



**Contract Number**

18-158 A-2

**SAP Number**

4400006948

**Arrowhead Regional Medical Center**

<b>Department Contract Representative</b>	William L. Gilbert, Director
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	Toyon Associates Inc.
<b>Contractor Representative</b>	Carrie Yee
<b>Telephone Number</b>	(925) 685-9312
<b>Contract Term</b>	April 20, 2018 through April 19, 2023
<b>Original Contract Amount</b>	\$2,346,294
<b>Amendment Amount</b>	\$918,750
<b>Total Contract Amount</b>	\$3,265,044
<b>Cost Center</b>	8510

**AMENDMENT NO. 2**

The COUNTY OF SAN BERNARDINO and TOYON ASSOCIATES, INC. agree to amend the terms of the Agreement fully executed between the parties as of April 3, 2018, as previously amended on May 21, 2019, as follows, effective on July 28, 2020:

1. Section 5 of the Agreement is revised to cover the cost reporting periods ending June 30, 2018, 2019, 2020, 2021, and 2022.
2. The following language is deleted from Section 6 (Compensation) of the Agreement in light of the updated fee schedules for 2021 and 2022 which are attached as Exhibits A-1 and B-1 to this Amendment No. 2: "and will have annual increases every January 1<sup>st</sup> of 5%-15%"
3. Section 12 is deleted in its entirety, and replaced with the following:

**12. Term**

This Agreement is effective from April 20, 2018 through April 19, 2023.

4. The not-to-exceed contract amount is increased by \$918,750, from \$2,346,294 to \$3,265,044.


5. Exhibit A-1 to this Amendment No. 2 is added to Exhibit A of the Agreement, reflecting the fixed fee rates for services for 2021 and 2022, and is incorporated into Exhibit A of the Agreement.
6. Exhibit B-1 to this Amendment No. 2 is added to Exhibit B of the Agreement, reflecting the professional hourly rates for 2021 and 2022 for services that are based on hourly rates, and is incorporated into Exhibit B of the Agreement.
7. This Amendment No. 2 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.
8. All other terms and conditions of the Agreement shall remain in full force and effect.

COUNTY OF SAN BERNARDINO

  
 \_\_\_\_\_  
 Curt Hagman, Chairman, Board of Supervisors

Dated: JUL 28 2020

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

By  \_\_\_\_\_  
 Lynn Monell  
 Clerk of the Board of Supervisors  
 of the County of San Bernardino  
 Deputy



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

By  \_\_\_\_\_  
 (Authorized signature - sign in blue ink)

Name RONALD G. KNAPP  
 (Print or type name of person signing contract)

Title EVP  
 (Print or Type)

Dated: 4/23/2020

Address 1800 SUTTER ST, STE 600  
CONCORD, CA 94520

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
  
 \_\_\_\_\_  
 Charles Phan, Deputy County Counsel  
 Date 7/20/2020

Reviewed for Contract Compliance  
 \_\_\_\_\_  
 Date \_\_\_\_\_

Reviewed/Approved by Department  
  
 \_\_\_\_\_  
 William L. Gilbert, Director  
 Date 7/20/2020

## EXHIBIT A-1

**Arrowhead Regional Medical Center  
Reimbursement Services Agreement  
FY 2021 - 2022**

Description	Fee Type	2021	2022
Medicare/Medi-Cal Cost Report Preparation	FF	\$28,000	\$28,500
Medi-Cal POS eligibility/Medicare DSH Historical prep/audit	FF	15,500	16,000
Medicare/Medi-Cal bad debt preparation/support	FF	8,500	8,750
IRIS report preparation	FF	11,250	11,500
P14 Workbook Preparation	FF	48,500	50,000
OSHPD Report	FF	15,500	16,000
AB915	FF	14,000	14,250
AB85 Realignment Redirection assistance	FFS	18,500	19,000
General Reimbursement Consulting, CAPH/DHCS Data Requests, P14 & AB85 Audit Support; SPD & GPP Report filing. OP DSH POS & Mcare/Mcal Appeals & Other Projects per request	FFS	290,000	295,000
Travel, Software Use and Expenses	FFS	5,000	5,000
<b>TOTAL</b>		<b>\$454,750</b>	<b>\$464,000</b>

**Arrowhead Regional Medical Center  
DSH Outpatient POS Lookup Fee Schedule  
FY 2021 - 2022**

The professional fees for processing Medi-Cal POS will be based on the volume of accounts processed. The POS system provides eligibility information for the past 12 months, we recommend performing this look-up process on a quarterly basis. Toyon's fees for this service will be as follows:

Initial Set-up Charge each quarter \$250

Lookup Fee Charge/Account

Account Volume	Fee/Lookup
0-100,000	\$.05/account
100,001 - 500,000	\$0.03
500,001 - 1,000,000	\$0.02
+1,000,000	\$0.02

The volume described above are based on cumulative claims processed in a calendar year. Each January 1st, the account volume will be reset.

**EXHIBIT B-1**

**Arrowhead Regional Medical Center  
Toyon Associates Professional Hourly Rates**

<b>Title</b>	<b>1/1/2021</b>	<b>1/1/2022</b>
President	\$ 490	\$ 500
Executive V.P.	\$ 465	\$ 480
Vice President	\$ 385	\$ 400
Senior Director	\$ 340	\$ 355
Senior Manager	\$ 315	\$ 330
Director	\$ 290	\$ 300
Manager	\$ 265	\$ 280
Asst. Director	\$ 265	\$ 280
Senior Consultant	\$ 260	\$ 275
Consultant	\$ 240	\$ 255
Senior Analyst	\$ 215	\$ 230
Analyst	\$ 160	\$ 170
Appeals Coordinator	\$ 165	\$ 175
Administrative	\$ 115	\$ 120