



Contract Number

20-1160 A-1

SAP Number

**ARROWHEAD REGIONAL MEDICAL
CENTER**

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Quantum Healthcare Medical Associates, Inc.
Contractor Representative	Dr. Kambiz Raoufi
Telephone Number	909-580-6270
Contract Term	January 1, 2021 – December 31, 2023
Original Contract Amount	\$14,464,887 (\$4,821,629 annually) plus variables
Amendment Amount	\$765,334
Total Contract Amount	\$15,230,221 (\$5,149,629 annually) plus variables
Cost Center	9110004100

AMENDMENT NO. 1

San Bernardino County on behalf of Arrowhead Regional Medical Center and Quantum Healthcare Medical Associates, Inc. hereby amend Agreement No. 20-1160 in the following manner, effective as of the date this Amendment No. 1 is fully executed:

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, effective as of the date of this Amendment No.1, as follows:

Position	Description	Contract Amounts (\$/year)
Department/Service Line Administration		
Chair, Department of Medicine and Associate Medical Director	0.25 FTE 500 hours per year	\$96,000
Medical Director, Pulmonary and Critical Care	0.25 FTE 500 hours per year	\$77,000
Director, Hospital Services and Internal Medicine	0.25 FTE 500 hours per year	\$77,000
Medical Director, Nephrology and Dialysis Services	0.25 FTE 500 hours per year	\$60,000
Infectious Disease Consultation	Up to 0.60 FTE or 1,200 hours per year, pre-approved by Hospital Director	\$168,000
Secretarial Support	1.00 FTE	\$42,700
Subtotal – Administration		\$520,700
Teaching and Other GME Activities		
Program Director, ACGME Internal Medicine Residency	1.00 FTE physician	\$180,000
Associate Program Director, ACGME Internal Medicine Residency	1.00 FTE physician	\$180,000
Physician Faculty (Core), ACGME Internal Medicine	0.60 FTE physician	\$300,000
Program Director, ACGME Pulmonary Critical Care Fellowship	0.50 FTE physician	\$96,000
Physician Faculty (Core), ACGME Pulmonary Critical Care	0.75 FTE physician	\$120,000
Secretarial Support	1.00 FTE	\$42,700
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		\$918,700
Direct Patient Care and On-Call Coverage		
Primary Care Clinic Coverage	Based on capitation rates within Managed Care Contract – will be paid PMPM	Variable
Nephrology Coverage and Clinic	2.00 Physician FTEs (3,600 hours) and 1.00 Mid-Level FTE (1,530 hours)	\$300,000
Patton Patients	95% negotiated professional fee rate	Variable
Hospitalist Day and Weekend Coverage	Coverage by at least 9 hospitalists (8 hospitalists and 1 intensivist) and 2 advanced practice providers on days and weekends. Coverage by at least 2 FTE hospitalist at night	\$2,400,000
Diabetes/Endocrine Clinic	1640 hours of clinic coverage per year	\$296,000
Rheumatology Clinic	2,300 hours of clinic coverage per year	\$260,000
Pulmonology Clinic	385 hours of clinic coverage per year	\$35,480
Infectious Disease Consults	190 hours of clinic coverage per year	\$26,000
Dermatology		\$6,000
Internal Medicine	1,345 hours of clinic coverage per year	\$350,000
Chief Resident	1.00 FTE 1,530 hours per year	\$65,000

PCP Caseload Provider - Health Homes	IEHP funds as long as funds are available	\$18,333
Subtotal – Direct Patient Care and On-Call Coverage		\$3,756,813
Space and Overhead		
Outpatient Space/Overhead	\$3,882 per month	(\$46,584)
Subtotal – Direct Patient Care and On-Call Coverage		(\$46,584)
Total fixed cost per annum*		\$5,149,629

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

2. All other terms and conditions of Agreement No. 20-1160 shall remain in full force and effect.
3. This Amendment No. 1 may be executed in any number of counterparts, each of which so executed shall be deemed to be an 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.

SAN BERNARDINO COUNTY

►
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 Morell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

QUANTUM HEALTHCARE MEDICAL ASSOCIATES, INC.

(Print or type name of corporation, company, contractor, etc.)

By ►
(Authorized signature - sign in blue ink)

Name Dr. Neil Mendelson
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

Approved as to Legal Form

►
Charles Phan, Deputy County Counsel

Date _____

Reviewed by Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
William L. Gilbert, Director

Date _____