



**Contract Number**

17-883 A-5

**SAP Number**

4400006721

## ARROWHEAD REGIONAL MEDICAL CENTER

<b>Department Contract Representative Telephone Number</b>	William L. Gilbert (909) 580-6150
<b>Contractor</b>	CEP America – California
<b>Contractor Representative Telephone Number</b>	Rodney Borger, MD (909) 580-6370
<b>Contract Term</b>	January 1, 2018 through December 31, 2020
<b>Original Contract Amount</b>	\$14,029,996, annually plus variable costs
<b>Amendment Amount</b>	\$951,390
<b>Total Contract Amount</b>	\$14,981,386, annually plus variable costs
<b>Cost Center</b>	9110004200

**IT IS HEREBY AGREED AS FOLLOWS:**

### AMENDMENT NO. 5

Amend Agreement No. 17-883 in the following manner, effective May 20, 2020:

1. Amend Section 5.01 Compensation, to read:

**5.01 Compensation**

Hospital shall compensate Corporation for Services provided under this Contract effective May 20, 2020, as follows:

Position	Description	Contract Amounts (\$/year)
<b>Department/Service Line Administration</b>		
Chair, Department of Emergency Medicine	1.00 FTE	\$ 230,000
Medical Director – Probation	Pass Through from County Probation	\$ 300,000
Medical Director – Fire and Paramedics	0.15 FTE or 300 hours per year	\$ 36,000

Secretary	1.00 FTE	\$ 61,000
Subtotal – Administration		\$ 627,000
<b>Teaching and Other GME Activities</b>		
Program Director, ACGME Emergency Medicine Residency	0.50 FTE physician	\$ 145,000
Associate Program Director, ACGME Emergency Medicine	0.20 FTE physician	\$ 51,000
PA Program Director, PA Fellowship	0.50 FTE physician assistant (PA)	\$ 58,000
Program Coordinator	1.50 FTE	\$ 105,000
Physician Faculty (Core)	2.46 FTE	\$ 556,000
PA Faculty (Core)	0.24 FTE	\$ 30,000
3 <sup>rd</sup> Year SGU and WUHS Students	\$350 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
4 <sup>th</sup> Year SGU and WUHS Students	\$200 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
Subtotal – Teaching and Other GME Activities		\$ 945,000
<b>Direct Patient Care and On-Call Coverage</b>		
San Bernardino County Probation Services	Pass Through from County Probation	\$ 624,000
Services to County Inmates at Sheriff Detention Center	Pass Through from County Sheriff (Funding for 15.10 FTE Physicians)	\$ 5,209,500
Chronic Disease Physician at Sheriff Detention Center	Full Time Physician Monday – Friday, excluding County Holidays (Funding for 1.50 FTE Physicians)	\$ 589,500
ED Coverage Excluding Behavioral Health	13.00 FTE Physicians and 32.00 FTE Physician Assistants (Includes BBP screening for ARMC employees)	\$ 2,452,000
Sheriff's Department	\$90 per visit	Variable
Behavioral Health Triage for All Patients, including Uninsured Self-Pay Patients	24/7/365 Physician Assistant coverage	\$ 382,716
Behavioral Health – Alcohol and Drug Services Patients	0.50 FTE physician	\$ 175,000
Behavioral Health – Psychiatrist coverage for Department of Behavioral Health	10,869 hours of psychiatrist coverage at \$290.00 per hour (Pass through from County Behavioral Health)	\$ 3,152,000
Disaster Response – Physician's Assistant Services	As paid by appropriate government authorities.	Variable
Disaster Response – Physician Services	As paid by appropriate government authorities.	Variable
Family Medicine Physician (Redlands Family Health Center)	\$654/half day session per FTE (4 hour clinic session) – 2.0 FTE	\$ 640,920
Family Medicine Mid-Level Provider (Redlands Family Health Center)	\$375/half day session per FTE (4 hour clinic session) – 1.0 FTE (Funded at 1.55 FTE)	\$ 183,750
Subtotal – Direct Patient Care and On-Call Coverage		\$13,409,386
Total fixed cost per annum*		\$14,981,386

This Amendment 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.

All other terms and conditions of Agreement No. 17-883 shall remain in full force and effect.

BOARD OF SUPERVISORS

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

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

Lynna Monell  
Clerk of the Board of Supervisors  
of the County of San Bernardino

By \_\_\_\_\_  
Deputy

CEP AMERICA – CALIFORNIA  
\_\_\_\_\_  
*(Print or type name of corporation, company, contractor, etc.)*

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

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

Title \_\_\_\_\_  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 2100 Powell St, #900  
Emeryville, CA 94608

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
\_\_\_\_\_  
Scott Runyan, Deputy County Counsel  
Date \_\_\_\_\_

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

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

