



**Contract Number**

20-897 A-3

**SAP Number**

4600016571

**Arrowhead Regional Medical Center**

<b>Department Contract Representative</b>	William L. Gilbert
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	Cal Med Physicians and Surgeons, Inc.
<b>Contractor Representative</b>	
<b>Telephone Number</b>	(909) 580-6334
<b>Contract Term</b>	January 1, 2021 through December 31, 2023
<b>Original Contract Amount</b>	\$32,147,776 (\$12,422,017 annually) plus variable
<b>Amendment Amount</b>	\$283,334
<b>Total Contract Amount</b>	\$32,431,110 (\$12,622,017 annually) plus variable
<b>Cost Center</b>	9186104200

**AMENDMENT NO. 3**

San Bernardino County on behalf of Arrowhead Regional Medical Center and Cal Med Physicians and Surgeons, Inc. hereby amend Agreement No. 20-897 ("Contract") in the following manner, effective as of the date of this Amendment No. 3 ("Amendment") is fully executed:

1. Delete Section 5.01 of the Contract in its entirety and replace with the following:

**5.01 Compensation**

Beginning on August 9, 2022, Hospital shall compensate Corporation for Services provided under this Contract as set forth in Sections 5.01(A) and 5.01(b) below:

**(A) Compensation Component 1**

Position	Description	Contract Amounts (\$/year)
<b>Department/Service Line Administration</b>		
Chairman, Department of Surgery	0.50 FTE or 1,000 hours per year	\$228,000
Trauma Director	0.25 FTE or 500 hours per year	\$103,000
Burn Director	0.25 FTE or 500 hours per year	\$103,000
Director of Surgical ICU	0.25 FTE or 500 hours per year	\$108,000
Vascular Lab Director	0.20 FTE	\$85,000
Clinic Coordinator	1.00 FTE	\$61,000
Secretarial Support	3.00 FTE	\$147,000
Subtotal – Administration		\$835,000
<b>Teaching and Other GME Activities</b>		
General Surgery, ACGME, Program Director	0.50 FTE	\$200,000
Assoc. Program Director, General Surgery	0.25 FTE	\$100,000
Program Faculty (Core), General Surgery	1.20 FTE	\$500,000
Physician Faculty (Core), Neurosurgery	0.80 FTE	\$600,000
Clerkship Director – CUSM Students	\$35 per week per student (Paid Quarterly)	Variable
3 <sup>rd</sup> Year CUSM Students	\$350 per week per student (Paid Quarterly)	Variable
4 <sup>th</sup> Year CUSM Students	\$200 per week per student (Paid Quarterly)	Variable
3 <sup>rd</sup> Year SGU and WUHS Students	\$350 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
4 <sup>th</sup> 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		\$1,400,000
<b>Direct Patient Care and On-Call Coverage</b>		
Trauma Coverage		\$400,000
Trauma Call Coverage		\$600,000
General Surgery Clinic and Surgery Coverage	Maintain current clinic coverage	\$500,000
General Surgery Call Coverage		\$90,000
Plastic Surgery Clinic and Surgery Coverage	2.0 FTEs (3,160 clinical hours @1,580/FTE)	\$650,000
Plastic Surgery Call Coverage		\$150,000
Endovascular Surgery Clinic and Surgery Coverage	Maintain current clinic coverage	\$750,000
Endovascular Surgery Call Coverage		\$200,000
Neurological Surgery Clinic and Surgery Coverage		\$145,000
Neurological Surgery Call Coverage		\$1,095,000
Neurointerventional Radiology Call Coverage	\$2,500 per day*	\$1,095,000
Oral Surgery Clinic and Surgery Coverage	Maintain current clinic coverage	\$100,000
Oral Surgery Call Coverage		\$100,000
Oncology Surgery Clinic and Surgery Coverage	1.50 FTE (2,370 hours per year)	\$600,000
Hyperbaric Medicine/Wound Care Clinic and Surgery Coverage	Maintain current level of OR coverage	\$400,000
Sheriff's Department Patients: Medical Care	Payable at current Medi-Cal rates	Variable

Sheriff's Department Patients: OMFS Services provided at detention center	Provided funds received from Sheriff's Department: \$4,000 per month	\$48,000
Patton Patients	95% of negotiated professional fee rate	Variable
Surgery Physician Assistants	2.00 FTE	\$260,000
Surgery Physician Assistant, Trauma and Burn ICU	1.00 FTE	\$100,000
Subtotal – Direct Patient Care and On-Call Coverage		\$7,283,000
Total fixed cost per annum** under Section 5.01(A)		\$9,518,000

\* Total Neurointerventional Radiology call coverage is valued at \$3,000 per day/\$1,095,000 per year. Corporation is responsible for collecting professional revenue from payors. Hospital and Corporation shall reconcile collections (minus 10% collection fee) versus payments in this agreement quarterly, shortfall or overpayment shall be paid to the appropriate party accordingly.

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

### (B) Compensation Component 2.

Position	Description	Contract Amounts (\$/year)
<b>Department/Service Line Administration</b>		
Neuro ICU Medical Director	0.25 FTE or 500 hours per year	\$154,921
Neuro ICU Medical Director Expenses	Preapproved Admin Support, Oversight, and Marketing Expenses*	Not to Exceed \$176,488
Subtotal – Administration		Not to Exceed \$331,409
<b>Teaching and Other GME Activities</b>		
Neuro Assist. Program Director	0.20 FTE or 400 hours per year	\$68,109
Neuro Assist. Program Director Travel	Preapproved Travel Expenses**	Not to Exceed \$10,000.00
Subtotal – Teaching and Other GME Activities		Not to Exceed \$78,109
<b>Direct Patient Care and On-Call Coverage</b>		
Neurointensivist	2.55 FTE or 4,692 hours per year	\$1,764,878
Neuro ICU Physician Extenders	3.00 FTE or 5,520 hours per year	\$596,821
Neuro Intensivist Call Coverage		\$332,800
Subtotal – Direct Patient Care and On-Call Coverage		\$2,694,499
Total cost per annum under Section 5.01(B)		Not to Exceed \$3,104,017

\* The expenses that Corporation may bill to the County under this Contract for "Preapproved Admin Support, Oversight, and Marketing Expenses" include only the following:

- Headhunter fees for recruitment of the initial team of Neurointensivists and Neuro ICU Physician Extenders
- Reasonable relocation expense reimbursements for new hires of Neurointensivists and Neuro ICU Physician Extenders
- Reasonable legal and accounting fees
- Office support
- Other expenses

All expenses for which Corporation may seek reimbursement from the County for "Preapproved Admin Support, Oversight, and Marketing Expenses" must be preapproved in advance in writing by the Hospital Director prior to incurring such expenses.

\*\* The expenses that Corporation may bill to the County under this Contract for "Preapproved Travel Expenses" consists of the travel expenses reasonably incurred by the Neuro Assistant Program Director for educational purposes. In order for Corporation to bill for such travel expenses, such expenses must be preapproved in advance in writing by the Hospital Director prior to incurring such expenses. Any travel by the Neuro Assistant Program Director for which Corporation seeks reimbursement under this Contract shall strictly comply with the County's Travel Management Policy (8-02 and 08-02SP1).

2. All capitalized terms not defined herein shall have the same meanings subscribed to them in the Contract.
3. All other terms and conditions of Agreement 20-897 shall remain in full force and effect.
4. This Amendment No.3 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

►   
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  
San Bernardino County

By   
Deputy

CAL MED PHYSICIANS AND SURGEONS, INC.

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

By ► 

(Authorized signature - sign in blue ink)

Name Dr. Dev Gnanadev

(Print or type name of person signing contract)

Title President

(Print or Type)


Dated: 7/20/22

Address P.O. Box 670

REDLANDS, CA 92373

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►   
Charles Phan, Deputy County Counsel

Date 7/27/22

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

►   
William L. Gilbert, Director

Date 7/25/22