



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>California Department Health Care Services</u>
Contractor Representative	<u>Safety Net Financing Division</u>
Telephone Number	
Contract Term	<u>July 1, 2021 through June 30, 2024</u>
Original Contract Amount	<u>\$42,000,000</u>
Amendment Amount	
Total Contract Amount	<u>\$42,000,000</u>
Cost Center	<u>N/A</u>

Briefly describe the general nature of the contract:

Approve Medi-Cal Graduate Medical Education Payment Program Provider Participation Agreement with the Department of Health Care Services, for the provision of reimbursements at an estimated revenue of \$42,000,000, for direct and indirect costs associated with the operations of the Graduate Medical Education Program at Arrowhead Regional Medical Center, with the agreement term of July 1, 2021 through June 30, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Charles Phan, County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
William L. Gilbert, Director

Date _____