

# Waiver Request Memo

Date: 5/1/2008  
To: County Manager's Office  
From: Chris Flatmoe, CIO/Director, Information Services Department  
Subject: Waiver Request

The following waiver and/or modification is being requested:

Equal Benefits Ordinance \_\_\_\_\_  
Non-Discrimination Enforcement Language \_\_\_\_\_  
Extending the contract beyond three years  X   
Contractor Employee Jury Service Ordinance \_\_\_\_\_

An Amendment to an Agreement with Siemens Medical Solution for the Invision Health Information System at the San Mateo Medical Center (SMMC), for an amended amount of \$11,400,000.

This waiver and/or modification is necessary and in the best interest of the County for the following reason(s):

- Necessary in order to respond to an emergency
- Sole Source
- No compliant contractors are capable of providing the goods/service
- Inconsistent with a grant, subvention or agreement with a public agency
- Is part of a Cooperative or Joint Purchasing Agreement
- Other

Included is a detailed explanation of the reason(s) checked above.

In 2003, the Board of Supervisors approved Resolution 066265, which authorized a 7-year agreement between SMMC and Siemens Medical Solutions for a core health information system and related ongoing support. ISD requests approval to extend the Agreement through October 1, 2015. Extending the Agreement will save the County \$15,000 a month until October 2010, and will lower the rates for services through the remainder of the contract. The replacement of an equivalent hospital information system would take 18-24 months and have an estimated cost of \$3-4.5 million, while SMMC would still be responsible for the cost of the Siemens system. Therefore, it is in the best interest of the County to extend the current Agreement an additional 5 years, to 2015.

- Approved
- Not Approved

  
\_\_\_\_\_  
Signing Authority

5-5-08  
\_\_\_\_\_  
Date

**County Counsel Review Form**

Date: April 28, 2008  
To: Glenn Levy  
From: Cyndy Chin – ISD, x3528  
Subject: Amendment Review and Approval

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Contractor: Siemens Medical Solutions USA, Inc.

Maximum Amount: \$11,400,000 (New Not to Exceed amount).

No changes on the standard agreement form

N/A The following sections have been changed on the "standard" agreement: (Reviewing Amendment request – see "Modifications" below)

<b>Section No. &amp; Title</b>	<b>Approved As Is</b> <i>[For County Counsel Use Only]</i>	<b>Modifications Required</b> <i>[For County Counsel Use Only]</i>

**Modifications** (Please specify modifications to be made below. Use additional paper if needed.):

Modifications as outlined on redline attached to 4/28/08 email to Cyndy Chin, attached.

Approve Amendment/Exhibits/Attachments

Approve Amendment/Exhibits/Attachments with the modifications that have been described

Glenn M. Levy  
Signature

4/28/08  
Date

**County of San Mateo  
Contractor's Declaration Form**

**I. CONTRACTOR INFORMATION**

Contractor Name:	Siemens Medical Solutions USA, Inc.	Phone:	(925) 246-8458
Contact Person:	Jim Bilich	Fax:	610-219-3124
Address:	51 Valley Stream Parkway Malvern, PA. 19355		

**II. EQUAL BENEFITS** (check one or more boxes)

*Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.*

- Contractor complies with the County's Equal Benefits Ordinance by:
  - offering equal benefits to employees with spouses and employees with domestic partners.
  - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
  - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to offer equal benefits when said agreement expires.

**III. NON-DISCRIMINATION** (check appropriate box)

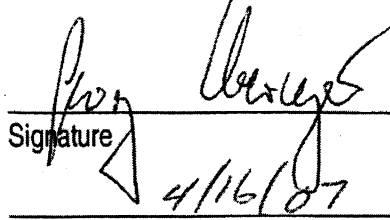
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

**IV. EMPLOYEE JURY SERVICE** (check one or more boxes)

*Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.*

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
  - the contract is for \$100,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to comply when the collective bargaining agreement expires.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.**

  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Date

Georg Obermeyer  
 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Executive Vice President and CFO  
 \_\_\_\_\_  
 Title

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
04/30/08

**PRODUCER**  
MARSH USA, INC.  
44 WHIPPANY ROAD  
P.O. BOX 1966  
MORRISTOWN, NJ 07962-1966

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

100129-MSUSA-07/08 MSUSA

COMPANY  
**A** GERLING AMERICA INSURANCE COMPANY

**INSURED**  
SIEMENS CORPORATION INCLUDING:  
SIEMENS MEDICAL SOLUTIONS USA, INC.  
170 WOOD AVENUE SOUTH  
ISELIN, NJ 08830

COMPANY  
**B** LIBERTY MUTUAL FIRE INSURANCE COMPANY

COMPANY  
**C** LIBERTY INSURANCE CORPORATION

COMPANY  
**D**

**COVERAGES** This certificate supersedes and replaces any previously issued certificate.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	7200509 GLP	10/01/07	10/01/08	GENERAL AGGREGATE \$ 7,500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ INCL.
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 100,000
B	<b>AUTOMOBILE LIABILITY</b>	AS2-631-004334-217	10/01/07	10/01/08	COMBINED SINGLE LIMIT \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ N/A
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ N/A
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$ N/A
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WA7-63D-004334-017 (AOS)	10/01/07	10/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
		WC7-631-004334-027 (OR, WI)	10/01/07	10/01/08	EACH ACCIDENT \$ 1,000,000
		EW7-63N-004334-047 (WA)	10/01/07	10/01/08	DISEASE - POLICY LIMIT \$ 1,000,000
		\$500K LIMIT / \$500K SIR			DISEASE - EACH EMPLOYEE \$ 1,000,000
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**CERTIFICATE HOLDER** NYC-002844423-01

SAN MATEO MEDICAL CENTER  
222 WEST 39TH AVE.  
SAN MATEO, CA 94403

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Marsh USA Inc.  
BY: Mary Radaszewski

*Mary Radaszewski*

### CONTRACT INSURANCE APPROVAL

DATE: May 2, 2008

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Cyndy Chin

PHONE: x3528 FAX: 650-627-9160 PONY: ISD 348

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Siemens Medical Solutions USA Inc.

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? YES

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: +100

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Professional Services, Maintenance Applications, etc.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

Faiza Steele  
Faiza Steele

5/2/08  
Date