



Contract Number

20-481 A-2

SAP Number

10007520

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	Valley Obstetrics and Gynecology Medical Group, Inc.
Contractor Representative	Guillermo Valenzuela, MD
Telephone Number	909-580-6250
Contract Term	July 1, 2020 through June 30, 2023
Original Contract Amount	\$6,065,460 (\$2,021,820 annually) plus variables
Amendment Amount	\$101,333
Total Contract Amount	\$6,166,793 (\$2,059,820 annually) plus variables
Cost Center	9110004200

AMENDMENT NO. 2

The County of San Bernardino on behalf of Arrowhead Regional Medical Center and Valley Obstetrics and Gynecology Medical Group, Inc. hereby amend Agreement No. 20-481 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 June 30, 2023, as follows:

<u>Position</u>	<u>Description</u>	<u>Contract Amounts (\$/year)</u>
Department/Service Line Administration		

Chair, Department of Obstetrics and Gynecology	0.25 FTE 500 hours per year	\$ 85,180
Secretarial Support	1.00 FTE	\$ 61,000
Subtotal – Administration		\$ 146,180
Teaching and Other GME Activities		
Program Director, ACGME OB/GYN Residency	0.50 FTE physician	\$ 147,000
Program Director, ACGME MFM Fellowship	0.50 FTE physician	\$ 147,000
Program Director, PA OB/GYN Residency	0.50 FTE PA	\$ 44,000
Physician Faculty (Core)	1.56 FTE physicians	\$ 263,000
PA Faculty (Core)	0.24 FTE PA	\$ 15,000
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
Subtotal – Teaching and Other GME Activities		\$ 616,000
Direct Patient Care and On-Call Coverage		
GYN Oncologist	Subsidy for GYN Oncology Clinic Coverage	\$ 75,000
Urogynecology and Pelvic Reconstructive Surgery	\$198 per clinical hour	\$ 38,000
PA (2)	Subsidy for midlevel providers	\$ 114,000
Geneticist	Subsidy for Geneticist Clinic Coverage	\$ 75,000
Obstetrical Call Coverage	\$810 per weekend day/holiday, \$405 per weekday night	\$ 192,000
Patient Care (except as specified below)	Corporation will bill payers and patients directly	-
Services at Jail Site	Pass through from Sheriff Department OB/GYN MD (4 hrs twice per month - \$2,000 per month) Physician Assistant (8 hrs per week - \$4,160 per month) Ultrasound Tech (4 hrs twice per month - \$560 per month)	\$ 80,640
Patton Patients	95% negotiated professional fee rate	Variable
Clinic Coverage	Maintain current level of clinic coverage for OB, high-risk, teen, women's health and MFM clinics	\$ 592,000
Ultrasound Technicians	2 Ultrasound Technicians for Women's Health Clinic	\$ 100,000
OR Coverage		\$ 31,000
Subtotal – Direct Patient Care and On-Call Coverage		\$ 1,297,640
Total fixed cost per annum*		\$ 2,059,820

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

2. All other terms and conditions of Agreement No. 20-481 shall remain in full force and effect.
3. This Amendment No. 2 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.

COUNTY OF SAN BERNARDINO

►

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

(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 _____