

CLINICAL SUPPORT AGREEMENT (CSA) PROGRAM  
PERFORMANCE WORK STATEMENT

CLINICAL SUPPORT SERVICES FOR 579<sup>TH</sup> MEDICAL GROUP, JOINT BASE ANACOSTIA-  
BOLLING, DC

**FAMILY PRACTICE PHYSICIAN – BOARD CERTIFIED**

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**1 DESCRIPTION OF SERVICES**

1.1 Background

1.1.1 The Air Force Medical Service (AFMS) has a requirement for qualified Health Care Workers (HCWs) to provide direct patient care services in the treatment of military health system (MHS) beneficiaries inside Military Treatment Facilities (MTFs), as well as logical extensions of the MTFs (e.g., Health and Wellness Centers and satellite clinics) within the 50 United States (U.S.) and Guam. The Contractor shall provide qualified HCWs (1 FTE Family Practice Physician-Board Certified) in accordance with the terms and conditions of the contract for the MTF at Joint Base Bolling-Anacostia, DC.

1.1.2 The contract is designed to supplement the medical staff at Air Force MTFs with a wide range of qualified clinical HCWs on a nationwide scale. Job sharing will only be allowed if approved by the MTF.

1.1.3 Reserved

1.1.4 Reserved

- 1.1.5 The PWS requires the Contractor to accomplish the following activities from issuance of a modification through contractor performance: recruit, place and manage HCWs as well as resolve HCW performance issues as follows:
- 1.1.5.1 Recruit: In response to a contract modification, or during contractor performance when replacing and substituting HCWs, the Contractor shall recruit qualified HCWs from outside of the Government to fulfill the duties, qualifications, and requirements in the performance work statement, appropriate position description, and addendum (when provided). The Contractor shall find, conduct competency-based screening against **preliminary Government minimum requirements** (see definition at 1.4.43), obtain initial background checks (see definition 1.4.29), and submit qualifying documentation (see definition 1.4.47) on HCWs as part of the recruiting requirement.
- 1.1.5.2 Place: In response to a contract modification or during contractor performance when replacing or substituting HCWs, the Contractor shall place qualified HCWs in Air Force MTFs to provide clinical services. The Contractor shall: verify HCW qualifications against **subsequent Government minimum requirements** (see definition at 1.4.57); submit complete and accurate credentials packages on all credentialed HCWs requiring privileges in the MTF; establish appointments with the MTF Unit Security Managers on the first duty day; ensure HCWs complete the necessary **security investigation package** (see definition at 1.4.55); and ensure HCWs for initial and replacement fills remain in place for a minimum of 180 consecutive calendar days (see “right fit” definition at 1.4.54).
- 1.1.5.3 Manage: During contractor performance, the Contractor shall manage the workforce by maintaining fill and retention rates, maintaining continual HCW qualifications without Government involvement within the timeframes specified in the Services Summary, and managing replacements and substitution requirements that ensure no vacancy exceeds 30 consecutive calendar days.
- 1.1.5.4 Resolve performance issues: During contractor performance, the Contractor shall resolve all performance issues identified by the Government within the timeframes specified in the Services Summary.

## 1.2 Scope

The contract shall serve as a vehicle to supplement the MTF’s clinical staff (e.g., Air Force military personnel, Department of Defense [DoD] civilian employees or other contracted staff) in accomplishing its mission of providing direct health care services to eligible beneficiaries. Direct health care services may take the form of treatment, movement of patients, advice, clinical evaluations, recommendations, area and equipment preparation, and other clinical services to supplement the MTF’s clinical staff.

## 1.3 Personal Services

The contracted HCWs provided under this contract shall be rendering personal services as described in Defense Federal Acquisition Regulation Supplement (DFARS) 237.104 and shall be subject to day-to-day supervision and control by Government supervisors. Supervision and control is the process by which the contracted HCW receives technical guidance, direction, and approval with regard to tasks within the requirements of the contract. The Contractor shall provide all tools, labor, equipment and materials required to place the HCWs within the MTFs, in accordance with the terms and conditions of this contract.

## 1.4 Definitions

The following terms shall have the meaning set forth in this contract:

- 1.4.1 ACCEPTABLE QUALITY LEVEL (AQL): The minimum level of performance a contractor must meet to be satisfactory on this contract.
- 1.4.2 ADDENDUM: An approved attachment to the standard position description that supplements the minimum qualifications (e.g., experience, certification) and/or performance requirements (e.g., mission-

essential status) of the position providing services. An addendum can only further restrict the minimum requirements found in the approved position description.

- 1.4.3 **AIR FORCE MEDICAL SERVICE COMMODITY COUNCIL (AFMSCC):** A cross-functional group of individuals responsible for the development of Air Force-wide sourcing strategies for medical services. The AFMSCC functions as the program management office for each medical service strategy.
- 1.4.4 **BENEFICIARY:** An individual eligible for medical care in a Uniform Services Medical Treatment Facility (MTF) as outlined in 10 U.S.C. 55 and section 1.3 of AFI 41-115.
- 1.4.5 **BILLABLE HOUR:** An hour scheduled by the Government supervisor and worked by the health care worker. A billable hour is identified as a duty hour, an on-call hour or an overage hour. A billable hour can only be billed to the Government if the HCW provides services at the place of performance as required in the work schedule.
- 1.4.6 **CANDIDATE APPROVAL:** The process by which the Government approves a candidate's qualifications against the preliminary Government minimum requirements.
- 1.4.7 **CERTIFICATION:** Official recognition by a national agency or association that the HCW has successfully completed an approved education program or evaluation process. This includes formal processes designed to assess the knowledge, experience, skills, and abilities required to provide quality patient care.
- 1.4.8 **CLINICAL PRIVILEGES:** The delineation of a scope of practice granted to a credentialed health care worker to practice within the MTF.
- 1.4.9 **CLINICAL SERVICE CATEGORIES:** The general classification under which all the individual HCW labor categories perform. There are eight (8) clinical service categories on the contract: allied health services; ancillary health services; behavioral health services; dental services; nursing services; primary care providers; specialty care providers; and technician services. See attachment 2.
- 1.4.10 **CLINICAL SUPPORT TECHNICAL REPRESENTATIVE (CSTR):** A person who is the key point of contract at the MTF for the TRICARE Management Activity (TMA) COR and Contracting Officer throughout CSA performance and who verifies hours worked as presented on the contractor's invoice for performance of the services identified herein. The MTF Commander or his designee will designate a CSTR for each MTF for CSA services. Personnel in this area may have many titles, such as Quality Assurance Evaluator (QAE), Quality Assurance Specialist, quality assurance personnel; however, their duties are essentially the same.
- 1.4.11 **COMMANDER:** MTF Commander, Flight Commander, or designated representative (e.g., Clinical Support Technical Representative (CSTR)), or Department Head of the activity designated in this PWS.
- 1.4.12 Reserved.
- 1.4.13 **CONTRACT TRACKING AND REPORTING (CTAR) SYSTEM:** The electronic surveillance and performance system used by the Government to track performance at the contract and individual HCW levels.
- 1.4.14 Reserved
- 1.4.15 **CONTRACTING OFFICER (CO):** The individual with authority to enter into, administer, or terminate contracts (see FAR 1.603-1).
- 1.4.16 **CONTRACTOR:** The company/corporation/vendor who received award of the Managed Care Support Contract (MCSC) – North Region as identified in block 7 of the MCSC's Standard Form 26. The Contractor is an independent Contractor and responsible for its own liability.

- 1.4.17 **CONTRACTOR MANAGEMENT STAFF:** The Contractor's internal staff, including all teaming partners, subcontractors, and their staff at corporate level involved in the company's or team's administration of this contract.
- 1.4.18 **CONTRACTOR PERFORMANCE ASSESSMENT REPORTING SYSTEM:** The web-enabled application that collects Government assessments on contractor performance, both positive and negative, based on objective facts captured during a specific period of time.
- 1.4.19 **CREDENTIALING:** The process of obtaining, verifying, and assessing the qualifications of HCWs to provide quality, safe patient care.
- 1.4.20 **CREDENTIALLED HEALTH CARE WORKER:** The HCW who is granted clinical practice privileges in an MTF through a defined credentials process, to treat military beneficiaries.
- 1.4.21 **DEFENSE MEDICAL HUMAN RESOURCE SYSTEM-INTERNET (DMHRSi):** A multi-service Human Resource tracking tool for manpower, human resource management, labor cost accounting, education and training, and readiness.
- 1.4.22 **DIRECT PATIENT CARE:** The treatment, counseling, education, medication, tests, and procedures provided directly to a patient.
- 1.4.23 **DISCREPANCY NOTICE:** A written document, signed by a warranted Contracting Officer, identifying a delinquency or difference between contractor performance and contract requirements. There are three types of discrepancy notices: Letter of Concern; Cure Notice, and Show Cause Notice.
- 1.4.24 **DUTY DAY:** A day in which the HCW is scheduled to be present for work on the work schedule (see definition 1.4.66 for work schedule).
- 1.4.25 **DUTY HOURS:** The number of scheduled hours in a duty day on the work schedule (see definition 1.4.66 for work schedule). A duty hour is billable to the Government whenever the HCW is required to, and performs, work IAW the work schedule at the place of performance.
- 1.4.26 **FULL-TIME EQUIVALENT:** The measure of a HCW's annual billable hours on a contract in relation to the standard annual billable hours on the contract. The requirement for a single FTE on the contract can range from 1880 to 2000 total annual billable hours for credentialed and non-credentialed HCWs; therefore, total annual billable hours from 1880 to 2000 will be the standard range for an FTE of 1.0 on the contract. HCW positions with annual billable hours less than 1880 will be calculated by dividing the number of hours by 1880. For example, a credentialed HCW position with 1504 billable hours would be considered a 0.80 FTE position (1504 hours /1880 hours rounded to the 1/100th decimal point). The number of FTEs for each labor category will be established in the contract and is calculated by dividing the annual billable hours by the contract standard range from 1880 to 2000 hours (see Section H.24). HCW positions with annual billable hours within this range will be considered an FTE of 1.0.
- 1.4.27 **FULLY BURDENED HOURLY RATE:** The bill rate covering direct labor, indirect costs (e.g., overhead, General and Administrative expenses, and fringe benefits), and profit.
- 1.4.28 **HEALTH CARE WORKER (HCW):** An individual employed by the Contractor to provide healthcare services in an MTF. HCWs are either credentialed or non-credentialed. HCWs have a personal services relationship with the Government.
- 1.4.29 **INITIAL BACKGROUND CHECK:** A pre-employment screening consisting of reference and records checks, credit checks, and telephone or in-person competency-based reviews.
- 1.4.30 **INITIAL FILL:** The first HCW filling a position.

- 1.4.31 **JOB SHARE:** The use of more than one HCW to fill a single FTE position. Job sharing must be approved by the MTF.
- 1.4.32 Reserved
- 1.4.33 **MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM (MEPRS):** The DoD accounting system for financial, personnel and workload within MTFs (see definition 1.4.21 for DMHRs).
- 1.4.34 **MEDICAL TREATMENT FACILITY (MTF):** Air Force hospitals, clinics or logical extensions such as Health and Wellness Centers and satellite clinics, to include all activities providing outpatient and/or inpatient healthcare services for authorized personnel. MTF is also referred to as Military Treatment Facility.
- 1.4.35 **NATIONAL AGENCY CHECK WITH WRITTEN INQUIRES (NACI):** A personnel security investigation that is conducted by the Government for the HCWs performing under this contract. HCWs in public trust positions must receive a favorable suitability determination on the NACI in order to perform on this contract.
- 1.4.36 **NON-CREDENTIALLED HEALTH CARE WORKER:** A HCW who meets the education, certification, experience, licensure and/or registration requirements, as applicable, to carry out the treatment of military beneficiaries but is not granted clinical practice privileges through a defined credentials process.
- 1.4.37 **ON-CALL HOUR:** An hour scheduled for the HCW to carry a communication device (e.g., cell phone, pager) to respond to calls when away from the MTF.
- 1.4.38 Reserved
- 1.4.39 **OVERAGE HOUR:** An hour scheduled for the HCW to perform services beyond the duty hours for continuity of care purposes, or to perform services when called into the MTF while in an on-call status.
- 1.4.40 **PERFORMANCE WORK STATEMENT (PWS):** The standard of work of the contract that describes the core requirements in clear, specific, and objective terms with measurable outcomes.
- 1.4.41 **PLANNED CLOSURE:** Any closure of the place of performance that is designated in advance on the contract. Planned closures include federal holidays, family days or goal days. Planned closures are not billable to the Government unless the HCW is scheduled to work during the planned closure (e.g., scheduled to work on an inpatient ward during a federal holiday).
- 1.4.42 **POSITION DESCRIPTION:** A document outlining the minimum qualifications for a specific labor category. Position descriptions are approved by the appropriate Surgeon General's consultant and the Program Management Office before use on the contract.
- 1.4.43 **PRELIMINARY GOVERNMENT MINIMUM REQUIREMENTS:** The minimum HCW requirements for education, experience, certification, and licensure listed in the performance work statement, position description, addendum (when applicable), and initial background checks the Government uses to approve or disapprove potential candidates recruited by the Contractor.
- 1.4.44 **PRIMARY SOURCE VERIFICATION:** The verification of documents directly with the issuing agency or source of credentials (e.g., residency programs, licensing agencies, specialty boards). Primary source verification ensures statements about training, experience and other qualifications are legitimate and appropriate.
- 1.4.45 Reserved

- 1.4.46 **QUALIFIED:** Refers to a HCW meeting the minimum requirements on the contract including, but not limited to, preliminary Government minimum requirements and subsequent Government minimum requirements.
- 1.4.47 **QUALIFYING DOCUMENTATION:** The documents required by the Government to ensure the HCW meets the preliminary Government minimum requirements (i.e., education, experience, certification, licensure, and initial background check) and subsequent Government minimum requirements (i.e., health, immunizations, credentialing, complete background check, drug screen, and security) established in the performance work statement.
- 1.4.48 Reserved
- 1.4.49 **QUALITY CONTROL (QC):** Those actions taken by a Contractor to control the quality of output and to ensure conformity to contract requirements and reasonable standards of medical care.
- 1.4.50 **RECRUIT:** The Contractor's process to find, conduct preliminary screening, and obtain initial background checks to submit qualifying documentation against preliminary Government minimum requirements on HCWs willing to provide services for specific positions at the required place of performance.
- 1.4.51 **REPLACEMENT:** The permanent change of a qualified HCW with another qualified HCW.
- 1.4.52 **REPLACEMENT FILL:** Any subsequent fill after the initial fill.
- 1.4.53 **REPORTING PERIOD:** A period of time with 12 consecutive month intervals, with the exception of the first year of the contract.
- 1.4.54 **RIGHT FIT:** The metric used by the Government to ensure HCWs for initial or replacement fills remain in place for a minimum of 180 consecutive calendar days. The Right Fit performance measure will not be applicable in cases where the Period of Performance is less than 180 days or where the departure of the HCW is due to sudden illness, injury or death.
- 1.4.55 **SECURITY INVESTIGATION PACKAGE:** The paperwork needed to obtain a suitability determination from a NACI on a HCW. The package includes a complete and accurate SF-85P, Questionnaire for Public Trust Positions and an FD-258, Fingerprint Card. Some locations also use AF Form 2583, Request for Personnel Security Action.
- 1.4.56 **SERVICES SUMMARY (SS):** The critical performance objectives in the contract prescribing how the Government plans to assess contractor performance. The Services Summary is provided in Table C-1.
- 1.4.57 **SUBSEQUENT GOVERNMENT MINIMUM REQUIREMENTS:** The minimum HCW requirements to fully qualify HCWs for their placement in an MTF include, but not limited to, health; immunizations; drug screening; complete background checks; credentialing; and security. The Government uses the subsequent Government minimum requirements to ensure HCWs are fully qualified to perform in an MTF.
- 1.4.58 **SUBSTITUTION:** The temporary placement of a qualified HCW for a defined period of time until the permanent HCW returns to work.
- 1.4.59 Reserved
- 1.4.60 Reserved
- 1.4.61 Reserved

- 1.4.62 TEAMING: The process the Contractor uses to: select key suppliers and business partners; form mutually beneficial relationships; and, integrate business operations into an organizational structure designed to meet all contract requirements.
- 1.4.63 Reserved
- 1.4.64 TURNOVER: The permanent replacement of a health care worker.
- 1.4.65 UNPLANNED CLOSURE: The closure of a federal facility due to natural disasters, military emergency, severe weather, or any other reason that is not planned (see definition 1.4.41 for planned closure).
- 1.4.66 WORK SCHEDULE: The weekly schedule of hours the HCW is expected to work. The work schedule may include shift work such as an evening shift or 12-hour shifts, which is normally scheduled in a hospital. The work schedule includes duty hours, on-call hours (when required), and overage hours (when required).

1.5 Acronyms

AF	Air Force
AFMS	Air Force Medical Service
AFMSCC	Air Force Medical Service Commodity Council
CDRL	Contract Data Requirements List
CHBC	Criminal History Background Check
CME	Continuing Medical Education
CO	Contracting Officer
CPARS	Contractor Performance Assessment Reporting System
CPSR	Contractor Performance Status Report
CTAR	Contract Tracking and Reporting System
DoD	Department of Defense
FAR	Federal Acquisition Regulation
HCW	Health Care Worker
JPAS	Joint Personnel Adjudication System
MAJCOM	Major Command
MAR	Monthly Activity Report
MHS	Military Health System
MTF	Medical Treatment Facility or Military Treatment Facility
MTF/CC	MTF Commander
NLT	No later than
PAR	Performance Assessment Report

POC	Point of Contact
PWS	Performance Work Statement
TDAP	Tetanus, Diphtheria, and Pertussis vaccine
TLD	Thermoluminescent Dosimetry
TMA	TRICARE Management Activity

## **2 SUMMARY OF REQUIREMENTS**

### **2.1 Clinical Service Categories**

The Contractor shall provide, as required by the position description, qualified credentialed and non-credentialed HCWs in the following eight clinical service categories (also see Attachment 2):

- 2.1.1 Allied Health Services: Identifies a number of professional health care services provided by licensed professionals who assist with the treatment of patients including, but not limited to, physical therapy, occupational therapy, speech pathology, audiology, dietetics, optometry, respiratory therapy, and podiatry. In the contract, Behavioral Health and Dental Services are not considered in the Allied Health Services categories.
- 2.1.2 Ancillary Services: Relates to supplemental professional services provided in an MTF including, but not limited to, radiology, pharmacy, and clinical laboratory.
- 2.1.3 Behavioral Health Services: A branch of medicine that deals with the achievement and maintenance of psychological well-being including, but not limited to, clinical psychology, psychiatry, social work, and psychiatric practitioners.
- 2.1.4 Dental Services: Involves the evaluation, diagnosis, prevention, and surgical or non-surgical treatment of disease, disorders and conditions of the mouth, maxillofacial area and the adjacent and associated structures including, but not limited to, dentistry and dental support.
- 2.1.5 Nursing Services: Services provided by registered and/or licensed nursing personnel including all types of registered and advanced practice nurses as well as practical and vocational nurses. In the contract, technicians and assistants working in nursing service are considered in the Technician Services categories.
- 2.1.6 Primary Care Providers: Relates to the level of care that encompasses routine care of individuals with common health problems or chronic illnesses including, but not limited to, primary care practitioners and physician extenders.
- 2.1.7 Specialty Providers: Relates to a wide range of health care services in virtually every medical specialty and subspecialty.
- 2.1.8 Technician Services: Relates to the certified or registered HCWs who perform administrative and clinical tasks in carrying out the treatment plan including, but not limited to, technologists, technicians, and assistants.

### **2.2 Services**

There are two general types of HCW positions on the contract: Credentialed HCWs and Non-Credentialed HCWs.



- 2.2.1 Credentialed HCWs: Credentialed HCWs must obtain clinical privileges at the MTF. The Contractor shall meet the following core requirements for credentialed HCWs. Additional requirements will also be established in the position description and addendum (if required).
- 2.2.1.1 Licensure. All credentialed HCWs shall have and maintain an active, valid, unrestricted, current medical license (with no limitations, stipulations or pending adverse actions) in a U.S. jurisdiction. All licenses must be unencumbered and remain in effect during contract employment.
- 2.2.1.2 Credentialing/Privileging.
- 2.2.1.2.1 Credentialed HCWs will be subject to the credentialing and privileging requirements of AFI 44-119, Clinical Performance Improvement, to include adverse actions. With the exception of Air Force bases under a joint basing agreement with the Army such as the 43d Medical Squadron, Pope Army Airfield and the 62d Medical Squadron, Joint Base-Lewis McChord Field, the credentials of all health care providers shall be reviewed and privileges granted as outlined in AFI 44-119, Clinical Performance Improvement. The credentials of health care providers at performance locations under a joint basing agreement with the Army such as the 43d Medical Squadron, Pope Army Airfield and the 62d Medical Squadron, Joint Base Lewis-McChord Field shall be reviewed and privileges granted as outlined in Army Regulation (AR) 40-68, Clinical Quality Management as part of the joint basing agreements.
- 2.2.1.2.2 The chief of the medical staff, or his/her representative, will define the clinical privileges for all credentialed HCWs during the credentialing process. All credentialed HCWs shall be able to obtain independent privileges for practice within the scope of care through the applicable MTF Credentials Committee. Independent privileges allow the health care worker to practice independently within the scope of care without supervision such as required under supervised privileges.
- 2.2.1.2.3 The Contractor shall provide a complete, current, and accurate credentialing package for each credentialed HCW as required in Chapter 4 of AFI 44-119 (or AR 40-68 where applicable) no later than 30 calendar days before the start work date. All credentialed HCWs must make an appointment with the Unit Security Manager for the first duty day at the place of performance and must have completed the SF-85P in either e-QIP or the OPM website before that appointment date when provided access to e-QIP or the downloadable form from the OPM website.
- 2.2.1.2.4 The Contractor shall obtain all paperwork, reference letters, work history and application forms IAW AFI 44-119 (or AR 40-68 where applicable) as required by the MTF credentialing process. The MTF staff will not assist the Contractor in obtaining any information necessary to credential the HCW.
- 2.2.1.2.5 Reserved.
- 2.2.1.2.6 In the event of an adverse action as identified by AFI 44-119 or AR 40-68 where applicable, the Quality Government supervisor shall notify the Contracting Officer (CO) as soon as possible when the necessity to exercise such authority becomes apparent. The Government supervisor will also provide the CO with a written statement advising the Contractor of an adverse action involving a HCW, a brief statement of the basis for the action to provide the Contractor sufficient information in order to make employment/substitution decisions as necessary, and if required, the final outcome of the adverse action process. The Government will mark the written notice(s) as covered by 10 USC 1102. No other information pertaining to the adverse action will be released without MTF/CC permission.
- 2.2.1.3 Prescriptions. Credentialed HCWs authorized to prescribe pharmaceuticals shall become familiar with the hospital formulary and prescribe pharmaceuticals according to the drugs listed. The MTF Pharmacy Service will provide instruction to all prescribing HCWs on substitutions of generic drugs. Credentialed HCWs shall follow the MTF procedures when prescribing drugs.
- 2.2.1.4 Referrals and Consults. Credentialed HCWs shall follow DoD, Air Force and MTF regulations and policies when arranging for a referral or consult.

2.2.1.5 Drug Enforcement Agency (DEA) Number. Credentialed HCWs shall possess a controlled substances registration certificate from the Drug Enforcement Agency (DEA) IAW the laws of the state in which licensed.

2.2.1.6 Minimum Requirements. Unless otherwise stated in the position description or further supplemented in an addendum, the following are the minimum requirements for credentialed HCWs.

2.2.1.6.1 Physicians shall have:

2.2.1.6.1.1 Graduated from an approved medical school and completed a residency or fellowship acceptable to the U.S. Air Force Surgeon General as a:

2.2.1.6.1.1.1 Doctor of Medicine (M.D.) or Osteopathy (D.O.) from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation or,

2.2.1.6.1.1.2 A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States. This accreditation may be demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) (or a fifth pathway certificate for Americans who completed premedical education in the United States and graduate education in a foreign country).

2.2.1.6.1.2 Successfully completed an internship and approved residency in a medical training program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

2.2.1.6.1.3 Satisfied the board eligible or board certification requirements in the specialty certification agency outlined in AFI 41-104, Professional Board and National Certification Examination. Board eligibility or certification is established in the approved position description.

2.2.1.6.1.4 Maintained an active license corresponding to a Drug Enforcement Agency (DEA) registration number.

2.2.1.6.1.5 24 months experience within the last 36 months in the same specialty.

2.2.2 Reserved.

### 2.3 Contractor Management Staff Responsibilities

2.3.1 The Contractor Management Staff shall not use Government staff members to record arrival or departure times, report absenteeism, sign payroll timesheets or complete corporate appraisal reports for HCWs. The Contractor shall have an internal management process in place to confirm HCW hours worked and conduct HCW performance assessments.

2.3.2 Reserved

### 2.4 General Requirements

#### 2.4.1 Travel

2.4.1.1 The Contractor, including both Contractor Management Staff and HCWs, shall be required to perform periodic travel within the Continental United States (CONUS) as directed by the Government and approved in advance by the CO. The Contractor shall be responsible for obtaining all passenger transportation, lodging, and subsistence. Reimbursement of CONUS travel costs will be in accordance with the Federal Travel Regulations per FAR 31.205-46. The Contractor shall travel using the lowest cost mode

transportation commensurate with the mission requirements. When necessary to use air travel, the Contractor shall use the tourist class, economy class, or similar accommodations to the extent they are available and commensurate with the mission requirements. Travel will be reimbursed on a cost reimbursable basis; no profit or fee will be paid.

2.4.1.2 The Government will reimburse the Contractor for any Government directed travel requirements for HCWs to attend conferences, meetings, and reviews outside of the HCW assigned place of performance.

2.4.1.3 Site Visits. Candidate requests for a site visit during the recruiting process and contract management staff requests for a site visit at any time shall be submitted to the CO, in writing, to allow time to coordinate the visit with the MTF. All site visits will be at the Contractor's expense.

#### 2.4.2 Certifications

2.4.2.1 All HCWs shall maintain current certification in a basic provider cardio-pulmonary resuscitation (CPR) course such as American Heart Association (AHA) Basic Life Support (BLS) health care provider course or an equivalent course based on published national guidelines for BLS IAW AFI 44-102. Web-based classes do not meet the standards in AFI 44-102. In addition, all HCWs shall maintain current certification in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) as required by AFI 44-102, Community Health Management, Tables 3.1 through 3.3.

#### 2.4.3 Health Requirements

2.4.3.1 In accordance with AFI 48-105 and AFJI 48-110, all contracted HCWs shall follow the methods for controlling and preventing disease as described in the American Public Health Association publication, Control of Communicable Diseases (CDC) Manual, and the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report (MMWR), and its supplements. The Contractor shall maintain workforce health qualifications as published in the most recent guidelines from these publications throughout the life of the contract. For the purposes of this contract CDC recommendations are considered requirements.

2.4.3.1.1 Before start of work, HCWs shall provide proof of immunization from the following diseases according to Centers for Disease Control (CDC) guidelines: Hepatitis B, influenza, measles, mumps, rubella, and varicella. HCWs shall also provide proof of a negative TB skin test completed within the past 12 months (if positive, proof of negative chest X-ray within the past 12 months) prior to the required start date. In addition, HCWs shall provide proof of TDAP immunization prior to start of work, even if the tetanus booster is not yet due according to CDC guidelines. After start of work, the Government will provide post blood borne exposure protocols according to applicable Air Force Instructions.

2.4.3.1.2 HCWs shall be immunized annually with the seasonal influenza vaccine and any other vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) of the CDC for HCWs. This vaccine may be provided by the Government, if available, as determined by the MTF. Although this vaccine may be provided by the Government, it may be obtained at other facilities with the cost being borne by the Contractor or the HCW. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination.

2.4.3.1.3 Tuberculosis. In those areas where there is a higher risk of transmission of tuberculosis, contracted HCWs may be tested frequently as directed by the MTF policy. This test will be provided by the MTF.

2.4.3.1.4 Tracking of Information. Immunization information will be tracked in DoD computer systems for all contracted HCWs.

2.4.3.1.5 Medical Tests. No medical tests or procedures required by the contract will be performed by the Government with the exception of Tuberculosis testing; post blood borne exposure protocols after start of work or exposure; and occupational exposure programs such as the Thermoluminescent Dosimetry (TLD)

monitoring program. Expenses for all required tests and/or procedures identified in the contract (e.g., N95 particulate respirator duckbill mask fitting) shall be borne by the Contractor or HCW at no expense to the Government.

2.4.3.1.6 Health Notifications: The Contractor should inform the Government supervisor whenever a HCW will be away from work for an extended period of time for medical reasons (e.g., pregnancy). The Government will notify the Contractor of any work hazards. If work hazards exist, it will be the Government's decision whether the HCW continues work in the environment.

#### 2.4.4 Procedure Guidance

2.4.4.1 Duties. HCWs shall perform duties in accordance with AFMS and MTF operating instructions as well as higher-level DoD or Air Force directives. Changes or deviations from instructions and directives shall not be made without prior recommendation to, and approval of, the CO or authorized representative.

2.4.5 Work Schedule: This PWS is for 1 FTE Family Practice Physician-Board Certified (see Attachment 3) for Joint Base Anacostia-Bolling, DC. Clinics have designated operating hours established by the local MTF and clinic policies, and may vary by location. Normal duty hours for the position shall be 0730 to 1630, or 0700 to 1700 Monday thru Friday, no weekends or Holidays. The health care worker shall record the time worked and report time in accordance with MTF policy. Full time equivalent (FTE) performance under this PWS is considered to be 1880 work hours a year. Federal Holidays are not considered work days. Not included in, or billable as work hours are lunch/break periods, vacation/sick leave (80 hours), and continuing medical education (CME) training attendance (40 hours per year). All leave/absences during normal work hours will be coordinated with and approved by the MTF Activity/Department Head/supervisor. This position is non-mission essential.

2.4.5.1 Billable Hours. Billable hours are hours established in the contract work schedule as duty hours, and if required, on-call hours, or overage hours. In order for an hour to be billed to the Government, the HCW must have performed as required in the work schedule.

2.4.5.1.1 Duty Hours: Duty hours are billable to the Government whenever the HCW performs as outlined in the work schedule. Duty hours, to include shift work and Federal Holidays (when required), on the work schedule are established by the requesting location and will be clearly stated in the contract. Any variation of the work schedule must be approved by the Government supervisor in advance as long as the total number of duty hours does not exceed the number identified in the contract. The HCW shall record and report time worked IAW MTF policy. The Contractor shall establish a process for HCWs to accurately record and report hours worked without relying on the Government.

#### 2.4.5.1.2 Reserved

2.4.5.1.3 Overage Hours: Overage hours, if required, are billable to the Government whenever the HCW performs as outlined in the work schedule or for continuity of care purposes. Overage hours on the work schedule are established by the requesting location and will be clearly stated in the contract. Any variation of overage hours on the work schedule must be approved by the Government supervisor in advance as long as the total number of overage hours does not exceed the number identified in the contract. The HCW shall record and report time worked IAW MTF policy. The Contractor shall establish a process for HCWs to accurately record and report overage hours worked without relying on the Government.

2.4.5.2 Non-Duty Days. Government non-duty days, planned closures, or other times when Government offices may be closed, are not billable to the Government. The Government will only pay for hours worked.

2.4.5.3 Unplanned Closures. In the event of an unplanned closure of the facility due to natural disasters, military emergency or severe weather, the contracted HCW will be allowed to bill the Government if the following two conditions exist:

- 2.4.5.3.1 Local base policy and base access procedures prevented the HCW from performing duties at the place of performance (e.g., base closed during inclement weather); and
- 2.4.5.3.2 The contracted HCW was scheduled to work (e.g., HCW was not on leave).
- 2.4.5.4 Replacement of Healthcare Workers. The Contractor shall replace permanent HCWs such that vacancies will not exceed 30 consecutive calendar days for both credentialed and non-credentialed HCWs except in the case of the sudden loss of a credentialed HCW due to serious illness, injury or death. In the case of serious illness, injury or death of a credentialed HCW, the Contractor shall replace permanent credentialed HCWs such that the vacancy will not exceed 60 calendar days. For all other cases when replacing a HCW, the consecutive calendar days begin when the HCW terminates employment. The replacement HCW must begin work no later than 30 consecutive calendar days after the previous credentialed or non-credentialed HCW departed the position.
- 2.4.5.5 Substitute or Temporary Coverage. The Contractor will substitute permanent HCWs whenever a temporary absence is expected to exceed 30 consecutive calendar days. The Contractor shall promptly notify the CO and Government supervisor of any projected absences exceeding 30 consecutive calendar days and ensure no temporary absence exceeds 30 consecutive calendar days through the use of a qualified substitute. Contractor coverage for shorter term absences will not be required unless specified in the contract.
- 2.4.5.6 HCWs will be required to personally record hours worked in the Defense Medical Human Resources System – internet (DMHRSi) system as required by the MTF.
- 2.4.5.7 Physical Capability: All HCWs shall be physically capable of performing for extended periods of time as established in the contract. The nature of this work will, at times, demand the contracted HCW be capable of responding to urgent/emergent medical issues. Physical capability will be determined by the MTF.
- 2.4.5.8 Participation in Emergency Preparedness Plans: All HCWs shall participate in emergency preparedness plans (drills and actual emergencies) within the MTF as scheduled by the MTF (typically semiannually). HCWs will be required to provide contact information to the Government supervisor upon commencement of services as part of a recall list in advance of an actual emergency. If an emergency occurs, the Government supervisor will contact the health care worker with shift and reporting instructions.
- 2.4.5.9 Government Endorsement: The Government may not offer the Contractor or HCW signs of recognition or appreciation for exceptional performance. The Air Force is prohibited from providing awards to individuals or entities in a profit making or commercial relationship (see section 2.8.5, AFI 36-1004). Should HCWs be mentioned in team awards with Government employees, these actions shall not constitute Government acceptance of the Contractor's performance unless made in writing by the CO. Contractors shall not represent themselves as endorsed by the Government in any manner, including any marketing or promotional materials.
- 2.4.6 Conduct: The CO may request the removal of a HCW when his/her conduct, in the opinion of the CO, interferes with proper order or professionalism at the installation where services are performed. The Contractor shall comply with such requests. Failure to do so may be cause for action under the Termination clause in Section I, Contract Clauses.
- 2.4.7 Contractor Identification: All contracted HCWs shall clearly be identified as such at all times, including conversations, mail, email, faxes, and/or other electronic communication whether with Government personnel, other contractor personnel, or with the public when supporting this contract. Likewise, HCWs shall abide by all applicable laws and regulations when using Government equipment and services in the performance of this contract. At a minimum, HCWs shall clearly identify themselves as contractors by (1) wearing badges that clearly and legibly identify themselves as contractors, (2) using the label "Contractor" in e-mail addresses IAW Federal Acquisition Regulation (FAR) 37.114, Special Acquisition Requirements, and (3) including the employing contractor's name in the letterhead and/or signature block

of any written correspondence. HCWs shall wear identifying badges (e.g., MTF-issued identification badge and/or contractor badge) above the waistline during duty hours.

2.4.8 Dress and Appearance: HCWs will maintain good personal hygiene and a well-groomed, professional appearance as outlined in MTF policies. Dress attire will be set by MTF policy.

2.4.9 English Language Requirement: All HCWs on this contract shall read, understand, speak and be understood, and write English fluently.

#### 2.4.10 Security Requirements

2.4.10.1 HCWs under this contract have access to and/or process information requiring protection under the Privacy Act of 1974 on unclassified automated information systems (AIS). Because of this access, HCWs performing for the Government under this contract are in non-sensitive public trust positions designated as Automated Information Systems III (formally ADP III) positions IAW DoD Directive 5200.2-R. In compliance with DoD Directive 5200.2 and AFI 31-501, a National Agency Check with written Inquiries (NACI) is required for all AIS III positions.

2.4.10.2 The Contractor shall fully adhere with the provisions of these referenced publications by having each of their employees who are performing under this contract submit the appropriate forms to obtain and maintain a suitability determination to continue performing under this contract. The Contractor shall ensure the following is accomplished prior to the required or planned start date in the MTF:

2.4.10.2.1 Submit HCW name, email account, contract, required start date, and telephone contact number to the Service Contract Manager and the MTF Unit Security Manager identified in the contract.

2.4.10.2.2 Schedule an appointment with the Unit Security Manager at the MTF where services are provided. The appointment shall be scheduled at least 14 calendar days before the required start date and arranged for the HCW's first day of work at the MTF. The HCW cannot start work earlier than the scheduled appointment date with the Unit Security Manager.

2.4.10.2.3 Ensure the HCW completes the SF-85P in a secure website called Electronic Questionnaires for Investigations Processing (e-QIP) or (in some cases) completes the SF-85P from a downloadable form on the Office of Personnel Management (OPM) website when the Unit Security Manager establishes an account in e-QIP or provides other directions to the HCW before the scheduled appointment date. The Unit Security Manager may provide instructions with regard to faxing or emailing signature forms for the SF-85P as well as information on completing the FD-258, FBI Fingerprint Card before the appointment date.

2.4.10.2.4 HCWs may be required to submit an original Birth or Naturalization Certificate to the MTF Unit Security Manager.

2.4.10.2.5 The appointment with the Unit Security Manager is necessary to ensure:

2.4.10.2.5.1 The MTF Unit Security Manager is expecting the HCW's arrival and is available to review and process the SF-85P, if not already accomplished through e-QIP before the scheduled appointment date.

2.4.10.2.5.2 The MTF Unit Security Manager obtains or arranges for the fingerprints (using FD-258, FBI Fingerprint Card or electronic process) to avoid delays in the submission of the Personnel Security Questionnaire to the base-level Security Information Protection Office, if not already completed before the scheduled appointment date. The local commander may grant interim access to the base Government computer systems pending completion of an investigation and adjudication based on an open investigation and submission of fingerprints.

- 2.4.10.2.5.3 The HCW completes the security requirements on the SF-85P within the first three (3) business days of the scheduled appointment date with the Unit Security Manager, if not already completed before the scheduled appointment. The Contractor shall ensure the HCW has access to documentation requested on the SF-85P (e.g., current and previous addresses in the past 7 years, zip codes, telephone numbers, passport numbers, family members names, SSNs) during the scheduled appointment with the Unit Security Manager to prevent delays in completing the SF-85P form. If the HCW does not have the appropriate information to complete the SF-85P form within three (3) business days of the scheduled appointment date with the Unit Security Manager, the Contracting Officer may stop work on the contract until the HCW completes the SF-85P.
- 2.4.10.2.6 The Contractor shall advise their contracted HCWs that a favorable investigation, verified through the JPAS, is needed as a condition of employment under this contract. The Contractor understands that, while the MTF commander may allow contracted HCWs temporary or interim access to Government systems in non-sensitive positions pending the outcome of the NACI (usually through a 90-day waiver), this contract requires the immediate removal of a contracted HCW from the position if the NACI returns with unfavorable or denied adjudication. In addition, the Government will immediately suspend contracted HCW computer access if the NACI is returned with an adjudication of "no determination made". The MTF Commander will determine whether to allow the contracted HCW to continue in the public trust position or deny computer access, which requires the contracted HCW to be removed from the position.
- 2.4.10.3 Potential Threat. The Contractor shall not employ individuals who are potential threats to the health, safety, security, general well being, or operational mission of the Department of Defense (DoD) and its population. This shall include individuals who are a potential threat because of felony convictions. The Government has wide latitude to disapprove or revoke security credentials due to disclosed or undisclosed derogatory information found during the NACI.
- 2.4.10.4 Privacy System Notices. The medical information systems identified in Attachment 2 are identified for the purposes of privacy system notices.
- 2.4.11 Mission Essential Status: The Government will designate those HCWs as mission essential in the contract. Mission essential functions include those organizational activities that must be performed under all circumstances to achieve Air Force mission or responsibilities as outlined in DFARS 237.7601(2).
- 2.4.12 MTF Requirements: HCWs shall complete all MTF-specified orientation program(s), initial and annual training requirements, and comply with all MTF policies, procedures, productivity standards and instructions as provided by the MTF.
- 2.4.13 Continued Medical Education (CME)/Units
- 2.4.13.1 HCWs, licensed, registered or certified by national/medical associations shall continue to meet the minimum standards for CME to remain current as prescribed by their professional licensing agency. CME shall be obtained at no additional cost to the Government; not obtained during hours billable to the Government; and, shall be reported to the Government supervisor and MTF Credentials Committee annually on the first normal duty day in January for the previous calendar year or as prescribed by MTF policy. Contractor Management Staff shall ensure all HCWs performing on this contract complete any required training (see paragraph 7.4.10.2 of AFI 36-2201) for CME requirements and maintain an accurate listing of that training. The Government may validate compliance and currency of HCW training periodically. The Government may conduct periodic CME classes at the MTF and may allow HCWs to attend, at no cost, on a space available basis when authorized by the Government supervisor. HCWs receiving training within the MTF, or other location, for the purpose of obtaining CMEs will not account for the time away from the place of performance (i.e., duty section) as billable to the Government.
- 2.4.13.2 HCWs shall be in good standing, and under no clinical restrictions, with the state licensure board in any state in which a license is held, or has been held, within the last 10 years.

- 2.4.13.3 HCWs shall be current with, and have completed, all continuing education requirements specified by their professional licensure or certification.
- 2.4.14 Health Insurance Portability and Accountability Act (HIPAA): All HCWs performing services at an Air Force MTF are required to complete initial and annual refresher HIPAA Privacy and Security Rule training as provided by the MTF for its personnel and will be held accountable for complying with health information privacy and security policies and procedures. Reference Section H.6, Special Contract Clauses for detailed HIPAA requirements.
- 2.4.15 Records, Files, Documents, Data and Work Papers: All records, files, documents, data and work papers provided by the Government remains Government property. The Government supervisor will provide guidance to the HCW who shall maintain and dispose of these records, files, and documents in accordance with Air Force Manual 33-363, and IAW applicable HIPAA requirements stated in Section H. HCWs will comply with all AFMS requirements for safe keeping, handling, release, and disposal of any of the above information. These AFMS requirements shall include, but are not limited to: limiting access to Government data, tracking information from origin to disposal, removal of personal identifiers and thoroughly destroying information when work is completed according to Federal Law and DoD regulations. If data is used or transmitted outside Government facilities, the Contractor shall be responsible for all aspects of physical and operational security. Inside Government facilities, the Contractor shall be responsible for following DoD and local directives regarding physical and operational security. Under no circumstances may any information or data used under this Contract be transferred, or performed, outside the U.S.
- 2.4.16 HCWs with valid NACI verified through the Joint Personnel Adjudication System (JPAS), will be provided access to the host base's unclassified computer network and its inherent capabilities including, but not limited to: Internet access, electronic mail, file and print services and dial-in network access. The HCW shall be aware of and abide with all Government regulations concerning the authorized use of the Government's computer network including the restriction against using the network to recruit Government personnel or advertise job openings.
- 2.4.17 Contractor Furnished Property/Services/Deliverables
  - 2.4.17.1 Reserved
  - 2.4.17.2 Reserved
  - 2.4.17.3 Reserved
  - 2.4.17.4 Contractor Furnished Data
    - 2.4.17.4.1 Reserved
    - 2.4.17.4.1.1 Reserved
    - 2.4.17.4.1.2 Reserved
    - 2.4.17.4.2 Reserved
    - 2.4.17.4.3 Reserved
    - 2.4.17.4.4 Qualifying Documentation for Preliminary Government Minimum Requirements. The Contractor shall provide to the MTF Service Contract Manager the qualifying documentation on preliminary Government minimum requirements within 20 calendar days issuance of the contract or upon notice of a HCW requiring permanent replacement or substitution. The qualifying documentation



may be electronic or hardcopy, but must be easily viewed and understood. Qualifying documentation for the preliminary Government minimum requirements shall consist of the following:

- 2.4.17.4.4.1 Candidate telephone number,
- 2.4.17.4.4.2 Documentation demonstrating the candidate meets or exceeds the education and experience requirements,
- 2.4.17.4.4.3 Documentation demonstrating the candidate meets the licensure requirements,
- 2.4.17.4.4.4 Documentation demonstrating the candidate meets the certification requirements set in the performance work statement, position description, and any addendum on the contract, and
- 2.4.17.4.4.5 Initial background check on candidate.
- 2.4.17.4.5 Qualifying Documentation for Subsequent Government Minimum Requirements. The Contractor shall provide to the MTF Service Contract manager the qualifying documentation on subsequent Government minimum requirements after contract award or after candidate approval of preliminary Government minimum requirements for permanent replacement or substitution. The qualifying documentation for the subsequent Government minimum requirements (see definition 1.4.57) shall consist of the following:
  - 2.4.17.4.5.1 Documentation demonstrating the candidate meets health and immunization requirements,
  - 2.4.17.4.5.2 Documentation the candidate successfully completed a drug screen,
  - 2.4.17.4.5.3 Complete and accurate credentials package for credentialed HCWs,
  - 2.4.17.4.5.4 Complete background checks, and
  - 2.4.17.4.5.5 Additional documentation required in the contract, including any items listed in an addendum.
- 2.4.18 Reserved.
- 2.4.19 Criminal History Background Checks
  - 2.4.19.1 The MTF will conduct criminal history background checks (CHBC) on all HCWs involved in the delivery of healthcare to children, under the age of 18 on a frequent and regular basis, as stated in DODI 1402.5, Enclosure 5. The Contractor is responsible for ensuring the HCW completes the Standard Form 85-P, Questionnaire for Public Trust Positions before the appointment with the Unit Security Manager. The Contractor shall ensure that the HCWs follow local base policy to provide fingerprints on a properly completed FD Form 258 (FBI US Department of Justice Fingerprint Card). The procedures for completing the required background check are outlined in the Department of Defense Instruction (DODI) 1402.5.
  - 2.4.19.2 HCWs may be employed under the contract pending completion of the background checks, but will require “close clinical supervision” as outlined in paragraph 5.4.7.5 of AFI 44-119. The MTF Commander will determine if a HCW will be able to work pending a CHBC and make that decision on quality assurance, risk management, licensure, employee orientation, and credentials verification. Close clinical supervision for HCWs whose CHBCs are pending may include supervised privileges or line-of-sight supervision (i.e., chaperoned by an individual whose background check has been successfully completed) to ensure the protection of patients under the age of 18.

2.4.19.3 If the HCW has previously received a CHBC, proof of the check shall be provided or a new one obtained. A new investigation is required if a break in service to the Department of Defense results in a time lapse of more than 2 years. Re-verification shall be accomplished every 7 years.

2.4.19.4 Payment of fees incurred in the conduct of any criminal history background check is the responsibility of the Government.

### 3 SERVICES SUMMARY

3.1 Contractor performance will be measured against the Acceptable Quality Levels in the Services Summary (Table C-1).

**Table C- 1 Services Summary**

Performance Objective	Reference	Performance Outcome	Acceptable Quality Level	Monitoring Method
<b>Recruits</b> credentialed and non-credentialed HCWs willing (i.e., desiring) and ready (i.e., meeting preliminary Government minimum requirements and initial background checks) to provide clinical services in Air Force MTFs	1.4.50; 1.1.5.1	Finds and screens potential candidates and submits sufficient qualifying documentation to the Government within 20 days of receiving the contract award	96% of FTEs on contract awards result in Government approval against preliminary Government minimum requirements in a reporting period <sup>1</sup>	100% inspection
Maintains HCW fill rate	1.4.30	Maintains fill rate on all health care worker positions (Overall Fill Rate)	94% of HCW positions are filled in a reporting period <sup>1</sup> as defined in Section H.24a.	Government management oversight, discrepancy reports, CTAR entries
Validates qualifications on credentialed and non-credentialed HCWs ready (i.e., meeting subsequent Government minimum qualifications) to perform clinical services in Air Force MTFs	1.4.57; 1.1.5.2	All credentialed and non-credentialed health care workers meet subsequent Government minimum requirements for qualifications specified in the contract.	98% of health care workers meet subsequent Government minimum requirements for qualifications specified in the contract in a reporting period.	Government management oversight; discrepancy reports; CTAR entries
<b>Places</b> credentialed and non-credentialed HCWs able (i.e., physically capable) to perform the tasks on positions in a timely manner	1.1.5.2	HCWs are present for work within five (5) calendar days of the required start date for initial fills. (Initial on-time fill rate)	86% present for work within five (5) calendar days of the required start date for initial fills with 100% present for work no later than 30 calendar days after the	Government management oversight; discrepancy reports; CTAR entries

			required start date in a reporting period <sup>1</sup> as defined in Section H.24b.	
<b>Manages</b> the replacement of HCWs such that vacancies do not exceed 30 consecutive calendar days <sup>2</sup>	1.4.51; 2.4.5.4; H.16	Fills all permanent replacements with qualified credentialed and non-credentialed HCWs meeting preliminary and subsequent Government minimum requirements. (Overall fill and Replacement on-time fill rates)	94% present for work within 30 calendar days with 100% present for work such that no position vacancy exceeds 30 consecutive calendar days <sup>2</sup> in a reporting period <sup>1</sup> as defined in Section H.24c.	Government management oversight; discrepancy reports; CTAR entries
<b>Manages</b> the substitution of health care workers to ensure the substitute meets the minimum qualifications and vacancies do not exceed 30 consecutive calendar days	1.4.58; 2.4.5.5; H.17	Fills all substitution requirements with qualified credentialed and non-credentialed HCWs meeting preliminary and subsequent Government minimum requirements. (Overall fill rate)	94% present for work within 30 calendar days with 100% present for work such that no position vacancy exceeds 30 consecutive calendar days in a reporting period <sup>1</sup> as defined in Section H.24m.	Government management oversight; discrepancy reports; CTAR entries
Maintains the Contractor workforce	1.4.54;	HCWs remain in their initial position for a minimum of 180 consecutive calendar days. (Right-fit percentage)	94% of health care workers remain in their initial position for 180 consecutive calendar days in a reporting period <sup>1</sup> as defined in Section H.24e.	100% inspection during monthly surveillance
<b>Retains</b> HCWs to minimize turnover	1.4.64;	Minimizes turnover of health care workers. (Turnover rate)	Turnover rate equal to or less than 25% in a reporting period <sup>1</sup> as defined in Section H.24d.	Government management oversight; Contractor data
Maintains currency of qualifying documentation (e.g., immunizations, security, certifications, licensure, and CME)	1.4.47	Maintains currency on all HCW qualifications.	100% of HCW qualifications are renewed before the expiration date in a reporting period <sup>1</sup> as	100% inspection by COR; CTAR entries

			defined in Section H.24n.	
<b>Manages</b> MTF and patient complaints		Responds to problems and takes appropriate action to correct performance issues	100% complaints documented on a discrepancy notice signed by a CO (e.g., Letter of Concern, Cure Notice, Show Cause Notice) are resolved within the timeframe specified in the discrepancy notice in a reporting period <sup>1</sup> with the removal of any individual HCW within seven (7) calendar days of receiving a 3rd discrepancy notice during the life of the contract as defined in Section H.24i.	Government management oversight; discrepancy reports; CTAR entries
Complies with Government security requirements	1.4.55; 2.4.10; 2.4.10.2	Submits HCW demographic data and establishes appointment with Unit Security Manager at least 14 calendar days before the required start date to complete the SF-85, Questionnaire for Public Trust Positions.	95% of HCWs complete security investigation paperwork before the scheduled appointment with the Unit Security Manager in a reporting period <sup>1</sup> when given access to e-QIP or the downloadable form with 100% completed during the appointment with the Unit Security Manager as defined in Section H.24k.	Government management oversight; discrepancy reports
Submits complete and accurate credentials package on credentialed HCWs	1.4.20; 2.2.1.2	Credentials packages are submitted NLT 30 calendar days before start work	90% of credentialing packages submitted within 30 calendar days of required start date with 100% submitted before the required start date in a reporting period <sup>1</sup> as defined in Section H.24l.	Government management oversight; discrepancy reports; CTAR entries

<sup>1</sup> Reporting period is defined in Section C, paragraph 1.4.53

<sup>2</sup> Permanent replacements of credentialed HCWs due to sudden loss (i.e., serious illness, injury or death) is 60 calendar days from notification IAW Section C, paragraph 2.4.5.4

#### **4 GOVERNMENT FURNISHED PROPERTY**

- 4.1 The Contractor is responsible to ensure all government-issued identification badges, equipment, and common access cards are returned to the Government supervisor when a HCW ends employment under this contract.
- 4.2 Unless otherwise stated, the Government will provide the following equipment, supplies, and services listed below for services performed inside government facilities:
- 4.2.1 **EQUIPMENT/OFFICE FURNITURE.** The HCWs shall have joint use of all available equipment for performing services required by this contract.
- 4.2.2 **PERSONAL PROTECTIVE EQUIPMENT (PPE).** The Government will furnish the HCWs with appropriate PPE. The Government will be responsible for any repair, cleaning, and inventory required for the PPE. This does not include any type of uniform.
- 4.2.3 **FORMS.** The MTF shall provide required Government forms, either hardcopy or computer-generated, used in the performance of services.
- 4.2.4 **WORKSPACE.** Unless otherwise specified, the Government will provide the HCW with adequate workspace to perform the requirements of the contract.
- 4.2.5 **SUPPLIES.** The MTF will provide medical and non-medical supplies commonly used in the facility for the care and management of patients. Commonly used supplies are those routinely stocked by the MTF. Unless otherwise indicated, the Government will furnish or make available to the HCW any documentation/material deemed necessary to accomplish requirements of the contract.
- 4.2.6 **COMPUTER EQUIPMENT.** The MTF will provide computer equipment required to schedule, check in, document, order ancillary services, and maintain appropriate electronic medical information that support the hard copy medical record. The MTF will provide required training for these systems. The HCWs will be required to use the computer systems that are standard for the support of health care delivery at the MTF.
- 4.2.7 **UTILITIES.** For the purpose of this contract, the Government will furnish all required utilities (such as water, telephone, electricity, etc.) at no cost to the HCWs. Long distance and Defense Switched Network (DSN) telephone services will be provided for official use only. The HCWs shall participate in Government energy conservation programs.
- 4.2.8 **PATIENT SCHEDULING.** Clinic personnel will assist in patient scheduling. Complete administrative control of the patient shall remain with the Government.
- 4.2.9 **HOUSEKEEPING.** Housekeeping services will be provided by the MTF.
- 4.2.10 **CONTRACTOR FURNISHED EQUIPMENT.** The Government will not modify facilities to accommodate contractor-owned equipment or supplies.

#### **5 APPLICABLE PUBLICATIONS**

- 5.1 Publications applicable to the performance work statement (PWS), include, but are not limited to, those listed in paragraph 5.2, 5.3 and 5.4. The Contractor is obligated to follow all applicable publications. These publications are available online and are maintained by the Government. Supplements or

amendments to listed publications from any organizational level may be issued during the life of the contract. The Contractor is required to follow all mandatory documents to the extent they apply to this contract. Any such changes to mandatory publications that cause a change in the scope of performance will not be implemented by the Contractor until the Contracting Officer issues a modification in writing.

5.2 Publication Locations

Publications and forms are available electronically through the internet. For example, <http://www.e-publishing.af.mil/> is the Air Force's e-Publishing site and one way to obtain Air Force Instructions. DoD Directives can be found at <http://www.dtic.mil/whs/directives/>. Regulations are followed by a "-R" (e.g., DoD 6025.18-R) and can be located on the website by clicking on "Publications" instead of "Directives." Army Regulations for Pope Army Airfield and Joint Base Lewis-McChord Field can be located at <http://www.apd.army.mil/>.

**Table C- 2 Department of Defense (DoD) Regulations/ Manuals Instructions/ Directives**

PUB NO.	TITLE	DATE	CHANGE
DoD 5200.1-R	Information Security Program	Jan 97	
DoD 5200.2-R	DoD Personnel Security Program	Jan 87	Ch 1, Feb 90 Ch 2, Jul 93 C3, Feb 96
DoD 5210.42-R	Nuclear Weapons Personnel Reliability Program (PRP) Regulation	Jun 06	
DoD 5400.7-R	DoD Freedom of Information Act	Sep 98	
DoD 6010.13-M	Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual	Apr 08	
DoD 6025.18-R	DoD Health Information Privacy Regulation	Jan 03	
DoD 8580.02R	HIPAA Security Rule	Jul 07	
DoDD 5400.11	DoD Privacy Program	May 07	
DoDD 5500.07	Standards of Conduct	Nov 07	
DoDD 6040.41	Medical Records Retention and Coding at Military Treatment Facilities	Apr 04	
DoDD 8190.3	Smart Card Technology	Aug 02	
DoDD 8500.01E	Information Assurance	Oct 02	
DoDI 1402.5	Criminal History Background Checks on Individuals in Child Care Services	Jan 93	
DoDI 3020.37	Continuation of Essential DoD Contractor Services During a Crises	Nov 90	Ch. 1, Jan 96
DoDI 6000.11	Patient Movement	Sep 98	
DoDI 6015.23	Delivery of Healthcare at Military Treatment Facilities: Foreign Service Care; Third Party Collection; Beneficiary Counseling and Assistance Coordinators (BCACs)	Oct 02	
DoDI 6025.8	Ambulatory Procedure Visit (APV)	Sep 96	
DoDI 6025.5	Personal Services Contracts (PSCs) for Health Care Providers (HCP)	Jan 95	
DoDI 6025.13	Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)	Feb 11	
DoDI 6025.40	Military Health System Data Quality Management Control Procedures	Nov 02	
DoDI 6040.42	Medical Encounter and Coding at Military Treatment Facilities	Jun 04	

DoDI 6040.43	Custody and Control of Outpatient Medical Records	Jun 04	
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5.3 The Air Force’s E-Publishing site (<http://www.e-publishing.af.mil>) will be used to obtain Air Force Instructions.

**Table C- 3 Air Force Instructions/ Manuals**

<b>PUB NO.</b>	<b>TITLE</b>	<b>DATE</b>
AFI 31-204	Air Force Motor Vehicle Traffic Supervision, Chapter 3	Jul 00
AFI 31-401	Information Security Program Management	Nov 05
AFI 31-501	Personal Security Program Management	Jan 05
AFI 33-119	Air Force Messaging	Jan 05
AFI 33-129	Web Management and Internet Use	Feb 05
AFI 33-200	Information Assurance (IA) Management	Dec 08
AFI 33-322	Records Management Program	Oct 03
AFI 33-332	Privacy Act Program	Jan 04
AFI 34-242	Mortuary Affairs Program	Apr 08
AFI 33-364	Records Disposition – Procedures and Responsibilities	Dec 06
AFI 36-1004	The Air Force Civilian Recognition Program	Dec 09
AFI 36-2201	Air Force Training Program	Sep 10
AFI 36-2910	Line of Duty (Misconduct) Determinations	Oct 02
AFI 36-3002	Casualty Services	Feb 10
AFI 36-3003	Military Leave Program	Oct 09
AFI 40-102	Tobacco Use in the USAF	Jun 02
AFI 40-701	Special Needs Identification and Assignment Coordination	Aug 08
AFI 41-102	Air Force Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities	Mar 08
AFI 41-104	Professional Board and National Certification Examinations	May 94
AFI 41-106	Unit Level Management of Medical Readiness Programs	Apr 08
AFI 41-115	Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)	Dec 01
AFI 41-210	Patient Administrative Functions	Mar 06
AFI 41-217	Health Information Assurance for Military Treatment Facilities	Dec 05
AFJI 41-315	Patient Regulating to and Within the Continental U.S.	Mar 90
AFI 44-102	Medical Care Management	May 06
AFI 44-119	Medical Quality Operations	Aug 11
AFI 46-101	Nursing Services and Operations	Aug 04
AFI 48-105	Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance	Mar 05
AFI 48-123	Medical Examinations and Standards	Sep 09
AFI 48-125	Personnel Ionizing Radiation Dosimetry	7 Aug 06
AFI 63-124	Performance-Based Services Acquisition (PBSA)	Aug 05
AFJI 48-110	Immunizations and Chemoprophylaxis	12 May 04
AFMAN10-3902	Nuclear Weapons Personnel Reliability Program (PRP)	Nov 06
AFMAN 33-363	Management of Records	1 Mar 08

5.4 Other References and Sources:

**Table C- 4 Other References and Sources**

<b>Information</b>	<b>Source Location</b>
The Unified Biostatistical Utility (UBU) - MHS Coding Guidelines	<a href="http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm">http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm</a> .
The Unified Biostatistical Utility (UBO) programs: Third Party Collections (TPC), Medical Services Account (MSA), and Medical Affirmative Claims (MAC)	<a href="http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm">http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm</a>
CHCS Software Configuration Management Release Notes	<a href="https://fieldservices2.saic.com/Default.aspx">https://fieldservices2.saic.com/Default.aspx</a>
Coding Compliance Editor Software	<a href="http://www.tricare.mil/ocfo/mcfs/ubo/chcs_systems/cce.cfm">http://www.tricare.mil/ocfo/mcfs/ubo/chcs_systems/cce.cfm</a>
Essentris™, the client-server version of the Clinical Information System (CIS)	<a href="https://egl.afms.mil">https://egl.afms.mil</a>
Appointment Standardization Commander's Guide to Access Success	( <a href="http://www.tricare.osd.mil/tai/cguide.htm">http://www.tricare.osd.mil/tai/cguide.htm</a> ).
Defense Enrollment Eligibility Report System (DEERS)	<a href="http://tricare.mil/mybenefit/">http://tricare.mil/mybenefit/</a>
DOD TRICARE Management Agency Medical Management Guide	<a href="http://www.tricare.mil/ocmo/">http://www.tricare.mil/ocmo/</a>
American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) program	<a href="https://acsnsqip.org/login/default.aspx">https://acsnsqip.org/login/default.aspx</a>
American Joint Committee on Cancer (AJCC) Staging and Collaboration Staging System	<a href="http://www.cancerstaging.org/">http://www.cancerstaging.org/</a>
AFMS Referral Management Center User's Guide	<a href="https://kx.afms.mil/healthbenefits">https://kx.afms.mil/healthbenefits</a>
The Joint Commission (TJC) (formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) Accreditation Manual	<a href="http://www.jointcommission.org/">http://www.jointcommission.org/</a>
The Accreditation for Ambulatory Healthcare (AAAHC) Standards Manual	<a href="http://www.aaahc.org/eweb/StartPage.aspx">http://www.aaahc.org/eweb/StartPage.aspx</a>
TRICARE Policy and Operations Manuals	<a href="http://www.tricare.mil/tma/Policy.aspx">http://www.tricare.mil/tma/Policy.aspx</a>
Army Regulation 40-68, Clinical Quality Management, Feb 04 (Rapid Action Revision (RAR) Issue Date: 22 May 2009) – <b>For Pope Army Airfield and Joint Base Lewis-McChord Field only</b>	<a href="http://www.apd.army.mil/">http://www.apd.army.mil/</a>

**6 Special Contract Clauses**

**6.1. RESTRICTION ON THE USE OF GOVERNMENT-AFFILIATED PERSONNEL**

The Contractor shall not employ any person who is an employee of the United States Government if the employment of that person would create a conflict of interest. The Contractor shall not employ any person who is an employee of the Department of Defense, either military or civilian, unless such person seeks and receives approval in accordance with Title 5, USC, Section 5536, DoD 5500.7-R (1993), as amended, and service directives. The Contractor shall notify the Contracting Officer if a prospective employee is the spouse or family member of a Government employee. Although not necessarily a disqualification, steps may need to be taken to prevent



appearances of a conflict of interest, nepotism or other forms of favoritism in the workplace.

## **6.2. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996**

*HIPAA is comprised of several different sections, each to be implemented by the Dept. of Health and Human Services. The medical facilities of the military services and the DOD health plans are specifically listed as covered by HIPAA. Currently, HIPAA Privacy and Security Rules, as set forth in the Code of Federal Regulations, are in effect for all MTFs. The specific implementation of HIPAA Privacy for DOD medical facilities is set forth in DOD 6025.18-R, and for HIPAA Security, the requirements for AF MTFs are contained in DOD 8580.02-R and AFI 41-217, which also contains additional Information Assurance requirements for all AF MTFs. DOD 6025.18-R, DOD 8580.02-R and AFI 41-217 are incorporated herein by reference. MTFs are responsible to insure overall compliance with HIPAA requirements, which includes incorporation of certain requirements in contracts entered or amended after the respective implementation dates. In accordance with these regulations, the Contractor and its employees meet the definition of Business Associates. Therefore, a Business Associate Agreement is required by law to comply with both the HIPAA Privacy and Security regulations. This clause serves as that agreement for each MTF, whereby the Contractor and its employees agree to abide by all HIPAA Privacy and Security requirements regarding health information as defined in this clause, DoD 6025-18-R, DOD 8520.02-R and AFI 41-217. Additional HIPAA requirements will be addressed when implemented.*

- a. *Definitions.* As used in this clause generally refer to the Code of Federal Regulations (CFR) definition unless a more specific provision exists in DOD 6025.18-R, DOD 8520.02-R or AFI 41-217.
  1. *HITECH Act* shall mean the Health Information Technology for Economic and Clinical Health Act included in the American Recovery and Reinvestment Act of 2009.
  2. *Individual* has the same meaning as the term “individual” in 45 CFR 164.501 and 164.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
  3. *Privacy Rule* means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
  4. *Protected Health Information* has the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by The Contractor from or on behalf of the Government.
  5. *Electronic Protected Health Information* has the same meaning as the term “electronic protected health information” in 45 CFR 160.103.
  6. *Required by Law* has the same meaning as the term “required by law” in 45 CFR 164.501 and 164.103.
  7. *Secretary* means the Secretary of the Department of Health and Human Services or his/her designee.
  8. *Security Incident* shall have the same meaning as the term “security incident” in 45 CFR 164.304, limited to the information created or received by Contractor from or on behalf of the Covered Entity.
  9. *Security Rule* means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C.
  10. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR 160.103, 160.502, 164.103, 164.304 and 164.501.
- b. The Contractor agrees to not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.
- c. The Contractor agrees to use appropriate safeguards to maintain the privacy of the Protected Health Information

and to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

- d. The HIPAA Security administrative, physical, and technical safeguards in 45 CFR 164.308, 164.310, and 164.312, and the requirements for policies, procedures and documentation in 45 CFR 164.316 shall apply to the Contractor. The additional requirements of Title XIII of the HITECH Act that relate to security and that are made applicable with respect to covered entities shall also be applicable to the Contractor. The Contractor agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.
- e. The Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Contract.
- f. The Contractor agrees to report to the Government any security incident involving protected health information of which it becomes aware.
- g. The Contractor agrees to report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract of which the Contractor becomes aware.
- h. The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor on behalf of the Government, agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.
- i. The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it.
- j. The Contractor agrees to provide access, at the request of the Government, and in the time and manner designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.
- k. The Contractor agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government or an Individual, and in the time and manner designated by the Government.
- l. The Contractor agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of, the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.
- m. The Contractor agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- n. The Contractor agrees to provide to the Government or an Individual, in time and manner designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- o. General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, the Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for treatment, payment, or healthcare

operations purposes, in accordance with the specific use and disclosure provisions below, if such use or disclosure of Protected Health Information would not violate the HIPAA Privacy Rule, DOD 6025.18-R, the HIPAA Security Rule, or DOD 8580.02-R if done by the Government. The additional requirements of Title XIII of the HITECH Act that relate to privacy and that are made applicable with respect to covered entities shall also be applicable to the Contractor.

p. Specific Use and Disclosure Provisions

1. Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.
2. Except as otherwise limited in this Agreement, the Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.
3. Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).
4. Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j) (1).

q. Obligations of the Government

*Provisions for the Government to Inform the Contractor of Privacy Practices and Restrictions*

1. Upon request the Government shall provide the Contractor with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520, as well as any changes to such notice.
2. The Government shall provide the Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Contractor's permitted or required uses and disclosures.
3. The Government shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

r. Permissible Requests by the Government

The Government shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Privacy Rule, DOD 6025.18R, the HIPAA Security Rule, or DOD 8580.02-R, if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Contractor as otherwise permitted by this clause.

s. Termination

1. Termination. A breach by the Contractor of this clause may subject the Contractor to termination under any applicable default or termination provision of this Contract.
2. Effect of Termination.
  - a) If this contract has records management requirements, the records subject to the Clause should be

handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (b) and (c) below.

- b) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this Contract, for any reason, the Contractor shall return or destroy all Protected Health Information received from the Government, or created or received by the Contractor on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. The Contractor shall retain no copies of the Protected Health Information.
- c) If this contract does not have records management provisions and the Contractor determines that returning or destroying the Protected Health Information is infeasible, the Contractor shall provide to the Government notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and the Contractor that return or destruction of Protected Health Information is infeasible, the Contractor shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such Protected Health Information.

t. Miscellaneous

- 1. Regulatory References. A reference in this Clause to a section in DOD 6025.18-R, HIPAA Privacy Regulation or DOD 8580.02-R, HIPAA Security Regulation, or any CFR or AFI provision means the section as currently in effect or as amended, and for which compliance is required.
- 2. Survival. The respective rights and obligations of Business Associate agreements under the "Effect of Termination" provision of this Clause shall survive the termination of this Contract.
- 3. Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with DOD 6025.18-R, the CFR HIPAA Privacy Rule, DOD 8520.02-R, the CFR HIPAA Security Rule and AFI 41-217.

**6.3. CONTRACTOR EMPLOYEE STATUS**

The Air Force does not dictate whether individual HCWs provided under this contract would be classified by the Contractor as an "independent contractor" or an "employee" for federal tax purposes. This determination is made solely by the Contractor. If the Contractor's determination is challenged, this shall be a matter to be resolved between the Contractor, the Internal Revenue Service (IRS), and the HCW(s). The Air Force will not consider favorably any request for equitable adjustment to the contract based upon the Contractor's receipt of an adverse action by the IRS.

**6.4. LIABILITY INSURANCE**

- a. Before commencing work under this contract, the Contractor shall certify to the PMO Contracting Officer in writing that the required insurance has been obtained by the Contractor and their subcontractors. The following insurance as referenced in FAR 28.306 (b) (1), is the minimum insurance required:
  - 1. General liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence.
  - 2. Automobile liability - Automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract. Policies covering automobiles operated in the United States shall provide coverage of at least \$200,000 per person and \$500,000 per occurrence for

bodily injury and \$20,000 per occurrence for property damage. The amount of liability coverage on other policies shall be commensurate with any legal requirements of the locality and sufficient to meet normal and customary claims.

3. Workers' compensation and employer's liability - Contractors are required to comply with applicable Federal and State workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when contract operations are so commingled with a Contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

#### **6.5. CONFIDENTIALITY OF INFORMATION**

- a. Unless otherwise specified, all financial, statistical, personnel, and/or technical data which is furnished, produced or otherwise available to the Contractor or HCW during the performance of this contract are considered Government confidential business information and shall not be used for purposes other than performance of work under this contract. The Contractor and/or the HCW shall not release any of the above information without prior written consent of the CO. All medical records and reports remain the property of the Government.
- b. Patient lists, no matter how developed, shall be treated as confidential information in accordance with the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). Lists and/or names of patients shall not be disclosed to or revealed in any way for any use outside the MTF, except through MTF-specified processes.
- c. All inquiries and complaints shall be brought to the attention of the Government.

#### **6.6. REPLACEMENT OF HEALTH CARE WORKERS**

- a. The Government considers maintaining a low HCW turnover rate an important performance measure of success on this contract. It costs both the Government and the Contractor significant time and money to orient and in-process new contracted HCWs. Accordingly, when replacing contracted HCWs, which is defined as the permanent change in HCWs, the Contractor must ensure that potential candidates meet or exceed the preliminary Government minimum requirements and subsequent Government minimum requirements in the contract.
- b. When the Contractor is notified a HCW has given notice that he/she will no longer be working on the contract, the Contractor shall notify the CO no later than one (1) business day from date of notification. The Contractor shall provide follow-up documentation within three (3) business days after HCW notification, stating the date and time the position will be vacant and anticipated replacement date. All contracted HCW replacements will be subject to the following candidate approval process:
  1. Submission of Qualifying Documentation: The Contractor shall submit qualifying documentation for the Government to validate against the preliminary Government minimum requirements outlined in the PWS and position description(s) within 20 calendar days from the date of notice of termination of a HCW. Preliminary Government minimum requirements include education, experience, licensure, and certification as well as initial background checks. The Contractor shall validate and provide a telephone contact number with the qualifying documentation within 20 calendar days from the date of notice of termination. Should the Contractor either fail to meet this 20 calendar day requirement or fail to provide a valid contact number, the CO may terminate the contract for default or seek other remedies. Failure to provide qualifying documentation, or include a valid telephone contact number, of a replacement candidate within 20 calendar days of the date of notice will be considered in the Government's evaluation of the Contractor's performance as outlined in the Services Summary.

2. Candidate Approval: The Government will review the qualifying documentation to determine if the candidate is qualified. Should the evaluation of the qualifying documentation result in a disapproval of the replacement candidate because the candidate is not qualified the Contracting Officer may terminate the contract or seek other remedies. Failure to provide a qualified replacement candidate at the place of performance will be considered in the Government's evaluation of the Contractor's performance as outlined in the Services Summary.
  3. After candidate approval, the Contractor shall submit qualifying documentation for the Government to validate against subsequent Government minimum requirements outlined in the PWS and positions description(s). Subsequent Government minimum requirements include health, immunization, drug screening, complete background checks, credentials packages for credentialed HCWs, and additional requirements (if any) established in the contract. Qualifying documentation shall be submitted to the Government before placement of the HCW in accordance with the terms and conditions of the contract. For example, credentials packages must be submitted NLT 30 calendar days before the required start date. All HCWs must make an appointment with the Unit Security Manager for the first duty day at the place of performance and must have completed the SF-85P in either e-QIP or the OPM website before that appointment date when provided access to e-QIP or the downloadable form from the OPM website. Under no circumstances will a HCW start work at the place of performance before the appointment with the MTF Unit Security Manager.
- c. HCWs who are replaced within the first 180 consecutive calendar days of contract performance will be calculated in the "right fit measure" outlined in Section H.24e of the contract. The Government will consider adjustments to the right fit measure if the replacement was due to sudden illness, injury or death.
  - d. The Contractor shall ensure replaced HCWs are present for duty such that no position vacancy exceeds 30 consecutive calendar days unless the vacancy was caused by sudden illness, injury or death of the permanent credentialed HCW at which time the Contractor must meet the minimum placement timeframes outlined in Section H.3i.
  - e. The CO may request removal (permanent or temporary) of a HCW on a contract for major performance issues such as work policy violations, unacceptable job performance, business ethics violations, unfavorable suitability determination, safety concerns, health issues, or fraudulent qualifying documentation. Upon receipt of notification from the CO, the Contractor has 20 calendar days to submit qualifying documentation on a replacement candidate. Failure to do so may be cause for action under the Termination clause in contract clauses section of the contract.

#### **6.7. SUBSTITUTION OF HEALTH CARE WORKERS**

- a. When substituting contracted HCWs, which is defined as the temporary change in HCWs such that the current contracted HCW will return, the Contractor must ensure potential candidates meet or exceed the stated qualification in the PWS and position description(s) of the contract as well as any addendums to the position descriptions or modifications established in the contract.
- b. Prior to substituting HCWs performing under this contract, the Contractor is responsible for notifying the CO, in writing, no less than two (2) weeks in advance of the proposed substitution. No substitutions shall be made by the Contractor without the written consent of the CO. Notice shall include written justification for the change and qualifying documentation of the proposed candidate to permit a Government evaluation and acceptance. All contracted HCW substitutions will be subject to the following candidate approval process:
  1. Submission of Qualifying Documentation: The Contractor shall submit qualifying documentation for the Government to validate against the preliminary Government minimum requirements outlined in the PWS and position description(s), within 20 calendar days from the date the Contractor notified the Government of a substitution request. Preliminary Government minimum requirements include education, experience, licensure, and certification as well as initial background checks. The Contractor shall validate and provide a telephone contact number of the substitute candidate with the qualifying documentation. Should the

Contractor either fail to meet this 20 calendar day requirement or fail to provide a valid contact number, the CO may terminate the contract for default or seek other remedies. Failure to provide qualifying documentation, or include a valid telephone contact number, of a qualified substitute candidate within 20 calendar days of the date of notice will be considered in the Government's evaluation of the Contractor's performance as outlined in the Services Summary.

2. Candidate Approval: The Government will review the qualifying documentation to determine if the candidate is qualified. Should the evaluation of the qualifying documentation result in a disapproval of the candidate because the candidate is not qualified, the Contracting Officer will notify the Contractor. Failure to provide a qualified substitute candidate at the place of performance will be considered in the Government's evaluation of the Contractor's performance as outlined in the Services Summary.
  3. After candidate approval, the Contractor shall submit qualifying documentation for the Government to validate against subsequent Government minimum requirements outlined in the PWS and position description. Subsequent Government minimum requirements include health, immunization, drug screening, complete background checks, credentials packages for credentialed HCWs, and additional requirements (if any) established in the contract. Qualifying documentation shall be submitted to the Government before placement of the substitute HCW in accordance with the terms and conditions of the contract. For example, credentials packages must be submitted NLT 30 calendar days before the required start date. All HCWs must make an appointment with the Unit Security Manager for the first duty day at the place of performance and must have completed the SF-85P in either e-QIP or the OPM website before that appointment date when provided access to e-QIP or the downloadable form from the OPM website. Under no circumstances will a HCW start work at the place of performance before the appointment with the MTF Unit Security Manager.
- c. The Contractor shall ensure substitute HCWs are present for duty such that no position vacancy exceeds 30 consecutive calendar days.

#### **6.8. MAXIMUM COMPENSATION**

The total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate as specified in 10 U.S.C. 1091 and pursuant to DODI 6025.5. Effective 21 January 2000, the maximum amount the Government is allowed to pay for these personal services is \$400,000 per year. The fully-burdened hourly rate submitted for contract award may exceed the full time equivalent annual rate as long as the amount paid directly to the individual direct health care provider does not exceed the full time equivalent annual rate as specified in 10 U.S.C. 1091.

#### **6.9. MEDICAL MALPRACTICE**

The contract is a personal services contract intended to create an employer-employee like relationship between the HCW and the Government while the HCW is performing services under this contract. This personal services contract does not create an employer-employee relationship between the Government and any corporation, partnership, business association or other party or legal entity with which the HCW may be associated, to include the prime Contractor; therefore, prime Contractors are responsible for their own insurance and liability coverage. HCWs providing services under this personal services contract shall be subject to day-to-day supervision and control by Government personnel comparable to that exercised over military and civil service HCWs engaged in comparable work. Supervision and control is the process by which the individual HCW receives technical guidance, direction, and approval with regard to performance within the scope of this contract. Any personal injury claims alleging negligence by the HCW within the scope of the HCWs performance of the personal services contract shall be processed by DoD as claims alleging negligence by DoD military or civil service HCWs. Therefore, the HCW is not required to obtain medical malpractice insurance while performing under this contract.

#### **6.10. CALCULATING PERFORMANCE MEASURES**

The Government will calculate performance measures from the Services Summary using the standard full-time

equivalent (FTE) methodology. An FTE of 1.0 on the contract can range from 1880 to 2000 annual billable hours for credentialed and non-credentialed HCWs; therefore, annual billable hours from 1880 to 2000 will be the standard range for an FTE of 1.0 on the contract. The number of FTEs for each labor category is established in the contract and is calculated by dividing the annual billable hours by the contract standard range from 1880 to 2000 hours (see definition 1.4.26 for a full time equivalent). HCW positions with these hours will be considered an FTE of 1.0 for calculating performance measures. HCW positions with annual billable hours less than 1880 will be calculated by dividing the number of hours by 1880. For example, a credentialed HCW position with 1504 billable hours would be considered a 0.80 FTE position (1504 hours /1880 hours rounded to the 1/100th decimal point). The Government will calculate measures on the critical performance objectives in the Services Summary as follows:

- a. Overall fill rate. The overall fill rate is a snapshot metric, which means it captures performance at a point in time such as the last day of the reporting period. This measure is calculated by dividing the number of valid FTE positions filled on the last day of the reporting period by the total number of active FTE positions in the same reporting period. A valid FTE position is one that has a required start date before or during a specified reporting period. A valid FTE that has an end date during the reporting period is counted as filled if the valid FTE ended less than 30 calendar days before the end of the contract. FTEs with required start dates later than the end of the reporting period are not valid and will not be counted, even if filled early. An active FTE position is one that has an end date within or after the specified reporting period. FTEs with end dates before the specified reporting period are not active and will not be counted.
- b. Initial on-time fill rate. The initial on-time fill rate is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the number of initial FTE positions with a required start date in a reporting period filled on time by the total number of initial FTE positions with a required start date in the same reporting period. This measure includes initial fills only. Initial fill FTE positions with required start dates outside the reporting period, even if filled (i.e., filled early or not required to be filled in the reporting period), will not count unless the FTE position required start date is within the reporting period.
- c. Replacement on-time fill rate. The replacement on-time fill rate is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the number of vacated FTE positions filled within 30 consecutive calendar days in a reporting period by the total number of vacated FTE positions with a required start date in the same reporting period. This measure includes replacement fills only.
- d. HCW turnover percentage. The turnover percentage is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the total number of FTEs turned over during a reporting period (i.e., left position for any reason) by the number of active FTEs minus the FTE positions which were never filled. An active FTE is one that has an end date within or after the specified reporting period. Active FTEs which were never filled during the reporting period are removed from the denominator for this metric. Turnovers occurring less than 30 calendar days before the end of the reporting period will not be counted as a turnover for this metric.
- e. Right fit percentage. The right fit percentage is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by subtracting the number of FTE positions departing within 180 consecutive calendar days of their required start date during a reporting period from the total number of encumbered FTE positions (i.e., filled positions) divided by the total number of encumbered FTE positions. FTE positions that have not yet been filled, even if the required start date is within the reporting period, do not count as encumbered FTE positions. The Right Fit performance measure will not be applicable in cases where the period of performance on the contract is less than 180 days or where the departure of the HCW is due to sudden illness, injury or death.



- f. MTF and patient complaint resolution percentage. The MTF and patient complaint resolution percentage is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the number of discrepancy notices with a suspense date during the reporting period resolved within the timeframe specified in the discrepancy notice by the number of discrepancy notices with a suspense date during the same reporting period. This metric also includes the resolution percentage of HCWs with more than two (2) discrepancy notices, which is calculated by dividing the number of HCWs with more than two (2) discrepancy notices resolved within seven (7) calendar days in a specified reporting period by the number of HCWs with more than two (2) discrepancy notices within the same reporting period.
- g. Security percentage. The security percentage measure is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the number of HCWs completing the SF-85P through e-QIP or the downloadable form when given access to e-QIP or the downloadable form prior to the scheduled appointment date with the Unit Security Manager during the reporting period by the number of HCWs given access to e-QIP or the downloadable form during the same reporting period.
- h. Credentials submission percentage. The credentials submission percentage measure is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the number of credentialed HCWs submitting a complete and accurate credentials package 30 calendar days prior to the required start date in a specified reporting period by the total number of credentialed HCWs requiring the submission of a credentials package within the same reporting period.
- i. Substitution percentage. The substitution percentage is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by dividing the number of FTE positions requiring a qualified substitute which is filled within 30 consecutive calendar days in a reporting period by the total number of FTE positions requiring the fill of a qualified substitute during the same reporting period.
- j. HCW qualification renewal percentage. The HCW qualification renewal percentage is a lag metric, which means it is calculated retrospectively over a specified reporting period. In essence, success in this measure today will lag if performance over the entire reporting period was less than successful. This measure is calculated by subtracting the number of FTE positions not able to work due to the loss of any qualifying documentation from the total number of valid FTE positions filled in a reporting period divided by the number of valid FTE positions during the same reporting period. A valid FTE position filled is one that has a required start date before or during a specified reporting period and an end date within or later than the reporting period.

## 7. List of Attachments

DOCUMENT	DESCRIPTION
Attachment 1	Privacy Act Notices
Attachment 2	Clinical Service Categories/Position Description Matrix
Attachment 3	Position Description

**ATTACHMENT 1, PRIVACY ACT SYSTEM NOTICES**

<b>System Identifier</b>	<b>System Name</b>	<b>Exemptions</b>
<a href="#"><u>PREAMBLE</u></a>		
<a href="#"><u>F031 AF SP J</u></a>	Serious Incident Reports	
<a href="#"><u>F033 AFCA B</u></a>	Air Force Computer Based Training (CBT) System	
<a href="#"><u>F034 AF SVA F</u></a>	Automated Air Force Library Information System	
<a href="#"><u>F044 AETC A</u></a>	Drug Abuse Control Case Files	
<a href="#"><u>F044 AFPC A</u></a>	Medical Assignment Limitation Record System	
<a href="#"><u>F044 AF PC A</u></a>	Individual Weight Management File	
<a href="#"><u>F044 AFSG C</u></a>	Aerospace Medicine Personnel Career Information System	
<a href="#"><u>F044 AFSG D</u></a>	Application for Aeronautical Rating (Senior and Chief Flight Surgeon)	
<a href="#"><u>F044 AFSG G</u></a>	Aeromedical Information and Waiver Tracking System (AIMWTS)	
<a href="#"><u>F044 AF SG B</u></a>	Drug Abuse Rehabilitation Report System	
<a href="#"><u>F044 AF SG C</u></a>	Dental Health Records	
<a href="#"><u>F044 AF SG D</u></a>	Automated Medical/Dental Record System	
<a href="#"><u>F044 AF SG E</u></a>	Medical Record System	
<a href="#"><u>F044 AF SG H</u></a>	Air Force Aerospace Physiology Training Programs	
<a href="#"><u>F044 AF SG I</u></a>	Civilian Employee Drug Testing Records	
<a href="#"><u>F044 AF SG J</u></a>	Air Force Blood Program	
<a href="#"><u>F044 AF SG K</u></a>	Medical Professional Staffing Records	
<a href="#"><u>F044 AF SG L</u></a>	Medical Treatment Facility Tumor Registry	
<a href="#"><u>F044 AF SG M</u></a>	Hyperbaric Medical Operations	
<a href="#"><u>F044 AF SG N</u></a>	Physical Fitness File	
<a href="#"><u>F044 AF SG O</u></a>	United States Air Force Master Radiation Exposure Registry	
<a href="#"><u>F044 AF SG Q</u></a>	Family Advocacy Program Record	(k)(2) and (k)(5)
<a href="#"><u>F044 AF SG R</u></a>	Reporting of Medical Conditions of Public Health and Military Significance	
<a href="#"><u>F044 AF SG S</u></a>	Alcohol and Drug Abuse Prevention and Treatment Program	
<a href="#"><u>F044 AF SG T</u></a>	Suicide Event Surveillance System (SESS)	
<a href="#"><u>F044 AF SG U</u></a>	Special Needs and Educational and Developmental Intervention Services (EDIS)	
<a href="#"><u>F044 ARPC A</u></a>	Physical Examination Reports Suspense File	
<a href="#"><u>F044 AF TRANSCOM A</u></a>	Joint Medical Evacuation System (TRAC <sup>2</sup> ES)	
<a href="#"><u>F044 USAFA A</u></a>	Department of Defense Medical Examination Review Board Medical Examination Files	
<a href="#"><u>F044 USAFA B</u></a>	Cadet Hospital/Clinic Records	
<a href="#"><u>F061 AFMC A</u></a>	Aeromedical Research Data	

- [DHA 03](#)            **System Name: Pentagon Employee Referral Service (PERS) Counseling Records (February 22, 1993, 58 FR 10227).**
- [DHA 04](#)            **System Name: DOD Bone Marrow Donor Program (February 22, 1993, 58 FR 10227).**
- [DHA 06](#)            **System Name: USTF Managed Care System (August 23, 1995, 60 FR 43775).**
- [DHA 07](#)            **System Name: Military Health Information System (August 13, 2004, 69 FR 50171).**
- [DHA 08](#)            **System Name: Health Affairs Survey Data Base (April 28, 1999, 64 FR 22837).**
- [DHA 09](#)            **System Name: Medical Credentials/Risk Management Analysis System (CCQAS) (February 2, 2000, 65 FR 4947).**
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- [DHA 10](#)            **System Name: DoD Women, Infants, and Children Overseas Participant Information Management System (November 18, 2004, 69 FR 67547).**
- [DHA 11](#)            **System Name: Defense Medical Personnel Preparedness Database.**
- [DHA 12](#)            **System Name: Third Party Outpatient Collection System**

**ATTACHMENT 2, CLINICAL SERVICE CATEGORY/POSITION DESCRIPTION MATRIX**

The clinical health care workers under the CLASS contracts perform under eight (8) clinical service categories. This matrix matches the clinical service categories to some, but not all, of the position descriptions on the CLASS contract.

<b>Clinical Service Category</b>	<b>Position Description</b>
Allied Health Services	Allergist
Allied Health Services	Audiologist
Allied Health Services	Certified Medical Dosimetrist
Allied Health Services	Chiropractor
Allied Health Services	Clinical Dietitian
Allied Health Services	Clinical Perfusionist
Allied Health Services	Diet Therapy Technician
Allied Health Services	HAWC Exercise Physiologist
Allied Health Services	HAWC Health and Fitness Specialist
Allied Health Services	Medical Physicist
Allied Health Services	Health Promotion Dietitian
Allied Health Services	Health Promotion Educator
Allied Health Services	Molecular Genetics / Diagnostic Technologist
Allied Health Services	Occupational Therapist
Allied Health Services	Optometrist
Allied Health Services	Physical Therapist
Allied Health Services	Physical Therapist Assistant
Allied Health Services	Podiatrist
Allied Health Services	Respiratory Therapist
Allied Health Services	Respiratory Therapist Technician
Allied Health Services	Speech Pathologist
Ancillary Services	Bone Densitometrist
Ancillary Services	Clinical Pharmacist
Ancillary Services	Registered Pharmacist
Ancillary Services	Diagnostic Imaging Technician – All locations
Ancillary Services	Diagnostic Radiologist
Ancillary Services	Diagnostic Radiologist - Interventionalist
Ancillary Services	Medical Lab Technician
Ancillary Services	Medical Laboratory Technologist
Ancillary Services	Pharmacy Technician
Ancillary Services	Phlebotomist
Ancillary Services	Radiation Therapist
Ancillary Services	Pharmacist
Behavioral Health Services	Clinical Psychologist
Behavioral Health Services	Clinical Social Worker
Behavioral Health Services	Licensed Clinical Social Worker Case Manager
Behavioral Health Services	Mental Health Services Technician
Behavioral Health Services	Psychiatric Nurse Practitioner
Behavioral Health Services	Psychiatrist

Dental Services	Dental Assistant
Dental Services	Dental Hygienist
Dental Services	Dental Lab Technician
Dental Services	Dentist
Dental Services	Dentist – General Clinical
Dental Services	Dentist - Oral & Maxillofacial Surgeon
Dental Services	Orthodontist
Dental Services	Periodontist
Dental Services	Prosthodontist
Nursing Services	Breast Health Educator
Nursing Services	Certified Nurse Midwife
Nursing Services	Certified Registered Nurse Anesthetist (CRNA)
Nursing Services	Clinical Nurse – Adult Critical and Intensive Care
Nursing Services	Clinical Nurse - Discharge Planner
Nursing Services	Clinical Nurse - Disease Manager
Nursing Services	Clinical Nurse - Emergency Room
Nursing Services	Clinical Nurse – Endoscopy
Nursing Services	Clinical Nurse - Family Practice
Nursing Services	Clinical Nurse - General Surgery Ward
Nursing Services	Clinical Nurse - General Ward Nurse
Nursing Services	Clinical Nurse – Hemodialysis/Nephrology
Nursing Services	Clinical Nurse - Internal Medicine
Nursing Services	Clinical Nurse - Labor & Delivery Post Partum
Nursing Services	Clinical Nurse - Medical Surgery Unit
Nursing Services	Clinical Nurse - Neonatal Intensive Care
Nursing Services	Clinical Nurse – Obstetrics
Nursing Services	Clinical Nurse - Operating Room
Nursing Services	Clinical Nurse - PACU (Post Anesthesia Care Unit)
Nursing Services	Clinical Nurse – Inpatient Pediatrics
Nursing Services	Clinical Nurse - Pediatric Clinic
Nursing Services	Clinical Nurse - Pediatric Intensive Care Unit
Nursing Services	Clinical Nurse – Radiology
Nursing Services	Clinical Nurse - Special Care Unit
Nursing Services	Clinical Nurse - Utilization Management
Nursing Services	Clinical Nurse - Women's Health
Nursing Services	Clinical Nurse Case Manager
Nursing Services	HAWC Clinical Nurse
Nursing Services	Lactation Consultant
Nursing Services	Licensed Practical Nurse (LPN)
Nursing Services	Licensed Vocational Nurse (LVN)
Primary Care Provider	Family Nurse Practitioner
Primary Care Provider	Family Practice Physician – Board Eligible and Board Certified
Primary Care Provider	Flight Medicine Physician
Primary Care Provider	Internist - Board Eligible and Board Certified
Primary Care Provider	Occupational Environmental Medicine Physician – MTF Location Only
Primary Care Provider	Pediatric Nurse Practitioner
Primary Care Provider	Pediatrician – Board Eligible and Board Certified
Primary Care Provider	Physician Assistant – All specialties

Primary Care Provider	Women's Health Nurse Practitioner
Specialty Care Provider	Anesthesiologist
Specialty Care Provider	Clinical Geneticist
Specialty Care Provider	Dermatologist
Specialty Care Provider	Emergency Services Physician – Emergency Medicine Specialist
Specialty Care Provider	Internist – Cardiology
Specialty Care Provider	Internist – Gastroenterology
Specialty Care Provider	Internist – Oncology
Specialty Care Provider	Internist – Pulmonology
Specialty Care Provider	Internist – Rheumatology
Specialty Care Provider	Neurologist
Specialty Care Provider	Neurosurgeon
Specialty Care Provider	Obstetrician and Gynecologist
Specialty Care Provider	Obstetrician and Gynecologist - Endocrinology
Specialty Care Provider	Obstetrician and Gynecologist - Maternal-Fetal Medicine
Specialty Care Provider	Obstetrician and Gynecologist - Oncology
Specialty Care Provider	Obstetrician and Gynecologist – Urogynecology/Pelvic Reconstructive Surgery
Specialty Care Provider	Ophthalmologist
Specialty Care Provider	Orthopedic Surgeon
Specialty Care Provider	Orthopedic Surgeon – Oncology
Specialty Care Provider	Otorhinolaryngologist
Specialty Care Provider	Pathologist
Specialty Care Provider	Pediatric Intensive Care Unit Physician
Specialty Care Provider	Pediatrician – Neonatology
Specialty Care Provider	Radiation Oncologist
Specialty Care Provider	Surgeon
Specialty Care Provider	Surgeon – Oncology
Specialty Care Provider	Urgent Care Center Physician
Specialty Care Provider	Urologist
Technician Services	Anesthesia Technician
Technician Services	Cardiac Catheterization Technician
Technician Services	Cardiac Monitoring (Telemetry) Technician
Technician Services	Cardiac Sonographer (Ultrasound) Technologist
Technician Services	Cardiac Surgery Technician
Technician Services	Cardiopulmonary Lab Technician
Technician Services	Certified Medical Technician (Inpatient)
Technician Services	Certified Medical Technician (Outpatient)
Technician Services	Certified Medical Technician – Hemodialysis/Nephrology
Technician Services	Certified Medical Technician – Pediatrics
Technician Services	Echocardiogram Technician
Technician Services	Electroencephalographic Technologist
Technician Services	Emergency Medical Technician – Basic (EMT-B)
Technician Services	Gastroenterology Technician
Technician Services	Neurology Technician
Technician Services	Ophthalmology Technician
Technician Services	Optometry Technician
Technician Services	Orthopedic Technician
Technician Services	Paramedic/EMT

Technician Services	Pediatric Polysomnographic Technician
Technician Services	Pediatric Polysomnographic Technologist
Technician Services	Perianatology Ultrasound Technician
Technician Services	Polysomnographic Technician
Technician Services	Registered Vascular Technologist
Technician Services	Surgical Service Technician – All locations

## ATTACHMENT 3, POSITION DESCRIPTION

### FAMILY PRACTICE PHYSICIAN – BOARD CERTIFIED

#### 1 QUALIFICATIONS.

- 1.1 Successful completion of an accredited Family Medicine Residency
- 1.2 Current board certification by the American Board of Family Medicine (ABFM) or the American Osteopathic Board of Family Medicine (AOBFM)

#### 2 TYPE OF WORK. The duties include but are not limited to the following:

- 2.1 Shall provide outpatient health care to qualifying beneficiaries as scheduled by the Government.
- 2.2 Care shall include but not be limited to continuing, comprehensive health maintenance and medical care to entire family regardless of sex, age, or type of problem.
- 2.3 Will maintain a program of comprehensive health for the family unit, to include preventive medicine, behavioral sciences, and community health.
- 2.4 May become the primary care manager for a panel of patients. As a PCM, will be the primary person responsible for the management of the health and wellness of his/her assigned patients. Duties include:
  - 2.4.1 Examination of patients, formulation differential diagnostic plans, defines and orders required diagnostic testing.
  - 2.4.2 Interpretation of examination findings and test results, and implementation of treatment plans.
  - 2.4.3 Determines need for consultation and assists in medical care and treatment provided at the direction of other specialists.
  - 2.4.4 Approving/disapproving subspecialty referrals.
  - 2.4.5 Answering patient telephone consults with the assistance of clinic staff.
  - 2.4.6 Providing primary and secondary preventive maintenance care.
- 2.5 All inpatients will be admitted as per the local MTF instructions.
- 2.6 Be capable of adequately diagnosing and treating a wide-range of pediatric and adult acute and chronic diseases and injuries including but not limited to conditions of the:

Skin	Pulmonary System
Head	Gastrointestinal System
Eyes	Musculoskeletal System
Ears	Genitourinary System
Nose	Reproductive System
Throat	Lymphatic System
Neck	Central Nervous System
Cardiovascular System	Endocrine System



Psychiatric and Behavioral Health

**2.7** Have sufficient experience to be able to adequately perform medical procedures to include, but not limited to, the following:

- Basic Life Support
- Advanced Life Support
- Pediatric Advanced Life Support
- Cryothyroidotomy
- Secure and maintain an adequate airway to include endotracheal intubation
- Cardioversion of life threatening arrhythmias
- Simple minor surgical procedures: punch biopsies, excision of skin lesions
- Simple abscess incision and drainage
- Nail trephination
- Sling or swath injuries
- Lumbar puncture
- Suture simple laceration
- Suture removal
- Tube thoracostomy
- Cryotherapy
- Nebulizer treatment
- Urine catheterization
- Cultures (throat, wound)
- Suprapubic tap
- Remove ocular, nasal and ear foreign bodies
- Clearing of ears by flush technique
- Reduce simple dislocations and fractures, when appropriate
- Bandaging of sprains, minor burns, and minor lacerations
- Perform venous punctures for lab studies and interpret results
- Draw arterial blood gases for evaluation and interpret results
- Administer intravenous, intramuscular and subcutaneous medications as appropriate
- Stabilize and evaluate cervical spine injuries as appropriate
- Splint and stabilize traumatic injuries to extremities

**2.8** Ensure a safe work environment and employee safe work habits.

**2.9** Prepare records and reports as required in support of services rendered in accordance with established procedures.

**2.10** Attend and participate in patient care reports, patient care conferences, team conferences, professional staff conferences and other appropriate professional activities only to the extent that such attendance and participation is relative to his/her assigned cases and/or performance of services as determined by the supervisor.