



Contract Number
17-882 A-5

SAP Number
4400005473

ARROWHEAD REGIONAL MEDICAL CENTER

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Cal Med Physicians and Surgeons, Inc.
Contractor Representative	
Telephone Number	(909) 580-6334
Contract Term	01/01/2018 – 12/31/2020
Original Contract Amount	\$6,941,100, Annually plus variable cost
Amendment Amount	\$301,500
Total Contract Amount	\$7,242,600, Annually plus variable cost
Cost Center	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)
Department/Service Line Administration		
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
Teaching and Other GME Activities		
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 rd Year CUSM Students	\$350 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
4 th Year CUSM Students	\$400 per week per student (Paid Quarterly) as long as ARMC receives funds	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	\$400 per week per student (Paid Quarterly) as long as ARMC receives funds.	Variable
Subtotal – Teaching and Other GME Activities		\$ 1,044,000
Direct Patient Care and On-Call Coverage		
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: **SEP 15 2020**
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

Cal Med Physicians and Surgeons, Inc
(Print or type name of corporation, company, contractor, etc.)

By 
(Authorized signature - sign in blue ink)

Name Dev A. Granader MD
(Print or type name of person signing contract)

Title President
(Print or Type)

Dated: 8/21/20

Address 410 Alabama St Suite 105
Redland, CA 92373

FOR COUNTY USE ONLY

Approved as to Legal Form


Charles Phan, Deputy County Counsel

Date 9/3/2020

Reviewed for Contract Compliance



Date

Reviewed/Approved by Department


William L. Gilbert, Director

Date 8/25/2020