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**Contract Number**

20-481 A-2

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	William L. Gilbert, Director
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	Valley Obstetrics and Gynecology Medical Group, Inc.
<b>Contractor Representative</b>	Guillermo Valenzuela, MD
<b>Telephone Number</b>	909-580-6250
<b>Contract Term</b>	July 1, 2020 through June 30, 2023
<b>Original Contract Amount</b>	\$6,065,460 (\$2,021,820 annually) plus variables
<b>Amendment Amount</b>	\$101,333
<b>Total Contract Amount</b>	\$6,166,793 (\$2,059,820 annually) plus variables
<b>Cost Center</b>	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
<b>Teaching and Other GME Activities</b>		
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 <sup>rd</sup> Year CUSM Students	\$350 per week per student (Paid Quarterly)	Variable
4 <sup>th</sup> Year CUSM Students	\$200 per week per student (Paid Quarterly)	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	\$200 per week per student (Paid Quarterly) as long as ARMC receives funds	Variable
Subtotal – Teaching and Other GME Activities		\$ 616,000
<b>Direct Patient Care and On-Call Coverage</b>		
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: **NOV 17 2020**

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

By  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 Guillermo J. Valenzuela  
(Print or type name of person signing contract)

Title Chairman  
(Print or Type)

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

Address \_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►   
Charles Phan, Deputy County Counsel

Date 10/30/2020

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

►   
William L. Gilbert, Director

Date 10/27/2020