



Department of Defense
Defense Health Agency
Medical Q-Coded Services (MQS)

Task Order Performance Work Statement

Service: Physician – Flight Surgeon

Location: Eglin AFB, FL 32542

Date: 30 Sep 2021

PART 1
PERFORMANCE WORK STATEMENT

IN ADDITION TO THE BASIC CONTRACT ACQUISITION PWS, THE FOLLOWING REQUIREMENTS ARE REQUIRED:

1.2. Description of Services:

The services required on this Task Order are in the following market segments:

- ☒ Physician Services
- ☐ Ancillary Services
- ☐ Dental Services
- ☐ Nursing Services

The services required on this Task Order are under the following special program:
N/A

1.5. General Information:

This Task Order is issued under the following arrangement:

☒ Personal Services: The following labor categories are under a personal services arrangement on this TO: Physician – Flight Surgeon.

1.5.4. Quality Assurance: The Government will evaluate the Contractor's performance under this task order IAW a separate Quality Assurance Surveillance Plan (QASP). This Government-only plan is primarily focused on what the Government will do to ensure that the Contractor has performed IAW contract performance standards. The Task Order QASP provides a systematic method to evaluate performance to include how the performance standards will be applied, the frequency of surveillance, and the acceptable quality levels for each of the metrics identified in Exhibit 1, Performance Requirements Summary. The QASP is created with the premise that the Contractor is responsible for management and quality control actions to meet the terms of the TO while the Government is responsible for quality assurance actions.

1.5.5. Contracting Officer's Representative (COR): The following individual is designated as the COR for this TO:

Name of COR: Debra Gardner
COR Email Address: debra.l.gardner.civ@mail.mil
COR Telephone Number: 850-883-9701

1.5.6. Recognized Holidays: Contract HCWs ☐ will ☒ will not be required to work on federally recognized holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Juneteenth, Labor Day, Columbus Day, Veteran's Day, Thanksgiving and Christmas.

1.5.7.1. Hours of Performance: The performance hours of the MTF are as follows: Contract healthcare worker will be available for work Monday through Friday for a minimum of 9 hours per day to include a one hour (non-paid) lunch. Routine work hours will be scheduled by the Medical Director of the Flight Medicine Clinic to correspond with the needs of the environment. Scheduled shifts are normally Monday through Friday between the hours of 0600-1800, however, schedules may vary to accommodate demand

1.5.7.2. Scheduling: The schedule or scheduling process is as follows: The Physician-Flight Surgeon will be on duty for a minimum of 40 hours per week. Routine work hours will be scheduled by departmental leaders to correspond with the needs of the department. Scheduled shifts are normally Monday through Friday between the hours of 0600-1800, however, schedules may vary to accommodate demand. Hours scheduled for shifts do not include travel time involved in reaching the medical treatment facility. The contract employee shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties. Any schedule changes must be submitted to the COR and approved by the contracting officer. Any schedule changes are to be approved by the Functional Requirements Evaluator Designee (FRED) and must be submitted to the COR in writing for coordination with the contracting officer and the company. Timesheets will be verified by the FRED.

1.5.7.3. Recording HCW Time: Changes to the recording of HCW time identified in the contract PWS are as follows: HCWs shall be required to personally record hours worked in the Defense Medical Human Resources System – internet (DMHRSi) system, or other system, as required by the MTF.

1.5.7.4.3. Substitute HCWs: If the Contractor substitutes permanent HCWs for a temporary period of time, the substitute shall meet the same qualification standards and health requirements as stated in the contract and TO. Substitutions will be required when the permanent HCW is unavailable for more than Substitutions will be required when the permanent HCW is unavailable for more than 21 calendar days. Additional qualification and standards are as follows: None.

1.5.7.5. Closures: During a planned closure of the facility due to training, holiday or unplanned closure due to unusual and compelling circumstances (e.g., natural disasters, military emergencies, severe weather), the Contractor will

- ☐ be compensated only for the actual hours the HCW provided services
- ☒ be compensated for the unplanned closure (personal services only)

1.5.8. Place of Performance: The work to be performed under this contract will be at 96th Medical Group Campus, Eglin AFB. HCWs shall receive notification two weeks prior to the reassignment to another location **with a 40-mile commuting radius of their assigned MTF**.

1.5.9. Mission Essential: The following labor categories are designated as mission essential: None.

1.5.17. Government Personnel: The Contractor ☐ shall ☒ shall not employ active duty military or government civilian employees to perform services under this contract unless approved by the TOKO on a case-by-case basis.

1.6.1. Quality Control Plan (QCP): The Contractor shall have a planned and systematic QCP that outlines the quality control process covering every aspect of the Contractor's operation under this TO. The Contractor shall submit a Task Order QCP to the TOKO as outlined in Exhibit 1 of this TO. The TOKO will approve the QCP in writing. The Contractor shall submit changes to an approved QCP to the TOKO for approval throughout the life of the contract.

1.6.3. Periodic Progress Meetings: Contractor ☐ will ☒ will not be required to attend periodic progress meetings at no additional cost to the Government. The terms at which the periodic meeting will be conducted include: N/A.

1.6.4.1. Contractor Representative: The Contractor shall submit the Contractor representative contact information and any other key personnel, in writing, to the TOKO as identified in Exhibit 2 to this TO.

1.6.4.2. Representative Status Change: The Contractor shall notify the TOKO in writing of changes in the status (i.e., termination or replacement) of designated Contractor representative within 1 business days of the change.

1.6.6. Contractor Travel: Reimbursement ☐ will ☒ will not be provided for travel within a 40-mile radius of the place of performance. HCW travel requirements are as follows: N/A

1.6.7. Relocation Costs: The Government ☐ will ☒ will not pay the Contractor to relocate HCWs.

1.6.9. Orientation: Orientation will be ☒ paid at the billable rate or ☐ compensated separately.

1.6.9.2. Computer Skill Competency: Each HCW shall demonstrate competency as required in the contract and as follows: The Government will provide computer training, as referenced in this PWS, during normal duty hours. HCW must have knowledge of computer operations and proficiency in the use of basic word processing, data entry and automated medical records. HCW will be proficient within 90 days of start.

1.6.10. MTF Training: Additional training requirements are as follows:

Orientation attendance will be scheduled by the Education and Training section. Such orientation may include instruction on automated processing, standard operating procedures, local in-services, quality improvement policies, communications, and occupational exposure to blood borne pathogens, safety programs, etc.

The HCW shall complete all initial, recurring and new training required to be compliant with hospital Education and Training policies.

Annual Training Updates. HCW shall be required to complete annual training updates at the MTF. Annual training updates may be accomplished via video or classroom instruction, computer-based instruction, or review of written materials.

Armed Forces Health Longitudinal Technology Application (AHLTA) Training (formerly known as CHCSII). HCW shall attend training in the use of AHLTA. The length of training will depend upon the computer skills of the individual HCW. This training will be coordinated and scheduled by the duty section. (Access to such patient data systems is an “Automated Data Processing Sensitive” position requiring compliance with AR 25-2 and AR 380-67.) HIPAA Privacy and Security Training (HIPAA 101).

HCW shall be required to complete the On-Line Web-based Training Modules within the first 30 days of performance. In addition to the specified courses listed above, HCWs are required to attend or complete on line any Department of Defense, AF, or Federal Government directed courses, which are not available to HCW outside of the MTF. HCW will participate in all mandatory training.

Government unique training. The government may elect to provide unique government training to HCWs who are performing services under this contract. If the government elects to provide such training, the government will provide such training at no additional expense to the contractor or to the HCW. When directed by the Contracting Officer, HCWs shall attend all such training in a paid status as part of the normal services required and billed under the contract.

Information Awareness Training. All HCWs, to include subcontractor HCWs, requiring access to AF/Government information systems shall complete Information Awareness training within 30 calendar days after contract start date. The contractor shall submit certificates of completion for each affected HCW and subcontractor HCW, to the FRED within 30 calendar days after completion of training.

Hours for attending any of the above shall be compensated at the regular hourly rate established in the contract.

1.6.12. MTF Standards: Specific policies, procedures, and instructions/regulations for the place of performance are as follows: The HCWs shall comply with all applicable federal, state, and local laws, DoD, agency- specific, installation and MTF policies, procedures and instructions as applicable at the place of performance.

1.6.20. The Healthcare Worker shall ensure that he/she is in compliance with preventive, prophylactic and follow-up procedures, as well as infection control and employee health program procedures, as established by the MTF. Required preventive, prophylactic and follow-up procedures will be provided by the Government to contract employees in the military MTF.

The HCW shall reimburse payment for these services. If care is received elsewhere, the HCW shall provide written verification of treatment.

Health Care Requirements: HCW providing services under this contract shall receive a pre-employment physical examination prior to commencement of work and annually thereafter. HCW shall report to their physician to receive a pre-employment examination and immunizations/shots prescribed by the MTF.

Not later than five (5) working days prior to commencement of work, certification shall be provided to the COR that HCW has completed medical evaluation required above. This certification shall state the date on which the examination was completed, the doctor's name that performed the examination, and a statement concerning the physical health of the individual.

As a condition of employment, the Occupational Safety and Health Administration (OSHA) requires that all contract personnel who will have occupational exposure to blood or body fluids, or other potentially infectious materials, shall receive the Hepatitis B vaccine, sign a voluntary declination, or have documented proof of immunity to Hepatitis B infection. Personnel who sign declinations may change their minds at any time and receive the Hepatitis B vaccine without penalty.

The HCW shall report (to the appropriate MTF staff member) all information necessary to assure hospital records can be maintained correctly, and therefore comply with the Joint Commission, OSHA, and Center for Disease Control (CDC) health records requirement.

96 MDG EMPLOYEE HEALTH PROGRAM REQUIREMENTS

96 Medical Group Medical Employee Health Program Requirements
References:
SGPM Operating Instruction 48-19, <i>Medical Employee Health Program</i> , 1 June 2012
Air Force Instruction 44-108, <i>Infection Prevention and Control Program</i> , 1 March 2012

Air Force Instruction 41-115, <i>Authorized Health Care and Health Care Benefits in the Military Health Systems</i> , 28 December 2001	
Air Force Joint Instruction (AFJI) 48-110, <i>Immunizations and Chemoprophylaxis</i> , 29 September 2006	
Centers for Disease Control Morbidity and Mortality Weekly Report (MMWR), <i>Immunization of Healthcare Workers</i> , 25 November 2011, / 60(RR07);1-45	
Centers for Disease Control Morbidity and Mortality Weekly Report (MMWR), <i>Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings</i> , 30 December 2005, Vol 54/No. RR-17	
MEHP Immunization / Screening Requirement	Presumptive evidence of immunity to measles, mumps and rubella includes any of the following
<p>Measles, Mumps, Rubella (German Measles) <u>NOTE:</u> If a HCW with 2 documented doses of MMR vaccine is tested serologically and determined to have negative or equivocal measles titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of measles immunity.</p>	<ol style="list-style-type: none"> 1. Written documentation of vaccination with 2 doses of live measles, mumps, and rubella or MMR vaccine administered at least 28 days apart OR 2. Laboratory evidence of immunity (Positive “Convalescent” Measles, Mumps and Rubella immunoglobulin G (IgG) in the blood; equivocal results should be considered negative) OR 3. Laboratory confirmation in the HCWs record that the HCW had measles, mumps and rubella disease (Positive “Acute” Measles, Mumps, and Rubella immunoglobulin M (IgM) in the blood OR 4. Birth before 1957 (The majority of persons born before 1957 are likely to have been infected naturally and may be presumed immune)
<p>Tuberculosis (TB) Screening NOTE: HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months).</p>	<ol style="list-style-type: none"> 1. Two-step tuberculin skin test (TST) for M. tuberculosis (BAMT)) that was performed within the previous 12 months OR 2. An approved blood assays for M. tuberculosis (BAMT)) that was performed within the previous 12 months

Varicella (Chicken Pox)	<p>All HCWs born after 1966 require proof of varicella immunity. Evidence of immunity includes</p> <ol style="list-style-type: none"> 1. Written documentation of vaccination with 2 doses of varicella vaccine OR 2. Laboratory evidence of immunity or laboratory confirmation of disease OR 3. Diagnosis or verification of a history of varicella disease by a health-care provider OR 4. Diagnosis or verification of a history of Herpes Zoster by a health-care provider
Tetanus, Diphtheria and Pertussis (Tdap).	All HCWs, regardless of age, will receive a one-time dose of the Combined Tetanus, Diphtheria and Pertussis (Tdap) vaccine if not previously vaccinated. HCWs will receive Td boosters every 10 years thereafter.
Influenza	Immunization against seasonal influenza each year is required unless there is a documented medical contraindication.
<p>Hepatitis B Virus (HBV) Vaccine and Immunity</p> <p>NOTE: All <i>high-risk</i>(1) and <i>exposure-prone</i>(2) HCWs who do not have a protective concentration of anti-HBs (>10 mIU/mL) after completion of the second vaccination series (i.e., after receiving a total of 6 doses) will be tested for Hepatitis B surface antigen (HBsAg) and Hepatitis B core antibody (anti-HBc) to determine infection status.</p>	Completion of three doses of hepatitis B vaccine and serologic testing for Hepatitis B surface antibody (anti-HBs) within 30-60 days after completion of the three dose vaccination series is required for all HCWs with direct patient care duties.
<p>(1) High-risk personnel: Personnel who have direct contact with patients or blood/body fluids, and are at ongoing risk for injuries with sharp instruments/needle sticks.</p>	
<p>(2) Exposure-prone personnel: Medical and dental providers, Registered Vascular Technicians, and technicians who perform invasive procedures with sharp instruments in a poorly visualized or highly confined anatomic site, as defined by the most current CDC guidelines. All exposure-prone personnel are also high-risk.</p>	

1.6.20.3. Occupational Health: The HCW ☒ shall ☐ shall not be required to obtain documentation of required physical testing or a report of a physical examination.

1.6.20.5. Tuberculosis Screening: The additional immunization/screening requirements for the risk of exposure to tuberculosis (TB) are as follows: See MQS-Basic Contract PWS.

1.6.25. Competency-Based HCW Interviews: Prior to HCW placement, the Government ☒ will ☐ will not contact the HCW to determine if the HCW meets the requirements set in the contract and/or task order.

PART 3
GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES

3. Government Furnished Items and Services:

3.1. General: The following additions are made to the Government furnished items and services for this TO: None

PART 4
CONTRACTOR FURNISHED ITEMS AND SERVICES

4. Contractor Furnished Items and Responsibilities:

4.1. Rubber Stamp: The Contractor ☐ will ☒ will not be required to ensure privileged HCWs providing services on this contract have a rubber stamp.

4.2. General: The following Contractor furnished items and services are required for this TO: None

4.3. The Contractor shall furnish all personnel and services to comply with the requirements of this contract, except where specifically identified as government-furnished supplies and services.

4.4. Certificates/licenses/training shall be maintained in a current status at all times while performing services under this contract. If at any time during the contract the Contractor HCW does not renew any of the required certifications/licenses prior to the expiration date, he will not be allowed to work at a Military Treatment Facility, Hospital, or Clinic. This expense shall be borne by the Contractor and will not excuse the Contractor from fulfilling the requirements under this contract.

PART 5

PERFORMANCE REQUIREMENTS

Labor Category: Physician – Flight Surgeon

HCW Qualifications (Contract PWS 5.2; 5.2.3; 5.2.4; 5.2.6.4.4):

- **Degree/Education (5.2.4):** Possess a doctor of medicine degree or a doctor of osteopathy degree from an accredited/approved school of medicine or osteopathy.
- **Certifications in addition to Basic Life Support (5.2.3):** Current board certification in Aerospace Medicine is highly recommended. If not board certified in Aerospace Medicine, then must show proof of completion of any medical residency program and must have a minimum of 3 years of U.S. Military Flight Surgeon experience. Advanced Cardiac Life Support (ACLS) is required. Current Pediatric Advanced Life Support (PALS) and ATLS (Advanced Trauma Life Support) certification is desired, but not required. TRAINING IS NOT PROVIDED BY THE GOVERNMENT.
- **Experience:** The Flight Medicine Physician must have a minimum of 35 hours of direct patient care in the past year. Applicant must have a minimum of 3 years' experience in the past 5 years having served as a privileged flight surgeon at a US Military installation.
- **Licensure/Registration:** Shall have and maintain a valid unrestricted medical license to practice as a licensed physician/medical doctor in one of the 50 United States, the District of Columbia, Puerto Rico or a territory of the United States

HCW Duties (5.1 Task 1): The duties for the HCW include but are not limited to the following:

- Attend and participate in meetings during normal duty hours and professional staff conferences and other appropriate professional activities such as, but not limited to the following: Quality Improvement meeting, professional staff meetings, Commander's staff meetings, Deployment Availability Working Group (DAWG), Aeromedical Council (AMC), Flight and Operational Medicine Working Group (FOMWG), Occupational and Environmental Health Working Group (OEHWG), and others required by applicable regulations, MTF guidance, or as directed by the Flight Medicine Flight Commander or his/her designated representative. Additionally, provider is expected to participate in monthly peer reviews. Minimum of 10 routine cases seen in the last 30 days must be reviewed per provider per month with discrepancies addressed.

- The Flight Medicine Physician shall perform a full range and spectrum of comprehensive specialty care onsite at the MTF. The Flight Medicine Physician shall provide health care to beneficiaries assigned to the Flight Medicine Clinic. The Flight Medicine Physician will see all scheduled and/or walk in (sick call) patients. These tasks include performing primary care and occupational health clinician duties and the associated administrative tasks. Additionally, the flight medicine physician will perform tasks set forth by the Base Operational Medicine Clinic program, which includes but is not limited to Separation History and Physical Examinations (SPHE) and permanent change of station (PCS) clearance examinations with their potential waivers for all Active Duty personnel on base. The Flight Medicine Physician will practice within the guidelines set by the credentialing office of the 96 MDG and the Medical Director. The Flight Medicine Physician's productivity is expected to be comparable to that of the other civilian and military Flight Medicine Physicians assigned to the same facility/similar facilities and authorized the same scope of practice.
- The applicant must be able to locate, interpret and apply current regulations including: AFI 48- 123, AFI 48-101, AFI 48-149, AFI 36-2905, AFI 10-203, DoD 5210.42R, AFMAN 13-501, Waiver guide, Medical Standards Directory (MSD) and Official Air Force Aerospace Medicine Approved Medications List.
- Care shall include but not be limited to continuing, comprehensive health maintenance and provision of medical care, including preventive medicine, behavioral health, occupational health, and community health.
- The civilian Flight Medicine Physician may become the primary care manager (PCM) for a panel of patients. As a PCM, the Flight Medicine Physician will be the primary person responsible for the management of the health/wellness of assigned flight medicine patients and complete all necessary paperwork (waivers, MEB, etc). Duties include:
 - Examination of patients, formulation of differential diagnostic plans, ordering of appropriate diagnostic testing.
 - Interpretation of examination findings and test results, and implementation of treatment plans.
 - Determination of the need for consultation and assisting in medical care and treatment provided at the direction of other specialists.
 - Approving/disapproving subspecialty referrals.
 - Directing case management activities.

- Answering patient telephone consults with the assistance of clinic staff.
- Providing primary and secondary preventive maintenance care.
- Timely completion of IRILO, ARILO, and waivers (overseas, deployment, and flying class).
- The Medical Director, Flight Medicine Clinic will assign specific duties/patient care assignments, and other duties deemed necessary. All inpatients will be admitted as per the local MTF instructions.
- Diagnose and treat a wide-range of 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	
- Perform medical procedures and maintain certification where appropriate to include, but not limited to, the following:
 - Basic Life Support
 - 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
 - Suture simple laceration
 - Suture removal
 - Cryotherapy
 - Nebulizer treatment
 - Bladder catheterization
 - Cultures (throat, wound)
 - 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
 - Administer intravenous, intramuscular and subcutaneous medications as appropriate
 - Stabilize and evaluate cervical spine injuries as appropriate

- Splint and stabilize traumatic injuries to extremities
- Prepare records and reports as required in support of services rendered in accordance with established procedures.
- Attend and participate in patient care reports, review meetings, 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 assigned cases and/or performance of services.
- Civilian flight medicine physicians will not fly (as part of their duties), or participate in exercises beyond the scope of medical care specified in their privileges and/or credentials. They will not be utilized as Squadron Medical Element physicians.
- Credentialed civilian flight medicine physicians may respond to HAZMAT and in-flight emergencies from 7:00 AM to 4:00 PM. The dates each week will be determined monthly. After hours coverage will only be provided if requested by local authorities and written into local contract.
- Credentialed civilian flight medicine physicians may participate and conduct occupational shop visits as part of Occupational and Environmental Health Working Group (OEHWG). Prepare and complete required reports as required by applicable regulations.
- Conduct special operational evaluations and determinations, including (but not limited to):
 - PHA/MHA for flyers/special duty personnel.
 - Initial certification exams for flying/special duty applicants (including foreign military personnel attending US military training, initial health screening for foreign military personnel attending US military training).
 - Conduct adaptability rating assessment for military special duty applicants.
- Aeromedical Dispositions: Civilian Flight Medicine providers will be allowed to make aeromedical dispositions ONLY if they meet the Qualifications criteria listed in section 1. Aeromedical dispositions must be specifically listed on the Flight Surgeon's credentials and privileges list, which requires initial review and approval by the MTF's SGP. The term "aeromedical disposition" includes drafting and reviewing aeromedical waivers, approving DNIF/DNIC, and RTFS 2992s. Exceptions to this policy require approval from AFMSA/SGPF.

- Apply medical, fitness and profiling standards IAW AFIs 48-123, 36-2905 and 10-203 (including profiling and duty restrictions as Profile Officer).
- Complete deployment health assessments IAW DHA policy.
- Shall consult with medical personnel, legal authorities, and military commanders as required.
- Shall direct supporting Government employees assigned to them during the performance of clinical duties. Guides the performance of assigned personnel. Uses team approach toward staff and patient management.
- Shall perform administrative duties that may include maintaining statistical records of his or her clinical workload, participating in medical education programs, and participating in quality improvement functions and other duties as prescribed by the Flight Commander.
- The Flight Medicine Physician shall follow DoD, Air Force and MTF regulations and policies.
- Communication. Contractor employees shall maintain open and professional communication with members of the MTF staff, MTF customers, and other contractor employees. COR will report substantiated complaints in writing to the CO for action. Substantiated complaints will be considered a performance failure. The contractor shall resolve all substantiated complaints immediately upon notification of the complaint, and no later than the suspense date provided by the CO, or designated representative.
- Shall respect and maintain the basic rights of patients, demonstrating concern for personal dignity and human relationships. Providers receiving complaints validated by the Functional Requirements Evaluator Designee (FRED), COR and Chief of the Medical Staff, depending on the nature and severity of the complaint, may result in separation from performing services under this contract.
- Shall demonstrate appropriate interactions with clients/families and coworkers which contribute to mission accomplishment.
- Ensures patient and staff safety through safety awareness, proper infection control and promotion of clean, orderly clinic environment. Recognizes, reports, and corrects potential safety hazards.
- Documentation. Contractor employees shall prepare all documentation to meet or exceed established MTF standards, to include, but not limited to: timeliness, accuracy, content, and signature. Contractor employees shall only use MTF and

Air Force-approved abbreviations for documentation in the patient health records and follow the MTF's *Do Not Use Abbreviation List*. (AFI 44-172 / AFI 48-123, Medical Examinations and Standards, 5 November 2013)

- Medical Records Documentation. Health care providers shall complete medical records documentation within 72 business hours of the encounter with the patient.
- Coding. Contractor employees shall use the proper coding of procedures and treatment, and shall maintain coding accuracy (CPT/E&M/procedure) at the same standard, 90% or higher, as military and civil service health care providers engaged in comparable work.
- Shall be responsible for creating, maintaining and disposing of only those Government records which are specified by the 96 MDG.
- Shall treat patient information, no matter how developed, as privileged information. Patient information shall not be disclosed or revealed in any way for any use outside the MTF without prior written permission by the Chief of Hospital Services.

5.1.1. Legal Authorization to Work in the United States: HCWs performing under this contract must be a U.S. Citizen or as defined by the Department of Homeland Security, U. S. Citizenship and Immigration Services, either a noncitizen national of the United State, lawful permanent resident of the United States, or alien authorized to work in the United States. Additional restrictions may be imposed at the Task Order Level: nothing follows.

5.2.6. Qualifying/Credentialing Packages: The Contractor shall provide a complete package IAW (i.e., AFI 44-119 and DoDM 6025.13). The packages needed for this TO are as follows:

5.2.6.2. ☐ Qualifying Package: The Contractor shall provide a complete, current, and accurate qualifying package for the contract employee 15 calendar days before the HCW placement. This package will include supporting documents for all qualifications (i.e. degree, certifications, courses, etc.) and primary source verification of each.

5.2.6.3. ☐ Credentialing Package for Non-Privileged HCWs: The Contractor shall provide a complete, current, and accurate credentialing packages within 30 calendar days prior to placement. This package will include supporting documents for all qualifications (i.e. degree, license, certifications, courses, etc), and primary source verification of each. A checklist will be provided by the Professional Staff Management Office.

5.2.6.4. ☒ Credentialing Package for Privileged HCWs: The Contractor shall provide a complete, current, and accurate credentialing package within 30 days before HCW placement. This package will include supporting documents for all qualifications (i.e. degree, training, experience/privileges/employment for the past 10 years, license, board certifications, continuing education for past two years, peer reference forms/letters, sanction queries, etc), and primary source verification of each. A checklist will be provided by the Professional Staff Management Office.

5.2.6.4.1. Clinical Competency: Each HCW requesting clinical privileges shall ☒ shall not ☐ be required to demonstrate clinical competency within the past two years in the required clinical discipline as specified in this PWS.

5.2.6.4.3. Drug Enforcement Agency (DEA) Registration: Requirements for DEA registration numbers are required for Physician-Flight Surgeon

5.2.9. Security Investigative Requirements: The Contractor shall ensure HCWs comply with the following security requirements not already identified in the contract PWS:

5.2.9.1. ☒ HCWs shall be subject to the following additional security investigative processes, to include appointments with Security Managers:
TSgt Area'l Johnson, Security Manager, areal.m.johnson.mil@mail.mil, 850-883-9176.
Contract employees shall complete and e-mail an electronic copy of the SF85, Electronic Personnel Security Questionnaire (EPSQ) file in the ".pdf" format to the Security Manager two weeks prior to employment in the MTF, complying with regulations, DoD 5200.2-R, appendix K, and AFSSSI 5027, Section 5.3.3.

5.2.9.4. ☒ HCWs shall be subject to the following security processes for fingerprints.

5.2.9.5. ☒ The HCW shall complete either a ☒ SF-85 or an ☐ SF-86 Questionnaire for National Security Positions (or equivalent OPM investigative product).

Computer Security (COMPUSEC).

5.2.9.5.1. Local Area Network (LAN): The Government will provide limited access to the existing LAN to include email capability. The Contractor shall not use the LAN for purposes other than for work required under this contract.

5.2.9.5.2. Common Access Card (CAC): The Contractor's PM or alternate shall complete all necessary documents for all Contractor personnel requiring access to Eglin AFB. Common Access Cards (CAC) shall be required for all on-site Contractor personnel. The Contractor's PM shall ensure the Government representative in the local organization designated to authorize issuance of Contractor's CACs (*i.e.* Trusted Agent (TA) receives a pass through the Trusted Agent Security System (TASS). Contractor personnel shall electronically submit application to the TA, once approved set up appointment at <https://rapids-appointments.dmdc.osd.mil/> or go to the Military Personnel Section.

5.2.9.5.3. Eglin Affidavit and Base Pass requirements must be sent to the COR **no later than five business days prior to start date**. Background checks are conducted by the base Security Forces squadron. Individuals who do not meet security requirements will be contacted through their employer explaining why the employee is not eligible for employment at the 96MDG. The MTF will provide the necessary authorization for the HCW to obtain a Common Access Card.

5.2.9.5.4. National Agency Check Investigations (NACI): The Contractor shall have current favorable National Agency Check investigations for its employees, from the Government, by contract start date and throughout the life of contract. These investigations shall be submitted by the Government at no additional cost to the service provider.

5.2.9.5.5. Upon termination of services (voluntary or involuntary), both the identification badge and the CAC shall be surrendered to the COR or other designee.

5.2.9.5.6. Contractor Access to Air Force Installations. IAW AFMAN 31-113, Installation Perimeter Access Control. Vehicle registration, proof of insurance and a valid driver's license must be presented for vehicles.

(1) The Contractor shall obtain base identification and vehicle passes, if required, for all Contractor personnel who make frequent visits to or perform work on the Air Force installation(s) cited in the contract. Contractor personnel are required to wear or prominently display installation identification badges or Contractor-furnished, Contractor identification badges while visiting or performing work on the installation.

(2) The Contractor shall submit a written request on company letterhead to the Contracting Officer listing the following: contract number, location of work site, start and stop dates, and names of employees and subcontractor employees needing access to the base. The letter will also specify the individual(s) authorized to sign for a request for base identification credentials or vehicle passes. The Contracting Officer will endorse the request and forward it to the issuing base pass and registration office or security police for processing. When reporting to the registration office, the authorized Contractor individual(s) should provide a valid driver's license, current vehicle registration, and valid vehicle insurance certificate, to obtain a vehicle pass.

(3) During performance of the contract, the Contractor shall be responsible for obtaining required identification for newly assigned personnel and for prompt return of credentials and vehicle passes for any employee who no longer requires access to the work site. When work under this contract requires unescorted entry to controlled or restricted areas, the Contractor shall comply with [AFI 31-101, Volume 1](#), The Air Force Installation Security Program, and [AFI 31-501](#), Personnel Security Program Management. Upon completion or termination of the contract or expiration of the identification passes, the prime Contractor shall ensure that all base identification passes issued to employees and subcontractor employees are returned to the issuing office. Failure to comply with these requirements may result in withholding of final payment.

5.2.9.5.6. Background Checks: The Government will conduct criminal background checks on individuals providing services under this contract, using the procedures set forth in Department of Defense Instruction 1402.5 dated 19 January 1993. Background checks will be based on fingerprints of individuals obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureaus of Investigation and state criminal history repositories.

5.2.9.5.7. The contract employee may provide contract services prior to completion of background checks with the consent of the CO and hospital commander. However, at all times while children are in the care of that individual, the contract healthcare worker shall be within sight and continuous supervision of a staff person, whose background check has been completed, a chaperon or parent.

5.2.9.5.8. The contract employee shall have the right to obtain a copy of any background check pertaining to them and to challenge the accuracy and completeness of the information contained in the report.

5.2.9.5.9. Individuals who have previously received a background check shall provide proof of the check to the Contracting Office or obtain a new one.

5.2.9.5.10. Background checks are conducted by the base Security Forces squadron. Individuals who do not meet security requirements will be contacted through their employer explaining why the employee is not eligible for employment at the 96 MDG. The MTF will provide the necessary authorization for the Contract Employee to obtain a Common Access Card.

5.3.1. Initial Placement: The Contractor shall provide the appropriate qualifying or credentialing package as required in the TO, the Contractor shall be given 30 calendar days from the CLIN start date to place non-credentialed HCWs and 60 calendar days from the CLIN start date to place privileged and non-privileged credentialed HCWs. Unless otherwise established in the ensure HCWs begin performance as follows:

5.4.4. Schedule Management: The TO will establish the work schedule and billable hours for each HCW. The Contractor shall maintain a process to monitor work and billable hours on the TO. When directed by the Government, the HCW shall remain on duty to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the normal work schedule.

5.4.4.1. Schedule Management for Personal Services: The work schedule for each labor category is as follows:

Labor Category: Physician- Flight Surgeon – 2200 regular hours.

Work Schedule: Monday-Friday between the hours of 0600-1800.

Duty Hours: Monday-Friday, 0700-1600

On-Call Hours: N/A

Overage Hours: N/A

5.4.4.4. On-Call Hours: HCWs ☐ will ☒ will not be required to report in-person to the MTF during on-call hours if needed. The number of call-back hours and timeframe is as follows: N/A

5.4.4.5. Overage Hours: Overage hours for each labor category are as follows: N/A

* Note, overage hours are often used by the Contractor to pay overtime pay to their employees.

5.5.3. Scope of Work: HCWs ☒ will ☐ will not be able to bill the Government for participation in administrative functions (i.e., orientation, quality improvement programs, clinical/administrative data collection, meetings, and training). Specific tasks associated with administrative duties beyond the tasks outlined in the contract PWS include:
Orientation and Section Training

5.5.5. Billing for Services: The Contractor will only be paid for the actual hours the HCW provides services with the following exception for personal services HCWs:
As stated in paragraph 1.5.7.5.

5.6.1. Task 6 – Reports. The minimum level of metrics maintained at the Task Order level include HCW overall fill rate, on-time fill percentage, turnover rate, and replenish rate. Acceptable Quality Levels (AQLs) on these metrics are set in Exhibit 1, PRS in this TO. The minimum values for AQLs on Task Order metrics are set as follows:

Overall Fill Rate: $\geq 95\%$

On-Time Fill Percentage: $\geq 95\%$

Turnover Rate: $\leq 20\%$

Replenish Rate: $\geq 95\%$

The minimum level of metrics will be calculated as follows:

5.6.1.1. Overall Fill Rate: The overall fill rate is the percentage of the total amount of required FTE-weighted days (i.e., purchased) filled in a reporting period. The overall fill rate is calculated by dividing the sum of FTE-weighted days HCWs fill a position in a reporting period by the total number of required FTE-weighted days in the same reporting period.

5.6.1.2. On-Time Fill Percentage: Percentage of FTEs filled by the required start date during the reporting period. The on-time fill percentage is calculated by dividing the

number of initial and replacement FTEs assigned with a required start date in a reporting period filled on time by the total number of initial and replacement FTEs assigned with a required start date in the same reporting period.

5.6.1.3. Turnover Rate: The number of FTEs that turned over during a reporting period. The turnover rate is calculated by dividing the number of assigned FTEs turned over in a reporting period (for any reason unless the TOKO informs the PMO not to count the turnover) by the total number of assigned FTEs in the same reporting period. Turnovers occurring less than 30 calendar days before the end of the TO will not be counted as a turnover for this metric.

5.6.1.4. Replenish Rate: The replenish rate is a measure of how well assigned positions remain filled in a reporting period. The replenish rate is calculated by dividing the sum of FTE-weighted assigned HCW days in a reporting period by the sum of FTE-weighted days available subsequent to initial HCW assignment start dates in the same reporting period.

5.6.1.5. Additional Metrics: Additional metrics, to include customer satisfaction, complaint resolution percentage or local metric, on this Task Order ☒ are ☐ are not identified in Exhibit 1, PRS.

PART 6
OTHER TERMS, CONDITIONS, AND PROVISIONS

6.2. Information Assurance (IA)/Information Technology (IT): All contract employees and associated sub-contractor employees must complete the DoD IA awareness training before issuance of network access and annually thereafter. All contractor employees working IA/IT functions must comply with DoD and service training requirements in DoDD 5144.02.01, DoD 8570.01-M.

6.4.4 Health Insurance Portability and Accountability Act (HIPAA): Additional or supplemental instructions unique to HIPAA for this TO are as follows:

VII. Notices. Any notices to be given hereunder will be made in the most expedient manner, via e-mail, facsimile, U.S. Mail, or express courier to such party's address given below.

If to the Business Associate:

If to the Covered Entity:

Attn:	_____	Attn:	Mr. Ken Humphries
Title:	_____	Title:	MTF HIPAA Privacy Officer
Company:	_____	Unit:	96 MDSS/SGST
Address:	_____	Address:	307 Boater Road Suite 114
	_____		Eglin AFB, FL 32542
	_____		_____
Phone:	_____	Phone:	850-883-9078
Fax:	_____	Fax:	850-883-8964
E-mail:	_____	E-mail:	kenneth.w.humphries3.civ@mail.mil

With a copy to:

Name:	_____	Name:	MSgt Jason Ward
Company:	_____	Title:	Contracting Officer
Address:	_____	Address:	308 West D Ave
	_____		Bldg 260, Ste 130
	_____		Eglin AFB, FL 32542
Phone:	_____	Phone:	850-882-0358
Fax:	_____	Fax:	_____
Email:	_____	Email:	jason.ward.9@us.af.mil

Each party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner provided in this subsection.

PART 7
APPLICABLE PUBLICATIONS

7.1 Publications: In addition to the publications listed in the contract, the Contractor shall abide by the following applicable regulations, publications or manuals:

AIR FORCE FORMS

AF Form 1540 or Application for Privileges

AF Form 1562 Credentials for Evaluation of Health Care Providers

PART 8
ATTACHMENTS/EXHIBIT

EXHIBIT 1
PERFORMANCE REQUIREMENTS SUMMARY (PRS)

Performance Objective	Reference	Performance Objective	Method of Surveillance	AQL
Overall Fill Rate	5.1: Recruit HCWs	Percentage of days FTEs are assigned to a position in a reporting period	100% inspection	$\geq 95\%$
On-Time Fill Percentage	5.3: Place HCWs	Percentage of FTEs filled by the required start date in the TO during the reporting period	100% inspection	$\geq 95\%$
Turnover Rate	5.3.2: Replace HCWs	The number of FTEs that turned over during a reporting period	100% inspection	$\leq 20\%$
Replenish Rate	5.2: HCW Qualifications	The measure of how well assigned positions remain filled in a reporting period	100% inspection	$\geq 95\%$

ADDITIONAL METRICS

Performance Objective	Reference	Performance Objective	Method of Surveillance	AQL
Customer Satisfaction Rate	5.5.1: Manage HCWs	The aggregate rating on a 7-point scale as reported by CORs in a reporting period	Government management oversight; discrepancy reports	$\geq 95\%$
Complaint Resolution Percentage	5.5.6: Resolve Performance Issues	The percentage of discrepancy notices resolved on time in a reporting period	Government management oversight; discrepancy reports	$\geq 95\%$

EXHIBIT 2
DELIVERABLES SCHEDULE

DELIVERABLE	FREQUENCY	# OF COPIES	MEDIUM/FORMAT	SUBMIT TO
Key Personnel List	NLT 7 business days of TO award	2	Electronic copy (MS Word) via email -ARMDEC	CO/COR
Initial Placement of HCWs: Qualifying Documentation (i.e., qualifying package; credentialing package)	NLT 15 days before the required start date	2	Electronic copy (MS Word) via email-ARMDEC	CO/COR
Replacement of HCWs: Qualifying documentation (i.e., qualifying package; credentialing package)	NLT 14 days after vacancy occurs for non-credentialed HCWs; NLT 21 days after vacancy for credentialed HCWs	2	Electronic copy (MS Word) via email-ARMDEC	CO/COR
Quality Control Plan	Within 14 days of TO award	1	Electronic copy (MS Word) via ARMDEC	CO/COR
Security Investigative Package	NLT 12 days before the required start date of the HCW	1	ARMDEC	Security Manager
Fill/Vacancy Report	Monthly	2	Electronic Copy (MS Word) via e-mail	CO/COR