

**Professional Services Agreement
Between the County of San Mateo and
Galen Inpatient Physicians, Inc. d/b/a Vituity
For Hospitalist Services**

THIS PROFESSIONAL SERVICES AGREEMENT is entered into by and between the County of San Mateo, San Mateo County Health ("County") and Galen Inpatient Physicians, Inc. d/b/a Vituity ("Contractor").

W I T N E S S E T H:

WHEREAS, County operates health care facilities collectively known as "San Mateo Medical Center" (SMMC); and

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing professional services described in this Agreement for SMMC; and

WHEREAS, pursuant to Government Code Section 31000, County may contract with independent contractors for the furnishing of such services to or for the County; and

WHEREAS, Contractor desires to provide such services all upon the terms and conditions stated below, and this Agreement is entered into for the purpose of defining the parties' respective rights and responsibilities.

NOW, THEREFORE, in consideration of the mutual agreements set out below, the parties agree as follows:

Section 1: Contractor's Obligations

1.1 Organizational Status

Contractor represents and warrants that Contractor is:

A partnership, professional services corporation, or association duly organized and validly existing under the laws of the State of California and authorized to engage in the profession of internal medicine for hospitalist services in the State of California.

1.2 Contractor's Representatives

1.2.1 The term "Contractor" shall include all Contractor's representatives, employees, shareholders, partners, subcontractors, and agents providing services in San Mateo County under this Agreement; i.e., every member of a medical group that contracts with the County shall be considered a "Contractor" for purposes of complying with this Agreement.

- 1.2.2 Where Contractor represents more than one individual, Contractor will designate a "Lead Contractor". This Lead Contractor will be the contact person for the County when dealing with issues affecting both parties, including but not limited to enforcement of this Agreement, in cases where direct discussion with the contractor fails to adequately resolve this issue.

1.3 **Qualifications**

The following indicate qualifications that must be satisfied by each Contractor as a condition of providing services under this Agreement:

- 1.3.1 Must be accepted by the Chief Executive Officer of SMMC or his/her designee; said acceptance may be withdrawn immediately at any time with written notice to Contractor at the reasonable discretion of the Chief Executive Officer of SMMC, his/her designee, the County's Chief, San Mateo County Health, or his/her designee.
- 1.3.2 Shall at all times keep and maintain a valid license to engage in the practice of medicine in the State of California and active Medical Staff membership and/or privileges as may be required under the Bylaws of County for Contractor's representatives to provide the services contemplated by this Agreement.
- 1.3.3 Contractor's representatives shall be certified by the appropriate state-recognized board in California (or eligible for certification by such board by virtue of having successfully completed all educational and residency requirements required to sit for the board examinations).
- 1.3.4 Contractor is not currently excluded, debarred, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; nor has Contractor been convicted of a criminal offense.
- 1.3.5 Contractor agrees to participate in the County's Organized Health Care Arrangement (OHCA), as described by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractors who choose to opt out of OHCA agree to advise the SMMC Medical Staff Office in writing and will provide their own Notice of Privacy Practice (NPP).
- 1.3.6 Contractor and each health care provider providing services under this Agreement shall, prior to providing services under this Agreement, provide to the SMMC Medical Staff Office satisfactory proof of immunity to Mumps, Measles and Rubella (MMR), Varicella and Hepatitis B. In addition, all such health care providers shall, prior to providing services under this Agreement, provide proof of

vaccination for Influenza within the one-year period immediately preceding commencement of such services, and of QuantiFERON Tuberculosis (TB) testing within the one-year period immediately preceding the commencement of such services. During the term of this Agreement, all health care providers providing services under this Agreement shall, on at least an annual basis, be immunized against Influenza; shall be tested for TB using the QuantiFERON blood test; and shall be N-95 fit tested. Documentation of compliance with these requirements shall be current on or before October 31st of each year during the term of this Agreement. Failure to maintain current documentation as required in this Section 1.3.6 shall be a material breach of this Agreement and will result in providers being barred from providing services or receiving compensation under this Agreement until such documentation is received. All health care providers acknowledge and agree that they may be required to undertake additional infectious disease-related testing in the event of an infectious disease exposure at SMMC. SMMC shall provide the testing and services required under this Section 1.3.6, free of charge to health care providers providing services under this agreement or such health care providers shall have the option of providing documentation from other sources that is reasonably satisfactory to the County of compliance with the requirements of this Section 1.3.6.

1.4 Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Chief Executive Officer of SMMC or his/her designee, with respect to the product or results of Contractor's services, shall provide medical services as described in Exhibit A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner.

1.5 Payments

1.5.1 Maximum Amount

In full consideration of Contractor's performance of the services described in Exhibit A, the amount that County shall pay for services rendered under this Agreement shall not exceed NINE MILLION SIX HUNDRED THOUSAND DOLLARS (\$9,600,000).

1.5.2 Rate of Payment

The rate and terms of payment shall be as specified in Exhibit B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Chief, San Mateo County Health or his/her designee and shall not be binding on

County unless so approved in writing. Each payment shall be conditioned on the Contractor's performance of the provisions of this Agreement, to the full satisfaction of the Chief, San Mateo County Health, Chief Executive Officer of SMMC, or either of their designees.

1.5.3 Time Limit for Submitting Invoices

Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Exhibit B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

1.6 **Substitutes**

Contractor shall provide, at Contractor's sole cost and expense, a substitute for any Contractor who is unable to provide services required under this Agreement. As a condition of providing services under this Agreement, any such substitute shall first be approved by the Chief Executive Officer of SMMC or his/her designee and shall otherwise satisfy all qualification requirements applicable to the Contractor, including but not limited to being covered under Contractor's insurance or submitting separate insurance issued by a company under such terms and limitations as County shall reasonably approve.

1.7 **General Duties of Contractor**

1.7.1 Administrative and Miscellaneous Duties and Responsibilities

Contractor will cooperate with the administration of the Medical Center. Such cooperation shall include but not be limited to the following: maintaining medical records in a timely fashion (including the appropriate use of dictation or other technology, as required by County), billing, peer review, completing time studies as required by California and Federal reimbursement regulations, and County's compliance programs. To the extent applicable, Contractor shall provide appropriate supervision and review of services rendered by physician assistants and other non-physicians involved in the direct medical care of County's patients.

1.7.2 Billing and Compliance

Contractor shall prepare such administrative and business records and reports related to the service in such format and upon such intervals as County shall reasonably require. Contractor agrees to keep accurate and complete records.

To the extent that billing is discussed in more detail in Exhibits to this Agreement, Contractor shall comply with those billing-related requirements.

1.7.3 Compliance with Rules and Regulations

Contractor agrees to abide by rules, regulations, and guidelines of County. County may from time to time amend, add, or delete rules, regulations, or guidelines at County's sole discretion, and such amendment will not affect the enforceability or terms of this Agreement.

1.7.4 Managed Care Contracts

Contractor is obligated to participate in and observe the provisions of all managed care contracts which County may enter into on behalf of Contractor for health care services with managed care organizations, including but not limited to Health Maintenance Organizations (HMOs), Independent Practice Associations (IPAs), Preferred Provider Organizations (PPOs), Medical Service Organizations (MSOs), Integrated Delivery Systems (IDSs), and Physician-Hospital Organizations (PHOs).

1.7.5 Requirement of Physician to Notify County of any Detrimental Professional Information or Violation of Contract Rules or Policies

During the term of this Agreement, Contractor shall notify County immediately, or as soon as is possible thereafter, in the event that:

- I. Contractor's license to practice in any jurisdiction is suspended, revoked, or otherwise restricted;
- II. A complaint or report concerning Contractor's competence or conduct is made to any state medical or professional licensing agency;
- III. Contractor's privileges at any hospital or health care facility or under any health care plan are denied, suspended, restricted, terminated, or under investigation for medical disciplinary cause or reason;
- IV. Contractor's controlled substance registration certificate (issued by the Drug Enforcement Administration), if any, is being or has been suspended, revoked, or not renewed;
- V. Contractor's participation as a Medicare or Medi-Cal provider is under investigation or has been terminated;

- VI. There is a material change in any of the information the Contractor has provided to County concerning Contractor's professional qualification or credentials; or
- VII. Contractor is convicted of a crime.

Contractor must also notify County within thirty (30) days of any breach of this Agreement, of violation of any of County's rules or regulations, whether by others or by the Contractor himself/herself, or if the Contractor is subject to or a participant in any form of activity which could be characterized as discrimination or harassment.

1.7.6 Compliance with Contractor Employee Jury Service Ordinance

Contractor shall comply with Chapter 2.85 of the County's Ordinance Code, which states that Contractor shall have and adhere to a written policy providing that its employees, to the extent they are full-time employees and live in San Mateo County, shall receive from the Contractor, on an annual basis, no fewer than five days of regular pay for jury service in San Mateo County, with jury pay being provided only for each day of actual jury service. The policy may provide that such employees deposit any fees received for such jury service with Contractor or that the Contractor may deduct from an employee's regular pay the fees received for jury service in San Mateo County. By signing this Agreement, Contractor certifies that it has and adheres to a policy consistent with Chapter 2.85. For purposes of this Section, if Contractor has no employees in San Mateo County, it is sufficient for Contractor to provide the following written statement to County: "For purposes of San Mateo County's jury service ordinance, Contractor certifies that it has no full-time employees who live in San Mateo County. To the extent that it hires any such employees during the term of its Agreement with San Mateo County, Contractor shall adopt a policy that complies with Chapter 2.85 of the County's Ordinance Code." The requirements of Chapter 2.85 do not apply if this Agreement's total value listed in Exhibit B, is less than one-hundred thousand dollars (\$100,000), but Contractor acknowledges that Chapter 2.85's requirements will apply if this Agreement is amended such that its total value meets or exceeds that threshold amount.

1.8 Citizenship Duties of Contractor

- A. Contractor will make all reasonable efforts to participate in co-ordination and optimization of services, including but not limited to participation in quality improvement and utilization management efforts.

- B. Contractor will make all reasonable efforts to communicate effectively and coordinate care and services with primary care providers, including but not limited to direct contact with individual providers where clinically indicated.
- C. Contractor will conduct himself/herself with professionalism at all times, which includes but is not limited to courteous and respectful conduct toward, and reasonable cooperation with, all County employees.
- D. To the extent that citizenship duties are discussed in more detail in Exhibits to this Agreement, Contractor shall comply with those additional duties and requirements.

1.9 Provision of Records for County

Contractor shall furnish any and all information, records, and other documents related to Contractor's services hereunder which County may reasonably request in furtherance of its quality assurance, utilization review, risk management, and any other plans and/or programs adopted by County to assess and improve the quality and efficiency of County's services. As reasonably requested, Contractor shall participate in one or more of such plans and/or programs.

1.10 Cooperation with County in Maintaining Licenses

Contractor shall assist County in obtaining, achieving, and/or maintaining any and all licenses, permits, other authorization, and/or accreditation standards which are dependent upon, or applicable to, in whole or in part, Contractor's services under this Agreement.

1.11 Contractor's Conflict of Interest

Contractor shall inform County of any other arrangements which may present a professional, financial, Stark Law, or any other state or federal conflict of interest or materially interfere in Contractor's performance of its duties under this Agreement. In the event Contractor pursues conduct which does, in fact, constitute a conflict of interest or which materially interferes with (or is reasonably anticipated to interfere with) Contractor's performance under this Agreement, County may exercise its rights and privileges under Section 3 below.

1.12 Non-Permitted Uses of County Premises

Contractor agrees not to use, or permit any of Contractor's representatives to use, any County facility or service for any purpose other than the performance of services under this Agreement. Without limiting the generality of the foregoing, Contractor agrees that

no part of the premises of County shall be used at any time as an office for private practice or delivery of care for non-County patients.

1.13 No Contract in County Name

Contractor shall not have the right or authority to enter into any contract in the name of County or otherwise bind County in any way without the express written consent of County.

1.14 Regulatory Standards

Contractor shall perform all services under this Agreement in accordance with any and all regulatory and accreditation standards applicable to County and the relevant medical service, including, without limitation, those requirements imposed by the Joint Commission, the Medicare/Medi-Cal conditions of participation, and any amendments thereto.

1.15 Availability of Records for Inspection

As and to the extent required by law, upon written request of the Secretary of Health and Human Services, the Comptroller General, or any of their duly authorized representatives, Contractor shall make available those contracts, books, documents, and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such services. If Contractor carries out any of the duties of this Agreement through a subcontract with a value of \$10,000 or more over a twelve (12) month period with a related individual or organization, Contractor agrees to include this requirement in any such subcontract. This section is included pursuant to and is governed by the requirements of 42 U.S.C. Section 1395x(v)(1) and the regulations thereto. No attorney-client, accountant-client, or other legal privilege will be deemed to have been waived by County, Contractor, or any Contractor's representative by virtue of this Agreement.

1.16 Professional Standards

Contractor shall perform his or her duties under this Agreement in accordance with the rules of ethics of the medical profession. Contractor shall also perform his/her duties under this Agreement in accordance with the appropriate standard of care for his/her medical profession and specialty.

Section 2: Change of Circumstances

In the event either (i) Medicare, Medi-Cal, or any third party payor or any federal, state, or local legislative or regulatory authority adopts any law, rule, regulation, policy, procedure, or interpretation thereof which establishes a material change in the method or amount of reimbursement or payment for services under this Agreement; or (ii) any or all such payors/authorities impose requirements which require a material change in the manner of either party's operations under this Agreement and/or the costs related thereto; then, upon the request of either party materially affected by any such change in circumstances, the parties shall enter into good faith negotiations for the purpose of establishing such amendments or modifications as may be appropriate in order to accommodate the new requirements and change of circumstance while preserving the original intent of this Agreement to the greatest extent possible. If, after thirty (30) days of such negotiations, the parties are unable to reach an agreement as to how or whether this Agreement shall continue, then either party may terminate this Agreement upon thirty (30) days prior written notice.

Section 3: Term and Termination

3.1 Term

Subject to compliance with all terms and conditions, the term of this Agreement shall be from March 1, 2020 through February 28, 2023.

3.2 Extension of Term

The term of the Agreement may be extended by mutual written, signed agreement by both parties.

3.3 Termination

3.3.1 Termination By County

This agreement may be terminated by County at any time upon ninety (90) days written notice to the Contractor.

The County may immediately terminate this Agreement or a portion of the services referenced in the Attachments and Exhibits based upon (1) unavailability of Federal, State, or County funds or (2) closure of the County, SMMC, or the department of SMMC at which Contractor is to provide services, by providing written notice to Contractor as soon as is reasonably possible after the County learns of said unavailability of outside funding or closure.

3.3.2 Automatic Termination

This Agreement shall be immediately terminated as follows:

- A. Upon Contractor's loss, restriction, or suspension of his or her professional license to practice medicine in the State of California;
- B. Upon Contractor's suspension or exclusion from the Medicare or Medi-Cal Program;
- C. If the Contractor violates the State Medical Practice Act;
- D. If the Contractor's professional practice imminently jeopardizes the safety of patients;
- E. If Contractor is convicted of a crime;
- F. If Contractor violates ethical and professional codes of conduct of the workplace as specified under state and federal law;
- G. Upon revocation, cancellation, suspension, or limitation of the Contractor's medical staff privileges at the County;
- H. If Contractor has a guardian or trustee of its person or estate appointed by a court of competent jurisdiction;
- I. If Contractor becomes disabled so as to be unable to perform the duties required by this Agreement;
- J. If Contractor fails to maintain professional liability insurance required by this Agreement;
- K. Upon County's loss of certification as a Medicare and/or Medi-Cal provider; or
- L. Upon the closure of the County, SMMC, or the medical service at SMMC in relation to which the Contractor is providing services.

3.3.3 Termination for Breach of Material Terms

Either party may terminate this Agreement at any time in the event the other party engages in an act or omission constituting a material breach of any term or condition of this Agreement. The party electing to terminate this Agreement shall provide the breaching party with no fewer than thirty (30) days advance written notice specifying the nature of the breach. The breaching party shall then have thirty (30) days from the date of the notice (or such longer period as is specified in the notice) in which to remedy the breach and conform its conduct to this Agreement. If such corrective action is not taken within the time specified, this

Agreement shall terminate at the end of the notice and cure period (typically sixty (60) days) measured from the date of initial notice without further notice or demand. Upon breach of the terms of this Agreement by an individual contractor's representative, County shall have the option of withdrawing its acceptance of that individual contractor's representative, as described in Section 1.3.1, without terminating this Agreement. Upon withdrawal of acceptance, Contractor must replace said contractor representative as specified in Section 1.6 of this Agreement. Withdrawal of acceptance of an individual contractor's representative will not, of itself, constitute grounds for termination of this Agreement by either party.

3.3.4 Patient Records Upon Termination and Notice to Patients

All original patient records shall be property of the County. Upon termination of this Agreement, Contractor shall return any such records as may be in Contractor's possession to County, subject to Contractor's right to copies of records.

Section 4: Insurance and Indemnification

4.1 Insurance

Contractor shall not commence work under this Agreement until all insurance required under this Section has been obtained and such insurance has been approved by the County. Contractor shall furnish County with Certificates of Insurance evidencing the required coverage, and there shall be a specific contractual endorsement extending Contractor's coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These Certificates shall specify or be endorsed to provide that thirty (30) days notice must be given, in writing, to County of any pending change in the limits of liability or of any cancellation or modification of the policy.

4.1.1 Violation of This Section or Decrease/Cancellation of Coverage

In the event of either (1) violation of any provision of Section 4 of this Agreement or (2) receipt of notice by the County that any insurance coverage required under Section is will be diminished or cancelled, County at its option may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

4.1.2 Workers' Compensation and Employer Liability Insurance

Contractor shall have in effect during the entire life of this Agreement workers' compensation and employer liability insurance providing full statutory coverage.

In signing this Agreement, Contractor makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

4.1.3 Liability Insurance

Contractor shall take out and maintain during the life of this Agreement such bodily injury liability, property damage liability, and professional liability insurance as shall protect him or her, while performing work covered by this Agreement, from any and all claims for property damage which may arise from Contractor's operations or actions under this Agreement, whether such operations/ actions are done by himself or herself, any subcontractor, or anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage coverage for each occurrence and shall not be less than the amount specified below.

Such insurance shall include:

- A. Comprehensive general liability insurance... \$1,000,000
- B. Motor vehicle liability insurance..... \$-0-
- C. Professional liability insurance.....\$1,000,000/\$3,000,000

4.1.4 County Adjustment of Insurance Coverage

If this Agreement remains in effect more than one (1) year from the date of its original execution, County may, at its sole discretion, require an increase in the amount of liability insurance to the level then customary in similar County agreements by giving (60) days notice to Contractor. Contractor must obtain such increased amount of coverage by the end of that notice period.

4.1.5 County as Certificate Holder

County and its officers, agents, employees, and servants shall be named as Certificate Holder on all insurance policies required by this Agreement. Such policies shall also contain a provision that the insurance afforded thereby to County and its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy, and that if County or its officers

and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only. Said certificate(s) of insurance is (are) attached hereto.

4.2 Tail Coverage

If Contractor obtains one or more claims-made insurance policies to fulfill its obligations, Contractor will: (i) maintain coverage with the same company during the term of this Agreement and for at least three (3) years following termination of this Agreement; or (ii) purchase or provide coverage that assures protection against claims based on acts or omissions that occur during the period of this Agreement which are asserted after the claims-made insurance policy expired.

4.3 Hold Harmless

Contractor shall indemnify and hold harmless County and its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind, and description brought for or on account of: (i) injuries or death of any person, including Contractor; (ii) damage to any property of any kind whatsoever and to whomsoever belonging; (iii) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under this agreement; (iv) any sanctions, penalties, or claims of damages resulting from Contractor's failure to comply with the requirements set forth in the Health Insurance Portability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended; or (v) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County and/or its officers, agents, employees, or servants resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damages for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of the Contractor to indemnify and save harmless as set forth herein shall include the duty to defend as set forth in Section 2778 of the California Civil Code. Contractor shall indemnify, defend, and hold County harmless from and against any and all claims for wages, salaries, benefits, taxes, and all other withholdings and charges payable to, or in respect to, Contractor's representatives for services provided under this Agreement.

Section 5: Miscellaneous Provisions

5.1 Notice Requirements

Any notice, request, demand, or other communication required or permitted hereunder shall be deemed to be properly given when both: (1) transmitted via facsimile to the telephone number listed below; and (2) either deposited in the United States mail,

postage prepaid, certified or registered mail, return receipt requested -or- deposited for overnight delivery with an established overnight courier that provides a tracking number showing confirmation of receipt, for transmittal, charges prepaid, addressed to the address below. In the event that the facsimile transmission is not possible, notice shall be given both by United States mail and an overnight courier as outlined above.

If to County: Chief Executive Officer
San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
Facsimile: 650/573-2950

With Copy to: County Counsel's Office
400 County Center, 6th Floor
Redwood City, CA 94063
Facsimile: 650/363-4034

If to Contractor: Chief Operations Officer
Galen Inpatient Physicians, Inc. d/b/a Vituity
2100 Powell Street, Suite 400
Emeryville, CA 94608-1903

With Copy to: Galen Inpatient Physicians, Inc. d/b/a Vituity
2100 Powell Street, Suite 400
Emeryville, CA 94608
Attn: Legal and Compliance Department
Facsimile: 855-243-3643

5.2 **Merger Clause, Amendment, and Counterparts**

This Agreement, including the Exhibits and Attachments attached hereto and incorporated herein by reference, constitutes the sole Agreement of the parties hereto and correctly states the rights, duties, and obligations of each party as of this document's date. In the event that any term, condition, provision, requirement, or specification set forth in this body of the Agreement conflicts with or is inconsistent with any term, condition, provision, requirement, or specification in any exhibit and/or attachment to this Agreement, the provisions of this body of the Agreement shall prevail. Any prior agreement, promises, negotiations, or representations between the parties not expressly stated in this document, whether written or otherwise, are not binding. All subsequent modifications shall be in writing and signed by the parties.

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

5.3 **Partial Invalidity**

In the event any provision of this Agreement is found to be legally invalid or unenforceable for any reason, the remaining provisions of the Agreement shall remain in full force and effect provided that the fundamental rights and obligations remain reasonably unaffected.

5.4 **Assignment**

Because this is a personal service contract, Contractor may not assign any of its rights or obligations hereunder without the prior written consent of County. County may assign this Agreement to any successor, to all or substantially all of County's operating assets, or to any affiliate of County. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and permitted assigns.

5.5 **Independent Contractor**

Contractor and all Contractor's representatives are performing services and duties under this Agreement as independent contractors and not as employees, agents, or partners of or joint ventures with County. County does retain responsibility for the performance of Contractor and Contractor's representatives as and to the extent required by law and the accreditation standards applicable to County. Such responsibility, however, is limited to establishing the goals and objectives for the service and requiring services to be rendered in a competent, efficient, and satisfactory manner in accordance with applicable standards and legal requirements. Contractor shall be responsible for determining the manner in which services are provided and ensuring that services are rendered in a manner consistent with the goals and objectives referenced in this Agreement.

5.6 **Regulatory Requirements**

The parties expressly agree that nothing contained in this Agreement shall require Contractor or Contractor's representatives to refer or admit any patients to or order any goods or services from County. Notwithstanding any unanticipated effect of any provision of this Agreement, neither party will knowingly or intentionally conduct himself or herself in such a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medi-Cal programs.

5.7 **Alternate Dispute Resolution and Venue**

The parties firmly desire to resolve all disputes arising hereunder without resort to litigation in order to protect their respective reputations and the confidential nature of certain aspects of their relationship. Accordingly, any controversy or claim arising out of

or relating to this Agreement, or the breach thereof, shall be mediated. If mediation is unsuccessful, the parties may take the dispute to Superior Court in San Mateo County.

5.8 Third Party Beneficiaries

This Agreement is entered into for the sole benefit of County and Contractor. Nothing contained herein or in the parties' course of dealings shall be construed as conferring any third party beneficiary status on any person or entity not a party to this Agreement, including, without limitation, any Contractor's representative.

5.9 Governing Law

This Agreement shall be governed by the laws of the State of California.

5.10 Non-Discrimination

Contractor shall comply with Section 504 of the Rehabilitation Act of 1973, as amended, which provides that no otherwise qualified individual with a disability shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of any services this Agreement. This Section applies only to contractors who are providing services to members of the public under this Agreement.

Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting as part of this Agreement a signed letter of assurance of compliance (Attachment I to this Agreement). Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement.

General Non-Discrimination. No person shall be denied any services provided pursuant to this Agreement (except as limited by the scope of services) on the grounds of race, color, national origin, ancestry, age, disability (physical or mental), sex, sexual orientation, gender identity, marital or domestic partner status, religion, political beliefs or affiliation, familial or parental status (including pregnancy), medical condition (cancer-related), military service, or genetic information.

Contractor shall comply with the County admission and treatment policies, which provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation.

Equal Employment Opportunity. Contractor shall ensure equal employment opportunity based on objective standards of recruitment, classification, selection, promotion, compensation, performance evaluation, and management relations for all employees

under this Agreement. Contractor's equal employment policies shall be made available to County upon request.

Violation of Non-Discrimination Provisions. Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject Contractor to penalties to be determined by the County Manager, including but not limited to:

- A. Termination of this Agreement;
- B. Disqualification of Contractor from bidding or being awarded a County contract for a period of up to three (3) years;
- C. Liquidated damages of TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500) per violation; and/or
- D. Imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of these paragraphs, the County Manager shall have the authority to:

- A. Examine Contractor's employment records with respect to compliance with this paragraph; and
- B. Offset all or any portion of the amount described in this paragraph against amounts due to Contractor under this Agreement or any other agreement between Contractor and County.

Within thirty (30) days, Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission, or any other entity charged with the investigation of allegations, provided that within such thirty (30) days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notifications shall include the name of the complainant, a copy of such complaint, and description of the circumstance. Contractor shall provide County with a copy of its response to the complaint when filed/submitted.

Compliance with Equal Benefits Ordinance. Contractor shall comply with all laws relating to the provision of benefits to its employees and their spouses or domestic partners, including, but not limited to, such laws prohibiting discrimination in the provision of such benefits on the basis that the spouse or domestic partner of the Contractor's employee is of the same or opposite sex as the employee.

Compliance with Federal Regulations. Contractor shall comply fully with the non-discrimination requirements required by 41 CFR 60-741.5(a), which is incorporated herein as if fully set forth.

History of Discrimination. Contractor certifies that no finding of discrimination has been issued in the past 365 days against Contractor by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any other investigative entity. If any finding(s) of discrimination have been issued against Contractor within the past 365 days by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or other investigative entity, Contractor shall provide County with a written explanation of the outcome(s) or remedy for the discrimination prior to execution of this Agreement. Failure to comply with this Section shall constitute a material breach of this Agreement and subjects the Agreement to immediate termination at the sole option of the County.

5.11 Compliance with Living Wage Ordinance

As required by Chapter 2.88 of the San Mateo County Ordinance Code, Contractor certifies all contractor(s) and subcontractor(s) obligated under this contract shall fully comply with the provisions of the County of San Mateo Living Wage Ordinance, including, but not limited to, paying all Covered Employees the current Living Wage and providing notice to all Covered Employees and Subcontractors as required under the Ordinance.

5.12 General Standards

Contractor shall maintain its operations in compliance with all applicable laws and rules relating to licensure and certification, including but not limited to: Title XXII of the California Administrative Code; those necessary to participate in the Medicare and Medi-Cal programs under Title VIII and Title XIX, respectively, of the Social Security Act; and those required by the Joint Commission. Contractor shall provide satisfactory evidence of such licenses and certificates. Contractor shall inform County of any notice of any incident within its operations which may affect any license or certification held by Contractor.

5.13 Confidentiality of Patient Information and Compliance With Laws

Contractor shall keep in strictest confidence and in compliance with all applicable state and federal laws any patient information. Contractor shall not disclose such information except as permitted by law.

All services to be performed by Contractor pursuant to this Agreement shall be performed (1) in accordance with all applicable Federal, State, County, and municipal laws, ordinances, and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Federal Regulations promulgated thereunder, as amended, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance and, if applicable, (2) in compliance with the Business Associate requirements set forth in Attachment H, if attached hereto. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations. In the event of a conflict between the terms of this Agreement and State, Federal, County, or municipal law or regulations, the requirements of the applicable law will take precedence over the requirements set forth in this Agreement.

Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

5.14 **Non-Disclosure of Names**

Notwithstanding any other provision of this Agreement, names of patients receiving public social services hereunder are confidential and are to be protected from unauthorized disclosure in accordance with Title 42, Code of Federal Regulations, Section 431.300 *et seq.* and Section 14100.2 of the California Welfare and Institutions Code and regulations adopted thereunder.

For the purpose of this Agreement, all information, records, data, and data elements collected and maintained for the operation of the Agreement and pertaining to patients shall be protected by Contractor from unauthorized disclosure.

With respect to any identifiable information concerning a Medi-Cal patient that is obtained by Contractor, Contractor: (i) will not use any such information for any purpose other than carrying out the express terms of this Agreement; (ii) will promptly submit to California Department of Public Health (CDPH) and the applicable Medi-Cal plan all requests for disclosure of such information; (iii) will not disclose, except as otherwise specifically permitted by this Agreement, any such information to any party other than CDPH and the applicable Medi-Cal plan without prior written authorization specifying that the information is releasable under Title 42, CFR, Section 431.300 *et seq.*, under Section 14100.2 of the Welfare and Institutions Code and regulations adopted thereunder, or as ordered by a court or tribunal of competent jurisdiction; and (iv) will, at

the expiration or termination of this Agreement, return all such information to CDPH and the applicable Medi-Cal Plan or maintain such information according to written procedures sent to health plan by CDPH and the applicable Medi-Cal plan for this purpose.

5.15 Disclosure of Records

Contractor agrees to provide upon reasonable notice to County, to any federal or state department having monitoring or reviewing authority, to County's authorized representatives, and/or to their appropriate audit agencies access to and the right to examine and audit all records and documents necessary to determine compliance with this Agreement, to determine compliance with relevant federal, state, and local statutes, ordinance, rules, and regulations, and to evaluate the quality, appropriateness, and timeliness of services performed under this Agreement. Contractor shall comply with all provisions of the Omnibus Budget Reconciliation Act of 1980 regarding access to books, documents, and records.

Without limiting the foregoing, Contractor shall maintain such records and provide such information to County and to government officials as may be necessary for compliance by County with all applicable provisions of all state and federal laws governing County. Upon request, County and government officials shall have access to and be given copies of, at reasonable times at the Contractor's place of business (or such other mutually agreeable location in California), the medical records, books, charts, business records, and papers relating to the Contractor's provision of health care services to patients, the cost of such services, payments received by the Contractor from patients (or from others on their behalf), and the financial condition of Contractor. Such records described herein shall be maintained at least four (4) years from the end of the contract term.

All records of Contractor shall be maintained in accordance with the general standards applicable to such book or record keeping and shall be maintained during any governmental audit or investigation.

5.16 Electronic Signature

Both County and Contractor wish to permit this Agreement and future documents relating to this Agreement to be digitally signed in accordance with California law and County's Electronic Signature Administrative Memo. Any party to this Agreement may revoke such agreement to permit electronic signatures at any time in relation to all future documents by providing notice pursuant to this Agreement.

5.17 Exhibits and Attachments

The following exhibits and attachments are included hereto and incorporated by reference herein:

Exhibit A—Services

Exhibit B—Payments

Exhibit C—Metrics

Exhibit D—Employee Health Requirements


Exhibit E—Corporate Compliance SMMC Code of Conduct (Third Parties)

Attachment I—§ 504 Compliance

Attachment J—Vendor/Contractor Access Policy

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For Contractor: GALEN INPATIENT PHYSICIANS, INC. D/B/A VITUITY

	1/23/2020	Theo Koury, MD
Contractor Signature	Date	Contractor Name (please print)

COUNTY OF SAN MATEO

By:

President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:

Clerk of Said Board

EXHIBIT A

SERVICES

In consideration of the payments specified in Exhibit B, Contractor shall perform the services described below under the general direction of the Medical Director of Specialty Services or designee.

Overview: Under this Agreement, Contractor will provide hospitalist services at San Mateo Medical Center (SMMC). Contractor will be required to meet the SMMC's hospitalist needs, including by having hospitalist resources on site at all times, while also having the ability to flexibly schedule additional resources, as needed. In general, this Agreement requires that Contractor provide 24 hour round-the-clock on-site coverage of SMMC 2AB; Intensive Care Unit ("ICU"); and 3AB, and Unit 1A after hours, seven days a week, 365 days a year by Board Certified/Board Eligible Internal Medicine hospitalist physicians (each, hereinafter, a "Hospitalist"), with at least one such Hospitalist always present on-site, as set forth in this Exhibit A.

Contractor will also provide other administrative services and supporting staff and other services as detailed below.

The services outlined by this Agreement (the "Program") will be provided for a fixed monthly fee, and, after the end of the first quarter of the term of the Agreement, Contractor must meet certain quarterly metrics to receive the full monthly fee (as outlined in Exhibits B and C). County acknowledges that Contractor is organized as a professional corporation ("PC") structure, and accordingly, references to "employees" of Contractor in this Agreement may refer to individuals who are partners or members of the PC, when the context indicates, or who are employees of the PC.

- I. **Hospitalist Coverage.** Contractor will provide in-person Hospitalist coverage 24 hours a day, seven days a week, 365 days a year during the term of this Agreement.
 1. Specifically, there shall be two (2) Contractor Hospitalists present at SMMC and providing services for twelve (12) hour shifts each day of the year during the daytime. In addition, there shall be one (1) Contractor Hospitalist present at SMMC and providing services for a twelve (12) hour shift each day of the year overnight. These Hospitalists shall provide Hospitalist services at SMMC's main campus with the focus being the Medical Unit (commonly referred to as "Unit 2AB") and the ICU. These Hospitalists will also provide support for the on-site skilled nursing unit ("Unit 1A") after hours.
 2. There shall be one (1) Contractor Hospitalist present for ten (10) hours each day of the year to provide Hospitalist services at SMMC as described in paragraph 1, in addition with the focus being the In-Patient Psychiatric Unit (commonly referred to as "Unit 3AB").

3. The Hospitalists referenced above shall manage patients admitted to SMMC while they remain housed in the Emergency Department (ED) and, as needed, consult with the ED.
4. On all days during the term of the Agreement on which the daily in-patient census exceeds fifty (50) patients ("High Census Days"), the Contractor shall provide an additional Contractor Hospitalist to provide services on that High Census Day for an eight (8) hour shift.
5. The parties understand and agree that this Agreement contemplates that Contractor will provide eight and a half (8.5) full time equivalents ("FTEs") of Contractor Hospitalist time during the term of this Agreement. For purposes of this Agreement, "FTE" means 1,980 hours of work per year, such that, for example, this so that a 1.0 FTE equivalent Hospitalist is a role that shall provide 1,980 hours of services during each twelve month period during the term of the Agreement

To facilitate care of patients in the Hospital, Contractor shall provide two (2) FTE scribes for service at SMMC. These scribes shall be supervised at all times by a qualified Hospitalists employed by the Contractor. All salaries, wages, taxes, insurance, workers' compensation insurance, retirement and other fringe benefits, and expenses of any kind or character incident to the scribes' employment shall be, and remain, the responsibility and obligation of Contractor.

Members of the scribe team shall have appropriate training and skills to meet the needs outlined by this Agreement and copies of training plans and training records for scribes providing services under this Agreement shall be provided to SMMC upon request. County retains the right to confer with Contractor regarding any member of the team providing services under this Agreement (whether Hospitalist or scribe) to address any concerns, including but not limited to competence, courtesy, patient satisfaction, compliance with SMMC policies and state and federal laws and regulations, and expertise. In the event such concerns are not addressed by Contractor to the satisfaction of the County, at the County's sole discretion, County retains the right to require Contractor to replace any member of the team as soon as is reasonably feasible, but in any event, within ten (10) business days of being informed in writing of SMMC's demand that such team member be replaced. County may immediately prohibit any member of Contractor's team from performing services under this Agreement in the event of an urgent or serious issue that the SMMC Chief Executive Officer or Chief Medical Officer determines poses risks to SMMC, its staff, its patients, and/or the Program.

- II. Clinical Management Services. Contractor shall provide management services and oversight of the Program. The person(s) filling the role of Medical Director may also engage in clinical work. The parties anticipate that the Medical Director will spend not less than 4 hours per week, on average, performing Medical Director duties. The Medical Director's obligations, as

outlined in more detail in Section XI, below, may be split between the Medical Director and Assistant Medical Director(s) such that collectively those roles meet the equivalent requirement for the Medical Director role. Contractor shall also provide other Medical Services Organization (“MSO”) services by other members of its broader off-site team. Collectively, such management services provided by the Medical Director and MSO team will support the following goals for the Program:

1. Ensuring that Program staff promptly responds to the ED, medical and nursing staff, case management, referring physicians, and other clinical departments when services are requested.
2. Ensuring that Contractor Hospitalist staff practice medicine using evidence-based practices; standardized protocols and order sets; appropriate utilization of resources; and coordination of care to achieve the most appropriate length of stay.
3. Planning and coordinating care with all members of the health care team to assure maximum quality and efficiency.
4. Participating in care-related activities designed to improve quality, ensure compliance, support patient transition, and support programmatic efficiencies.
5. Ensuring appropriate supervision of resident physicians. Contractor understands that the San Mateo County Health supports a training program for psychiatrists. As part of this program, first year trainees shall rotate through the inpatient internal medicine service approximately eight (8) months of the year. Contractor agrees to work with the residency program director to provide adequate supervision of and teaching to these trainees.
6. Ensuring Hospitalist coverage as follows: In addition to the standard Program coverage of the Medical Unit (2AB), Hospitalist will perform, admissions, consults, history and physicals and daily rounding, and the Intensive Care Unit (ICU) outlined above, Contractor will also ensure the following coverage:
 - a. For the Medical Consult service, which provides support for surgical and other patients at SMMC, provide coverage when Medical Director of Inpatient Services is not available, including during normal business hours as well as evenings, nights, weekends, and County holidays.
 - b. For SMMC’s 30-bed in-house Skilled Nursing Facility unit (1A), which has on-call coverage from 8 p.m. to 8 a.m. seven (7) nights a week but which can require urgent response any time of day or night, provide coverage for urgent clinical issues that cannot wait until the next business day or until another internal medicine specialist is available, including but not limited to evenings, weekends, and County holidays.

- c. For SMMC's 30-bed in-house acute locked psychiatric unit (3AB), Hospitalist will provide physician coverage for the unit. This includes, but is not limited to, admissions, consults, history and physicals, daily rounding, and provide coverage for all clinical issues 24 hours a day 365 days a year.

- 7. Ensuring that Hospitalist Program coverage outlined above shall include transfer of the patient to the Medical Unit or ICU when medically necessary.

Contractor's management of the Program will not include management of County-employed personnel, except when a County employee provides hospitalist services.

- III. Recruiting. Contractor will recruit and retain qualified Internal Medicine physicians as Hospitalists to staff the program, subject to the limitation listed in Section 1.6 of this Agreement. County shall use all possible means to expedite credentialing and the granting of privileges to Hospitalists, including, when appropriate, the use of temporary privileges and special meetings of the SMMC's credentialing committee. In furtherance of Section 1.3.1 of the Agreement, when the Chief Executive Officer, Chief of San Mateo County Health or their designee withdraws acceptance of any contracted physician, Contractor will remove physician immediately if such physician is in violation of the items listed in 1.7.5 of the Agreement and if not in violation of any such section, within 90 days of receipt of notice from County.
- IV. Contractor will comply with rules and regulations of Health Plan of San Mateo, where such rules and regulations apply to a Hospitalist and have been communicated to Contractor within a reasonable time in advance of when compliance is required. Contractor and County will mutually review any additional Health Plan regulations with County, as listed in Section 1.7.4, to ensure common understanding of the Requirements that flow through to the Hospitalists in their professional practice. It is understood by Contractor that County will be solely responsible for the billing and collection of all Hospitalist services rendered by Contractor under County's payor agreements, through County's provider and taxpayer identification numbers.
- V. Training and Development. Contractor will review documentation and coding as a part of its compliance plan and provide training to physicians on such topics. In furtherance thereof, Contractor will have electronic remote read-only access to SMMC's EMR for chart review to include a review of progress notes, history and physical, discharge summary, etc. (i.e. all clinical documentation) promptly upon request. Such access will continue for at least thirty (30) days following termination of the Agreement. County shall continue for at least a twelve (12) month period following termination of this Agreement to provide clinical documentation in paper record format upon request within five (5) business days of such request.
- VI. Charge Capture System: During the term of this Agreement, Contractor shall provide Contractor Hospitalists and County with use of Contractor's third-party patient encounter software platform known as Ingenious Med ("Ingenious Med"). County will provide Contractor

with all necessary patient information, as requested by Contractor, in a secure electronic HL7 ADT real-time feed to Ingenious Med. The use of Ingenious Med facilitates coding, charge capture and billing, communication among the Contractor's team, communication with referring physicians regarding patient status (including automated messaging), communication with case managers, pharmacists and discharge planners, data tracking for key operational performance metrics, daily census tracking and call center integration. In furtherance thereof, Contractor will provide billing reports from Ingenious Med to County in order to facilitate County's billing for the professional hospitalist services under County's payor agreements.

- VII. Quality, Operational and Performance Reporting. Contractor will provide a daily patient census report in a form reasonably acceptable to the County for use by the Hospitalist, Nursing, Admission, Case Management, and Administrative teams. Contractor will develop a monthly dashboard to monitor quality measures agreed on by Contractor and County. In addition, Contractor will develop comprehensive quarterly dashboard of core metrics (the "Dashboard") as agreed upon between Contractor and County and set forth in Exhibit C. Contractor will track performance quarterly metrics affecting quality, patient satisfaction and efficiency. Contractor will analyze drivers that affect such outcomes and will develop action plans for improvement.
- VIII. Trauma Assistance. In the event of a County Emergency, when Disaster Service Workers are activated, Contractor will adhere to the guidelines of the San Mateo County Trauma System by being immediately available by telephone and will make every reasonable effort to support SMMC in-person, with resources beyond those providers scheduled to work that day and for the duration of the emergency.
- IX. Active Staff Membership. Contractor will fulfill those requirements for active staff membership set forth in Articles 3 and 4.2 of the SMMC Medical Staff Bylaws, Rules and Regulations and will maintain such active staff status as a condition of the Agreement.
- X. Committee Participation. Contractor will attend regularly and serve without additional compensation on committees responsible for peer review activities, quality assurance, and utilization review as outlined in the SMMC Medical Staff Bylaws, Rules and Regulations.
- XI. Program Leadership. Contractor shall designate a Contractor Physician acceptable to the SMMC Chief Executive Officer as the Medical Director of Hospitalist Services to serve as Contractor's on-site team leader and representative in clinical matters. The Medical Director shall be responsible for the overall quality of the Program and for ensuring that the Contractor Hospitalist Site Team performs according to the terms of this Agreement. Hospitalists will report to the Medical Director. The Medical Director may have a clinical work load in addition to administrative responsibilities and report to the Medical Director of Specialty Services or their designee. The parties anticipate that the Contractor will spend no fewer than 4 hours each week performing Medical Director management duties. The management services shall

be provided during normal business hours, Monday through Friday.

The duties of the Medical Director shall include, but are not limited to, the following:

1. Participate or assign a designee in monthly meetings with the Medical Director of Specialty Services, and/or designee, to discuss ongoing patient flow issues, standard of care, quality assurance initiatives, diagnostic imaging and other testing, utilization review, patient transfer criteria, patient grievances, maintenance of electronic medical records (EMRs), review charge description master (CDM), compliance, policy issues, productivity, and other topics, as appropriate.
2. Account for all professional and administrative activities within the scope of the Hospitalist Program.
3. Conduct ongoing monitoring of the professional performance of all individuals who have clinical hospitalist privileges, as well as the scribes.
4. Assure the quality and appropriateness of patient care provided is monitored daily and evaluated quarterly through a mechanism on the metrics described in Exhibit C. This will be accomplished through the collection of information about key aspects of patient care provided by the hospitalists.
5. Respond in writing to issues raised by SMMC administration within a reasonable period of time commensurate with the nature of the issue. Where there is a question of quality assurance raised by SMMC administration, Contractor will provide a written response within seven (7) calendar days.
6. Attend and/or delegate attendance at meetings in compliance with SMMC Medical Staff Bylaws, Rules, and Regulations.
7. Be available by pager or telephone or designate "on-call" alternative when necessary.
8. Assist SMMC administration in developing and updating departmental rules, policies, and regulations.
9. Complete Quality Assurance and SAFE report review and respond within seven (7) calendar days of receipt.
10. Provide other administrative services not directly related to the medical care of patients as reasonably requested by Contractor and the SMMC CEO, CMO, or designee. Such administrative services may include, but are not limited to, teaching, administrative

supervision of professional or technical staff, quality control activities, committee work, and attending conferences.

XII. Contractor will provide the following administrative services for its own personnel, and County shall have no responsibility for these matters or functions:

1. Recruiting of its own physicians, and scribes to ensure its ability to provide staff needed to comply with the terms of this Agreement.
2. Ensuring candidates presented to SMMC Medical Staff Office have a completed application, including employee health requirements, and meet the SMMC credentialing requirements.
3. Orientating clinical staff to clinical operations and use of the SMMC EMR's, including, but not limited to, Cerner Soarian, eCW, and Pulse Check.
4. Providing and managing of Hospitalist Program staff benefit programs (i.e. medical, dental, life and disability insurance; retirement benefits).
5. Providing payroll services and withholding taxes for its employees/agents.
6. Scheduling.
7. Providing backup for sick call and vacation for its employees/agents.
8. Conducting leadership training.
9. Participating in patient satisfaction surveys, in consultation with the SMMC Medical Director for Specialty Services and/or his/her designees.

XIII. Both County and Contractor acknowledge the need for performance assessment and associated potential financial penalties described in Exhibit B and Exhibit C, based on mutually acceptable units of measurement. To the extent of any conflict between the description of the metrics in this Exhibit, Exhibit B, and/or Exhibit C, the text of Exhibit C shall control. As discussed in Exhibits A, B, and C to this Agreement, the Base Fee partial risk based on performance metrics will be determined quarterly and deducted from the Base Fee payment for the month following each quarter.

XIV. Scribe Services

1. Contractor will provide 2.0 FTE equivalent scribe services during the full term of the Agreement using an assignment schedule as mutually agreed between the Contractor

and the County.

2. Under the direct supervision of the Contractor Hospitalists, Scribes will discharge the following functions:
 - a. Document the history of the patient's present illness
 - b. Document the review of systems and physician examination
 - c. Enter vital signs and reported lab values
 - d. Look up pertinent past medical records
 - e. Track and enter the results of studies
 - f. Type progress notes
 - g. Enter the patient's discharge plan
 - h. Document physician consultations with a patient
 - i. Notify physicians when studies results are available, thus assisting with timely disposition of the patient.
- XV. Contractor will perform admissions, consults, Medical History and Physicals, daily rounding and ongoing co-management of patients with routine medical issues for patients in the 2AB unit and 3AB unit. If a medical consult results in an admission to the medical unit, Contractor Hospitalists will be responsible for arranging this admission.
- XVI. Contractor shall provide a staffing model that ensures Hospitalists on site 24 hours each day, 365 days a year. Coverage shall be as set forth in Section I of this Exhibit A and there shall be appropriate coverage at all times to ensure all patient needs are met within standard of care.

EXHIBIT B

PAYMENTS

In consideration of the services specified in Exhibit A, County will pay Contractor based on the following:

- I. **Base Fee.** For the period March 1, 2020 through February 28, 2023, Contractor shall provide County with the Hospitalists, Scribes, and other necessary service providers as outlined by this Agreement. Services include those described in Exhibit A and meeting or exceeding the five (5) metrics for the Contractor outlined in Exhibit C. The Base Fee is based on Contractor serving 2,218 SMMC inpatients per year (the total number of patients served in 2018) and 15,528 projected patient encounters per year (the total number of patient encounters in 2016), but the Base Fee specifically contemplates fluctuation in these numbers as large as fifteen percent (15%) higher or lower. No change in the Base Fee shall occur within this range or otherwise. Should the actual number of patients served and/or number of patient encounters in a year differ from these amounts by more than fifteen percent (15%) in either direction, Contractor shall confer with SMMC regarding the reasons for said fluctuation(s). Regardless, the fiscal provisions of this Agreement shall not be subject to change absent a written amendment. In consideration of the delivery of the services described in Exhibit A of this Agreement, County shall pay Contractor a monthly base fee of TWO HUNDRED AND SIXTY FOUR THOUSAND SEVENTY FOUR DOLLARS AND SIXTEEN CENTS (\$264,074.16) (the "Base Fee"), less any quarterly partial withhold as set forth in Exhibit C. The "Base Fee" includes all charges for Hospitalist services, services for Scribes, the Medical Directorship, the licensing of the Ingenious Med software and Management/MSO Services. The amount allocated for each category of provider is listed in the Financial Summary Table below.
- II. In addition to the Base Fee, the County will reimburse Contractor for the actual cost of professional liability (malpractice)/tail insurance, up to a total of THIRTY FIVE THOUSAND DOLLARS (\$35,000.00) per year for Program Hospitalists, as defined in Section 4 of the Agreement for coverage in the amounts of \$1,000,000 per occurrence/claim and \$3,000,000 aggregate limit per year and the appropriate tail coverage for Contractor providing services under this Agreement. Contractor will invoice the County for such professional liability reimbursement on a monthly basis during each year of the term of the Agreement at a rate of \$2.03 per patient encounter until the Contractor has invoiced the County for the full \$35,000 that the County has agreed to reimburse for malpractice insurance during the year in question. The amount set forth in this section shall be the sole amount paid by County for professional liability (malpractice)/tail expenses for all Hospitalists.
- III. **Financial Summary Table (Annual Costs).** The following table summarizes all of the County's total payments to Contractor for the Hospitalist Services:

Practice Expenses	Annual Cost per FTE	Number of FTEs	Annual Total
Physicians	\$ 289,207	8.5	\$ 2,458,260.50
Scribes	\$ 35360	2.0	\$ 70,720.00
Administrative services (Medical Directorship – 0.3 FTE)			\$ 86,762.10
MSO Services and Other Site Expenses* (20% of above-listed amounts)			\$ 523,148.32
Malpractice (up to \$35,000 annually based on actual expenses invoiced)			\$ 35,000
“Ingenious Med” system or equivalent			\$ 30,000
Total Annual Contract Expenses			\$ 3,168,889.92

* Contractor will provide the MSO administrative services for its own personnel, and County shall have no responsibility for these matters or functions. See Exhibit A, XII for details.

- IV. Contractor has been advised that the amounts above include a base pay rate for scribes of at least \$17/hour, which comports with the County’s living wage ordinance as of the first day of the Term of the Agreement. Contractor is obligated to meet the requirements of the County’s living wage ordinance, which is subject to adjustment from time to time. In no event shall the Base Fee or the total amount of this Agreement increase based on any changes to the living wage ordinance. Contractor agrees that it shall comply with the requirements of that ordinance and is fully compensated for doing so for the duration of this Agreement.
- V. Notwithstanding Section I of this Exhibit B, for the entire period of this Agreement (March 1, 2020 through February 28, 2023), County will pay Contractor, in addition to the Base Fee, an additional ONE THOUSAND ONE HUNDRED AND SIXTY DOLLARS (\$1,160) for each eight (8) hour physician shift for High Census Days, as described in Section I of Exhibit A to this Agreement (i.e. days when there are more than FIFTY (50) acute inpatients at SMMC). Contractor shall invoice the County for such High Census Days on a monthly basis, identifying the specific dates that were High Census Days on which the Contractor provided an additional Hospitalist for an eight hour shift pursuant to Section I of Exhibit A to this Agreement.
- VI. The amount that County shall be obligated to pay for all services rendered under this Agreement shall not exceed NINE MILLION SIX HUNDRED THOUSAND DOLLARS (\$9,600,000) for the Agreement term of March 1, 2020 through February 28, 2023.
- VII. Invoices. Contractor shall, on a monthly basis and following each month of service, submit an invoice to County for all compensation for services set forth in this Agreement. County shall pay invoices within thirty (30) days of the invoice date. County shall only pay Contractor in

response to invoices, unless otherwise instructed by Contractor, and shall include the remittance information set forth in such invoices when making payments.

Contractor may impose a late fee equal to a simple two percent interest (the invoice amount multiplied by two percent) on any unpaid undisputed invoice more than 30 calendar days past due. An additional two percent interest may be assessed for each additional 30 calendar day period that the invoice or any portion thereof remains unpaid. If County has not paid an invoice for more than 120 calendar days (90 calendar days overdue), Contractor may refer collection of the unpaid amount to an attorney or collections agency. County agrees to pay all reasonable costs of collection (including attorney's fees) necessary for Contractor to collect any amounts due it by County.

If County requests a payment plan, County must do so prior to the invoice due date. If County requests a payment plan after the invoice due date, and Contractor agrees, at its sole discretion, to such payment plan, Contractor reserves the right to assess upon County all late fees, accumulated interest, attorney's fees, collection fees and any other related cost, as applicable and as set forth above. Nothing in this Section requires Contractor to agree to any payment plan.

EXHIBIT C

METRICS

- I. Both County and Contractor acknowledge the need for a partial withhold reimbursement model based on mutually acceptable units of measurements. As discussed in Exhibit A and B to this Agreement, funds at risk will be paid quarterly on the basis of the following metrics:
 - a. Contractor Providers are to be compliant with SMMC Employee Health Requirements (EHR), set forth at Exhibit D. Currently, Contract Providers are seventy seven percent (77%) compliant. By the fourth quarter of the Term of this Agreement, Contractor Providers will be at least 85% compliant with the EHR. By the eighth quarter of the Term of this Agreement, Contractor Providers will be at least 95% compliant with SMMC EHR.
 - b. By the end of the first quarter of the term of this Agreement, Contractor Providers will improve hospital flow by having discharge orders placed by 11 am for at least fifty percent (50%) of patients that are going to be discharged the same day.
 - c. HCAPHS score for "Communication with Doctors" from NRC Health will reach current Goal of 81.0%. If, however, the NRC Health score is below this goal, Contractor will nevertheless be deemed to have satisfied this metric if Contractor shows at least one and one-half percent (1.5 %) improvement over the prior quarterly score.
 - d. Contractor will have active participation includes attending meetings and completing assigned tasks in the Sepsis and Medicine QIC committees with an active leadership role in the committee.
 - e. By the end of the fourth quarter of the term of this Agreement, discharge notes will be dictated no later than 24 hours after patient discharge time for at least ninety percent (90%) of patients during the quarter. The current rate of compliance is 76% of patients. For the first quarter of the term of this Agreement, rates will improve to 80% compliance. By the end of the third quarter of the term of this Agreement, rates will be 85% compliant.
- II. Both the County and Contractor acknowledge Contractor cannot achieve metrics detailed in this Agreement, without assistance and cooperation from the County and at times there are conditions present the Contractor has no control over. Therefore, the County must meet the following operational conditions, and failure to do so will have consequences described below:
 - a. SMMC will facilitate remote EMR access to 100% of "Vituity Hospitalist SMMC Core Team," within four (4) weeks of a new provider submitting correctly completed

documentation required for access to EMR

- b. SMMC will provide Case Management support/services for patients who are admitted to the Hospitalist services for care. This will be measured by "Patients length of stay" with a goal of no more than five (5) patients requiring more than a 30 days length of stay. County will not satisfy this metric if more than five (5) individual patients have a length of stay more than 30 days per quarter.
- c. The Specialty Care Medical Director will organize and facilitate discussions within ten (10) working days of receiving the issue in writing from the Hospitalist Services Medical Director (HSMD) when the HSMD and a specialist/specialty group are not able to come to an agreement regarding patient care.
- d. HCAPHS score for "Communication with Nurses" from NRC Health will reach current Goal of 79.5%. If, however, the NRC Health is below this goal, County will nevertheless be deemed to have satisfied this metric if County shows at least one and one-half percent (1.5%) improvement over the prior quarterly score.
- e. County will give monthly reports to Contractor regarding average time of Discharge to Dictation time. Within twenty (20) days of the end of each month

III. In the event that the Contractor fails to meet any of the conditions listed in Subsection I, a – e during any quarterly period during the term of this Agreement, the Contractor may have \$26,407 partially or all withheld. The withholding represents 10% of the Contractor's base monthly fee. Each metric represents 1/5 of \$26,407 (i.e. \$5,281.48). Such withholding will be determined by how many metrics the Contractor fails to meet and whether the County likewise failed to meet any of its operational conditions. By way of example, the calculation each quarter will follow this logic:

If Contractor failed to achieve 2 out of 5 metrics during a given quarter Contractor's compensation will be reduced by two fifths (2/5) of the \$26,407 (i.e. \$10,562.97). Contractor would however, be entitled to retain the three fifths (3/5) of the \$26,407 that corresponds to the 3 performance metrics achieved during that quarter (i.e. \$15,844.45). If, however, in the same quarter the County fails to achieve 1 of its 5 operational conditions, Contractor's withholding will be offset by one fifth (1/5) (i.e. \$5,281.48). Therefore, in this example, where Contractor has failed to achieve 2/5 of its metrics and the County has failed to meet 1/5 of its operational conditions, the County would withhold 1/5 from the Contractor.

The County's failure to achieve operational conditions in any given quarter shall only be considered in determining whether the Contractor is entitled to an offset for the Contractor's failure to achieve performance metrics under this Agreement and under no circumstances shall

County's failure to achieve operational standards result in Contractor receiving compensation beyond that set forth in Exhibit B to this Agreement.

Once the calculation of Contractor compliance with performance metrics is complete following each quarter, any withholding assessed from the calculation of the quarter will be withheld from the monthly payment immediately following the date upon which County informs Contractor of the extent of its compliance with the performance metrics for the preceding quarter.

Contractor's contractual compensation will be reduced up to a maximum of TWENTY-SIX THOUSAND FOUR HUNDRED AND SEVEN DOLLARS (\$26,407) for not meeting or exceeding any of the five (5) metrics set forth in Exhibit C to this Agreement each quarter. Each metric is valued at FIVE THOUSAND TWO HUNDRED EIGHTY ONE DOLLARS AND FOURTY EIGHT CENTS (\$5,281.48) each quarter.

However, under no circumstances shall County ever withhold during a quarter any amount greater than the total quarterly "withhold" amount of \$26,407.

Exhibit D
Employee Health Requirements

To: All Medical Providers

From: Susan Fernyak, MD, Chief Medical Officer and Michele Medrano, RN Infection Control/Employee Health Manager

Subject: SMMC Employee Health Requirements

San Mateo Medical Center is committed to the health and well-being of all its staff and medical providers. As part of that commitment, we ask that you provide us with the following information. **Please note that appointments and reappointments will be delayed if the following requirements are not met.**

1. Tuberculosis Clearance (TB) [Required]

- Fill out the attached TB Screening form and **submit** documentation of your most recent TB test. Testing must have been done within the last one year. We do accept either PPD skin test or Quantiferon blood test.

2. Measles, Mumps, Rubella and Varicella [Required]

- Submit proof of immunity to Measles, Mumps, Rubella and Varicella. Immunity must be demonstrated by serological evidence (titers) or documentation of 2 vaccinations.
- If titers are below a level indicating immunity you must receive a boosting dose of vaccine and provide documentation of vaccination.

3. N95 Fit Testing [Required]

- All staff working in direct patient care must be N95 Fit tested annually. A schedule is available on the intranet. You can do fit testing after your start of work. If you have been N95 fit tested elsewhere please provide documentation of date tested and the size you were fitted for. See attached calendar.

4. Hepatitis B [Required]

- Submit proof of immunity; if titers are below a level indicating immunity, it is recommended that you receive a boosting dose of vaccine; however you have the right to decline by filling out the attached form.

5. Influenza [Recommended]

- SMMC provides the vaccine free of charge during flu season. If you choose not to be vaccinated, you must wear a surgical mask in any patient care area for the entire flu season (October-May) per policy. If you received vaccination elsewhere you must provide proof of vaccination to SMMC Employee Health by filling out the attached form.

6. Pertussis [Recommended]

- Documented Tdap vaccine within the last 10 years. You have the right to decline vaccination.

Please contact Michele Medrano, Infection Control/Employee Health Manager at 650-573-3409 with any questions.



San Mateo Medical Center -Employee Health Clearance Check List:

Applicant Name: _____

Department: _____ Contacted by MSO: _____

Date of Birth: _____

Contact Number: _____ Email: _____ Cleared by EH: _____

Please check one of the following boxes:

☐ I am an Employee of San Mateo Medical Center and went to Kaiser, Occupational Health for medical clearance.* ***(No further documentation is needed) ****

☐ I am a contractor and will submit the ***Required Medical Screening Documents listed below:***

Tuberculosis Clearance

☐ Annual Health Screening and Tuberculosis Surveillance *(attached)* and

☐ Documentation of most recent TB test *(must have been done in the last 1 year)*

Measles, Mumps, Rubella and Varicella

☐ Documentation of Titers or

☐ Documentation of 2 vaccinations

N95 Fit testing (required)

☐ Fit tested elsewhere (submit documentation for current year)

☐ Will get fit tested on next available date @SMMC

Influenza (required October- June)

☐ Documentation of Flu Vaccination

☐ SMMC Flu Form *(attached)*

Hepatitis B (required)

☐ Documentation of Titers or

☐ Documentation of 3 vaccinations

☐ Declination signed *(attached)*

TDAP (optional)

☐ Submit documentation

☐ Declination signed*(attach

SAN MATEO MEDICAL CENTER EMPLOYEE HEALTH SERVICES

ANNUAL HEALTH SCREENING AND TUBERCULOSIS SURVEILLANCE

1) Name _____ 2) Date of birth: ____/____/____ 3) Male or female _____
 please print mo day

4) Employee ID # _____ 5) Dept Name & org # _____ 6) Dept phone # _____

7) In the past year, have you had any of the following for more than 2 weeks at a time?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
cough	<input type="checkbox"/>	<input type="checkbox"/>	unplanned weight loss / loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
fever	<input type="checkbox"/>	<input type="checkbox"/>	night sweats	<input type="checkbox"/>	<input type="checkbox"/>
fatigue	<input type="checkbox"/>	<input type="checkbox"/>	coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide explanation: _____

8) Have you been told by a health practitioner that your immune system is suppressed or compromised?

(This may affect the result of your test). ☐ no ☐ yes

9) In the past year, have you been in contact with any patients who are contagious for TB?

☐ no ☐ yes ☐ don't know

10) In the past year, have you been in contact with any of your own family members who are contagious for TB?

☐ no ☐ yes ☐ don't know

11) Have you been told you have a positive skin test? ☐ no ☐ yes ☐ don't know

12) Have you ever had BCG? ☐ no ☐ yes ☐ don't know

13) Date of last TB skin test: _____ Result: _____

(Please provide documentation of current TB skin test)

14) Date of last Quantiferon: _____ Result: _____

(Please provide documentation of current Quantiferon test result)

15) If previous TB skin test and/or Quantiferon positive please provide date and a copy of current Chest Xray result _____

(Date of CXR)

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY IC / EH

	<u>Person Who Applied Skin Test</u>	<u>Date Applied mo/day/year</u>	<u>Site RA/LA</u>	<u>Lot #</u>	<u>Date Read mo/day/year</u>	<u>MM Induration</u>	<u>Person Who Read Results</u>
PPD #1	_____	____/____/____	_____	_____	____/____/____	_____	_____
PPD #2	_____	____/____/____	_____	_____	____/____/____	_____	_____

CXR required: ☐ No ☐ Yes Sent for further evaluation? ☐ No ☐ Yes Where: _____

Comments: _____

Signed by IC/EH or designee: _____ Date: _____

Revised 03/23/17

SAN MATEO MEDICAL CENTER

Hepatitis B and Tdap Declination Form

I understand that due to my occupational exposure to blood, or other potentially infectious material,
I may be at risk for acquiring the Hepatitis B virus, Tetanus, Diphtheria, and Pertussis.

Please choose appropriate box below:

HEPATITIS B																	
<div><input type="checkbox"/> Previously Vaccinated:</div> <p>If vaccinated for Hepatitis B please provide where given and dates of vaccination.</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">(Location/Medical Provider)</td><td style="width: 10%; text-align: center;">1st</td><td style="width: 40%; border-bottom: 1px solid black;"></td></tr><tr><td></td><td style="text-align: center;">2nd</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td></td><td style="text-align: center;">3rd</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td></td><td></td><td style="text-align: center;">(Dates received 3 series of vaccines)</td></tr></table> <div><input type="checkbox"/> I am declining at this time</div> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Print Name</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Today's date</td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;">Signature</td><td></td></tr></table>		(Location/Medical Provider)	1st			2nd			3rd				(Dates received 3 series of vaccines)	Print Name	Today's date	Signature	
(Location/Medical Provider)	1st																
	2nd																
	3rd																
		(Dates received 3 series of vaccines)															
Print Name	Today's date																
Signature																	

Tdap (Tetanus, Diphtheria, Pertussis)							
<div><input type="checkbox"/> Previously Vaccinated:</div> <p>If vaccinated for Tetanus, Diphtheria, and Pertussis please provide where given and date of vaccination.</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">(Location/Medical Provider)</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">(Date vaccinated)</td></tr></table> <div><input type="checkbox"/> I am declining at this time</div> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Print Name</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Today's date</td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;">Signature</td><td></td></tr></table>		(Location/Medical Provider)	(Date vaccinated)	Print Name	Today's date	Signature	
(Location/Medical Provider)	(Date vaccinated)						
Print Name	Today's date						
Signature							



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER****Influenza Vaccination Form 2018-2019****Last Name:** _____**First Name:** _____**Title:** _____**Org number:** _____**Department/Unit:** _____**Please Check One:**

- | | |
|---|---|
| <input type="checkbox"/> SMMC Employee (under SMMC payroll) | <input type="checkbox"/> Contracted Licensed Provider (MD, PA, NP, DDS) |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other Contracted Personnel or County Staff |
| <input type="checkbox"/> Student/Intern | (e.g. PH, DPW, Security, PBX, Traveler, Registry, etc.) |

Please answer the following questions:

	YES	NO
Do you have an allergy to eggs?		
Have you ever had a serious reaction to previous dose of flu vaccine?		
Have you ever had Guillain-Barre' Syndrome (a type of temporary severe muscle weakness)		
Do you have a fever or feel sick today?		
Are you pregnant?	N/A - not applicable	
Are you 65 years old or above?		

I have read or have had explained to me the information on the vaccine information statement about influenza vaccine and that I understand the benefits and the risks of influenza vaccine. I also acknowledge that influenza vaccination is recommended by CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community. I give consent to receive the flu vaccine.

Signature: _____**Date:** _____

I received influenza vaccination at another facility _____ on _____ (date)

For Employee Administering Vaccine Use Only:

Site: 0.5 ml IM Deltoid L <input type="checkbox"/> R <input type="checkbox"/>	Name: Fluarix Quadrivalent
Nurse Administering vaccine (Print Name):	Lot Number: LB549
Signature	Expiration date: 06/30/19



Declination of Influenza Vaccination 2018-2019

My employer San Mateo Medical Center has recommended that I receive influenza vaccination to protect myself, the patient I serve and my family.

I am choosing to decline influenza vaccination right now for the following reasons:

1. _____
2. _____

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States every year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and possible death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear from my respiratory tract. My shedding the virus can spread influenza to patients, co-workers, and visitors in this facility as well as to my own family.
- I understand that the strains of virus that cause influenza infection can change every year and my immunity declines over time. H1N1 (which is an animal virus) requires annual re-vaccination because immunity from the vaccine lasts only one flu season. This is why CDC now recommends flu vaccination annually for all persons older than 6 months of age.
- I understand that I cannot get influenza from the influenza vaccine.
- I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: _____

Date: _____

Name (print): _____

Department: _____

Employee/ATKS number (if applies): _____

Department Org # _____

Please Check One:

- | | |
|---|--|
| <input type="checkbox"/> SMMC Employee | <input type="checkbox"/> Contracted Licensed Provider (MD, PA, NP) |
| <input type="checkbox"/> Volunteer/Student/Intern | <input type="checkbox"/> Other: Contracted Personnel or County Staff (Public Health, Registry etc) |

TB QUANTIFERON & N95 FIT TESTING SCHEDULE 2019

Twice a Year	Unit/Department
March 26, 2019 March 28, 2019 and September 24, 2019 September 26, 2019 (7:30am – 3:30pm)	3AB/PES RESPIRATORY THERAPY ED/KELLER CENTER REHABILITATION SERVICES (PT, OT, ST, CART) NURSING ADMINISTRATION/RECRUITMENT – FLOAT POOL 39TH AVENUE SECURITY OFFICE ADMINISTRATIVE OFFICE
June 25, 2019 June 27, 2019 and December 3, 2019 December 5, 2019 (7:30am – 3:30pm)	1A LTC and LTC MEDICAL STAFF 2AB INFUSION CARE ICU LABORATORY RADIOLOGY/ TRANSPORTATION ENVIRONMENTAL SERVICES MEDICAL CLINIC SPECIALTY CLINIC DENTAL CLINIC/DENTAL ADMIN
Annually	Unit/Department
September 24, 2019 September 26, 2019 (7:30am – 3:30pm)	SURGERY (OR/PACU) SHORT STAY ENDOSCOPY PHARMACY MATERIALS MANAGEMENT (Sterile Processing, Central Distribution) PSYCH MEDICAL STAFF CASE MANAGEMENT MENTAL HEALTH PRIMARY CARE (BHRS)
December 3, 2019 December 5, 2019 (7:30am – 3:30pm)	EKG/EEG FOOD AND NUTRITIONAL SERVICES PATIENT ACCESS RON ROBINSON SENIOR CARE CENTER VOLUNTEER
May 23, 2019 (8:30am – 3:00pm)	DALY CITY ADULT & YOUTH CLINIC
July 19, 2019 (8:30am – 2:00pm)	SOUTH SAN FRANCISCO CLINIC
August 6, 2019 (8:30am – 3:00pm)	COASTSIDE CLINIC
August 20, 2019 August 22, 2019 (8:30am – 3:00pm)	FAIR OAKS HEALTH CENTER & SEQUOIA TEEN WELLNESS

N95 Respirator Fit Testing Schedule 2019



Date	Location	Time
January 29, 2019	1A Conference Room 117	8:00am – 12 Noon
February 26, 2019	1A Conference Room 117	12 Noon – 4:00pm
March 26, 2019	Education Classroom	7:30am – 3:30pm
March 28, 2019		7:30am – 3:30pm
April 23, 2019	1A Conference Room 117	8:00am – 12 Noon
May 23, 2019	Daly City Adult & Youth Clinic	8:30am – 3:00pm
May 29, 2019	1A Conference Room 117	12 Noon – 4:00pm
June 25, 2019	Education Classroom	7:30am – 3:30pm
June 27, 2019		7:30am – 3:30pm
July 19, 2019	South San Francisco Clinic	8:30am – 2:00pm
July 24, 2019	1A Conference Room 117	8:00am – 12 Noon
August 6, 2019	Coastside Clinic	8:30am – 2:00pm
August 20, 2019	Fair Oaks Health Center	8:30am – 3:00pm
August 22, 2019		8:30am – 3:00pm
August 27, 2019	1A Conference Room 117	12 Noon – 4:00pm
September 24, 2019	Education Classroom	7:30am – 3:30pm
September 26, 2019		7:30am – 3:30pm
October 22, 2019	1A Conference Room 117	8:00am – 12 Noon
December 3, 2019	Education Classroom	7:30am – 3:30pm
December 5, 2018		7:30am – 3:30pm

EXHIBIT E

CORPORATE COMPLIANCE SMMC CODE OF CONDUCT (THIRD PARTIES)

Contractor recognizes and is fully dedicated to advancing SMMC's commitment to full compliance with all Federal, State, and other governmental health care program requirements, including its commitment to prepare and submit accurate claims consistent with such requirements.

Contractor will comply with all Federal, State or other governmental health care program requirements.

Contractor, to the extent its contractual duties require it to submit the reports covered in this paragraph, will promptly submit accurate information for Federal health care cost reports including, but not limited to, the requirement to submit accurate information regarding acute available bed count for Disproportionate Share Hospital (DSH) payment.

Contractor will report to the SMMC Compliance Officer any suspected violation of any Federal health care program requirements within fifteen (15) days of discovery of the violation.

Contractor has the right to use the SMMC Disclosure Program by calling the Compliance Hotline at (800) 965-9775 or reporting incidents directly to the Compliance Officer. SMMC is committed to non-retaliation and will maintain, as appropriate, confidentiality and anonymity with respect to such disclosures.

Contractor understands that non-compliance with Federal and State health care program requirements, and failing to report any such violations, could result in termination of the Agreement and/or any other penalties as permitted by law.

Contractor is responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to the duties outlined in the Agreement and for appropriately seeking advice regarding such issues.

Contractor will not offer, give, or accept any "kickback," bribe, payment, gift, or thing of value to any person or entity with whom SMMC has or is seeking any business or regulatory relationship in relation to said business or regulatory relationship (other than payments authorized by law under such relationships). Contractor will promptly report the offering or receipt of such gifts to the SMMC Compliance Officer.

Contractor will not engage in any financial, business, or other activity which may interfere or appear to interfere with the performance of the duties under the Agreement or that involve the use of SMMC/County property, facilities, or resources.

Contractor will cooperate fully and honestly in the event that SMMC and/or County is audited by an outside agency including, but not limited to, compliance audits regarding enforcement of Federal and State regulations, any applicable accreditation standards, and/or SMMC system-wide policies.

***TO REPORT VIOLATIONS,
CALL THE COMPLIANCE HOT LINE: (800) 965-9775***

Contractor, in executing this Agreement, certifies that an authorized representative has received this Code of Conduct, understands it, has authority to commit Contractor to this Code of Conduct, and has committed Contractor to comply with this Code of Conduct.

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

Contractor (hereinafter called "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

☐ a. Employs fewer than 15 persons.

☒ b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R.

84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person:

Name of Contractor(s):

Galen Inpatient Physicians, Inc. d/b/a Vituity

Street Address or P.O. Box:

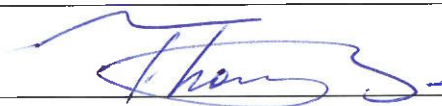
2100 Powell Street Suite 400

City, State, Zip Code:

Emeryville, CA 94608

I certify that the above information is complete and correct to the best of my knowledge

Signature:



Title of Authorized Official:

President

Date:

1/23/2020

*Exception: DHHS regulations state that: "If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

COUNTY OF SAN MATEO



Attachment J Vendor/Contractor Access Policy

Policy Update: 10/22/2018

Overview

Vendors/Contractors play an important role in the support of hardware and software management for San Mateo County. They may be required to access, configure, maintain, and provide emergency support for systems. As a result, the vendor/contractor can be exposed to sensitive data or the need to connect to the County's network may expose the County to unwanted virus or security threats.

Policy Purpose

The purpose of this policy is to establish rules and responsibilities for the vendors/contractors who require not only physical access but also access to the County's network and information resources. This policy is intended to minimize potential exposure from damages and to mitigate any liability to the County as a result of unauthorized use.

Scope

This policy applies to all vendors/contractors who require access to County facilities as well as access to the County's network using non-County owned computing devices to perform work on behalf of the County. This policy also applies to all portable computers (laptops) and portable computing devices (devices that have similar hardware and software components used in personal computers such as a tablet PC).

Policy

Vendor/contractors shall:

- A. Only use information and systems for the purpose of the business agreement with County and any information acquired in the course of the agreement shall not be used for personal purposes or divulged to others.
- B. All contractors and vendors contracting with the County shall provide a list of its employees that require access to the County's system and data pursuant to the agreement
 - 1. The list shall be updated and provided to the Departments and Chief Information Officer (CIO) or his/her designee within 24 hours of staff changes.
- C. Safeguard all County data by:
 - 1. Utilizing data encryption to protect information on computing devices.
 - 2. Securing the computing device at all times; especially if the device is left unattended for any length of time.

3. Implementing precautions to prevent others from viewing on-screen data in public areas.
 4. Notifying the County immediately if the mobile device containing County data or used in the performance of County activities is lost or stolen.
 5. Not downloading, uploading, or maintaining, on a computing device, any information that is considered sensitive without authorization of his/her Project Manager or Department Head or his/her designee.
- D. Vendor/contractor shall use unique accounts and password management that complies with the County's Information Technology (IT) Security Policy.
1. All passwords and accounts shall be unique to the vendor/contractor and shall not be shared.
- E. Vendor/Contractor shall take reasonable steps to protect against the installation of unlicensed or malicious software.
1. All commercial software installed must have a valid license and that the terms, conditions, and copyright laws shall be strictly followed.
- F. All County-owned software installed on the computing device must be removed when the vendor/contractor services are terminated.
1. Upon termination of work, the vendor/contractor shall return or destroy all County information and data as well as provide written certification of that return or destruction within 24 hours.
-
- G. Remote access rules and procedures shall be strictly adhered to.
1. Remote access usage must be confined to provide support for County systems; personal use shall be strictly prohibited.
- H. In the event that a vendor/contractor disposes of a computing device containing County's confidential information and/or data, the device must be sanitized in such a way that does not allow for the retrieval of data and by Department of Defense (DOD) standards.
1. Alternatively, computing devices may be physically destroyed by a method that leaves the device's data unrecoverable.
- I. Vendor/contractor understands that its written security protocols for County-related business shall be available for inspection by the County upon request.
1. For the period that the computing device is on the County's network, there is no expectation of privacy with regard to the contents of the device despite the fact that it is a privately-owned equipment.
- J. Vendors/contractors must wear visible identification and if issued a County cardkey, the cardkey must be visible at all times. Use of another individual's cardkey is expressly prohibited.
- K. Vendor/Contractor access to County data center(s) must be authorized and approved in writing by the Chief Information Officer (CIO) or his/her designee.

Responsibilities

The vendor/contractor will be responsible for assuring that anti-virus software, with scanning and update services be applied, is installed on its computing device used for County business and that the anti-virus software meets the requirements as set forth in the County's IT Security Policy and the Virus, Patch, and Vulnerability Management Policy. Vendor must also ensure that all computing devices have operating system security patches installed and are updated on a regular basis.

Additionally, computing devices, such as laptops and/or tablets, must include an approved encryption program with configuration that meets or exceeds the County's IT Security Policy.

Vendor/Contractor device(s) may connect directly to the County network with express written approval from the CIO or his/her designee. The Vendor/Contractor must verify to the County that the device(s) have been patched, virus protected, and encrypted. Vendors using devices without approved software and encryption will not be permitted to connect to the County's network.

It is also the responsibility of the vendor/contractor to be familiar with the following policies to ensure its adherence:

- IT Security Policy
- Internet Usage Policy
- Email Policy (if applicable)
- Virus, Patch, and Vulnerability Management Policy
- Data Center Policy

Policy Enforcement

The Director of ISD (CIO) is the policy administrator for information technology resources and will ensure this process is followed. Additionally, Division Directors, Department Heads, and managers are responsible for compliance with County policy within their respective administrative areas.

Those vendors who violate this policy may be subject to contract termination, denial of service, and/or legal penalties, both criminal and civil.

Revision History

Effective Date	Changes Made
August 8, 2009	Policy established
October 22, 2018	Policy updated