



Contract Number

19-413 A-2

SAP Number

4400011714

Arrowhead Regional Medical Center

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

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:

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

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

▶

 Curt Hagman, Chairman, Board of Supervisors

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

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

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

Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County

Title _____
(Print or Type)

By _____
 Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form ▶ _____ Charles Phan, Deputy County Counsel Date _____	Reviewed for Contract Compliance ▶ _____ Date _____	Reviewed/Approved by Department ▶ _____ William L. Gilbert, Director Date _____
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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