
Printed Name		itle		
Date				
Date				