## THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



## **Contract Number**

**SAP Number Non-Financial** 

## **Department of Public Health**

**Department Contract Representative** Rebecca Saucedo **Telephone Number** (909) 725-5426 Inland Empire Health Plan (IEHP) Contractor **Contractor Representative** Jordan Katelyn **Telephone Number** (951) 374-3133 Contract Term 08/05/2025 - 08/04/2030 **Original Contract Amount** \$0 N/A **Amendment Amount Total Contract Amount** \$0 **Cost Center** 9300081000 **Grant Number (if applicable)** N/A

Briefly describe the general nature of the contract: Approve non-financial Memorandum of Understanding with the Inland Empire Health Plan, for Medi-Cal services, for the contract period of August 5, 2025 through August 4, 2030.

FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
Adam Ebright, Deputy County Counsel		Joshua Dugas, Director of Public Health
Date	Date	Date