

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY
AND RECORD OF ACTION**

September 9, 2025

FROM

ANDREW GOLDFRACH, ARMC Chief Executive Officer, Arrowhead Regional Medical Center

SUBJECT

Designation of ARMC Chief Executive Officer as Authorized Representative for Arrowhead Regional Medical Center for Medi-Cal Health Care Facility Letters

RECOMMENDATION(S)

1. Designate the ARMC Chief Executive Officer as the authorized representative for purposes of preparing and signing Medi-Cal Health Care Facility letters for Arrowhead Regional Medical Center, for the period of September 9, 2025, through September 8, 2030.
2. Authorize the ARMC Chief Executive Officer to prepare and sign Medi-Cal Health Care Facility letters as the authorized representative for Arrowhead Regional Medical Center, for the period of September 9, 2025, through September 8, 2030.

(Presenter: Andrew Goldfrach, ARMC Chief Executive Officer, 580-6150)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Provide for the Safety, Health and Social Service Needs of County Residents.

FINANCIAL IMPACT

Approval of this item will not result in the use of Discretionary General Funding (Net County Cost) as designating the ARMC Chief Executive Officer as the authorized representative for Arrowhead Regional Medical Center (ARMC) for Medi-Cal Health Care Facility letters is non-financial in nature.

BACKGROUND INFORMATION

As the authorized representative for ARMC, the designation will allow the ARMC Chief Executive Officer to sign Health Care Facility letters. ARMC would provide the executed letters to contracted providers, who would then include it in their application package for enrollment in the Medi-Cal program as a facility-based provider indicating that the provider renders services under contract at ARMC.

The Health Care Facility letter may only be signed by a person authorized to legally bind the County. It is recommended that the Board of Supervisors designate and delegate the authority to the ARMC Chief Executive Officer as its authorized representative to sign the Health Care Facility letters to assist contracted providers in their enrollment into Medi-Cal, from September 9, 2025, through September 8, 2030. ARMC expects to receive, on average, about 12 to 14 letters a year.

**Designation of ARMC Chief Executive Officer as Authorized
Representative for Arrowhead Regional Medical Center for Medi-Cal
Health Care Facility Letters
September 9, 2025**

The California Department of Health Care Services (DHCS) has established procedures for the enrollment of licensed or certificated healthcare providers, or applicants who are professional corporations, who render services to Medi-Cal beneficiaries exclusively in one or more licensed health facilities that are enrolled in the Medi-Cal program. One of the DHCS Medi-Cal enrollment requirements is for providers to submit a Health Care Facility letter for each Medi-Cal enrolled and licensed health facility at which the provider renders services to Medi-Cal beneficiaries.

According to DHCS, each Health Care Facility letter must be on the letterhead of the licensed health facility and include the following:

1. Date of the letter.
2. Name and location of the currently licensed and Medi-Cal enrolled health facility.
3. Description of the services rendered by applicant or provider at the licensed health facility.
4. A statement that the person authorized to legally bind the licensed health care facility understands that (applicant or provider) has submitted an application package for enrollment in the Medi-Cal program as a "facility-based provider" indicating that (applicant or provider) renders services under contract at (licensed health care facility); further understands that approval of the application package is based in part on the contractual agreement between (applicant or provider) and (licensed health care facility); based in part on the representation that there are no current Medi-Cal, Medicaid, Medicare or licensing sanctions against licensed health care facility; attests that a contractual relationship does exist between (applicant or provider) and (licensed health care facility), and that there are no currently pending or outstanding Medi-Cal, Medicaid, Medicare or licensing sanctions against the (licensed health care facility).

PROCUREMENT

Not applicable.

REVIEW BY OTHERS

This item has been reviewed by County Counsel (Charles Phan, Supervising Deputy County Counsel, 387-5455) on August 8, 2025; ARMC Finance (Chen Wu, Finance and Budget Officer, 580-3165) on August 15, 2025; and County Finance and Administration (Jenny Yang, Administrative Analyst, 387-4884) on August 19, 2025.

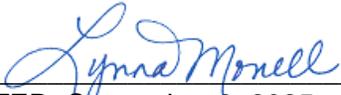
**Designation of ARMC Chief Executive Officer as Authorized
Representative for Arrowhead Regional Medical Center for Medi-Cal
Health Care Facility Letters
September 9, 2025**

Record of Action of the Board of Supervisors
San Bernardino County

APPROVED (CONSENT CALENDAR)

Moved: Joe Baca, Jr. Seconded: Curt Hagman
Ayes: Col. Paul Cook (Ret.), Jesse Armendarez, Dawn Rowe, Curt Hagman, Joe Baca, Jr.

Lynna Monell, CLERK OF THE BOARD

BY 
DATED: September 9, 2025



cc: File - Medical Center
CCM 09/10/2025