



**Contract Number**

20-265 A-3

**SAP Number**

Revenue Agreement

## Department of Public Health

**Department Contract Representative**

Karla Rosales

**Telephone Number**

(909) 531-1795

**Contractor**

Inland Empire Health Plan

**Contractor Representative**

Alejandra Urrutia

**Telephone Number**

(951) 335-3653

**Contract Term**

6/1/2020-5/31/26

**Original Contract Amount**

**Amendment Amount**

\$0

**Total Contract Amount**

**Cost Center**

**Grant Number (if applicable)**

### Briefly describe the general nature of the contract:

Approve Amendment No. 3 to Revenue Agreement No. 20-265, with Inland Empire Health Plan for Primary Care Services, amending the agreement language to reflect a new incentive payment program for primary care providers who meet certain thresholds regarding select health measures, updating regulatory language, and increasing provider reimbursement rates, with no change to the total contract period of June 1, 2020 through May 31, 2026.

### FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

Date \_\_\_\_\_

Reviewed/Approved by Department

Joshua Dugas, Director

Date \_\_\_\_\_