



**Contract Number**  
17-882 A-5

**SAP Number**  
4400005473

## ARROWHEAD REGIONAL MEDICAL CENTER

<b>Department Contract Representative</b>	William L. Gilbert
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	Cal Med Physicians and Surgeons, Inc.
<b>Contractor Representative</b>	
<b>Telephone Number</b>	(909) 580-6334
<b>Contract Term</b>	01/01/2018 – 12/31/2020
<b>Original Contract Amount</b>	\$6,941,100, Annually plus variable cost
<b>Amendment Amount</b>	\$301,500
<b>Total Contract Amount</b>	\$7,242,600, Annually plus variable cost
<b>Cost Center</b>	9186104200

### IT IS HEREBY AGREED AS FOLLOWS:

#### AMENDMENT NO. 5

Amend Contract No. 17-882 in the following manner, effective September 15, 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 from September 15, 2020 through December 31, 2020, as follows:

Position	Description	Contract Amounts (\$/year)
<b>Department/Service Line Administration</b>		
Chair, Department of Surgery	0.50 FTE or 1,000 hours per year	\$ 228,000
Trauma Director	0.25 FTE or 500 hours per year	\$ 103,000

Burn Director	0.25 FTE or 500 hours per year	\$ 103,000
Director of Surgical ICU	0.25 FTE or 500 hours per year	\$ 108,000
Clinic Co-Coordinator	1.00 FTE	\$ 61,000
Secretarial Support	2.00 FTE	\$ 98,000
Subtotal – Administration		\$ 701,000
<b>Teaching and Other GME Activities</b>		
General Surgery ACGME, Program Director	0.50 FTE	\$ 200,000
Program Faculty (Core), General Surgery	1.20 FTE	\$ 490,000
Physician Faculty (Core), Neurosurgery	0.80 FTE	\$ 250,000
Physician Faculty (Core), Ophthalmology	0.30 FTE	\$ 104,000
Clerkship Director – CUSM Students	\$35 per week per student (Paid Quarterly)	Variable
3 <sup>rd</sup> Year CUSM Students	\$350 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
4 <sup>th</sup> Year CUSM Students	\$400 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
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	\$400 per week per student (Paid Quarterly) as long as ARMC receives funds.	Variable
Subtotal – Teaching and Other GME Activities		\$ 1,044,000
<b>Direct Patient Care and On-Call Coverage</b>		
Trauma Coverage		\$ 730,000
Vascular Surgery Call Coverage		\$ 37,500
Endovascular Surgery Clinic and Surgery Coverage	1.6 FTE	\$ 750,000
Endovascular Surgery Call Coverage		\$ 200,000
General Surgery Call Coverage		\$ 100,000
Neurological Surgery Call Coverage		\$ 1,095,000
Neurointerventional Radiology Coverage	\$2,500 per day*	\$ 1,095,000
Otolaryngology Surgery Coverage		\$ 175,000
Ophthalmology Call Coverage including Retinologist		\$ 100,000
Oral Surgery Call Coverage		\$70,000
Plastics Call Coverage		\$ 150,000
OR Coverage	Maintain current level of OR coverage	\$ 460,100
Surgical Oncology Clinic and Surgery Coverage	1.0 FTE (2,040 hours)	\$ 400,000
Sheriff's Department Patients: Medical Care	Payable at current Medi-Cal rates	Variable
Sheriff's Department Patients: Dental Care	Payable at current Medi-Cal rates	Variable
Sheriff's Department Patients: OMFS Services provided at detention center	Provided funds received from Sheriff's Department: \$2,000 per month	\$ 48,000
Sheriff's Department Patients: Outpatient Ophthalmology Services	Payable at 110% of the current Medicare rates, Sheriff reimburse ARMC quarterly	Variable
Patton Patients	95% of negotiated professional fee rate	Variable
First 5 Dental Patients	\$100 per patient	Variable
Neonatal Exams and Services		\$ 100,000
All Surgical Clinic Coverage	Maintain current coverage for burn, general surgery, neurosurgery, oral surgery, ophthalmology, wound, plastic surgery, and dental clinics	\$ 460,000
Surgery Physician Assistants	1.00 FTE	\$ 130,000
E-Consults with IEHP	Pass through of funds received from IEHP at \$150 per 12 completed consultations as	Variable

	long as E-Consults funds are available	
Subtotal – Direct Patient Care and On-Call Coverage		\$ 6,100,600
Total fixed cost per annum**		\$ 7,845,600

\* Total Neurointerventional Radiology call coverage is valued at \$3,000 per day/\$1,095,000 per year. Corporation is responsible for collecting professional revenue from payors. Hospital and Corporation shall reconcile collections (minus 10% collection fee) versus payments in this agreement quarterly, shortfall or overpayment shall be paid to the appropriate party accordingly.

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

All other terms and conditions of Agreement No. 17-882 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

Laura H. Welch  
Clerk of the Board of Supervisors  
of the County of San Bernardino

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

\_\_\_\_\_  
(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 \_\_\_\_\_

#### 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 \_\_\_\_\_