



Contract Number

17-885 A-3

SAP Number

10005269

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Inland Empire Anesthesia Medical Group, Inc.
Contractor Representative	Mark E. Comunale, MD
Telephone Number	909-580-
Contract Term	01/01/2018 – 12/31/2021
Original Contract Amount	\$6,407,200 annually plus variable amounts
Amendment Amount	\$820,000 annually
Total Contract Amount	\$7,227,200 annually plus variable amounts
Cost Center	9110004200

AMENDMENT NO. 3

The County of San Bernardino on behalf of Arrowhead Regional Medical Center and Inland Empire Anesthesia Medical Group, Inc. hereby amend Agreement No. 17-885 in the following manner, effective November 17, 2020:

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

5.01 Compensation

Hospital shall compensate Corporation for Services provided under this Contract from November 17, 2020 through December 31, 2021, as follows:

<u>Position</u>	<u>Description</u>	<u>Contract Amounts (\$/year)</u>
Department/Service Line Administration		
Chair, Anesthesia and Perioperative Services	0.40 FTE or 800 hours per year	\$ 197,000
Chief Medical Officer for Patient Safety	0.60 FTE or 1,200 hours per year	\$ 177,000
Executive Secretary	0.50 FTE	\$ 30,500

Executive Secretary	0.50 FTE	\$ 30,500
Anesthesia Technician	2.00 FTE	\$ 88,000
Subtotal – Administration		\$ 523,000
Teaching and Other GME Activities		
Program Director, CRNA Residency	0.50 FTE CRNA	\$ 94,000
Physician Faculty (Core)	0.92 FTE	\$ 304,000
CRNA Faculty (Core)	1.28 FTE	\$ 226,000
Program Secretary	1.00 FTE	\$ 63,000
Clerkship Director – CUSM Students	\$35 per week per student (Paid Quarterly)	Variable
3 rd Year CUSM Students	\$350 per week per student (Paid Quarterly)	Variable
4 th Year CUSM Students	\$200 per week per student (Paid Quarterly)	Variable
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
Simulation Education	Up to \$100,000 annually, contingent upon receipt of funds from SGU	\$ 100,000
Subtotal – Teaching and Other GME Activities		\$ 787,000
Direct Patient Care and On-Call Coverage		
Stand-by, In House OB, Emergency – M.D.	After Hours In-House Coverage	\$ 1,170,000
Stand-by, In House OB, Emergency – CRNA	After Hours In-House Coverage	\$ 450,000
Cardiovascular Anesthesia – Physicians and Technicians	Minimum 1.65 FTE Physician and 1.0 FTE Technician	\$ 820,000
CRNA – General Anesthesia Coverage	4.00 FTEs CRNA	\$ 1,100,000
Unless Specified Below	Corporation will bill payors and patients directly	-
Sheriff's Department	Full allowable Medi-Cal rate	Variable
Subsidy for Minimum Level of Weekday Coverage	9 ORs, 1 OOR location, and OB	\$ 2,292,200
Pain Management Services	Subsidy for self-pay	\$ 85,000
Patton Patients	95% negotiated professional fee rate	Variable
Subtotal – Direct Patient Care and On-Call Coverage		\$ 5,917,200
Total fixed cost per annum*		\$ 7,227,200

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

2. All other terms and conditions of Agreement No. 17-885 shall remain in full force and effect.
3. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be 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.

***** SIGNATURE PAGE FOLLOWS *****

COUNTY OF SAN BERNARDINO

INLAND EMPIRE ANESTHESIA MEDICAL GROUP, INC.

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

►
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

By ►
(Authorized signature - sign in blue ink)

Name Mark E. Comunale, MD
(Print or type name of person signing contract)

Title President
(Print or Type)

Dated: _____

Address 310 N. Indian Hill Blvd, Suite 601

Claremont, CA 91711

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 _____

