



## Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2022/23 (July 1, 2022 - June 30, 2023)

<b>I 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 Establishment of Fund</b>	<b>1a</b>	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b>	Date fund established.	
	<b>c</b>	Fund balance on July 1, 2022.	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2022, differs from the previous reported ending balance on June 30, 2022, state reason(s):	
	<b>2a</b>	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	<b>b</b>	Date fund established.	
	<b>c</b>	Fund balance on July 1, 2022.	
	<b>d</b>	If the Maddy EMS Fund beginning balance on July 1, 2022 differs from the previous reported ending balance on June 30, 2022, state reason(s):	

<b>III Collections of Penalty Assessments</b>	<b>3</b>	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	<b>a</b>		Government Code § 76000	
	<b>b</b>		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	
	<b>c</b>		Vehicle Code § 42007	
	<b>d</b>		Total	
	<b>4</b>	Responsibility for collection of fines, penalties, and forfeitures:		
		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>		Government Code § 76000 <i>(Based on GC § 76104)</i>	
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<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>		Government Code § 76000.5	
	<b>b</b>		Vehicle Code § 42007	
	<b>c</b>		<b>Total</b>	
	<b>d</b>	If no deposits into Maddy EMS Fund, state reason(s):		
	<b>7</b>	<b>Responsibility for deposit of penalty assessments:</b>		
		Entity	Contact (Name and Title)	
		Phone Number	Email Address	
<b>V Maddy EMS Fund Category Distributions</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>	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>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>		
	<hr/>			
<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>			
<hr/>				
<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>			
<hr/>				
<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>		
<hr/>				
<b>VI Expenditures &amp; Reimbursements</b>	<b>13</b>	<b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Amount</b>	
	<hr/>			
	<hr/>			
<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>		
<hr/>				
<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>		
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<b>VI Expenditures &amp; Reimbursements (cont.)</b>	<b>16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).</b>	<b>Allowable Claims</b>		<b>Paid Claims</b>		
		<b>#</b>	<b>\$ Amount</b>	<b>#</b>	<b>%</b>	<b>\$ Amount</b>

**b If allowable claims were not paid during fiscal year, July 1, 2022-June 30, 2023, state reason(s)**

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

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

**b If allowable claims were not paid during fiscal year, July 1, 2022-June 30, 2023, state reason(s)**

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

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

**19 Responsibility for claims payments to Physicians/Surgeons:**

<b>Entity</b>	<b>Contact (Name and Title)</b>
<b>Phone Number</b>	<b>Email Address</b>



<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;"> <thead> <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> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </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, 2022-June 30, 2023, state reason(s):																		
		<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>																		
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.		<b>Amount Reimbursed</b>																
	<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>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td><b>b</b> Total Hospitals expenditures.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount	<b>b</b> Total Hospitals expenditures.						
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<b>b</b> Total Hospitals expenditures.																			
	<b>c</b> If allowable claims were not paid during fiscal year, July 1, 2022-June 30, 2023 state reason(s):																		
		<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 #22e)</i>																		
	<b>e</b> Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.		<b>Amount Reimbursed</b>																
	<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																	



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



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2022		(1c)	
Deposits for July 1, 2022-June 30, 2023		(5c)	
Interest for July 1, 2022-June 30, 2023		(8a)	
Other Deposits for July 1, 2022-June 30, 2023		(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)
<b>Total</b>	(9e)	(9e)		
<b>Preliminary Fund Balance</b> (Fund Total - Total Expenditures)				

  

Reimbursements	
Physicians/Surgeons	(16c)
Hospitals	(20e)
<b>Ending Balance for Total Available Funds as of June 30, 2023</b>	

Available

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 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, 2022		(2c)		
Deposits for July 1, 2022-June 30, 2023		(6c)		
Interest for July 1, 2022-June 30, 2023		(10a)		
Other Deposits for July 1, 2022 - June 30, 2023		(10b)		
<b>Distributions/Expenditures</b>	<b>Category Distributions</b>	<b>Reserve (Optional)</b>	<b>Available Funds for Disbursement (Category Distributions - Reserve)</b>	<b>Expenditures</b>
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, 2023</b>				

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

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

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date