



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>Andrew Goldfrach</u>
Telephone Number	<u>580-6150</u>
Contractor	<u>Inland Empire Health Plan</u>
Contractor Representative	<u>Jennifer Escobar</u>
Telephone Number	<u>(909) 890-1573</u>
Contract Term	<u>July 1, 2025, through June 30, 2028</u>
Original Contract Amount	<u>Revenue</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>Revenue</u>
Cost Center	<u></u>
Grant Number (if applicable)	<u></u>

Briefly describe the general nature of the contract: Enhanced Care Management Provider Agreement, including non-standard terms, with Inland Empire Health Plan, establishing reimbursement rates to San Bernardino County for the provision of Enhanced Care Management program services, for the period of July 1, 2025, through June 30, 2028.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Charles Phan, Supervising Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
Andrew Goldfrach, ARMC Chief Executive Officer

Date _____