

Contract Number

17-881 A-2

SAP Number

4400005469

SAN BERNARDINO
COUNTY

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
 Contractor	 Arrowhead Family Medical Group, Inc.
Contractor Representative	David Lanum, MD
Telephone Number	909-580-3370
Contract Term	01/01/2018 – 12/31/2020
Original Contract Amount	\$4,912,980 annually plus variable amounts
Amendment Amount	\$530,000
Total Contract Amount	\$5,972,980 annually plus variable amounts
Cost Center	9110004200

AMENDMENT NO. 2

Amend Agreement No. 17-881 in the following manner, effective July 28, 2020:

Amend Part V Billing and Compensation, Section 5.01 to read:

5.01 Compensation

Hospital shall compensate Corporation for Services provided under this Contract, as follows:

Position	Description	Contract Amounts (\$/year)
Department/Service Line Administration		
Chair Dept FM	0.60 FTE - 1,200 hours per year	\$ 216,000
Vice Chair Dept FM	0.30 FTE - 600 hours per year	\$ 108,000

Patient Improvement activities	0.50 FTE - 1,000 hours per year	\$ 180,000
Subtotal – Administration		\$ 504,000
Teaching and Other GME Activities		
Temporary DIO	\$150 per hour. Not to exceed 1,000 hours	\$ 150,000
Assistant DIO	Not to exceed 600 hours per year	\$ 90,000
Program Director, ACGME/AOA Family Medicine Residency	0.70 FTE physician	\$ 178,000
Physician Faculty	Minimum of 22	\$ 2,670,000
Non-physician faculty	1.0 FTE	\$ 117,000
3 rd Year SGU and WUHS Students	\$350 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
4 th Year SGU and WUHS Students	\$200 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
Geriatric Teaching	Clinical training for FM and IM	\$ 119,500
Subtotal – Teaching and Other GME Activities		\$ 3,324,500
Direct Patient Care and On-Call Coverage		
Primary Care Clinic Coverage	Based on capitation rates within Managed Care Contract – will be paid PMPM	Variable
Primary Care Clinic Expansion	4.00 Physician FTEs based on collection guarantee. Funding shall be offset by primary capitation exceeding \$575,000 per month.	\$ 1,060,000
Additional Primary Care Clinic Expansion	4.00 Physician FTEs – will work to provide an additional 4,000 visits per year and prepare for the expansion of the Fontana Family Health Center.	\$ 1,060,000
Home Healthcare Consulting	\$150 per hr, est \$1,000 per mth (not to exceed)	\$ 16,000
Behavioral Health Inpatient Care	Coverage 8 hours/365 days a year	\$ 275,000
PCP Caseload Consultant BHICCI	0.20 physician FTE - IEHP funds	\$ 55,000
Outpatient Care (Non-Capitated Patients)	\$40 per non capitated patient visit	Variable
Sheriff's and Juvenile Hall	100% Medi-Cal rates	\$ 2,000
Patton Patients	95% negotiated prof fee rate	Variable
Subtotal – Direct Patient Care and On-Call Coverage		\$ 2,468,000
Space and Overhead		
Monthly space and overhead payment	(\$26,960 per month)	\$ (323,520)
Subtotal – Space and Overhead		\$ (323,520)
Total fixed cost per annum*		\$ 5,972,980

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

All other terms and conditions of Agreement No. 17-881 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  Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By  Deputy

ARROWHEAD FAMILY MEDICAL GROUP, INC.

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

By ► 
(Authorized signature - sign in blue ink)

Name David Lanum, MD
(Print or type name of person signing contract)


Title President
(Print or Type)

Dated: 07-10-2020

Address P.O. Box 8714
Redlands, CA 92375

FOR COUNTY USE ONLY

Approved as to Legal Form

► 
Charles Phan, County Counsel

Date 7/14/2020

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

► 
William L. Gilbert, Director

Date

7/10/2020