



Contract Number

17-883 A-5

SAP Number

4400006721

ARROWHEAD REGIONAL MEDICAL CENTER

Department Contract Representative Telephone Number	William L. Gilbert (909) 580-6150
Contractor	CEP America – California
Contractor Representative Telephone Number	Rodney Borger, MD (909) 580-6370
Contract Term	January 1, 2018 through December 31, 2020
Original Contract Amount	\$14,029,996, annually plus variable costs
Amendment Amount	\$951,390
Total Contract Amount	\$14,981,386, annually plus variable costs
Cost Center	9110004200

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5

Amend Agreement No. 17-883 in the following manner, effective May 20, 2020:

1. Amend Section 5.01 Compensation, to read:

5.01 Compensation

Hospital shall compensate Corporation for Services provided under this Contract effective May 20, 2020, as follows:

Position	Description	Contract Amounts (\$/year)
Department/Service Line Administration		
Chair, Department of Emergency Medicine	1.00 FTE	\$ 230,000
Medical Director – Probation	Pass Through from County Probation	\$ 300,000
Medical Director – Fire and Paramedics	0.15 FTE or 300 hours per year	\$ 36,000

Secretary	1.00 FTE	\$ 61,000
Subtotal – Administration		\$ 627,000
Teaching and Other GME Activities		
Program Director, ACGME Emergency Medicine Residency	0.50 FTE physician	\$ 145,000
Associate Program Director, ACGME Emergency Medicine	0.20 FTE physician	\$ 51,000
PA Program Director, PA Fellowship	0.50 FTE physician assistant (PA)	\$ 58,000
Program Coordinator	1.50 FTE	\$ 105,000
Physician Faculty (Core)	2.46 FTE	\$ 556,000
PA Faculty (Core)	0.24 FTE	\$ 30,000
3 rd Year SGU and WUHS Students	\$350 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
4 th Year SGU and WUHS Students	\$200 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
Subtotal – Teaching and Other GME Activities		\$ 945,000
Direct Patient Care and On-Call Coverage		
San Bernardino County Probation Services	Pass Through from County Probation	\$ 624,000
Services to County Inmates at Sheriff Detention Center	Pass Through from County Sheriff (Funding for 15.10 FTE Physicians)	\$ 5,209,500
Chronic Disease Physician at Sheriff Detention Center	Full Time Physician Monday – Friday, excluding County Holidays (Funding for 1.50 FTE Physicians)	\$ 589,500
ED Coverage Excluding Behavioral Health	13.00 FTE Physicians and 32.00 FTE Physician Assistants (Includes BBP screening for ARMC employees)	\$ 2,452,000
Sheriff's Department	\$90 per visit	Variable
Behavioral Health Triage for All Patients, including Uninsured Self-Pay Patients	24/7/365 Physician Assistant coverage	\$ 382,716
Behavioral Health – Alcohol and Drug Services Patients	0.50 FTE physician	\$ 175,000
Behavioral Health – Psychiatrist coverage for Department of Behavioral Health	10,869 hours of psychiatrist coverage at \$290.00 per hour (Pass through from County Behavioral Health)	\$ 3,152,000
Disaster Response – Physician's Assistant Services	As paid by appropriate government authorities.	Variable
Disaster Response – Physician Services	As paid by appropriate government authorities.	Variable
Family Medicine Physician (Redlands Family Health Center)	\$654/half day session per FTE (4 hour clinic session) – 2.0 FTE	\$ 640,920
Family Medicine Mid-Level Provider (Redlands Family Health Center)	\$375/half day session per FTE (4 hour clinic session) – 1.0 FTE (Funded at 1.55 FTE)	\$ 183,750
Subtotal – Direct Patient Care and On-Call Coverage		\$13,409,386
Total fixed cost per annum*		\$14,981,386

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each

party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

All other terms and conditions of Agreement No. 17-883 shall remain in full force and effect.

BOARD OF SUPERVISORS

▶

Curt Hagman, Chairman, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By _____
Deputy

CEP AMERICA – CALIFORNIA

(Print or type name of corporation, company, contractor, etc.)

By ▶ _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address 2100 Powell St, #900

Emeryville, CA 94608

FOR COUNTY USE ONLY

Approved as to Legal Form

Scott Runyan, Deputy County Counsel
Date _____

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

William L. Gilbert, Director
Date _____

