



Contract Number

20-887 A-11

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Inland Empire Health Plan</u>
Contractor Representative	<u>Daniel Vargas</u>
Telephone Number	<u>(909) 890-2712</u>
Contract Term	<u>October 1, 2020 through December 31, 2024</u>
Original Contract Amount	<u>Revenue</u>
Amendment Amount	<u>Revenue</u>
Total Contract Amount	<u>Revenue</u>
Cost Center	<u></u>

Briefly describe the general nature of the contract: Amendment No. 11 to Hospital Per Diem Agreement No. 20-887 with Inland Empire Health Plan to increase Arrowhead Regional Medical Center's reimbursement rates and update certain provisions relating to Inland Empire Health Plan's Covered California Network, retroactively effective January 1, 2023, and no changes to the total term of October 1, 2020 through December 31, 2024.

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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