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Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2023/2024 (July 1, 2023 - June 30, 2024)

I	Administering Agency	Cot	unty / Department	County Contact (Name and Title)			
		Ado	dress (Number and Street)	Phone 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		
		b	Date fund established.		_		
		c	Fund balance on July 1, 2023.				
		d	If the Maddy EMS Fund beginning balance on July 1, on June 30, 2023, state reason(s):	2023, differs from the previous	reported ending balance		
		2a	Has the agency established the Maddy EMS Fund (Su	tablished the Maddy EMS Fund (Supplemental Assessment)?			
		b	Date fund established.				
		c	Fund balance on July 1, 2023.				
		d	If the Maddy EMS Fund beginning balance on July 1 reported ending balance on June 30, 2023, state reaso				
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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1 V	Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits			
	Fund	a		Government Code § 76000 (Based on GC § 76104)				
		b		Vehicle Code § 42007				
		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		Government Code § 76000.5				
		b		Vehicle Code § 42007				
		c		Total				
		d	If no deposits into Maddy EMS Fund, state reason(s):					
		7	Responsibility for deposit of penalty assessments:					
			Entity	Contact (Name and Title)				
			Phone Number	Email Address				
V	Maddy EMS Fund Category	8	Madda FMC Food (Onicinal Assessment)					
	Distributions	0	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits			
		a	Interest earned during the fiscal year.					
		u b	Other deposits during the fiscal year.					
		С	If other deposits were made, provide the type of deposite refunds from Physicians/Surgeons or Hospitals on line	· · · · · · · · · · · · · · · · · · ·				
		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%)	ual cost				
		b	Physicians/Surgeons (58%)					

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V	Maddy EMS Fund Category Distributions	c	Hospitals (25%)			
	(cont.)	d	Other Discretionary EMS (17%)			
		e	Т	otal		
		10	Maddy EMS Fund (Supplemental Assessment) (If fund r	ıot esta	ıblished, leave blank and go	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 refunds from Physicians/Surgeons or Hospitals on line 1		* *	-
		11 Total amount of funds distributed to during the fiscal year.		ecified categories 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 12	T	otal		
			Responsibility for category distributions:			
			Entity	Contac	et (Name and Title)	
			Phone Number E	Cmail .	Address	
VI	Expenditures & Reimbursements			Original -	Amount	
		14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1		Supplemental -	Amount
			A Julia not commonly tour common and go to 11			
		15	Total Richie's Fund expenditures from Maddy EMS Fu Assessment). (If fund not established, leave blank and go to #1		upplemental	Amount

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VI	Expenditures &		7	Al	Allowable Claims Paid Claims				
	Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount	
			Assessment).						
		b	If allowable claims were not paid during fisca	al year, J	July 1, 2023-June 30,	2024, sta	te reason	(s))	
		c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set	Amount Reimbursed					
				A	llowable 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)						
			If allowable claims were not paid during fisca						
		c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.						
		18	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)						
			☐ A description of the Physicians/Surgeons claims payment methodologies.						
			A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).						
			Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.						
			☐ A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.						
			An identification of the fee schedule used	d by the	county.				
		19	Responsibility for claims payments to Physici	ians/Sur	geons:				
			Entity		Contact (Name and T	Title)			
			Phone Number]	Email Address				

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VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).			☐ Yes ☐ No (If no, go to #20d)				
				Alle	owable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.							
		c	If allowable claims were not paid during fisca	al year, J	uly 1, 2023-June 30	, 2024, stat	e reason((s):		
			Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis.					Amount		
			Leave blank and go to #21e)							
		e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed		
		21a	Indicate if Hospital claims are paid on a 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)		
				Alle	s Amount	#	Paid C	\$ Amount		
		b	Total Hospitals expenditures.	π	5 Amount	<i>"</i>	70	5 Amount		
		c	If allowable claims were not paid during fiscal year, July 1, 2023-June 30, 2024 state reason(s):							
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)							
							-	_		
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 must be submitted concurrently)							
☐ A description of the hospitals payment methodologies.										
		23	Responsibility for claims payments to Hospit	als:						
			Entity		Contact (Name and	Title)				
			Phone Number		Email Address					

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Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
(00.11)	b		
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
	-0.1	(Supplemental Assessment). (If fund not established, leave blank)	
	b	Description of other EMS services provided:	
	-	Reimbursements (cont.) b 24a	Reimbursements (cont.) 24a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment). b Description of other EMS services provided: 25a Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)

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VII Fund Summary



II Fund Summary	Maddy EMS Fund (Original Assessment)							
		Available Funds f	or Distribution		Fund Total			
	Balance on July 1, 2023		(1c)					
	Deposits for July 1, 2023-June 30, 2024		(5c)					
	Interest for July 1, 2023-June 30, 2024		(0)					
	Other Deposits for July 1, 2023-June 30, 2024		(8a) (8b)					
				Available Funds	ds			
		Category	Reserve	for Disbursement (Category Distributions -				
	Distributions/Expenditures	Distributions	(Optional)	Reserve)	Expenditures			
	Administration (Admin cost = to lesser of actual cost or 10%)	(9a)			(13)			
	Physicians/Surgeons (58%)	(9b)	(9b)		(16a)			
	Hospitals (25%)				(20b Pd)			
	Other Discretionary EMS (17%)	(9c)	(9c)		(20d)			
		(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, 2024							
Available	Signature of Maddy EMS Fund Adn	ninistrator	Email Address					
	Printed Name		Title					
	Date							

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VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2023		(2c)		
Deposits for July 1, 2023-June 30, 2024		(6c)		
Interest for July 1, 2023-June 30, 2024		(10a)		
Other Deposits for July 1, 2023 - June 30, 2024		(10b)		
Distributions/Expenditures	Category Distributions	Reserve	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)		(21 d)
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, 2024				
Signature of Maddy EMS Fund Admin	istrator E	mail Address		
Printed Name	<u>т</u>	Title		
Date				