



Contract Number

17-881 A-2

SAP Number

4400005469

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
 Contractor	 Arrowhead Family Medical Group, Inc.
Contractor Representative	David Lanum, MD
Telephone Number	909-580-3370
Contract Term	01/01/2018 – 12/31/2020
Original Contract Amount	\$4,912,980 annually plus variable amounts
Amendment Amount	\$530,000
Total Contract Amount	\$5,972,980 annually plus variable amounts
Cost Center	9110004200

AMENDMENT NO. 2

Amend Agreement No. 17-881 in the following manner, effective July 28, 2020:

Amend Part V Billing and Compensation, Section 5.01 to read:

5.01 Compensation

Hospital shall compensate Corporation for Services provided under this Contract, as follows:

Position	Description	Contract Amounts (\$/year)
Department/Service Line Administration		
Chair Dept FM	0.60 FTE - 1,200 hours per year	\$ 216,000
Vice Chair Dept FM	0.30 FTE - 600 hours per year	\$ 108,000
Patient Improvement activities	0.50 FTE - 1,000 hours per year	\$ 180,000
Subtotal – Administration		\$ 504,000

Teaching and Other GME Activities		
Temporary DIO	\$150 per hour. Not to exceed 1,000 hours	\$ 150,000
Assistant DIO	Not to exceed 600 hours per year	\$ 90,000
Program Director, ACGME/AOA Family Medicine Residency	0.70 FTE physician	\$ 178,000
Physician Faculty	Minimum of 22	\$ 2,670,000
Non-physician faculty	1.0 FTE	\$ 117,000
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
Geriatric Teaching	Clinical training for FM and IM	\$ 119,500
Subtotal – Teaching and Other GME Activities		\$ 3,324,500
Direct Patient Care and On-Call Coverage		
Primary Care Clinic Coverage	Based on capitation rates within Managed Care Contract – will be paid PMPM	Variable
Primary Care Clinic Expansion	4.00 Physician FTEs based on collection guarantee. Funding shall be offset by primary capitation exceeding \$575,000 per month.	\$ 1,060,000
Additional Primary Care Clinic Expansion	4.00 Physician FTEs – will work to provide an additional 4,000 visits per year and prepare for the expansion of the Fontana Family Health Center.	\$ 1,060,000
Home Healthcare Consulting	\$150 per hr, est \$1,000 per mth (not to exceed)	\$ 16,000
Behavioral Health Inpatient Care	Coverage 8 hours/365 days a year	\$ 275,000
PCP Caseload Consultant BHICCI	0.20 physician FTE - IEHP funds	\$ 55,000
Outpatient Care (Non-Capitated Patients)	\$40 per non capitated patient visit	Variable
Sheriff's and Juvenile Hall	100% Medi-Cal rates	\$ 2,000
Patton Patients	95% negotiated prof fee rate	Variable
Subtotal – Direct Patient Care and On-Call Coverage		\$ 2,468,000
Space and Overhead		
Monthly space and overhead payment	(\$26,960 per month)	\$ (323,520)
Subtotal – Space and Overhead		\$ (323,520)
Total fixed cost per annum*		\$ 5,972,980

* Total annual cost indicated does not include variable costs associated with this agreement.

All other terms and conditions of Agreement No. 17-881 shall remain in full force and effect.

COUNTY OF SAN BERNARDINO

►

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

ARROWHEAD FAMILY MEDICAL GROUP, INC.

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

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

Name David Lanum, MD
(Print or type name of person signing contract)

Title President
(Print or Type)

Dated: _____

Address P.O. Box 8714
Redlands, CA 92375

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Charles Phan, County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

William L. Gilbert, Director

Date _____