

Section J
Attachment 10.2

CLINICAL SUPPORT AGREEMENT (CSA) PROGRAM
PERFORMANCE WORK STATEMENT

CLINICAL SUPPORT SERVICES FOR 436TH MEDICAL GROUP, DOVER AFB, DE

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Objective: The Air Force Medical Service has a requirement for high quality health care workers to treat patients inside the Dover AFB Military Treatment Facility (MTF). The Contractor shall provide the required health care personnel in accordance with the terms and conditions of this contract. The health care worker services provided under this contract are personal services as described in Defense FAR Supplement 237.104. The Contractor shall provide all tools, labor, equipment and materials required to provide the health care worker who will provide the clinical support services within the MTF in accordance with the terms and conditions of this contract of the nature and scope described in this performance work statement (PWS).

1.0. Description of Services.

1.1. Recruit. Recruiting is the process by which health care workers from outside of the Government are located, contacted and hired for specific positions. The Contractor shall recruit health care workers to fulfill the duties, qualifications and requirements of the position descriptions listed in this PWS.

1.2. Qualify. Qualifying is the process by which the Contractor screens potential applicants to ensure all health care workers possess the qualifications required by this performance work statement and meet any additional qualification requirements specified in the PWS position descriptions.

1.3. Retain. The continuity of high quality health care workers is a vitally important component in maintaining quality of care to Air Force beneficiaries. The Contractor shall design and manage a retention program that ensures low turnover and customer satisfaction with performance of health care workers.

1.4. GENERAL DEFINITIONS. The following terms shall have the meaning set forth in accordance with the terms of this PWS and the contract.

1.4.1. COMMANDER. MTF Commander, Flight Commander or other activity head, or a designated representative, e.g., Clinical Support Technical Representative (CSTR) or Department Head, of the activity designated in this PWS.

1.4.2. CONTRACTING OFFICER REPRESENTATIVE (COR). Individuals designated to perform quality assessment functions. They serve as technical managers assessing Contractor performance against contract performance standards. The COR for this CSA is the COR for the TRICARE Management Activity (TMA) T-3 North Region Managed Care Support Contract who is located at TMA-Aurora.

1.4.3. 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.

1.4.4. 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.

- 1.4.5. HEALTH CARE PROVIDER. Any health care provider recruited by the Contractor, who, under regulations of a Military Department, is granted clinical practice privileges in a military MTF and/or who is licensed or certified to perform healthcare services by a Governmental board or Agency or professional health care society or organization
- 1.4.6. HEALTH CARE WORKERS. All health care personnel, including healthcare providers, recruited by the Contractor who provides healthcare services in a military MTF. HCWs have a personal services relationship with the government.
- 1.4.7. MEDICAL TREATMENT FACILITY (MTF). Air Force hospitals or clinics, including all activities providing outpatient and/or in-patient healthcare services for authorized personnel.
- 1.4.8. QUALITY ASSURANCE PROGRAM (QAP). A systematic program designed to provide insight into the service provider's processes. The program focuses on existing data/systems to obtain process improvement and enhance performance.
- 1.4.9. QUALITY CONTROL (QC). Those actions taken by a Contractor to control the quality of output and to ensure that they conform to contract requirements and reasonable standards of medical care.
- 1.4.10. SERVICE DELIVERY SUMMARY (SDS). Prescribes how the Government plans to (1) assess Contractor performance and, (2) manage the contract to obtain efficiencies, improved performance, and cost savings throughout its life cycle.
- 2.0. Service Delivery Summary. See Attachment 3. Performance Plan Section A.
- 3.0. Government Furnished Property.

The Government will provide the following equipment, supplies, and services listed below:

- 3.1. EQUIPMENT/OFFICE FURNITURE. The health care workers shall have joint use of all available equipment for performing services required by this contract.
- 3.2. PERSONAL PROTECTIVE EQUIPMENT (PPE). The Government will furnish the health care workers 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, laboratory coat, respirator devices or items listed in 4.1.5.
- 3.3. 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.
- 3.4. 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 health care workers will be

required to use the computer systems that are standard for the support of health care delivery at the MTF.

- 3.5. 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 health care workers. Long distance and Defense Switched Network (DSN) telephone services will be provided for official use only. The health care workers shall participate in government energy conservation programs.
- 3.6. PATIENT SCHEDULING. Clinic personnel will assist in patient scheduling. Complete administrative control of the patient shall remain with the Government.
- 3.7. HOUSEKEEPING. Housekeeping services will be provided by the MTF.
- 4.0. GENERAL INFORMATION
- 4.1. HEALTH REQUIREMENTS
 - 4.1.1. In accordance with Air Force Instruction (AFI) 48-105, all health care workers shall follow the methods for controlling and preventing disease as described in the American Public Health Association publication, *Control of Communicable Diseases Manual*, and the Centers for Disease Control and Prevention (CDC) publication, *Morbidity and Mortality Weekly Report (MMWR)*, and its supplements. Where applicable, the most recent guidelines from these publications are utilized as the standard.
 - 4.1.1. Before start of work, health care workers shall provide proof of immunization from the following diseases according to CDC guidelines: Hepatitis B, measles, mumps, rubella, varicella, and influenza. The health care worker shall also provide proof of a negative TB skin test within 12 months (if positive, proof of negative chest X-ray within 12 months) prior to start of work. After start of work, the Government will provide post bloodborne exposure protocols according to applicable AFIs.
 - 4.1.2. In those areas where there is a higher risk of transmission of tuberculosis, health care workers will be tested as frequently as directed by the MTF policy. This test will be provided by the MTF.
 - 4.1.3. Immunization information will be tracked in DoD computer systems for all health care workers.
 - 4.1.4. Medical Tests. No medical tests or procedures required by the contract may be performed at the MTF (with the exception of Tuberculosis testing after start of work). Expenses for all required tests and/or procedures (e.g., respirator fit testing where required) shall be borne by the health care workers at no additional expense to the Government.
 - 4.1.5. Health care workers must be immunized annually with the influenza vaccine. This vaccine will 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 health care worker or the Contractor. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination.

- 4.1.6. Life Support Certification. At a minimum, all health care workers must maintain current certification in either the American Heart Association Basic Life Support (BLS) (Course C) or the American Red Cross CPR/BLS Course. In addition, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Course (NRC) certifications shall be as required by AFI 44-102, Community Health Management, Tables 1.1 through 1.6.
- 4.2. PREGNANT EMPLOYEES. Health care workers should report their pregnancy to the Contractor and Government supervisor. The MTF Employee Health Office will provide information concerning any work hazards in her work area inherent to gestational females. The Government is to notify the pregnant health care worker of any work hazards. It will be the Government, Contractor, and health care worker's joint decision whether she continues work in the environment.
- 4.3. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996: All individuals 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.
- 4.4. PROCEDURE GUIDANCE. Health care workers shall perform procedures compatible with the medical facility's operating capacity and equipment. New medical procedures/services shall not be introduced without prior recommendation to, and approval of, the MTF Commander or authorized representative.
- 4.5. WORK SCHEDULES. Clinics have designated operating hours established by the local MTF and clinic policies, and may vary by location. Required services shall be performed 0730 through 1630 hours (7:30 a.m. to 4:30 p.m.) plus a 60 minute, unpaid break (lunch hour), Monday through Friday. Lunch periods are not payable periods, but will be coordinated and scheduled by the contract health care worker with the MTF Activity/Department Head/supervisor. 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 **1,840** work hours a year. Not included in, or billable as work hours are lunch/break periods, Federal holidays (80 hours), training holiday hours (48 hours), 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.
 - 4.5.1. Federal Holidays and Training Holiday Hours. The contract health care worker will not be paid for federal holidays or training holiday hours unless the contract health care worker is scheduled to work on a holiday or during training holiday hours, and then they will be paid for hours worked at the hourly rate established in the contract. The contract health care worker will not be required to work on Federal Holidays. Training holidays involve approximately 4 hours each month.
 - 4.5.2. Overtime. When the contract health care worker is required to perform contract services beyond his/her regular hours (0730 to 1630, 40 hours/week, Monday thru Friday), this will be considered overtime; i.e., working over 40 hour in a week. When the contractor health care worker is required to work overtime (as defined herein) as outlined in the weekday work schedule, or for continuity of care purposes, the overtime is billable to the government. The MTF anticipates that weekday performance of the services required under this PWS may necessitate

pproximately 15-20 hours of overtime (OT) being used/worked. Performance of services, OT or otherwise, is only required on weekdays.

- 4.5.3 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.
- 4.5.4 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 ordering CO and QAP/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
- 4.5.5 Non-Duty Days/Hours. Government non-duty days/hours, 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.
- 4.5.6 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:
 - 4.5.6.1 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
 - 4.5.6.2 The contracted HCW was scheduled to work (e.g., HCW was not on leave).
- 4.6 MTF REQUIREMENTS. The health care workers 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.
- 4.7 ENGLISH LANGUAGE REQUIREMENT. The health care workers(s) shall read, understand, speak, and write English fluently.
- 4.8 ADP III SECURITY REQUIREMENTS.
 - 4.8.1. Since the health care workers under this contract have access to and/or process information requiring protection under the Privacy Act of 1974, these positions are considered "ADP III" positions. Compliance with DoD Directive 8500.1, DoD Directive 5200.2, AFI 31-501 and AFI 33-202 is mandatory for ADP III positions. Therefore, a National Agency Check with Inquiries (NACI) is required for each health care worker under this contract. The Contractor shall fully adhere with the provisions of referenced publications by having each of their employees who are

performing under this contract make an appointment (through the CSTR) with the appropriate security organization at the installation where service is provided. Each individual will be fingerprinted and required to complete the appropriate forms, usually a Standard Form 85-P, Questionnaire for Public Trust Positions. The Contractor shall advise their employees that a positive report is needed as a condition of employment under this contract. The Contractor shall apply for the NACI prior to the start of performance for each health care worker.

4.8.2 The Contractor understands that, while the MTF commander may allow health care workers to temporarily occupy non-critical sensitive positions pending NACI, the health care worker will be immediately removed from the position if at any time the NACI receives unfavorable adjudication, or if other unfavorable information that would affect the NACI becomes known.

4.8.2.1. [Privacy System Notices](#) The medical information systems identified in Appendix A are identified for the purposes of privacy system notices. These systems may be accessed by health care workers during performance of this CSA orders.

4.9 CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS. Health care workers, licensed, registered or certified by national/medical associations shall continue to meet the minimum standards for CME to remain current as prescribed in AFI 41-117, Medical Service Officer Education. CME shall be obtained at no additional cost to the Government and shall be reported to the CSTR and MTF Credentials Committee annually on the first normal duty day in January for the previous calendar year. Periodic CME may be conducted at the MTF and will be available, at no cost, to any healthcare provider desiring to attend.

4.9.1. Health care providers 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.

4.9.2. Health care providers shall maintain current certification in required training as stated in this PWS.

4.9.3. Health care providers shall be current with and have completed all continuing education requirements specified by their professional licensure or certification. The contractor is allowed 40 hours to attend continuing education training during the contract year (see paragraph 4.5. above).

4.10. HEALTH CARE PROVIDER.

4.10.1. CREDENTIALING/PRIVILEGING.

4.10.1.1. Health care providers will be subject to the credentialing and privileging requirements of AFI 44-119, Clinical Performance Improvement, to include adverse actions.

4.10.1.2. The chief of the medical staff, or his/her representative, will define the scope of practice for health care workers.

4.10.1.3. All health care providers shall be able to obtain privileges through the applicable MTF Credentials Committee. The Contractor shall provide a complete, current

and accurate credentialing package for each health care provider as required in 44-119, Chapter 4.

- 4.10.1. 4. The credentials of all health care providers shall be reviewed and privileges granted as outlined in AFI 44-119, Clinical Performance Improvement.
- 4.10.1.5. In the event of an adverse action, the Contracting Officer (CO) and the Contractor, shall be notified by the Contracting Officer Representative (COR) and or CSTR as soon as possible when the necessity to exercise such authority becomes apparent. The COR and/or CSTR will also provide the Contracting Officer and the Contractor with a written statement advising the Contractor of an adverse action involving a health care provider, 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 written notice(s) will be marked by the government as covered by 10 USC 1102. No other information pertaining to the adverse action will be released without MTF/CC permission.
- 4.11. CRIMINAL HISTORY BACKGROUND CHECK.
 - 4.11.1. The MTF will conduct criminal background checks on all health care workers 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 completed Standard Form 86 (Questionnaire for National Security Positions) is contained in credentialing packages for privileged health care providers and submitted for non-privileged health care workers prior to providing services at the MTF. The Contractor shall ensure that the health care worker follows local MTF 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.
 - 4.11.2. The process in AFI 44-119, paras. 4.1.17.6.1 and .2 is slightly different. Health care workers may be employed under the contract pending completion of the background checks provided they meet the following criteria pending completion of background checks, The MTF Commander shall require close clinical supervision and full compliance with existing DoD Directives, Instructions, and other guidance...on quality assurance, risk management, licensure, employee orientation, and credentials verification. These policies rely on process and judgment, and meet the intent of the 'direct sight supervision' provision, affording local commanders a flexible and reasonable alternative. Therefore, the Commander will determine what constitutes "close clinical supervision" for individuals whose CHBCs are pending--either supervised privileges ensuring protection of patients under the age of 18 or line-of-sight supervision (i.e., chaperoned by an individual whose background check has been successfully completed) at all times when caring for these patients.
 - 4.11.3. The name and address of the MTF security section representative, CSTR or the COR shall be included in the request as the recipient of the results in accordance with MTF procedures. If neither position exists, the MTF Commander shall be designated to receive a copy of the results.
 - 4.11.4. Health care workers have the right to obtain a copy of the background check

report. Health care workers should contact the individuals identified in the previous paragraph for a copy of the results. Health care workers may challenge the accuracy and completeness of the information in the report by contacting the individual identified in the previous paragraph.

- 4.11.5. If the health care worker has previously received a background check, 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 5 years.
- 4.11.6. Payment of fees incurred in the conduct of any criminal history background check is the responsibility of the Government.
- 4.12. **PRESCRIPTIONS.** Health care providers authorized to prescribe pharmaceuticals shall become familiar with the hospital formulary and prescribe pharmaceuticals according to the drugs listed. The Pharmacy Service will provide instruction to all prescribing providers on substitutions of generic drugs. Follow the procedures of the MTF when prescribing drugs.
- 4.13. REFERRALS AND CONSULTS.** Health care providers shall follow DoD, Air Force and MTF regulations and policies when arranging for a referral or consult.
- 4.14. Perform Medical Evaluation Boards when tasked, IAW AFI 48-123, Medical Examinations and Standards. The contract health care provider shall assist with review of MEBs as part of their normal day-to-day duties within the Primary Care Clinic. MEB review work is anticipated to comprise less than 10 -15% of the contract health care provider's workload. The contract health care provider is not required to run the MEB Program.
- 4.15. PHYSICIAN.** Health care providers shall meet all licensing/certification requirements to perform as a Physician, to include the following:
 - 4.15.1. Be a Doctor of Medicine (M.D.) or Osteopathy (D.O.).
 - 4.15.2. Successfully completed an internship and residency in an accredited U.S. Training Program ACGME approved residency and be board certified (See Attachment #2) in their respective specialty.
 - 4.15.3. **LICENSURE (IAW AFI 44-119, Clinical Performance Improvement).** Each health care provider shall have and maintain an active, valid unrestricted, current medical license (with no limitations, stipulations or pending adverse actions) in a US jurisdiction. License must correspond to DEA registration number. All licenses must be unencumbered and remain in effect during contract employment.
 - 4.15.4. Must possess controlled substances registration certificate from the Drug Enforcement Agency (DEA) IAW the laws of the state in which he/she is licensed.
 - 4.15.5. **FORMAL EDUCATION (PHYSICIAN).** The health care provider must have graduated from an approved medical school, completed a residency or fellowship acceptable to the U.S. Air Force Surgeon General, and be eligible for board certification, or board certified, as required by the

position description contained in Attachment 2 to this PWS.

4.15.6. Degree: Doctor of Medicine or Doctor of Osteopathy from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation.

4.15.6.1. 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 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).

4.15.7. EXPERIENCE. Unless otherwise stated, the Physician shall have 24 months of experience within the last 36 months. Experience shall be in the same clinical specialty.

4.16. 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.

4.17 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.

4.18 CONTRACTOR EMPLOYEE STATUS

The Air Force does not dictate whether the individual health care workers 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 health care worker(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.

4.19. LIABILITY INSURANCE

a. Before commencing work under a contract, the Contractor shall certify to the 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) and 28.307, 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.

4.20. CONFIDENTIALITY OF INFORMATION

Unless otherwise specified, all financial, statistical, personnel, and/or technical data which is furnished, produced or otherwise available to the Contractor or health care worker 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 health care worker shall not release any of the above information without prior written consent of the Contracting Officer. All medical records and reports remain the property of the Government.

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 anyway for any use outside the MTF, except through MTF-specified processes.

All inquiries and complaints shall be brought to the attention of the health care provider's Government supervisor.

4.21. MEDICAL MALPRACTICE

This contract establishes a personal services relationship between the health care worker and the Government while the health care worker is performing services under this contract. This personal services relationship is entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. This personal services relationship is solely between the Government and the health care worker and does not include the prime Contractors. Therefore, prime Contractors are responsible for their own insurance and liability of any type.

The healthcare worker(s) is (is) not required to maintain medical malpractice liability insurance. Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract. All other employer/employee duties and responsibilities (payroll, etc.) remain the responsibility of the prime Contractor.

4.21. APPLICABLE PUBLICATIONS

4.10.15.1. Publications applicable to the PWS are listed below. The Contractor is obligated to follow these 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 shall immediately implement those changes in publications which result in a decrease or no change in the price and notify the CO in writing of such change. Should a decrease in contract price result, the Contractor shall provide a proposal for reduction in the price to the CO. Prior to implementing any change that will result in an increase, the Contractor shall submit to the CO a price proposal within 30 days of receipt of the change by the Contractor. The CO and the Contractor shall negotiate the change into the contract under the provisions of the contract clause entitled "Changes". Failure of the Contractor to submit a price proposal within 30 days from receipt of the change shall entitle the Government to performance in accordance with such change at no increase in price.

4.21.1 Publications and forms are also 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/index.html>. 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."

PUB NO.	TITLE	DATE	CHANGES
DEPARTMENT OF DEFENSE (DoD) REGULATIONS/MANUALS INSTRUCTIONS/DIRECTIVES			
DoDD 5200.2	Personnel Security Program	Apr 99	
DoDD 5400.11	Privacy Program	Nov 04	
DoDD 5500.7	Standards of Conduct	Aug 93	Ch.1, Nov 94
DoD 6025.18-R	Health Information Privacy	Jan 03	
DoDD 8500.1	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 Crisis	Nov 90	Ch.1, Jan 96
AIR FORCE INSTRUCTIONS/MANUALS			
AFI 31-501	Personal Security Program Management	Jan 05	
AFI 33-129	Web Management and Internet Use	Feb 05	

AFI 33-202	Network and Computer Security	Jan 05
AFI 33-322	Records Management Program	Oct 03
AFI 40-102	Tobacco Use in the USAF	Jun 02
AFI 41-117	Medical Service Officer Education	Apr 01
AFI 44-102	Community Health Management	Nov 99
AFI 44-119	Clinical Performance Improvement	Jun 01
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	May 01

PRIVACY ACT NOTIFICATIONS

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

[F044 AF TRANSCOM A](#) Joint Medical Evacuation System (TRAC²ES)

[F044 USAFA A](#) Department of Defense Medical Examination Review Board Medical Examination Files

[F044 USAFA B](#) Cadet Hospital/Clinic Records

[F061 AFMC A](#) Aeromedical Research Data

[DHA03](#) System Name: Pentagon Employee Referral Service (PERS) Counseling Records (February 22, 1993, 58 FR 10227).

[DHA04](#) System Name: DOD Bone Marrow Donor Program (February 22, 1993, 58 FR 10227).

[DHA06](#) System Name: USTF Managed Care System (August 23, 1995, 60 FR 43775).

[DHA07](#) System Name: Military Health Information System (August 13, 2004, 69 FR 50171).

[DHA08](#) System Name: Health Affairs Survey Data Base (April 28, 1999, 64 FR 22837).

[DHA09](#) System Name: Medical Credentials/Risk Management Analysis System (CCQAS) (February 2, 2000, 65 FR 4947).

[DHA10](#) System Name: DoD Women, Infants, and Children Overseas Participant Information Management System (November 18, 2004, 69 FR 67547).

[DHA11](#) System Name: Defense Medical Personnel Preparedness Database.

[DHA12](#) System Name: Third Party Outpatient Collection System

Attachment 2 - Position Description for Family Practice Physician – Board Certified

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. SPECIFIC TASKS.

2.1 The family practice physician 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. The physician will maintain a program of comprehensive health for the family unit, to include preventive medicine, behavioral sciences, and community health.

2.3 The physician may become the primary care manager for a panel of patients. As a PCM, the physician will be the primary person responsible for the management of the health and wellness of his/her assigned patients. Duties include:

- Examination of patients, formulation differential diagnostic plans, defines and orders required diagnostic testing.
- Interpretation of examination findings and test results, and implementation of treatment plans.
- Determines need for consultation and assists in medical care and treatment provided at the direction of other specialists.
- Approving/disapproving subspecialty referrals.
- Answering patient telephone consults with the assistance of clinic staff.
- Providing primary and secondary preventive maintenance care.
- Performing MEG reviews.

2.4 The Element Chief will make specific duties/patient care assignments. All inpatients will be admitted as per the local MTF instructions.

2.5 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
Neck
Cardiovascular System
Psychiatric and Behavioral Health

Lymphatic System
Central Nervous System
Endocrine System

2.6 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

2.7 Ensure a safe work environment and employee safe work habits.

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

2.9 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 government supervisor.

Attachment 3 - PERFORMANCE PLAN SECTION A

SERVICE DELIVERY SUMMARY AND METHOD OF SURVEILLANCE

Performance Objective	REF	Acceptable Quality Level	Monitoring Method
Recruits qualified personnel to fill all positions identified in awarded contract	PWS – para. and related subparagraphs: 4.1, 4.7, 4.8, 4.9, 4.11 and 4.15 and Atch 1, para. 1	Notifies Government of nonavailability of qualified candidates for identified positions no more often than 1 time per MTF per calendar year	100% Inspection
Submits complete and accurate security and credentialing packages to the Government no later than 30 calendar days before start of work	PWS 4.10.2. 1.2.	No more than 1 complete and accurate package submitted later than 30 calendar days before start of work with no packages incomplete, inaccurate or submitted later than 25 calendar days before start of work.	100% Inspection
Resolves substantiated MTF complaints regarding health care workers	PWS- Atch 3	All MTF substantiated complaints resolved within 30 calendar days from receipt of complaint from CSTR/QAP	100% Inspection
Minimizes turnover of staff	PWS 1.3.	Turnover ratio per CSA NTE 1 per MTF, per CSA per year	Contractor Data
Accurately reports hours worked on invoices	Section E, FAR Clause 52.246-4 Inspection of Services – Fixed Price (AUG 1996) and CSA modification	Invoice hours submitted by Contractor match MEPRS data to within 2 hours per MTF per month	100% Inspection
Provides satisfactory patient care	PWS – Atch 3	Any health care worker receives no more than two substantiated patient complaints per year	Patient Complaints/Feedback