

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

19-413 A-2

SAP Number

4400011714

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	Himagine Solutions, Inc.
Contractor Representative	Anurag Mehta, CEO
Telephone Number	(866) 230-7865
Contract Term	July 1, 2019 through June 30, 2023
Original Contract Amount	NTE \$1,300,000
Amendment Amount	NTE \$ 700,000
Total Contract Amount	NTE \$2,000,000
Cost Center	8700

AMENDMENT NO. 2

San Bernardino County and Himagine Solutions, Inc. agree to amend the terms of Contract #19-413 ("Contract") for medical coding and clinical documentation improvement specialist (fully executed on June 25, 2019) as follows, effective on the date this Amendment No. 2 (Amendment) is fully executed:

1. Attachment "A" to the Contract is hereby deleted and replaced with Attachment "A" to this Amendment No. 2.

2. Section F.1 in the Contract is deleted in its entirety and replaced with the following:

F.1 Contractor will be reimbursed on a fee for service basis in accordance with the rates listed in Attachment A, not to exceed a total of \$2,000,000 for the term of the Contract.

3. Section D in the Contract is deleted in its entirety and replaced with the following:

D. TERM OF CONTRACT

This Contract is effective July 1, 2019 through June 30, 2023, but may be terminated earlier in accordance with the provisions of this Contract.

4. All references to "County of San Bernardino" in the Contract shall be amended to read as "San Bernardino County".

5. All other terms and conditions of the Contract shall remain in full force and effect.
6. 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.

SAN BERNARDINO COUNTY

▶ Dawn M Rowe
 Dawn M. Rowe, Vice Chair, Board of Supervisors

Dated: JUN 28 2022

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

By Lynna Monell
 Lynna Monell, Clerk of the Board of Supervisors
 San Bernardino County
 Deputy



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

By ▶ Anurag S. Mehta
 (Authorized signature - sign in blue ink)

Name Anurag Mehta
 (Print or type name of person signing contract)

Title Chief Executive Officer
 (Print or Type)

Dated: April 27, 2022

Address 2424 N Federal Hwy, Suite 205
Boca Raton, FL 33431

FOR COUNTY USE ONLY
 Approved as to Legal Form
 ▶ Charles Phan
 Charles Phan, Deputy County Counsel
 Date 6/15/2022

Reviewed for Contract Compliance
 ▶ _____
 Date _____

Reviewed/Approved by Department
 ▶ William L. Gilbert
 William L. Gilbert, Director
 Date 6/21/2022

Attachment A

**HIMAGINE SOLUTIONS, INC.
RATES**

DESCRIPTION	HOURLY RATE Effective from the effective date of this Amendment through June 30, 2022 for Contractor Personnel who began providing services on or before June 30, 2022	HOURLY RATE Effective July 1, 2022 for Contractor Personnel who began providing services on or before June 30, 2022	HOURLY RATE Effective July 1, 2022 for Contractor Personnel who begin providing services on or after July 1, 2022
Medical Coding	Inpatient: \$59.95 Outpatient: \$52.95	Inpatient: \$62.95 Outpatient: \$55.60	Inpatient: \$62.95 Outpatient: \$55.60 ED: 55.60
Clinical Document Improvement with RN Degree	\$84.00	\$88.20	\$88.20
Coding Leadership	\$89.00	\$93.45	\$93.45
Interim Clinical Documentation Improvement Supervisor/Manager	\$116.00	\$121.80	\$121.80