

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE S		PAGE OF PAGES 1 212	
2. AMENDMENT/MODIFICATION NO. 0004		3. EFFECTIVE DATE 30-Aug-2017		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO.(If applicable)	
6. ISSUED BY DHA CONTRACTING OFFICE-(CO-NCR) HT0014 8111 GATEHOUSE ROAD 2ND FLOOR FALLS CHURCH VA 22042		CODE HT0014		7. ADMINISTERED BY (If other than item 6) See Item 6		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)				X		9A. AMENDMENT OF SOLICITATION NO. HT0014-17-R-0010	
				X		9B. DATED (SEE ITEM 11) 18-Jul-2017	
						10A. MOD. OF CONTRACT/ORDER NO.	
						10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this amendment is to: 1. Update the Performance Work Statement. 2. Update Addendum to FAR 52.212-1. 3. See Summary of Changes. 4. All other provisions, terms and conditions remain unchanged.							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				TEL: _____ EMAIL: _____			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
_____ (Signature of person authorized to sign)				BY _____ (Signature of Contracting Officer)		30-Aug-2017	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION SF 1449 - CONTINUATION SHEET

The following have been modified:

ADDENDUM TO FAR 52-212-1

ADDENDUM TO FAR 52.212-1

PROGRAM STRUCTURE AND OBJECTIVES

- a. The resulting contracts from this acquisition will be Indefinite Delivery/Indefinite Quantity (IDIQ) Multiple Award Contracts (MACs). This requirement is 100% small business set-aside under North American Industry Classification System (NAICS) number 621999. The Government anticipates awarding approximately 20 IDIQ contracts but may award more than or less than 20 contracts.
- b. All referenced documents for this solicitation are available on the Federal Business Opportunities (FedBizOpps) web site at <http://www.fbo.gov> under the Solicitation Number HT0014-17-R-0010 Potential offerors are encouraged to subscribe for real-time e-mail notifications when information has been posted to the website for this solicitation.
- c. Market research confirmed that subcontracting and teaming arrangements are necessary because of the broad scope of the contract requirements; therefore such arrangements are encouraged to ensure mission success. However, during the contract competition, if a company is identified as a prime contractor or teaming partner/subcontractor on any proposal for this acquisition, then they cannot participate as a prime contractor or teaming partner/subcontractor on any other offeror's proposal(s). This limitation includes the companies of mentor protégé arrangements and joint venture partners. After award of contracts, for subsequent task order competitions, the government continues to prohibit cross-teaming.
- d. For consideration in developing a proposal, the maximum program size is \$969M over a five year ordering period. Offerors are advised that task orders are anticipated to be issued in support of DHA and DoD and potentially the VA. The Government will award each contract the total maximum program size, allowing the ordering Services to expend program funds on a task order by task order fair opportunity basis as specified in Part 1, Paragraph 1.2 (Subsequent Task Orders). However, since this contract is an ID/IQ-ordering vehicle, the Government does not guarantee the contract holders any awards above the minimum contract award outlined in Part 1, Paragraph 1.9 (Post Award Conference). Congressional budget year allocations and prioritized requirements may drive future task order awards and exercise of task order options.

2. GENERAL INSTRUCTIONS

- a. This section provides guidance for preparing proposals as well as specific instructions on the format and content of the proposal. Offerors are required to meet all solicitation requirements, including terms and conditions, representations and certifications, and technical requirements, in addition to those identified as evaluation factors or subfactors. Non-conformance with the instructions may result in an unfavorable proposal evaluation.
- b. The Contracting Officer (KO) is the sole point of contact for this acquisition. The KO for this acquisition is as follows:

Ms. Hanika Torio
8111 Gatehouse Road
Falls Church, VA 22042
(703) 275-6371
E-mail: hanika.j.torio.civ@mail.mil

(1) E-mail is the preferred method of communication. The KO will control exchanges of source selection information between Government and offerors. The Government may use email to transmit such information to offerors only if they are encrypted and includes "Source Selection Information – See FAR 2.101 & 3.104." in the Subject line along with the Solicitation Number HT0014-17-R-0010. Otherwise, the Government will transmit source selection information via fax. Offerors may send questions via e-mail to both the KO hanika.j.torio.civ@mail.mil and the CS john.a.cowgill4.ctr@mail.mil; however, no proposals will be accepted via email or fax.

(2) Offerors who determine that the technical requirements of this RFP require clarification(s) in order to permit submittal of a responsive proposal are requested to submit all questions in writing on or before 26 July 2017. These questions shall be directed to the KO and CS identified above. The Government will issue RFP Questions and Answers on fbo.gov and amend the RFP if required to clarify RFP requirements.

The deadline for questions in response to Government-issued RFP as amended is 21 August 2017 at 2 p.m. EDT. Offerors are instructed to email questions to John Cowgill john.a.cowgill4.ctr@mail.mil and Hanika Torio hanika.j.torio.civ@mail.mil.

(3) If discussions are held, the KO will promptly notify offerors of any decision to exclude them from the competitive range; whereupon, offerors may request and receive a debriefing in accordance with FAR 15.505. Offerors excluded from the competitive range may request a pre-award debriefing or may choose to wait until after the source selection decision to request a post-award debriefing. However, offerors excluded from the competitive range are entitled to no more than one debriefing for each proposal. The KO will notify unsuccessful offerors in the competitive range of the source selection decision in accordance with FAR 15.506. Upon such notification, unsuccessful offerors may request and receive a debriefing. Offerors desiring a debriefing must make their request in accordance with the requirements of FAR 15.505 or 15.506, as applicable.

e. Elaborate formats, or color presentations are not desired or required. Offeror may only include corporate logos in Volume I – Administration.

f. Oral presentations will not be considered for this competitive acquisition.

g. Proprietary information shall be clearly marked. Proprietary information submitted in response to this solicitation will be protected from unauthorized disclosure as required by Subsection 27 of the Office of Procurement Policy Act as amended (41 U.S.C. 423), hereinafter referred to as "the Act", as implemented in the FAR.

h. The Government requires an electronic proposal submission with the offeror's entire proposal loaded on a single DVD-R (Digital Versatile Disk – Recordable). The Government does not require any paper proposals. Due to mailbox constraints, offerors may not submit proposals to the Government via e-mail; faxed copies are also not authorized. The disk shall be labeled with the Company Name, the Solicitation Number and date submitted to the Government. As a minimum, each volume must be in a different directory (folder) on the disk. Offerors shall include separate files with the required naming conventions in accordance with Table 1 below. All documents shall be submitted in portable document format (PDF) format that is created to be searched and copied with the EXCEPTION of the unique files in the Government specified format (See Table 1). DO NOT submit any documents in PDF format that are copied as "images." The offeror's documents/files will be provided in a non-compressed format. It is the sole responsibility of the Offeror to ensure that the electronic files submitted are virus free.

(1) Offerors must send their electronic proposal disk by United State Postal Service, FedEx or United Parcel Service or hand delivered to Hanika Torio, C/O David Green, Defense Health Agency, 2776 C Street, Area B, Building 6, Suite 200, Wright-Patterson AFB, OH 45433. Pre-arrangement for hand delivery is required. Email Mr. David Green at david.d.green7.civ@mail.mil for arrangements NLT 7:00 AM Eastern time on 5 Sep 2017, if hand delivery is required." It is the Offeror's responsibility to make those arrangements to assure meeting the

proposal deadline. If the Offeror decides to mail the proposal, it is the Offeror's responsibility to assure the correct address and to meet the proposal deadlines. The government will not accept late proposals even if due to third party shipping delays. Proposals received after the due date and time specified herein will be considered late, will not be evaluated and will be deemed ineligible for award.

(2) Offerors shall not lock, encrypt, copy as an image, password protect or otherwise place barriers to opening files for their proposal submissions. In the event where the Government cannot access the electronic version to complete evaluation, the government will consider the offer invalid and the proposal will be deemed ineligible for award.

(3) If the Government receives more than one DVD-R from an Offeror, the proposal will be deemed invalid, will not be evaluated and will be deemed ineligible for award.

i. All proposal information is subject to verification by the Government. The documentation must be in the Offeror's name as submitted in Block 17a of the Standard Form (SF) 1449, Solicitation/Contract/Order for Commercial Items, with a corresponding Cage Code and DUNS Number. Offerors shall assume that the Government has no prior knowledge of their operation and will rely on documentation provided as part of the Offeror's proposal. By signing the SF 1449, the Offeror acknowledges that the terms and conditions of the proposals are valid for a minimum of 180 calendar days after the proposal due date in Block 8.

j. Files shall not contain classified data and must adhere to the page limitations in Table 1. The Government will not read and evaluation pages that exceed any limitation identified in Table 1, Proposal Organization. For this document, an electronic page is identified as follows:

- Page: One face of a 8.5" x 11" sheet of paper containing information
- Paragraph: Separated by at least one blank line
- Page Numbering: Sequentially
- Font: Times New Roman Font; 12-point minimum font size
- Margins: Top, Bottom, Left, Right shall be 1"
- Tables graphs and illustrations: Font size no less than 8 point
- Page layout: Orientation may be portrait or landscape

k. The following documents are limited to the Government specified format and remain in the template format (Save files in default format (e.g., Word Document – Set "save as type" to "Word Document (*.docx)" only and Excel spreadsheets – Set "save as type" to "Microsoft Excel Workbook (*.xlsx)").

- SF1449 and all Amendments (SF 30)
- Team/Organizational Structure (Attachment 1)
- Technical Self Scoring Worksheet (Attachment 2)
- Pricing Template (Attachment 3)
- Past Performance Information (PPI) Tool (Attachment 4)
- Past Performance Questionnaire (Attachment 5)

l. Representations and Certifications: Offerors shall ensure that their registration in the System for Award Management (SAM) database is current, complete, and applicable to this solicitation. The Contracting Officer will check SAM and document the contract file.

m. Cross-referencing: Each volume shall be written on a standalone basis so that its contents may be evaluated with no requirement to cross-reference to other volumes of the proposal. Information required for proposal evaluation which is not found in its designated volume will be assumed to have been omitted from the proposal. Offerors are responsible for the accuracy of their proposals and the Government will not search for information that is not provided in the required Volume.

n. Award without Discussions: It is the Government's intent to award without discussions. Therefore, each initial proposal should contain the offeror's best effort to demonstrate technical, past performance and price. However,

the Government reserves the right to conduct discussions if the Contracting Officer determines that discussions are necessary.

o. Clarifications: Offerors are cautioned to submit sufficient information and in the format specified in instructions. Offerors may be asked to clarify certain aspects of the proposal (for example, the relevance of past performance information) or to respond to adverse past performance information to which the offerors have not previously had an opportunity to respond. Communication conducted to resolve minor or clerical errors will not constitute discussions and the contracting officer reserves the right to award a contract(s) without the opportunity for proposal revision.

3. PROPOSAL ORGANIZATION

a. The Offeror shall organize the proposal as set forth in Table 1, Proposal Organization and subsequent detailed supporting documentation provided in proposal tabs. In accordance with Paragraph 2.h, electronic proposals are required. The Offeror shall organize their proposal by Volume and submit the proposal on a single disk with four (4) separate electronic folders, labeled by volume number and title, as follows:

Volume I – Contract Administration

Volume II – Technical Capability

Volume III – Past Performance

Volume IV – Price

b. Within each of the four (4) folders, offerors will submit the required information, electronic documents or supporting materials per Table 1 below. Offerors must include their company name and volume number as shown in the filename of each document. An example is shown in Table 1. For example, ABC Incorporated filename for Volume II, Scope supporting documentation would be: ABC.VOLII.TAB2A.pdf. (File names do not have to be capitalized). Offerors may make minor adjustments to the file naming methodology so long as the resulting file names and organization are clearly understandable. Offerors should plan on submitting a single file for each item versus multiple files.

Table 1 - Proposal Organization

Para	Volume	Title	Page Limit	File Name Example *see 3.b above
6	I	Tab 1 – SF 1449 and all Amendments (SF 30) signed by an authorized representative Tab 2 – Company Information Tab 2a – Authorized Offeror Personnel Tab 2b – Company address, Identifying codes and Designations Tab 2c - Teaming/Organization Structure (Attachment 1) Tab 3 – Exceptions to Solicitation Requirements Tab 4 – Certifications and Representations Tab 5 – Letter of Credit Tab 6 – Master Table of Contents Tab 7 – Glossary of Abbreviations and Acronyms	No page limit	ABC.VOLI.TAB1 ABC.VOLI.TAB2 ABC.VOLI.TAB2a ABC.VOLI.TAB2b ABC.VOLI.TAB2c ABC.VOLI.TAB3 ABC.VOLI.TAB4 ABC.VOLI.TAB5 ABC.VOLI.TAB6 ABC.VOLI.TAB7
7	II	Completed Self Scoring Technical Capability Worksheet (Attachment 2) Tabs 1 through 11 are supporting documentation (as applicable) Tab 1a through 1e 2– Scope (LC & SVC) Tab 2a through 2f – Scope (Hard to Fill/Turnover) Tab 3a and 3b – Scope (Healthcare setting)	Tab WKSHT limited to 4 Pages in Government-provided template. Tabs 1through 11 are supporting	ABC.VOLII.WKSHT ABC.VOLII.TAB1* ABC.VOLII.TAB2* ABC.VOLII.TAB3* ABC.VOLII.TAB4a ABC.VOLII.TAB4b ABC.VOLII.TAB4c

		Tab 4a– Magnitude (Highest contract value) Tab 4b – Magnitude (Total FTEs in 5 years) Tab 4c – Magnitude (Total Contracts) Tab 5a through i –Complexity (locations) Tab 6a through e – Complexity (hard locations) Tab 7a and b – Complexity (Prime Experience) Tab 8 – Complexity (subcontractor management) Tab 9a through e – Applicability (Customers) Tab 10a - Applicability (IDIQ experience) Tab 11a - Applicability (FFP experience) Tab 12 – Teaming/Organizational Structure (Attachment 1)	documentation (see instructions below); each supporting documentation file is limited to 10 Pages with the exception of the Magnitude tabs which is 40 pages.	ABC.VOLII.TAB5 Etc.
8	III ¹	Tab 1A – Prime Reference 1 Tab 1B – Prime Reference 2 Tab 1C – Prime Reference 3 Tab 2A – Teaming Partner (highest % of planned work) Reference 1 Tab 2B – Teaming Partner (second highest % of planned work) Reference 2 Tab 2C – Teaming Partner (third %...) Reference 3 Tab 2D - Teaming Partner (fourth %...) Reference 4 Tab 2E - Teaming Partner (fifth %...) Reference 5 Tab 3 – Organization Change History Tab 4 – Teaming/Organizational Structure (Attachment 1)	Page limited to past performance information (PPI) tool; Page limit of Organizational Change History: 5 pages; Contractor Teaming Structure: Government template	ABC.VOLIII.TAB1A ABC.VOLIII.TAB1B ABC.VOLIII.TAB1C ABC.VOLIII.TAB2A ABC.VOLIII.TAB2B ABC.VOLIII.TAB2C ABC.VOLIII.TAB2D ABC.VOLIII.TAB2E ABC.VOLIII.TAB3 ABC.VOLIII.TAB4
9	IV – Price	Tab 1 – Completed Government Pricing Template (saved in Excel) (Attachment 3) Tab 2 – Price Assumptions	No page limit: Government template	ABC.VOLIV.TAB1

¹ A complete past performance reference consists of:

1. Past performance information sheet printed from PPI tool (Attachment 4)
2. Past Performance Questionnaire, if required (Attachment 5)
3. Consent letter, if required (Attachment 6)
4. Client authorization letter, if required (Attachment 7)

3.1 Volume I – Contract Administration

In this volume of the proposal, the offeror shall provide the following information:

Tab 1 - Standard Form (SF) 1449, SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS and SF 30, AMENDMENT OF SOLICITATION/ MODIFICATION OF CONTRACT: Complete blocks 12, 17a, 17b (if applicable), 23, 24, 30a, 30b, and 30c of the RFP Section A, SF 1449. In doing so, the offeror accedes to the contract terms and conditions as written in the RFP Sections A through K. These sections constitute the model contract. The SF 1449 shall be provided in Volume 1. If the solicitation is amended, for each issued amendment, complete blocks 8, 15A, 15B and 15C of the SF 30, and include in this section of the proposal.

The government recommends that offerors also consider the requirements above in Paragraph 2.b.(i).

Tab 2 - Company Information:

a. Authorized Offeror Personnel. Provide the name, title, and telephone number of the company/division point of contact regarding decisions made with respect to your proposal and who can obligate your company contractually. Also, identify those individuals authorized to negotiate with the Government. Additionally, provide the name, title, and telephone number of the CEO, Division President, and/or Vice President of the company for notification purposes.

b. Company/Division Address, Identifying Codes, and Applicable Designations. Provide company/division's street address and county; CAGE code; DUNS code; and TIN. This same information must be provided if the work for this contract will be performed at any other location(s). List all locations where work is to be performed and indicate whether such facility is a division, affiliate, or subcontractor, and the percentage of work to be performed at each location.

c. Teaming/Organizational Structure (Attachment 1). If subcontractors or teaming partners are proposed, the offeror must complete Attachment 1 showing the government their teaming/organizational structure. The offeror will include the completed document in three areas of their proposal: Volume 1, Tab 2c, Volume II, Tab 12, and Volume III, Tab 4. Attachment 1 should be complete and clearly identify the company names and addresses of all teaming partners or subcontractors that will perform under this contract along with the percentage of projected assigned workload along with the performance locations for that teaming partner. Therefore, the offeror needs to provide the name of the teaming partner/subcontractor for each Product Service Code grouping listed. If more than one company will provide the Product Service Code, each Product Service Code. The offeror will ensure at least 50% of the cost of contract performance incurred for personnel shall be expended for employees/services provided by the concerned. The offeror must comply with all legal requirements, including but not limited to, FAR 52.219-14 – Limitations on Subcontracting, 13 CFR 124-510, 13 CFR 125.6, 15 USC 64.

Tab 3 - Exceptions to Solicitation Requirements: Offerors are required to meet all solicitation requirements, such as terms and conditions, representations and certifications, and technical requirements, in addition to those identified as evaluation subfactors. Failure to meet a requirement may result in an offer being ineligible for award. Offerors must clearly identify any exception to the solicitation terms and conditions and provide complete accompanying rationale. Each exception shall be specifically related to each paragraph and/or specific part of the solicitation to which the exception is taken. Provide rationale in support of the exception and fully explain its impact, if any, on the performance, schedule, cost, and specific requirements of the solicitation. This information shall be provided in the format and content of Table 2 below.

Table 2 - Solicitation Exceptions

Solicitation Document	Page/ Paragraph	Requirement/ Portion	Rationale
PWS, Part X, Pricing Template, Past Performance Tool	Applicable Page and Paragraph Numbers	Identify the requirement or portion to which exception is taken.	Describe Why the requirement can/will not be met.

Tab 4 - Representations, Certifications (Tab 4): Complete the necessary fill-ins and certifications in Sections D through K. Section K shall be returned in its entirety. For Sections D through I, the offeror shall submit only those pages that require a fill-in.

Mentor-Protégé Agreements and 8(a) Joint Venture Certifications. If the Offeror is part of Mentor-Protégé agreement or an 8(a) joint venture, the offeror shall provide a copy of the Small Business Administration (SBA) approved Mentor-Protégé agreement and/or Joint Venture certification documentation. For either Mentor-Protégé or 8(a) Joint Ventures, the SBA must receive the certification documentation prior to the proposal due date and the Government must receive the SBA-approved documentation before the date of notice or announcement of award of any contract. If the Government does not receive the SBA-approved documentation of the Mentor-Protégé or 8(a) Joint Venture agreement as of notice or announcement of award of any contract, the Mentor-Protégé offeror shall be eliminated from the competition. The Government will not delay contract award waiting for SBA approval.

Tab 5 - Letter of Credit: Offerors must include a Letter of Credit to demonstrate the offeror's financial health and capacity to cover startup expenses for this requirement. The document, issued by a bank or other financial institution, shall provide the offeror a line of credit for a minimum of \$2 million. The Letter of Credit shall include contact information of the issuing organization and the Letter of Credit may be contingent upon award of this contract. The date of the letter can be issued anytime between release of the RFP and proposal due date. Offerors may submit a Letter of Credit with an initial expiration date to cover the entire performance period (5-years) or a letter with an initial expiration date that is a minimum period of one year from the date of issuance. If valid for the

first year, the letter will be required to be renewed and provided to the contracting officer annually. The document, issued by a bank or other financial institution must include contact information for the issuing organization.

Tab 6 - Master Table of Contents: The Offeror shall provide a table of contents in the Contract Administration Volume that serves as an overall guide to what files are provided in electronic format, where they are located, file name and brief descriptions of the documents. The table of contents will not be evaluated.

Tab 7 - Glossary of Abbreviations and Acronyms: Include a glossary of abbreviations and acronyms used throughout the proposals (all 4 volumes).

3.2 VOLUME II – TECHNICAL CAPABILITY

a. For purposes of this technical proposal evaluation the Offeror shall claim medical support services capability using the government template for the Technical Self-Scoring Worksheet. Offerors may not consolidate more than one Government or commercial contract or task order, (including FSS, GSA, BPAs) or option periods into a single file to claim higher point value. The Government considers task orders to be stand-alone contracts. See additional Supporting Documentation instructions below in Paragraph c. The Offeror shall complete the Technical Self Scoring Worksheet (Attachment 2) in the electronic format provided in this solicitation and provide the completed Excel file and all supporting documentation in Volume II. No other format will be considered. The offeror shall not alter or add rows, columns, or formulas in the worksheet. The worksheet titled “Self Scoring Sheet” has 143 rows divided into 4 Categories: Scope, Magnitude, Complexity and Applicability. Within the Categories, there are 11 Sections that assess capability where points will be assigned based on the requirement. There are locked/protected heading rows, point values and subtotals along with hidden formula rows. Within each section are various elements of importance to the Government. Offerors should consider their past experience as well as their teaming partners to attest to medical support services technical capabilities. Supporting documentation should be for medical support services. Offerors will be required to provide supporting documentation as proof of their technical capability for the sections and elements within those sections. Claimed capability may be for either the prime contractor (offeror) or teaming partner(s) as identified on the DHA MSS Instructions, Attachment 2, and Technical Self-Scoring Worksheet. For Scope, at least one claimed capability in each of the three (3) elements (Labor Category/Services Placement, Hard-to-Fill/High Turnover Positions and Healthcare Settings) shall be for the offeror. For Magnitude, all the claimed capabilities should be for the prime offeror. For Complexity, for Elements 5 (High Demand Performance Locations) and 6 (Hard-to-Fill Locations), at least one claimed capability must be for the prime offeror; for Elements 7 (Prime Contractor Experience) and 8 (Subcontractor Experience) the claimed capability should be for the prime offeror. For Applicability, Element 9 (Customer Base), at least one claimed capability should be for the prime offeror and Elements 10 (ID/IQ experience) and 11 (FFP Experience) should be for the prime offeror. Supporting documentation requirements is discussed in detail below.

The worksheet has Columns A through P:

Column A is the Section number assigned to that capability element.

Column B is the RFP reference.

Column C is the capability being assessed.

Columns D through G are the level of capability that can be chosen by the offeror.

Column H is a subtotal by row and Section [that populates automatically based on the Column D-G selection].

Column I shows the electronic file name to be used for that Section/Element supporting documentation (see Table 1). Files must be distinguishable by name so that they may be rapidly accessed by the evaluation team.

Columns J through P is a current point of contact for the supporting documentation/item who the government can contact to validate the claim of capability if necessary.

b. The Offeror shall follow the instructions listed below when filling out the rows of the worksheet. For convenience, the instructions are also included in a separate worksheet in the Technical Self Scoring Worksheet titled “Instructions.” **Offerors will place an “X” in the proper cell; no other character or word will work in the cell to generate the correlating point value.** Offerors shall not enter a point value as the worksheet will assign a point value based on the selected capability (column). It is important to note the government considers a task order

under MAC ID/IQ contracts, including federal support schedule, GSA or BPA orders) a single contract; thus a single supporting documentation requirement.

- Row 1: Enter Offeror name in Column C - Scope Category (Rows 2 to 45).

Rows 2-8, 10, 12, 14, 16: Heading Rows or hidden formula rows.

- Rows 9-18, Labor Category/Service Product Service Code Placement. Place an “X” in the appropriate Column D, E, F, or G associated with the **highest number of FTEs placed on a single contract or order in the last 5 years (from the release date of this solicitation).** **At least one claimed capability must be from the prime offeror:** Certified (Row 9, Section 1, Element a), Specialized/Technical (Row 11, Section 1, Element b), Administrative/Clerical (Row 13, Element c), and Other Medical Support FTEs (Row 15, Element d). If the offeror never placed those types of labor categories/services, leave blank and complete Other Labor Category/Service in Row 17, Element e. This element is for services not in the PSC listed in Element a through d above (see Part I, PWS, Paragraph 1.4 table). Offerors may complete Row 17, Element e if they have placed an “X” in the Columns for Certified (Row 9, Section 1, Element a), Specialized/Technical (Row 11 Section 1, Element b), Administrative/Clerical (Row 13, Element c), and Other Medical Support FTEs (Row 15, Element d). If claiming Row 17, offerors must complete Row 18, Column C to specify the labor category.

- Row 19 is the Labor Category/Services Placement subtotal that automatically populates in Column H based on the above selections.

- Rows 20-23, 25, 27, 29, 31 & 33: Heading rows or hidden formula rows.

- Rows 24-35, Hard to Fill/High Turnover Positions. Place an “X” in the appropriate Column D, E, F, or G associated with the **highest number of FTEs placed on a single contract or order in the last 5 years.** **At least one claimed capability must be from the prime offeror:** Referral Clerk (Row 24, Section 2, Element a), Medical Appointment Clerk (Row 26, Section 2, Element b), Medical Office Clerk (Row 28, Section 2, Element c), Medical Records Technician (Row 30, Section 2, Element d), Outpatient Medical Coder (Row 32, Section 2, Element e), Beneficiary Services Representative (aka, PEBLO) (Row 34, Section 2, Element f).

- Row 35 is the Hard to Fill/High Turnover Positions Subtotal that automatically populates in Column H based on the above selections.

- Rows 36-38, 40, 42 & 43 are heading rows and hidden formula rows.

- Rows 39-41, Healthcare Setting. Place an “X” in the appropriate Column D or E, associated with your capability and **experience for medical support services in two performance settings (place where services were performed).** **At least one claimed capability must be from the prime offeror:** Outpatient Clinic (Row 39, Section 3, Element a) or Hospital (Row 41, Section 3, Element b). For this solicitation, an Outpatient Clinic is a standalone ambulatory care facility providing outpatient medical care. A hospital is a medical treatment facility capable of providing outpatient and inpatient services. Services performed outside an outpatient clinic or hospital (i.e., remote, corporate headquarters, etc.) would not be included here.

- Row 44 is the Setting Subtotal that automatically populates in Column H based on the above selections.

- Row 45 is the subtotal for the Scope Category. Validate that the points were correctly calculated and transfer properly to the Total Points Summary worksheet, Row 5, Column B.

-

- **Magnitude Category (Rows 46-61) – All claimed capabilities should be for the prime offeror.** Offerors should select a single contract or order with the highest total value (including options) and provide up to 10 pages for supporting documentation. Next, prime offerors should support the total number of Medical Support Service FTEs placed for the Government in the last 5 years from the date of the solicitation and provide up to 40 pages for supporting documentation. Then, the prime offeror will total up all active contracts (only for the offeror) managed in the last 5 years from the date of the solicitation and provide up to 40 pages of supporting documentation.

- Rows 46-49, 50-55 & 59 are heading rows and hidden formula rows.

- Row 51, Highest total Value on a single contract or order as the prime offeror. Place an “X” in the appropriate Column D, E, F or G.
- Row 56, Total Medical Support Service FTEs placed for the Government in the last 5 years. Place an “X” in the appropriate Column D, E, F or G.
- Row 60, Total number of active contracts or orders providing medical support services to the Government as of the date of the solicitation. Place an “X” in the appropriate Column D, E, F or G.
- Row 61 is the subtotal for the Magnitude Category. Validate that the points were correctly calculated and transferred properly to the Total Points Summary worksheet, Row 6, Column B.
- Complexity Category (Rows 62-115).
 - Rows 62-66, 68, 70, 72, 74, 76, 78, 80, 82, 84 are heading rows or hidden formula rows.
 - Rows 67-85, High Demand Performance Locations. Place an “X” in Column D or E attesting to historic capability of providing Medical Support Services in the listed performance locations. At least one claimed capability must be from the prime offeror. Offerors may enter one “Other” location and are required to specify the location in Row 86.
 - Row 87 is the High Demand Performance Locations Subtotal that automatically populates in Column H based on the selections above.
 - Rows 88-91, 93, 95, 97, 99 are heading rows or hidden formula rows.
 - Rows 92-100, Hard to Fill Locations. Place an “X” in Column D or E attesting to your historic capability of providing Medical Support Services in the listed performance locations. At least one claimed capability must be from the prime offeror.
 - Row 101 is the Hard to Fill Locations Subtotal that automatically
 - Rows 102-105, 107 are heading rows or hidden formula rows
 - Rows 106-108, Prime Contractor Experience. Place an “X” in Column D or E attesting to the prime offeror’s performance capability as the Prime and subcontractor.
 - Row 109 is the Prime Contractor Experience Subtotal that automatically
 - Rows 110-113 are heading rows or hidden formula rows.
 - Row 114, Subcontractor/Team Management. Place an “X” in Column D or E attesting to the prime offeror’s historic capability of managing teaming partners/subcontractors.
 - Row 115 is the subtotal for the Complexity Category. Validate that the points were correctly calculated and transferred properly to the Total Points Summary worksheet, Row 7, Column B.
- Applicability Category (Rows 116-143).
 - Rows 116-120, 122-136, 138-141 are heading rows and hidden formula rows.
 - Rows 121-129, Customer Base. Place an “X” in Column D or E attesting to historic capability of providing Medical Support Services to the listed customers. At least one claimed capability must be from the prime offeror. For multiple MTFs involving different Services or multi-market sectors, the customer should be reported as DHA. If performance is at a single MTF, the customer would be based on what service owns that MTF. Offerors may claim one “Other” location in Row 129, but must complete Row 30, Column C to specify the customer.
 - Row 137, Indefinite Delivery/Indefinite Quantity Contract Experience. Place an “X” in Column D or E attesting to the prime offeror’s historic capability of performing on an Indefinite Delivery/ Indefinite Quantity Contract.
 - Row 142, Firm Fixed Price Contract Experience. Place an “X” in Column D or E attesting to the prime offeror’s historic capability of performing on a Firm Fixed Price Contract.
 - Row 143 is the subtotal for the Applicability Category. Validate that the points were correctly calculated and transferred properly to the Total Points Summary worksheet, Row 8, Column B.
- c. The Offeror shall provide supporting documentation for each section and element in the four (4) Categories of Scope, Magnitude, Complexity and Applicability when points are being granted in the Technical Self Scoring Worksheet. This documentation will be a scanned pdf file and will follow the required naming convention shown in Table 1. Offerors will highlight (by color or circling) the information in the document(s) that validate their claimed technical capability.

Offerors must provide a single file as supporting documentation. For example, Tab 1 has five (5) elements a through e. An offeror can provide documentation to support capability. Each element will be a separate pdf file. Offerors should use the naming convention: company name.VolIII.TAB1a, company name.VolIII.TAB1b, company name.VolIII.TAB1c, company name.VolIII.TAB1e, company name.VolIII.TAB1e,. If an offeror is NOT claiming

capability on a particular element, they should not provide a file with that TAB name in their proposal. A single supporting document file may apply to more than one row on the Self-Scoring Technical Capability Worksheet as long as that document supports the claimed items. If an offeror uses the same contract to support multiple elements/section on the worksheet, offerors shall rescan and follow the naming convention for the item to ease retrieval and validation procedures.

The Offeror shall not consolidate requirements on multiple task/delivery orders to obtain a higher point value since contract or task order (including commercial, MAC ID/IQ, GSA, FSS or BPA orders) are considered a single contract under this solicitation. Thus, each contract, order or other binding business agreement will stand alone to support a claimed item and will be a separate supporting documentation file provided in the proposal. Likewise, the Offeror shall not consolidate requirements for different option periods on the same contract or order to obtain a higher point value as part of their supporting documentation. To illustrate, an offeror has two separate contracts (or task orders) where they provide a total of four (4) certified medical support FTEs. The offeror cannot combine them to total 8 FTEs to get the maximum points available on the Self Scoring Technical Worksheet [of 100 points]. The offeror could only claim 4 FTEs and provide one of those contracts as supporting documentation. If, on the other hand, the offeror provided all 8 FTEs under one contract or task order the offeror could claim all 8 FTEs and self-score at 100 points. The following supporting documentation is acceptable:

- For Government Contracts: Provide a signed copy of the SF 1449, SF33 or DD1155 along with other contract pages that show clearly detail the claimed item (labor category, FTE, location, dollar value, etc.).
- For Commercial Contracts: Provide a signed and dated letter from the customer that confirms the claimed element on the worksheet. A clear name, title, address and phone number for the customer must be on the letter.

Offerors are cautioned that the supporting documentation must demonstrate performance in the area claimed on the Technical Self-Scoring Worksheet (i.e., labor category, location, number of full-time equivalent [FTEs]. For example, if you are attesting to the government you provide 7+ FTEs in the Certified Medical Support Positions Product Service Code, the documentation provided must clearly show more than seven (7) positions on a single order or contract. The Government reserves the right to review any information related to the supporting documentation for validation only obtained by the government to aid in validating the technical capability. The supporting documentation must match the services of this solicitation.

3.3 VOLUME III – PAST PERFORMANCE

Past performance tool (see Attachment 4 for data requirements on the past performance tool): The Offeror shall use the past performance information (PPI) tool for submitting up to eight (8) recent past performance references and contract information. This tool can be downloaded from FedBizOpps (<https://www.fbo.gov/>) as an attachment to this solicitation posting. The Offeror shall save each past performance reference from the past performance tool on the submitted DVD-R. If the Offeror is unable to download the past performance information tool, contact the PKO for assistance. The Offeror must save the PPI database file using the following convention: Prime Contractor Name + RFP Number.accdb (e.g., XYZCompanyHT0014-17-R-0010.accdb). There are no page numbering, line spacing or font size restrictions on the PPI tool). No page limitation applies as it is dictated by the PPI tool. Offerors will not print and scan the information; the Government requires the database in its entirety.

A complete past performance reference consists of:

1. Past performance information sheet printed from PPI tool (Attachment 4)
2. Past Performance Questionnaire, if required (Attachment 5)
3. Consent letter, if required (Attachment 6)
4. Client authorization letter, if required (Attachment 7)

Past performance Questionnaire (if required) (Attachment 5): The Offeror is responsible for initiating Past Performance Questionnaire (PPQ) only if the past performance reference is not available in CPARS. The Offeror will forward the questionnaire to the primary customer point of contact (POC), with instructions to send the completed, signed questionnaire back to the Offeror. Offerors shall provide completed and signed questionnaires as part of the Past Performance Volume of their proposal.

Subcontractor/teaming partner consent letter (if required) (Attachment 6): Past performance information pertaining to a subcontractor cannot be disclosed to the prime Offeror without the subcontractor's consent. Provide with the proposal, a letter from all subcontractors that will perform major or critical aspects of the requirement, a letter consenting to the release of their past performance information to the Offeror.

Client authorization letter (if required) (Attachment 7): Each Offeror, teaming partner, and/or joint venture partner shall execute a Client Authorization Letter for commercial customers.

TAB 1 – References from Prime Offeror. At least three (3) references of the eight (8) maximum references must be for the Prime offeror. All required documents should be scanned into a pdf file in the above order and named ABC.VOLIII.TAB1A, 1B and 1C.

TAB 2 – References for Teaming Partner/Subcontractor. Offerors may submit up to five (5) references (of the eight (8) maximum) to ensure at least one for each proposed teaming partner/subcontractor. If more than five teaming partners/subcontractors are proposed, offerors are required to submit references for the teaming partners or subcontractors that will perform the highest percentage of work as identified in Attachment 1 of their proposal. All required documents should be scanned into a single pdf file in the above order and named ABC.VOLIII.TAB2A, 2B, 2C, 2D and 2E. If no teaming partners are proposed, up to eight (8) references will be for the offeror. The file naming convention can remain the same.

TAB 3 – Organization Change History. Many companies have acquired, been acquired by, or otherwise merged with other companies, and/or reorganized their divisions, business groups, or subsidiary companies or had name changes. In many cases, these changes have taken place during the time of performance for relevant past efforts or between the conclusion of recent past efforts and this source selection. To clarify any organizational changes, the Offeror shall provide a "roadmap" describing all such changes in the organization of the company. A pamphlet or other commercial document describing such reorganizations may suffice within the page limit identified in Table 1, Proposal Organization. As part of this explanation, show how these changes impact the relevance of any efforts the Offeror identified for past performance evaluation/performance confidence assessment.

TAB 4 - Teaming/Organizational Structure (Attachment 1). If subcontractors or teaming partners are proposed, the offeror must complete Attachment 1 showing the government their teaming/organizational structure. The offeror will include the completed document in three areas of their proposal: Volume 1, Tab 2c; Volume II, Tab 12 and Volume III, Tab 4. Attachment 1 should be complete and clearly identify the company names and addresses of all teaming partners or subcontractors that will perform under this contract along with the percentage of assigned workload for each company and which services the teaming partner will provide. Therefore, the offeror needs to provide the name of the teaming partner/subcontractor for each Product Service Code grouping listed. If more than one company will provide the service category, each service category. The plan will ensure at least 50% of the cost of contract performance incurred for personnel shall be expended for employees/services provided by the concerned. The contractor's plan must demonstrate and describe compliance with all legal requirements, including but not limited to, FAR 52.219-14 – Limitations on Subcontracting, 13 CFR 124-510, 13 CFR 125.6, 15 USC 64.

3.4 VOLUME IV – PRICE

3.4.1. Offerors shall use the government provided Pricing Template (Attachment 3) for their price volume. Offerors will provide a complete fully burdened hourly rate for 39 labor categories (Service Type I) only. Using the standard position descriptions at Part 8, Attachment 4 and the Pricing Performance Work Statement at Attachment 8, the estimated FTEs, projected billable hours and locations in the sample order in Worksheet 2 of the Pricing Template, offerors should develop a single fully burdened rate by labor category and a total evaluated price for evaluation. There are no Service Type II estimates requiring pricing in the template. Offerors are advised that not every labor category in the available position descriptions or each performance location are included in the sample order Pricing Template. The fully burdened rates should include all costs, including but not limited to, worker direct labor costs as well as any fringe benefits, overhead, general and administrative expenses, and/or profit.

This template will be used by the Pricing Evaluation Team during the source selection process. Instructions are provided below and also repeated in the spreadsheet. Offerors must complete the model as designed. No attempt to reformat or remove cells is authorized. Submission of pricing data needs to be complete and accurate. Leaving cells

blank or entering “N/A” or zeros are not acceptable values for these cells and will adversely affect the formulas in the Excel file. Hourly rates should be rounded to the nearest-two decimal format (i.e., \$15.32). Failure to comply with these terms and conditions may result in the offeror being removed from consideration for incomplete data submission. Incomplete pricing may result in an offeror’s proposal being deemed ineligible for award.

Problems encountered with the spreadsheet design that prevent accurate recording of price data shall be brought to the attention of the Contracting Officer immediately. The Government will not recreate electronic files, or in any way develop pricing tables for the offeror in order for electronic evaluation to occur.

The MSS Pricing Template contains four (4) worksheets:

Worksheet 1 - Instructions. Worksheet 2 - Projected FTE and billable hours for Svc Type#1 . Worksheet 3 - Entry sheet for Svc Type#I - fully burdened hourly rates. Worksheet 4 – Total Evaluated Price. Reference Part 8, Attachment 3 for potential performance locations and; Part 8, Attachment 4 for standard position descriptions.

Worksheet 2. Projected FTE for Svc Type#1 – provides projected FTEs by Labor Category and Performance Location annually (to be considered for each annual pricing.) No entry is done on this worksheet, but is the required information with total FTEs and billables hours (FTEs times 1920) by performance location and customer.

Worksheet 3. Svc Type#1 – Fully Burdened Hourly Rate Entry Sheet. To complete Worksheet 3 offerors are to look at each position description for education, experience and qualification requirements (Part 8, Attachment 4), the pricing Performance Work Statement (Instructions Attachment 8), as well as the projected FTEs by Labor Category and Performance Location in Worksheet 2. The Government calculated projected billable hours by taking the total FTE number times the 1920 productive hours in a standard man-year. Offerors shall consider this when developing a fully burdened hourly rate. Offerors shall enter a fully burdened hourly rates for the 42 Labor Categories for the 5-contract years in Rows 6 to 10, Columns B - AQ. The spreadsheet calculates a labor category subtotal for Year 1 through Year 5 in Rows 12 to 16, Columns B through AQ. Then, a total for all years adds Years 1, 2, 3, 4 and 5 together by labor category in Row 17. A total for Service Type I requirements is in Row 18, Column AR.

Worksheet 4. – Total Evaluated Price. No entry is required for Worksheet 4—only verification and validation of accuracy. This worksheet is pulling the Service Type#1 total from Worksheet 3, Row 18, Column AR. The total evaluated price used for evaluation adds Row 2, Column A to Column B to generate Column C. Offerors are urged to ensure their pricing is complete and accurate.

3.4.2 If needed, offerors will provide Price Assumptions at Tab 2 of the IV Price Volume. The document will be created by the offeror and will be included in this volume.

List of Attachments: The following list of attachments is provided at the end of this section:

1. Contractor Teaming/Organization Structure
2. Technical Self Scoring Worksheet (separate Excel File)
3. Pricing Template (separate Excel File)
4. Past Performance Tool
5. Past Performance Questionnaire
6. Subcontractor/Teaming Partner Consent Letter
7. Client Authorization Letter
8. Pricing Performance Work Statement (separate pdf file)

>END ADDENDUM to 52.212-1<

ATTACHMENT 1

Teaming/Organizational Structure ATTACHMENT 1: TEAM COMPOSITION WORKSHEET

1. Provide the required information on the offeror (Prime) below. If the offeror is a Joint Venture, list the name of the Joint Venture on the first line and provide the details for the two (2) companies forming the Joint Venture on the other two lines.

OFFEROR (Prime) COMPANY NAME	Small Business Designation	PSC Code	DUNS Number	ADDRESS	POC & TELEPHONE	PERCENTAGE OF CONTRACT WORKLOAD	Proposed Performance Location(s)* (list states)

Note: Total prime workload must be greater than or equal to 50% of contract workload.

2. Provide the requested information on all teaming partners/subcontractors. If more space is needed, use an additional copy of this sheet and number accordingly (i.e., Page 1 of 2).

Subcontractor's COMPANY NAME	Small Business Designation, if applicable	PSC Code	DUNS Number	ADDRESS	POC & TELEPHONE	PERCENTAGE OF CONTRACT WORKLOAD	Proposed Performance Location(s)* (list states)

Note: Total teaming Partner/subcontractor workload must be less than or equal to 50% of contract workload.

***This refers to states where the company will perform Medical Support Services under this solicitation.**

ATTACHMENT 2

Technical Self-Scoring Worksheet

Provided separately in Excel format

ATTACHMENT 3

Pricing Template

Provided separately in Excel format

ATTACHMENT 4

PAST PERFORMANCE INFORMATION (PPI) TOOL

Offerors must use the PPI Tool (Use latest version from FBO.gov) in order to electronically submit the PPI portion of the Past Performance Volume in accordance with the RFP.

Downloading the PPI Tool

The PPI Tool can be downloaded by performing the following steps (if you are unable to download the Tool, contact the contracting officer for assistance):

1. Access the FedBizOpps (<https://www.fbo.gov/>) website.
2. Find the solicitation posting.
3. Locate the “ppi tool” link [ppi tool.accdb](#) from the “All Files” column **ALL FILES** on the solicitation’s “Notice Details” tab **Notice Details**.
4. Select the link and save the “ppi tool” to your computer. Name the file as the prime contractor + RFP number + file extension (e.g. XYZCompanyHT001517R007.accdb).

Note: PPI Tools saved in Microsoft Office versions 2007 and greater will be saved with “.accdb” file extension.

Entering information in the PPI Tool

After selecting and saving the tool, enter information by performing the following steps:

1. Open the saved PPI Tool.
2. Select the “Options” button from the “Security Warning” banner, if

applicable.

3. The “Security Alert” pop-up screen displays.

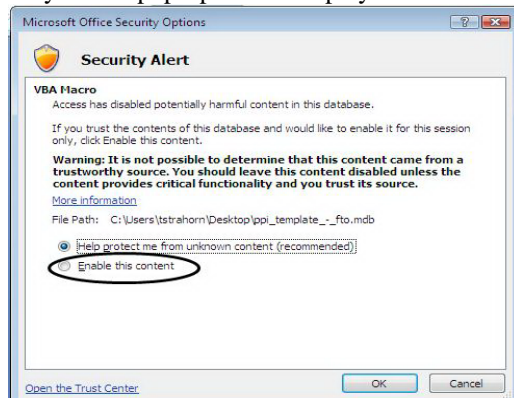


Figure 1: Security Alert Pop-up

Note:

- Files saved using Microsoft Office 2010 will have the “Enable Content” button on the “Security Warning” banner and therefore will not get a Security Alert pop-up.
 - If a “read only” file is opened, in order to populate data in the file, click “Save As” in the “Read-Only” message bar. Enter the filename as the prime contractor + RFP number + file extension (e.g. XYZCompanyHT001517R0007.accdb).
4. Select the radio button “Enable this content” and then click “OK.” A setup pop-up screen displays.

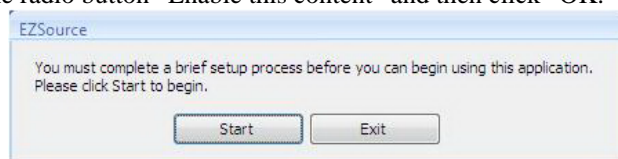
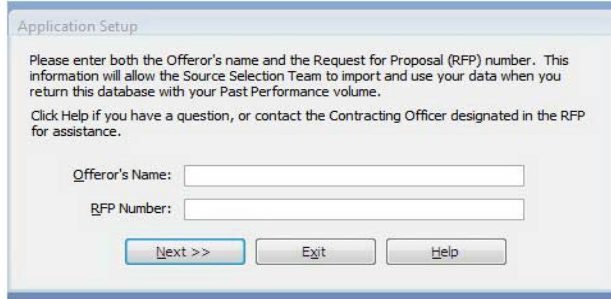


Figure 2: Setup Pop-Up

5. Select the “Start” button. The “Application Setup” screen displays.

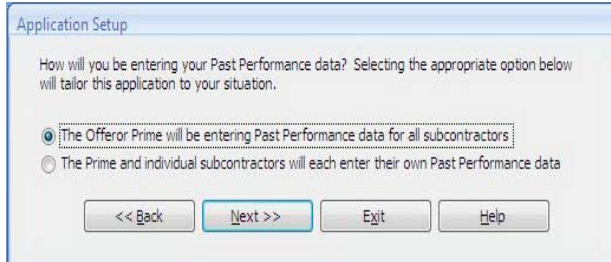


The "Application Setup" window has a title bar with the text "Application Setup". Inside, there is instructional text: "Please enter both the Offeror's name and the Request for Proposal (RFP) number. This information will allow the Source Selection Team to import and use your data when you return this database with your Past Performance volume. Click Help if you have a question, or contact the Contracting Officer designated in the RFP for assistance." Below this text are two input fields: "Offeror's Name:" and "RFP Number:". At the bottom are three buttons: "Next >>", "Exit", and "Help".

Figure 3: Application Setup Screen

Note: Once the Offeror's Name and RFP Number have been entered they can be edited by selecting the “Edit Offeror And RFP Number” button from the “Contractor's Menu”

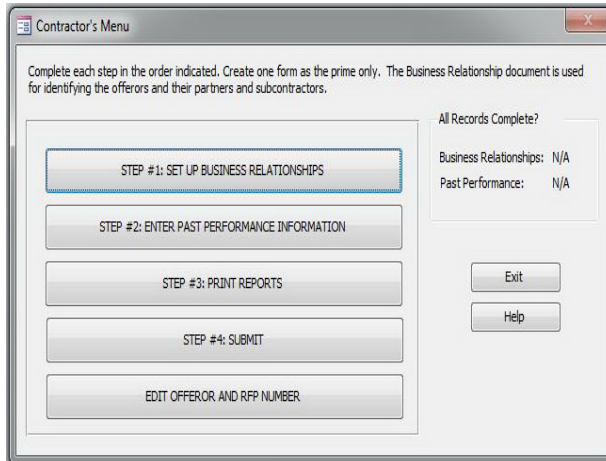
6. Enter the Offeror's Name and RFP Number and then click the “Next” button. The application setup continues.



The "Continue the Application Setup" window has a title bar with the text "Application Setup". Inside, there is instructional text: "How will you be entering your Past Performance data? Selecting the appropriate option below will tailor this application to your situation." Below this text are two radio button options: "The Offeror Prime will be entering Past Performance data for all subcontractors" (which is selected) and "The Prime and individual subcontractors will each enter their own Past Performance data". At the bottom are four buttons: "<< Back", "Next >>", "Exit", and "Help".

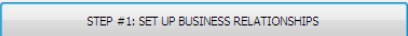
Figure 4: Continue the Application Setup

7. Choose the appropriate option by selecting the corresponding radio button and then click the “Next” button. The “Contractor's Menu” displays.



The "Contractor's Menu" window has a title bar with the text "Contractor's Menu". Inside, there is instructional text: "Complete each step in the order indicated. Create one form as the prime only. The Business Relationship document is used for identifying the offerors and their partners and subcontractors." Below this text is a list of steps: "STEP #1: SET UP BUSINESS RELATIONSHIPS", "STEP #2: ENTER PAST PERFORMANCE INFORMATION", "STEP #3: PRINT REPORTS", "STEP #4: SUBMIT", and "EDIT OFFEROR AND RFP NUMBER". To the right of the steps is a section titled "All Records Complete?" with the following text: "Business Relationships: N/A" and "Past Performance: N/A". At the bottom right are two buttons: "Exit" and "Help".

Figure 5: Contractor's Menu

8. Click the “Step 1: Set up Business Relationships” button  to create a business relationship, if applicable, for each business entity before proceeding throughout the PPI Tool (refer to Section L of the RFP for detailed instructions). Identify all prime and sub-prime organizations identified in Attachment 4, Contractor Team Organization and categorize them according to the appropriate role in the proposed acquisition. The “Business Relationships” screen displays.

Business Relationships

Click New to add a new Business Relationship. Double-click an item from the list to edit/delete an existing Business Relationship.

Sort By: Offeror's Name 2

COMPLETE	OFFEROR'S NAME	CONTRACTOR'S NAME	ROLE	% WORK	PLACE OF WORK
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New Close Help

Figure 6: Business Relationships

9. Click the “New” button to create a business relationship for the proposed acquisition. An additional “Business Relationships” screen displays.

Business Relationships

Enter the information for the proposed acquisition for the contractor who will be filling out the Past Performance Sheets. This form will allow you to add an incomplete record, but all fields marked with an asterisk (*) are required for final submission.

*Contractor's Name:

*Role in Proposed Acquisition
☒ Prime ☐ Sub ☐ Joint Venture ☐ Other (Explain):

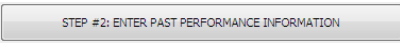
*Place of Work:

Percentage of Work: %

*Responsibilities:

Add Close Delete Help

Figure 7: Enter New Business Relationship

10. Complete the fields as follows (fields marked on the screen with an asterisk “*” are required):
- Contractor’s Name: Self-explanatory
 - Role in Proposed Acquisition: Choose one of the four options – Prime, Sub, Joint Venture, or Other (Explain). An explanation comment box will display when you select “Other.”
 - Place of Work: Location where contractor will perform work.
 - Percentage of Work: Identify percentage of work contributed by specified business entity
 - Responsibilities: Detail proposed responsibilities of specified business entity.
11. Select one of the buttons at the bottom of the screen.
- Add – Saves the current business relationship and allows for the addition of a new one.
 - Close – Cancels the current business relationship without saving.
- Note:** In order to edit or delete an existing business relationship in the list, double-click on it.
12. Select the “Close” button on the “Business Relationships” screen after all of the business relationships has been added.
13. Click the “Step 2: Enter Past Performance Information (PPI)” button  to enter the Past Performance Information. The “Past Performance” screen displays.

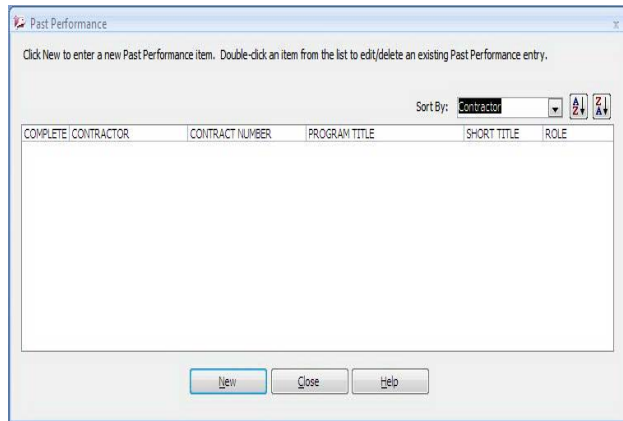


Figure 8: Past Performance

14. Click the “New” button to enter Past Performance Information for the proposed acquisition. An additional “Past Performance” screen displays.

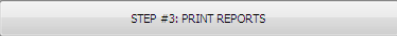
Figure 9: Enter Past Performance Information

15. Complete the fields on each of the tabs as follows (fields on the screen marked with an asterisk ‘*’ are required):
- Contract Information Tab
 - ❖ Contractor: Select from the dropdown the appropriate business entity.
 - ❖ Cage Code: Self-explanatory.
 - ❖ Contract Number.
 - ❖ Program Title: Enter full name of program.
 - ❖ Contr Agency/Customer: Enter servicing contracting agency and customer (office symbols suffice).
 - ❖ DUNS Number: Self-explanatory
 - ❖ Delivery Task/Order: If the order is provided as a stand-alone reference, enter the task/call/delivery/purchase order number.
 - ❖ Contract Type: Enter Firm-Fixed-Price (FFP), Cost Plus Fixed-Fee (CPFF), Indefinite Delivery/Indefinite Quantity (ID/IQ), LH, Blanket Purchase Agreement (BPA), Cost Plus Incentive-Fee (CPIF), Cost Plus Award Fee (CPAF), etc. For additional clarification, click the question mark button.
 - ❖ Short Program Title (i.e. Acronym): Enter abbreviated title for the program or enter “N/A.”
 - ❖ Contract Dollar Value:
 - Original: Input total contract dollar value, with all options if applicable, in the amount originally awarded on the referenced contract.
 - If ID/IQ or BPA, provide total ceiling.
 - If stand-alone task/call/delivery/purchase, provide amount of the individual contract.

- Current: Input total contract dollar value, with all options if applicable, as the contract stands at time of PPI submission.
 - If ID/IQ or BPA, provide total ceiling.
 - If stand-alone task/call/delivery/purchase, provide amount of the individual contract.
 - Explain the differences in Contract Value, if applicable: Enter an explanation of the difference between the original contract dollar value and the revised value as of the time of PPI submission.
- ❖ Period of Performance (mm/dd/yy)
- Start Date: Input start date of contract.
 - Original End Date: Input original end date based on award.
 - Current End Date: Input end date, as the contract stands at time of PPI submission.
 - Explain the differences in Period of Performance, if applicable: Enter an explanation of the difference between “Original End Date” and “Current End Date.”
- Program Details Tab
- ❖ Brief Description of Effort as:
- Select Prime, Sub, Joint Venture, or Other (Explain). An explanation comment box will display when you select “Other.”
 - Provide a brief description of the service provided and actual work performed under this contract reference.
 - ****If applicable: Provide information on performance problems encountered on the identified contracts. At a minimum, briefly describe the problem experienced, actions taken to alleviate the problem, and whether or not the problem was satisfactorily overcome.****
- ❖ Explain how your performance on this contract is relevant for each market segment as described in Table 4 from Section 52.212-2 of the RFP. Include any unique aspects that demonstrate relevancy in this effort.
- POC & Key Individuals Tab
- ❖ Key Individuals: Not required.
- ❖ Customer Points of Contact: Click the “Program Manager,” “Contracting Officer” or “Admin POC” button for the point of contact that you would like to add, edit, or delete.
Note: For government contracts provide current information on Program Manager, Contracting Officer, and Admin POC, if available.
 For commercial contracts provide points of contact fulfilling these same roles, if available.
16. Select from the buttons at the bottom of the Past Performance screen:
- Save – Saves the Past Performance Information and displays the “Contract Information” tab on the Past Performance screen.
 - Close – Closes the Past Performance screen. If there were any updates, a pop-up window displays asking to save before closing.
 - Delete – Deletes the current PPI record. A pop-up window displays, select “Yes” to delete the record or “No” to close the window without deleting the record.
- Note:** In order to edit or delete an existing PPI record in the list, double-click on it.
17. Select the “Close” button on the “Past Performance Information” screen after all of the PPI records have been added.

Printing Reports and Submitting PPI Tool

The Offeror may either print PPI references to be saved on a DVD or save the PPI references as listed below:
 In order to print the Business Relationships and PPI reports, perform the following steps:

1. Click the “Step 3: Print Report” button . A pop-up displays asking which report to print.

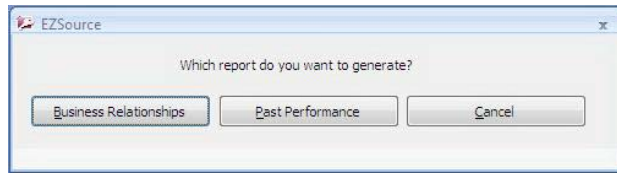
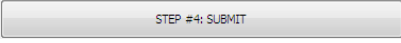


Figure 10: Select Report to Print

2. Select separately each of the two options, "Business Relationships" or "Past Performance." The Business Relationships and Past Performance documents will print separately. Hard copies of the pages generated from this tool shall be saved in a pdf format as outlined in this RFP for the Past Performance Volume folder on the DVD.

In order to save the Business Relationships and PPI, perform the following steps:

3. Click the "Step 4: Submit" button . The "Submission Instructions" screen displays.

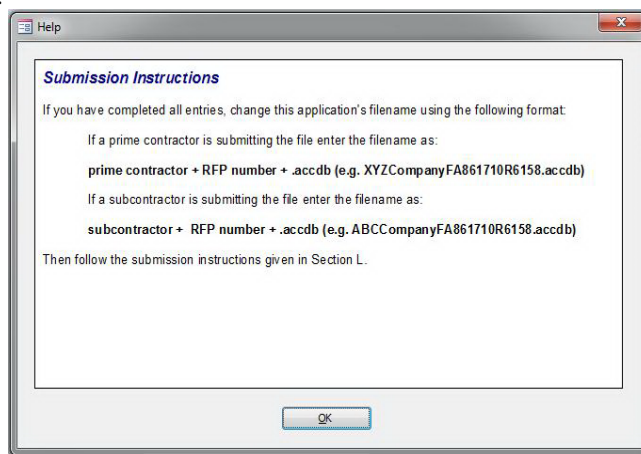


Figure 11: Submission Instructions

4. Follow the submission instructions.

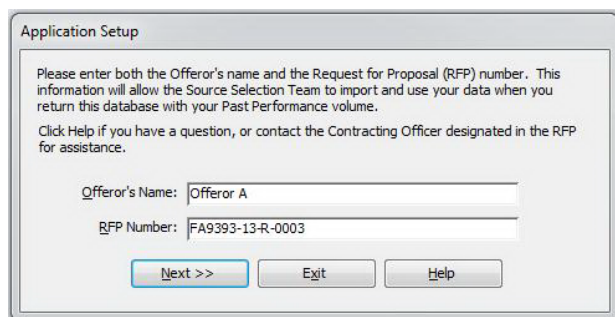
Note:

- Submit an electronic copy (e.g. DVD) of the saved PPI database file with your proposal. Submitting the file name as follows:
 - Contractor name + Volume number + Tab number (e.g. XYZCompanyVOLIIITAB1A.acddb)
- Once the file is saved to a DVD or any location that is marked as "Read-only," it must first be saved to the desktop in order to read/edit the file.

Editing Offeror and RFP Number

In order to edit the Offeror name and/or the RFP number identified during start-up, perform the following steps:

1. Click the "Edit Offeror and RFP Number" button . The "Application Setup" screen displays.



The image shows a software dialog box titled "Application Setup". It contains instructional text, two input fields, and three buttons. The text explains that the user must enter the Offeror's name and RFP number for data import. The "Offeror's Name" field contains "Offeror A" and the "RFP Number" field contains "FA9393-13-R-0003". The "Next >>" button is highlighted with a blue border, while "Exit" and "Help" are in a standard grey style.

Application Setup

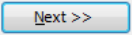
Please enter both the Offeror's name and the Request for Proposal (RFP) number. This information will allow the Source Selection Team to import and use your data when you return this database with your Past Performance volume.

Click Help if you have a question, or contact the Contracting Officer designated in the RFP for assistance.

Offeror's Name:

RFP Number:

Figure 12: Change Name and RFP Number - Application Setup

2. Update the Offeror's name and/or RFP number.
3. Click the "Next" button  twice to return to the "Contractor's Menu".

ATTACHMENT 5
Past Performance Questionnaire

Medical Support Services Past Performance Questionnaire

Page 1 of 7

*WHEN FILLED IN, THIS DOCUMENT IS SOURCE SELECTION SENSITIVE INFORMATION
IAW FAR 2.101 AND 3.104*

Offeror: Complete SECTION 1, and send a questionnaire to the customer point of contact (POC) listed on the Past Performance Information Sheet for the contract. The primary customer is considered the individual most familiar with the contractor's performance of services at the duty location (end user). Only request a questionnaire if there is no official CPARS available for your contract/performance effort.

Primary Customer POC: Complete SECTIONS 2-5 and sign/date questionnaire. Questionnaires should be returned to the company for inclusion into their Volume III – Past Performance proposal. Handwritten responses are sufficient.

SOLICITATION NUMBER: HT0014-17-R-xxxx **OFFEROR:** _____

SECTION 1: REFERENCE IDENTIFICATION

A. Contractor			
B. Contractor Performed as	Prime Contractor	Subcontractor	
	Other (specify) _____		
Teaming Structure/Key Partners			
C. Contract Number <i>(IAW M.6.2.4, single Reference for MAC, task orders, option periods; GSS or GSA are separate references)</i>			
D. Contract Type			
E. Was this a competitive contract?	Yes		No

F. Period(s) of Performance <i>(list all option periods, if applicable)</i>	
G. Initial Contract Award Amount Total (\$)	
H. Current/Final Contract Cost Total (\$)	
I. Reasons for differences between initial and final contract costs <i>(enter below)</i> :	

J. Description of service provided *(enter below)*:

SECTION 2: CUSTOMER OR AGENCY IDENTIFICATION (Page 2 of 7)

A. Customer or Agency Name	
B. Customer or Agency Description (i.e., hospital)	

C. Geographic Performance Location under this contract, (i.e., local, nationwide, worldwide, other Command). List States where services were provided below:

D. Provide number of full-time or part-time equivalent positions that were provided by the contract.

List Individual Positions (fill out ONLY if providing personnel to a client)

FTEs

PTEs

N/A

Clerical labor categories (i.e., secretary, appointment clerk, office clerk)

Certified labor categories (i.e., medical coding professionals, transcriptionists, records technicians)

Specialized labor categories (i.e., beneficiary services/PEBLO, tumor registrars, referral management personnel, utilization managers, third party collection clerks)

Technical labor categories (i.e., logistics, supply, equipment technicians, public health, safety specialists)

Other labor categories (list them below)

Full Operational Activities (fill out ONLY if contractor perform an entire service i.e., staffing, operational planning, personnel management, reporting & corrective actions).

FTEs

PTEs

N/A

Patient Appointing Service

Medical Records Service

Medical Coding & Auditing Service

Medical Transcription Service

Referral Management Service

SECTION 3: EVALUATOR IDENTIFICATION (Page 3 of 7)

A. Evaluator's Name

B. Evaluator's Title

C. Evaluator's Phone/Fax Number

D. Evaluator's Mailing Address

E. Number of years evaluator worked on subject contract

SECTION 4: EVALUATION

Please confirm that your evaluation is consistent with the description of service provided in Section 1, Paragraph J on Page 1 of the survey. Indicate compliance of the contractor's performance by placing an "X" in either YES or NO blocks. Indicate your satisfaction is the overall evaluation using the scale provided below:

CODE	PERFORMANCE LEVEL
E	EXCEPTIONAL – The contractor's performance meets contractual requirements and consistently exceeds many. Very few, if any, minor problems were encountered. Contractor took immediate and effective corrective action.
V	VERY GOOD – The contractor's performance meets contractual requirements and consistently exceeds some. Some minor problems encountered. Contractor took effective and timely corrective action.
S	SATISFACTORY – The contractor's performance meets contractual requirements. For any problems encountered, the contractor took effective and timely corrective action.

M	MARGINAL – The contractor’s performance does not meet some contractual requirements. For problems encountered, corrective action appeared only marginally effective, not effective or not fully implemented. Customer involvement was required.					
U	UNSATISFACTORY – The contractor’s performance does not meet most contract requirements. Serious problem(s) encountered. Corrected actions were either ineffective or non-existent. Extensive customer oversight and involvement was required.					
N	NOT APPLICABLE – Unable to provide a rating. Contract did not include performance aspect.					
Business Plan			YES	NO	N/A	
Demonstrated the ability and willingness to perform requirements for the customer.						
Effectively integrated business practices over geographic range and scope of requirements.						
Managed teaming partners/subcontractors on this contract.						
Implemented sound strategies and contingency plans to safeguard service delivery.						
Business Plan rating for business approach and teaming structure. (CIRCLE ONE)			E	V	S	M U N
SECTION 4: EVALUATION (continued) (Page 5 of 7)						
HUMAN RESOURCE MANAGEMENT PLAN			YES	NO	N/A	
Demonstrated a strong recruiting methodology, market knowledge and personnel selection process.						
Demonstrated ability to hire and place fully qualified personnel (meeting all education, experience, as well as health and certification requirements) within contracted timeframes.						
Demonstrated ability to replace personnel due to planned/unplanned absences or vacancies within the contracted timeframes.						
Demonstrated ability to provide personnel that comply with DoD security requirements and are educated about the military healthcare system.						
Demonstrated ability to provide trained personnel on DoD computer systems (CHCS/AHLTA), and position requirements.						
Managed a qualified workforce and demonstrated day-to-day employee oversight and corporate requirements such as absenteeism, time and attendance, continued education, and appraisals.						
Human Resource Management rating for recruiting, training, qualifying and personnel management. (CIRCLE ONE)			E	V	S	M U N
Performance Management Plan			Yes	No	N/A	
Assess employee performance to ensure compliance with performance standards.						
Demonstrated a customer satisfaction process and an ability to resolve issues or complaints in a timely manner.						
Demonstrated the ability to maintain a stable workforce with minimal turnover of personnel and an overall fill rate of at least 95% annually.						
Complied with contract terms and conditions specific to contract bid rates.						
Monitored and reported performance measures; provided contract deliverables on time.						
Performance Management rating for delivery of quality services, customer satisfaction, maintaining a stable workforce, compliance with price thresholds and monitoring and report activities. (CIRCLE ONE)			E	V	S	M U N
Overall contract performance rating. (CIRCLE ONE)						
Exceptional		Very Good	Satisfactory	Marginal	Unsatisfactory	N/A
SECTION 4: EVALUATION (continued) (Page 6 of 7)						
Please discuss each response for any question or rating which you indicated Marginal, Unsatisfactory or Not Applicable in response to the questions above (use additional sheets, if necessary).						
Government Contracts Only: Has/was this contract been partially or completely terminated for default,						

convenience, or are there any pending terminations?

Yes

☐

No

☐

Default

☐

Convenience

☐

Pending Terminations

☐

If yes, please explain below (e.g., inability to meet cost, performance, or delivery schedules, etc).

SECTION 5: NARRATIVE SUMMARY (Page 7 of 7)

What were the contractor's greatest strengths in the performance of the contract?

What were the contractor's greatest weaknesses in the performance of the contract?

Would you have any reservations about soliciting this contractor in the future or having them perform one of your critical and demanding programs?

Please provide any additional comments concerning this contractor's performance, as desired. Use a separate sheet if necessary.

Evaluator's Printed Name/Title

Evaluator's Signature/Date

ATTACHMENT 6
Subcontractor/Teaming Partner Consent Letter

Note: Past performance information concerning subcontractors and teaming partners cannot be disclosed to a private party without the subcontractor's or teaming partner's consent. Because a prime Contractor is a private party, the Government will need that consent before disclosing subcontractor/teaming partner past and present performance information to the prime Contractor during exchanges. In an effort to assist the Government's Performance Confidence Assessment Group (PCAG) in assessing your past performance relevancy and confidence, we request that a consent letter (similar to the sample below) be completed by the major subcontractors/teaming partners identified in Contractor Teaming/Organization Structure (Attachment 1), in your proposal. The completed consent letters should be submitted as part of your Past Performance Volume.

SAMPLE

Dear "Contracting Officer:"

We are participating as a (subcontractor/teaming partner) with (prime Contractor or name of entity providing proposal) in responding to the Defense Health Agency, Request for Proposal for a Medical Support Services (MSS) contract.

We understand that the Government is placing increased emphasis on past performance in order to obtain best value in source selections. In order to facilitate the performance confidence assessment process we are signing this consent letter to allow you to discuss our past and present performance information with the prime Contractor during the source selection process.

(Signature and title of individual who has the authority to sign for and legally bind the company)

Company Name:

Address:

Telephone Number:

ATTACHMENT 7

Client Authorization Letter

Note: Past performance information concerning private sector Contractors, subcontractors and joint venture partners cannot be disclosed to the government without their consent. Client authorization letters are required for each identified effort of a commercial customer. This letter will authorize release to the Government of requested information on the Offeror's performance. The government will need that consent before contacting commercial customers to assess the Offeror's past performance. In an effort to assist the Government's Performance Confidence Assessment Group (PCAG) in assessing your past performance relevancy and confidence, we request that a client authorization letter (similar to sample below) be completed for any commercial customers identified in your proposal. The completed client authorization letters should be submitted as part of your Past Performance Volume.

Sample

Dear "Client:"

We are responding to a Defense Health Agency Request for Proposal for a Medical Support Services (MSS) contract.

In their acquisitions, the Government is placing increased emphasis on past performance as a source selection factor. They are requiring those clients of entities responding to their solicitation to be identified, and their participation in the evaluation process is requested. In the event that you are contacted for information on work performed, you are hereby authorized to respond to those inquiries.

We have identified Mr./Ms. _____ of your organization as the point of contact based on his/her knowledge of our work. Your cooperation is appreciated. Any questions may be directed to *[Add Company Name, Address, and Telephone Number]*

Sincerely,

ATTACHMENT 8

Pricing Performance Work Statement

(Provided separately in pdf format)

ADDENDUM TO FAR 52.212-1 PROGRAM STRUCTURE AND OBJECTIVES

- e. The resulting contracts from this acquisition will be Indefinite Delivery/Indefinite Quantity (IDIQ) Multiple Award Contracts (MACs). This requirement is 100% small business set-aside under North American Industry Classification System (NAICS) number 621999. The Government anticipates awarding approximately 20 IDIQ contracts but may award more than or less than 20 contracts.
- f. All referenced documents for this solicitation are available on the Federal Business Opportunities (FedBizOpps) web site at <http://www.fbo.gov> under the Solicitation Number HT0014-17-R-0010 Potential offerors are encouraged to subscribe for real-time e-mail notifications when information has been posted to the website for this solicitation.
- g. Market research confirmed that subcontracting and teaming arrangements are necessary because of the broad scope of the contract requirements; therefore such arrangements are encouraged to ensure mission success. However, during the contract competition, if a company is identified as a prime contractor or teaming partner/subcontractor on any proposal for this acquisition, then they cannot participate as a prime contractor or teaming partner/subcontractor on any other offeror's proposal(s). This limitation includes the companies of mentor protégé arrangements and joint venture partners. After award of contracts, for subsequent task order competitions, the government continues to prohibit cross-teaming.
- h. For consideration in developing a proposal, the maximum program size is \$969M over a five year ordering period. Offerors are advised that task orders are anticipated to be issued in support of DHA and DoD and potentially the VA. The Government will award each contract the total maximum program size, allowing the ordering Services to expend program funds on a task order by task order fair opportunity basis as specified in Part 1, Paragraph 1.2 (Subsequent Task Orders). However, since this contract is an ID/IQ-ordering vehicle, the Government does not guarantee the contract holders any awards above the minimum contract award outlined in Part 1, Paragraph 1.9 (Post Award Conference). Congressional budget year allocations and prioritized requirements may drive future task order awards and exercise of task order options.

2. GENERAL INSTRUCTIONS

c. This section provides guidance for preparing proposals as well as specific instructions on the format and content of the proposal. Offerors are required to meet all solicitation requirements, including terms and conditions, representations and certifications, and technical requirements, in addition to those identified as evaluation factors or subfactors. Non-conformance with the instructions may result in an unfavorable proposal evaluation.

d. The Contracting Officer (KO) is the sole point of contact for this acquisition. The KO for this acquisition is as follows:

Ms. Hanika Torio
8111 Gatehouse Road
Falls Church, VA 22042
(703) 275-6371
E-mail: hanika.j.torio.civ@mail.mil

(4) E-mail is the preferred method of communication. The KO will control exchanges of source selection information between Government and offerors. The Government may use email to transmit such information to offerors only if they are encrypted and includes "Source Selection Information – See FAR 2.101 & 3.104." in the Subject line along with the Solicitation Number HT0014-17-R-0010. Otherwise, the Government will transmit source selection information via fax. Offerors may send questions via e-mail to both the KO hanika.j.torio.civ@mail.mil and the CS john.a.cowgill4.ctr@mail.mil; however, no proposals will be accepted via email or fax.

(5) Offerors who determine that the technical requirements of this RFP require clarification(s) in order to permit submittal of a responsive proposal are requested to submit all questions in writing on or before 26 July 2017. These questions shall be directed to the KO and CS identified above. The Government will issue RFP Questions and Answers on fbo.gov and amend the RFP if required to clarify RFP requirements.

The deadline for questions in response to Government-issued RFP as amended is 21 August 2017 at 2 p.m. EDT. Offerors are instructed to email questions to John Cowgill john.a.cowgill4.ctr@mail.mil and Hanika Torio hanika.j.torio.civ@mail.mil.

(6) If discussions are held, the KO will promptly notify offerors of any decision to exclude them from the competitive range; whereupon, offerors may request and receive a debriefing in accordance with FAR 15.505. Offerors excluded from the competitive range may request a pre-award debriefing or may choose to wait until after the source selection decision to request a post-award debriefing. However, offerors excluded from the competitive range are entitled to no more than one debriefing for each proposal. The KO will notify unsuccessful offerors in the competitive range of the source selection decision in accordance with FAR 15.506. Upon such notification, unsuccessful offerors may request and receive a debriefing. Offerors desiring a debriefing must make their request in accordance with the requirements of FAR 15.505 or 15.506, as applicable.

e. Elaborate formats, or color presentations are not desired or required. Offeror may only include corporate logos in Volume I – Administration.

f. Oral presentations will not be considered for this competitive acquisition.

g. Proprietary information shall be clearly marked. Proprietary information submitted in response to this solicitation will be protected from unauthorized disclosure as required by Subsection 27 of the Office of Procurement Policy Act as amended (41 U.S.C. 423), hereinafter referred to as "the Act", as implemented in the FAR.

h. The Government requires an electronic proposal submission with the offeror's entire proposal loaded on a single DVD-R (Digital Versatile Disk – Recordable). The Government does not require any paper proposals. Due to mailbox constraints, offerors may not submit proposals to the Government via e-mail; faxed copies are also not authorized. The disk shall be labeled with the Company Name, the Solicitation Number and date submitted to the Government. As a minimum, each volume must be in a different directory (folder) on the disk. Offerors shall include separate files with the required naming conventions in accordance with Table 1 below. All documents shall be submitted in portable document format (PDF) format that is created to be searched and copied with the EXCEPTION of the unique files in the Government specified format (See Table 1). DO NOT submit any documents in PDF format that are copied as "images." The offeror's documents/files will be provided in a non-compressed format. It is the sole responsibility of the Offeror to ensure that the electronic files submitted are virus free.

(4) Offerors must send their electronic proposal disk by United State Postal Service, FedEx or United Parcel Service or hand delivered to Hanika Torio, C/O David Green, Defense Health Agency, 2776 C Street, Area B, Building 6, Suite 200, Wright-Patterson AFB, OH 45433. Pre-arrangement for hand delivery is required. Email Mr. David Green at david.d.green7.civ@mail.mil for arrangements NLT 7:00 AM Eastern time on 5 Sep 2017, if hand delivery is required." It is the Offeror's responsibility to make those arrangements to assure meeting the proposal deadline. If the Offeror decides to mail the proposal, it is the Offeror's responsibility to assure the correct address and to meet the proposal deadlines. The government will not accept late proposals even if due to third party shipping delays. Proposals received after the due date and time specified herein will be considered late, will not be evaluated and will be deemed ineligible for award.

(5) Offerors shall not lock, encrypt, copy as an image, password protect or otherwise place barriers to opening files for their proposal submissions. In the event where the Government cannot access the electronic version to complete evaluation, the government will consider the offer invalid and the proposal will be deemed ineligible for award.

(6) If the Government receives more than one DVD-R from an Offeror, the proposal will be deemed invalid, will not be evaluated and will be deemed ineligible for award.

i. All proposal information is subject to verification by the Government. The documentation must be in the Offeror's name as submitted in Block 17a of the Standard Form (SF) 1449, Solicitation/Contract/Order for Commercial Items, with a corresponding Cage Code and DUNS Number. Offerors shall assume that the Government has no prior knowledge of their operation and will rely on documentation provided as part of the Offeror's proposal. By signing the SF 1449, the Offeror acknowledges that the terms and conditions of the proposals are valid for a minimum of 180 calendar days after the proposal due date in Block 8.

j. Files shall not contain classified data and must adhere to the page limitations in Table 1. The Government will not read and evaluation pages that exceed any limitation identified in Table 1, Proposal Organization. For this document, an electronic page is identified as follows:

- Page: One face of a 8.5" x 11" sheet of paper containing information
- Paragraph: Separated by at least one blank line
- Page Numbering: Sequentially
- Font: Times New Roman Font; 12-point minimum font size
- Margins: Top, Bottom, Left, Right shall be 1"
- Tables graphs and illustrations: Font size no less than 8 point
- Page layout: Orientation may be portrait or landscape

k. The following documents are limited to the Government specified format and remain in the template format (Save files in default format (e.g., Word Document – Set "save as type" to "Word Document [*.docx]" only and Excel spreadsheets – Set "save as type" to "Microsoft Excel Workbook [*.xlsx]").

- SF1449 and all Amendments (SF 30)
- Team/Organizational Structure (Attachment 1)

- Technical Self Scoring Worksheet (Attachment 2)
- Pricing Template (Attachment 3)
- Past Performance Information (PPI) Tool (Attachment 4)
- Past Performance Questionnaire (Attachment 5)

n. Representations and Certifications: Offerors shall ensure that their registration in the System for Award Management (SAM) database is current, complete, and applicable to this solicitation. The Contracting Officer will check SAM and document the contract file.

o. Cross-referencing: Each volume shall be written on a standalone basis so that its contents may be evaluated with no requirement to cross-reference to other volumes of the proposal. Information required for proposal evaluation which is not found in its designated volume will be assumed to have been omitted from the proposal. Offerors are responsible for the accuracy of their proposals and the Government will not search for information that is not provided in the required Volume.

n. Award without Discussions: It is the Government's intent to award without discussions. Therefore, each initial proposal should contain the offeror's best effort to demonstrate technical, past performance and price. However, the Government reserves the right to conduct discussions if the Contracting Officer determines that discussions are necessary.

o. Clarifications: Offerors are cautioned to submit sufficient information and in the format specified in instructions. Offerors may be asked to clarify certain aspects of the proposal (for example, the relevance of past performance information) or to respond to adverse past performance information to which the offerors have not previously had an opportunity to respond. Communication conducted to resolve minor or clerical errors will not constitute discussions and the contracting officer reserves the right to award a contract(s) without the opportunity for proposal revision.

3. PROPOSAL ORGANIZATION

c. The Offeror shall organize the proposal as set forth in Table 1, Proposal Organization and subsequent detailed supporting documentation provided in proposal tabs. In accordance with Paragraph 2.h, electronic proposals are required. The Offeror shall organize their proposal by Volume and submit the proposal on a single disk with four (4) separate electronic folders, labeled by volume number and title, as follows:

Volume I – Contract Administration
 Volume II – Technical Capability
 Volume III – Past Performance
 Volume IV – Price

d. Within each of the four (4) folders, offerors will submit the required information, electronic documents or supporting materials per Table 1 below. Offerors must include their company name and volume number as shown in the filename of each document. An example is shown in Table 1. For example, ABC Incorporated filename for Volume II, Scope supporting documentation would be: ABC.VOLII.TAB2A.pdf. (Filenames do not have to be capitalized). Offerors may make minor adjustments to the file naming methodology so long as the resulting file names and organization are clearly understandable. Offerors should plan on submitting a single file for each item versus multiple files.

Table 1 - Proposal Organization

Para	Volume	Title	Page Limit	File Name Example *see 3.b above
6	I	Tab 1 – SF 1449 and all Amendments (SF 30) signed by an authorized representative Tab 2 – Company Information	No page limit	ABC.VOLI.TAB1 ABC.VOLI.TAB2

		Tab2a – Authorized Offeror Personnel Tab 2b – Company address, Identifying codes and Designations Tab 2c - Teaming/Organization Structure (Attachment 1) Tab 3 – Exceptions to Solicitation Requirements Tab 4 – Certifications and Representations Tab 5 – Letter of Credit Tab 6 – Master Table of Contents Tab 7 – Glossary of Abbreviations and Acronyms		ABC.VOLI.TAB2a ABC.VOLI.TAB2b ABC.VOLI.TAB2c ABC.VOLI.TAB3 ABC.VOLI.TAB4 ABC.VOLI.TAB5 ABC.VOLI.TAB6 ABC.VOLI.TAB7
7	II	Completed Self Scoring Technical Capability Worksheet (Attachment 2) Tabs 1 through 11 are supporting documentation (as applicable) Tab 1a through 1e 2– Scope (LC & SVC) Tab 2a through 2f – Scope (Hard to Fill/Turnover) Tab 3a and 3b – Scope (Healthcare setting) Tab 4a– Magnitude (Highest contract value) Tab 4b – Magnitude (Total FTEs in 5 years) Tab 4c – Magnitude (Total Contracts) Tab 5a through i –Complexity (locations) Tab 6a through e – Complexity (hard locations) Tab 7a and b – Complexity (Prime Experience) Tab 8 – Complexity (subcontractor management) Tab 9a through e – Applicability (Customers) Tab 10a - Applicability (IDIQ experience) Tab 11a - Applicability (FFP experience) Tab 12 – Teaming/Organizational Structure (Attachment 1)	Tab WKSHT limited to 4 Pages in Government-provided template. Tabs 1through 11 are supporting documentation (see instructions below); each supporting documentation file is limited to 10 Pages with the exception of the Magnitude tabs which is 40 pages.	ABC.VOLII.WKSHT ABC.VOLII.TAB1* ABC.VOLII.TAB2* ABC.VOLII.TAB3* ABC.VOLII.TAB4a ABC.VOLII.TAB4b ABC.VOLII.TAB4c ABC.VOLII.TAB5 Etc.
8	III ¹	Tab 1A – Prime Reference 1 Tab 1B – Prime Reference 2 Tab 1C – Prime Reference 3 Tab 2A – Teaming Partner (highest % of planned work) Reference 1 Tab 2B – Teaming Partner (second highest % of planned work) Reference 2 Tab 2C – Teaming Partner (third %...) Reference 3 Tab 2D - Teaming Partner (fourth %...) Reference 4 Tab 2E - Teaming Partner (fifth %...) Reference 5 Tab 3 – Organization Change History Tab 4 – Teaming/Organizational Structure (Attachment 1)	Page limited to past performance information (PPI) tool; Page limit of Organizational Change History: 5 pages; Contractor Teaming Structure: Government template	ABC.VOLIII.TAB1A ABC.VOLIII.TAB1B ABC.VOLIII.TAB1C ABC.VOLIII.TAB2A ABC.VOLIII.TAB2B ABC.VOLIII.TAB2C ABC.VOLIII.TAB2D ABC.VOLIII.TAB2E ABC.VOLIII.TAB3 ABC.VOLIII.TAB4
9	IV – Price	Tab 1 – Completed Government Pricing Template (saved in Excel) (Attachment 3) Tab 2 – Price Assumptions	No page limit: Government template	ABC.VOLIV.TAB1

¹ A complete past performance reference consists of:

5. Past performance information sheet printed from PPI tool (Attachment 4)
6. Past Performance Questionnaire, if required (Attachment 5)
7. Consent letter, if required (Attachment 6)
8. Client authorization letter, if required (Attachment 7)

3.1 Volume I – Contract Administration

In this volume of the proposal, the offeror shall provide the following information:

Tab 1 - Standard Form (SF) 1449, SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS and SF 30, AMENDMENT OF SOLICITATION/ MODIFICATION OF CONTRACT: Complete blocks 12, 17a, 17b (if applicable), 23, 24, 30a, 30b, and 30c of the RFP Section A, SF 1449. In doing so, the offeror accedes to the contract terms and conditions as written in the RFP Sections A through K. These sections constitute the model contract. The SF 1449 shall be provided in Volume 1. If the solicitation is amended, for each issued amendment, complete blocks 8, 15A, 15B and 15C of the SF 30, and include in this section of the proposal.

The government recommends that offerors also consider the requirements above in Paragraph 2.b.(i).

Tab 2 - Company Information:

b. Authorized Offeror Personnel. Provide the name, title, and telephone number of the company/division point of contact regarding decisions made with respect to your proposal and who can obligate your company contractually. Also, identify those individuals authorized to negotiate with the Government. Additionally, provide the name, title, and telephone number of the CEO, Division President, and/or Vice President of the company for notification purposes.

b. Company/Division Address, Identifying Codes, and Applicable Designations. Provide company/division's street address and county; CAGE code; DUNS code; and TIN. This same information must be provided if the work for this contract will be performed at any other location(s). List all locations where work is to be performed and indicate whether such facility is a division, affiliate, or subcontractor, and the percentage of work to be performed at each location.

c. Teaming/Organizational Structure (Attachment 1). If subcontractors or teaming partners are proposed, the offeror must complete Attachment 1 showing the government their teaming/organizational structure. The offeror will include the completed document in three areas of their proposal: Volume 1, Tab 2c, Volume II, Tab 12, and Volume III, Tab 4. Attachment 1 should be complete and clearly identify the company names and addresses of all teaming partners or subcontractors that will perform under this contract along with the percentage of projected assigned workload along with the performance locations for that teaming partner. Therefore, the offeror needs to provide the name of the teaming partner/subcontractor for each Product Service Code grouping listed. If more than one company will provide the Product Service Code, each Product Service Code. The offeror will ensure at least 50% of the cost of contract performance incurred for personnel shall be expended for employees/services provided by the concerned. The offeror must comply with all legal requirements, including but not limited to, FAR 52.219-14 – Limitations on Subcontracting, 13 CFR 124-510, 13 CFR 125.6, 15 USC 64.

Tab 3 - Exceptions to Solicitation Requirements: Offerors are required to meet all solicitation requirements, such as terms and conditions, representations and certifications, and technical requirements, in addition to those identified as evaluation subfactors. Failure to meet a requirement may result in an offer being ineligible for award. Offerors must clearly identify any exception to the solicitation terms and conditions and provide complete accompanying rationale. Each exception shall be specifically related to each paragraph and/or specific part of the solicitation to which the exception is taken. Provide rationale in support of the exception and fully explain its impact, if any, on the performance, schedule, cost, and specific requirements of the solicitation. This information shall be provided in the format and content of Table 2 below.

Table 2 - Solicitation Exceptions

Solicitation Document	Page/ Paragraph	Requirement/ Portion	Rationale
PWS, Part X, Pricing Template, Past Performance Tool	Applicable Page and Paragraph Numbers	Identify the requirement or portion to which exception is taken.	Describe Why the requirement can/will not be met.

Tab 4 - Representations, Certifications (Tab 4): Complete the necessary fill-ins and certifications in Sections D through K. Section K shall be returned in its entirety. For Sections D through I, the offeror shall submit only those pages that require a fill-in.

Mentor-Protégé Agreements and 8(a) Joint Venture Certifications. If the Offeror is part of Mentor-Protégé agreement or an 8(a) joint venture, the offeror shall provide a copy of the Small Business Administration (SBA) approved Mentor-Protégé agreement and/or Joint Venture certification documentation. For either Mentor-Protégé or 8(a) Joint Ventures, the SBA must receive the certification documentation prior to the proposal due date and the Government must receive the SBA-approved documentation before the date of notice or announcement of award of any contract. If the Government does not receive the SBA-approved documentation of the Mentor-Protégé or 8(a) Joint Venture agreement as of notice or announcement of award of any contract, the Mentor-Protégé offeror shall be eliminated from the competition. The Government will not delay contract award waiting for SBA approval.

Tab 5 - Letter of Credit: Offerors must include a Letter of Credit to demonstrate the offeror's financial health and capacity to cover startup expenses for this requirement. The document, issued by a bank or other financial institution, shall provide the offeror a line of credit for a minimum of \$2 million. The Letter of Credit shall include contact information of the issuing organization and the Letter of Credit may be contingent upon award of this contract. The date of the letter can be issued anytime between release of the RFP and proposal due date. Offerors may submit a Letter of Credit with an initial expiration date to cover the entire performance period (5-years) or a letter with an initial expiration date that is a minimum period of one year from the date of issuance. If valid for the first year, the letter will be required to be renewed and provided to the contracting officer annually. The document, issued by a bank or other financial institution must include contact information for the issuing organization.

Tab 6 - Master Table of Contents: The Offeror shall provide a table of contents in the Contract Administration Volume that serves as an overall guide to what files are provided in electronic format, where they are located, file name and brief descriptions of the documents. The table of contents will not be evaluated.

Tab 7 - Glossary of Abbreviations and Acronyms: Include a glossary of abbreviations and acronyms used throughout the proposals (all 4 volumes).

3.2 VOLUME II – TECHNICAL CAPABILITY

d. For purposes of this technical proposal evaluation the Offeror shall claim medical support services capability using the government template for the Technical Self-Scoring Worksheet. Offerors may not consolidate more than one Government or commercial contract or task order, (including FSS, GSA, BPAs) or option periods into a single file to claim higher point value. The Government considers task orders to be stand-alone contracts. See additional Supporting Documentation instructions below in Paragraph c. The Offeror shall complete the Technical Self Scoring Worksheet (Attachment 2) in the electronic format provided in this solicitation and provide the completed Excel file and all supporting documentation in Volume II. No other format will be considered. The offeror shall not alter or add rows, columns, or formulas in the worksheet. The worksheet titled "Self Scoring Sheet" has 143 rows divided into 4 Categories: Scope, Magnitude, Complexity and Applicability. Within the Categories, there are 11 Sections that assess capability where points will be assigned based on the requirement. There are locked/protected heading rows, point values and subtotals along with hidden formula rows. Within each section are various elements of importance to the Government. Offerors should consider their past experience as well as their teaming partners to attest to medical support services technical capabilities. Supporting documentation should be for medical support services. Offerors will be required to provide supporting documentation as proof of their technical capability for the sections and elements within those sections. Claimed capability may be for either the prime contractor (offeror) or teaming partner(s) as identified on the DHA MSS Instructions, Attachment 2, and Technical Self-Scoring Worksheet. For Scope, at least one claimed capability in each of the three (3) elements (Labor Category/Services Placement, Hard-to-Fill/High Turnover Positions and Healthcare Settings) shall be for the offeror. For Magnitude, all the claimed capabilities should be for the prime offeror. For Complexity, for Elements 5 (High Demand Performance Locations) and 6 (Hard-to-Fill Locations), at least one claimed capability must be for the prime offeror; for Elements 7 (Prime Contractor Experience) and 8 (Subcontractor Experience) the claimed capability should be for the prime offeror. For Applicability, Element 9 (Customer Base), at least one claimed capability should be for the prime offeror and Elements 10 (ID/IQ experience) and 11 (FFP Experience) should be for the prime offeror. Supporting documentation requirements is discussed in detail below.

The worksheet has Columns A through P:

Column A is the Section number assigned to that capability element.

Column B is the RFP reference.

Column C is the capability being assessed.

Columns D through G are the level of capability that can be chosen by the offeror.

Column H is a subtotal by row and Section [that populates automatically based on the Column D-G selection].

Column I shows the electronic file name to be used for that Section/Element supporting documentation (see Table 1). Files must be distinguishable by name so that they may be rapidly accessed by the evaluation team.

Columns J through P is a current point of contact for the supporting documentation/item who the government can contact to validate the claim of capability if necessary.

e. The Offeror shall follow the instructions listed below when filling out the rows of the worksheet. For convenience, the instructions are also included in a separate worksheet in the Technical Self Scoring Worksheet titled "Instructions." **Offerors will place an "X" in the proper cell; no other character or word will work in the cell to generate the correlating point value.** Offerors shall not enter a point value as the worksheet will assign a point value based on the selected capability (column). It is important to note the government considers a task order under MAC ID/IQ contracts, including federal support schedule, GSA or BPA orders) a single contract; thus a single supporting documentation requirement.

o Row 1: Enter Offeror name in Column C - Scope Category (Rows 2 to 45).

Rows 2-8, 10, 12, 14, 16: Heading Rows or hidden formula rows.

▪ Rows 9-18, Labor Category/Service Product Service Code Placement. Place an "X" in the appropriate Column D, E, F, or G associated with the **highest number of FTEs placed on a single contract or order in the last 5 years (from the release date of this solicitation).** **At least one claimed capability must be from the prime offeror:** Certified (Row 9, Section 1, Element a), Specialized/Technical (Row 11, Section 1, Element b), Administrative/Clerical (Row 13, Element c), and Other Medical Support FTEs (Row 15, Element d). If the offeror never placed those types of labor categories/services, leave blank and complete Other Labor Category/Service in Row 17, Element e. This element is for services not in the PSC listed in Element a through d above (see Part I, PWS, Paragraph 1.4 table). Offerors may complete Row 17, Element e if they have placed an "X" in the Columns for Certified (Row 9, Section 1, Element a), Specialized/Technical (Row 11 Section 1, Element b), Administrative/Clerical (Row 13, Element c), and Other Medical Support FTEs (Row 15, Element d). If claiming Row 17, offerors must complete Row 18, Column C to specify the labor category.

▪ Row 19 is the Labor Category/Services Placement subtotal that automatically populates in Column H based on the above selections.

▪ Rows 20-23, 25, 27, 29, 31 & 33: Heading rows or hidden formula rows.

▪ Rows 24-35, Hard to Fill/High Turnover Positions. Place an "X" in the appropriate Column D, E, F, or G associated with the **highest number of FTEs placed on a single contract or order in the last 5 years.** **At least one claimed capability must be from the prime offeror:** Referral Clerk (Row 24, Section 2, Element a), Medical Appointment Clerk (Row 26, Section 2, Element b), Medical Office Clerk (Row 28, Section 2, Element c), Medical Records Technician (Row 30, Section 2, Element d), Outpatient Medical Coder (Row 32, Section 2, Element e), Beneficiary Services Representative (aka, PEBLO) (Row 34, Section 2, Element f).

▪ Row 35 is the Hard to Fill/High Turnover Positions Subtotal that automatically populates in Column H based on the above selections.

▪ Rows 36-38, 40, 42 & 43 are heading rows and hidden formula rows.

▪ Rows 39-41, Healthcare Setting. Place an "X" in the appropriate Column D or E, associated with your capability and **experience for medical support services in two performance settings (place where services were performed).** **At least one claimed capability must be from the prime offeror:** Outpatient Clinic (Row 39,

Section 3, Element a) or Hospital (Row 41, Section 3, Element b). For this solicitation, an Outpatient Clinic is a standalone ambulatory care facility providing outpatient medical care. A hospital is a medical treatment facility capable of providing outpatient and inpatient services. Services performed outside an outpatient clinic or hospital (i.e., remote, corporate headquarters, etc.) would not be included here.

- Row 44 is the Setting Subtotal that automatically populates in Column H based on the above selections.
- Row 45 is the subtotal for the Scope Category. Validate that the points were correctly calculated and transfer properly to the Total Points Summary worksheet, Row 5, Column B.
-
- Magnitude Category (Rows 46-61) – All claimed capabilities should be for the prime offeror. Offerors should select a single contract or order with the highest total value (including options) and provide up to 10 pages for supporting documentation. Next, prime offerors should support the total number of Medical Support Service FTEs placed for the Government in the last 5 years from the date of the solicitation and provide up to 40 pages for supporting documentation. Then, the prime offeror will total up all active contracts (only for the offeror) managed in the last 5 years from the date of the solicitation and provide up to 40 pages of supporting documentation.
- Rows 46-49, 50-55 & 59 are heading rows and hidden formula rows.
- Row 51, Highest total Value on a single contract or order as the prime offeror. Place an “X” in the appropriate Column D, E, F or G.
- Row 56, Total Medical Support Service FTEs placed for the Government in the last 5 years. Place an “X” in the appropriate Column D, E, F or G.
- Row 60, Total number of active contracts or orders providing medical support services to the Government as of the date of the solicitation. Place an “X” in the appropriate Column D, E, F or G.
- Row 61 is the subtotal for the Magnitude Category. Validate that the points were corrected calculated and transferred properly to the Total Points Summary worksheet, Row 6, Column B.
- Complexity Category (Rows 62-115).
 - Rows 62-66, 68, 70, 72, 74, 76, 78, 80, 82, 84 are heading rows or hidden formula rows.
 - Rows 67-85, High Demand Performance Locations. Place an “X” in Column D or E attesting to historic capability of providing Medical Support Services in the listed performance locations. At least one claimed capability must be from the prime offeror. Offerors may enter one “Other” location and are required to specify the location in Row 86.
 - Row 87 is the High Demand Performance Locations Subtotal that automatically populations in Column H based on the selections above.
 - Rows 88-91, 93, 95, 97, 99 are heading rows or hidden formula rows.
 - Rows 92-100, Hard to Fill Locations. Place an “X” in Column D or E attesting to your historic capability of providing Medical Support Services in the listed performance locations. At least one claimed capability must be from the prime offeror.
 - Row 101 is the Hard to Fill Locations Subtotal that automatically
 - Rows 102-105, 107 are heading rows or hidden formula rows
 - Rows 106-108, Prime Contractor Experience. Place an “X” in Column D or E attesting to the prime offeror’s performance capability as the Prime and subcontractor.
 - Row 109 is the Prime Contractor Experience Subtotal that automatically
 - Rows 110-113 are heading rows or hidden formula rows.
 - Row 114, Subcontractor/Team Management. Place an “X” in Column D or E attesting to the prime offeror’s historic capability of managing teaming partners/subcontractors.
 - Row 115 is the subtotal for the Complexity Category. Validate that the points were correctly calculated and transferred properly to the Total Points Summary worksheet, Row 7, Column B.
- Applicability Category (Rows 116-143).
 - Rows 116-120, 122-136, 138-141 are heading rows and hidden formula rows.
 - Rows 121-129, Customer Base. Place an “X” in Column D or E attesting to historic capability of providing Medical Support Services to the listed customers. At least one claimed capability must be from the prime offeror. For multiple MTFs involving different Services or multi-market sectors, the customer should be reported as DHA. If performance is at a single MTF, the customer would be based on what service owns that MTF. Offerors may claim one “Other” location in Row 129, but must complete Row 30, Column C to specify the customer.

- Row 137, Indefinite Delivery/Indefinite Quantity Contract Experience. Place an “X” in Column D or E attesting to the prime offeror’s historic capability of performing on an Indefinite Delivery/ Indefinite Quantity Contract.
- Row 142, Firm Fixed Price Contract Experience. Place an “X” in Column D or E attesting to the prime offeror’s historic capability of performing on a Firm Fixed Price Contract.
- Row 143 is the subtotal for the Applicability Category. Validate that the points were correctly calculated and transferred properly to the Total Points Summary worksheet, Row 8, Column B.

f. The Offeror shall provide supporting documentation for each section and element in the four (4) Categories of Scope, Magnitude, Complexity and Applicability when points are being granted in the Technical Self Scoring Worksheet. This documentation will be a scanned pdf file and will follow the required naming convention shown in Table 1. Offerors will highlight (by color or circling) the information in the document(s) that validate their claimed technical capability.

Offerors must provide a single file as supporting documentation. For example, Tab 1 has five (5) elements a through e. An offeror can provide documentation to support capability. Each element will be a separate pdf file. Offerors should use the naming convention: company name.VolIII.TAB1a, company name.VolIII.TAB1b, company name.VolIII.TAB1c, company name.VolIII.TAB1e, company name.VolIII.TAB1e,. If an offeror is NOT claiming capability on a particular element, they should not provide a file with that TAB name in their proposal. A single supporting document file may apply to more than one row on the Self-Scoring Technical Capability Worksheet as long as that document supports the claimed items. If an offeror uses the same contract to support multiple elements/section on the worksheet, offerors shall rescan and follow the naming convention for the item to ease retrieval and validation procedures.

The Offeror shall not consolidate requirements on multiple task/delivery orders to obtain a higher point value since contract or task order (including commercial, MAC ID/IQ, GSA, FSS or BPA orders) are considered a single contract under this solicitation. Thus, each contract, order or other binding business agreement will stand alone to support a claimed item and will be a separate supporting documentation file provided in the proposal. Likewise, the Offeror shall not consolidate requirements for different option periods on the same contract or order to obtain a higher point value as part of their supporting documentation. To illustrate, an offeror has two separate contracts (or task orders) where they provide a total of four (4) certified medical support FTEs. The offeror cannot combine them to total 8 FTEs to get the maximum points available on the Self Scoring Technical Worksheet [of 100 points]. The offeror could only claim 4 FTEs and provide one of those contracts as supporting documentation. If, on the other hand, the offeror provided all 8 FTEs under one contract or task order the offeror could claim all 8 FTEs and self-score at 100 points. The following supporting documentation is acceptable:

- For Government Contracts: Provide a signed copy of the SF 1449, SF33 or DD1155 along with other contract pages that show clearly detail the claimed item (labor category, FTE, location, dollar value, etc.).
- For Commercial Contracts: Provide a signed and dated letter from the customer that confirms the claimed element on the worksheet. A clear name, title, address and phone number for the customer must be on the letter.

Offerors are cautioned that the supporting documentation must demonstrate performance in the area claimed on the Technical Self-Scoring Worksheet (i.e., labor category, location, number of full-time equivalent [FTEs]. For example, if you are attesting to the government you provide 7+ FTEs in the Certified Medical Support Positions Product Service Code, the documentation provided must clearly show more than seven (7) positions on a single order or contract. The Government reserves the right to review any information related to the supporting documentation for validation only obtained by the government to aid in validating the technical capability. The supporting documentation must match the services of this solicitation.

3.3 VOLUME III – PAST PERFORMANCE

Past performance tool (see Attachment 4 for data requirements on the past performance tool): The Offeror shall use the past performance information (PPI) tool for submitting up to eight (8) recent past performance references and contract information. This tool can be downloaded from FedBizOpps (<https://www.fbo.gov/>) as an attachment to this solicitation posting. The Offeror shall save each past performance reference from the past performance tool on

the submitted DVD-R. If the Offeror is unable to download the past performance information tool, contact the PKO for assistance. The Offeror must save the PPI database file using the following convention: Prime Contractor Name + RFP Number.accdb (e.g., XYZCompanyHT0014-17-R-0010.accdb). There are no page numbering, line spacing or font size restrictions on the PPI tool). No page limitation applies as it is dictated by the PPI tool. Offerors will not print and scan the information; the Government requires the database in its entirety.

A complete past performance reference consists of:

5. Past performance information sheet printed from PPI tool (Attachment 4)
6. Past Performance Questionnaire, if required (Attachment 5)
7. Consent letter, if required (Attachment 6)
8. Client authorization letter, if required (Attachment 7)

Past performance Questionnaire (if required) (Attachment 5): The Offeror is responsible for initiating Past Performance Questionnaire (PPQ) only if the past performance reference is not available in CPARS. The Offeror will forward the questionnaire to the primary customer point of contact (POC), with instructions to send the completed, signed questionnaire back to the Offeror. Offerors shall provide completed and signed questionnaires as part of the Past Performance Volume of their proposal.

Subcontractor/teaming partner consent letter (if required) (Attachment 6): Past performance information pertaining to a subcontractor cannot be disclosed to the prime Offeror without the subcontractor's consent. Provide with the proposal, a letter from all subcontractors that will perform major or critical aspects of the requirement, a letter consenting to the release of their past performance information to the Offeror.

Client authorization letter (if required) (Attachment 7): Each Offeror, teaming partner, and/or joint venture partner shall execute a Client Authorization Letter for commercial customers.

TAB 1 – References from Prime Offeror. At least three (3) references of the eight (8) maximum references must be for the Prime offeror. All required documents should be scanned into a pdf file in the above order and named ABC.VOLIII.TAB1A, 1B and 1C.

TAB 2 – References for Teaming Partner/Subcontractor. Offerors may submit up to five (5) references (of the eight (8) maximum) to ensure at least one for each proposed teaming partner/subcontractor. If more than five teaming partners/subcontractors are proposed, offerors are required to submit references for the teaming partners or subcontractors that will perform the highest percentage of work as identified in Attachment 1 of their proposal. All required documents should be scanned into a single pdf file in the above order and named ABC.VOLIII.TAB2A, 2B, 2C, 2D and 2E. If no teaming partners are proposed, up to eight (8) references will be for the offeror. The file naming convention can remain the same.

TAB 3 – Organization Change History. Many companies have acquired, been acquired by, or otherwise merged with other companies, and/or reorganized their divisions, business groups, or subsidiary companies or had name changes. In many cases, these changes have taken place during the time of performance for relevant past efforts or between the conclusion of recent past efforts and this source selection. To clarify any organizational changes, the Offeror shall provide a "roadmap" describing all such changes in the organization of the company. A pamphlet or other commercial document describing such reorganizations may suffice within the page limit identified in Table 1, Proposal Organization. As part of this explanation, show how these changes impact the relevance of any efforts the Offeror identified for past performance evaluation/performance confidence assessment.

TAB 4 - Teaming/Organizational Structure (Attachment 1). If subcontractors or teaming partners are proposed, the offeror must complete Attachment 1 showing the government their teaming/organizational structure. The offeror will include the completed document in three areas of their proposal: Volume 1, Tab 2c; Volume II, Tab 12 and Volume III, Tab 4. Attachment 1 should be complete and clearly identify the company names and addresses of all teaming partners or subcontractors that will perform under this contract along with the percentage of assigned workload for each company and which services the teaming partner will provide. Therefore, the offeror needs to provide the name of the teaming partner/subcontractor for each Product Service Code grouping listed. If more than one company will provide the service category, each service category. The plan will ensure at least 50% of the cost of contract performance incurred for personnel shall be expended for employees/services provided by the concerned.

The contractor's plan must demonstrate and describe compliance with all legal requirements, including but not limited to, FAR 52.219-14 – Limitations on Subcontracting, 13 CFR 124-510, 13 CFR 125.6, 15 USC 64.

3.4 VOLUME IV – PRICE

3.4.1. Offerors shall use the government provided Pricing Template (Attachment 3) for their price volume. Offerors will provide a complete fully burdened hourly rate for 39 labor categories (Service Type I) only. Using the standard position descriptions at Part 8, Attachment 4 and the Pricing Performance Work Statement at Attachment 8, the estimated FTEs, projected billable hours and locations in the sample order in Worksheet 2 of the Pricing Template, offerors should develop a single fully burdened rate by labor category and a total evaluated price for evaluation. There are no Service Type II estimates requiring pricing in the template. Offerors are advised that not every labor category in the available position descriptions or each performance location are included in the sample order Pricing Template. The fully burdened rates should include all costs, including but not limited to, worker direct labor costs as well as any fringe benefits, overhead, general and administrative expenses, and/or profit.

This template will be used by the Pricing Evaluation Team during the source selection process. Instructions are provided below and also repeated in the spreadsheet. Offerors must complete the model as designed. No attempt to reformat or remove cells is authorized. Submission of pricing data needs to be complete and accurate. Leaving cells blank or entering "N/A" or zeros are not acceptable values for these cells and will adversely affect the formulas in the Excel file. Hourly rates should be rounded to the nearest-two decimal format (i.e., \$15.32). Failure to comply with these terms and conditions may result in the offeror being removed from consideration for incomplete data submission. Incomplete pricing may result in an offeror's proposal being deemed ineligible for award.

Problems encountered with the spreadsheet design that prevent accurate recording of price data shall be brought to the attention of the Contracting Officer immediately. The Government will not recreate electronic files, or in any way develop pricing tables for the offeror in order for electronic evaluation to occur.

The MSS Pricing Template contains four (4) worksheets:

Worksheet 1 - Instructions. Worksheet 2 - Projected FTE and billable hours for Svc Type#1. Worksheet 3 - Entry sheet for Svc Type#1 - fully burdened hourly rates. Worksheet 4 – Total Evaluated Price. Reference Part 8, Attachment 3 for potential performance locations and; Part 8, Attachment 4 for standard position descriptions.

Worksheet 2. Projected FTE for Svc Type#1 – provides projected FTEs by Labor Category and Performance Location annually (to be considered for each annual pricing.) No entry is done on this worksheet, but is the required information with total FTEs and billables hours (FTEs times 1920) by performance location and customer.

Worksheet 3. Svc Type#1 – Fully Burdened Hourly Rate Entry Sheet. To complete Worksheet 3 offerors are to look at each position description for education, experience and qualification requirements (Part 8, Attachment 4), the pricing Performance Work Statement (Instructions Attachment 8), as well as the projected FTEs by Labor Category and Performance Location in Worksheet 2. The Government calculated projected billable hours by taking the total FTE number times the 1920 productive hours in a standard man-year. Offerors shall consider this when developing a fully burdened hourly rate. Offerors shall enter a fully burdened hourly rates for the 42 Labor Categories for the 5-contract years in Rows 6 to 10, Columns B - AQ. The spreadsheet calculates a labor category subtotal for Year 1 through Year 5 in Rows 12 to 16, Columns B through AQ. Then, a total for all years adds Years 1, 2, 3, 4 and 5 together by labor category in Row 17. A total for Service Type I requirements is in Row 18, Column AR.

Worksheet 4. – Total Evaluated Price. No entry is required for Worksheet 4—only verification and validation of accuracy. This worksheet is pulling the Service Type#1 total from Worksheet 3, Row 18, Column AR. The total evaluated price used for evaluation adds Row 2, Column A to Column B to generate Column C. Offerors are urged to ensure their pricing is complete and accurate.

3.4.2 If needed, offerors will provide Price Assumptions at Tab 2 of the IV Price Volume. The document will be created by the offeror and will be included in this volume.

List of Attachments: The following list of attachments is provided at the end of this section:

1. Contractor Teaming/Organization Structure
2. Technical Self Scoring Worksheet (separate Excel File)
3. Pricing Template (separate Excel File)
4. Past Performance Tool
5. Past Performance Questionnaire
6. Subcontractor/Teaming Partner Consent Letter
7. Client Authorization Letter
8. Pricing Performance Work Statement (separate pdf file)

>END ADDENDUM to 52.212-1<

ATTACHMENT 1

Teaming/Organizational Structure ATTACHMENT 1: TEAM COMPOSITION WORKSHEET

1. Provide the required information on the offeror (Prime) below. If the offeror is a Joint Venture, list the name of the Joint Venture on the first line and provide the details for the two (2) companies forming the Joint Venture on the other two lines.

OFFEROR (Prime) COMPANY NAME	Small Business Designation	PSC Code	DUNS Number	ADDRESS	POC & TELEPHONE	PERCENTAGE OF CONTRACT WORKLOAD	Proposed Performance Location(s)* (list states)

Note: Total prime workload must be greater than or equal to 50% of contract workload.

2. Provide the requested information on all teaming partners/subcontractors. If more space is needed, use an additional copy of this sheet and number accordingly (i.e., Page 1 of 2).

Subcontractor's COMPANY NAME	Small Business Designation, if applicable	PSC Code	DUNS Number	ADDRESS	POC & TELEPHONE	PERCENTAGE OF CONTRACT WORKLOAD	Proposed Performance Location(s)* (list states)

Note: Total teaming Partner/subcontractor workload must be less than or equal to 50% of contract workload.

***This refers to states where the company will perform Medical Support Services under this solicitation.**

ATTACHMENT 2

Technical Self-Scoring Worksheet

Provided separately in Excel format

ATTACHMENT 3

Pricing Template

Provided separately in Excel format

ATTACHMENT 4

PAST PERFORMANCE INFORMATION (PPI) TOOL

Offerors must use the PPI Tool (Use latest version from FBO.gov) in order to electronically submit the PPI portion of the Past Performance Volume in accordance with the RFP.

Downloading the PPI Tool

The PPI Tool can be downloaded by performing the following steps (if you are unable to download the Tool, contact the contracting officer for assistance):

5. Access the FedBizOpps (<https://www.fbo.gov/>) website.
6. Find the solicitation posting.
7. Locate the “ppi tool” link [ppi tool.accdb](#) from the “All Files” column **ALL FILES** on the solicitation’s “Notice Details” tab **Notice Details**.
8. Select the link and save the “ppi tool” to your computer. Name the file as the prime contractor + RFP number + file extension (e.g. XYZCompanyHT001517R007.accdb).

Note: PPI Tools saved in Microsoft Office versions 2007 and greater will be saved with “.accdb” file extension.

Entering information in the PPI Tool

After selecting and saving the tool, enter information by performing the following steps:

18. Open the saved PPI Tool.
19. Select the “Options” button from the “Security Warning” banner, if

applicable.



20. The “Security Alert” pop-up screen displays.

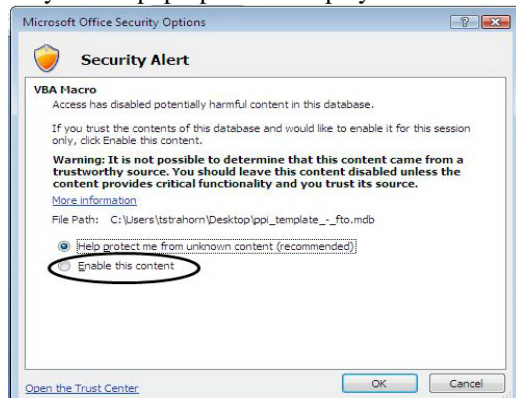


Figure 1: Security Alert Pop-up

Note:

- Files saved using Microsoft Office 2010 will have the “Enable Content” button on the “Security Warning” banner and therefore will not get a Security Alert pop-up.
 - If a “read only” file is opened, in order to populate data in the file, click “Save As” in the “Read-Only” message bar. Enter the filename as the prime contractor + RFP number + file extension (e.g. XYZCompanyHT001517R0007.accdb).
21. Select the radio button “Enable this content” and then click “OK.” A setup pop-up screen displays.

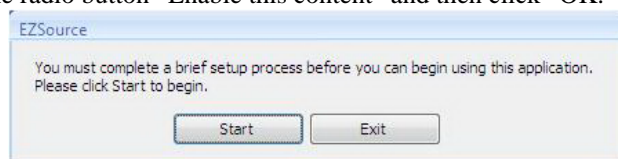


Figure 2: Setup Pop-Up

22. Select the “Start” button. The “Application Setup” screen displays.

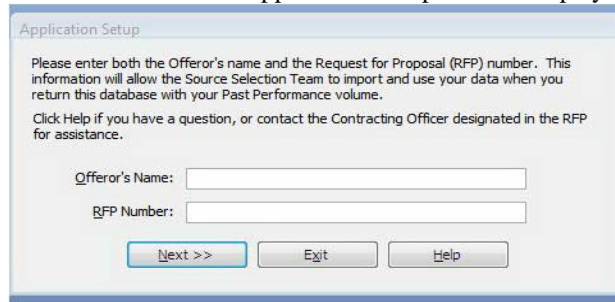
The screenshot shows the 'Application Setup' window. It contains instructions: 'Please enter both the Offeror's name and the Request for Proposal (RFP) number. This information will allow the Source Selection Team to import and use your data when you return this database with your Past Performance volume. Click Help if you have a question, or contact the Contracting Officer designated in the RFP for assistance.' Below the text are two input fields: 'Offeror's Name:' and 'RFP Number:'. At the bottom are three buttons: 'Next >>', 'Exit', and 'Help'.

Figure 3: Application Setup Screen

Note: Once the Offeror's Name and RFP Number have been entered they can be edited by selecting the “Edit Offeror And RFP Number” button from the “Contractor's Menu”

23. Enter the Offeror's Name and RFP Number and then click the “Next” button. The application setup continues.

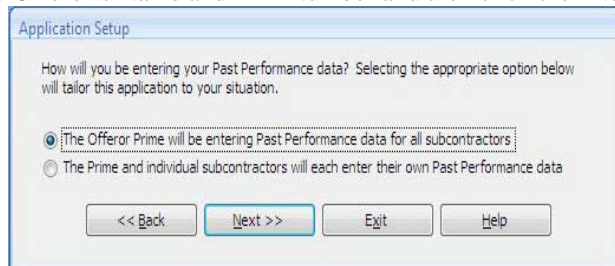
The screenshot shows the 'Application Setup' window with a new question: 'How will you be entering your Past Performance data? Selecting the appropriate option below will tailor this application to your situation.' There are two radio button options. The first option, 'The Offeror Prime will be entering Past Performance data for all subcontractors', is selected. The second option is 'The Prime and individual subcontractors will each enter their own Past Performance data'. At the bottom are four buttons: '<< Back', 'Next >>', 'Exit', and 'Help'.

Figure 4: Continue the Application Setup

24. Choose the appropriate option by selecting the corresponding radio button and then click the “Next” button. The “Contractor's Menu” displays.

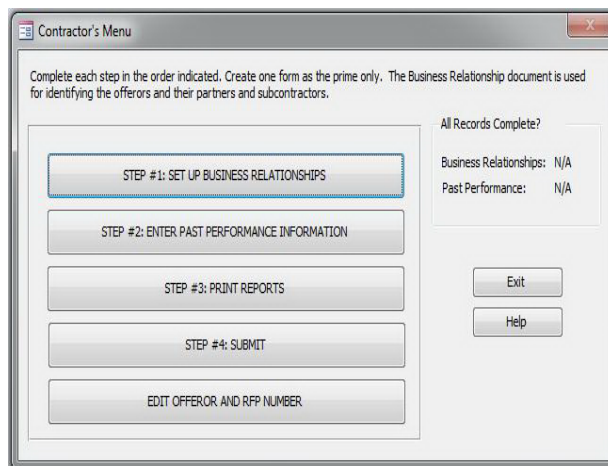
The screenshot shows the 'Contractor's Menu' window. It contains instructions: 'Complete each step in the order indicated. Create one form as the prime only. The Business Relationship document is used for identifying the offerors and their partners and subcontractors.' On the left is a vertical list of buttons: 'STEP #1: SET UP BUSINESS RELATIONSHIPS' (highlighted), 'STEP #2: ENTER PAST PERFORMANCE INFORMATION', 'STEP #3: PRINT REPORTS', 'STEP #4: SUBMIT', and 'EDIT OFFEROR AND RFP NUMBER'. On the right, under 'All Records Complete?', it shows 'Business Relationships: N/A' and 'Past Performance: N/A'. At the bottom right are 'Exit' and 'Help' buttons.

Figure 5: Contractor's Menu

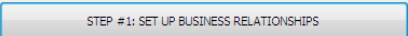
25. Click the “Step 1: Set up Business Relationships” button  to create a business relationship, if applicable, for each business entity before proceeding throughout the PPI Tool (refer to Section L of the RFP for detailed instructions). Identify all prime and sub-prime organizations identified in Attachment 4, Contractor Team Organization and categorize them according to the appropriate role in the proposed acquisition. The “Business Relationships” screen displays.

Figure 6: Business Relationships

26. Click the “New” button to create a business relationship for the proposed acquisition. An additional “Business Relationships” screen displays.

Figure 7: Enter New Business Relationship

27. Complete the fields as follows (fields marked on the screen with an asterisk “*” are required):
- Contractor’s Name: Self-explanatory
 - Role in Proposed Acquisition: Choose one of the four options – Prime, Sub, Joint Venture, or Other (Explain). An explanation comment box will display when you select “Other.”
 - Place of Work: Location where contractor will perform work.
 - Percentage of Work: Identify percentage of work contributed by specified business entity
 - Responsibilities: Detail proposed responsibilities of specified business entity.

28. Select one of the buttons at the bottom of the screen.

- Add – Saves the current business relationship and allows for the addition of a new one.
- Close – Cancels the current business relationship without saving.

Note: In order to edit or delete an existing business relationship in the list, double-click on it.

29. Select the “Close” button on the “Business Relationships” screen after all of the business relationships has been added.

30. Click the “Step 2: Enter Past Performance Information (PPI)” button  to enter the Past Performance Information. The “Past Performance” screen displays.

Figure 8: Past Performance

31. Click the “New” button to enter Past Performance Information for the proposed acquisition. An additional “Past Performance” screen displays.

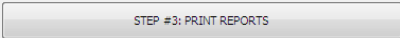
Figure 9: Enter Past Performance Information

32. Complete the fields on each of the tabs as follows (fields on the screen marked with an asterisk ‘*’ are required):
- **Contract Information Tab**
 - ❖ **Contractor:** Select from the dropdown the appropriate business entity.
 - ❖ **Cage Code:** Self-explanatory.
 - ❖ **Contract Number.**
 - ❖ **Program Title:** Enter full name of program.
 - ❖ **Contr Agency/Customer:** Enter servicing contracting agency and customer (office symbols suffice).
 - ❖ **DUNS Number:** Self-explanatory
 - ❖ **Delivery Task/Order:** If the order is provided as a stand-alone reference, enter the task/call/delivery/purchase order number.
 - ❖ **Contract Type:** Enter Firm-Fixed-Price (FFP), Cost Plus Fixed-Fee (CPFF), Indefinite Delivery/Indefinite Quantity (ID/IQ), LH, Blanket Purchase Agreement (BPA), Cost Plus Incentive-Fee (CPIF), Cost Plus Award Fee (CPAF), etc. For additional clarification, click the question mark button.
 - ❖ **Short Program Title (i.e. Acronym):** Enter abbreviated title for the program or enter “N/A.”
 - ❖ **Contract Dollar Value:**
 - **Original:** Input total contract dollar value, with all options if applicable, in the amount originally awarded on the referenced contract.
 - If ID/IQ or BPA, provide total ceiling.
 - If stand-alone task/call/delivery/purchase, provide amount of the individual contract.

- Current: Input total contract dollar value, with all options if applicable, as the contract stands at time of PPI submission.
 - If ID/IQ or BPA, provide total ceiling.
 - If stand-alone task/call/delivery/purchase, provide amount of the individual contract.
 - Explain the differences in Contract Value, if applicable: Enter an explanation of the difference between the original contract dollar value and the revised value as of the time of PPI submission.
- ❖ Period of Performance (mm/dd/yy)
- Start Date: Input start date of contract.
 - Original End Date: Input original end date based on award.
 - Current End Date: Input end date, as the contract stands at time of PPI submission.
 - Explain the differences in Period of Performance, if applicable: Enter an explanation of the difference between “Original End Date” and “Current End Date.”
- Program Details Tab
 - ❖ Brief Description of Effort as:
 - Select Prime, Sub, Joint Venture, or Other (Explain). An explanation comment box will display when you select “Other.”
 - Provide a brief description of the service provided and actual work performed under this contract reference.
 - ****If applicable: Provide information on performance problems encountered on the identified contracts. At a minimum, briefly describe the problem experienced, actions taken to alleviate the problem, and whether or not the problem was satisfactorily overcome.****
 - ❖ Explain how your performance on this contract is relevant for each market segment as described in Table 4 from Section 52.212-2 of the RFP. Include any unique aspects that demonstrate relevancy in this effort.
 - POC & Key Individuals Tab
 - ❖ Key Individuals: Not required.
 - ❖ Customer Points of Contact: Click the “Program Manager,” “Contracting Officer” or “Admin POC” button for the point of contact that you would like to add, edit, or delete.
Note: For government contracts provide current information on Program Manager, Contracting Officer, and Admin POC, if available.
 For commercial contracts provide points of contact fulfilling these same roles, if available.
33. Select from the buttons at the bottom of the Past Performance screen:
- Save – Saves the Past Performance Information and displays the “Contract Information” tab on the Past Performance screen.
 - Close – Closes the Past Performance screen. If there were any updates, a pop-up window displays asking to save before closing.
 - Delete – Deletes the current PPI record. A pop-up window displays, select “Yes” to delete the record or “No” to close the window without deleting the record.
- Note:** In order to edit or delete an existing PPI record in the list, double-click on it.
34. Select the “Close” button on the “Past Performance Information” screen after all of the PPI records have been added.

Printing Reports and Submitting PPI Tool

The Offeror may either print PPI references to be saved on a DVD or save the PPI references as listed below: In order to print the Business Relationships and PPI reports, perform the following steps:

2. Click the “Step 3: Print Report” button . A pop-up displays asking which report to print.

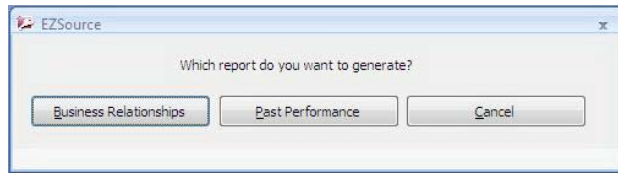
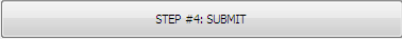


Figure 10: Select Report to Print

5. Select separately each of the two options, "Business Relationships" or "Past Performance." The Business Relationships and Past Performance documents will print separately. Hard copies of the pages generated from this tool shall be saved in a pdf format as outlined in this RFP for the Past Performance Volume folder on the DVD.

In order to save the Business Relationships and PPI, perform the following steps:

6. Click the "Step 4: Submit" button . The "Submission Instructions" screen displays.

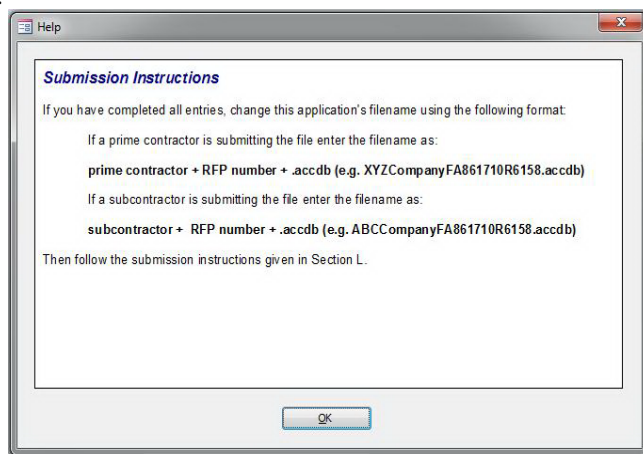


Figure 11: Submission Instructions

7. Follow the submission instructions.

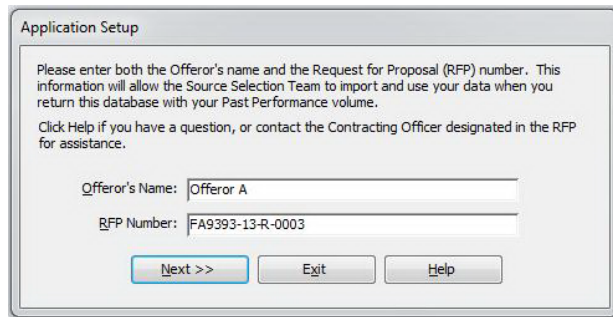
Note:

- Submit an electronic copy (e.g. DVD) of the saved PPI database file with your proposal. Submitting the file name as follows:
 - Contractor name + Volume number + Tab number (e.g. XYZCompanyVOLIIITAB1A.acddb)
- Once the file is saved to a DVD or any location that is marked as "Read-only," it must first be saved to the desktop in order to read/edit the file.

Editing Offeror and RFP Number

In order to edit the Offeror name and/or the RFP number identified during start-up, perform the following steps:

4. Click the "Edit Offeror and RFP Number" button . The "Application Setup" screen displays.



The image shows a software dialog box titled "Application Setup". It contains instructional text about entering offeror and RFP information, input fields for "Offeror's Name" and "RFP Number", and three buttons: "Next >>", "Exit", and "Help".

Application Setup

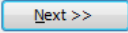
Please enter both the Offeror's name and the Request for Proposal (RFP) number. This information will allow the Source Selection Team to import and use your data when you return this database with your Past Performance volume.

Click Help if you have a question, or contact the Contracting Officer designated in the RFP for assistance.

Offeror's Name:

RFP Number:

Figure 12: Change Name and RFP Number - Application Setup

5. Update the Offeror's name and/or RFP number.
6. Click the "Next" button  twice to return to the "Contractor's Menu".

ATTACHMENT 5
Past Performance Questionnaire

Medical Support Services Past Performance Questionnaire

Page 1 of 7

*WHEN FILLED IN, THIS DOCUMENT IS SOURCE SELECTION SENSITIVE INFORMATION
IAW FAR 2.101 AND 3.104*

Offeror: Complete SECTION 1, and send a questionnaire to the customer point of contact (POC) listed on the Past Performance Information Sheet for the contract. The primary customer is considered the individual most familiar with the contractor's performance of services at the duty location (end user). Only request a questionnaire if there is no official CPARS available for your contract/performance effort.

Primary Customer POC: Complete SECTIONS 2-5 and sign/date questionnaire. Questionnaires should be returned to the company for inclusion into their Volume III – Past Performance proposal. Handwritten responses are sufficient.

SOLICITATION NUMBER: HT0014-17-R-xxxx **OFFEROR:** _____

SECTION 1: REFERENCE IDENTIFICATION

A. Contractor			
B. Contractor Performed as	Prime Contractor	Subcontractor	
	Other (specify) _____		
Teaming Structure/Key Partners			
C. Contract Number <i>(IAW M.6.2.4, single Reference for MAC, task orders, option periods; GSS or GSA are separate references)</i>			
D. Contract Type			
E. Was this a competitive contract?	Yes		No

F. Period(s) of Performance <i>(list all option periods, if applicable)</i>	
G. Initial Contract Award Amount Total (\$)	
H. Current/Final Contract Cost Total (\$)	
I. Reasons for differences between initial and final contract costs <i>(enter below):</i>	

J. Description of service provided *(enter below):*

SECTION 2: CUSTOMER OR AGENCY IDENTIFICATION (Page 2 of 7)

A. Customer or Agency Name	
B. Customer or Agency Description (i.e., hospital)	

C. Geographic Performance Location under this contract, (i.e., local, nationwide, worldwide, other Command). List States where services were provided below:			
D. Provide number of full-time or part-time equivalent positions that were provided by the contract.			
List Individual Positions (fill out ONLY if providing personnel to a client)	FTEs	PTEs	N/A

Clerical labor categories (i.e., secretary, appointment clerk, office clerk)			
Certified labor categories (i.e., medical coding professionals, transcriptionists, records technicians)			
Specialized labor categories (i.e., beneficiary services/PEBLO, tumor registrars, referral management personnel, utilization managers, third party collection clerks)			
Technical labor categories (i.e., logistics, supply, equipment technicians, public health, safety specialists)			
Other labor categories (list them below)			
Full Operational Activities (fill out ONLY if contractor perform an entire service i.e., staffing, operational planning, personnel management, reporting & corrective actions).	FTEs	PTEs	N/A
Patient Appointing Service			
Medical Records Service			
Medical Coding & Auditing Service			
Medical Transcription Service			
Referral Management Service			

SECTION 3: EVALUATOR IDENTIFICATION (Page 3 of 7)

A. Evaluator's Name			
B. Evaluator's Title			
C. Evaluator's Phone/Fax Number			
D. Evaluator's Mailing Address			
E. Number of years evaluator worked on subject contract			

SECTION 4: EVALUATION

Please confirm that your evaluation is consistent with the description of service provided in Section 1, Paragraph J on Page 1 of the survey. Indicate compliance of the contractor's performance by placing an "X" in either YES or NO blocks. Indicate your satisfaction is the overall evaluation using the scale provided below:

CODE	PERFORMANCE LEVEL
E	EXCEPTIONAL – The contractor's performance meets contractual requirements and consistently exceeds many. Very few, if any, minor problems were encountered. Contractor took immediate and effective corrective action.
V	VERY GOOD – The contractor's performance meets contractual requirements and consistently exceeds some. Some minor problems encountered. Contractor took effective and timely corrective action.
S	SATISFACTORY – The contractor's performance meets contractual requirements. For any problems encountered, the contractor took effective and timely corrective action.

M	MARGINAL – The contractor’s performance does not meet some contractual requirements. For problems encountered, corrective action appeared only marginally effective, not effective or not fully implemented. Customer involvement was required.											
U	UNSATISFACTORY – The contractor’s performance does not meet most contract requirements. Serious problem(s) encountered. Corrected actions were either ineffective or non-existent. Extensive customer oversight and involvement was required.											
N	NOT APPLICABLE – Unable to provide a rating. Contract did not include performance aspect.											
Business Plan							YES	NO	N/A			
Demonstrated the ability and willingness to perform requirements for the customer.												
Effectively integrated business practices over geographic range and scope of requirements.												
Managed teaming partners/subcontractors on this contract.												
Implemented sound strategies and contingency plans to safeguard service delivery.												
Business Plan rating for business approach and teaming structure. (CIRCLE ONE)							E	V	S	M	U	N
SECTION 4: EVALUATION (continued) (Page 5 of 7)												
HUMAN RESOURCE MANAGEMENT PLAN							YES	NO	N/A			
Demonstrated a strong recruiting methodology, market knowledge and personnel selection process.												
Demonstrated ability to hire and place fully qualified personnel (meeting all education, experience, as well as health and certification requirements) within contracted timeframes.												
Demonstrated ability to replace personnel due to planned/unplanned absences or vacancies within the contracted timeframes.												
Demonstrated ability to provide personnel that comply with DoD security requirements and are educated about the military healthcare system.												
Demonstrated ability to provide trained personnel on DoD computer systems (CHCS/AHLTA), and position requirements.												
Managed a qualified workforce and demonstrated day-to-day employee oversight and corporate requirements such as absenteeism, time and attendance, continued education, and appraisals.												
Human Resource Management rating for recruiting, training, qualifying and personnel management. (CIRCLE ONE)							E	V	S	M	U	N
Performance Management Plan							Yes	No	N/A			
Assess employee performance to ensure compliance with performance standards.												
Demonstrated a customer satisfaction process and an ability to resolve issues or complaints in a timely manner.												
Demonstrated the ability to maintain a stable workforce with minimal turnover of personnel and an overall fill rate of at least 95% annually.												
Complied with contract terms and conditions specific to contract bid rates.												
Monitored and reported performance measures; provided contract deliverables on time.												
Performance Management rating for delivery of quality services, customer satisfaction, maintaining a stable workforce, compliance with price thresholds and monitoring and report activities. (CIRCLE ONE)							E	V	S	M	U	N
Overall contract performance rating. (CIRCLE ONE)												
Exceptional		Very Good		Satisfactory		Marginal	Unsatisfactory		N/A			
SECTION 4: EVALUATION (continued) (Page 6 of 7)												
Please discuss each response for any question or rating which you indicated Marginal, Unsatisfactory or Not Applicable in response to the questions above (use additional sheets, if necessary).												
Government Contracts Only: Has/was this contract been partially or completely terminated for default,												

convenience, or are there any pending terminations?									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Default	<input type="checkbox"/>	Convenience	<input type="checkbox"/>	Pending Terminations	<input type="checkbox"/>
If yes, please explain below (e.g., inability to meet cost, performance, or delivery schedules, etc).									
SECTION 5: NARRATIVE SUMMARY (Page 7 of 7)									
What were the contractor's greatest strengths in the performance of the contract?									
What were the contractor's greatest weaknesses in the performance of the contract?									
Would you have any reservations about soliciting this contractor in the future or having them perform one of your critical and demanding programs?									
Please provide any additional comments concerning this contractor's performance, as desired. Use a separate sheet if necessary.									
Evaluator's Printed Name/Title									
Evaluator's Signature/Date									

ATTACHMENT 6
Subcontractor/Teaming Partner Consent Letter

Note: Past performance information concerning subcontractors and teaming partners cannot be disclosed to a private party without the subcontractor's or teaming partner's consent. Because a prime Contractor is a private party, the Government will need that consent before disclosing subcontractor/teaming partner past and present performance information to the prime Contractor during exchanges. In an effort to assist the Government's Performance Confidence Assessment Group (PCAG) in assessing your past performance relevancy and confidence, we request that a consent letter (similar to the sample below) be completed by the major subcontractors/teaming partners identified in Contractor Teaming/Organization Structure (Attachment 1), in your proposal. The completed consent letters should be submitted as part of your Past Performance Volume.

SAMPLE

Dear "Contracting Officer:"

We are participating as a (subcontractor/teaming partner) with (prime Contractor or name of entity providing proposal) in responding to the Defense Health Agency, Request for Proposal for a Medical Support Services (MSS) contract.

We understand that the Government is placing increased emphasis on past performance in order to obtain best value in source selections. In order to facilitate the performance confidence assessment process we are signing this consent letter to allow you to discuss our past and present performance information with the prime Contractor during the source selection process.

(Signature and title of individual who has the authority to sign for and legally bind the company)

Company Name:

Address:

Telephone Number:

ATTACHMENT 7

Client Authorization Letter

Note: Past performance information concerning private sector Contractors, subcontractors and joint venture partners cannot be disclosed to the government without their consent. Client authorization letters are required for each identified effort of a commercial customer. This letter will authorize release to the Government of requested information on the Offeror's performance. The government will need that consent before contacting commercial customers to assess the Offeror's past performance. In an effort to assist the Government's Performance Confidence Assessment Group (PCAG) in assessing your past performance relevancy and confidence, we request that a client authorization letter (similar to sample below) be completed for any commercial customers identified in your proposal. The completed client authorization letters should be submitted as part of your Past Performance Volume.

Sample

Dear "Client:"

We are responding to a Defense Health Agency Request for Proposal for a Medical Support Services (MSS) contract.

In their acquisitions, the Government is placing increased emphasis on past performance as a source selection factor. They are requiring those clients of entities responding to their solicitation to be identified, and their participation in the evaluation process is requested. In the event that you are contacted for information on work performed, you are hereby authorized to respond to those inquiries.

We have identified Mr./Ms. _____ of your organization as the point of contact based on his/her knowledge of our work. Your cooperation is appreciated. Any questions may be directed to *[Add Company Name, Address, and Telephone Number]*

Sincerely,

ATTACHMENT 8

Pricing Performance Work Statement

(Provided separately in pdf format)

PERFORMANCE WORK STATEMENT

Department of Defense
Defense Health Agency
Medical Support Services

Solicitation Number: HT0014-17-R-0010
Version: 2
Date: March 20, 2017

Part 1

Description of Services/General Information

1. INTRODUCTION. The Defense Health Agency (DHA) supports the delivery of integrated, cost effective, and high quality health services to military beneficiaries of the Military Health System and is responsible for driving greater integration of healthcare and business processes across all branches of services. Services are provided in military clinics, hospitals, medical centers, including but not limited to, satellite locations and patient centered medical homes. The DHA, Air Force, Army and Navy Medical Service and potentially the Department of Veterans Affairs (VA), hereafter called “Government,” has a requirement to acquire high quality medical support services (MSS). The prime contractor’s staff, including all their teaming partners, subcontractors and corporate level staff will hereafter be referred to as “contractor.” Workers performing on subsequent task orders under this contract are termed “MSS personnel.”

1.1 Objective: The contractor shall provide all tools, labor and materials required to provide medical support services supporting healthcare operations in accordance with the terms and conditions of this contract and all

subsequent task orders unless listed by exception in Part 3, Government Furnished Items and Services and/or individual task order documentation.

1.2 Scope: This Indefinite Delivery, Indefinite Quantity (ID/IQ), Multiple Award Contract shall serve as a vehicle to procure qualified clerical, certified, specialized and technical medical support services for routine staffing, temporary increases in workload, new mission support, reorganization support, limited duration need, start-up/shut-down needs, and workforce fluctuations. The services will not include direct patient care, advisory and assistance, information technology, housekeeping or facility management or services requiring access to classified information. Services are procured on separate task orders by ordering locations.

1.3 Non-Personal: The services under this contract are non-personnel services and are not inherently governmental or closely associated inherently governmental. The Government shall not exercise any supervision or have employer responsibilities or rights over the individual MSS personnel performing under this contract which includes time and attendance records for corporate use, MSS personnel appraisals, counseling/reprimand, retraining or performance improvement plans. The contractor is solely accountable and liable for their employees and is obligated to meet all contract terms and conditions and the individual order requirements. Additionally, the prime contractor retains responsibility for any teaming partner or subcontractor and corporate employees and shall be accountable for their actions and performance.

1.4 Description of Services: The contractor shall recruit, screen, qualify, place, manage and retain qualified personnel to conduct medical support services in certified labor categories, specialized/technical positions, and administrative/clerical occupations to meet all schedule, cost and performance requirements within timeliness, completion and accuracy performance standards outlined in individual task orders. The services include (but are not limited to):

Q6	Certified Medical Support	Certified Services-
Q601	Medical Coding & Auditing	Inpatient, outpatient, and ambulatory procedure coders and auditors; coding trainers, compliance coders
Q602	Medical Records	Records technicians
Q603	Medical Transcription	Transcriptionists
Q7	Specialized/Technical Medical Support	Specialized/Technical Services
Q701	Specialized Medical Support	Medical billing, third party liability, tumor registrar, referral management, medical evaluation board, nursing support – no direct patient care
Q702	Technical Medical Support	Medical logistics, biomedical equipment, occupational/public health, medical supply, medical readiness
Q8	Clerical Medical Support	Clerical Services
Q801	Medical Appointing Services	Schedulers, appointment clerks
Q802	Clerical Medical Support	Office/ward clerks, admission & disposition, medical secretaries, healthcare program assistants
Q9	Other Medical	Other Medical Support Services
Q999	Other	Medical Administration Specialist or other medical support services not in Q6, Q7, or Q8.

Source: Product Service Codes Manual at

https://www.fpds.gov/download/top_requests/PSC_Manual_FY2016_Oct1_2015.pdf

1.4.1 Service Types. The services may supplement military personnel, DoD civilian employees and/or other contracted staff, or the services may provide a complete full service/ operational activity using two Service Types:

1.4.1.1 Service Type I is one of two ordering configurations offered to requesting locations. Under Service Type I, the contractor will provide a wide range of MSS labor categories. The government will provide a position description that will be evaluated in the technical proposal evaluation during subsequent task order competitions. The positions may be either full-time or part-time for long and short durations. Service Type I MSS personnel supplement existing Government personnel. Personnel placed shall meet minimum qualifications, perform the services requested and meet the desired performance outcomes and standard in accordance with the task order requirements. Contractors invoice by performed billable hour. The task order will use a developed position description from Part 8, Attachment 4 or use a supplemental Performance Work Statement, to define at a minimum, the following requirements:

1.4.1.1.1 Formal Education. The minimum formal education requirements.

1.4.1.1.2 Experience. The minimum experience requirements.

1.4.1.1.3 Other Knowledge, Skills and Abilities. Details specific knowledge, skills and abilities required for each position (i.e., medical terminology, medical ethics, telephone etiquette, customer service, communication and computer skills required, and typing ability).

1.4.1.1.4 Physical Requirements. In most cases, the positions or services do not require any unusual physical demands (the majority of time is spent stationary at a desk and computer terminal). However, task orders may describe prolonged sitting, walking, bending, and/or abilities to carry and/or lifting up to a specified weight or capability.

1.4.1.1.5 Contractors may submit equivalency determination requests for MSS personnel if authorized at task order level. The formal request to the ordering contracting officer must include task order details along with required and/or projected start date details. Additionally, a summary of recruiting efforts to date and a short history of candidate availability is required. Lastly, the contractor must fully explain the rationale for substituting experience for education, or education for experience and how the contractor will ensure successful performance since the MSS personnel has a different combination of qualifications than originally requested. The contractor shall allow the Government seven (7) business days for review and approval. If denied, the Government does not grant an extension to the contractor. The Government is not required to accept equivalency determination requests; approval is at the Government's discretion.

1.4.1.2 Service Type II is the second ordering configuration offered to requesting locations. Under Service Type II, the contractor shall independently provide a complete full service/operational activity. The Government will provide a Statement of Objective and the contractor will develop a Statement of Work that will be evaluated in the technical proposal evaluation during subsequent task order competitions. At a minimum, the contractor developed SOW will include:

Section 1: Scope

Description of Services (includes workload, locations, and productivity, timeliness and completion standards)

Section 2: Organizational Structure (all team members including subcontractors; integration with the MTF, Air Staff Program Management Office)

Section 3: Business Approach (plan, strategy and staffing model as well as transition plans) to complete service objectives.

Section 4: General Information

Personnel staff model details (labor categories, qualifications, numbers at locations, staffing flexibility, availability, contractor management) Work schedules

Section 5: Contingency plans

Contractor must provide provisions for maintaining productivity at all locations or complete backlog workload as a result of systems failures (i.e. AHLTA/CHCS downtime) or other unforeseen contingencies (staff loss, replacement personnel delays, etc.). Contractor must provide details on how they will handle a significant increase or decrease in workload.

Section 6: Contractor Responsibilities (business plan, human resource management, performance management, program management and quality control plans).

Section 7: Service Summary

Performance Measures (thresholds, goals and standards)

Quality Assurance (internal controls for self-inspection – how, when and why)

Section 8: Contractor Deliverables and Furnished Materials

Best Practices

Monthly Reporting Requirements/Invoice Back Up (example of report)

Software Used for Reporting

The contractor is responsible for the performance of the entire scope of operations and is required to be self-sufficient in meeting all performance standards. The contractor shall maintain a staffing model, train their employees and manage their workforces in order to successfully meet the required objectives and standards. The contractor will be obligated to have contingency plans to accommodate fluctuations in workload, unplanned absences and system outages as required by the task order statement of objective. No Government employees should be performing the same services in an official capacity; this service option is subject only to the Government's surveillance of performance requirements and acceptable quality thresholds. Contractors invoice according to the task order requirements which may be a flat rate, or performance based by completion of designated "units" (e.g. call transaction, number of encounters coded, transcribed lines or as defined in the task order) or a firm fixed price

plus incentive fee structure may be used at the task order level. The requesting location may use a developed Statement of Objective from Part 8, Attachment 5 or use a supplemental Statement of Objective developed by the requirement activity which shall outline, at a minimum, the full service/operational activities' goals, objectives, historical workload and background, military parameters, performance outcomes.

1.4.2 Invoicing – The contractor shall only bill the Government for services performed as defined in the task order. Invoicing shall be monthly in accordance with procedures outlined in the task order. If the contractor wishes to invoice the Government on a biweekly basis, they must have received prior approval by the ordering contracting officer.

1.4.2.1 If the contractor management staff fails to provide routine services as required in the contract for absences greater than ten (10) consecutive duty days (80 hours), the government reserves the right to procure such services from another source until the contractor management staff restores the capability to perform. When the government exercises its right to procure these services from another source, the government will reduce subsequent MSS payment(s) by the amount it cost to procure the temporary services. The government will furnish the contractor management staff with a copy of this billing invoice upon contractor request.

1.5 General Information:

1.5.1 Ordering Period - This contract has a 5-year ordering period up to the program value of \$969 million. Performance on the contract may extend beyond the ordering period for up to 364 days. Task order period of performance may include a base period of performance, available option periods as well as appropriate extensions available in the ordering period window. Task orders may be for short term or long term requirements.

1.5.2 Performance Locations – Performance locations include include all DHA facilities and all Air Force, Army and Navy MTFs/organizations and potentially the VA facilities. A complete list of Performance Locations is included in Part 8, Attachment 3. The Government may add performance locations as mission warrants throughout the life of the contract.

1.5.3 Authorized Ordering Agencies - In support of joint services, subsequent task orders may be executed and managed by Army, Air Force, DHA or Navy and potentially the VA contracting offices, and larger centralized orders for multiple performance locations are authorized to support mission demand.

1.5.4 Operational Hours - The contractor is responsible for ensuring performance of MSS personnel on days and hours specified in the task order except when the performance location is shut down for planned or unplanned closures as applicable. Once established at the task order level, if the Government or the contractor wishes to change performance hours, a 14 calendar day notice and mutual agreement is required and the ordering contracting officer must approve the change. This includes alternative duty schedules proposed by the contractor.

1.5.4.1 The contractor shall be responsible for a record of arrival and departure times, absenteeism, payroll records, coordinating time off with the Government, and appraisals of their employees. The contractor shall accomplish this requirement without requiring Government employees to engage in the contractor's corporate operational or human resource management processes or a Government requirement to sign corporate documents. The Government conducts surveillance as defined in the task order performance plan and will communicate through the procuring contracting officer (PKO), the ordering contracting officers (ordering KOs) and Contracting Officer's Representatives (CORs) as needed.

1.5.4.2 The contractor shall ensure notification of any unplanned MSS personnel absences in accordance with procedures outlined at the task order level.

1.5.4.3 The contractor shall ensure coordination of any planned MSS personnel absences in accordance with procedures outlined at the task order level requirements. The contractor will ensure that MSS personnel notify the Government no less than 60 calendar days prior to the planned absence.

1.5.4.4 Overtime may be procured on this contract. The Government will define overtime requirements at the task order level. In order to be billable, overtime must be on the task order and funded for the contractor to invoice the Government.

1.5.4.5 On call time may be procured on this contract. The Government may define on call requirements at the task order level.

1.5.5 Mission Essential Status - Services may be mission or non-mission essential. The Government may designate status in the task order. In the event of a planned or unplanned closure, the MSS personnel designated as mission essential may be required to perform services.

1.5.6 Substitute MSS personnel – The task order will determine if temporary/substitute worker provision is required and can be supported at the performance location for short term vacancies when the permanent worker will be returning after a planned or unplanned absence. If the contractor substitutes a permanent MSS personnel for a temporary period of time, the substitute worker shall meet the same qualifications as stated in the contract and the individual task order.

1.5.7 Holidays – MSS personnel may be required to work on federally recognized holidays as outlined in the task order. A complete list of the recognized Federal Holidays in accordance with the Department of Labor Wage Determination requirements for the ordering location will be provided during the ordering process.

1.5.8 Planned Closures/Other Non-Duty Days - Many requesting locations have other non-duty days where MSS personnel will not be able to perform their duties (i.e. family/down days or planned closures). The Government will inform the contractor of any non-duty days by providing a complete listing in the task order proposal request package.

1.5.9 Unplanned Closures - There will be incidents of unplanned closures impacting full or partial duty days. In the event of an unplanned closure of the facility due to natural disasters, severe weather, military emergency, unexpected performance location closure, or family/down days added after task order award but not identified by the Government in the original task order, the contractor will be allowed to bill the Government for Service Type I performance only if (1) Local base policy and base access procedures prevent MSS personnel from performing duties at the requesting location, and (2) the MSS personnel were scheduled to work but unable to work because of the unplanned closure. The contractor cannot bill the Government for hours during the unplanned closure unless both conditions above are met. Therefore, if MSS personnel are on leave (planned or unplanned) during a local base closure, the time is not billable. Base exercises are not considered unplanned closures. Since service is productivity-based, no consideration for unplanned closures is given for Service Type II performance because the workload will be completed on another duty day; however, consideration may be taken when assessing performance compliance with standards.

1.5.10 Travel - MSS personnel may require periodic travel. Expenses may or may not be reimbursable. Contractor will be authorized travel expenses consistent with the substantive provisions of the Joint Travel Regulation (JTR) and the limitation of funds specified in the task order. The Government retains the right to direct the mode of travel including the availability and size of rental cars. The Government will identify travel requirements in each task order proposal request package and whether such expenses shall be reimbursed under a funded travel CLIN. MSS personnel shall not be placed on Government orders. No travel shall occur unless ordered by the Government.

1.5.10.1 When using a personal vehicle for official duties, the Contractor will be compensated for mileage at the FTR/JTR prevailing rate. MSS personnel shall not transport patients (or their family members) or Government personnel in his/her personal or government issued vehicle without prior approval from the COR and ordering KO.

1.5.10.2 For reimbursable travel expenses, the Contractor shall submit an invoice IAW Wide Area Workflow (WAWF) instructions itemizing expenses in amounts allowable by the FTR/JTR within 45 days after travel is complete. The COR will specify the MTF procedure to document that the travel was completed and an accounting of expenses incurred. All reimbursements will be retrospective, payable only upon presentation of a properly prepared invoice to the COR.

1.5.11 Orientation - MSS personnel shall complete all Government orientation programs, initial and annual training. The training may include emergency preparedness training (including, but not limited to) active shooter, tornado and fire drills. The government will outline the required training in the task order proposal request package. The contractor may bill for the time required to complete the Government-ordered training for Service Type I orders only. Service Type II orders shall include the training requirements for initial workers into their fully burdened unit rates.

1.5.11.1 MSS personnel shall comply with all MTF policies and instructions and meet required performance standards as defined by the MTF, Air Force, Army, DHA, Navy or DoD regulation and potentially VA regulations.

1.5.11.2 MSS personnel shall complete all MTF and installation in-processing requirements. When a worker's performance under this contract ceases, the worker shall return the Common Access Card (CAC), and all other government issued badges, per MTF policy and procedure.

1.5.11.3 Each MSS worker shall come to the MTF fully qualified as demonstrated in the task order deliverable, Qualifying Documentation Folder (Part 2, Paragraph 2.1.27 & Part 4, Paragraph 4.5.2; Part 8, Attachment 2, Deliverables). Workers that fail to demonstrate required computer skill competencies as specified in the task order may be immediately removed from performance by the ordering KO until the contractor can correct the deficiencies and/or place a new worker.

1.5.11.3.1 MSS personnel shall complete Government computer system training at the requesting location as required for system access. The COR will coordinate the necessary computer training. The Government will provide computer training during normal duty hours and the time is billable for Service Type I orders. Service Type II orders shall include the training requirement for personnel into their fully burdened unit rates.

1.5.12 Defense Medical Human Resources System – MSS personnel may 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.

1.5.13 Continuing Education Units - The contractor management staff, at their own expense, shall ensure MSS personnel continue to meet the minimum standards for Continuing Education Unit (CEU) requirements for all MSS positions registered, certified or licensed by national/medical associations. The contractor management staff shall ensure MSS personnel obtain CEUs at no additional cost to the government and are not obtained during hours that are billable. A MSS personnel education and training folder shall be maintained by the contractor management staff for government inspection as described in regulation. The government may validate compliance and currency annually. The government may conduct periodic CEUs at the requesting locations and may allow MSS personnel to attend, at no cost, if space is available. If MSS personnel receive training within the MTF or requesting location, the time spent out of the duty section not performing contracted services (in order to obtain the CEUs) will not be billable to the government. The Government must approve attendance.

1.5.14 Conduct - MSS personnel shall maintain a professional and courtesy demeanor complying with all DoD, agency and MTF policies. The contracting officer may request that any MSS personnel whose conduct, in the opinion of the contracting officer, interferes with proper order or professionalism in the performance location, be removed from such installation; therefore, performance may not occur. Failure to comply with such a request may be cause for action under the termination clause.

1.5.15 Health Requirements - The Contractor shall comply with all health requirements in the contract. Prior to physical performance of services by the MSS personnel, at least 10 calendar days prior to start of work at the requesting location, but no more than 60 calendar days, the Contractor shall provide documentation certifying health requirements such as immunizations, annual vaccinations, medical testing (i.e., tuberculosis, N95 particulate respirator duckbill mask fitting) and physical examination when required at the time of initial placement and annually thereafter, as required. The expense for all health requirements, to include monitoring and tracking annual requirements, shall be borne by the Contractor at no additional cost to the Government.

1.5.15.1 Annual Immunizations. The Contractor shall ensure MSS personnel are immunized annually with the seasonal influenza vaccine and any other vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) for health care workers or service/MTF specific requirements requested in the task order proposal request package.

1.5.15.1.1 Immunization Tracking. The Government may track immunizations information in a DoD computer system for all MSS personnel. The Contractor shall maintain their own process and system of tracking the currency of health immunizations and shall not rely on the Government for ensuring their employees are in compliance.

1.5.15.1.2 Tuberculosis. In those areas where there is a higher risk of transmission of tuberculosis, MTF policy may direct MSS personnel be tested more frequently at no cost to the government.

1.5.15.1.3 Medical Tests. The MTF will not perform any medical tests or procedures required by the contract for non-beneficiaries except in the rare case of post-exposure IAW Air Force, DoD and CDC guidelines or recommendations. Except in the case of post-exposure, expenses for all required tests and/or procedures shall be borne by the contractor management staff or MSS personnel, not the government.

1.5.15.1.4 Health Notifications. Contractor management staff shall inform the government if MSS personnel report a pregnancy to the contractor management staff. The government will notify the contractor management staff of any work hazards. If work hazards exist, it will be the government's decision whether the worker continues work in the environment and/or if temporary accommodations can be made.

1.6 Quality Assurance Surveillance Plan (QASP): Each task order proposal request package will include a Government written QASP in the task order proposal request package. The Government shall detail how they will evaluate the contractor's performance under each task order and complete Contractor Performance Assessment Reports as defined at task order level.

1.6.1 As a deliverable (Part 4, Paragraph 4.5.1 and Part 8, Attachment 2) on each task order, the contractor shall develop and maintain an effective Quality Control Plan (QCP) to ensure services are performed in accordance with this PWS and the supplementing task order requirements. The plan is to be provided to the Government no more than 15 calendar days from task order award and should be updated at least annually on the anniversary of the order unless otherwise stated in the task order. At a minimum, the contractor shall:

1.6.1.1 Develop a single, electronic QCP that aligns with the Government's task order QASP.

1.6.1.2 Continually assess the state of compliance with consideration to schedule, cost and performance.

1.6.1.3 Take proactive steps to prevent less than satisfactory performance on task order performance objectives.

1.6.1.4 Provide a summary of task order metrics as part of the Monthly Progress Report as requested in the task order.

1.6.1.5 Review, revise as needed and resubmit at least annually to the contracting officer and customer.

1.7 RESERVED

1.8 Security Investigation Requirements: Personnel shall be subject to security investigative processes for criminal and financial background investigations according to agency regulations and instructions (Army, AF, Navy, and DHA and potentially the VA). The MSS personnel shall complete an SF-85 or an SF-86 Questionnaire for National Security Positions (or equivalent OPM investigative product) as well as other applicable forms as outlined in the task order. U.S. citizenship may be required at the task order level or MSS personnel may be required to submit an original Birth or Naturalization Certificate.

1.8.1 MSS personnel may not be able to begin physical performance at the location until the required forms have been completed, accepted by the Government and forwarded to the office of primary responsibility AND the fingerprints have cleared the initial review OR full adjudication of the security investigation is complete. The task

order will outline the local security requirements and procedures for contractor consideration; however, time is not billable to the Government until the worker(s)'s first day at the performance location.

1.8.2 The Contractor shall advise their contracted MSS personnel that a favorable investigation is needed as a condition of employment under this contract/task order. If a security or background investigation results in an unfavorable finding, the ordering contracting officer will notify the contractor and the MSS personnel will not be granted access to the performance location, and/or Government computer systems. Thus, the MSS personnel will not be able to perform services on the task order.

1.8.13 While the MTF commander may allow MSS personnel temporary or interim access to the base and Government computer systems pending the outcome of the investigation, this contract requires the immediate removal of MSS personnel if the fingerprint check is returned with unfavorable findings and/or investigation results are unfavorable. In addition, the Government will immediately suspend MSS personnel computer access if the investigation is returned with an adjudication of "no determination made." The MTF/organizational commander will determine whether to allow the MSS personnel to continue in the position or deny base and computer access which will mandate removal of the MSS personnel from the position.

1.8.4 MSS personnel shall be subject to security processes for fingerprints according to agency regulations and instructions (Army, AF, Navy, and DHA and potentially the VA) as outlined in the task order.

1.9 Contract Level Post Award Conference: The contractor agrees to attend any post award conference convened by the procuring contracting office in accordance with Federal Acquisition Regulation Subpart 42.5. The PKO, CORs, Government program managers and other Government personnel, as appropriate, from the Program Management Office (PMO), may meet periodically with the contractor to review the contractor's performance at contract level. At these meetings the contracting officer will apprise the contractor of how the Government views the contractor's performance and the contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues.

1.9.1 Each awardee will receive an initial task order for the contract minimum to cover the expense of contractor attendance at a post award conference held approximately 30 calendar days following contract award at 8111 Gatehouse Road, Falls Church, VA 22042. The Government will require one (1) eight (8)-hour day, between the hours of 8 a.m. and 5 p.m., to conduct the post award conference. The Government will not pay any costs incurred above this amount.

1.9.2 As needed and at no additional cost to the Government, the PKO, CORs, Government program managers and other Government personnel, as appropriate, from the Program Management Office (PMO), may meet periodically. At these meetings the contracting officer will apprise the contractor of how the Government views the contractor's performance and the contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues.

1.10 Task Order Post Award Meetings are authorized and shall be detailed in the task order proposal request package and will be scheduled no more than 10 calendar days after task order award and will be conducted within 30 calendar days from contract award.

1.11 Key Personnel: The following personnel are considered key Government personnel by the Government:

1.11.1 Government Program Office – The team includes a DHA program manager, contracting specialist and the procuring contracting officer.

1.11.2 Contracting Officer's Representative (COR)- The Government will identify a COR for each task order. Unless otherwise identified in a delegation letter, the COR is authorized to perform the following functions: assure that the Contractor performs the technical and administrative requirements of the contract/TO; perform necessary inspections in connection with contract/TO performance; maintain written and oral communications with the Contractor concerning technical aspects of the contract/TO; issue written interpretations of technical requirements; monitor the Contractor's performance and notify both the ordering contracting officer and contractor of any deficiencies; coordinate availability of government furnished property; and, provide facility access of contractor personnel. The ordering contracting officer will send a letter of designation to the COR and the Contractor, which

states the specific responsibilities and limitations of the COR. The COR is not authorized to change any of the terms and conditions of the task order(s).

1.11.3 Contractor Representative – The Contractor shall designate a representative who will be the Contractor’s Point of Contact (POC) at the contract level. The POC shall be an individual who is knowledgeable of the terms and conditions of the contract and authorized to make decisions regarding the contract. The Contractor shall submit the representative’s contact information, to include email address and phone number, and any other key personnel, in writing, to the PKO not later than 10 business days after receiving notice of contract award as shown in Exhibit 2.

1.11.3.1 Representative Status Change: The Contractor shall notify both the contract KO and the task order KO(S) in writing of changes in the status (i.e., termination or replacement) of designated contract-level contractor representative within one (1) business day of the change.

1.11.4 Identification of Contractor Employees: All contract personnel attending meetings, answering Government telephones, and working in other situations where their contractor status is not obvious to third parties are required to identify themselves as such to avoid creating an impression in the minds of members of the public that they are Government officials. They must also ensure that all documents or reports produced by contractors are suitably marked as contractor products or that contractor participation is appropriately disclosed.

1.12 Data Rights: The Government has unlimited rights to all documents/material produced under this contract. All documents and materials, to include the source codes of any software, produced under this contract shall be Government owned and are the property of the Government with all rights and privileges of ownership/copyright belonging exclusively to the Government. These documents and materials may not be used or sold by the contractor without written permission from the PKO. All materials supplied to the Government shall be the sole property of the Government and may not be used for any other purpose. This right does not abrogate any other Government rights.

1.13 Task Order Participation: The Government expects maximum participation and competition for task order proposal requests under this contract. Contract holders are required to submit a competitive proposal for no less than 85 percent of the task order proposal request packages received with valid and funded requirements.

1.14 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.

1.15 Cross-Teaming Prohibited After Contract Award: Market research confirmed that subcontracting and teaming arrangements are necessary because of the broad scope of the contract requirements; therefore such arrangements are encouraged to ensure mission success and maximize subcontracting opportunities. If a company is identified as a prime contractor or teaming partner/subcontractor for any subsequent task order competition it cannot participate as a prime contractor or teaming partner/subcontractor on any other contractor’s task order proposal(s) for the same requirement for the life of the contract.

1.16 Contractor Employee Status: The Government does not dictate whether the individual 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 employing 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 MSS personnel. The Government 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.

1.17 Use of Non-Compete Clauses (or employment agreements): The contractor shall not limit the employment of MSS personnel by another contractor beyond the current period of performance identified in a task order. Provisions that prevent workers from being interviewed by, employed or offered employment in like or similar positions at the same performance location negatively impacts the goal of retaining incumbent workers and is unacceptable. If contractors are found to use non-compete clauses beyond the period of task order performance, it may render them ineligible for future task order competitions until the non-compliant non-compete agreements are retracted and voided.

1.18 Confidentiality of Information: Unless otherwise specified, all financial, statistical, personnel, and/or technical data which is furnished, produced or otherwise available to the contractor management staff or MSS personnel 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 MSS personnel shall not release any of the above information without prior written consent of the PKO. All medical records, medical data and reports remain the property of the Government.

1.18.1 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.

1.18.2 All inquiries and complaints shall be brought to the attention of the Government representative (PKO, ordering KO, COR).

1.18.3 Contractors and MSS personnel shall not respond to any media or other inquiries seeking Government information.

1.19 Service Contract Labor Standards/Wage Determinations: The Service Contract Labor Standards (FAR 22.10), formerly known as the Service Contract Act (SCA) of 1965, was enacted to ensure that Government contractors compensate their blue-collar service workers and some white-collar service workers fairly, but it does not cover bona fide executive, administrative, or professional employees. FAR Part 22 states that a wage determination is “a determination of minimum wages or fringe benefits made under sections 2(a) or 4(c) of the Act (41 U.S.C. 351(a) or 353(c)) applicable to the employment in a given locality of one or more classes of service employees.” Applicable wage determinations will be provided at the task order level.

1.20 On Ramp Procedures: The Government reserves the right to reopen the competition pool at any time during the term of the contract. The Government will continually review the need for additional MSS contractors to expand the pool of contractors for competition or mission needs. When an on-ramp is used, the Government will advertise the reopening of the competition on FedBizOpps, and prospective bidders shall meet the criteria established in the initial MSS solicitation. The competition will remain a small business set-aside. The evaluation and selection of potential bidders for any on-ramp will be the same as the evaluation and award criteria used for the MSS initial basic contract awards, as well as any substantive contract modifications required to be included in the order to mirror the originally awarded contract’s terms and conditions as they exist at the time of the on-ramp awards. The anticipated number of awards will be announced in the reopening announcement posted to FedBizOpps. Any new awardees may compete for task orders with any existing contractors in the same manner described in H.3 (Task Order Procedures) and will be held to the same performance measures. Any additional contractors due to on-ramps will not impact the overall MSS ceiling; and the period of performance for new awardees will not exceed the overall maximum term of the original ID/IQ contract (i.e., will not extend past the dates established at initial award). The Government will not consider unsolicited requests for addition to the competition pool. Those contractors holding awarded basic IDIQ contracts under the original solicitation are excluded from proposing as prime or subcontractor or team member for any offeror under any subsequent on-ramp competition.

1.21 Off Ramp Procedures: The Government may remove a contractor from the pool of awardees at any time during the life of the contract. The Government, in its sole discretion, reserves the right to end the contract (off-ramp) if a contractor is not competitive, has no work or at the contractor’s request. The Government will provide a 60-calendar day written notice of the cancellation. The contractor may appeal the contracting officer decision, but final authority remains in the contracting operations division within the Defense Health Agency. The Off-Ramp methods include, but are not limited to, procedures under:

1.21.1 FAR Part 12 for commercial contracts or orders thereunder (Termination for Cause or Termination for Convenience – with or without costs);

1.21.2 FAR Part 49 for contracts or orders thereunder (Termination for Default, Termination for Convenience of the Government, Termination with No-Cost Settlement);

1.21.3 This clause in no way modifies the rights and responsibilities of the Government or contractor under the FAR clauses above, or the authority provided by the FAR in the Disputes Clause or Changes Clause. By submitting a proposal under the original solicitation for this requirement, the contractor agrees (as under a bilateral agreement) to be bound by the terms and conditions of this clause. As such, the contractor agrees use of the off ramp provisions will not result in costs to the Government with costs.

1.22 Organizational Conflict of Interest for Task Order Solicitations: If a contractor was involved in writing the statement of work, Government cost estimate, or source selection plan for a future task order, that contractor is not eligible to compete for or perform work as a prime contractor or subcontractor on that future task order. Additionally, if a contractor is already performing a task order, or another contract, through which it would be in a position to evaluate its offer for or performance of a future task order, that contractor is not eligible to compete for or perform work as a prime contractor or subcontractor on that future task order. The Government reserves the right to waive this barrier on a case by case basis if no other contractor is eligible, is capable, or chooses to submit an offer on the future task order (IAW FAR 9.503).

1.23 Associate Contractor Agreements: The contractor shall enter into Associate Contractor Agreements (ACA) for any portion of the contract requiring joint participation in the accomplishment of the Government's requirement as specified in individual orders. The agreements shall include the basis for sharing information, data, technical knowledge, expertise, and/or resources essential to the interaction of the MSS program, which shall ensure the greatest degree of cooperation for the development of the program to meet the terms of the contract. Associate Contractor information identified below is to be provided for individual task orders as required.

1.23.1 Contractor, Address, Program/Contract

1.23.2 ACAs shall include the following general information:

- Identify the associate Contractors and their relationships.
- Identify the program involved and the relevant Government contracts of the associate Contractors.
- Describe the associate Contractor interfaces by general subject matter.
- Specify the categories of information to be exchanged or support to be provided.
- Include the expiration date (or event) of the ACA.
- Identify potential conflicts between relevant Government contracts and the ACA; include agreements on protection of proprietary data and restrictions on employees.

1.23.3 The cooperating Contractors shall provide a copy of such agreement to the ordering KO for review before execution of the document.

1.23.4 The contractor is not relieved of any contract requirements or entitled to any adjustments to the contract terms because of a failure to resolve a disagreement with an associate contractor.

1.23.5 Liability for the improper disclosure of any proprietary data contained in or referenced by any agreement shall rest with the parties to the agreement, and not the Government.

1.23.6 All costs associated with the agreements are included in the negotiated cost of this contract. Agreements may be amended as required by the Government during the performance of this contract.

1.24 Health Insurance Portability and Accountability Act (HIPAA) of 1996: See Part 6 for the Business Associate Agreement.

1.25 Emergency Health Care: The Government may provide emergency health care for MSS personnel having injuries or life threatening medical emergencies while conducting services at the performance location. The contractor shall reimburse the Government for medical services provided in any case that MSS personnel are not covered by workers' compensation insurance, other health insurance or the individual is a military beneficiary entitling them to Government healthcare services.

1.26. Government Systems: The MSS personnel shall use automated systems and electronic health records to include, but not limited to, Composite Healthcare Computer System (CHCS), Armed Forces Health Longitudinal Technology Application (AHLTA), Ambulatory Data System (ADS), Essentris, and Clinical Information System (CIS), Coding Compliance Editor, and MHS GENESIS.

1.27 English Language Requirement: The contractor shall ensure that all MSS personnel providing services under this contract are able to read, write, and speak English well enough to effectively communicate with all necessary parties and other MSS personnel.

1.28 Dress and Appearance: MSS personnel shall maintain good personal hygiene and a well-groomed, professional appearance. Unless otherwise identified in the task order proposal request, business casual dress attire is appropriate. Business casual excludes denim, t-shirts, hoodies, ball caps, shorts, tennis shoes or sandals. If a uniform (i.e., scrubs, etc.) is mandatory, the requesting location will provide details in the task order proposal request. The contractor shall provide required uniforms at no expense to the Government.

PART 2

DEFINITIONS & ACRONYMS

2. DEFINITIONS AND ACRONYMS

2.1. Definitions:

2.1.1. **ACCEPTABLE QUALITY LEVELS (AQL)** - The minimum level of acceptable performance for a performance objective that the contractor must meet in order to be considered a satisfactory performer as identified on each task order and contract level performance objectives.

2.1.2. **ARMED FORCES HEALTH LONGITUDINAL TECHNOLOGY APPLICATION (AHLTA)** - The electronic medical record documentation system used with the Composite Health Care System for the Military Health System (MHS). Also see Composite Health Care System and MHS GENESIS below.

2.1.3. **BENEFICIARY** – An individual eligible for medical care in the MHS as outlined in 10 U.S.C. Part 55.

2.1.6. **CERTIFICATION** - An official recognition by a national agency or association that the individual worker 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 services.

2.1.7. **COMPOSITE HEALTH CARE SYSTEM (CHCS)** - The computer system used in the DoD for healthcare activities and patient care information (used in conjunction with AHLTA).

2.1.8. **CONTRACT LEVEL PERFORMANCE REQUIREMENTS** - The contract level critical performance objectives outlined in Exhibit 1 that the contractor must meet in order to be considered a satisfactory performer.

2.1.9. **CONTRACT PERFORMANCE ASSESSMENT REPORT SYSTEM (CPARS)** - the Government system for reporting contractor performance records IAW with FAR 42.1502 and 42.1503.

2.1.10. **CONTRACTING OFFICER (KO)** - A person with authority to enter into, administer, and or terminate contracts, and make related determinations and findings on behalf of the Government.

2.1.11. **CONTRACTING OFFICER'S REPRESENTATIVE (COR)**. An employee of the U.S. Government appointed by a KO. Such appointment shall be in writing and shall state the scope of authority and limitations. This individual has authority to provide technical direction to the contractor as long as that direction is within the scope of the contract, does not constitute a change, and has no funding implications. This individual does NOT have authority to change the terms and conditions of the contract.

2.1.12. **CONTRACTOR**. A supplier or vendor awarded a contract to provide specific supplies or service to the Government. The term used in this contract refers to the prime company, their subcontractors and their corporate level employees.

2.1.13. **CONTRACTED WORKER**. The support personnel recruited and hired by the contractor to perform the services as described in this contract. Also see MSS PERSONNEL below.

2.1.14. **DEFENSE MEDICAL HUMAN RESOURCE SYSTEM – INTERNET (DMHRSI)** - A multi-service Government human resource tracking tool for manpower, human resource management, labor cost accounting, education and training, and readiness.

2.1.15. **DELIVERABLE** - Anything that can be physically delivered but may include non-manufactured things such as meeting minutes or reports, quality control plans, qualifying documentation, etc.

2.1.16. **DUTY HOURS** - The number of billable hours for a contracted worker established by the Government in subsequent task order(s). A duty hour is billable to the Government under a Service Type I order whenever the MSS personnel are required to and perform IAW the work schedule at the place of performance.

2.1.17. **EQUIVALENCY DETERMINATION** - A formal, contractor request for Government review of MSS personnel qualifications that may have equivalent combinations of education and experience, but not those detailed in the specific order.

2.1.18. **FULL-TIME EQUIVALENT** – The ratio of the required number of hours the MSS personnel should perform in a 12-month period. The hours can be 1880, 1920, 2000 or 2080 as defined in the task orders.

2.1.19. **MHS GENESIS** – the latest DoD electronic health record being released DoD-wide in 2017. Also see CHCS and AHLTA above.

2.1.20. **MILITARY OR MEDICAL TREATMENT FACILITY (MTF)** – A military hospital, medical center or clinic, providing outpatient and/or inpatient healthcare services for authorized personnel.

2.1.21. **MSS PERSONNEL** - The support personnel recruited and hired by the contractor management staff to perform the services as described in this contract. Also see Contracted Worker above.

2.1.22. **MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM (MEPRS)** - The DoD accounting system for finances, personnel and workloads within MTFs (see also DMHRSi above).

2.1.23. **PERFORMANCE** - Performance begins at task order award or as designated in the at task order level. The contract has a built-in lead time for the company's recruiting, qualifying, and placing processes.

2.1.24. **PERSONNEL SECURITY** – A Government investigation conducting on MSS personnel. Each task order will determine the investigation level(s) required for the contracted worker (public trust, secret clearance, etc.).

2.1.25. **PLACING OR PLACEMENT** - The contractor has recruited, qualified and completed all pre-placement requirements from the order, coordinated an official start of work date with the requesting location and KO, and the MSS personnel has begun performing duties as required by the task order.

2.1.26. **PLANNED CLOSURE** – Non-performance day(s) that the Government designates as a planned facility closure. Each task order identifies days that MSS personnel will not be performing; thus, the time would not be billable to the Government.

2.1.27. **QUALIFYING** – The contractor's process by which the contractor screens potential applicants for suitability and security acceptance, then verifies education, certification, licensure, training, experience, references, knowledge, skills and abilities to ensure that MSS personnel possess the qualifications required in the task order.

2.1.28. **QUALIFYING DOCUMENTATION PACKAGE** – A combination of documents provided to the Government in a deliverable prior to performance at the requesting location. The package serves to prove to the Government the individual expected to start physical performance is qualified and has completed any pre-placement requirements. Documents to be in the package include diplomas/degrees, certifications, licenses, resume, health and immunization record, security forms, valid photo ID, etc. Specifics on package requirements will be detailed in the task order proposal request package.

2.1.29. **QUALITY** - The degree of adherence to required performance standards and the successful achievement of outcomes.

2.1.30. **QUALITY ASSURANCE** - The Government procedures to verify that services being performed by the contractor are performed according to acceptable standards.

2.1.31. **QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)** - An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance. Each task order request will include a QASP specific to the requirement.

2.1.32. **QUALITY CONTROL** - The contractor's plan and procedures to identify, prevent and/or unacceptable performance. The contractor will develop and maintain a quality control plan if required at task order level.

2.1.33. **RECRUITING** - The contractor's process to find, attract, contact, qualify and hire their employees.

2.1.34. **REPLACEMENT PERSONNEL** - Permanent qualified contractor employees arriving to replace departing MSS personnel.

2.1.35. **REPORTING PERIOD** – An interval of time used to assess performance and report metric results on the contract or task order. Standard reporting period is a 12 consecutive months, with the exception of first year contract level reports which may have less than 12 months.

2.1.36. **REQUESTING LOCATIONS** – DHA, DOD, and AFMS organizations (and potentially the VA) authorized to have MSS personnel performing under this task order. A list of authorized performance locations is in Part 8, Exhibit 3.

2.1.37. **REQUIRED START DATE** – The date the MSS personnel shall begin physical performance as an initial fill or a replacement fill as defined in the task order.

2.1.38. **RETENTION** – The contractor's program to retain high quality MSS personnel to support continuity of MHS operations.

2.1.39. **SERVICE TYPE I** – An ordering configuration based on a labor category/service that supplements Government resources. The order will detail the minimum qualifications and the desired performance outcomes.

2.1.40. **SERVICE TYPE II** – An ordering configuration where the contractor is responsible for the performance of the entire scope of operations and is required to be self-sufficient fulfilling the purpose, objectives and performance outcomes of a full service.

2.1.41. **SITE VISIT(S)** - After task order award, for routine site visits at locations with personnel performance, requests shall be coordinated with the COR and the Contracting Officer no less than ten (10) calendar days prior to the tentative visit. This ensures the Government has adequate time to obtain necessary permissions for base access, check the schedules of functional team members and ensure duty sections are informed and prepared to mitigate any disruption in operations. Only the contracting officer has the authority to approve contractor site visits planned for normal business hours at the performance location. For urgent requests to remedy unacceptable performance, the contractor shall work with the contracting officer to develop a plan agreeable to all parties.

2.1.42. **SUBCONTRACTOR** – A company/individual that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor.

2.1.43. **SUBSTITUTE PERSONNEL** - Temporary employees providing backfill for planned or unplanned absences of permanent contracted workers who will be returning to the requesting location in the future. The coverage requirement will be determined at task order level.

2.1.44. **TASK ORDER (TO)** – An order for services placed against an established contract.

2.1.45. **TASK ORDER PROPOSAL REQUEST (TOPR)** – A complete package defining the government's requirement and requesting proposals from the contract holders.

2.1.46. **TASK ORDER QUALITY CONTROL PLAN** - a task order deliverable that details the company's plan and procedures to identify, prevent and/or resolve unacceptable performance. The contractor will review the plan at least annually or when updates are warranted. See **QUALITY CONTROL** above.

2.1.47 TASK ORDER SERVICE SUMMARY – The task order level performance objectives and standards for the requirement which shall require the contract level performance objectives from Exhibit 1 with the local acceptable quality levels defined for the company.

2.1.48. UNFILLED POSITION - A position that was filled, but is currently not filled because of turnover.

2.1.49 UNPLANNED CLOSURE – A closure of a federal facility due to natural disaster, severe weather, military emergency, or any other closure that was not an identified as a planned closure during the task order proposal request process or included at task order level.

2.1.50. VACANT POSITION – A position that has never been filled by the contractor.

2.1.51. WORK DAY - The number of hours per day the contractor provides services in accordance with the contract.

2.1.52. WORK WEEK - Monday through Friday, unless specified otherwise in the task order.

2.1.53. WORKER IDENTIFICATION DATE – the date the company informs the Government that they have recruited, qualified, screened, hired and plan to place the MSS personnel to perform under the task order.

2.2 Abbreviations and Acronyms:

ADS	Ambulatory Data System
AF	Air Force
AFMS	Air Force Medical Service
AHLTA	Armed Forces Longitudinal Technology Application
AIS	Automated Information System
AQL	Acceptable Quality Level
BAA	Business Associate Agreement
BLS	Basic Life Support
CAC	Common Access Card
CAF	Central Adjudication Facility
CDC	Centers for Disease Control
CEU	Continuing Education Units
CIS	Clinical Information System
CLIN	Contract Line Item Number
COR	Contracting Officer Representative
CDRL	Contract Data Requirements List
CPARS	Contractor Performance Assessment Reporting System
DC	District of Columbia
DFARS	Defense Federal Acquisition Regulation Supplement
DHA	Defense Health Agency
DMHRSi	Defense Medical Human Resources System - internet
DoD	Department of Defense
e-QIP	Electronic Questionnaires for Investigations Processing
FAR	Federal Acquisition Regulation
FTE	Full-Time Equivalent
HIPAA	Health Insurance Portability and Accountability Act of 1996
HSPD	Homeland Security Presidential Directive
IA	Information Assurance
IAW	In Accordance With
ID	Identification
IDIQ	Indefinite Delivery, Indefinite Quantity
IPT	Integrated Product Team

JKO	Joint Knowledge Online
JTR	Joint Travel Regulation
JPAS	Joint Personnel Adjudication System
KO	Contracting Officer
MAC	Multiple Award Contract
MHS	Military Health System
MSS	Medical Support Services
MTF	Medical or Military Treatment Facility
NAC	National Agency Check
NACI	National Agency Check with Written Inquiries
NACLS	National Agency Check with Law and Credit
NAICS	North American Industry Classification System
NCR	National Capital Region
NLT	No Later Than
OA	Ordering Activity
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSHA	Occupational Safety and Health Administration
PBI	Personnel Background Investigation
PHI	Protected Health Information
PII	Personally Identifiable Information
PKO	Procuring Contracting Officer
PMO	Program Management Office
PWS	Performance Work Statement
QA	Quality Assurance
QASP	Quality Assurance Surveillance Plan
QCP	Quality Control Plan
RAPIDS	Real-Time Automated Personnel Identification System
TA	Trusted Agent
TASS	Trusted Associate Sponsorship Program
TE	Technical Exhibit
TJC	The Joint Commission
TO	Task Order
TOPR	Task Order Proposal Request
US	United States
USC	United States Code
VAR	Visit Authorization Request
VOL	Volume
WAWF-RA	Wide Area Work Flow – Receipt and Acceptance

PART 3
GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES

3. GOVERNMENT FURNISHED ITEMS AND SERVICES: Unless specified otherwise by each individual task order, the Government will provide the use of all available support services, materials, publications and forms, and equipment required in performance of medical support services.

3.1 MSS personnel shall abide by all MTF and agency level requirements for physical security of Government property and equipment. MSS personnel who are issued Government property (keys, codes, badges, cell phones, pagers, etc.) shall safeguard Government property from loss, theft, damaged or destruction. The contractor may be required to reimburse the Government for lost or damaged equipment. MSS personnel must present, for accountability purposes, all Government property signed for at scheduled or unscheduled Government property inspections. IAW FAR 52.204-9, Personal Identity Verification of Contractor Personnel, the contractor shall account for all forms of Government-provided identification used by the contractor employees in connection with performance under this contract.

The contractor and MSS personnel shall not use Government facilities, supplies or equipment for personal purposes or for any reason other than providing medical support services procured under a subsequent task order.

The contractor shall immediately report any lost or stolen Government items to the ordering contracting officer.

3.2. Business Equipment: Telephones, facsimile machines, copiers and computer equipment are authorized for transaction of official Government business only and shall not be used for personal business. Personal long distance calls are not authorized. Telephones, facsimile machines and computer equipment are subject to communications security monitoring at all times and proper handling of sensitive information is required.

3.3. Space: Space used by MSS personnel in performance of services may be used for other purposes during their absence. Items of clothing, personal effects, or equipment cannot be secured during their absence. The Government will not incur any liability for theft, damage to, or loss of personal items.

3.4. Keys: The Government may issue keys to MSS personnel. MSS personnel shall safeguard the keys from loss, theft or destruction, and shall present, for accountability purposes, all keys signed for at scheduled or unscheduled key control inspections IAW MTF policy. Government keys shall not be duplicated. Lost keys and/or locks shall be reported to the issuing party immediately upon recognition of the loss. The contractor may be required to reimburse the Government for lost keys, or lockset (if locksets are required to be replaced) as a result of lost keys.

3.5. Pagers and other Communication Devices: If pagers or other communication devices are provided, the MSS personnel shall safeguard the items from loss, theft or destruction, and shall present them for accountability purposes for a scheduled or unscheduled control inspection IAW MTF policy. The contractor may be required to reimburse the Government for lost items.

3.6. Protective Clothing: The MTF will supply special protective clothing and shoe covers when required. If applicable, the Government will provide other personal protective equipment as identified at the task order level (i.e., steel toed boots, goggles, etc.).

3.7. Common Access Card and Base Passes: 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 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.

3.8 Government Issued Badges: If applicable, for MSS personnel performing in an MTF, the Government will provide a hospital unique badge that must be worn while on duty. The MSS personnel shall not alter or obscure the badge.

3.8. Items issued will remain the property of the Government and will not be removed from the MTF with the exception of items needed for contract performance (i.e., cell phones and pagers while in an on-call status).

3.9. MSS personnel shall turn in all issued Government furnished property to the COR, or a designated Government representative, upon termination of their services or upon demand by COR or designated Government official.

3.10 After start of work, the Government will provide post blood borne exposure for MSS personnel in accordance with applicable CDC protocols, DoD directives and regulatory guidelines.

3.11 The Government will provide the Thermoluminescent Dosimetry (TLD) monitoring devices in accordance with local programs if required.

PART 4

CONTRACTOR FURNISHED ITEMS AND SERVICES

4. Contractor Furnished Items and Responsibilities: The contractor is responsible for contractor furnished property as defined at the task order level as well as the contract Performance Work Statement (Part 1).

4.1 Key Personnel: With 10 business days from contract award, the contractor shall provide a list of contractor management staff that will be points of contact for the program management office. The list will provide a full name, title, email and phone number. The contractor must clearly outline who is the lead point of contact with the authority to act and obligate the company.

4.1.1 Task order level key personnel requirements will be identified during the task order proposal request process.

4.2 Contractor Identification: All MSS personnel shall be clearly identified as such at ALL times, including conversations, mail, e-mail, fax, and/or other electronic communication whether communicating with Government personnel, other contractor personnel, or with the public when supporting this contract. At a minimum, contractor management staff and MSS personnel 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, (3) opening *all* phone conversations with a statement materially similar to, "[office name], I am [employee name], a [prime contractor's company name] employee," including the employing contractor's name in the letterhead and/or signature block of any written correspondence, and (4) any other means necessary.

4.3 Company Identification: MSS personnel shall wear contractor-supplied badges in addition to Government provided so they are visible to the customers. MSS personnel shall wear both badges (the MTF-issued identification badge and the contractor badge) above the waistline during duty hours.

4.4 Contractor Proprietary Processes/Techniques. The contractor may use proprietary processes and techniques; however, the contractor recognizes that these processes or techniques shall become the property of the Government if the contractor uses them in a Government facility and they become integrated into the internal processes and workflow. Additionally, processes and techniques may be required to be shared with other contractors under Associate Contractor Agreements in Part 1.

4.5 Contractor Access to Government Systems. For Service Type II orders, the contractor may propose to provide services from outside the military facilities and/or information networks if requested in the task order proposal request. Requests to provide access to internal networks and/or facilities must be clear and meet Government security requirements. However, the contractor management staff must consider delays and denial of access and ensure there are alternative methods to meet task order requirements.

4.6 Contractor Furnished Data:

4.6.1 Task Order Quality Control Plans. The contractor management staff shall provide complete Quality Control Plan, if requested at the task order level, no less than 15 calendar days from award. The format and content index must comply with the requirements of the Government developed task order QASP (reference Part I, Paragraph 1.6).

4.6.2 Qualifying Documentation. The contractor shall provide qualifying documentation prior to the required start date or negotiated earlier start date as defined in the task order proposal request package. The contractor shall provide a complete MSS personnel folder which contains: 1) contractor point of contact for the worker (supervisor, manager, etc.); 2) emergency contact information; 3) resume; 4) contractor's internal verification of education, experience, skills and training; 5) contracting officer's approval of equivalency determination request (if applicable); 6) proof of health requirements (immunizations, etc.); 7) required certifications (BLS, coding

certification, etc.); 8) results of company criminal history background check; 9) other pertinent information regarding the individual, schedule and performance start. The contractor shall have an electronic qualifying documentation package; however, it must be a single scanned file that the government can easily view, recognize and store and comply with Privacy Act markings and distribution mandates.

4.6.3 Monthly Program Status Report (MPSR). The contractor shall prepare and submit to the program office a monthly program status report using the government-provided MPSR spreadsheet included at Part 8, Attachment 6. The prime contractor will report information for all teaming partners/subcontractors. The MPSR includes performance data for contract as well as task order level performance objectives (Technical Exhibit 1.a and 1.b.). The contracting officer may update the MPSR format as needed during the life of the contract.

4.6.3.1 The contractor management staff shall electronically send the MPSR to the program office no later than the 10th calendar day of the following month. If the 10th calendar day falls on a weekend or holiday, the contractor management staff shall submit the report on the next business day.

4.6.3.2 The MPSR is a record of all awarded task orders in the reporting window. It provides task order information such as task order number, award date, MSS personnel start dates, place of performance, teaming partners/subcontractor used by the prime contractor along with their designations, task order value, and issuing contracting office. Other specific information regarding each position or service/operational activity must include quantity (identifying FTE/PTE), start and end dates of workers, compliance with task order performance objectives (Part 8, Attachment 1.b) as applicable. The MPSR provides the government with statistics regarding:

FAR Compliance for 50% of Overall Performance
On-Time Worker Placement
Customer Satisfaction
Overall Fill Rate
Completion of Services
Turnover Rate

PART 5 SPECIFIC TASKS

5. CONTRACTOR RESPONSIBILITIES.

5.1 The contractor shall maintain a clear teaming/organizational structure and business capability to meet performance requirements that ensure the following:

5.1.1 Reserved

5.1.2 A strategy to provide the full spectrum of labor categories and services at all performance locations IAW Part 1, Paragraph 1.5.2 and Part 8, Attachment 3; and

5.1.3 A clear business process that ensures performance of at least 50 percent of the overall services annually IAW FAR 52.219-14, Limitations on Subcontracting, and compliance with the prohibition on cross-teaming in accordance with PART 1, Paragraph 1.15.

5.2 The contractor shall recruit, qualify, place, manage and retain MSS personnel.

5.2.1 Recruits MSS personnel to work in the military healthcare environment.

5.2.2 Screens and qualifies MSS personnel with a thorough verification and validation process to ensure MSS personnel meet Government minimum qualification ordered in the task order proposal request and completes all pre-placement requirements;

5.2.1 Places MSS personnel to work in the military healthcare environment within the initial fill or replacement period defined in the task order;

5.2.3 Manages the employee and ensures currency of qualifying factors (health, security, certifications) including continuing education units;

5.2.4 Complies with Government security requirements;

5.2.5 If ordered, provides substitute/temporary coverage for planned or unplanned absences within the placement requirements of the task order.

5.2.6 Minimizes turnover with a retention program to reduce unfilled positions and impact to the government.

5.3 The contractor management staff shall ensure successful performance on each task order by:

5.3.1 Developing a task order quality control plan that ensures MSS personnel perform services within productivity, timeliness, completion and accuracy standards.

5.3.2 Establishing an effective method to monitor and report on Government service summary (see Part 8, Attachment 1.a and 1.b) and deliverables (see Part 8, Attachment 2);

5.3.3 The contractor shall have a process for resolving issues and concerns, implementing corrective actions, and communicating the resolution to the COR by the suspense date issued by the Government. The contractor shall conduct follow-up to ensure corrective actions are successful and the customer is satisfied with performance.

5.3.4 Maintaining an acceptable overall fill rate defined at task order level to ensure staffing to perform service operations.

PART 6

OTHER TERMS, CONDITIONS, AND PROVISIONS

6.1. Non-Disclosure/Non-Use Agreement: Performing work under this contract may involve access to sensitive or nonpublic information of other companies. The contractor must limit the use of sensitive and nonpublic information coming from the Government to the purposes specified in the contract or task order by (1) safeguarding the nonpublic information from unauthorized use and disclosure; (2) limiting access to sensitive and nonpublic information to only those individuals who need it to perform services under the contract or task order; (3) informing individuals who may have access to sensitive and nonpublic information about their obligations to use the information only to perform the services specified in the contract or task order and to safeguard the information from unauthorized use and disclosure; (4) obtaining a copy of a signed non-disclosure agreement from each individual who may have access to sensitive and nonpublic information and providing the non-disclosure agreement to the KO/ordering KO upon request; and (5) reporting any violations of the requirements set forth in this paragraph to the KO/ordering KO; The report must include a description of the violation and what actions have been taken by the contractor in response to the violation.

6.2. Information Assurance (IA)/Information Technology (IT): All contractor 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.

6.3. Protection of Information:

6.3.1. Dissemination of Information/Publishing: There shall be no dissemination or publication, except within and between the contractor and any subcontractors who have a need to know, of information developed under this contract or contained in the reports to be furnished pursuant to this contract without prior written approval of the PKO. DHA approval for publication will require provisions which protect the intellectual property and patent rights of both DHA and the contractor.

6.3.2. Personally Identifiable Information (PII), Protected Health Information (PHI) and Federal Information Laws: The contractor shall establish appropriate administrative, technical, and physical safeguards to protect any and all Government data. The contractor shall also ensure the confidentiality, integrity, and availability of Government data in compliance with all applicable laws and regulations, including data breach reporting and response requirements, IAW Defense Federal Regulation Supplement (DFARS) Subpart 224.1 (Protection of Individual Privacy), which incorporates by reference current versions DoDD 5400.11, "DoD Privacy Program," and DoD 5400.11-R, "DoD Privacy Program." The contractor shall also comply with federal laws relating to freedom of information and records management. The contractor shall analyze any breach of PII/PHI for which it is responsible under the terms of this contract under both the Privacy Act and HIPAA, if applicable, to determine the appropriate course of action under each requirement, if any.

6.3.3. Health Insurance Portability and Accountability Act (HIPAA)

In accordance with 45 CFR 164.502(e)(2) and 164.504(e) and paragraph C.3.4.1.3 of DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003, this document serves as a business associate agreement (BAA) between the signatory parties for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and the "HITECH Act" amendments thereof, as implemented by the HIPAA Rules and DoD HIPAA Issuances (both defined below). The parties are a DoD MHS component, acting as a HIPAA covered entity, and a DoD contractor, acting as a HIPAA business associate. The HIPAA Rules require BAAs between covered entities and business associates. Implementing this BAA requirement, the applicable DoD HIPAA Issuance (DoD 6025.18-R, paragraph C3.4.1.3) provides that requirements applicable to business associates must be incorporated (or incorporated by reference) into the contract or agreement between the parties.

(a) Catchall Definition. Except as provided otherwise in this BAA, the following terms used in this BAA shall have the same meaning as those terms in the DoD HIPAA Rules: Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices (NoPP), Protected Health

Information (PHI), Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Breach means actual or possible loss of control, unauthorized disclosure of or unauthorized access to PHI or other PII (which may include, but is not limited to PHI), where persons other than authorized users gain access or potential access to such information for any purpose other than authorized purposes, where one or more individuals will be adversely affected. The foregoing definition is based on the definition of breach in DoD Privacy Act Issuances as defined herein.

Business Associate shall generally have the same meaning as the term “business associate” in the DoD HIPAA Issuances, and in reference to this BAA, shall mean the CLASS holder.

Agreement means this BAA together with the documents and/or other arrangements under which the Business Associate signatory performs services involving access to PHI on behalf of the MHS component signatory to this BAA.

Covered Entity shall generally have the same meaning as the term “covered entity” in the DoD HIPAA Issuances, and in reference to this BAA, shall mean the CLASS performance locations.

DHA Privacy Office means the DHA Privacy and Civil Liberties Office. The DHA Privacy Office Director is the HIPAA Privacy and Security Officer for DHA, including the National Capital Region Medical Directorate (NCRMD).

DoD HIPAA Issuances means the DoD issuances implementing the HIPAA Rules in the DoD Military Health System (MHS). These issuances are DoD 6025.18-R (2003), DoDI 6025.18 (2009), and DoD 8580.02-R (2007).

DoD Privacy Act Issuances means the DoD issuances implementing the Privacy Act, which are DoDD 5400.11 (2007) and DoD 5400.11-R (2007).

HHS Breach means a breach that satisfies the HIPAA Breach Rule definition of breach in 45 CFR 164.402.

HIPAA Rules means, collectively, the HIPAA Privacy, Security, Breach and Enforcement Rules, issued by the U.S. Department of Health and Human Services (HHS) and codified at 45 CFR Part 160 and Part 164, Subpart E (Privacy), Subpart C (Security), Subpart D (Breach) and Part 160, Subparts C-D (Enforcement), as amended by the 2013 modifications to those Rules, implementing the “HITECH Act” provisions of Pub. L. 111-5. See 78 FR 5566-5702 (Jan. 25, 2013) (with corrections at 78 FR 32464 (June 7, 2013)). Additional HIPAA rules regarding electronic transactions and code sets (45 CFR Part 162) are not addressed in this BAA and are not included in the term HIPAA Rules.

Service-Level Privacy Office means one or more offices within the military services (Army, Navy, or Air Force) with oversight authority over Privacy Act and/or HIPAA privacy compliance.

I. Obligations and Activities of Business Associate

(a) The Business Associate shall not use or disclose PHI other than as permitted or required by this Agreement or as required by law.

(b) The Business Associate shall use appropriate safeguards, and comply with the DoD HIPAA Rules with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by this Agreement.

(c) The Business Associate shall report to Covered Entity any Breach of which it becomes aware, and shall proceed with breach response steps as required by Part V of this BAA. With respect to electronic PHI, the Business Associate shall also respond to any security incident of which it becomes aware IAW any IA provisions of this Agreement. If at any point the Business Associate becomes aware that a security incident involves a Breach, the Business Associate shall immediately initiate breach response as required by part V of this BAA.

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), respectively, and corresponding DoD HIPAA Issuances, as applicable, the Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such PHI.

(e) The Business Associate shall make available PHI in a Designated Record Set, to the Covered Entity or, as directed by the Covered Entity, to an Individual, as necessary to satisfy the Covered Entity obligations under 45 CFR 164.524 and corresponding DoD HIPAA Issuances.

(f) The Business Associate shall make any amendment(s) to PHI in a Designated Record Set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526, and corresponding DoD HIPAA Issuances.

(g) The Business Associate shall maintain and make available the information required to provide an accounting of disclosures to the Covered Entity or an individual as necessary to satisfy the Covered Entity's obligations under 45 CFR 164.528 and corresponding DoD HIPAA Issuances.

(h) To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under the HIPAA Privacy Rule, the Business Associate shall comply with the requirements of the HIPAA Privacy Rule that apply to the Covered Entity in the performance of such obligation(s); and

(i) The Business Associate shall make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

II. Permitted Uses and Disclosures by Business Associate

(a) The Business Associate may only use or disclose PHI as necessary to perform the services set forth in this Agreement or as required by law. The Business Associate is not permitted to de-identify PHI under DoD HIPAA issuances or the corresponding 45 CFR 164.514(a)-(c), nor is it permitted to use or disclose de-identified PHI, except as provided by this Agreement or directed by the Covered Entity.

(b) The Business Associate agrees to use, disclose and request PHI only IAW the HIPAA Privacy Rule "minimum necessary" standard and corresponding DHA policies and procedures as stated in the DoD HIPAA Issuances.

(c) The Business Associate shall not use or disclose PHI in a manner that would violate the DoD HIPAA Issuances or HIPAA Privacy Rules if done by the Covered Entity, except uses and disclosures for the Business Associate's own management and administration and legal responsibilities or for data aggregation services as set forth in the following three paragraphs.

(d) Except as otherwise limited in this Agreement, the Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. The foregoing authority to use PHI does not apply to disclosure of PHI, which is covered in the next paragraph.

(e) Except as otherwise limited in this Agreement, the Business Associate may disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are required by law, or the Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(f) Except as otherwise limited in this Agreement, the Business Associate may use PHI to provide Data Aggregation services relating to the Covered Entity's health care operations.

III. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

(a) The Covered Entity shall notify the Business Associate of any limitation(s) in the notice of privacy practices of the Covered Entity under 45 CFR 164.520 and the corresponding provision of the DoD HIPAA Issuances, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

(b) The Covered Entity shall notify the Business Associate of any changes in, or revocation of, the permission by an Individual to use or disclose his or her PHI, to the extent that such changes affect the Business Associate's use or disclosure of PHI.

(c) The Covered Entity shall notify the Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522 and the corresponding DoD HIPAA Issuances, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

IV. Permissible Requests by Covered Entity

The Covered Entity shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy Rule or any applicable Government regulations (including without limitation, DoD HIPAA Issuances) if done by the Covered Entity, except for providing Data Aggregation services to the Covered Entity and for management and administrative activities of the Business Associate as otherwise permitted by this BAA.

V. Breach Response

(a) In general.

(1) In the event of a breach of PII/PHI held by the Business Associate, the Business Associate shall report the breach to the Covered Entity IAW Section VII, assess the breach incident, take mitigation actions as applicable, and notify affected individuals, as directed by the Covered Entity.

(2) The Business Associate shall coordinate all investigation actions with the Covered Entity, and at a minimum, follow the breach response requirements set forth in this Part V, which is designed to satisfy both the Privacy Act and HIPAA as applicable. If a breach involves PII without PHI, then the Business Associate shall comply with DoD Privacy Act Issuance breach response requirements only; if a breach involves PHI (a subset of PII), then the Business Associate shall comply with both Privacy Act and HIPAA breach response requirements. A breach involving PHI may or may not constitute an HHS Breach. If a breach is not an HHS Breach, then the Business Associate has no HIPAA breach response obligations. In such cases, the Business Associate must still comply with breach response requirements under the DoD Privacy Act Issuances.

(3) The Business Associate shall, at no cost to the Government, bear any costs associated with a breach of PII/PHI that the Business Associate has caused or is otherwise responsible for addressing.

(b) Government Reporting Provisions

(1) If the Covered Entity determines that a breach is an HHS Breach, then the Business Associate shall comply with both the HIPAA Breach Rule and DoD Privacy Act Issuances, as directed by the Covered Entity, regardless of where the breach occurs.. If the Covered Entity determines that the breach does not constitute an HHS Breach, then the Business Associate shall comply with DoD Privacy Act Issuances, as directed by the applicable Service-Level Privacy Office.

(2) This Part V is designed to satisfy the DoD Privacy Act Issuances and the HIPAA Breach Rule as implemented by the DoD HIPAA Issuances. In general, for breach response, the Business Associate shall report the breach to the Covered Entity, assess the breach incident, notify affected individuals, and take mitigation actions as applicable. Because DoD defines "breach" to include possible (suspected) as well as actual (confirmed) breaches, the Business Associate shall implement these breach response requirements immediately upon the Business Associate's discovery of a possible breach.

(3) The following provisions of Part V set forth the Business Associate's Privacy Act and HIPAA breach response requirements for all breaches, including but not limited to HHS breaches.

(i) The Business Associate shall report the breach within one hour of discovery to the US Computer Emergency Readiness Team (US CERT), and, within 24 hours of discovery, to the Covered Entity, and to other parties as deemed appropriate by the Covered Entity. The Business Associate is deemed to have discovered a breach as of the time a breach (suspected or confirmed) is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing it) who is an employee, officer or other agent of the Business Associate.

(ii) The Business Associate shall submit the US-CERT report using the online form at <https://forms.us-cert.gov/report/>. Before submission to US-CERT, the Business Associate shall save a copy of the on-line report. After submission, the Business Associate shall record the US-CERT Reporting Number. Although only limited information about the breach may be available as of the one hour deadline for submission, the Business Associate shall submit the US-CERT report by the deadline. The Business Associate shall e-mail updated information as it is obtained, following the instructions at <http://www.us-cert.gov/pgp/email.html>. The Business Associate shall provide a copy of the initial or updated US-CERT report to the Installation Privacy Act Officer, MTF HIPAA Privacy Officer, and the Contracting Officer (if applicable), if requested. Business Associate questions about US-CERT reporting shall be directed to the Installation Privacy Act Officer or MTF HIPAA Privacy Officer, not the US-CERT office.

(iii) The Business Associate shall comply with the Breach Timeline and Notification Flow Chart processes attached to this Agreement, to include the timelines established for completing the DD Form 2959 and the HIPAA Privacy Incident Report.

(4) If multiple beneficiaries are affected by a single event or related set of events, then a single reportable breach may be deemed to have occurred, depending on the circumstances. The Business Associate shall inform the Covered Entity as soon as possible if it believes that "single event" breach response is appropriate; the Covered Entity will determine how the Business Associate shall proceed and, if appropriate, consolidate separately reported breaches for purposes of Business Associate report updates, beneficiary notification, and mitigation.

(i) When a Breach Report Form initially submitted is incomplete or incorrect due to unavailable information, or when significant developments require an update, the Business Associate shall submit a revised form or forms, stating the updated status and previous report date(s) and showing any revisions or additions in red text. Examples of updated information the Business Associate shall report include, but are not limited to: confirmation on the exact data elements involved, the root cause of the incident, and any mitigation actions to include, sanctions, training, incident containment, and follow-up. The Business Associate shall submit these report updates within three (3) business days after the new information becomes available. Prompt reporting of updates is required to allow the Covered Entity to make timely final determinations on any subsequent notifications or reports. The Business Associate shall provide updates to the same parties as required for the initial Breach Reporting Form. The Business Associate is responsible for reporting all information needed by the Covered Entity to make timely and accurate determinations on reports to HHS as required by the HHS Breach Rule and reports to the Defense Privacy and Civil Liberties Office as required by DoD Privacy Act Issuances.

(ii) In the event the Business Associate is uncertain on how to apply the above requirements, the Business Associate shall consult with the **Covered Entity and Contracting Officer** (if applicable) when determinations on applying the above requirements are needed.

(c) Individual Notification Provisions

(i) If the Covered Entity determines that individual notification is required, the Business Associate shall provide written notification to individuals affected by the breach as soon as possible, but no later than 10 working days after the breach is discovered and the identities of the individuals are ascertained. The 10 day period begins when the Business Associate is able to determine the identities (including addresses) of the individuals whose records were impacted.

(ii) The Business Associate's proposed notification to be issued to the affected individuals shall be submitted to the parties to which reports are submitted under paragraph VII for their review, and for approval by the Contracting Officer, in consultation with the Covered Entity. Upon request, the Business Associate shall provide the Contracting Officer and Covered Entity with the final text of the notification letter sent to the affected individuals. If different groups of affected individuals receive different notification letters, then the Business Associate shall provide the text of the letter for each group (PII shall not be included with the text of the letter(s) provided). Copies of further correspondence with affected individuals need not be provided unless requested by the Contracting Office or Covered Entity. The Business Associate's notification to the individuals, at a minimum, shall include the following:

(A) The individual(s) must be advised of what specific data was involved. It is insufficient to simply state that PII has been lost. Where names, Social Security Numbers (SSNs) or truncated SSNs, and Dates of Birth (DOBs) are involved, it is critical to advise the individual that these data elements potentially have been breached.

(B) The individual(s) must be informed of the facts and circumstances surrounding the breach. The description should be sufficiently detailed so that the individual clearly understands how the breach occurred.

(C) The individual(s) must be informed of what protective actions the Business Associate is taking or the individual can take to mitigate against potential future harm. The notice must refer the individual to the current Federal Trade Commission (FTC) web site pages on identity theft and the FTC's Identity Theft Hotline, toll-free: 1-877-ID-THEFT (438-4338); TTY: 1-866-653-4261.

(D) A brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and

(E) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

(F) The individual(s) must also be informed of any mitigation support services (e.g., one year of free credit monitoring, identification of fraud expense coverage for affected individuals, provision of credit freezes, etc.) that the Business Associate may offer affected individuals, the process to follow to obtain those services and the period of time the services will be made available, and contact information (including a phone number, either direct or toll-free, e-mail address and postal address) for obtaining more information. The Contracting Officer, in consultation with the Covered Entity will determine the appropriate level of support services.

(iii) Business Associates shall ensure any envelope containing written notifications to affected individuals are clearly labeled to alert the recipient to the importance of its contents, e.g., "Important information – do not destroy," and that the envelope is marked with the identity of the Business Associate and/or subcontractor organization that suffered the breach. The letter must also include contact information for a designated POC to include, phone number, e-mail address, and postal address.

(iv) If the Business Associate determines that it cannot readily identify, or will be unable to reach, some affected individuals within the 10 day period after discovering the breach, the Business Associate shall so indicate in the initial or updated Breach Report Form. Within the 10 day period, the Business Associate shall provide the approved notification to those individuals who can be reached. Other individuals must be notified within 10 days after their identities and addresses are ascertained. The Business Associate shall consult with the Covered Entity, which will determine which media notice is most likely to reach the population not otherwise identified or reached. The Business Associate shall issue a generalized media notice(s) to that population IAW the Covered Entity approval.

(d) Breaches are not to be confused with security incidents (often referred to as cyber security incidents when electronic information is involved), which may or may not involve a breach of PII/PHI. In the event of a security incident not involving a PII/PHI breach, the Business Associate shall follow applicable DoD IA requirements under its Agreement. If at any point the Business Associate finds that a cybersecurity incident involves a PII/PHI breach (suspected or confirmed), the Business Associate shall immediately initiate the breach response procedures set forth here. The Business Associate shall also continue to follow any required cyber security incident response procedures to the extent needed to address security issues, as determined by DoD/DHA.

VI. Termination

(a) Termination. Noncompliance by the Business Associate (or any of its staff, agents, or subcontractors) with any requirement in this BAA may subject the Business Associate to termination under any applicable default or other termination provision of the underlying Contract.

(b) Effect of Termination.

(1) If this Agreement has records management requirements, the Business Associate shall handle such records IAW the records management requirements. If this Agreement does not have records management requirements, the records should be handled IAW paragraphs VI.(2) and (3) below. If this Agreement has provisions for transfer of records and PII/PHI to a successor Business Associate, or if the Covered Entity gives directions for such transfer, the Business Associate shall handle such records and information IAW such Agreement provisions or the Covered Entity's direction.

(2) If this Agreement does not have records management requirements, except as provided in the following paragraph (3), upon termination of this Agreement, for any reason, the Business Associate shall return or destroy all PHI received from the Covered Entity, or created or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form. This provision shall apply to PHI that is in the possession of subcontractors or agents of the Business Associate. The Business Associate shall retain no copies of the PHI.

(3) If this Agreement does not have records management provisions and the Business Associate determines that returning or destroying the PHI is infeasible, the Business Associate shall provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Covered Entity and the Business Associate that return or destruction of PHI is infeasible, the Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such PHI.

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 the CLASS contract holder and the ordering contracting officer as recorded on the TOs.

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.

VIII. Miscellaneous

(a) Survival. The obligations of Business Associate under the "Effect of Termination" provision of this BAA shall survive the termination of this Agreement.

(b) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits the Covered Entity and the Business Associate to comply with HIPAA Rules and DoD HIPAA

6.3.4. Privacy Act Breach Response:

6.3.4.1. Current version DoD 5400.11-R, "DoD Privacy Program," incorporated herein by reference, defines a breach as the "actual or possible loss of control, unauthorized disclosure, or unauthorized access of personal information where persons other than authorized users gain access or potential access to such information for other than authorized purposes where one or more individuals will be adversely affected." Within one hour of discovery, the breach shall be reported to the US Computer Emergency Readiness Team (US CERT), the DHA Privacy Office, and the PKO.

6.3.4.2. The contractor shall adhere to the reporting and response requirements set forth in the Office of the Secretary of Defense Memorandum 1504-07, "Safeguarding Against and Responding to the Breach of Personally

Identifiable Information,” June 5, 2009; DoD 5400.11-R, also incorporated herein by reference, and consult DHA Privacy Office for guidance.

6.4.5. Data at Rest: The contractor shall provide encryption of data at rest IAW IA control ECCR-1 Encryption for Confidentiality (Data at Rest) and Encryption of data in transit IAW IA control ECCT-1 Encryption for Confidentiality (Data in Transit), per DoDI 8500.2, Information Assurance (IA) Implementation, February 6, 2003; DoDI 8510.01, DoD Information Assurance Certification and Accreditation Process (DIACAP), November 28, 2007 and DoD Memorandum Department of Defense Guidance on Protecting Personally Identifiable Information (PII), August 18, 2006.

6.4.11. Privacy Act and HIPAA Training:

6.4.11.1. The contractor shall ensure that its entire staff, including subcontractors and consultants that perform work on this Contract receive training on the Privacy Act of 1974 (5 U.S.C. 552a) and Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191). The training requirements are mandated by OSD Memorandum 15041-07, “Safeguarding Against and Responding to the Breach of Personally Identifiable Information”: DoD 6025.18-R, “DoD Health Information Privacy Regulation”, January 24, 2003; and the DHA Workforce Training Policy Memorandum, dated May 28, 2008, on the subject, “Workforce Training Policy Pursuant to the Department of Defense Privacy Act Regulations and the Department of Defense Health Insurance Portability and Accountability Act Privacy and Security Regulations”.

6.4.11.2. All required Privacy Act and HIPAA training will be conducted through Joint Knowledge Online (JKO) or the current DHA learning management system (LMS) in place to deliver training to meet the above requirements. The contractor shall ensure all employees and subcontractors supply a certificate of Privacy Act and HIPAA training completion to the COR within 30 days of being assigned to the task order and on an annual basis based on the trainee’s birth month thereafter.

6.4.12. Records Management: When creating and maintaining official Government records, the contractor shall comply with all federal requirements established by 44 United States Code (USC), 41 USC, 36 Code of Federal Regulations, Department of Defense Administrative Instruction No. 15 (DoD AI-15), “Records Management, Administrative Procedures and Records Disposition Schedules,” and Chapter 2 of the TRICARE Operations Manual.

6.4.13 Freedom of Information Act (FOIA) Office:

6.4.13.1. DHA Freedom of Information (FOIA) procedures require a written request under the Act to be addressed to the FOIA Officer, DHA, 16401 East Centretech Parkway, Aurora, Colorado 80011-9066. The request shall describe the desired record as completely as possible to facilitate its retrieval from files and to reduce search fees which may be borne by the requestor. No more than ten working days shall elapse after a request has been received by the Freedom of Information Officer before notification is sent that the request has been granted or denied. The administrative time limit for responding to FOIA requests does not begin until the request is received by DHA.

6.4.13.2. In response to requests received by the contractor for the release of information, unclassified information, documents and forms which were previously provided to the public as part of routine services shall continue to be made available IAW previously established criteria. All other requests from the public for release of DHA records and, specifically, all requests that reference the Freedom of Information Act shall be immediately forwarded to DHA, ATTENTION: Freedom of Information Officer, for appropriate action. Direct contact, including interim replies, between DHA contractors and such requestors is not authorized. The contractor shall process requests by individuals for access to records about themselves under the Privacy Act procedures when those procedures are more advantageous to the requestor.

6.5. Enterprise-wide Contractor Manpower Reporting Application:

6.5.1. The contractor shall report all contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract. The contractor is required to fill in all required fields using the following web address: <http://www.ecmra.mil/>.

6.5.2. Reporting inputs will be for the labor executed during the period of performance for each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than 31 October of each calendar year. Contractors may direct questions to the Enterprise-wide Contractor Manpower Reporting Application Help Desk.

PART 7

APPLICABLE PUBLICATIONS

7. Applicable Publications (Current Editions): The contractor shall abide by all applicable regulations, publications, manuals, and local policies and procedures. Following is a list of basic publications applicable to the PWS. The most current version of the publication applies. Publications not on the internet or MTF policies and procedures can be obtained from the MTF. Current issues of publications and links to other service publications can be accessed at the following websites:

<http://www.apd.army.mil/>
<http://www.defenselink.mil/pubs>
<http://www.dtic.mil/whs/directives/>
<http://www.e-publishing.af.mil>
<https://health.mil>

Contractors are obligated to follow these codes as mandatory only to the extent that they apply to the contract. Supplements, amendments, or changes to these mandatory publications may be issued during the life of the contract. Advisory publications may be used for information and guidance but are not binding for compliance.

7.1 Publications:

Public Law:

Public Law 91-596	Occupational Safety and Health Act of 1970
Public Law 104-191	Health Insurance Portability and Accountability Act of 1996

Accreditation Manuals:

TJC Manual	The Joint Commission (TJC) Manual (Current Edition)
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DoD:

DoD 5200.1-R	Information Security Program
DoD 5200.2	Personnel Security Program
DoDI 5200.46	DoD Investigative and Adjudicative Guidance for Issuing the Common Access Card
DoD 5210.42-R	Nuclear Weapons Personnel Reliability Program (PRP) Regulation
DoD 5400.7-R	DoD Freedom of Information Act
DoD 5400.11-R	Department of Defense Privacy Program
DoD 6010.13-M	Medical Expense and Performance reporting System for Fixed Military Medical And Dental Treatment Facilities Manual
DoD 6010.15-M	Military Treatment Facility Uniform Business Office (UBO) Manual
DoD 6015.1-M	Glossary of Healthcare Terminology
DoD 6025.18-R	DoD Health Information Privacy Regulation
DoD 6055.5-M	Occupational Medical Examinations and Surveillance Manual
DoD 8580.02-R	HIPAA Security Rule
DoDD 5144.02	Information Technology Standards in the DoD
DoDD 5205.2	DoD Operations Security (OPSEC) Program
DoDD 5400.11	DoD Privacy Program
DoDD 5500.07	Standards of Conduct
DoDD 6000.14	Patient Bill of Rights and Responsibilities in the Military Health System (MHS)
DODM 6025.13	Medical Quality Assurance (MQA) in the Military Health System (MHS)
DoDD 6040.41	Medical Records Retention and Coding at Military Treatment Facilities
DoDD 6205.02E	Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries
DoDD 8190.3	Smart Card Technology
DoDD 8500.01E	Information Assurance

DoDI 1100.22	Policy and Procedures for Determining Workforce Mix
DoDI 1402.5	Criminal History Background Checks on Individuals in Child Care Services
DoDI 3020.37	Continuation of Essential DoD Contractor Services During a Crises
DoDI 4525.8	DoD Official Mail Management
DoDI 5200.02	DoD Personnel Security Program (PSP)
DoDI 6000.11	Patient Movement
DoDI 6015.23	Delivery of Healthcare at Military Treatment Facilities: Foreign Service Care; Third Party Collection; Beneficiary Counseling and Assistance Coordinators (BCACs)
DoDI 6025.8	Ambulatory Procedure Visit (APV)
DoDM 6025.13	Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)
DoDI 6025.18	Privacy of Individual Identifiable Health Information in DoD Health Care Programs
DoDI 6040.40	Military Health System Data Quality Management Control Procedures
DoDI 6040.42	Medical Encounter and Coding at Military Treatment Facilities
DoDI 6040.43	Custody and Control of Outpatient Medical Records
DoDI 6205.2	Immunization Requirements

Air Force:

AFI 31-204	Air Force Motor Vehicle Traffic Supervision, Chapter 3
AFI 31-401	Information Security Program Management
AFI 31-501	Personal Security Program Management
AFI 33-119	Electronic Mail (E-Mail) Management
AFI 33-129	Web Management and Internet Use
AFI 33-200	Information Assurance (IA) Management
AFI 33-322	Records Management Program
AFI 33-332	Privacy Act Program
AFI 33-364	Records Disposition – Procedures and Responsibilities
AFI 34-242	Mortuary Affairs Program
AFI 36-1004	The Air Force Civilian Recognition Program
AFI 36-2201	Air Force Training Program
AFI 36-2910	Line of Duty (Misconduct) Determinations
AFI 36-3002	Casualty Services
AFI 36-3003	Military Leave Program
AFI 40-102	Tobacco Use in the USAF
AFI 40-701	Special Needs Identification and Assignment Coordination
AFI 41-102	Air Force Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities
AFI 41-104	Professional Board and National Certification Examinations
AFI 41-106	Medical Readiness Program Management
AFI 41-115	Authorized Health Care and Health Care Benefits in the Military Health System (MHS)
AFI 41-210	TRICARE Operations and Patient Administrative Functions
AFI 44-102	Medical Care Management
AFI 44-119	Medical Quality Operations
AFI 46-101	Nursing Services and Operations
AFI 48-105	Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance
AFI 48-123	Medical Examinations and Standards
AFMAN 48-125	Personnel Ionizing Radiation Dosimetry
AFJI 48-110	Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases
AFMAN 10-3902	Nuclear Weapons Personnel Reliability Program (PRP)
AFMAN 33-363	Management of Records

Army:

AR 25-2	Information Assurance
AR 40-1	Composition, Mission, and Functions of the Army Medical Department
AR 40-3	Medical, Dental, and Veterinary Care
AR 40-4	Army Medical Department Facilities/Activities)
AR 40-5	Preventive Medicine
AR40-63	Ophthalmic Services
AR 40-66	Medical Records Administration and Health Care Documentation
AR 40-68	Clinical Quality Management)
AR 40-400	Patient Administration
AR 40-562	Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases
AR 40-501	Standards of Medical Fitness)
AR 190-13	The Army Physical Security Program
AR 340-21	The Army Privacy Program
AR 380-5	Department of Army Information Security Program)
AR 380-53	Communications Security Monitoring
AR 380-67	Personnel Security Program)
AR 600-20	Army Command Policy
AR 600-85	The Army Substance Abuse Program
AR 608-1	Army Community Service
AR 608-10	Child Development Services
AR 608-18	The Army Family Advocacy Program
DA Directive 2014-23	Conduct of Screening and Background Checks for Individuals who have Regular Contact with Children
DA PAM 40-11	Preventive Medicine
DA PAM 385-10	Army Safety Program
DA PAM 385-40	Army Accident Investigation & Reporting
MEDCOM PAM 2531	Index of Command Administrative Publications
OTSG/MEDCOM 385-2	U.S. Army Medical Command Safety Program
OTSG/MEDCOM 13-062	Sexual Assault Prevention and Response Program (SHARP), 12 Nov 13
TB MED 510	Guidelines for the Recognition, Evaluation, and Control of Occupational Exposure to Waste Anesthetic Gases
TG 149	Guidelines for Controlling Occupational Exposure to Hazardous Drugs
TG 190	Guide to Managing Exposure to Bloodborne Pathogens

Navy:

The contractor shall comply with all applicable federal, state, and local laws, Department of Defense, Department of Navy, Bureau of Medicine and Surgery, and Dental Treatment Facility (DTF)/MTF instructions and policies.

Standard Forms:

SF 30	Amendment of Solicitation/Modification of Contract
SF 85	Questionnaire for Non-Sensitive Positions
SF 88	Medical Record – Report of Medical Examination
SF 93	Report of Medical History
SF 5-4	Medical Record History
SF 5-5	Medical Record – History – Parts 2 and 3
SF 5-6	Medical Record – Physical Examination
SF 5-7	Medical Record
SF 5-9	Medical Record – Progress Report
SF 513	Medical Record – Consultation Sheet
SF 515	Medical Record Tissue Examination
SF 519B	Radiologic Consultation Request/Report (Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations
SF 523	Medical Record –Authorization for Autopsy

SF 523A	Disposition of Body
SF 541	Medical Record – Gynecologic Cytology
SF 55-	Medical Record –Urinalysis
SF 551	Medical Record –Serology
SF 557	Medical Record – Miscellaneous
SF 1449	Solicitation/Contract/Order For Commercial Items
SF 30	Standard Form 30 - Amendment Of Solicitation/Modification Of Contract
SF 558	Medical Record – Emergency Care and Treatment
SF 6	Medical Record – Chronological Record of Medical Care

Other Forms: Specific forms will be identified at the task order level.

FD Form 258	FBI US Department of Justice Fingerprint Card
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PART 8
ATTACHMENT/TECHNICAL EXHIBIT LISTING

Attachment 1/Technical Exhibit 1.a – Contract Level Performance Objectives
Attachment 1/Technical Exhibit 1.b – Task Order Performance Objectives
Attachment 2/Technical Exhibit 2 – Deliverables Schedule
Attachment 3/Technical Exhibit 3 – Performance Locations
Attachment 4/Technical Exhibit 4 – Position Descriptions
Attachment 5/Technical Exhibit 5 – Statement of Objectives
Attachment 6/Technical Exhibit 6 – Contract Level Monthly Program Status Report

TECHNICAL EXHIBIT 1.a

Contract Level Performance Objectives Summary

The contract level performance objectives includes: Contract Utilization, Task Order Competition, performance of 50% of the overall services annually and meeting task order requirements. The contract administrating contracting officer and program manager will use available government data systems and the contractor's MPSR to access and report on the contract level requirements.

Performance Objective	Reference	Program Assessment	Method of Surveillance	Acceptable Quality Level
Customer Contract Utilization	5.1	Customer utilization of contract as procurement vehicle.	Government management oversight; Government FPDS	None
FAR Compliance for Performance of 50% of overall Services	5.1.3	Percentage of services provided by the prime contract IAW FAR requirements	Government management oversight; Contractor Deliverable	Performs 50% of overall services
Meeting Task Order Level Requirements	5.2 and 5.2	Contractor's ability to meet all task order requirements (see Part 8, Attachment 1.b)	Government management oversight; Contractor Deliverable	90% of task order requirements are met for on-time placement, completion of services, customer satisfaction, overall fill, and turnover

TECHNICAL EXHIBIT 1.b

Task Order Performance Objectives Summary

The following five (5) performance objectives are required to be performance objectives on each task order. The ordering contracting officer may add other task order performance objectives if deemed necessary. The task order will define acceptable quality levels, how the metrics are calculated and the method of surveillance. The MPSR submitted to the Program Office will include these objectives and report compliance and success meeting the acceptable quality levels.

Performance Objective	Reference	Performance Objective	Method of Surveillance	Acceptable Quality Level
On-Time Placement Percentage	5.2.1: Place MSS Personnel	This indicator is a measure of the contractor's capability to recruit, qualify, and place MSS personnel by the required start date in the task order during the reporting period	Government management oversight; performance reports	Task order defined
Customer Satisfaction Rate	5.3.1 QA Program 5.3.4 Resolving Performance Issues	This indicator is a measure of the contractor's quality assurance program at task order level and their response and resolution to task order level performance concerns.	Government management oversight; performance reports	Task order defined
Completion of Services		This indicator measures MSS personnel's compliance with defined timeliness, productivity, accuracy and completion standards.	Government management oversight; performance reports	Task order defined
Overall Fill Rate	5.3.3: Overall Fill	This indicator measures the contractor's ability to meet the acceptable quality level for filled positions in a reporting period.	Government management oversight; performance reports	Task order defined
Turnover Rate	5.3.3: Minimize Turnover	This indicator measures the contractor's retention capability to minimize turnover during a reporting period	Government management oversight; performance reports	Task order defined

TECHNICAL EXHIBIT 2

DELIVERABLES SCHEDULE

Deliverable	Frequency	# of Copies	Medium/Format	Submit To
Key Personnel List (4.1, 5.1)	NLT 10 business days of contract award and task order award	1 copy	Electronic copy (MS Word) via email	PM and ordering contracting officer
Qualifying Documentation (i.e., qualifying package) (2.1.27, 4.7, 5.2.2))	IAW the task order	IAW the task order	IAW the task order	Ordering contracting officer
Task Order Quality Control Plan (2.1.31, 4.6, 5.3.11.7.1)	Within 30 days of task order award	1 copy	Electronic copy (MS Word) via email	Ordering contracting officer
Contract or Monthly Program Status Report (4.8, 5.3.2)	NLT the 10 th calendar day of each month.	1 copy	Electronic copy (MS Excel using Government specified format) via email	PM and if ordered for task order, the ordering contracting officer

**TECHNICAL EXHIBIT 3
PERFORMANCE LOCATIONS**

National Capital Region

#	State	DHA Installation	Address
1	DC	DiLorenzo TRICARE Health Clinic	The Pentagon, Corridor 8, Washington, DC 20310
2	DC	Tri-Service Dental Clinic	The Pentagon, Corridor 8, Washington, DC 20311
3	Maryland	Walter Reed National Military Medical Center	8901 Wisconsin Avenue, Bethesda, MD 20889
4	Maryland	Joint Pathology Center	606 Stephen Sitter Ave. Silver Spring, MD 20910-1290
5	Virginia	Fort Belvoir Community Hospital	9300 Dewitt Loop, Fort Belvoir, VA

Air Force

#	State	Air Force Installation	Address
1	Alabama	Maxwell AFB	42nd Medical Group
			300 South Twining Street
			Maxwell AFB, Alabama 36112-6219
2	Alaska	Eielson AFB	354th Medical Group
			2630 Central Avenue
			Eielson AFB, Alaska 99702-2325
3	Alaska	Elmendorf AFB	3rd Medical Group
			5955 Zeamer Avenue
			Elmendorf AFB, Alaska 99506
4	Arkansas	Little Rock AFB	19th Medical Group
			1090 Arnold Drive
			Little Rock AFB, Arkansas 72099-4933
5	Arizona	Davis-Monthan AFB	355th Medical Group
			4175 South Alamo Avenue
			Davis-Monthan AFB, Arizona 85707-4405
6	Arizona	Luke AFB	56th Medical Group
			7219 North Litchfield Road
			Luke AFB, Arizona 85309-1526
7	California	Beale AFB	9th Medical Group
			15301 Warren Shingle Rd.
			Beale AFB, California 95903-1907
8	California	Edwards AFB	95th Medical Group
			Bldg. 5525 30 Nightingale Road
			Edwards AFB, California 93524-1730

#	State	Air Force Installation	Address
9	California	Los Angeles AFB	61st Medical Group
			Building 210
			El Segundo, California 90245-4661
10	California	McClellan AFB	David Grant Medical Center Satellite Clinic
		(satellite clinic)	5342 Dudley Blvd
			Sacramento, California 95652-1074
11	California	Travis AFB	60th Medical Group - David Grant USAF Medical Center
			101 Bodin Circle
			Travis AFB, California 94535-5300
12	California	Vandenberg AFB	30th Medical Group
			30th Medical Group
			Vandenberg AFB, California 93437-5300
13	Colorado	Buckley AFB	460th Medical Group
			275 South Aspen Street (Stop 89)
			Buckley AFB, Colorado 80011-9547
14	Colorado	Peterson AFB	21st Medical Group - Peterson AFB Clinic
			559 Vincent Street
			Peterson AFB, Colorado 80914-5140
15	Colorado	USAF Academy	10th Medical Group
			4102 Pinion Drive, Suite 100
			USAF Academy, Colorado 80840-4000
16	Delaware	Dover AFB	436th Medical Group, Dover AFB
			300 Tuskegee Blvd
			Dover AFB, Delaware 19902
17	District of Columbia	Bolling AFB	579th Medical Group
			238 Brookley Avenue
			Bolling AFB, District of Columbia 20032
18	Florida	Eglin AFB	96th Medical Group
			307 Boatner Road, Suite 114
			Eglin AFB, Florida 32542-1282
19	Florida	Hurlburt Field	1st Special Operations Medical Group
			113 Lielmanis Ave, Bldg 91020
			Hurlburt Field, Florida 32544-5600
20	Florida	MacDill AFB	6th Medical Group
			8415 Bayshore Blvd
			MacDill AFB, Florida 33621-1607
21	Florida	Patrick AFB	45th Medical Group
			1381 S. Patrick Drive
			Patrick AFB, Florida 32925

#	State	Air Force Installation	Address
22	Florida	Tyndall AFB	325th Medical Group
			340 Magnolia Circle
			Tyndall AFB, Florida 32403-5612
23	Guam	Andersen AFB	36th Medical Group
			Unit 14003 Box 25
			Guam APO AP 96543-4003
24	Georgia	Moody AFB	23rd Medical Group
			3278 Mitchell Boulevard
			Moody AFB, Georgia 31699-1500
25	Georgia	Robins AFB	Robins AFB 78th Medical Group
			655 7th Street
			Robins AFB, Georgia 31098-2227
26	Hawaii	Hickam AFB	15th Medical Group
			755 Scott Circle
			Hickam AFB, Hawaii 96853-5399
27	Idaho	Mountain Home AFB	366th Medical Group
			90 Hope Drive Building 6000
			Mountain Home AFB, Idaho 83648-1000
28	Illinois	Scott AFB	375th Medical Group
			310 W. Losey Street
			Scott AFB, Illinois 62225-5252
29	Kansas	McConnell AFB	22nd Medical Group
			57950 Leavenworth Street, Suite 6E4
			McConnell AFB, Kansas 67221-3506
30	Louisiana	Barksdale AFB	2nd Medical Group - Barksdale AFB Clinic
			243 Curtiss Road, Suite 100
			Barksdale AFB, Louisiana 71110-2425
31	Maryland	Andrews AFB	Malcolm Grow Medical Center
			Building 1050, West Perimeter Road
			Andrews AFB, Maryland 20762
32	Massachusetts	Hanscom AFB	66th Medical Group, Hanscom AFB
			90 Vandenberg Dr
			Hanscom AFB, Massachusetts 01731-2139
33	Mississippi	Columbus AFB	14th Medical Group
			201 Independence Drive
			Columbus, Mississippi 39710-5300
34	Mississippi	Keesler AFB	81st Medical Group - Keesler Medical Center
			301 Fisher Street
			Keesler AFB, Mississippi 39534-2519
35	Missouri	Whiteman AFB	509th Medical Facility
			331 Sijan Avenue
			Whiteman AFB, Missouri 65305-5001
#	State	Air Force	Address

		Installation	
36	Montana	Malmstrom AFB	341st Medical Group
			7300 N. Perimeter Rd.
			Malmstrom AFB, Montana 59402-6780
37	Nebraska	Offutt AFB	55th Medical Group - Ehrling Bergquist Clinic
			2501 Capehart Road
			Offutt AFB, Nebraska 68113-2160
38	Nevada	Nellis AFB	99th Medical Group -
			Mike O'Callaghan Federal Hospital
			4700 Las Vegas Blvd. North
			Nellis AFB, Nevada 89191-6601
39	New Mexico	Cannon AFB	27th Medical Group -
			Cannon AFB Medical Facility
			208 West Casablanca Avenue
			Cannon AFB, New Mexico 88103-5014
40	New Mexico	Holloman AFB	49th Medical Group -
			Holloman AFB Medical Facility
			280 First Street
			Holloman AFB, New Mexico 88330-8273
41	New Mexico	Kirtland AFB	377th Medical Group -
			Kirtland AFB Medical Facility
			1501 San Pedro SE Bldg 47
			Albuquerque, New Mexico 87108
42	North Dakota	Grand Forks AFB	319th Medical Group -
			Grand Forks AFB Medical Facility
			1599 J. Street
			Grand Forks AFB, North Dakota 58205-6332
43	North Dakota	Minot AFB	5th Medical Group -
			Minot AFB Medical Facility
			10 Missile Avenue
			Minot AFB, North Dakota 58705-5024
44	New Jersey	McGuire AFB	305th Medical Group
			3458 Neely Road
			McGuire AFB, New Jersey 08641
45	North Carolina	Pope AFB	43rd Medical Group - Pope AFB Facility
			383 Maynard Street
			Pope AFB, North Carolina 28308
46	North Carolina	Seymour Johnson AFB	4th Medical Group - Koritz Clinic
			1050 Jabara Avenue
			Seymour Johnson AFB, North Carolina 27531-2310

#	State	Air Force Installation	Address
47	Ohio	Wright-Patterson AFB	88th Medical Group
			4881 Sugar Maple Drive
			Wright-Patterson AFB, Ohio 45433-5529
48	Oklahoma	Altus AFB	97th Medical Group - Altus AFB Clinic
			301 N. 1st Street
			Altus AFB, Oklahoma 73523-5005
49	Oklahoma	Tinker AFB	72nd Medical Group - Tinker AFB Clinic
			5700 Arnold Street
			Tinker AFB, Oklahoma 73145-8102
50	Oklahoma	Vance AFB	71st Medical Group - Vance AFB Clinic
			527 Gott Road
			Vance AFB, Oklahoma 73705-5105
51	South Carolina	Charleston AFB	437th Medical Group
			204 West Hill Boulevard
			Charleston , South Carolina 29404-4704
52	South Carolina	Shaw AFB	20th Medical Group
			431 Meadowlark Street
			Shaw AFB, South Carolina 29152-5019
53	South Dakota	Ellsworth AFB	28th Medical Group
			2900 Doolittle Drive
			Ellsworth AFB, South Dakota 57706-4821
54	Texas	Dyess AFB	7th Medical Group - Dyess AFB Clinic
			697 Louisiana Dr
			Dyess AFB, Texas 79607-1367
55	Texas	Goodfellow AFB	17th Medical Group
			271 Fort Richardson Avenue
			Goodfellow AFB, Texas 76908-4902
56	Texas	Lackland AFB	59th Medical Wing - Wilford Hall Medical Center
			2200 Bergquist Drive Ste. 1
			Lackland AFB, Texas 78236-9908
57	Texas	Lackland AFB	37th Medical Clinic
			1920 Biggs Ave
			Lackland AFB, Texas 78236
58	Texas	Laughlin AFB	47th Medical Group - Laughlin AFB Clinic
			590 Mitchell Blvd., Bldg. 375
			Laughlin AFB, Texas 78843-5227
59	Texas	Randolph AFB	12th Medical Group - Randolph AFB Clinic
			221 3rd Street West, Bldg. 1040
			Randolph AFB, Texas 78150-4801
60	Texas	Sheppard AFB Clinic	82nd Medical Group - Sheppard AFB Clinic
			149 Hart Street
			Sheppard AFB, Texas 76311-3478

#	State	Air Force Installation	Address
61	Utah	Hill AFB	75th Medical Group
			7321 Balmer Street, Bldg. 570
			Hill AFB, Utah 84056-5012
62	Virginia	Langley AFB	1st Medical Group - Langley AFB Facility
			77 Nealy Ave
			Hampton, Virginia 23665-2080
63	Virginia	Naval Medical Center - Portsmouth	Naval Medical Center Portsmouth
			620 John Paul Jones Circle Suite 275
			Portsmouth, Virginia 23708
64	Washington	Fairchild AFB	92nd Medical Group
			Fairchild AFB
			Fairchild AFB, Washington 99011-8704
65	Washington	McChord AFB	62d Medical Squadron
			690 Barnes Blvd
			McChord AFB, Washington 98438
66	Wyoming	Francis E. Warren AFB	90th Medical Group
			6900 Alden Drive
			F.E. Warren AFB, Wyoming 82005-3913

Army

#	State	Army Installation	Address
1	Hawaii	Fort Shafter	Regional Health Contracting Office – Pacific (RHCO-P)
			1 Jarrett White Road
			Honolulu, Hawaii 96859
2	Texas	Fort Sam Houston	Regional Health Contracting Office – Central (RHCO-C)
			4070 Stanley Road
			Fort Sam Houston, Texas 78234
3	Virginia	Fort Belvoir	Regional Health Contracting Office – Atlantic (RHCO-A)
			9275 Doerr Road
			Fort Belvoir, Virginia 22060

Navy

#	State	Navy Installation	Address
1	Maryland	Fort Detrick	Naval Medical Logistics Command (NAVMEDLOGCOM)
			Fort Detrick, Maryland

TECHNICAL EXHIBIT 4 POSITION DESCRIPTIONS – SERVICE TYPE I

	<u>Labor Category</u>
	Clerical
1	Medical Office Secretary
2	Medical Appointment Clerk
3	General Office Clerk
4	Medical Office Clerk
5	Medical Administration Specialist
6	Release of Information Clerk
7	Advanced Office Clerk
8	Medical Mail Clerk
9	Medical Readiness Clerk
10	Administrative Assistant
11	Reference Laboratory Administrative Clerk
12	Physical Evaluation Board Liaison Officer (PEBLO) Assistant
13	Admissions & Disposition Clerk
	Certified
14	Inpatient Medical Coder
15	Inpatient Medical Coding Auditor
16	Ambulatory Medical Coding Auditor
17	Outpatient Medical Coder
18	Ambulatory Procedure Visit Medical Coder
19	Medical Records Technician
20	Medical Transcriptionist
21	Medical Coding Trainer
22	Medical Coding Compliance Specialist
23	Medical Coding Modernization Specialist
24	Modernization Study Coding Compliance Specialist
	Specialized
25	Beneficiary Services Representative (a.k.a, PEBLO)
26	Certified Tumor Registrar
27	Licensed Practical Nurse, Referral Management Center
28	Medical Evaluation Board Nurse Liaison
29	Referral Clerk
30	RN, Referral/Utilization Management
31	RN, Utilization Management
32	Surgical Case Nurse Reviewer
33	Third Party Liability Clerk
34	Medical Billing Clerk
35	Operating Room Scheduler
	Technical

36	Medical Logistics Supply Technician
37	Pharmacy Supply Technician
38	Biomedical Equipment Technician
39	Respirator Fit Testing Technician
40	Occupational Health & Safety Technician
41	Public Health Technician
42	Medical Equipment Management Office Specialist
43	Medical Logistics Supply Specialist

The Government has provided hyperlinks for each of the above labor categories for the offerors' convenience.

MEDICAL OFFICE SECRETARY

SUMMARY. Performs various clerical and administrative duties in support of the organization, including, but not limited to, stenography and office automation duties such as word processing, briefing charts and spreadsheets.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 70 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.3 Proficiency in Microsoft Office software. Able to use various programs, such as Word, Excel, Access, PowerPoint, and Project to generate various products (i.e., tables of contents, import graphs or databases, create glossaries, align multiple columns, print document, identify files or make other notations at the top or bottom of each page, and create form letters and automatically merging these with mailing lists).

1.1.4 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education. High school diploma or General Educational Development (GED) equivalency. Medical terminology and Medical Administrative Specialist Certification desired.

1.3 Experience. At least 12 months of experience as a medical secretary is required.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending.

2 **UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:** None.

3 **PERFORMANCE OUTCOMES:**

3.1 Prepares a wide variety of recurring and some nonrecurring correspondence, reports, minutes, and other documents.

3.2 Proofreads/edits documents. Ensures procedural and grammatical accuracy, conformance with general policy, and factual correctness. Ensures coordination procedures are followed.

3.3 Screens incoming mail and distributes to appropriate staff member; reroutes to other organizations/offices, or handles personally.

3.4 Establishes and monitors suspense dates and brings to management's attention any conflicts in schedule.

3.5 Receives telephone calls and greets visitors.

3.6 Maintains supervisor's calendar, coordinates meeting arrangements, and schedules meetings and/or conferences.

3.7 Establishes, updates, and maintains office records of various types that may be needed or will assist in the efficient operation of the office. Maintains, purges, and disposes of office records/files in accordance with regulations and procedures.

3.8 Prepares, consolidates, submits, and maintains time and attendance records in accordance with established procedures.

3.9 Requisitions office supplies, printing support, and related materials and services. Updates tracker or suspense files as required.

3.10 May serve as a liaison between supervisor and subordinate units. May be responsible for the receipt, control, logging, safekeeping, and necessary action on sensitive materials.

3.11 Records and transcribes stenographic notes of correspondence, reports, and similar material; telephone conversations; and office meetings and conferences.

MEDICAL RECORDS TECHNICIAN

SUMMARY. Serves as a medical records technician to process and maintain inpatient, outpatient or ambulatory procedure unit medical records. Required to compile, extract or locate medical information/data to ensure medical record accountability and availability in accordance with DoD and medical service standards.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 40 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.3 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of medical record maintenance support.

1.1.4 General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.5 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for complete, prompt, and accurate health records.

1.2 Education. High School diploma or General Educational Development (GED) equivalency. Basic medical terminology required.

1.3 Experience. At least one year relevant experience or specialized Registered Health Information Technician (RHIT) or Registered Health Information Administrator certification required.

1.4 Work Environment/Physical Requirements. Requirements include prolonged walking, standing, sitting or bending. Must be able to carry 25-50 pounds and reach high shelving units with the assistance of stepladders to retrieve and file medical records.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS);

2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

3 PERFORMANCE OUTCOMES:

3.1 Initiates and maintains medical records in accordance with prescribed directives.

3.2 Files military forms documenting patient care into patient medical records.

3.3 Conducts daily pull, delivery and retrieval of patient records.

3.4 Searches for missing paperwork or records. Requests information pertaining to patient treatment to place in the medical record.

3.5 Prepares reports regarding record statistics as necessary. Participates in records review as part of the facility's quality assurance program and in accordance with accreditation standards.

3.6 Reviews records to ensure proper and complete documentation.

3.7 Retires medical records in accordance with regulatory guidelines.

MEDICAL APPOINTMENT CLERK

SUMMARY. Schedules appointments in a government computer system for primary care, specialty and subspecialty medical care. In addition to scheduling requested appointments, this position will call patients or respond to secure messaging submissions to schedule, reschedule, and/or cancel appointments as needed, to include appointments for consult/referral specialty care within the MTF or at civilian facilities.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 50 WPM is required.

1.1.2 Clearly speak and understand the English language.

1.1.3 Use of standard office equipment, such as personal computers, copiers, fax machines, and telephone systems.

1.1.4 Possess general medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.2 Education. High school diploma or General Educational Development (GED) equivalency.

1.3 Experience. At least 6 months of experience in medical office scheduling.

1.4 Work Environment/Physical Requirements. The work is mainly sedentary, but may require walking, bending, standing, and/or carrying of light items such as files, manuals, and medical records.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS)

3 PERFORMANCE OUTCOMES:

3.1 Schedules medical appointments and determines patient eligibility for services from phone calls, secured messaging or other methods used for appointment requests. Supports PCM by name processing for appointment and appropriate access to care timeframes during allocation of standard appointment types.

3.2 Maintains appointment schedules using a Government computer system (Composite Health Care Systems (CHCS), AHLTA or MHS GENESIS).

3.3 Validates eligibility through appropriate booking through Defense Eligibility Report System (DEERS). May be required to register patients not already in computer system, such as newborns.

3.4 Maintains accurate and up-to-date patient schedules and logs. Utilizes the Government computer system tools and standard protocols (detail codes, freezing slots, and TRICARE on-line usage) to facilitate maintenance of appointment slots, rescheduling options or cancellation processing.

3.5 Validates basic patient demographic information prior to booking appointment for patients. Makes required updates.

3.6 Call patients or responds to secure messaging requests as needed to schedule, reschedule, and/or cancel appointments. Promotes consult/referral specialty medical care within the MTF or at civilian facilities. Provides patient with specific visit instruction.

3.7 Pulls records and files documentation as needed. Confirms medical records are available for upcoming appointments on provider schedules.

3.8 May assist in preparation of patient notices (telephonically or form letter formats) for appointment reminders, no shows, or reschedule/cancellations.

3.9 Receive and electronically deliver telephone messages (t-cons) to PCMs and/or clinic nurses by using the Government computer system, standard protocols and individual clinic guidelines as needed.

3.10 If in the lead clerk position, attendance to the clinic Access to Care Meeting mandatory for central booking representation.

RELEASE OF INFORMATION CLERK

SUMMARY. This position serves as a release of information clerk to review, complete and secure medical information requests and files.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 40 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare written correspondence, forms or reports.

1.1.3 Standard office equipment, such as computers, typewriters, copiers, fax machines, and telephone systems.

1.1.4 General medical ethics, telephone etiquette, excellent communications and customer service skills and basic medical terminology.

1.1.5 Privacy Act, Freedom of Information Act, Health Insurance Portability and Accountability Act, Drug Abuse Offense and Treatment Act, and Comprehensive Alcohol Abuse amendments.

1.2 Education. High School diploma or General Educational Development (GED) equivalency.

1.3 Experience. At least 1-2 year relevant experience or specialized Registered Health Information Technician (RHIT) or Registered Health Information Administrator certification required.

1.4 Work Environment/Physical Requirements. Requirements include prolonged walking, standing, sitting or bending. Must be able to carry 25-50 pounds and reach high shelving units with the assistance of step ladders to retrieve and file medical records.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS)

2.4 File records by SSN, according to the terminal digit, color-coded and blocked filing system. Divide files into 100 equal sections. Establish a minimum of file guides bearing the 100 primary numbers, "00" through "99."

3 PERFORMANCE OUTCOMES:

3.1 Processes release of information requests in accordance policy and directives. Maintains logs as required.

3.2 Locates and extracts pertinent information from medical files. Locates materials based upon written request for medical information and reports findings to requestors of information.

3.3 Advises patients and agencies such as insurance companies, social services, and medical activities on policies associated with releasing medical information.

3.4 Uses computer software and printing equipment effectively to prepare/develop required documents.

3.5 Prepares documents/packages for pick-up or mailing in accordance with standard protocols and requirements.

MEDICAL TRANSCRIPTIONIST

SUMMARY. Listens to voice recordings that physicians or other healthcare workers make and convert them into official, written medical information and reports.

1 **QUALIFICATIONS:**

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 80 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and terminology commonly used in office settings as well as standard processing procedures, formats, distribution, and record retention policies.

1.1.3 Knowledge of an extensive body of highly specialized medical and scientific terminology of the unit such as anatomy, physiology, diseases, tests, pharmacology, surgical procedures, laboratory values, characteristic of a medical, surgical, psychiatric, neurological, cardiovascular, or another specialty unit of the medical facility.

1.1.4 Elementary practical anatomy, medical techniques, major disease processes, and medical procedures sufficient to identify and correct inconsistencies in dictated materials.

1.1.5 Nature and structure of medical root words, suffixes, and prefixes to distinguish between similar sounding terms and to know which is intended in a particular context.

1.1.6 Accepted medical abbreviations and their meaning and interpretation of specialized medical documentation requirements and specialized references.

1.1.7 Internal organization of patient records and the relationship of their parts in order to search records and extract medical information and data.

1.1.8 Proficient in Microsoft Office software. Able to use various programs, such as Word, Excel, Access, Project to generate tables of contents, import graphs or databases, create glossaries, align multiple columns, print document, identify files or make other notations at the top or bottom of each page, and create form letters and automatically merging these with mailing lists.

1.1.9 Standard office equipment, such as computers, typewriters, copiers, fax machines, and telephone systems (headphones or voice writers).

1.1.10 General medical ethics, telephone etiquette, excellent communications and customer service.

1.1.11 Familiar with format and requirements for narrative summaries, diagnoses and procedures, surgical reports, medical evaluation boards, consultations, tissue reports, radiology reports, autopsy reports, technical and administrative correspondence, and other reports necessary for the completion of patient records or relating to patient treatment.

1.1.12 Medical, legal, accreditation, and organization requirements.

1.2 Education. High school diploma or General Educational Development (GED) equivalency. Medical terminology and Certified Medical Transcriptionist (CMT), American Association for Medical Transcription (AAMT), or Registered Medical Transcriptionist is highly recommended.

1.3 Experience. At least 12 months of experience as a medical transcriptionist is required.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. The technician sits comfortably to do the work. However, there may be some walking, standing, or carrying of light items such as manuals and files. The work does not require special physical demands. Work is performed in an office environment with adequate lighting, heating and ventilation. The work environment involves everyday risks or discomforts that require normal safety precautions.

2 _UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

3 PERFORMANCE OUTCOMES:

3.1 Transcribes highly specialized medical dictation covering a wide range of medical specialties meeting established medical, legal, accreditation and organization requirements.

3.2 Reviews and edits medical documents created by using speech recognition technology as needed.

3.3 Interprets medical terminology and abbreviations in preparing patients' medical histories, discharge summaries, and other documents.

INPATIENT MEDICAL CODER

SUMMARY: Responsible for assignment of accurate ICD codes for diagnoses and procedures. Medical Severity - Diagnostic Related Group (MS-DRG) is automatically assigned by the grouper software) for inpatient stays. Inpatient coders may also be responsible for the assignment of accurate ICD diagnoses, current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), modifiers, and quantities from medical record documentation (paper or electronic) for inpatient professional services (a.k.a, rounds or IBWA encounters). Trains and educates MTF staff on coding issues and plays a significant role in coding compliance activities.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Position requires excellent computer/communication skills for provider and staff interactions.

1.1.2 Knowledge of anatomy/physiology and disease process, medical terminology, coding guidelines (inpatient), documentation requirements, familiarity with medications and reimbursement guidelines; and encoder experience.

1.1.3 Candidate must have ability to handle multiple projects and appropriately prioritize tasks to meet deadlines.

1.2 Education/Certification. The following are recognized certifications:

1.2.1 Registered Health Information Technologist (RHIT), Registered Health Information Administrator (RHIA), Certified Outpatient Coder (COC), Certified Inpatient Coder (CIC), and Certified Coder Specialist (CCS) are acceptable for inpatient coders.

1.2.2 An institution recognized by the American Health Information Management Association (AHIMA) and/or American Academy of Professional Coders (AAPC) must accredit education.

1.2.2.1 **CONTINUED EDUCATION REQUIREMENTS:** Contract medical coders will obtain the required continued education hours at no expense to the government in order to maintain current and proper national certification(s) required for the position.

1.3 Experience. A minimum of three years inpatient coding experience within the last five years is required. Two year of experience may be qualifying if the two years were in a military treatment facility. Inpatient facility experience should encompass different medical specialties (i.e. Family Practice, Pediatrics, Gastroenterology, OB/GYN, etc.) that utilize ICD, E&M, CPT, and HCPCS codes. Ancillary specialties (PT/OT, Radiology, Lab, Nutrition, etc.) that usually do NOT use E&M codes do not count as qualifying experience. Additionally, coding, auditing and training exclusively for specialties such as home health will not be considered as qualifying experience. Coding experience limited to making codes conform to specific payer requirements for the business office (insurance billing, accounts receivable) is **not** a qualifying factor.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting or bending. Carrying or lifting of medical records may be required daily. Use of one or more computer programs and monitors may be required to efficiently accomplish duties.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS;

2.3 Defense Enrollment Eligibility Reporting System (DEERS);

2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

2.6 Essentris™, the client-server version of the Clinical Information System (CIS)

2.7 Coding Compliance Editor (CCE) Systems

3 PERFORMANCE OUTCOMES:

3.1 Applies ICD codes for diagnoses and procedures (Diagnostic Related Group is automatically assigned by the grouper software) for inpatient stays.

3.2 Identifies and extracts information from medical records (paper or electronic) for special studies and audits, internal and external.

3.3 Interacts with MTF staff to ensure documentation is clear and supports coding assignments. Educates MTF staff through individual or group in-services and training sessions.

3.4 Maintains a delinquency report of missing documentation for inpatient records in order to facilitate completion of work within the required thresholds.

3.5 Ensures all required component parts of the inpatient medical record that pertain to coding are present, accurate and compile with DoD and accreditation requirements.

3.6 Responsible for assignment of accurate E&M, ICD, CPT, and HCPCS codes and modifiers as documented by the attending physician's IBWA/rounds encounter during the patient hospital stay.

3.7 Identifies and extracts information from medical records (paper or electronic) for special studies and audits, internal and external.

3.8 Maintains a delinquency report and monitor lost IBWA/rounds records for reporting to MTF management.

OUTPATIENT MEDICAL CODER

SUMMARY: Responsible for assignment of accurate Evaluation and Management (E&M) codes, ICD diagnoses, current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), modifiers and quantities derived from medical record documentation (paper or electronic) for outpatient encounters. Trains and educates MTF staff on coding issues and plays a significant role in coding compliance activities.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Position requires excellent computer/communication skills for provider and staff interactions.

1.1.2 Knowledge of anatomy/physiology and disease process, medical terminology, coding guidelines (outpatient), documentation requirements, familiarity with medications and reimbursement guidelines; and encoder experience.

1.1.3 Candidate must have ability to handle multiple projects and appropriately prioritize tasks to meet deadlines.

1.2 Education/Certification. The following are recognized certifications:

1.2.1 Registered Health Information Technologist (RHIT), Registered Health Information Administrator (RHIA), Certified Professional Coder (CPC) CCS-P (Certified Coder Specialist – Physician (CCS-P) with the appropriate level of experience.

1.2.2 An accrediting institution recognized by the American Health Information Management Association (AHIMA) and/or American Academy of Professional Coders (AAPC) must accredit education.

1.2.2.1 **CONTINUED EDUCATION REQUIREMENTS:** Contract medical coders will obtain the required continued education hours at no expense to the government in order to maintain current and proper national certification(s) required for the position.

1.3 Experience. A minimum of three year experience in the outpatient setting (physician's office or ambulatory surgery centers) within the last five years, including assignment of E&M, CPT, and HCPCS codes. Multiple specialties encompass different medical specialties (i.e. Family Practice, Pediatrics, Gastroenterology, OB/GYN, etc.) that utilize ICD, E&M, CPT, and HCPCS codes. Ancillary specialties (PT/OT, Radiology, Lab, Nutrition, etc.) that usually do NOT use E&M codes do not count as qualifying experience. Additionally, coding, auditing and training exclusively for specialties such as home health, skilled nursing facilities, and rehabilitation care will not be considered as qualifying experience. Coding experience limited to making codes conform to specific payer requirements for the business office (insurance billing, accounts receivable) is **not** a qualifying factor. Two years of outpatient/ambulatory surgery experience may be qualifying if received in a military medical facility.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting or bending. Carrying or lifting of medical records may be required daily. Use of one or more computer programs and monitors may be required daily.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS);

2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

2.6 Essentris™, the client-server version of the Clinical Information System (CIS)

2.7 Coding Compliance Editor (CCE) Systems

2.8 Biometric Data Quality Assurance Service (BDQAS) - <https://bdqas.afms.mil/index2.htm>

2.9 Reserved.

2.10 MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

3 PERFORMANCE OUTCOMES:

3.1 Responsible for assignment of accurate E&M, ICD, CPT and HCPCS codes and modifiers from medical record documentation.

3.2 Identifies and abstracts information from medical records (paper or electronic) for special studies and audits, internal and external.

3.3 Interacts with MTF staff to ensure documentation is clear and supports coding assignments. Educates MTF staff through individual or group in-services and training sessions.

3.4 Maintains a delinquency report of missing records in order to facilitate completion of work within the required thresholds.

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MEDICAL OFFICE CLERK

SUMMARY. Provides clerical/administrative support in wards, clinics, or other departments of a medical treatment facility.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 50 WPM is required.

1.1.2 General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.3 General office administrative and clerical skills to perform receptionist duties and answer telephones.

1.1.4 Ability to communicate effectively, both orally and in writing.

1.2 Education. High school diploma or General Educational Development (GED) equivalency. Medical terminology desired.

1.3 Experience. At least 6 months of experience in office setting.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care Systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS);

2.4 Military Filing System – by sponsor social security, terminal digit order, color-coded and blocked filing system.

2.5 Contents of a military medical record, layout, sections, family members prefix designation, forms used in a MTF, and the medical record tracking procedures.

3 PERFORMANCE OUTCOMES:

3.1 Greets patients/visitors at a front desk, information center or office setting.

3.2 Answers main office phone line. Directs telephone calls to appropriate section for assistance. Takes messages as required.

3.3 Arranges and schedules medical appointments and determines patient eligibility for services . Determine patient eligibility, schedule appointments, relay general instructions to patients, or make referrals to other sections.

3.4 Obtains updates and files medical records as needed.

3.4.1 Organizes and researches patient records, extract needed information, and review records for completeness, accuracy, and consistency within established guidelines.

3.4.2 Ensures arrival of medical records prior to appointment(s).

3.4.3 Initiates and locates patient medical records as needed.

3.4.4 Obtains documentation as requested by healthcare providers (test results, or documentation not yet filed in records).

3.5 Performs other administrative and clerical duties in support of the medical care and operational support.

3.6 Creates appointment schedules and templates in patient appointment computer system.

3.7 Conducts end-of-day process at close of business and resolves any delinquent or pending appointments in computer system.

MEDICAL BILLING CLERK

SUMMARY. Serves as a medical billing clerk for the Uniform Business Office (UBO) programs: Third Party Collections (TPC), Medical Services Account (MSA), and Medical Affirmative Claims (MAC). Initiates and processes claims for first or third-party payers on behalf of beneficiaries treated in MTFs.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 40 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.3 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of medical billing support.

1.1.4 General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.5 Knowledge Ambulatory Procedure Groupings (APGs), Diagnosis Related Groupings (DRGs), International Classification of Diseases-Version 9 (ICD), and Current Procedural Terminology-Version 4 (CPT-4) coding.

1.1.6 Ability to read, interpret medical documentation, and understand medical terminology to correctly bill both outpatient and inpatient services

1.2 Education. High School diploma or General Educational Development (GED) equivalency. Basic medical terminology required.

1.3 Experience. At least two years relevant experience or specialized Registered Health Information Technician (RHIT) or Registered Health Information Administrator certification required.

1.4 Work Environment/Physical Requirements. Requirements include prolonged walking, standing, sitting or bending. Must be able to carry 25-50 pounds and reach high shelving units with the assistance of step ladders to retrieve and file medical records.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 The Government has three programs within the Uniform Business Office (UBO) three programs: Third Party Collections (TPC), Medical Services Account (MSA), and Medical Affirmative Claims (MAC).

2.2 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.3 Composite Health Care systems (CHCS) and/or MHS GENESIS - specific to MSA, Other Health Insurance (OHI) input, and Third Party Outpatient Collection System (TPOCS).

2.4 Defense Enrollment Eligibility Reporting System (DEERS)

2.5 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.6 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

3 PERFORMANCE OUTCOMES:

3.1 Educate beneficiaries and MTF staff about the various billing and collection programs and processes to include the requirement of a DD Form 2569, Third Party Collections – Record of Other Health Insurance, and the required complete of an Injury Log.

3.2 Facilitates procedures and processes for Third Party Collections, Medical Service Account and Medical Affirmative Claims IAW DoD 6010.15-M, Military Treatment Facility (MTF) Uniformed Business Office (UBO) Manual.

3.3 Uses other databases (internal or external to MTF) in compliance with HIPAA guidelines to identify insurance coverage.

3.4 Obtains information if necessary through direct patient interviews or by telephone. Insurance companies shall be called for verification of benefits and coverage amounts and to obtain other requirements to be met for reimbursement.

3.5 Inputs and updates patient insurance information in CHCS, AHLTA, or MHS GENESIS and TPOCS or into other databases required by the MTF. Insurance coverage information is obtained, entered into CHCS, and TPOCS or other Government standard system with insurance information for those beneficiaries with billable coverage.

3.6 Reviews medical records when needed for clarification of medical treatment, history of illness, medical tests, accident information or any other clarification for billing purposes.

3.7 Prepares and mails or transmit claims to third party payers using the UB-92, the HCFA 1500, Health Insurance Claim Form, or other form required. Claims may also be processed electronically when available to the Government.

3.8 Conducts follow-up claim inquiries until payment received and/or case is closed.

3.9 Works with the facility Admissions and Dispositions Office to obtain authorizations and pre-certifications from third party payers'.

AMBULATORY MEDICAL CODING AUDITOR

SUMMARY: Responsible for the auditing of medical documentation and codes for compliance with federal coding regulations and guidelines. This will include the assignment of ICD, Current Procedure Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes, modifiers, and quantities as documented by the physician. Trains and educates MTF staff on coding issues and plays a significant role in coding compliance activities.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

- 1.1.1 Knowledge of auditing concepts and principles.
- 1.1.2 Advanced knowledge of medical coding and billing systems and regulatory requirements.
- 1.1.3 Strong communication and interpersonal skills.
- 1.1.4 Knowledge of legal, regulatory, and policy compliance issues related to medical coding and billing procedures and documentation.
- 1.1.5 Knowledge of current and developing issues and trends in medical coding procedures requirements.
- 1.1.6 Detailed knowledge of medical coding systems, procedures, and documentation requirements.
- 1.1.7 Ability to adapt and modify medical billing procedures, protocol, and data management systems to meet specific operating requirements.
- 1.1.8 Ability to clearly communicate medical information to professional practitioners and/or the general public.
- 1.1.9 Ability to use independent judgment and to manage and impart confidential information.
- 1.1.10 Ability to analyze and solve problems.
- 1.1.11 Ability to provide guidance and training to professional and technical staff in area of expertise.
- 1.1.12 Computer literate, with knowledge of coding and auditing packages, mainframe and office software applications.

1.2 Education/Certification.

1.2.1 Ambulatory Auditor Certifications. Registered Health Information Technologist (RHIT), Registered Health Information Administrator (RHIA), Certified Professional Coder (CPC), Certified Professional Coder-Hospital (CPC-H), Certified Coder Specialist-Physician (CCS-P), and/or Certified Coder Specialist (CCS) are acceptable with a minimum of 5 years medical coding experience (encompassing multiple clinical specialties) **and** 3 years of medical auditing experience within the last eight years is required. The candidates possessing a Certified Professional Medical Auditor (CPMA) certification must have a minimum of 2 years medical auditing experience within the last 5 years of medical coding experience (encompassing multiple clinical specialties).

1.2.2 An accrediting institution recognized by the American Health Information Management Association (AHIMA) and American Academy of Professional Coders (AAPC) must accredit education.

1.2.3 **CONTINUED EDUCATION REQUIREMENTS:** Contract medical coders will obtain the required continuing education hours at no expense to the government in order to maintain current and proper national certification(s) required for the position.

1.3 Experience. A minimum of 5 years medical coding experience in multiple clinical specialties **and** three years of medical auditing experience within the last eight years is required. Expertise must also include ambulatory surgery coding/auditing for the outpatient auditor reviewing APV encounters.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements include prolonged walking, standing, sitting or bending. Carrying or lifting of medical records is usually required daily. Use of one or more computer programs and monitors may be required to efficiently accomplish duties.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

- 2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)
- 2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS
- 2.3 Defense Enrollment Eligibility Reporting System (DEERS);
- 2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

- 2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.
- 2.6 Essentris™, the client-server version of the Clinical Information System (CIS)
- 2.7 Coding Compliance Editor (CCE) Systems
- 2.8 Biometric Data Quality Assurance Service (BDQAS) - <https://bdqas.afms.mil/index2.htm>
- 2.9 AFMS Internal Coding Audit Methodology - AFMOA Audit Tool/ Coding Audit Review System (CARS) or current audit tool
- 2.10 MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

3. PERFORMANCE OUTCOMES:

- 3.1 Audits medical record documentation to identify inaccurate coding services; prepares reports of findings and meets with providers and medical coders to provide education and training on accurate coding practices and compliance issues.
- 3.2 Provides second-level review of outpatient coding assignment for billing purposes to ensure compliance with legal and procedural policies to ensure optimal reimbursements while adhering to regulations prohibiting unbundling and other questionable practices.
- 3.3 Researches, analyzes, and responds to inquiries regarding compliance, inappropriate coding, denials, and billable services.
- 3.4 Interacts with MTF staff regarding coding rules, documentation policies, procedures, and regulations; obtains clarification of conflicting, ambiguous, or non-specific documentation.
- 3.5 Trains, instructs, and/or provides technical support to MTF staff and medical coders/reviewers/trainers as appropriate regarding coding compliance documentation, and regulatory provisions.
- 3.6 Trains, educates and informs providers and MTF staff through informational coding sessions, workshops, and in-house training/briefings in accordance with the AFMOA Coding Program Office business rules.
- 3.7 Ensures strict confidentiality of medical records and audit findings.

MEDICAL LOGISTICS SUPPLY TECHNICIAN

SUMMARY: This position will serve as a Supply Technician providing operations support pertaining to medical supply items. The duties will include forward logistics, receiving, stocking, selecting and storing medical supply items, supply turn-in, and medical group vehicle care taking. This includes receiving, storing, selecting, shipping, pick-up and delivery of general or specialized bulk materials and equipment.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge of governing supply regulations, procedures and instructions.

1.1.2 Knowledge of supply functions, operations, program requirements and work methods.

1.1.3 Knowledge of warehousing methods, procedures, material handling techniques and of activities such as material receiving, issuing and preservation.

1.1.4 Ability to use automated processing equipment and systems such as optical readers and scanners.

1.1.5 Ability to read, interpret and apply reference material such as regulations, manuals, catalogs, records, orders, etc. to accomplish and resolve problems.

1.1.6 Ability to read and speak the English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.7 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of office support.

1.1.8 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education/Certification.

1.2.1 Must have a High School Diploma and the ability to learn new tasks.

1.3 Experience. A minimum of 6 months experience is required in the supply or warehouse setting.

1.4 Physical Requirements. Work is a combination of sedentary duties as well as light to moderate physical effort. Requirements include walking, standing, reaching, bending and moving items. May require lifting and carrying weight over 45 pounds. Works periodically on hard surfaces.

1.5 Work Environment. Work is performed indoors in an environment involving everyday risks or discomforts which require normal safety precautions. The area is adequately lighted, heated and ventilated.

1.6 Other Considerations.

1.6.1 May serve to train/guide lower grade (or other trades) military/civilian employees.

1.6.2 The contractor may require driving privileges and be able to drive up to a 1.5 ton stake bed truck and 4-6K electric forklift for the delivery of medical equipment, supplies, and furniture.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 The contractor shall use the Defense Medical Logistics Standard Support System (DMLSS) for basic routine ordering and issue procedures.

2.2 The contractor shall be able to obtain driving privileges and be able to drive a 1.5 ton stake bed truck for the delivery of medical equipment, supplies, and furniture. A valid driver's license is required for the position.

3. PERFORMANCE OUTCOMES:

3.1 The contractor shall process customer orders, stock, and re-supply medical logistics items. This will include removing all outdated or expired items from shelves.

3.2 The contractor shall provide forward logistics support to warehouse personnel as needed. This includes assisting with the delivery of supplies, equipment, or furniture to customer accounts within the medical treatment facility, to include outlying buildings attached to the organization.

3.2.1 Reserved.

3.2.2 The contractor shall have driving privileges and be able to drive up to a 1.5 ton stake bed truck for the delivery of medical equipment, supplies, and furniture.

3.3 The contractor shall be responsible for the coordination scheduling and transportation requests for the turn-in of unserviceable medical equipment, supplies, and furniture. This includes handling the proper turn-in, documentation and scheduling equipment/supplies to the Defense Reutilization and Marketing Office (DRMO) and installation transportation. Duties will also include driving a 1.5 ton stake bed truck to drop off unserviceable medical equipment, supplies, or furniture.

3.4 The contractor shall be responsible for the care taking of medical group vehicle assets on a daily basis. This will include the proper maintenance scheduling, fuel requirements, daily/monthly vehicle inspections, and general inside/outside vehicle cleanliness to include washing and vacuum.

REFERRAL/UTILIZATION MANAGEMENT REGISTERED NURSE

SUMMARY: This Registered Nurse will provide Referral Management (RM) activities include timely processing of Right of First Refusal (ROFR) requests, screening of specialty care referrals, sustaining up-to-date Specialty Clinic Booking Guidance, MTF Capabilities Report, ROFR Reports, maintaining up-to-date MTF/Managed Care Support Contract (MCSC) Memorandums of Understanding (MOUs), comply with Referral and Authorization Business rules, tracking, accounting, and resulting of referrals, and full use of RM information management systems. Individual will conduct reviews for medical necessity, pre-authorization, medical appeals, collection and recovery from insurance carriers, and right of first refusal activities.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge, skills and computer literacy to interpret and apply medical care criteria, such as InterQual or Milliman Ambulatory Care Guidelines.

1.1.2 Must possess experience in performing prospective, concurrent, and retrospective reviews to justify medical necessity for medical care to aid in collection and recovery from multiple insurance carriers. Review process includes Direct Care and Purchase Care System referrals, ward rounds for clinical data collection, contacting providers to inform them of dollars lost for missing documentation, and providing documentation for appeals resolution.

1.1.3 The Contractor must have a working knowledge of Ambulatory Procedure Grouping (APGs), Diagnostic Related Grouping (DRGs), International Classification of Diseases-Version 9 (ICD), and Current Procedural Terminology-Version 4 (CPT-4) coding.

1.1.4 Possess excellent oral and written communication skills, interpersonal skills, and have working knowledge of computers, specifically the Internet, Microsoft Word, Microsoft Access, Microsoft Excel, and Windows.

1.2 Education. Baccalaureate of Science in Nursing Program from an approved National League of Nursing.

1.3 License/certification. Current, active, full, and unrestricted License to practice Nursing in accordance with State Board requirements. Nurse applicants must be a current U.S. licensed Registered Nurse.

1.3.1 License cannot be under investigation nor have any adverse action pending from a Nursing State Board or national licensing/certification agency.

1.4 Experience. Six years of clinical nursing experience is required. One year of previous experience in Utilization Management is required. Full time employment in a nursing field within the last 36 months is mandatory.

1.4.1 Equivalent combinations of education and experience may be qualifying if approved by the requesting location and the Contracting Officer. If education or experience is used to meet the specialized requirements of this position, it must be directly related to referral/utilization management.

1.5 Work Environment/Physical Requirements. The work can be sedentary. However, there may be some physical demands. Requirements include standing, sitting or bending. Individual will be required to walk throughout facility to pick up referral requests, medical records, and radiology results, mail or other completed paperwork.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

The Composite Health Care System (CHCS), AHLTA, MHS GENESIS or other ICD-B programs must be utilized for referral management services. Access will be granted by local MTF connectivity and the contractor shall comply with MHS communications and Government IT security standards and policies. The military facility will provide system accounts for MASS personnel after required training and security procedures have been completed by the contractor. If the Military Health Service processes moves away from specified systems, the government will modify the task order accordingly.

3. PERFORMANCE OUTCOMES:

- 3.1 Direct oversight monitoring specialty care referrals for appropriateness, covered benefit, and authorized surgery/medical procedures, laboratory, radiology, pharmacy, and general hospital procedures and regulations to analyze medical referrals/appointments. Proactively collaborates with TRICARE Regional Office Clinical Liaison Nurse and MTF point of contact to address any process issues or concerns. Ensures appointing is done within the Access to Care standards for 90% of all referrals.
- 3.2 Orients and trains other Referral Management Center (RMC) staff. Provides RMC staff in providing, assessing, and improving a wide variety of customer service relations. Ensures referral technicians abide by appointment booking protocols. Assists Flight Commander to ensure Health Service Inspection standards are met at the operational level.
- 3.3 Receives and makes patient telephone calls and computer/written correspondence regarding specialty clinic appointments and referrals. Corrects inaccurate authorizations. Assists in locating specialty providers in routine or STAT situations. Routinely monitors referral management Composite Health Care System (CHCS) queue to ensure patients are being called that do not utilize the RMC walk-in service.
- 3.4 Obtains pertinent information from patients/callers and enters data in CHCS, AHLTA, MHS GENESIS, Referral database, and other office automation software programs as appropriate.
- 3.5 Acts as an approval authority for all active duty and reserve/guard referrals under the supplemental health care program. Coordinates with SGH for all active, reserve and guard referrals not covered under the TRICARE benefit for approval. Ensures Line of Duty paperwork is on file prior to authorization. Verify eligibility of beneficiaries using Defense Eligibility Enrollment Reporting System (DEERS) and initiates/coordinate communication between beneficiaries, team members, internal staff and providers, network/outside providers and ancillary health care workers.
- 3.6 Reviews and enters first right of refusal referrals into CHCS and database within one (1) business day of the date of the referral for proper processing in attempts to recapture workload from the network to the MTF. Keeps abreast of facilities services and medical treatment capabilities. Produces reports from databases and updates capability report as needed. Ensures referring provider receives consult summary note within 10 business days after encounter at the MTF. Ensures summaries for all specialty referrals scheduled within the MTF are closed out in the referral database and given to the requesting provider within 72 hours.
- 3.7 Conducts TRICARE Regional Office reconciliation report daily, identifies all open referrals and ensures resubmission. Ensures all referrals are reviewed and dispositioned in the appropriate manner (both electronically and manually). Monitors active duty, reserve/guard admissions to civilian hospitals and notifies case manager and Patient Administration Element daily. Prepares and submits monthly reports from encounter forms and ad hoc reports. Must meet 80% standard established for consult summary return by reconciling consult summary reports via TRICARE Regional Office portal and referral database.
- 3.8 Participates in in-services and continuing education programs. Serves as a member of the Prime Service Area Executive Council (PSAEC) or ensures a nurse from the RMC is present. Briefs applicable data/slides to provider staff, executive staff, newcomers, as appropriate. Ensures self or nurse representative is available for all provider/nurse orientation briefings.
- 3.9 Establishes and maintains good interpersonal relationships with co-workers, families, peers, and other health team members. Submits all concerns through Utilization Management Director; be able to identify, analyze, and make recommendations to resolve problems and situations regarding referrals.

3.10 Be productive and perform with minimal supervisory direction. Be able to independently identify, plan, and carry out projects with consideration for the goals and objectives of the TRICARE Utilization Management Element. Develops detailed procedures and guidelines to supplement established administrative regulations and program guidance. Recommendations are based upon analysis of work observations, review of procedures, and application of guidelines.

LICENSED PRACTICAL NURSE – REFERRAL MANAGEMENT CENTER

SUMMARY: This Licensed Practical Nurse will provide utilization management activities in the Referral Management Center.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge, skills and computer literacy to interpret and apply medical care criteria, such as InterQual or Milliman Ambulatory Care Guidelines.

1.1.2 The Contractor must have a working knowledge of Ambulatory Procedure Grouping (APGs), Diagnostic Related Grouping (DRGs), International Classification of Diseases-Version 9 (ICD), and Current Procedural Terminology-Version 4 (CPT-4) coding.

1.1.3 Possess excellent oral and written communication skills, interpersonal skills, and have working knowledge of computers, specifically the Internet, Microsoft Word, Microsoft Access, Microsoft Excel, and Windows.

1.2 Education. Associate of Science in Nursing Program from an approved National League of Nursing.

1.3 License/certification. Current, active, full, and unrestricted License to practice Nursing in accordance with State Board requirements. Nurse applicants must be a current U.S. licensed Practical Nurse.

1.3.1.1 License cannot be under investigation nor have any adverse action pending from a Nursing State Board or national licensing/certification agency.

1.4 Experience. 6 years of clinical nursing experience is required. Previous experience in Utilization Management is not required. Full time employment in a nursing field within the last 36 months is mandatory.

1.4.1 Equivalent combinations of education and experience may be qualifying if approved by the requesting location and the Contracting Officer. If education or experience is used to meet the specialized requirements of this position, it must be directly related to referral/utilization management.

1.5 Work Environment/Physical Requirements. The work can be sedentary. However, there may be some physical demands. Requirements include standing, sitting or bending. Individual will be required to walk throughout facility to pick up referral requests, medical records, and radiology results, or other completed paperwork.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1. The Composite Health Care System (CHCS), AHLTA, MHS GENESIS, ERAS, ICD-B programs must be utilized for referral management services. Access will be granted by local MTF connectivity and the contractor shall comply with MHS communications and Government IT security standards and policies. The military facility will provide system accounts for MSS personnel after required training and security procedures have been completed by the contractor. If the Military Health Service processes moves away from specified systems, the government will modify the task order accordingly.

3. PERFORMANCE OUTCOMES:

3.1. Reviews referrals for administrative, clinical completeness and appropriateness. Validates requested medical service, and authorizes surgery/medical procedures, laboratory, radiology, pharmacy, and general hospital procedures and regulations. Collaborates with TRICARE Regional Office Clinical Liaison Nurse and MTF Liaison to address any process issues or concerns.

3.2. Schedules referral appointments in accordance with required Access to Care Standards within the direct care system or outside the MTF with network/non-network providers. Ensures appointing is done within the Access to Care standards for 90% of all referrals.

3.2.1. Coordinates with specialty referral clinics (internal or external) to obtain special patient instructions and/or tests required prior to appointment. Provides pre-appointment instructions to patients as well as the details regarding their referral appointment (i.e., date/time, provider, and location). Ensures patients receive necessary documentation appropriate for the referred medical care visit.

3.2.2. Locates referral requests and ensures appropriate documents are available prior to all specialty appointments. Prints diagnostic reports and/or treatment profiles as necessary.

3.3. Verifies eligibility of beneficiaries using Defense Eligibility Enrollment Reporting System (DEERS).

3.4. Facilitates referral activities by participation in multidisciplinary team activities. Initiates/coordinate communication between beneficiaries, team members, internal staff and providers, network/outside providers and ancillary health care workers. Provides timely, descriptive feedback regarding utilization review issues.

3.5. Reviews and enters first right of refusal referrals into CHCS and database within one (1) business day of the date of the referral.

3.6. Interfaces with the Managed Care Support Contractor (MCSC) and multidisciplinary personnel as need to ensure appropriateness of referrals. Submits referrals to non-network providers to TRICARE Service Center (TSC) for medical necessity/appropriateness review.

3.7. Performs data collection and review to identify areas requiring intensive management. Refers to case management officials if needed.

3.8. Receives and makes patient telephone calls and computer/written correspondence regarding specialty clinic appointments and referrals. Routinely monitors referral management CHCS queue to ensure patients are being called that do not utilize the RMC walk-in service.

3.8.1. Contacts patients in event referral requests are invalid, disapproved by second level review/MCSC and reschedules patients as soon as possible or instructs patients of other health care options.

3.8.2. Receives and appropriately forwards clinical phone consult requests from patients.

3.9. Advises patients of what their referral/health treatment options are as related to their eligibility per beneficiary status and covered benefits. This includes eligibility for travel benefits.

3.9.1. Coordinates with Aerovac units to make travel arrangements with the Global Patient Movement Requirements Center using the TRANSCOM Regulating and Command and Control Evacuation System as indicated. Ensures Aerovac personnel arrange travel orders and non-medical attendants as required for the patient and the patient is informed.

3.10. Advises on Line-of-Duty issues.

3.11. Obtains pertinent information from patients/callers, referrals, physician or other officials. Enters data in CHCS, AHLTA, MHS GENESIS, Referral database, and other office automation software programs as appropriate.

3.12. Tracks referral reports after appointments are kept. Ensures that results from other MTFs and from network/non-network providers are returned to the referring provider and to the medical record within

required timelines and follow up with as necessary. Documents that paper referral results are properly filed in patient's health record.

ADVANCED OFFICE CLERK

SUMMARY: Provides clerical/administrative support. Schedules appointments in Composite Health Care Systems (CHCS/AHLTA) or MHS GENESIS for primary care, specialty and subspecialty medical care. In addition to scheduling requested appointments, this position will call patients to schedule, reschedule, and/or cancel appointments as needed, to include appointments for consult/referral specialty care within the MTF. Serves as a medical records technician to process and maintain inpatient, outpatient or ambulatory procedure unit medical records. Required to compile or extract medical records data to ensure compliance with regulatory requirements.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

- 1.1.1 A fully qualified typist (computer keyboard) with a minimum of 50 WPM is required.
- 1.1.2 General medical ethics, telephone etiquette, and excellent communication and customer service skills.
- 1.1.3 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.
- 1.1.4 Ability to communicate effectively, both orally and in writing.
- 1.1.5 General office administrative and clerical skills to perform receptionist duties and answer telephones.
- 1.1.6 Ability to use standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automations systems, to perform a substantial range of medical record maintenance support.
- 1.1.7 General knowledge of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards; Accreditation Association for Ambulatory Health Care (AAAHC) for complete, prompt, and accurate health records.

1.2 Education. High School diploma or General Educational Development (GED) equivalency. Basic medical terminology required.

1.3 Experience. At least one year in medical office scheduling, in an office setting, or at least one year in relevant experience or specialized Registered Health Information Technician (RHIT) or Registered Health Information Administrator certification required.

1.4 Work Environment/Physical Requirements. The work can be sedentary. However, there may be some physical demands. Requirements include walking, standing, sitting or bending. Must be able to carry 25-50 pounds and reach high shelving units with the assistance of step ladders to retrieve and file medical records.

4. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

- 2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)
- 2.2 Composite Health Care Systems (CHCS) and/or MHS GENESIS
- 2.3 Defense Enrollment Eligibility Reporting System (DEERS);
- 2.4 Military Filing System – by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.4.1. Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

3 PERFORMANCE OUTCOMES:

- 3.1 Answers main office phone line. Directs telephone calls to appropriate section for assistance. Takes messages as required.
- 3.2 Arranges and schedules medical appointments and determines patient eligibility for services. Determine patient eligibility, schedule appointments, relay general instructions to patients, or make referrals to other sections. Supports PCM by name processing for appointment and appropriate access to care timeframes during allocation of standard appointment types.
- 3.3 Maintains appointment schedules using government computer systems and standard protocols and procedures. Validates basic CHCS patient demographic information prior to booking appointment for patients. Make required updates.

- 3.4 Maintains accurate and up-to-date patient schedules and logs. Utilized government computer system tools and standard protocols and procedures (detail codes, freezing slots, and TRICARE on-line usage) to facilitate maintenance of appointment slots, rescheduling options or cancellation processing.
- 3.5 Call patients as needed to schedule, reschedule, and/or cancel appointments. Promotes consult/referral specialty medical care within the MTF.
- 3.6 Obtains updates and files medical records. Obtains documentation as requested by healthcare providers (test results or documentation not yet filed in records).
- 3.7 Organizes and researches patient records, extract needed information, and review records for completeness, accuracy, and consistency within established guidelines.
- 3.8 Initiates and locates patient medical records. Maintains medical records in accordance with prescribed directives.
- 3.9 Conducts daily pull, delivery, and retrieval of patient records. Ensures arrival of medical records prior to appointment(s).
- 3.10 Prepares reports regarding record statistics as necessary. Participates in records review as part of the facility's quality assurance program and in accordance with accreditation standards.
- 3.11 Retires medical records in accordance with regulatory procedures and guidelines.

MEDICAL MAIL CLERK

SUMMARY. Provides support services to distribute, collect and process incoming and outgoing mail in a medical group distribution center.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Working knowledge of general office administrative procedures, mail/correspondence distribution, answering telephones, and customer service.

1.1.2. Ability to communicate effectively, both orally and in writing.

1.1.3. The contractor shall be able to obtain driving privileges and be able to drive a Government vehicle to travel to the main distribution center on base to delivery/pickup mail.

1.2. Education. High school diploma or General Educational Development (GED) equivalency.

1.3 Physical Requirements. Requirements include prolonged walking, standing, sitting or bending. Must be able to carry 25-50 pounds and reach high shelving units with the assistance of step ladders to sort mail or packages into mailboxes. Must be able to carry postal bins from distribution center to Government vehicle and into the medical treatment facility mailroom.

1.4 Work Environment. Work is performed indoors in an environment involving everyday risks or discomforts which require normal safety precautions. The area is adequately lighted, heated and ventilated.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES: None.

3. PERFORMANCE OUTCOMES:

3.1 Receives, sort and distribute all incoming administrative communications and parcels to action offices.

3.2 Sorts and distributes (referred as sort and pitch) incoming correspondence according to office symbols provided (address).

3.3 Researches inaccurately addressed correspondences to ensure delivery to proper addressee(s).

3.3.1 Redistribute correspondence that is mispitched due to improper office address or office symbol.

3.3.2 Queries inpatient rosters using CHCS/AHLTA and/or MHS GENESIS to properly deliver patient mail to their room.

3.4 Receives daily shipment from Federal Express (FedEx), United Parcel Service (UPS), Roadway Package Service (RPS) and Airborne (AB) between the specified hours and logs them in the certified book.

3.4.1. Notifies customers of United States Postal Service (USPS) or Courier Service packages in their mail box which require signature.

a. Review outgoing administrative communications to insure:

3.5.1 All United States Postal Service (USPS), official mail and registered mail are properly marked and labeled for Base Information Transfer Center (BITC)

3.5.2 All intrabase mail is sealed in Standard Form (SF) 65, US Government messenger envelope and marked with squadron and office symbol.

UTILIZATION MANAGEMENT REGISTERED NURSE

SUMMARY: This Registered Nurse (RN) will provide Utilization Management activities include timely processing of Right of First Refusal (ROFR); screening of specialty care referrals; sustaining up-to-date Specialty Clinic Booking Guidance; MTF Capabilities Report; ROFR Reports; maintaining up-to-date MTF/Managed Care Support Contract (MCSC) Memorandums of Understanding (MOUs); and comply with Referral and Authorization Business rules, tracking, accounting, and resulting of referrals. This RN will conduct reviews for medical necessity, pre-authorization, medical appeals, collection and recovery from insurance carriers, and right of refusal activities. The individual shall work with the executive staff of clinical operations, resource management, medical records, patient administration, and the quality division within the MTF to provide the appropriate level of resources and minimize cost for beneficiaries.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

- 1.1.1 Knowledge, skills and computer literacy to interpret and apply medical care criteria, such as InterQual or Milliman Ambulatory Care Guidelines.
- 1.1.2 Must possess experience in performing prospective, concurrent, and retrospective reviews to justify medical necessity for medical care to aid in collection and recovery from multiple insurance carriers. Review process includes Direct Care and Purchase Care System referrals, ward rounds for clinical data collection, contacting providers to inform them of dollars lost for missing documentation, and providing documentation for appeals resolution.
- 1.1.3 The Contractor must have a working knowledge of Ambulatory Procedure Grouping (APGs), Diagnostic Related Grouping (DRGs), International Classification of Diseases-Version 9 (ICD), and Current Procedural Terminology-Version 4 (CPT-4) coding.
- 1.1.4 Possess excellent oral and written communication skills, interpersonal skills, and have working knowledge of computers, specifically the Internet, Microsoft Word, Microsoft Access, Microsoft Excel, and Windows.
- 1.2 Education. Baccalaureate of Science in Nursing Program from an approved National League of Nursing.
- 1.2.1 License/certification. Current, active, full, and unrestricted License to practice Nursing in accordance with State Board requirements. Nurse applicants must be a current U.S. licensed Registered Nurse.
- 1.2.1.1 License cannot be under investigation nor have any adverse action pending from a Nursing State Board or national licensing/certification agency.
- 1.3 Experience. Six years of clinical nursing experience is required. One year of previous experience in Utilization Management is required. Full time employment in a nursing field within the last 36 months is mandatory.
- 1.3.1 Equivalent combinations of education and experience may be qualifying if approved by the requesting location and the Contracting Officer. If education or experience is used to meet the specialized requirements of this position, it must be directly related to referral/utilization management.
- 1.4 Work Environment/Physical Requirements. The work can be sedentary. However, there may be some physical demands. Requirements include standing, sitting or bending. Individual will be required to walk throughout facility to pick up family practice clinic, medical records, and radiology mail drop offs/signed referrals.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

- 2.1 The Composite Health Care System (CHCS), MHS GENESIS, Armed Forces Health Longitudinal Technology Application (AHLTA), and ICD-B programs must be utilized for referral management services. Access will

be granted by local MTF connectivity and the contractor shall comply with MHS communications and Government IT security standards and policies. The military facility will provide system accounts for MASS personnel after required training and security procedures have been completed by the contractor. If the Military Health Service processes moves away from specified systems, the government will modify the task order accordingly.

3. PERFORMANCE OUTCOMES:

- 3.1. Monitors specialty care referrals for appropriateness, covered benefit, and authorized surgery/medical procedures, laboratory, radiology, pharmacy, and general hospital procedures and regulations to analyze medical referrals/appointments. If unsure coordinates with TRICARE Regional Office Clinical Liaison Nurse and MTF Liaison to remedy errors or uncertainty.
- 3.2. Assist with orientation and training of other Medical Management staff and assist in providing, assessing, and improving a wide variety of customer service relations. Assists Flight Commander to ensure Health Service Inspection standards are met at the operational level.
- 3.3. Receives and makes patient telephone calls and computer/written correspondence regarding specialty clinic appointments and referrals. Routinely monitors referral management Composite Health Care System (CHCS) queue to ensure patients are being called that do not utilize the Referral Management Center walk-in service.
- 3.4. Obtains pertinent information from patients/callers and enters data in CHCS, AHLTA, MHS GENESIS, Referral database, and other office automation software programs as appropriate.
- 3.5. Acts as an approval authority for all active duty and reserve/guard referrals under the supplemental health care program. Coordinates with SGH for all active, reserve and guard referrals not covered under the TRICARE benefit for approval. Ensures Line of Duty paperwork is on file prior to authorization. Verify eligibility of beneficiaries using Defense Eligibility Enrollment Reporting System (DEERS) and initiates/coordinate communication between beneficiaries, team members, internal staff and providers, network/outside providers and ancillary health care workers.
- 3.6. Reviews and enters first right of refusal referrals into CHCS and database within one (1) business day of the date of the referral for proper processing in attempts to recapture workload from the network to the MTF. Keeps abreast of facilities services and medical treatment capabilities. Produces reports from databases and updates capability report as needed.
- 3.7. Develops and implements a comprehensive Utilization Management plan/program for beneficiaries within MTF's goals and objectives. This plan is based on using the 12-step approach as described in the DoD Medical Management Guide.
- 3.8. Reviews previous and present medical care practices as needed for patterns, trends, or incidents of under or over utilization of hospital resources incidental to medical care provided to beneficiaries.
- 3.9. Plans and performs reviews IAW established indicators and guidelines to provide quality cost-effective care. Ensures identified patient needs are addressed promptly with appropriate decisions. Provides timely, descriptive feedback regarding utilization review issues.
- 3.10. Performs data/metric collection. Analyzes data and prepares reports to describe resource utilization patterns. Briefs applicable data/slides to provider staff, executive staff, newcomers, as appropriate. Identifies areas requiring intensive management or areas for improvement.
- 3.11. Maintains reports on which cases have been denied or received reduced third party payments and reports provider profiles to the Medical Management Director/Chief Medical Services for corrective action.
- 3.12. Serves as a liaison with higher headquarters, TRICARE Regional Office, MTF national accreditation organization, professional organizations, and community health care facilities concerning Utilization Management.
- 3.13. Collaborates with Referral Management Center to ensure TRICARE Regional Office reconciliation report are run daily, identifies all open referrals and ensures resubmission. Ensures all referrals are reviewed and dispositioned in the appropriate manner (either electronically or manually). Monitors active duty, reserve/guard admissions to civilian hospitals and notifies case manager and Patient Administration Element daily. Prepares and submits monthly reports from encounter forms and ad hoc reports.
- 3.14. Participates in in-services and continuing education programs. Serves as a member of the Prime Service Area Executive Council (PSAEC) or ensures a nurse representative is present. Briefs applicable data/slides to provider staff, executive staff, newcomers, as appropriate. Ensures self or nurse representative is available for all provider/nurse orientation briefings.
- 3.15. Establishes and maintains good interpersonal relationships with co-workers, families, peers, and other health team members. Submits all concerns through Utilization Management Director; be able to identify, analyze, and make recommendations to resolve problems and situations regarding referrals.

3.16. Be productive and perform with minimal supervisory direction. Be able to independently identify, plan, and carry out projects with consideration for the goals and objectives of the TRICARE Utilization Management Element. Develops detailed procedures and guidelines to supplement established administrative regulations and program guidance. Recommendations are based upon analysis of work observations, review of procedures, and application of guidelines.

PHARMACY SUPPLY TECHNICIAN

SUMMARY: This position will serve as a supply technician providing operational and administrative support to the Pharmacy Flight. The duties will include researching Pharmacy/Surgical Prime Vendor contracts, ordering, stocking, selecting and storing pharmaceuticals items. The individual will also track and report on compliance, utilization and transactions as required by the Government.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge of governing supply regulations, procedures and instructions (AFI 41-209 Medical Logistics Support and 41-216 DMLSS Manual).

1.1.2 Knowledge of supply functions, operations, program requirements and work methods (IAW AFI 44-102).

1.1.3 Knowledge of warehousing methods, procedures, material handling techniques and of activities such as material receiving, issuing and preservation.

1.1.4 Ability to use automated processing equipment and systems such as optical readers and scanners.

1.1.5 Ability to read, interpret and apply reference material such as regulations, manuals, catalogs, records, orders, etc. to accomplish and resolve problems.

1.1.6 Ability to read and speak the English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.7 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of office support.

1.1.8 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education/Certification. Graduation from a Pharmacy Technician program accredited by the American Society of Health-System Pharmacists (ASHP), OR certification by the Pharmacy Technician Certification Board (PTCB), OR successful completion of a formal pharmacy technician training program (i.e., a technical, hospital, or retail-based program).

1.2.1 Certification to state standards will also be required and proof of current registration with the state board as pharmacy technician is required.

1.3 Experience. A minimum of 6 months experience is required in the supply or warehouse setting and one year experience as a pharmacy technician.

1.4 Physical Requirements. Work is a combination of sedentary duties as well as light to moderate physical effort. Requirements include walking, standing, reaching, bending and moving items. May require lifting and carrying weight over 45 pounds. Works periodically on hard surfaces.

1.5 Work Environment. Work is performed indoors in an environment involving everyday risks or discomforts which require normal safety precautions. The area is adequately lighted, heated and ventilated.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES: The contractor shall use the Defense Medical Logistics Standard Support System (DMLSS) for basic routine ordering and issue procedures.

3. PERFORMANCE OUTCOMES:

- 3.1 Inventory and stock pharmaceuticals daily.
- 3.2 Produces scan tags based on pharmacy and prime surgical shopping guide levels and replenishes or create new scan tags based on usage.
- 3.3 Physically scans all stock level tags and enters appropriate requirements into the DMLSS for replenishment of all level shortages.
- 3.4 Maintains stock balances in pharmacy ensuring maximum prescription fill quantities.
- 3.5 Processes DMLSS prime vendor orders for Government personnel authorization.
- 3.6 Creates purchase orders and prepares them for receiving by authorized personnel.
- 3.7 Issues and restocks pharmacy pharmaceutical shelves.
- 3.8 Tracks prime vendor contracts to obtain best pricing.
- 3.9 Reviews prime vendor contract to find suitable generic and less costly pharmaceutical and surgical items daily.
- 3.10 Quality controls shipping invoices against contract prices to ensure no overcharges have occurred.
- 3.11 Coordinates with prime vendor, Defense Logistics Agency (DLA) and Defense Supply Center Philadelphia (DSCP) personnel to make sure all contract bills have been paid without discrepancies.
- 3.12 Provides Logistics section, Pharmacy and Therapeutics Function, and Medical group leadership status reports as required.
- 3.13 Reviews DMLSS and prime vendor catalog records and corrects any discrepancies found daily.
- 3.14 Coordinates with all Prime Vendor contractors and DMLSS personnel to resolve daily, monthly, out-of-cycle, or end of year prime vendor system errors.
- 3.15 Manages expiration dated pharmaceuticals and supplies. Collects expired pharmaceuticals and dated supplies, contacts returns company and schedules pickups, and enters appropriate information into DMLSS.
- 3.16 Follows up on returned items to ensure funds have been received from manufacturers.
- 3.17 Manages controlled pharmaceuticals and maintains security vault.
- 3.18 Processes orders, creates purchases, inspects, receives, stocks, issues, and delivers Schedule II – V narcotics. Uses DMLSS requirements to place narcotic orders using DMLSS or DEA Form 222 to maintain stock.
- 3.19 Records all balance transactions on appropriate government forms, records IAW DoD and service procedures.
- 3.20 Conducts monthly narcotics vault inventories with the assigned inventory chief.
- 3.21 Performs turn-in functions and inventories outdated narcotics for return to vendor for credit.
- 3.22 Maintains storage security control records as the controlled medical item custodian.

BENEFICIARY SERVICES REPRESENTATIVE (PEBLO)

SUMMARY. This individual serves as the Physical Evaluation Board Liaison Officer (PEBLO) for the medical treatment facility (MTF) and its geographic area of responsibility. Provides Disability Evaluation System (DES) guidance in accordance with established DoD guidelines, , data collection, medical coordination, Service member/commander/stakeholder advising, and procedural work related to Medical Evaluation Board (MEB) processing and Temporary Disability Retired List (TDRL) reevaluations in accordance with applicable instructions, regulations and directives. Liaison support is provided to active duty and Reserve Component (RC) members (Air Force Reserve Component (AFRC) and Air National Guard (ANG)) and commanders on program requirements, military benefits, legal rights, and the appeals process. Coordinates Aeromedical evacuation or other patient travel requirements, fitness for duty determinations, line of duty (LOD) and other program requirements related to the DES. Provides Physical Evaluation Board (PEB) findings to service member and medical staff. Tracks each DES case from referral to final disposition. Guides the Service member throughout the DES process.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 1.1.1 Ability to plan, organize, and manage functions and staff within an MTF to meet program objects. Knowledge of the military healthcare organizational structure, major issues, policies, procedures and operations related to the management of the healthcare delivery systems.

1.1.2. In-depth knowledge, experience, and training to handle and solve complex cases that arise when addressing fitness for duty or physical disability evaluation issues.

1.1.3. Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to all customers.

1.1.4. Effective interpersonal communication skills to effectively accomplish the IDDES process

1.1.4.1 Master of oral and written communication and customer service principles, methods, practices and techniques analytic methods, to include using research tools and statistical analysis and, interpersonal relations practices.

1.1.4.2 Ability to communicate effectively both orally and in writing to motivate, train, and work effectively with a diverse workforce. Must be able to draw realistic conclusions and recommend viable solutions.

1.1.5 Ability to gather data from various sources, analyze data, statistical analysis, prepare statistical reports and recommendations for improvements.

1.1.6. Skill in applying fact finding, analytical, and problem solving methods and techniques.

1.1.7. Knowledge of DES processing regulations, instructions, procedures, and policies to assure timely case processing.

1.1.8. Practical knowledge and understanding of the TRICARE program.

1.2. Education. Associate Degree in business administration, management or health care organizations from an accredited college or university.

1.3 Experience. Two years' experience as a PEBLO within the DoD military health system in the last 6 years; or five years' experience working in a civilian disability program; or two years' experience as a VA Medical Service Coordinator (MSC).

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements include prolonged walking, standing, sitting or bending.

2 UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

2.1 The AFMOA IDES support team will provide ongoing IDES training guidance.

2.1 PEBLO training will include: Orientation training, on-the-job training, standardized DES annual refresher or continuing education and training to ensure PEBLOs remain current in their understanding and application of DES procedures. Training will be accomplished via computer-based training, monthly DCS teleconference, and ongoing email communications. May be required to travel to San Antonio for AFMS IDES training workshop at the Government's discretion every two years.

2.2 Training will be in accordance with Warrior Care Policy Training Standards and Performance Objectives Guidebook.

2.3 Veteran Tracking Application training will be provided by the Veterans Benefits Administration (VBA/DoD Collaboration Team) via DCS training.

2.4 Regulatory Guidance: DoDM 1332.18 Vol 1, Disability Evaluation System (DES) Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards, Enclosure 5, DoDM 1332.18, Vol 2, Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (IDES), Enclosure 4 and AFI 41-210, TRICARE Operations and Patient Administration Functions, Section 4K – Medical Evaluation of Service Members (SM) for Continued Military Service.

3 PERFORMANCE OUTCOMES:

3.1 Responsible for obtaining, assembling and forwarding all required documents and records for active duty, AFRC and ANG to the Veteran Affairs Medical Service Coordinator, the local MEB, the IPEB, the FPEB and other IDES stakeholders in accordance with regulatory guidance.

3.1.1 Ensures LOD processing is accomplished for each IDES case.

3.2 Provides guidance to all ranks of military personnel from all branches of the uniformed services, retirees, and families of those being processed through the IDES program of their rights, benefits, privileges, or obligations.

3.3. Coordinates evaluation appointments; schedules follow-up appointments and appropriate referrals related to benefits.

3.3.1 When the Service member is incapacitated or incompetent for pay purposes and unable to manage his/her own legal affairs, the PEBLO provides guidance and assists the legal next-of-kin on the Service member's rights and benefits.

3.4 Serves as a liaison between the Service member, their respective commander and a multi-disciplinary team of primary care managers, other appropriate health care professionals, medical care case managers, non-medical case managers (e.g., Recovery Care Coordinators (RCC)), patient administration personnel, the Office of the Airmen's Counsel (OAC), the PEB and the Military Department Wounded Warrior Program liaison or advocate.

3.4.1 Processes Review-in-Lieu-of (RILO) MEB cases for assignment limitation codes as directed or required by AFPC/DPANM and in accordance with established AF guidance.

3.5 Receives and responds to inquiries from beneficiaries, DoD Components, other agencies, and various interested parties.

3.6 Provides guidance on activities with appropriate points of contact throughout the Military Health System (MHS), the line of the Air Force agencies, (i.e. Military Personnel Flights, Comptroller, Air Force Personnel Center (AFPC), Transportation, Aeromedical Evacuation) and the Department of Veterans Affairs (i.e. Veterans Benefits Administration [VBA] and Veterans Health Administration [VHA]) to best meet the member's needs for information or assistance.

- 3.7 Assists in preparing appeals, impartial medical reviews, rebuttals, and coordinates the assignment of Service member's legal counsel.
- 3.8 Updates local program documentation, i.e., patient handouts, training documents, checklists, operating procedures, etc.
- 3.9 Maintains and safeguards both hard copy and electronic medical information.
 - 3.9.1 Discloses medical information to authorized personnel in accordance with Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA) guidelines.
- 3.10 Assists the medical professional staff and other staff members on the regulatory and procedural aspects of profiling and disability processing. Provides MEB orientation program and on the job training for assigned staff personnel as required.
- 3.11 Tracks all assigned cases, analyzes performance against established standards.
 - 3.11.1 Monitors/updates cases in VTA or other tracking tool as the case progresses through the IDES process.
 - 3.11.2 Analyzes available data using various statistical analytic tools, measuring means, trends, statistical deviations, constructs diagrams, histograms, charts, etc., to convey IDES performance to IDES stakeholders.
 - 3.11.3 Provides reports, briefings, training and respond to inquiries from senior leaders.
- 3.12 Coordinates patient travel for members opting to appeal to the FPEB. Assures necessary arrangements are made for members to travel on temporary duty status to and from other locations as required.
 - 3.12.1. Initiates actions to facilitate Emergency Family Member Travel for Very Seriously Ill and Injured Service members.
- 3.13 Advises service member and medical staff on PEB findings.
- 3.14 Assists in preparing appeals and rebuttals and coordinates the assignment of legal counsel.

SURGICAL CASE NURSE REVIEWER (SCNR)

SUMMARY: Provides administrative and clinical review and administrative support for the DoD's implementation of the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) program. This includes but is not limited to, clinical screening, data compilation documentation and entry into the DoD NSQIP data base of all eligible patient cases within the medical treatment facility. The SCNR also works closely with the members of the Department of Surgery to identify opportunities for clinical quality improvement. The program collects data on cases, such as demographics, surgical profile, preoperative, intra-operative and post operative mortality and morbidity outcomes for patients undergoing surgical procedures in both inpatient and outpatient settings. The nurse reviewer performs chart abstraction and/or quality improvement projects for the NSQIP.

1. QUALIFICATIONS:

1.1 Mandatory Knowledge and Skills

- 1.1.1 Knowledge of professional nursing principles and procedures in surgery, either the operating room, intensive care unit or inpatient surgical ward.
- 1.1.2 Must have knowledge of accreditation standards, privacy and confidentiality requirements, such as, JCAHO and HIPAA.

1.1.3 Computer skills and abilities. Must be comfortable using Microsoft Office programs (Word, Excel, PowerPoint and Access), Outlook (e-mail), and Internet.

1.1.4 Ability to collect, evaluate and analyze data and reports.

1.1.5 Quality improvement and patient safety knowledge.

1.2 Education. Graduate of an accredited school of nursing obtaining a Baccalaureate degree in Nursing.

1.2.1 License/Certification. Current, active, full, and unrestricted License to practice Nursing. Nurse applicants must be a current U.S. licensed Registered Nurse.

1.2.1.1 License cannot be under investigation nor have any adverse action pending from a Nursing State Board or national licensing/certification agency.

1.3 Experience. Minimum three (3) years' experience in inpatient surgical nursing required.

1.3.1. Equivalent combinations of education and experience may be qualifying if approved by the requesting location and the Contracting Officer. If education or experience is used to meet the specialized requirements of this position, it must be directly related to the duties and responsibilities of this position.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES: ACS NSQIP program information is at <https://acsnsqip.org/login/default.aspx>.

2.1 Reserved.

3. Training Requirements

3.1 The SCNR shall attend specialized initial SCNR training class provided by QCMetrix. The registration fee is already covered by the Government (as stated above); however, the travel cost will be the contractor's responsibility and should be considered when calculating their fully burdened hourly rate. Training information is available on the ACS NSQIP website. The initial 2-day nurse training session takes place in Boston or Chicago.

3.2 Ongoing education will also be required; however, additional learning takes place through continuing education on-line training modules that will be completed during duty hours.

3.3 Must attend ACS NSQIP's annual conference. Any expenses associated with the attendance will be the contractor's responsibility and should be considered when determining their fully burdened hourly rate.

3.4 Applicable regulations and guidelines are contained in Section C, Paragraph 5.

4 PERFORMANCE OUTCOMES

4.1 Responsible for the identification of surgical patients for inclusion in the program registry through the application of strict program inclusion/exclusion criterion and randomization protocol.

4.2 Responsible for the reliable collection of pre-operative, operative, and post-operative data components for the program through the effective utilization of the hospital medical record system.

4.3 Responsible for meeting the accrual requirement of cases per year through the correct application of the program's randomization protocol.

- 4.4 Attends weekly Morbidity & Mortality conferences to ensure reliable data collection of postoperative occurrences.
- 4.5 Demonstrates applicability of the methodology and the reliability of definitions utilized by reviewers within the program through Inter-Rater Reliability (IRR) testing.
- 4.6 Responsible for identifying areas for streamlining and process improvement in the data collection process.
- 4.7 Responsible for utilizing software applications available at the site for data collection and analysis.
- 4.8 Responsible for the accurate and timely entry of data into the program's website and assuring the transmission of completed data.
- 4.9 Responsible for reviewing weekly site accrual report on the website and responding to accrual report alerts.
- 4.10 Contacts patients and/or families via telephone and/or written communications post-operatively for the purpose of identifying possible occurrences associated with surgical procedures performed at the hospital.
- 4.11 Serves as an educational resource on the ACS NSQIP for internal and external audiences by developing educational material and delivering presentations.

ADMINISTRATIVE ASSISTANT

SUMMARY. Serves as program assistant performing data collection, computation, interpretation, and presentation. Provides office assistance by performing various clerical and administrative duties such as developing presentations, performing office automation duties such as word processing, email correspondence, managing suspenses, creating briefing charts, and development/tabulation of spreadsheets.

1. QUALIFICATION

1.1 Mandatory knowledge and skills.

1.1.1 Advanced knowledge in the use of Power Point, Excel, and Word software, capable of editing, developing, and reformatting complex formats (graphics, tables within text, revise and update spreadsheets, etc.).

1.1.2 Fully capable collecting, compiling, editing, analyzing, and presenting data.

1.1.3 Fully capable in development and editing of lengthy, complicated reports that may require multiple software formats.

1.1.4 Knowledgeable in development, implementation, interpretation, and short- and long-term tracking of surveys and critiques.

1.1.5 Technical assistant/advisor to working groups planning and preparing presentations for annual PM conferences. Skilled ability in teamwork, software, and oral communication required.

1.1.6 Ability to compose correspondence from draft to final version, both electronic and hard copy.

1.1.7 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edits written correspondence, reports and presentations.

1.1.8 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems to perform a range of office support.

1.1.9 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education. High school diploma and able to demonstrate their expertise through a combination of education and experience.

1.3 Experience. At least 12 months of experience in program assistance/management support role.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending, and preparation of conference rooms for meetings.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES: None.

3. PERFORMANCE OUTCOMES:

3.1 Collects and obtains data from multiple sources; compiles data for review and interpretation.

3.2 Analyzes data and provides reports. Evaluates data for trends, tracking short- and/or long-term tendencies. Provides statistical insight and review of this data for use by PMs in refining programs and developing conference agenda.

3.3 Develops and distributes critiques and surveys soliciting feedback from customers, users, annual conference attendees and field offices.

3.4 Assists working groups in planning and preparation of projects. Provides technical assistance with computer programs, data collection and compilation, and presentation methods.

3.5 Composes, proofreads, and edits documents. Ensures procedural and grammatical accuracy, conformance with general policy, and factual correctness. Ensures coordination procedures are followed.

3.6 Composes, proofreads, edits and tracks complicated reports that may be in multiple computer software formats. Works with the PMs to determine format, content, charts, and supporting documentation required to meet higher headquarters or other DoD requirements.

3.7 Establishes, monitors, and manages suspense dates and brings to PM's attention any conflicts in schedule.

3.8 Contact for the program office, field unit and the PMs, responsible for the receipt, control, logging, safekeeping, and necessary action on program related sensitive materials.

Certified Tumor Registrar

SUMMARY. Identifies, accessions, and maintains records of all cancer patients by utilizing the tumor registry data system. Analyzes registry data and disseminates information in accordance with professional ethics.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 50 WPM is required.

1.1.2 Clearly speak, read and understanding the English language.

1.1.3 Ability to use standard office equipment, such as personal computers, copiers, fax machines, and telephone systems.

1.1.4 Knowledge of the organizational characteristics of tumor registries as well as the knowledge of the process used in planning, organizing and operating a registry.

1.1.5 Knowledge of the theories, principles, practices, and techniques of the science of tumor registries including medical terminology, acronyms, abbreviations, symbols, anatomy, physiology, and pathology.

1.1.6 Knowledge of the American Joint Committee on Cancer (AJCC) Staging, Collaboration Staging System and National Cancer Institute – Surveillance, Epidemiology and End Results (NCI-SEER) Summary Stage. Ability to code AJCC staging system based on best available information, without additional contact with the physician, if staging is not recorded by managing physician.

1.1.7 Knowledge and application of data standards as set forth by the CoC Facility Oncology Registry Data Standards (FORDS) and North American Association of Central Cancer Registries (NAACCR).

1.1.8 Knowledge of International Classification of Diseases (ICD) nomenclature and classification with an ability to accurately code primary site, histologic type, behavior, and grade or differentiation in accordance with ICD-O. Familiar with the natural history of cancers including cell type, types of cancer, and procedures for identifying neoplasms.

1.1.9 Knowledge of the various types of treatment and indications for the choice of therapy (surgery, radiation, chemotherapy, hormonal, immunotherapy) in accordance with national guidelines.

1.1.10 Knowledge of site-specific prioritized rules to determine the number of primaries and the histology code for each primary as addressed in Multiple Primaries and Histology Rules.

1.1.11 Knowledge of Hematopoietic and Lymphoid Neoplasm Coding Manual and Database to determine reportability, primary site coding, and grade coding for malignant lymphomas, leukemias, myeloproliferative and myelodysplastic neoplasm.

1.2 Education. As required to meet requirements for eligibility routes to be certified by the National Cancer Registrars' Association.

1.3 Certification: National Cancer Registrars' Association as a Certified Tumor Registrar is required.

1.3.1 Individual must continue to meet the minimum standards for Continuing Education Units (CEU). CEUs shall be obtained at no additional cost to the Government.

1.4 Experience. At least 12 months of experience in the last 24 months as a Tumor Registrar.

1.5 Work Environment/Physical Requirements. The work is mainly sedentary, but may require walking, bending, standing, and/or carrying of light items such as files, manuals, and medical records.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS)

2.4 The individual in this position must attend the annual DoD Conference that is approximately 3 days in duration and held in a different city each year, following the national conference (i.e., 2009 Conference – New Orleans, Louisiana & 2010 Conference – Palms Springs, California). The cost associated with meeting this requirement should be considered and included into the overall fully burdened rate submitted for this position. The Government will NOT issue separate travel orders or CLIN authorization for travel to the conference.

3. PERFORMANCE OUTCOMES:

3.1 Performs administrative procedures related to follow-up and tracking of active cases and new cases in the Automated Central Tumor Registry (ACTUR) database.

3.1.1 Retrieves patient lists.

3.1.2 Maintains Follow Up Rates 90% for all cases within the last 5 years and > 80% for all cases since reference date.

3.1.3 Prepares and mails form letters.

3.1.4 Obtains pathology reports and cytology reports (including needle aspirations) from civilian and military pathology services, reviews them to verify malignancy utilizing appropriate tumor registry standards and directives. All malignancies identified by medical providers are reported to the Certified Tumor Registrar for appropriate processing.

3.1.5 Accessions patients into the registry (issues accession numbers and updates files. Thus, preparing a suspense for patients. Sends out initial notification letters with questionnaire and Privacy Act Statements to patients.

3.1.6 Completes abstracts within 6 months of date of diagnosis (demographics, previous history, diagnostic procedures, operative procedures performed, systemic treatment, recurrence, and follow-up).

3.2 Serves as recorder for the periodic Cancer Conference and quarterly Cancer Committee.

3.2.1 Prepares and distributes meeting agenda and minutes as required.

3.2.2 Tracks open items of the meeting through to completion.

THIRD PARTY LIABILITY CLERK

SUMMARY. Serves as a third party liability clerk for all aspects of Medical Affirmative Claims (MAC) and Medical Service Agreement (MSA) operations support. The position will provide support to improve the medical treatment facility (MTF) billing accuracy and compliance and to provide general administrative support and performance office automation duties in combination with clerical work required to support the Resource Management Office. **This individual will not be processing, researching or billing insurance claims.**

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 40 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.3 Microsoft Office programs, Outlook (e-mail), and Internet familiarity.

1.1.4 The ability to input and extract data from established databases.

1.1.1 5 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of medical billing support.

1.1.6 General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.7 Familiarity with the insurance industry and practices is required. Knowledge of Department of Defense, TRICARE and Regional and local support services is desirable.

1.1.8 Familiarity with National Drug Code, International Classification of Diseases-Version 9 (ICD), and Current Procedural Terminology-Version 4 (CPT-4) coding.

1.1.9 Ability to read, interpret medical documentation, and understand medical terminology.

1.2 Education. High School diploma or General Educational Development (GED) equivalency. Basic medical terminology required.

1.3 Experience. At least two years relevant experience.

1.4 Work Environment/Physical Requirements. Requirements include prolonged walking, standing, sitting or bending. Must be able to carry 25-50 pounds and reach high shelving units with the assistance of step ladders to retrieve and file medical records.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES

2.1 Composite Health Care systems (CHCS) - Armed Forces Health Longitudinal Technology Application (AHLTA) and/or MHS GENESIS specific to MSA, Other Health Insurance (OHI) input, and Third Party Outpatient Collection System (TPOCS).

2.2 Defense Enrollment Eligibility Reporting System (DEERS)

2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

3. PERFORMANCE OUTCOMES:

3.1 Create, copy, edit, store, retrieve, and print forms, memos, and letters and lengthy reports; use existing database or spreadsheet software to create, enter, revise, sort or calculate, and retrieve data for reports; and use graphics software to provide graphs and charts for reports and presentations.

3.2 Prepare wide variety of recurring and nonrecurring correspondence, reports, and other documents.

3.3 Review and process incoming and outgoing correspondence, materials, publications, regulations, and directives

3.4 Receive telephone calls and greet visitors.

3.5 Establish, update, and maintain office records of various types using a variety of automated systems.

3.6 Prepare reports annually, quarterly, monthly, or as requested, IAW regulations

3.7 Interact closely with MTF staff, to ensure compliance with documentation requirements. Perform internal audits with MSA/MAC to avoid duplicate billing.

3.8 Completes DoD or Agency forms for Medical Care-Third Party Liability Notification, upon request, process and track active MAC claims to closure.

3.9 Completes required billing forms for DoD or Agency. Review all available sources and resources to determine all DoD service visits and bill in accordance with DoD 6010.15-M, Military Treatment Facility Uniform Business Office Manual, Chapter 3.

MEDICAL EVALUATION BOARD NURSE LIAISON

SUMMARY. The Medical Evaluation Board Nurse Liaison (MEBNL) serves as the clinical liaison for the Medical Evaluation Board (MEB) Office. The MEBNL facilitates clinical collaboration between the Beneficiary Service Representative (BSR)/ Physical Evaluation Board Liaison Officer (PEBLO) and the clinical staff. The MEBNL manages all medical evaluation board candidates until completion of the medical board process. Works closely with the medical evaluation board clerk and the physical evaluation board liaison officer to ensure all cases presented to the board are complete prior to submission. Works closely with clinical staff to coordinate care, referrals, diagnostic testing and follow-up as required.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge, experience, and training to handle and solve complex cases that arise when addressing fitness for duty or physical disability evaluation issues.

1.1.2 Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to all customers. Detail-oriented.

1.1.3 Skilled in oral and written communication and customer service principles, methods, practices and techniques analytic methods, to include using research tools and statistical analysis and, interpersonal relations practices.

1.1.4 Knowledge of accreditation standards, privacy and confidentiality requirements, such as, The Joint Commission (TJC) and HIPAA.

1.1.5 Knowledge of Federal, State, non-profit healthcare systems and organizations, Medicare, Medicaid, and Public Health Department is mandatory. Knowledge of Department of Defense, TRICARE and Regional and local support services is desirable.

1.1.6 Knowledge of basic principles and practices relating to the entire military healthcare delivery system is desirable.

1.1.7 Knowledge of Microsoft Office programs, Outlook (e-mail), and Internet familiarity is required.

1.1.8 Knowledge of operations in various microcomputer equipment, and be able to input, retrieve and formation documentation. Ongoing training in the Composite Health Care System (CHCS) and other computer information system may be necessary.

1.2 Education. Associate of Science in Nursing Program from an approved National League of Nursing.

1.3 License/Certification. Current, active, full, and unrestricted License to practice Nursing in accordance with State Board requirements. Nurse applicants must be a current U.S. Licensed Practical Nurse.

1.3.1 License cannot be under investigation nor have any adverse action pending from a Nursing State Board or national licensing/certification agency.

1.4 Experience. 6 years of clinical nursing experience is required. Full-time employment in a nursing field within the last 24 months is mandatory.

1.4.1 Combinations of equivalent education and experience may be qualifying if approved by the requesting location and the Contracting Officer. If education or experience is used to meet the specialized requirements of this position, it must be directly related to a medical board nurse liaison.

1.5 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements include prolonged walking, standing, sitting or bending.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

2.1 The contractor shall use the Disability Counseling Guide for Physical Evaluation Board (PEB) Liaison Officers (PEBLO) provided by the government. The government will advise the contractor of updated material necessary to accomplish duty tasks.

2.2. In order to understand the Medical Evaluation Board/Physical Evaluation Board program elements, training is accomplished by reviewing AFPC's PEBLO Training Guide; AFI 36-3212, Physical Evaluation for Retention, Retirement, and Separation; and AFI 41-210, Patient Administration Functions. In addition, preliminary training is required. The preliminary training includes spending at least two weeks working with an experience Government individual before assuming full duties.

2.3 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.4 Composite Health Care Systems (CHCS) and/or MHS GENESIS

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures

3. PERFORMANCE OUTCOMES:

3.1 Plans and completes necessary MEB process activities from the time of notification of the need to evaluate an active duty member's fitness for duty until a disposition is made by the Secretary of the Service.

3.2 Track treatment of patients with pending MEBs to ascertain all clinical information is available to the primary care manager. These clinical documents will be reviewed for completeness and accuracy.

3.3 Works closely with the Beneficiary Service Representative (i.e. Physical Evaluation Board Liaison Officer - PEBLO) and the Medical Evaluation Board Clerk to facilitate expeditious processing of active MEBs.

3.4 Schedules follow-up appointments and meetings as necessary.

3.5 Actively coordinates treatment plans with private and federal sector health care providers; interfacing with the patient, commander and MTF staff.

3.6 Maintains records, completes various forms for inclusion in medical records. Reviews all tests for abnormalities and recommendations prior to assembling health record. Brings notable findings to the attention of the reviewing physician. Compiles results of various medical tests, placing correctly in the health record.

3.7 Works closely with clinical staff to coordinate care, referrals, diagnostic testing and follow-up as required.

3.8 Coordinates ancillary services in an effort to improve medical management and treatment strategies.

3.9 Attends Deployment Availability Working Group (DAWG), local MEB meetings and other meetings necessary to job function.

3.10 Briefs the Commander and other staff members.

MEDICAL ADMINISTRATION SPECIALIST

SUMMARY: Provides medical administration services in a wide range of organizational, business and financial operations. This individual will assist senior level management by providing technical expertise and administrative support impacting plans and operations, compliance, risk and quality management, managed care, human resource management, logistics management, patient administration, budgetary and fiscal management, medical manpower, information management, medical readiness, medical facility management, and biometrics.

1. QUALIFICATIONS

1.1 Mandatory knowledge and skills.

1.1.1 Mastery level knowledge of military Medical Services, civilian health care delivery systems, military management health care principles and techniques, TRICARE Managed Health Support contracts and clinical and financial systems, policies, procedures and standards.

1.1.2 Must have knowledge of DoD, Air Force, Army or Navy and Accreditation Association of Ambulatory Health Care (AAAHC) standards and privacy and confidentiality requirements (HIPAA).

1.1.3 Must have working knowledge of Department of Defense (DoD), Federal, State, non-profit healthcare systems and organizations, to include DoD Tri-Service Military Healthcare Systems, TRICARE purchased care system, Medicare, Medicaid, Veterans Administration (VA), Public Health Department, and Regional and local support services.

1.1.4 Knowledge of medical information systems and automated analytical tools and software (clinical and financial models). Expertise in quantitative and quantitative analyses techniques using various military computer systems.

1.1.5 Knowledge of Microsoft Office programs, Outlook (e-mail), and Internet familiarity is required. This includes various microcomputer equipment, and be able to input, retrieve and format documentation.

1.1.6 Effective communication skills both orally and in writing. Research of operational activities may require coordination with high level officials such as the comptroller, civil engineering, or civilian and federal agencies.

1.2 Education. A bachelor's degree in health care administration, business, information management, or a related discipline is required. Master's Degree in one of these areas is preferred.

1.3 Experience. At minimum of 10 years of medical administration services is required.

1.3.1 Equivalent combinations of education and experience may be qualifying if approved by the requesting location and the Contracting Officer.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Specific military systems include, but are not limited to: The Composite Health Care System (CHCS) MHS GENESIS, AHLTA, ICD programs, government data repositories such as P2R2 Virtual Analyst, M2 Data Mart, Enterprise Data Warehouse (EDW), Population Health Operational Tracking and Optimization System, Defense Medical Logistics Standard Support (DMLSS), Medical Expense and Performance Reporting System, Third Part Collections, Defense Pharmacy System, Radiology and PACS, Automated Business Services System and Commanders' Resource Integration System.

3. PERFORMANCE OUTCOMES

3.1 Reviews health care delivery plans; identifies market forces, patient and beneficiary demand and other issues impacting MTF capabilities, access and patient care compliance and/or quality of care and services. Projects and studies require analysis of inter-related issues of effectiveness, efficiency, productivity and customer satisfaction during both peacetime and wartime.

3.2 Researches and analyzes complex health care operations. Prepares presentations, project papers, staff and biometric reports and other medical administrative correspondence; delivers to senior MTF management.

3.3 Uses business intelligence applications to extract, manipulate, format, and from various Government computer systems. May maintain metadata, or design basic databases.

3.4 Notifies and directs professional staff and other medical administrative personnel regarding process, policy and requirements.

3.5 Using analytical skills and tested methodologies, conducts studies in support of various projects, program, processes or initiatives covering all aspects of military health care activities. Projects may be complicated by regulatory requirements, long-range projections and objectives, and/or political and economic uncertainties.

3.6 Validates and implements MTF policy in support of hospital accreditation program and quality improvement efforts.

3.7 Assists with the development of financial plans and budgets to execute health care activities and initiatives. Analyzes utilization of funds in collaboration with MTF management.

3.8 Assists with preparations for facility construction, modification and design activities. Researches requirements to ensure an adequate patient care facility as well as a safe work environment.

**Medical Readiness Clerk
(Unclassified ONLY)**

SUMMARY. Performs various unclassified, clerical and administrative duties such as data entry, word processing, email correspondence, managing suspenses, creating briefing charts, and development/tabulation of spreadsheets.

1. QUALIFICATION

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 50 WPM is required.

1.1.2 Advanced knowledge in the use of Power Point, Excel, and Word software, capable of editing, developing, and reformatting complex formats (graphics, tables within text, revise and update spreadsheets, etc).

1.1.3 Fully capable in development and editing of lengthy, complicated reports that may require multiple software formats.

1.1.4 Ability to compose correspondence from draft to final version.

1.4.4 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and presentations.

1.4.5 Demonstrated proficiency on standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of office support.

1.4.6 General ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education. High school diploma or General Education Development (GED) equivalency.

1.3 Experience. At least 24 months of experience in a data entry position or other administrative support role using PowerPoint, Excel and Word software regularly.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending, and preparation of conference rooms for meetings. May require lifting and carrying weight over 25 pounds.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

- a. MRDSS ULTRA database.
- b. Medical Contingency Response Plan

3. PERFORMANCE OUTCOMES:

3.1 Utilizes checklists to inprocess and outprocess personnel. This includes, but is not limited to: MRDSS ULTRA database entries, providing a unit mission brief, Medical Contingency Response Plan (MCRP) review, Unit Type Code assignment and deployment requirements; MCRP team assignment; training requirements; names and duty sections of team chiefs; and current deployability/training status.

3.2 Assign training classes and provide a checklist of all items to be accomplished by member.

- 3.3 Follows procedures for permanently changing station, or separating/retiring personnel, including out-processing in MRDSS ULTRA. Print out training data if necessary and provide the individual with their personnel readiness folder (deployment folder).
- 3.4 Enter and track all required medical readiness and deployment training for all assigned members in MRDSS ULTRA to include reservists and Individual Medical Augmentees (IMAs). Training includes but is not limited to: Readiness skills Verification training, Disaster Team training, clinical training, Self Aid Buddy Care, CBRN Emergency Medical Preparedness and Response Course, Threat and Future Battlefield Environment, Medical Effects of CBRN Warfare, Depleted Uranium, Emergency Response Operations Course, Geneva Conventions/Law of Armed Conflict, Total Force Awareness Training, Human Remains Preservation Training, Medical Ethics and Detainee Operations, Combat Arms Training, CBRNE Defense Awareness, CBRNE Defense Survival skills, Unit Mission Brief, Medical Service Mission/Doctrine Brief/CONOPS/ TTP, Deployment Processing, other formal course training, core readiness training, UTC training.
- 3.5 Review members' folder for any profile prohibiting deployment. Prepare individuals for deployment by checking their 6- part folders for all applicable items, as outlined by the deployment checklist.
- 3.6 Maintain unit file plan management as determined by flight requirements.
- 3.7 Maintain unit library as determined by flight requirements.
- 3.8 Maintain Exercise binders IAW AFI 41-106 Chapter 7, paragraph 7.8.
- 3.9 Maintain RSVP training binders IAW AFI 41-106 Chapter 5, paragraph 5.7.
- 3.10 Upload data to web-based medical readiness communities of practice.
- 3.11 Issue personal gear for deployment.

REFERRAL CLERK

SUMMARY. This position provides clerical/administrative support in the Referral Management Center for customer service, referral tracking, referral appointing, and reporting activities. This position will support the daily functions of specialty care referral appointing, referral review and coordination, beneficiary counseling and referral tracking at the MTF.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 50 WPM is required.

1.1.2 General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.3 General office administrative and clerical skills to perform receptionist duties and answer telephones.

1.1.4 Ability to communicate effectively, both orally and in writing.

1.2 Education. High school diploma or General Educational Development (GED) equivalency. Completion of an Administrative Assistant program is desired.

1.3 Experience. At least 6 months of experience in medical office setting.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 The Composite Health Care System (CHCS), Armed Forces Health Longitudinal Technology Application (AHLTA), MHS GENESIS or other MTF ICD-B programs must be utilized for referral management services. Access will be granted by local MTF connectivity and the contractor shall comply with MHS communications and Government IT security standards and policies. The military facility will provide system accounts for MASS personnel after required training and security procedures have been completed by the contractor. If the Military Health Service processes moves away from specified systems, the government will modify the task order accordingly.

3. PERFORMANCE OUTCOMES:

3.1 Greets patients/visitors at a front desk, referral center or office setting.

3.2 Answers main office phone line(s). Directs telephone calls to appropriate section for assistance, handles independently or takes messages as required.

3.3 Reviews referrals for administrative completeness and researches covered benefits prior to processing.

3.4 Determines patient eligibility for services and arranges and schedules medical appointments for referred care.

3.5 Provides general instructions to patients and ensures patients have necessary documentation for referred health care services.

3.6 Obtains updates and files medical records as needed.

3.6.1 Organizes and researches patient records, extract needed information, and review records for referral results within established guidelines.

3.6.2 Request medical records and ensures arrival of medical records prior to appointment(s).

3.6.3 Initiates and locates patient medical records as needed.

3.6.4 Obtains documentation as requested by healthcare providers (test results, or documentation not yet filed in records).

3.7 Ensures referral results are returned to the referring provide and to the medical record within required timelines. Assists with follow up, written or verbal, as necessary.

3.8 Utilizes the referral tracking data collection tool. Calculates metrics, and compiles monthly reports, as directed by the MTF.

3.9 Orients and trains MTF personnel about the referral process and timelines.

GENERAL CLERK

SUMMARY. Provides reception and administrative support in non-direct patient care areas and various departments of a medical treatment facility, major command or Government staff office.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 50 WPM is required.

1.1.2 General telephone etiquette, and excellent communication and customer service skills.

1.1.3 General office administrative and clerical skills to perform receptionist duties and answer telephones.

1.1.4 Ability to communicate effectively, both orally and in writing.

1.2 Education. High school diploma or General Educational Development (GED) equivalency.

1.3 Experience. At least 6 months of experience in office setting.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands. Requirements include prolonged walking, standing, sitting or bending.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES: None.

3. PERFORMANCE OUTCOMES:

3.1 Greets customers/visitors at a front desk, information center or other office setting.

3.2 Answers main office phone line. Directs telephone calls to appropriate section for assistance.

3.3 Takes messages as required and relay messages to staff.

3.4 Arranges and schedules meetings for customers and staff members as required.

3.5 Obtains, updates and files departmental records/reports. Ensure completeness, accuracy, and consistency within established guidelines.

3.6 Enter data from various sources (reports, equipment displays, printouts, forms, etc.) into the appropriate computer system. Print reports at a required interval as directed by staff.

3.7 Files, retrieves, and collates documentation as requested by staff.

BIOMEDICAL EQUIPMENT TECHNICIAN (BMET)

SUMMARY. Installs, inspects, repairs, calibrates, and modifies biomedical equipment and support systems. Advises staff and other agencies on operation theory, underlying physiological principles, and safe clinical application of biomedical equipment. Provides technology management and equipment repair/calibration support for the medical treatment facility. The position assesses and evaluates the condition of in-use medical equipment for maintenance, upgrade, or replace recommendations.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Ability to communicate effectively, both orally and in writing. Ability to establish and maintain effective working relationships to represent the organization in a professional manner.

1.1.2 Knowledge of and skills in applying a wide range of specialized methods, principles, and techniques of electronics and complex medical system failures, recovery of systems, adjusting, modifying, and improving systems to include hardware and software components.

1.1.3 Knowledge of a wide range of electronic principles and practices, operating parameters, capabilities, and limitations of electronic systems associated with complex medical systems/equipment; and of systems and component design, capabilities, configurations, limitations, and functional operation; and of various types of electronic logic.

1.1.4 Knowledge of Department of Defense, The Joint Commission, AAAHC, CAP, OSHA, NFPA, NEC, FDA and other regulations, procedures, and practices as it applies to biomedical equipment.

1.1.5 Skill in the interpretation of technical data such as drawings, schematics, blueprints, and specifications of complete electronic systems; in analyzing problems in integrated/interfacing systems involving numerous complex circuits; and in using complex electronic and electromechanical test and measuring equipment using integrated test functions for different purposes.

1.1.6 Ability to maintain, repair, and test biomedical equipment in accordance with strict OEM technical compliance. Ability to solve technical and performance problems for highly complex electronic systems. Ability to trace electronics logic from one system to another.

1.1.7 Ability to use standard computers and software to enter and extract data to maintain records and document actions.

1.2 Education. An associate degree in biomedical equipment technology or engineering required.

1.3 Experience. At least two years of biomedical equipment technician experience is required.

1.4 Work Environment/Physical Requirements. Work will be accomplished in various departments of the medical treatment facility or logical extension of the facility (i.e., satellite clinic, health and wellness centers). Work areas may include isolated wards and in contaminated areas where personal protective equipment is required. Occasionally work on live electrical wires, switches and transformers of various voltage levels, exposing the worker to the possibility of shock, cuts, bruises, scrapes and serious burns. Exposure to ionizing and non-ionizing radiation is possible, the contractor shall use appropriate safety procedures and devices as required by the Government.

1.5 Physical Requirements. The nature of the work requires moderate physical effort. The biomedical equipment technician frequently is required to lift, carry or otherwise, handle, items weighing up to 18 kilograms (40 pounds) with occasional encounters involving items greater than 18 kilograms. Frequent standing, walking, bending, crouching, reaching, stooping and working in cramped and awkward positions for prolonged periods is required. In addition to health requirements in the contract, the individual must pass color vision test.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

- 2.1 A valid driver's license is required for the position in order to obtain authorization to drive a Government motor vehicle to service medical equipment that may be located in other buildings.

3. PERFORMANCE OUTCOMES:

- 3.1 Test and calibrate components using manufacturers' manuals and troubleshooting techniques, hand tools, power tools and measuring devices.
- 3.2 Keep records of maintenance, repair, and required updates of equipment.
- 3.3 Inspect and test malfunctioning medical and related equipment following manufacturers' specifications, using test and analysis instruments.
- 3.4 Disassemble malfunctioning equipment and remove, repair and replace defective parts such as motors, transformers, and circuit boards.
- 3.5 Perform preventive maintenance or service such as cleaning, lubricating and adjusting equipment in accordance with OEM specifications.
- 3.6 Test, evaluate, and classify excess or in-use medical equipment and determine serviceability, condition, and disposition in accordance with regulations.
- 3.7 Examine medical equipment and facility's structural environment and check for proper use of equipment, to protect patients and staff from electrical or mechanical hazards. Ensures compliance with safety regulations and policies.
- 3.8 Study technical manuals and attend training sessions provided by equipment manufacturers to maintain current knowledge.
- 3.9 Provide training to medical staff by explaining and demonstrating correct operation and operator preventive maintenance of medical equipment.

AMBULATORY PROCEDURE VISIT MEDICAL CODER

SUMMARY: Responsible for assignment of accurate Evaluation and Management (E&M) codes, ICD diagnoses, current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), modifiers and quantities derived from medical record documentation (paper or electronic) for ambulatory procedure visits. Trains and educates MTF staff on coding issues and plays a significant role in departmental and clinic-wide coding compliance activities.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Position requires excellent computer/communication skills for provider and staff interactions.

1.1.2 Knowledge of anatomy/physiology and disease process, medical terminology, coding guidelines (outpatient and ambulatory surgery), documentation requirements, familiarity with medications and reimbursement guidelines; and encoder experience.

1.1.3 Candidate must have ability to handle multiple projects and appropriately prioritize tasks to meet deadlines.

1.2 Education/Certification. The following are recognized certifications

1.2.1 Registered Health Information Technologist (RHIT) or Registered Health Information Administrator (RHIA), Certified Professional Coder (CPC), Certified Outpatient Coder (COC), Certified Coder Specialist (CCS), Certified Coder Specialist – Physician (CCS-P) are preferred for outpatient/ambulatory surgery medical coders as long as candidate has a minimum of three year experience in the outpatient setting (physician's office or ambulatory care centers) within the last five years.

1.2.2 An accrediting institution recognized by the American Health Information Management Association (AHIMA) and/or American Academy of Professional Coders (AAPC) must accredit education and certification.

1.2.2.1 **CONTINUED EDUCATION REQUIREMENTS:** Contract medical coders will obtain the required continued education hours at no expense to the government in order to maintain current and proper national certification(s) required for the position.

1.3 Experience. A minimum of three years' experience in the outpatient setting (ambulatory care centers) within the last five years is required **or** a minimum of two years if experience if that experience was in a military treatment facility. Multiple specialties encompass different medical specialties (i.e. Family Practice, Pediatrics, Gastroenterology, OB/GYN, etc.) that utilize ICD, E&M, CPT, and HCPCS codes. Ancillary specialties (PT/OT, Radiology, Lab, Nutrition, etc.) that usually do NOT use E&M codes do not count as qualifying experience. Additionally, coding, auditing and training exclusively for specialties such as home health, skilled nursing facilities, and rehabilitation care will not be considered as qualifying experience. Coding experience limited to making codes conform to specific payer requirements for the business office (insurance billing, accounts receivable) is **not** a qualifying factor.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting or bending. Carrying or lifting of medical records may be required daily. Use of one or more computer programs and monitors may be required daily.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.2 Armed Forces Health Longitudinal Technology Application (AHLTA). An electronic medical record documentation system designed for the MHS;

- 2.3 Defense Enrollment Eligibility Reporting System (DEERS);
- 2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.
- 2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.
- 2.6 Essentris™, the client-server version of the Clinical Information System (CIS)
- 2.7 Coding Compliance Editor (CCE) Systems
- 2.8 Biometric Data Quality Assurance Service (BDQAS) - <https://bdqas.afms.mil/>
- 2.9 AFMS Internal Coding Audit Methodology - AFMOA Audit Tool
- 2.10 MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

3 PERFORMANCE OUTCOMES:

- 3.1 Responsible for assignment of accurate E&M, ICD, CPT and HCPCS codes and modifiers from medical record documentation into the Government computer systems.
- 3.2 Identifies and abstracts information from medical records (paper or electronic) for special studies and audits, internal and external.
- 3.3 Interacts with MTF staff to ensure documentation is clear and supports coding assignments. Educates MTF staff through individual or group in-services and training sessions.
- 3.4 Maintains a delinquency report of missing records in order to facilitate completion of work within the required thresholds.
- 3.5 Works closely with the Coding Supervisor/auditor during audit process.
- 3.6 Ensures all required component parts of the medical record that pertain to coding are present, accurate and compile with DoD and JCAHO requirements.
- 3.7 Works with Coding Compliance-Editor software to ensure records are accurately coded.

Reference Laboratory Administrative Clerk

SUMMARY. Receives and opens packages for the reference laboratory and registers laboratory specimens in the computer system in preparation for testing by clinical personnel. Prepares laboratory results from already-established, standard reports for laboratory officer review and approval. Communicates with referring laboratories or providers to solve problems.

1. QUALIFICATIONS:

1.1. Mandatory knowledge and skills.

1.1.1 A fully qualified typist (computer keyboard) with a minimum of 50 WPM is required.

1.1.2 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.3 Proficient in Microsoft Office software. Able to use various programs, such as Word, Excel, Access, and PowerPoint to generate various products (i.e., tables of contents, import graphs or databases, create glossaries, align multiple columns, print document, identify files or make other notations at the top or bottom of each page, and create form letters and automatically merging these with mailing lists).

1.1.4 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of office support.

1.1.5 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education. High school diploma or General Educational Development (GED) equivalency. Medical terminology and Medical Administrative Specialist Certification desired.

1.3 Experience. At least 12 months of experience in a data entry position or other administrative support role requiring attention to detail skills using PowerPoint, Excel, Word and database software regularly. Medical terminology or medical background would be helpful, but not required.

1.4 Work Environment/Physical Requirements. The work is mainly sedentary, but may require walking, bending, standing, and/or carrying of light items such as files, manuals, and medical records. Exposure to infection from disease-bearing specimens exists--exposed to the risk of blood borne diseases.

2 UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA).

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS)

2.3 The Government will train a technically qualified candidate to identify the appropriate standard report to retrieve copy and paste into the results section of the laboratory order.

3 PERFORMANCE OUTCOMES:

3.1 Performs administrative procedures related to follow-up and tracking of active reference laboratory orders, results and reports in the Government computer systems and records.

3.1.1 Receives packages mailed by referring laboratories that contain specimens and paperwork for processing.

3.1.1.1 Delivery specimens to laboratory section.

3.1.1.2 Processes paperwork and maintains working folders for each order.

3.1.2 Retrieves CHCS/AHLTA orders, documents receipt of package (specimens) as accessions.

3.1.2.1 Identifies discrepancies in orders and works with the referring laboratory to resolve documentation issues.

3.1.3 Based upon patient demographic, type of specimen and test, and results, selects appropriate report for use for results documentation from existing, standard reports already available. Copies and paste report into computer systems for laboratory officer review and approval. If no report exists, does not complete the documentation in the computer system and passes to the laboratory officer for completion.

3.1.4 Obtains pathology reports and cytology reports for delivery to referring laboratory and Reference Laboratory records.

3.1.5 Accessions patients into the laboratory rosters (issues accession numbers and updates files daily). Thus, preparing a tracking log and suspense file.

3.2 Serves as recorder for the periodic meetings and committees for the Reference Laboratory.

3.2.1 Prepares and distributes meeting agenda and minutes as required.

3.2.2 Tracks open items of the meeting through to completion.

3.3 Participates in quality assurance activities by collating data and typing and formatting operating instructions.

INPATIENT MEDICAL CODING AUDITOR

SUMMARY: Responsible for the auditing of medical documentation and codes for compliance with federal coding regulations and guidelines. This will include review of the current ICD coding classification for diagnosis and procedures and the validity of the Medical Severity-Diagnosis Related Group (MS-DRG) assignments. The inpatient auditor is responsible for the auditing of medical documentation and codes for inpatient professional services or Rounds. The Rounds encounters include the assignment of ICD, Current Procedure Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes, modifiers, and quantities as documented by the physician. Trains and educates MTF staff on coding issues and plays a significant role in coding compliance activities.

1. QUALIFICATIONS:

1. Mandatory knowledge and skills.

- 1.1. Knowledge of auditing concepts and principles.
- 1.2. Advanced knowledge of medical coding, coding guidelines (DOD, CMS, etc.) and regulatory requirements.
- 1.3. Strong communication and interpersonal skills.
- 1.4. Knowledge of legal, regulatory, and policy compliance issues related to medical coding and documentation.
- 1.5. Knowledge of current and developing issues and trends in medical coding procedures requirements.
- 1.6. Detailed knowledge of medical coding systems, procedures, and documentation requirements.
- 1.7. Ability to adapt and modify medical coding procedures, protocol, and data management systems to meet specific operating requirements.
- 1.8. Ability to clearly communicate medical coding information to professional practitioners and/or the general public.
- 1.9. Ability to use independent judgment and to manage and impart confidential information.
- 1.10. Ability to analyze and solve problems.
- 1.11. Ability to provide guidance and training to professional and technical staff in area of expertise.

1.12 Computer literate, with knowledge of coding and auditing packages, mainframe and office software applications.

1.2 Education/Certification.

1.2.1 Inpatient Auditor Certifications. Registered Health Information Technologist (RHIT), Registered Health Information Administrator (RHIA), Certified Professional Coder-Hospital (CPC-H), Certified Professional Coder (CPC), and/or Certified Coder Specialist (CCS) are acceptable with 5 years medical coding experience (encompassing multiple clinic specialties) and 3 years of medical auditing experience within the last eight years. The candidates possessing a Certified Professional Medical Auditor (CPMA) certification must have at least 2 years auditing experience within the last 5 years.

1.2.2 An accrediting institution recognized by the American Health Information Management Association (AHIMA) and/or the American Academy of Professional Coders (AAPC) must accredit education.

1.2.3 CONTINUING EDUCATION REQUIREMENTS: Contract medical coders will obtain the required continuing education hours at no expense to the government in order to maintain current and proper national certification(s) required for the position.

1.3 Experience. A minimum of 5 years inpatient medical coding experience (encompassing multiple clinic specialties) and 3 years of medical auditing experience within the last eight years is required.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting, or bending. Carrying or lifting of medical records or documentation may be required daily. Use of one or more computer programs and monitors may be required daily.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

- 2.1 Composite Health Care systems (CHCS) and/or MHS GENESIS
- 2.2 Armed Forces Health Longitudinal Technology Application (AHLTA). An electronic medical record documentation system designed for the MHS;
- 2.2 Defense Enrollment Eligibility Reporting System (DEERS);
- 2.3 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.
- 2.4 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.
- 2.5 Essentris™, the client-server version of the Clinical Information System (CIS)
- 2.6 Coding Compliance Editor (CCE) Systems
- 2.7 Biometric Data Quality Assurance Service (BDQAS) - <https://bdqas.afms.mil/index2.htm>
- 2.8 Reserved.
- 2.9 MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

3 PERFORMANCE OUTCOMES:

- 3.1 Audits medical record documentation to identify inaccuracies between documentation and coding; prepares reports of findings and meets with medical coders to provide education and training on accurate coding practices and compliance issues.
- 3.2 Provides second-level review of inpatient/Rounds coding and MS -DRG assignment to ensure compliance with legal and procedural policies and to ensure optimal reimbursements while adhering to regulations prohibiting unbundling and other questionable practices.
- 3.3 Researches, analyzes, and responds to inquiries regarding compliance, inappropriate coding.
- 3.4 Interacts with coders/reviewers/trainers in regards to coding rules, documentation policies, procedures, and regulations; obtains clarification of conflicting, ambiguous, or non-specific documentation.
- 3.5 Trains, instructs, and/or provides technical support to medical coders/reviewers/trainers as appropriate regarding coding compliance documentation, and regulatory provisions.
- 3.6 Ensures strict confidentiality of medical records and audit findings. Conducts coding education to provide updated coding information and changes in coding and/or regulations to providers and MTF staff in accordance with the DoD coding procedures.

RESPIRATOR FIT TESTING TECHNICIAN

SUMMARY: This position will serve as a Respirator Fit Testing Technician (RFTT) supporting Bioenvironmental Engineering Respiratory Protection Program (RPP) and occupational health compliance programs. The RPP is conducted in compliance with Occupational Safety and Health Administration (OSHA) and DoD Occupational Safety and Health (AFOSH) Standards and is responsible for Quantitative Mask Fit Training (QNFT) for personnel issued a chemical, biological, radiological protective mask and industrial use respirators. The requirements also include Qualitative Fit Testing for industrial/medical use respirators as applicable. This includes, but is not limited to initial respirator fit testing, initial training, annual fit testing, annual training, test scheduling and coordination with work center supervisors/individuals enrolled in RPP, fit test troubleshooting, data collection, data entry and reporting of fit test statistics.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge of governing regulations, procedures and instructions.

1.1.2 Ability to read and speak the English language, use correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.3 Standard office equipment, such as computers, typewriters, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of administrative functions and office support.

1.1.4 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education/Certification.

1.2.1 Associate of Arts & Science degree with occupational health implications is required.

1.3 Experience. A minimum of two years' experience in an occupational health environment is required.

1.3.1 Because respirator fit testing experience is rare, the Government will train contractor personnel meeting the educational and experience requirements on the methods, techniques and equipment used to perform the testing.

1.4 **Physical Requirements.** Work is a combination of sedentary duties as well as light to moderate physical effort. Requirements include walking, standing, reaching, bending and moving items.

1.5 **Work Environment.** Work is performed indoors in an environment involving everyday risks or discomforts which require normal safety precautions. The area is adequately lighted, heated and ventilated.

1.6 Other Considerations.

1.6.1 May serve to train/guide lower grade (or other trades) military/civilian employees if expertise is not readily available on staff. The individual for this position must be knowledgeable on fundamentals of the respirator fit testing program in the occupational environment; however, the Government will provide specific training and guidance specific to RPP execution.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Publication References:

29 CFR 1910, Respiratory Protection (Section 1910.134)

AFI 48-145, Occupational and Environmental Health Program

AFOSH 48-137, Respiratory Protection Program

AFMAN 32-4006, Nuclear, Biological and Chemical (NBC) Mask Fit and Liquid Hazard Stimulant Training (Paragraphs 2.41-2.4.2.6, 2.7-2.9)

AF Form 2772, **Certificate of Respirator Fit Test**, (or computer generated equivalent)

Individual requesting locations usually have a separate facility operating instruction that is provided in the task order proposal request package.

2.2 The requesting location provides the fit testing equipment such as Port-A-Count machine and training on that equipment to the contractor personnel.

3. PERFORMANCE OUTCOMES:

3.1 The contractor shall perform initial fit testing following fit testing procedures for tight-fitting respirators. Such testing will include Quantitative Fit Test (QNFT) as a means of assessment to determine the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

3.2 As part of the continual maintenance of the RPP, the contractor shall also complete annual fit testing in accordance with AFOSH Std 48-137, Respiratory Protection Program. The annual fit testing is required by OSHA for industrial use tight fitting respirators. All annual fit testing will be scheduled and completed prior to the individual wearer becoming overdue for their annual fit test.

3.3 The contractor shall accomplish all necessary RPP requirements as defined in AFOSH Std 48-137. The contractor shall collect, enter and maintain all data into a database specified by the requesting location. The contractor shall complete all military forms required as part of the RPP. When applicable, contractor will utilize the Defense Occupational and Environmental Health Readiness System (DOEHRS) for reporting.

3.4 The contractor shall provide fit testing scheduling and coordination support. Such scheduling will include maintaining a fit testing and training database for tracking purposes. The contractor shall work closely with the RPP Administrator to ensure that personnel are scheduled and tracked on a routine basis.

3.5 The contractor shall provide assistance to the Administrator in supporting respirator problems. Such problems may include poor fitting or improper fitting respirators.

3.6 The contractor shall provide general administrative support. This support includes, but is not limited to: filing correspondence, scanning incoming and out-going correspondence into electronics files plan, maintaining both electronic and hard copy files plan, tracking correspondence sent to wing organization, entering data as required typing meeting minutes, answering office telephones, and greeting customers.

3.7 The contractor completes a monthly report that includes:

- Work Accomplishments
- Problems Encountered
- Task Resources
- Identify projected sampling requirements
- Material Kits, Parts, assemblies used
- RPP Fit Testing report showing overall number of personnel enrolled, current, due within 30 days, due with 60 days, and overdue for fit testing

3.8 The contractor may assist with facility Occupational Safety and Health Administration (OSHA) inspections, Environmental, Safety and Occupational Health Compliance Assessment and Management Program (ESOH CAMP) assessments, Nuclear Surety Inspections (NSI), Consolidated Unit Inspection (CUI), and Health Services Inspections (HSI), by preparing and providing the respective inspectors with appropriate documents.

PHYSICAL EVALUATION BOARD LIAISON OFFICER ASSISTANT

SUMMARY. The primary purpose of this position is to serve as an administrative assistant for the Physical Evaluation Board Liaison Officer (PEBLO) in the Medical Evaluation Board (MEB) program, Disability Evaluation System (DES), Temporary Disability Retirement Listings (TDRL) and TRICARE Operations Patient Administration service. Individual will perform various clerical and administrative duties such as initiation and processing of health care forms, documents, medical documentation and reports used in patient administration.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.2 A fully qualified typist with a minimum of 40 WPM is required.

1.3 Standard office equipment, such as computers, typewriters, copiers, fax machines, scanners, telephone and office automation systems.

1.4 General medical ethics, telephone etiquette and excellent communication and customer services skills.

1.1.5 Ability to plan, organize, schedule, and coordinate activities such as appointments, meetings, and suspense timelines.

1.1.6 Ability to communicate effectively, both orally and in writing.

1.1.7 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written and electronic correspondence and reports.

1.1.8 Proficient in Microsoft Office software. Able to use various programs, such as Word, Excel, Access, PowerPoint, and Project to generate a range of products (i.e., tables of contents, import graphs or databases, create glossaries, align multiple columns, print document, identify files or make other notations at the top or bottom of each page, and create form letters and automatically merging these with mailing lists).

1.2 Education. High school diploma or General Educational Development (GED) equivalency. Completion of an Administrative Assistant program is desired.

1.3 Experience. At least 12 months of experience in an administrative assistant role is required.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements include walking, standing, sitting, bending and carrying of light items like documents or books.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

2.1 The contractor shall use the Disability Counseling Guide for Physical Evaluation Board (PEB) Liaison Officers (PEBLO) as guidance for administrative support.

2.2 The Government will provide basic military health care principles and practices, PEBLO, MEB, TDRL and DES training.

2.3 The Government will provide training for various information systems (i.e., Veteran's Tracking Application (VTA), Disability Evaluation System-Information Technology Initiative (DES-ITI), Computerized Informatics Branch (CIB) and Defense Travel System (DTS)). Preliminary training and access will be provided by the Government during the inprocessing activities. After completion of the training, the individual will be required to independently use the Government computer system. Competency is at the sole discretion of the Government.

3. PERFORMANCE OUTCOMES:

3.1 Receives telephone calls, emails, or visitors and assists as required.

- 3.2 Receives and reviews all incoming/outgoing correspondence (written or electronic communications, etc.) accurately determining nature of request and routes correspondence appropriately.
- 3.3 Updates VTA, local tracking log, DES-ITI.
- 3.4 Retrieves, copies and files documents into official medical records. May be required to locate medical documentation such as narrative summaries, referral entries, results for placement into case files.
- 3.5 Provides and initiates medical forms for customers.
- 3.6 Schedules appointments (to include medical, Compensation and Pension (C&P) exams as well as local medical evaluation boards).
- 3.7 Assist with the proper assembly of MEB case files (Review-In-Lieu-Of (RILO) MEBs, MEB packages, and/or TDRL exams).
- 3.8 Uploads documents into the CIB (AFPC/DPAMM).
- 3.9 Stamps travel orders for TDRL patients.
- 3.10 Assists customers with DTS for Formal Physical Evaluation Board hearing (if required).
- 3.11 Assists customers with arrangements to travel on temporary duty status to and from other locations (as required).
- 3.12 Forwards completed MEB, TDRL packages to required offices (e.g., AFPC/DPSD).
- 3.13 Dispositions case files IAW military Records Information Management System requirements and procedures.
- 3.14 Tracks RILO MEB package due dates.
- 3.15 Using instructions provided by AFMSA, AFMOA, AFPC or VA offices, revises patient handouts, training documents, checklists, operating procedures, or other office continuity document as needed.
- 3.16 Attends Deployment Availability Working Group as required.
- 3.17 When not needed to support PEBLO/DES services, performs other administrative duties supporting Patient Administration including medical records filing, retrieval, research or review.

ADMISSIONS AND DISPOSITION CLERK

SUMMARY. Provides clerical/administrative support in Admissions and Dispositions of a medical treatment facility (MTF), and completes the admission and discharge processes in accordance with regulation and facility procedures.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 A fully qualified typist with a minimum of 50 WPM is required.

1.1.2 General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.3 General office administrative and clerical skills to perform receptionist duties and answer telephones.

1.1.4 Ability to communicate effectively, both orally and in writing.

1.1.5 Ability to operate computerized programs, in order to enter, to modify, and to retrieve information into or from electronic medical records.

1.2 Education. High school diploma or General Educational Development (GED) equivalency.

1.3 Experience. At least six (6) months of experience in a medical office setting.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. However, there may be some physical demands such as prolonged walking, standing, sitting or bending, and carrying office files or paperwork.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA).

2.2 Composite Health Care Systems (CHCS) and/or MHS GENESIS.

2.3 Essentris.

2.4 Defense Enrollment Eligibility Reporting System (DEERS).

2.5 Military Filing System – by sponsor social security, terminal digit order, color-coded and blocked filing system.

2.6 Contents of a military medical record, layout, sections, family member's prefix designation, forms used in a MTF, and the medical record tracking procedures.

3 PERFORMANCE OUTCOMES:

3.1 Receives and screens telephone calls; receives walk-in patients; responds to various general and routine medical, personnel and administrative inquiries, and escorts patients as necessary.

3.2 Provides advance directives, third party liability documentation, and other forms for patient to complete for inclusion into inpatient medical record.

3.3 Creates preadmission charts and completes the process in the electronic reporting systems (CHCS, Essentris, etc.).

- 3.4 Notifies Commander or designee of active duty patient's inpatient admission and /or subsequent discharge/transfer from an MTF. Tracks and reports statistics as required.
- 3.4.1 Coordinates/communicates with local civilian/non-military medical facilities to identify active duty admissions in the local area.
- 3.4.2 Coordinates with the base Casualty Affairs Officer for notification and support of all seriously ill or injured active duty members (both within the MTF and the local area).
- 3.5 Determines/verifies eligibility of all patients using the Defense Enrollment Eligibility Reporting System (DEERS).
- 3.6 Tracks and reports daily patient movement, bed status and ward transfers.
- 3.7 Corrects admission errors.
- 3.8 Assists in coordinating patient transfers from other wards or to outside facilities.
- 3.9 Receives and processes application for Secretarial Designee Program.
- 3.9.1 Ensures individual meets criteria as specified in AFI 41-210, TRICARE Operations and Patient Administration Functions.
- 3.9.2 Coordinates request for Secretarial Designee status through Chief of hospital services and MTF Commander for verification of available service, capacity and approval.
- 3.10 Tracks and reports all casualty reports and notifications in accordance set by AFPC, Directorate of Force Operations (DPF).
- 3.10.1 Assists providers in preparing death certificate according to State guidance. Obtains a decision regarding an autopsy and coordinates with appropriate office for completion.
- 3.10.2 Coordinates with MTF lab for housing and disposition of deceased's remains.
- 3.10.3 Coordinates documents for transportation of deceased persons.
- 3.10.4 Receives notification from provider on service members who die, sustain illness, injury, or disease while absent from duty, or due to his or her own misconduct.

OPERATING ROOM SCHEDULER

SUMMARY: The purpose of this position is to function as the medical treatment facility Operating Room (OR) Scheduler. This individual will schedule all operative procedures, record information in the Surgical Service System (S3) or by hand as appropriate; produce daily OR schedules, coordinate availability of surgical equipment and supplies, produce reports on OR activity, productivity, room utilization, cancellation activity, delay reports; work with CPT coders to ensure coding accuracy.

1. QUALIFICATIONS:

1.1. Mandatory knowledge and skills.

1.1.1. Must have skills as a typist to facilitate accurate data entry.

1.1.2. Standard office equipment, such as computers and office automation systems.

1.1.3. Proficient in Microsoft Office software. Able to use various programs, such as Word, Excel, Access, PowerPoint, and Project to generate a range of products (i.e., tables of contents, import graphs or databases, create glossaries, print document, identify files or create documents).

1.1.4. Must develop working knowledge of S3 and Essentris within 30 calendar days from Government-provided training.

1.1.5. Knowledge of the surgery sub-specialty sections, medical terminology and procedures common to each service in order to schedule surgeries accurately.

1.1.6. Knowledge of policies and procedures for the Operating Room and professional Nursing service.

1.1.7. Must maintain organizational skills in order to plan and administer daily operational issues of OR scheduling, including block time usage, estimated case times and room time/turnover.

1.1.8. General medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.2 Education. HS Diploma or equivalent.

1.3 Experience. One year prior experience in an operating room environment is required. This includes, but is not limited to, OR scheduling, OR circulating, OR scrub duties, central sterilization duties or pre-operative nursing.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary in a hospital setting. However, there may be some bending, walking, standing and carrying patient information/OR data and reports.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care systems (CHCS) and/or MHS GENESIS

2.3 Defense Enrollment Eligibility Reporting System (DEERS);

2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures.

2.6 EssentrisTM, the client-server version of the Clinical Information System (CIS)

2.7 Coding Compliance Editor (CCE) Systems

2.8 Surgery Scheduling System (S3)

3. PERFORMANCE OUTCOMES:

3.1. Receipt of Surgical Request

3.1.1. Receives surgical requests in S3 or equivalent; validates submitted information; schedules surgery and completes request. If additional information is needed, obtains required information to complete request.

3.1.2. Enters data in S3, or other computer scheduling system without errors (i.e., typographical, spelling or missing fields).

3.1.3. Checks for any comments regarding special equipment or supplies needed for case. Notifies OR Operations Officer/service team chief if special equipment, machines, grafts are requested.

3.1.4. Makes sure that patient data is correct for the surgery requested. Consults with OR Operations Officer/service team chief for clarification, if needed.

3.1.5. Schedules procedures according to established blocks within the correct time frames per established guidelines.

3.1.6. Monitors the number of rooms open for scheduling relative to staffing constraints and anesthesia coverage for each procedure.

3.2. Develops Daily Schedules, Advanced Schedules and Templates

3.2.1. Reviews and utilizes S3 case median time for basis of scheduling case time.

3.2.2. Schedules cases according to unit protocols for cases requiring special needs (e.g., latex sensitivity, special equipment, surgeon's performance). Notifies OR Operations Officer of conflicts in protocol.

3.2.3. Tracks and releases OR block time 7 calendar days prior to OR date .

3.2.4. Prints next day's preliminary schedule by 0800 for review and approval by OR Operations Officer.

3.2.5. Formulates final schedule for publication by 1200 daily.

3.2.6. Creates monthly surgical template and publishes six (6) weeks in advance after review/approval from Element Leader.

3.2.6.1. Reviews all future requests for surgery; maintains on-going schedule; creates a patient waiting list, if authorized by flight chief/department head.

3.3. Record creation, data collection and information validation.

3.3.1. Maintains accurate and complete documentation of schedule-related OR activity which includes tracking and reporting to element chief/OR designee.

3.3.1.1. Responsible for the creating reports from the database(s) including, but not limited to utilization rates, barriers, types of services, cost or resource expenditures as defined and requested by the OR Element Leader, Flight Leader or Squadron Commander.

3.3.2. Imports data into the Essentris.

- 3.3.3. Maintains staffing lists in S3 and updates as needed.
- 3.3.4. Reviews procedural lists and codes and confers with coders to maintain currency. Updates lists at least on a quarterly basis.
- 3.4. Works with CPT coders to ensure completed surgeries are accurately transcribed into the various Government computer systems.
- 3.5. Generates computerized records documenting staff currency on surgical case types and frequency.

OCCUPATIONAL HEALTH AND SAFETY TECHNICIAN
(a.k.a, Bioenvironmental Engineering Technician, Industrial Hygiene Technician)

SUMMARY. Performs Bioenvironmental Engineering activities in the fields of Industrial Hygiene, Occupational Health, Radiological Health, and Environmental Health to ensure healthy working conditions are maintained and that the environment is not adversely affected by operations.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Standard use of office equipment, such as computers, typewriters, copiers, fax machines, scanners, telephone and office automation systems.

1.1.2 Use of Microsoft Office software (Word and Excel at a minimum) to prepare reports and other documents.

1.1.3 General medical ethics, telephone etiquette and excellent communication and customer services skills.

1.1.4 Ability to plan, organize, schedule, and coordinate activities such as appointments, meetings, and suspense timelines.

1.1.5 Ability to communicate effectively, both orally and in writing.

1.1.6 English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written and electronic correspondence and reports.

1.1.7 Knowledge in and understanding of Occupational Safety & Health Administration (OSHA), Code of Federal Regulations (CFR), National Institute of Occupational Safety & Health (NIOSH), Analytical Methods sampling guides, NIOSH Pocket Guide to Chemical Hazards, American Conference of Governmental Industrial Hygiene (ACGIH) Threshold Limit Values (TLV) and Biological Exposure Indices (BEI) Booklet, Environmental Protection Agency (EPA) standards, and American National Standards Institute (ANSI) standards.

1.1.8 Knowledgeable in proper selection of personnel protective equipment (PPE).

1.2 Education. Minimum of an Associate's Degree in one of the following disciplines: Occupational Health/Safety, Core Science or Engineering Technology.

1.3 Experience. Personnel must have at least two (2) years of experience working in an Occupational Health or Industrial Hygiene related medical field **or** must have formal college/vocational school education and hold a certification issued by Occupational Health and Safety Technologist Certification (OHST) or the Board of Certified Safety Professionals (BCSP). One (1) year experience using basic sampling equipment to include detection tubes/chips, personal air samplers and calibrators, sound level meters, noise dosimeters, and environmental sampling equipment is required.

1.4 Work Environment/Physical Requirements. The work may be sedentary at times; however the Occupational Health and Safety Technicians must be able to stand on their feet for long periods of time and to walk on a regular basis. Physical demands include walking, standing, sitting, bending and carrying of light items up to 35 pounds. Travel to other sections of the MTF or military base may be required. This includes areas near the base that may be the responsibility of the medical group.

2 UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Defense Occupational Environmental and Health Readiness System-Industrial Hygiene (DOEHRS-IH).

2.2 The Government will provide on-the-job training covering the protocols and policies within the first two months of the start date. After completion of the training, the individual will be required to independently function in this position and meet all performance expectations. Competency is at the sole discretion of the Government.

3 PERFORMANCE OUTCOMES:

3.1 Performs workplace industrial hygiene surveys assessing all occupational, environmental, and radiological health hazards. Provide technical data and completed forms/documentation to staff for inclusion into occupational/environmental/radiological health program files. Enter data into DOEHS-IH in accordance with local procedures and requirements.

3.2 Inspects, tests, and evaluates workplace environments, equipment, and practices to ensure they follow all applicable standards and government regulations in accordance with AF requirements. Includes sample collection and survey measurements of potential hazards and engineering controls.

3.3 Recommends health hazard controls to mitigate hazardous and potentially hazardous conditions or equipment.

3.4 Assists staff in monitoring environmental conditions on the installation to include the collection of water samples for compliance with the Safe Drinking Water Act, swimming pool and bathing area water quality evaluations and program compliance, and occupational and environmental health site assessment sampling.

3.5 Demonstrates to workplaces the correct use of personal protective equipment and other health hazard controls.

3.6 Provides training and perform fit-testing on respiratory protection devices to include gas-mask fit-testing.

3.7 Investigates occupational illnesses and injuries to identify why they happened and how they might be prevented in the future.

3.8 Performs evaluations for compliance with fetal protection requirements.

3.9 Reviews hazardous materials requests, plans, work orders, contracts and specifications for compliance with environmental and occupational health directives.

3.10 Serves as a member on committees for occupational health, and environmental protection matters.

PUBLIC HEALTH TECHNICIAN

SUMMARY. Performs public health activities and programs in support of the Aerospace Medicine Program in a medical treatment facility (MTF). There are two major divisions within Public Health: Community Health Management and Force Health Management. Tasks include: food safety and security; medical entomology; communicable, environmental, vectorborne, and zoonotic disease prevention and control, medical record reviews; community related public health medical readiness activities (disaster team responsibilities); public health education and training, occupational health examinations, Preventive Health Assessments, Deployment Health Assessments; and Individual Medical Readiness (IMR).

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1. Standard use of office equipment, such as computers, copiers, fax machines, scanners, telephone and office automation systems.

1.1.2 Use of Microsoft Office software (Word, PowerPoint, Outlook, and Excel, at a minimum) to prepare reports and other documents.

1.1.3 Have general medical ethics, telephone etiquette, and excellent communication and customer service skills.

1.1.4 Ability to plan, organize, schedule, and coordinate activities such as appointments, meetings, and suspense timelines.

1.1.5 Ability to communicate effectively, both orally and in writing.

1.1.6 Use of English language, correct grammar, spelling, punctuation, capitalization, and formatting skills to prepare and edit written and electronic correspondence and reports.

1.1.7 Knowledge in and understanding of Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), Food and Drug Administration (FDA), Occupational Safety & Health Administration (OSHA), Code of Federal Regulations (CFR), National Institute of Occupational Safety & Health (NIOSH).

1.1.8 Knowledgeable in proper selection of personnel protective equipment (PPE).

1.2 Education. An Associate Degree in nursing or other related educational program such as allied, community health, or public health OR prior military training, and successful completion of Air Force, Army or Navy Public Health Technical training.

1.2 Experience. Personnel must have at least two years' experience in a related public/community health/nursing position OR four (4) years of prior military experience in a public health position.

1.3 Work Environment/Physical Requirements. The work may be sedentary at times; however, the Public Health Technician must be able to stand on their feet for long periods of time and to walk on a regular basis. Physical demands include walking, standing, sitting, bending and carrying of light items up to 35 pounds. Travel to other sections of the MTF or military base may be required. This includes areas near the base that may be the responsibility of the medical group.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

2.1 Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2 Composite Health Care Systems (CHCS) and/or MHS GENESIS

2.3 Aeromedical Services Information Management System (ASIMS) Web

2.4 Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE)

2.5 Air Force, Army or Navy Reportable Events Surveillance System

2.6 Air Force, Army or Navy Safety Automated System

2.7 Defense Occupational and Environmental Health Readiness System (DOEHRS)

2.8 The Government will provide on-the-job training covering the protocols and policies for the requesting location within the first two weeks of the start date. After completion of the training, the individual will be required to independently function in this position and meet all performance expectations. Competency is at the sole discretion of the Government.

2.10 The Government will provide appropriate PPE. This does not include a uniform or laboratory coat.

3 . PERFORMANCE OUTCOMES:

3.1 Performs epidemiological investigations, patient interviews and health education/control measures. Monitors treatment/follow-up actions on infectious patients and their contacts as well as personnel exposed to blood and body fluids. Monitors rabies control program. Assists with investigations of disease outbreaks. Collects and compiles epidemiological data.

3.2 Conducts food inspections IAW the regulatory requirements. Inspects foods, containers and/or vehicles and reports results to department manager/food managers concerning safety and security of foods on receipt and in storage. Collects and ships food for laboratory analysis. Evaluates and completes inspection records.

3.3 Conducts sanitation evaluations. Determines compliance with sanitary standards and reports discrepancies. Recommends inspection frequencies and schedules/conducts food/sanitation training.

3.4 Assists with evaluating risk of vectorborne disease transmission. Collects and identifies vector species. Educates forces and base populations on prevention and control of vectorborne diseases.

3.5 Performs occupational health assessment and/or occupational illness investigations; conducts duty location surveys to identify health concerns; recommends corrective actions with program training and tracking of members.

3.6 May be a member, record minutes or provide input to the Occupational & Environmental Health Working Group (OEHWG).

3.7 Participates in the Deployment Medical Surveillance Program to include, but not limited to scheduling, tracking and reporting on pre/post-deployment requirements.

3.8 Assists in scheduling and coordination of the deployment health assessments.

3.9 Assists healthcare provider teams with interpretation and application of medical standards to determine medical qualifications for occupational duty, worldwide duty, mobility status, flying status, and special duty. Provides administrative management of the Medical Profile Program; assists with retraining, specialist duties, and waivers.

3.10 Performs Preventive Health Assessments (PHA). Reviews fitness assessment surveys, retrieves required information from patient medical record reviews and/or schedules patient visit to obtain required information. Determines if patients need to be examined by a credentialed provider.

MEDICAL CODING TRAINER

SUMMARY: Develops specific goals and designs/organizes effective training presentations to promote coding and documentation improvement. Trains and educates MTF staff on coding issues and plays a significant role in coding compliance activities. Delivers appropriate and effective feedback and training via phone, email, virtual/webinar software, and face-to-face methods, according to customer needs and in accordance with (IAW) policy. This individual will track, monitor and report audits and training activities and results.

1 QUALIFICATIONS:

1.1 Mandatory Knowledge and Skills.

- 1.1.1 Excellent computer and verbal/written communication skills for provider and staff interactions.
- 1.1.2 Advanced knowledge and understanding of Evaluation and Management (E&M) codes, International Classification of Diseases (ICD) diagnoses, current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), and modifiers.
- 1.1.3 Advanced understanding of medical terminology, pharmacology, body systems/ anatomy, physiology and concepts of disease processes.
- 1.1.4 Ability to handle multiple projects and appropriately prioritize tasks to meet deadlines.
- 1.1.5 Demonstrated ability to analyze coder comments and audit results, and research Military Health System (MHS), DoD or Service level requirements, and Center for Medicare and Medicaid Services (CMS) coding guidelines for compliance.
- 1.1.6 Knowledge and understanding of medical coding and reimbursement guidelines.
- 1.1.7 Attention to detail and completeness with a thorough understanding of government rules and regulations, and potential areas of risk for fraud.

1.2 Education/Certification:

1.2.1 A minimum of one of the following: An associate's degree in health information management OR a university certificate for medical coding, OR at least 30 semester hours university/college credit that includes relevant coursework such as anatomy/physiology, medical terminology, health information management, and/or pharmacology.

1.2.1.1 Education in section 1.2.1 must be from an accredited educational institution recognized by the American Health Information Management Association (AHIMA) and/or American Academy of Professional Coders (AAPC).

1.2.2 Professional Coding Certifications: The following are recognized professional certifications: Registered Health Information Technician (RHIT); Registered Health Information Administrator (RHIA); Certified Professional Medical Auditor (CPMA); Certified Professional Coder (CPC); Certified Outpatient Coder (COC), ; Certified Inpatient Coder (CIC), Certified Coding Specialist (CCS); or Certified Coding Specialist – Physician (CCS-P).

1.2.3 Continuing Education Requirements:

1.2.3.1 Medical coders shall maintain the required continuing education hours in order to maintain current and proper national certification(s) requirements for this position at no expense to the government.

1.3 Experience. A minimum of eight years of medical coding and/or auditing experience in two or more medical, surgical and ancillary specialties. A minimum of one (1) year of performance in the specialty is required to be qualifying AND four years of experience in a training role (training auditors, coders, and/or providers) within the

last eight years is required OR three years' training experience within the last five years in a military coding environment. Training expertise must include identifying coding training opportunities; developing training plans and material, and instruction/delivery of the training to medical coder and clinical audiences. Multiple specialties encompass different medical specialties (i.e. Family Practice, Pediatrics, Gastroenterology, OB/GYN, etc.) that utilize ICD, E&M, CPT, and HCPCS codes. Ancillary specialties (PT/OT, Radiology, Lab, Nutrition, etc.) that usually do NOT use E&M codes do not count as qualifying experience. Additionally, coding, auditing and training exclusively for specialties such as home health, skilled nursing facilities, and rehabilitation care will not be considered as qualifying experience. Coding experience limited to making codes conform to specific payer requirements for the business office (insurance billing, accounts receivable) is **not** a qualifying factor.

1.4 Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting, or bending. Carrying or lifting of medical records or documentation may be required daily. Use of one or more computer programs and monitors simultaneously is typical and frequent. Routine travel between the Hub facility and the assigned remote sites is required.

2. UNIQUE MILITARY HEALTH CARE COMPUTER SYSTEMS/PROCEDURES:

2.1 Composite Health Care systems (CHCS);

2.2 Armed Forces Health Longitudinal Technology Application (AHLTA). An electronic medical record documentation system designed for the MHS;

2.3 Defense Enrollment Eligibility Reporting System (DEERS);

2.4 Military Filing System - by sponsor social security number, terminal digit order, color-coded and blocked filing system;

2.5 Contents of a military medical record, layout, sections, family member prefix designation, forms used in a MTF, and the medical record tracking procedures;

2.6 Essentris™, the client-server version of the Clinical Information System (CIS);

2.7 Coding Compliance Editor (CCE) Systems;

2.8 Biometric Data Quality Assurance Service (BDQAS) - <https://bdqas.afms.mil/>;

2.9 AFMS Internal Coding Audit Methodology - AFMOA Audit Tool/ Coding Audit Review System (CARS) or current audit tool;

2.10 MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

3. PERFORMANCE OUTCOMES:

3.1 Responsible for effectively analyzing coding errors as identified by fellow coders and/or the AFMOA auditors to identify feedback requirements and training opportunities to improve coding accuracy.

3.2 Engages with AFMOA, auditing organizations, coding liaison managers (CLM), remote location points of contact, providers/MTF staff and fellow coders to actively identify recurring coding problems and training needs.

3.2.1 Develops corrective action training plans along with remedial, refresher and new training materials, plans and strategies, and schedules to continuously improve coding accuracy and documentation. Creates and maintains training records.

3.3 Delivers initial and ongoing training to MTF staff via phone, email, Defense Connect On-Line (DCO) or successor Government system, and face-to-face methods, according to customer needs and in accordance policy.

3.3.1 Teaches physicians the value of improved documentation and demonstrates key metrics for determining the progress of Clinical Documentation Improvement (CDI). Advises providers on ways to strengthen clinical documentation skills.

3.3.2 Performs Clinical Documentation Improvement (CDI) activities as described in the AFMS Centralized Coding Business Manual.

3.4 Assists the AFMS ICD-10 Transition Program subject matter experts and the AFMOA Coding Program office as necessary with ICD-10 training at their assigned facilities.

3.5 Creates and submits monthly training activity reports to the Hub CLM and the AFMOA Coding Program Office.

MEDICAL CODING COMPLIANCE SPECIALIST (AFMOA ONLY)

SUMMARY: Member of the MHS agency Coding Program Office support team. The position will reduce inpatient facility, ambulatory procedure visit (APV), or professional services coding (PSC) backlog created by workload surges, manning shortages, or computer system issues. This position will conduct focused audits for coding compliance or training purposes; develop standardized coding training; deliver coding education/training to individuals or groups; and identifying/educating on clinical documentation improvement opportunities.

QUALIFICATIONS:

1.1. Mandatory Knowledge and Skills.

1.1.1. Knowledge of The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-CM), procedural coding, healthcare common procedure coding system (HCPCS)/current procedural terminology (CPT) nomenclature, medical and procedural terminology, anatomy and physiology, pharmacology, and disease processes to perform the duties described. Knowledge of reimbursement systems, including Prospective Payment System (PPS) and Diagnostic Related Groupings (DRGs); Ambulatory Payment Classifications (APCs); and, Resource-Based Relative Value Scale (RBRVS).

1.1.2. Knowledge of and the ability to interpret guidelines, rules and regulations developed by: Centers for Medicare & Medicaid Services (CMS), American Medical Association (AMA), American Heart Association (AHA) and other applicable Federal requirements so as to provide timely and accurate information relating to coding, billing and documentation.

1.1.3. Excellent oral and written communication skills, interpersonal skills along with the confidence to present complex medical coding issues and educational instruction to a diverse audience. Must be comfortable in front of high ranking, professional staff and coding peers to training and respond to questions.

1.1.4. Ability to write reports, business correspondence, and procedure manuals.

1.1.5. Organizational, analytical, time management, statistical, and problem solving skills.

1.1.6. Advanced knowledge of computers, keyboard skills, and various software programs including Microsoft (word processing, spreadsheet and database) as well as coding software programs.

1.2. Education/Certification:

1.2.1. A minimum of one of the following: An associate's degree in health information management OR a certificate in medical coding, OR at least 30 hours university/college credit that includes relevant coursework such as anatomy/physiology, medical terminology, health information management, and/or pharmacology.

1.2.2. At least one of the following recognized professional coding certifications is required: Registered Health Information Technician (RHIT); Registered Health Information Administrator (RHIA); Certified Professional Medical Auditor (CPMA); Certified Professional Coder (CPC); Certified Professional Coder, Hospital (CPC-H); Certified Coding Specialist (CCS); or Certified Coding Specialist – Physician (CCS-P).

1.2.2.1. Education in Section 1.2. must be from an accredited educational institution recognized by the American Health Information Management Association (AHIMA) and/or American Academy of Professional Coders (AAPC).

1.2.3 Continuing Education Requirements:

1.2.3.1. Coding compliance specialists will maintain the required continuing education hours and credentials as required by their national association certification at their own expense.

1.2.3.2. Must have successfully completed requirements for International Classification of Diseases, Tenth Revision ICD-10-CM/PCS proficiency certification by AHIMA standards or the AAPC ICD-10-CM proficiency test NLT 120 days from employee's start date.

1.3. Experience:

1.3.1.1. A minimum of ten years of medical coding experience within the past ten years, in more than 4 medical and surgical specialties. A minimum of two years of inpatient facility coding experience must be included in the required ten years of experience. A minimum of two years of ambulatory surgery facility coding experience must be included in the required ten years of experience. Multiple specialties encompass different medical specialties (i.e. Family Practice, Pediatrics, Gastroenterology, OB/GYN, etc.) that utilize ICD, E&M, CPT, and HCPCS codes. Ancillary specialties (PT/OT, Radiology, Lab, Nutrition, etc.) that usually do NOT use E&M codes do not count as qualifying experience. Additionally, coding, auditing and training exclusively for specialties such as home health, skilled nursing facilities, and rehabilitation care will not be considered as qualifying experience. Coding experience limited to making codes conform to specific payer requirements for the business office (insurance billing, accounts receivable) is not a qualifying factor.

1.3.2.

AND

1.3.2.1. A minimum of four years of auditing, training, and/or compliance functions within the last ten years is required.

OR

1.1.3.2. Candidates with three years of auditing, compliance, or training experience involving professional and facility coding within the last five years in a DoD coding environment may be considered in lieu of ten years for those without DoD experience.

- Auditing functions include development and execution of audit plan, conducting audit according to audit plan by reviewing required documentation and determining compliance with audit standards, communicating with stakeholders during all phases of audit, and reporting on audit findings.
- Training functions include identifying coding training opportunities; developing coding training plans, and development/delivery of coding training to coder and physician/provider audiences.
- Compliance functions include identifying compliance issues and analyzing practice patterns and recommending changes to policies and procedures; recommending/updating standard policies and procedures; contribute to risk assessments and mitigation strategies; and data collection and statistical report generation.

1.4. Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting, or bending. Carrying or lifting of medical records or documentation may be required daily. Use of one or more computer programs and monitors simultaneously is typical and frequent. Varying amounts of travel between duty station and MTFs may be required.

2. MILITARY HEALTH SYSTEM POLICIES/PROCEDURES AND COMPUTER SYSTEMS:

2.1. Military Records:

2.1.1. Military filing system is organized by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.1.2. Contents of a military medical record, layout, sections, family member prefix designation, forms used in an MTF, and medical record tracking procedures.

2.2. Computer Systems/Programs.

2.2.1. Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2.2. Composite Health Care System (CHCS)

2.2.3. Defense Enrollment Eligibility Reporting System (DEERS)

2.2.4. Essentris™The client-server version of the Clinical Information System (CIS)

2.2.5. Coding Compliance Editor (CCE)

2.2.6. Biometric Data Quality Assurance Service (BDQAS)- <https://bdqas.afms.mil/>

2.2.7. AFMS Internal Coding Audit Methodology – AFMOA Audit Tool/Coding Audit Review System (CARS), or current tool

2.2.8. MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

2.2.9. AFMS Centralized Coding Manual (Section J, Attachment 5 of the main contract).

3. PERFORMANCE OUTCOMES:

3.1. Completes coding at various locations as assigned by the Government either by remote computer access or TDY to the MTF.

3.1.1. Responsible for assignment of accurate ICD and HCPCS codes, modifiers, and quantities from medical record documentation for institutional/facility coding, leading to accurate assignment of MS-DRGs.

3.1.2. Responsible for assignment of accurate Evaluation and Management (E&M), ICD, CPT, and HCPCS codes and modifiers for professional services encounters, based on the medical record documentation.

3.1.3 Meets productivity and accuracy standards in accordance with AFMS policy and regulation.

3.2. Assists in development and execution of focused audit plans.

3.3. Identifies and abstracts information from medical records (paper or electronic) for special studies and audits, internal and external, analyzing and identifying coding and and/or documentation.

3.4. Collaborates with AFMOA, Coding Liaison Managers, AFMOA Audit Cell, Hub Medical Coding Trainers, AFMS/MAJCOM/MTF senior leadership, and MTF providers/staff to identify recurring coding problems and training needs.

3.5. Develops training plans from remedial/refresher, to just-in-time corrective and new training materials to continuously improve coding accuracy and documentation.

3.6. Delivers training presentations for general coding, ICD-10, and coding compliance provider training as assigned by the Government.

3.7. Effectively analyze provider diagnosis and procedure documentation and identify clinical documentation improvement (CDI) opportunities, producing appropriate CDI queries and educating providers on the value of improved documentation, recommending ways to improve clinical documentation skills.

3.8. Assists the AFMOA Coding Program Office in identifying compliance issues and analyzing practice patterns and recommending changes to policies and procedures; recommending/updating standard policies and procedures; contributing to risk assessments and mitigation strategies; and assisting with data collection and statistical report generation.

MEDICAL EQUIPMENT MANAGEMENT OFFICE SPECIALIST

SUMMARY: This position will support the Medical Equipment Management Office (MEMO) in a medical treatment facility by performing requisition functions for medical supplies and equipment, processing contracts, and receiving, safeguarding and accounting for supplies and equipment. This position will assist with inventory control and accounting of supplies and equipment.

1. QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

- 1.1.1 Knowledge of governing supply regulations, procedures and instructions.
- 1.1.2 Knowledge of supply functions, operations, program requirements and work methods.
- 1.1.3 Knowledge of warehousing methods, procedures, material handling techniques and of activities such as material receiving, issuing and preservation.
- 1.1.4 Ability to use automated processing equipment and systems such as optical readers and scanners.
- 1.1.5 Ability to read, interpret and apply reference material such as regulations, manuals, catalogs, records, orders, etc. to accomplish and resolve problems.
- 1.1.6 Ability to read and speak the English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.
- 1.1.7 Standard office equipment, such as computers, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of office support.
- 1.1.8 Knowledge of Microsoft and Internet (web-based) applications.
- 1.1.9 General medical ethics, telephone etiquette, excellent communications and customer service skills.

1.2 Education:

1.2.1 Associates degree in management, accounting or healthcare administration or prior military basic medical materiel course is required. AND

1.3 Experience: Five years' experience in healthcare medical logistics with equipment and supply, inventory management and supply oversight. Knowledge of medical purchasing and activities required to determine the most viable source for equipment with consideration for price, quality and timeliness of delivery.

1.4 Physical Requirements. Work is a combination of sedentary duties as well as light to moderate physical effort. Requirements include walking, standing, reaching, bending and moving items. May require lifting and carrying weight over 45 pounds. Works periodically on hard surfaces.

1.5 Work Environment. Work is performed indoors in an environment involving everyday risks or discomforts which require normal safety precautions. The area is adequately lighted, heated and ventilated.

1.6 Other Considerations.

1.6.1 May serve to train/guide lower grade (or other trades) military/civilian employees.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

The contractor shall use the Defense Medical Logistics Standard Support System (DMLSS) for basic routine ordering and issue procedures as well as Microsoft applications, and Internet web-based applications such as The Integrated Global Equipment Request System (TIGERS).

2.1 The contractor shall be able to obtain driving privileges and be able to drive a 1.5 ton stake bed truck for the delivery of medical equipment, supplies, and furniture. A valid driver's license is required for the position.

3. PERFORMANCE OUTCOMES:

3.1 Assists in daily operations of the MEMO which encompasses the functions of preparing equipment package requests.

3.1.1 Researches requisition status documentation and provide quality control of assigned equipment and new furniture being purchased or serviced.

3.1.2 Assists with and preforms research to determine best equipment sourcing options.

3.1.3 Tracks progress of funded equipment or furniture acquisitions and provides updates to customers.

3.2 Coordinates with warehouse and maintenance personnel when equipment or furniture items are received, inspected, shipped, stored, issued or turned-in for salvage to ensure proper receipts are processed.

3.3 Processes turn-ins via Electronic Turn-In Document (ETID); assists with turn-ins to Defense Reutilization and Marketing Office (DRMO).

3.4 Coordinates with contracting and Medical Logistics Office on equipment purchases including high dollar/investment purchases.

3.5 Provides follow up of new requests as well as aged due-ins.

3.6 Maintains close coordination with equipment custodians and the medical maintenance activity to advise on and ensure proper accountability and procedures are in effect.

3.7 Assists with annual and initial equipment custodial training along with monitoring and updating property custodian letters of appointment.

3.8 Assists with annual equipment inventories, uses current copies of the Equipment Inventory List (EIL) or Customer Receipt/Locator lists (CRLs) to complete the counts.

3.9 Perform equipment inventories and tracking using a Radio Frequency Identification (RFID) system or equivalent methods as necessary of all in-use medical equipment for each assigned or detached organizational account.

3.9.1 Assists in the process of initiating and tracking report of surveys for missing equipment items.

3.10 Participates in the Equipment Review and Authorization Activities (ERAA), local meetings, training, seminars, and conferences as required. Assists with preparation of the medical ERAA Board to include coordinating the meeting with participants and preparing the agenda, slide show, and minutes.

MEDICAL LOGISTICS SUPPLY SPECIALIST

SUMMARY: This position will serve as a Supply Technician providing operations support pertaining to supply chain management. The duties will include customer service, acquisitions, forward logistics, receiving, stocking, selecting and storing medical supply items, supply turn-in, and medical group vehicle care taking. This includes receiving, storing, selecting, shipping, pick-up and delivery of general or specialized bulk materials and equipment.

1 QUALIFICATIONS:

1.1 Mandatory knowledge and skills.

1.1.1 Knowledge of governing supply regulations, procedures and instructions.

1.1.2 Knowledge of supply functions, operations, program requirements and work methods.

1.1.3 Knowledge of warehousing methods, procedures, material handling techniques and of activities such as material receiving, issuing and preservation.

1.1.4 Ability to use automated processing equipment and systems such as optical readers and scanners.

1.1.5 Ability to read, interpret and apply reference material such as regulations, manuals, catalogs, records, orders, etc. to accomplish and resolve problems.

1.1.6 Ability to read and speak the English language, correct grammar, spelling, punctuation, capitalization, and format to prepare and edit written correspondence, reports, and transcribed material.

1.1.7 Standard office equipment, such as computers, copiers, fax machines, telephone systems and office automation systems, to perform a substantial range of office support.

1.1.8 Knowledge of Microsoft and Internet (web-based) applications.

1.1.9 General medical ethics, telephone etiquette, excellent communications and customer service skills and ability to work independently.

1.2 Education/Certification.

1.2.1 Must have a High School Diploma or equivalent.

1.3 Experience. A minimum of 3 years' experience is required in supply chain management setting that includes general supply activities, ordering, receiving, customer support, inventory management, warehousing and operation of various materials handling equipment.

1.4 Physical Requirements. Work is a combination of sedentary duties as well as light to moderate physical effort. Requirements include walking, standing, reaching, bending and moving items. May require lifting and carrying weight over 45 pounds. Works periodically on hard surfaces.

1.5 Work Environment. Work is performed indoors in an environment involving everyday risks or discomforts which require normal safety precautions. The area is adequately lighted, heated and ventilated.

1.6 Other Considerations.

1.6.1 May serve to train/guide lower grade (or other trades) military/civilian employees.

1.6.2 The contractor may require driving privileges and be able to drive up to a 1.5 ton stake bed truck and 4-6K electric forklifts for the delivery of medical equipment, supplies, and furniture. A valid driver's license is required for the position.

2. UNIQUE MILITARY HEALTH CARE SYSTEMS/PROCEDURES:

The contractor shall use the Defense Medical Logistics Standard Support System (DMLSS) for basic routine ordering and issue procedures.

3. PERFORMANCE OUTCOMES:

3.1 The contractor shall process customer orders, stock, and re-supply medical logistics items. This will include removing all outdated or expired items from shelves.

3.1.1 Performs inventory and documentation of supply stock utilizing DMLSS. Makes adjustments to stock levels as directed and manages excess processes and credit returns program.

3.1.1.1 Performs quality control on transaction records and files documents appropriately.

3.1.1.2 Researches quality assurance messages utilizing DMLSS and coordinates affected products/recalls with affected work centers.

3.1.2 Performs research on troubled orders, aged due-ins, and finds alternatives solutions while keeping customers informed of progress.

3.1.3 Issues, exchanges, fills, resupplies medical first aid kits.

3.2 The contractor shall provide forward logistics support to warehouse personnel as needed. This includes assisting with the delivery of supplies, equipment, or furniture to customer accounts within the medical treatment facility, to include outlying buildings attached to the organization. Ensures warehouse quality control, cleanliness, and aesthetics.

3.2.1 The contractor will be required to ensure proper handling and storage of medical gases IAW applicable AFI's and local safety guidelines; monitors exchange process.

3.2.2 The contractor shall be responsible for the coordination scheduling and transportation requests for the turn-in of unserviceable medical equipment, supplies, and furniture. This includes handling the proper turn-in, documentation and scheduling equipment/supplies to the Defense Reutilization and Marketing Office (DRMO) and base transportation.

3.3 The contractor shall be responsible for the care taking of medical group vehicle assets on a daily basis. This will include the proper maintenance scheduling, fuel requirements, daily/monthly vehicle inspections, and general inside/outside vehicle cleanliness to include washing and vacuum.

MEDICAL CODING MODERNIZATION SPECIALIST

SUMMARY: This position will support coding operations and compliance as part of the Medical Modernization Program. The coding professional will conduct internal audits; monitor coding practices and documentation deficiencies to identify, develop, deliver training and monitor effectiveness of efforts to ensure improvement to documentation, coding completion, timeliness and accuracy rates for the MTF.

1. QUALIFICATIONS:

1.1. Mandatory Knowledge and Skills.

1.1.1. Knowledge of The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-CM), procedural coding, healthcare common procedure coding system (HCPCS)/current procedural terminology (CPT) nomenclature, medical and procedural terminology, anatomy and physiology, pharmacology, and disease processes to perform the duties described. Knowledge of reimbursement systems, including Prospective Payment System (PPS) and Diagnostic Related Groupings (DRGs); Ambulatory Payment Classifications (APCs); and, Resource-Based Relative Value Scale (RBRVS).

1.1.2. Knowledge of and the ability to interpret guidelines, rules and regulations developed by: Centers for Medicare & Medicaid Services (CMS), American Medical Association (AMA), American Heart Association (AHA) and other applicable Federal requirements so as to provide timely and accurate information relating to coding, billing and documentation.

1.1.3. Excellent oral and written communication skills, interpersonal skills along with the confidence to present complex medical coding issues and educational instruction to a diverse audience. Must be comfortable in front of high ranking, professional staff and coding peers to training and respond to questions.

1.1.4. Ability to write reports, business correspondence, and procedure manuals.

1.1.5. Organizational, analytical, time management, statistical, and problem solving skills.

1.1.6. Advanced knowledge of computers, keyboard skills, and various software programs including Microsoft (word processing, spreadsheet and database) as well as coding software programs.

1.2. Education/Certification:

1.2.1. Successful completion of academic requirements, at least at an associate's degree level from a health information management program is required.

1.2.2. A Registered Health Information Technician (RHIT) or equivalent certification is required.

1.2.2.1. Other coding certifications may be considered but will require Government acceptance in accordance with the Equivalency Determination Request process outlined in Section H.3.f.(3) of the main contract.

1.2.3 Continuing Education Requirements:

1.2.3.1. Medical Coding Modernization Specialists will maintain the required continuing education hours and credentials as required by their national association certification at their own expense.

1.2.3.2. Must have successfully completed requirements for International Classification of Diseases, Tenth Revision ICD-10-CM/PCS proficiency certification by AHIMA standards or the AAPC ICD-10-CM proficiency test prior to their start date if an equivalency determination request for AAPC certification(s) is authorized by the Government.

1.3. Experience:

1.3.1. Candidates will require a minimum of 10 years of medical coding experience in production coding environments within the past 10 years, in more than 4 medical and surgical specialties, involving assignment of ICD, E&M, CPT, and HCPCS codes. Coding, auditing and training for ancillary services such as physical, occupational therapy, speech, and nutritional medicine as well as home health, skilled nursing facilities, rehabilitation care and urgent care clinics are not qualifying.

AND

1.3.1.1. A minimum of four years of auditing, training, and/or compliance functions within the last eight years is required in at least 4 medical and surgical specialties as stated above.

OR

1.3.1.2. Candidates with three years of auditing, compliance, or training experience involving professional coding within the last five years in a DoD coding environment may be considered in lieu of 10 years for those without DoD experience. Auditing, compliance, or training experience is described as:

- Auditing functions include development and execution of audit plan, conducting audit according to audit plan by reviewing required documentation and determining compliance with audit standards, communicating with stakeholders during all phases of audit, and reporting on audit findings.
- Training functions include identifying coding training opportunities; developing coding training plans, and development/delivery of coding training to coder and physician/provider audiences.
- Compliance functions include identifying compliance issues and analyzing practice patterns and recommending changes to policies and procedures; recommending/updating standard policies and procedures; contribute to risk assessments and mitigation strategies; and data collection and statistical report generation.

1.4. Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting, or bending. Carrying or lifting of medical records or documentation may be required daily. Use of one or more computer programs and monitors simultaneously is typical and frequent.

2. MILITARY HEALTH SYSTEM POLICIES/PROCEDURES AND COMPUTER SYSTEMS:

2.1. Military Records:

2.1.1. Military filing system is organized by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.1.2. Contents of a military medical record, layout, sections, family member prefix designation, forms used in an MTF, and medical record tracking procedures.

2.2. Computer Systems/Programs.

2.2.1. Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2.2. Composite Health Care System (CHCS) and/or MHS GENESIS

2.2.3. Defense Enrollment Eligibility Reporting System (DEERS)

2.2.4. Essentris™The client-server version of the Clinical Information System (CIS)

2.2.5. Coding Compliance Editor (CCE)

2.2.6. Biometric Data Quality Assurance Service (BDQAS)- <https://bdqas.afms.mil/>

2.2.7. AFMS Internal Coding Audit Methodology – AFMOA Audit Tool/Coding Audit Review System (CARS), or current tool

2.2.8. MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

2.2.9. AFMS Centralized Coding Manual (Section J, Attachment 5 of the main contract).

3. PERFORMANCE OUTCOMES:

3.1. Assists the MTF in identifying medical coding deficiencies by analyzing documentation and coding practices that may be misrepresenting or incorrectly capturing medical care activities.

3.1.1. Analyzes historical encounter documentation and coding records from Government computer systems and medical records to identify clinical documentation improvement (CDI) and training opportunities.

3.1.2. Compares documentation to code application to ensure accuracy. Tracks deficiencies for trending and corrective action.

3.2. Collaborates with MTF leadership, MTF providers/staff, and other coding professionals related to the performance of tasks to address recurring documentation and coding deficiencies, Contacts providers to review findings to improve documentation practices as well as E&M leveling, capturing medical procedures and to improve diagnosis specificity issues IAW with coding guidelines.

3.2.1. Develops focused training presentations from thorough analysis as outlined in the MTF modernization action plan. Seeks Government approval prior to delivering Government scheduled training to MTF providers and other staff.

3.3. Creates and submits training activity reports to the MTF leadership. Presents reports to the Government weekly and identifies scheduling issues and obstacles to meeting improvement objectives.

3.4. Creates monthly reports showing completed activities and improvement to metrics.

MODERNIZATION STUDY CODING COMPLIANCE SPECIALIST

SUMMARY: This position will support coding operations and compliance as part of the Modernization Study Program. The coding professional will conduct internal audits; monitor coding practices and documentation deficiencies to identify, develop, deliver training and monitor effectiveness of efforts to ensure improvement to documentation, coding completion, timeliness and accuracy rates for the MTF.

2. QUALIFICATIONS:

1.1. Mandatory Knowledge and Skills.

1.1.1. Knowledge of The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-CM), procedural coding, healthcare common procedure coding system (HCPCS)/current procedural terminology (CPT) nomenclature, medical and procedural terminology, anatomy and physiology, pharmacology, and disease processes to perform the duties described. Knowledge of reimbursement systems, including Prospective Payment System (PPS) and Diagnostic Related Groupings (DRGs); Ambulatory Payment Classifications (APCs); and, Resource-Based Relative Value Scale (RBRVS).

1.1.2. Knowledge of and the ability to interpret guidelines, rules and regulations developed by: Centers for Medicare & Medicaid Services (CMS), American Medical Association (AMA), American Heart Association (AHA) and other applicable Federal requirements so as to provide timely and accurate information relating to coding, billing and documentation.

1.1.3. Excellent oral and written communication skills, interpersonal skills along with the confidence to present complex medical coding issues and educational instruction to a diverse audience. Must be comfortable in front of high ranking, professional staff and coding peers to training and respond to questions.

1.1.4. Ability to write reports, business correspondence, and procedure manuals.

1.1.5. Organizational, analytical, time management, statistical, and problem solving skills.

1.1.6. Advanced knowledge of computers, keyboard skills, and various software programs including Microsoft (word processing, spreadsheet and database) as well as coding software programs.

1.2. Education/Certification:

1.2.1. A minimum of one of the following: An associate's degree in health information management OR a certificate in medical coding, OR at least 30 hours university/college credit that includes relevant coursework such as anatomy/physiology, medical terminology, health information management, and/or pharmacology.

1.2.2. Coding Certification:

2.2.2.1 One of the following coding certifications is required: Registered Health Information Technician (RHIT); Registered Health Information Administrator (RHIA); Certified Professional Medical Auditor (CPMA); Certified Professional Coder (CPC); Certified Outpatient Coder, (COC); Certified Inpatient Coder (CIC); Certified Coding Specialist (CCS); or Certified Coding Specialist – Physician (CCS-P).

1.2.2.2. Other coding certifications may be considered but will require Government acceptance in accordance with the Equivalency Determination Request process outlined in Section H.3.f.(3) of the main contract.

1.2.2.3. Education in paragraph 1.2.1 must be from an accredited educational institution recognized by the American Health Information Management Association (AHIMA) and/or American Academy of Professional Coders (AAPC)

1.2.3 Continuing Education Requirements:

1.2.3.1. Medical Coding Modernization specialists will maintain the required continuing education hours and credentials as required by their national association certification at their own expense.

1.2.3.2. Must have successfully completed requirements for International Classification of Diseases, Tenth Revision ICD-10-CM/PCS proficiency certification by AHIMA standards or the AAPC ICD-10-CM proficiency test prior to their start date.

1.3. Experience:

1.3.1. Content of Experience. For the degree of work experience described below, candidates must successfully illustrate or demonstrate the following content in the progression of their work experience:

1.3.1.1. Accuracy in reviewing a variety of electronic and paper documentation to interpret and extract information from component parts of clinical records to assign appropriate codes, with experience demonstrating coding or auditing of progressively complex medical encounters.

1.3.1.2. History of establishing and maintaining positive working relationships with providers in order query providers when requesting clarification of provider documentation that is conflicting, ambiguous, or incomplete in regards to any significant reportable condition or procedure, and in resolving documentation issues to support accurate and compliant coding.

1.3.1.3. History of effectively serving as a consistent reference and educational source for medical staff having questions, issues, or concerns related to coding and documentation.

1.3.1.4. History of effectively researching and/or interpreting existing coding guidance to identify and resolve coding compliance issues.

1.3.1.5. History of effectively analyzing coding and documentation trends to identify improvement opportunities and, as appropriate, developing and delivering education to medical staff.

1.3.2. Candidates are required to have a minimum of ten years of medical coding experience in production coding environments within the past eight years, in more than 4 medical and surgical specialties, involving assignment of ICD, E&M, CPT, and HCPCS codes. Multiple specialties encompass different medical specialties (i.e. Family Practice, Pediatrics, Gastroenterology, OB/GYN, etc.) that utilize ICD, E&M, CPT, and HCPCS codes. Ancillary specialties (PT/OT, Radiology, Lab, Nutrition, etc.) that usually do NOT use E&M codes do not count as qualifying experience. Additionally, coding, auditing and training exclusively for specialties such as home health, skilled nursing facilities, and rehabilitation care will not be considered as qualifying experience. Coding experience limited to making codes conform to specific payor requirements for the business office (insurance billing, accounts receivable) is **not** a qualifying factor.

AND

1.3.2.1. A minimum of four years of auditing, training, and/or compliance functions within the last eight years is required in at least 4 medical and surgical specialties as stated above.

OR

1.3.2.2. Candidates with three years of auditing, compliance, or training experience involving professional coding within the last five years in a DoD coding environment may be considered in lieu of eight years for those without DoD experience. Auditing, compliance, or training experience is described as:

- Auditing functions include development and execution of audit plan, conducting audit according to audit plan by reviewing required documentation and determining compliance with audit standards, communicating with stakeholders during all phases of audit, and reporting on audit findings.
- Training functions include identifying coding training opportunities; developing coding training plans, and development/delivery of coding training to coder and physician/provider audiences.
- Compliance functions include identifying compliance issues and analyzing practice patterns and recommending changes to policies and procedures; recommending/updating standard policies and procedures; contribute to risk assessments and mitigation strategies; and data collection and statistical report generation.

1.4. Work Environment/Physical Requirements. The work is primarily sedentary. Requirements may include prolonged walking, standing, sitting, or bending. Carrying or lifting of medical records or documentation may be required daily. Use of one or more computer programs and monitors simultaneously is typical and frequent.

2. MILITARY HEALTH SYSTEM POLICIES/PROCEDURES AND COMPUTER SYSTEMS:

2.1. Military Records:

2.1.1. Military filing system is organized by sponsor social security number, terminal digit order, color-coded and blocked filing system.

2.1.2. Contents of a military medical record, layout, sections, family member prefix designation, forms used in an MTF, and medical record tracking procedures.

2.2. Computer Systems/Programs.

2.2.1. Armed Forces Health Longitudinal Technology Application (AHLTA)

2.2.2. Composite Health Care System (CHCS) and/or MHS GENESIS

2.2.3. Defense Enrollment Eligibility Reporting System (DEERS)

2.2.4. Essentris™The client-server version of the Clinical Information System (CIS)

2.2.5. Coding Compliance Editor (CCE)

2.2.6. Biometric Data Quality Assurance Service (BDQAS)- <https://bdqas.afms.mil/>

2.2.7. AFMS Internal Coding Audit Methodology – AFMOA Audit Tool/Coding Audit Review System (CARS), or current tool

2.2.8. MHS Coding Guidelines http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm

2.2.9. AFMS Centralized Coding Manual (Section J, Attachment 5 of the main contract).

3. PERFORMANCE OUTCOMES: The following tasks are to be performed IAW the AFMS Coding Manual

3.1. Assists the MTF in identifying medical coding deficiencies by analyzing medical records and identifying coding practices that may lead to the misrepresentation of care performed, missing documentable care, or incorrectly capturing medical care activities.

3.1.1. Analyzes historical encounter documentation and coding records from Government computer systems and medical records to identify coding compliance issues, clinical documentation improvement (CDI) and coding and documentation training opportunities.

3.1.2. Compares documentation to code application to ensure accuracy. Tracks deficiencies for trending and corrective actions. Reports unresolved coding compliance issues to MTF leadership.

3.2. Collaborates with AFMOA Coding Program Office, Coding Liaison Managers, AFMOA Audit Cell, Medical Coding Trainers, MAJCOM and MTF senior leadership, providers, staff, and other coding professionals to identify recurring documentation and coding deficiencies. Contacts providers to review

findings to improve documentation practices as well as E&M leveling, capturing medical procedures and to improve diagnosis specificity issues IAW with MHS and AFMS coding guidelines.

3.2.1. Develops focused training presentations from in-depth analysis as outlined in the MTF modernization action plan. Schedules and conducts provider training with the Coding Trainer.

3.3. Creates and submits training activity reports to the MTF leadership. Presents reports to the Government weekly and identifies scheduling issues and obstacles to meeting improvement objectives.

3.4. Creates monthly reports showing completed activities and improvement to metrics.

**TECHNICAL EXHIBIT 5
STATEMENT OF OBJECTIVES**

<u>Service/Operational Activity</u>
(Service Type II)
Patient Appointing Service
Medical Records Service
Medical Coding and Auditing Service
Medical Transcription Service
Referral Management Service

PATIENT APPOINTMENT SERVICES STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To supply all necessary equipment and patient appointing service personnel to conduct appointment services for military treatment facilities (MTFs). Additionally, the contractor shall monitor, manage and report on appointing metrics for higher management and develop plans to improve overall MTF performance for access to care compliance.

2. **CONTRACT OBJECTIVES:** Utilize the best commercial practices in conjunction with military directives and parameters to produce efficient appointing services for the Government.

3. **BACKGROUND:**

a. Appointing services are currently accomplished by military, DoD civilians or contractors within MTFs or at remote sites.

b. The volume and demand for services varies by facility. This SOO includes a CHCS summary report by MTF/clinic showing the total telephone transactions for your consideration; however, this is for information only. Specific facility unit projections will be provided when services are ordered and it will include historically workload and details regarding the current eligible beneficiary population (Active Duty, TRICARE Prime enrollees, TRICARE Plus enrollees, and non-enrollees).

c. The contractor is required to submit a fully burdened unit rate per telephone transaction. A telephone transaction includes all steps necessary to answer/receive an incoming call, then make an appointment or document that an appointment is not available, or create and issue a telephone consult following MTF policy and procedure; or process MTF/patient cancellations. Only incoming calls or MTF-directed lists (i.e., cancel all of Dr. X's appointments for next week) meeting the telephone transaction definition are considered a billable transaction. Incoming calls requesting general information, clinic numbers, transfer requests or wrong numbers as well as blocked or abandoned calls do not count as a telephone transaction.

4. **MILITARY PARAMETERS:**

a. The Composite Health Care System (CHCS), the Armed Forces Health Longitudinal Technology Application (AHLTA), MHS GENESIS and the MTF-specific telephone equipment and secure messaging must be used for appointment services. The Government will grant access by local MTF connectivity and the contractor shall comply with Government communications and security standards and policies. The MTF will provide CHCS/AHLTA/phone accounts for contract staff members after proof of completion of training and security requirements.

b. Applicable regulations and guidelines are contained in Section C, Paragraph 5 of the main contract.

c. The Government shall provide a toll free telephone line/number for the appointment services.

d. The Contractor shall submit Automated Call Distribution (ACD) system changes, configurations, procedures, scripting, etc., to the MTF QAP/contracting officer for coordination and/or approval. The contractor may use an automated or voice response system provided that patients have the option to speak directly to an appointment clerk, if requested.

e. Appointment Types. The Contractor shall make clinical appointments and coordinate appointments with other direct care facilities as required. Appointments shall be made following MTF-provided appointing criteria and comply with MHS access to care standards as required by 32 CFR 199.17. Appointments shall be made using only DoD approved standard appointment types, business rules, and appointment detail codes as stated in regulations.

(1) The Government will be responsible for the developing and updating MTF provider appointment templates.

(2) The Contractor shall be required to, in addition to making appointments, call patients and reschedule and/or cancel appointments according to need.

f. Hours of Operation/Federal Holidays. The Contractor must provide services Monday through Friday from 0730 to 1630, excluding Federal holidays. However, the contractor may propose operational hours in their strategy to meet high demand, meet customer needs and improve patient satisfaction.

5. PERFORMANCE OUTCOMES: In order for the Government to properly evaluate offers, contractors must provide adequate documentation and explanation of their proposed plan and strategy, staffing model, description of services, performance measures, deliverables, contingency plans and specifications of equipment, if applicable, in a complete Statement of Work. Offerors must provide a fully burdened unit rate per telephone transaction as well as internal controls for the following contractor responsibilities and quality assurance activities:

The contractor shall provide fully qualified appointing personnel to receive incoming calls within the required timeliness thresholds, retrieve automated/paper schedules, book/schedule patient appointments within the access to care standards, or disposition the call accordingly while maintaining patient satisfaction. The contractor shall conduct internal monitoring, complete management assessments and, as needed, develop improvement plans, and report data quality statistics and develop/implement improvement plans. Contractor shall ensure proper monitoring and reporting to satisfactorily meet or exceed appointing requirements for the following metrics:

- a. Call Waiting Time – The time the caller is on hold waiting to speak to an appointment clerk.
- b. Call Abandonment – The number of callers whose calls were received by the telephone switchboard, but disconnected (i.e., hung up) before the appointment clerk could answer the telephone.
- c. Blocked Call Rates – Calls that cannot be completed by the caller due to the call capacity of the telephone system (i.e., all telephone lines are busy).
- d. Customer Service/Satisfaction of Appointing Services – This information will be received from the DoD customer satisfaction survey. Report shall also separately address complaints from MTF clinic staff listed by contractor staff member and number of complaints from patients listed by contractor staff member.
- e. Error Report – Number of incorrect appointing transactions by contractor staff member.
- f. Call Volume – Total number of calls received by the appointing contractor's telephone switch.
- g. Call Processing Time – The total length of call to include call waiting time and talk time.
- h. Calls That Do Not Result In An Appointment – The contractor will use the CHCS/AHLTA, MHS GENESIS or other government system to identify and report patients that called, but did not get an appointment.
- i. All Refused Appointments (Patient is offered same day appointment but refuses) - See paragraph g. above.
- j. Access To Care Summary Report - documents when a patient is offered an appointment within standards but refuses and gets an appointment outside standards due to their own preference.
- k. Calls Monitored Report - Report shows results of contractor's internal surveillance process.
- l. Utilization/Demand Forecasting. Reports show required performance data on an hourly basis for each business day of the week with an aggregate total for the week.
- m. Monitors the secure messaging in box daily and dispositions submissions in accordance with MTF guidelines within the required standard to respond to patient requests.

MEDICAL CODING AND AUDITING SERVICES

STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To provide necessary equipment and coding professionals to perform medical coding and auditing services for military treatment facilities (MTFs). Additionally, the contractor will develop and conduct a comprehensive training program for MTF staff on coding rules, DoD guidelines and policies, centralized MTF coding program objectives, and coding procedures. The contractor is required to monitor, manage and report on coding metrics for higher management and develop plans to improve medical coding knowledge, capabilities, timeliness/accuracy rates, and overall MTF performance for coding compliance.

2. **CONTRACT OBJECTIVES:** Utilize the best commercial practices in conjunction with military directives and parameters to conduct efficient coding and auditing services for the DoD.

3. **BACKGROUND:**

a. These services are currently accomplished by military, DoD civilians or contractors within MTFs. For the past 10 years, the majority of coding services have been has been a contracted service.

b. The volume and demand for services varies by facility. The contractor is required to submit a fully burdened unit rate per coded, completed medical encounter. A complete, coded medical encounter is defined as an encounter with signed supporting documentation, that was coded according to rules as defined by AFMS, DoD, and current coding classification systems. Other coding related fields are to be included (modifiers, units of service, etc.). These records will be annotated in the Government computer systems and flagged as “transmitted completed” or “complete.” Encounters on “hold” are not considered complete. The number of medical encounters to be completed per year will be specified on each task order proposal request.

4. **MILITARY PARAMETERS:**

The contractor must use many Government computer systems and an electronic health record (e.g., MHS GENESIS, the Composite Health Care System (CHCS), the Armed Forces Health Longitudinal Technology Application (AHLTA), Essentris, and the Coding Compliance Editor (CCE), or other electronic reporting system to conduct medical coding and auditing services. The Government will grant access by local MTF connectivity and the contractor shall comply with Government communications and security standards and policies. The MTF will provide CHCS/AHLTA/Essentris/CCE accounts for MSS personnel after proof of completion of training and security requirements.

b. The Government may have other coding references that will be included at task order level if needed.

c. Hours of Operation/Federal Holidays. Patient appointments occur daily; therefore, provider coding and training needs are required every business day. The contractor can provide coding and auditing services daily Monday through Friday from 0730 to 1630, excluding Federal holidays and, at some of the larger facilities, may occur 24/7. However, the contractor may propose operational hours in their strategy to create efficiencies, meet high demand, meet customer needs and improve MTF satisfaction. However, to facilitate availability to MTF staff and enhance training opportunities, the contractor must have a coding professional physically available at each MTF, Monday through Friday, 0900-1500 when the MTF is open for patient care activities.

5. **PERFORMANCE OUTCOMES:** In order for the Government to properly evaluate offers, contractors must provide adequate documentation and explanation of their proposed plan and strategy, staffing model, description of services, performance measures, deliverables, contingency plans and specifications of equipment, if applicable in a complete Statement of Work. Offers must provide a fully burdened unit rate per completed coded medical encounter as well as internal controls for the following contractor responsibilities and quality assurance activities:

a. The contractor shall provide coding personnel to complete required coding work load, furnish auditing of provider-coded encounters, complete management assessments and data quality statistics and develop/implement improvement plans to meet goals. Contractor shall provide fully qualified Coders, Coding Auditors or Coding Trainers, who shall be responsible for:

Review and properly assign medical codes - Evaluation and Management (E&M), Diagnosis (ICD), Current Procedure Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes, modifiers, and quantities as documented by the physician in the patient health record.

Audit medical documentation and codes assigned by MTF staff for compliance with federal coding regulations and DoD guidelines.

Interact and educate MTF staff regarding coding rules, documentation policies, procedures, and regulations; obtains clarification of conflicting, ambiguous, or non-specific documentation.

Conduct formal training sessions, workshops and training/briefings in accordance with the task order requirements.

Provide second-level review of coding assignment for legal or billing purposes.

Maintain required productivity standards per DoD requirements.

Maintain timeliness standards per DoD requirements.

Maintain accuracy standards per DoD requirements.

Ensure contractor coding representation from each MTF at the annual Uniform Business Office/Unified Biostatistical Utility (UBO/UBU) conference in accordance with DoD requirements.

Provide all necessary coding reference books and internal contractor training on changes to coding procedure and practices to ensure current, accurate completion of duties.

Ensure knowledge of AHLTA by coding professionals to facilitate provider education. Completes review of all forms, superbills, picklists, and AHLTA templates to ensure accuracy of coding resources.

Develop, revise and use internal controls to ensure adequate staffing for successful performance, accurate workload completion, proper compliance monitoring and correct reporting, as well as proper contingency plans as required by policy.

Conduct coding assessments/analysis (peer review) for contractor operational staff. Responds to MTF concerns regarding lost workload, decreased revenue (RVUs or collections) or ineffective training and implements corrective actions in accordance with the contract performance plan.

The contractor will correct all coding discrepancies completed by their staff identified during contractor, independent or Government audits before the next month's report at no additional cost to the Government. The contractor shall track and provide a status report on their monthly deliverable to the requesting location.

Identify problems areas, improvement opportunities and recommends solutions to optimize coding activities.

MEDICAL RECORD SERVICES

STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To supply all necessary equipment and labor required to perform medical records maintenance services for military treatment facilities (MTFs). Additionally, the contractor monitors, manages and reports on medical record operations for higher management and develops plans to improve medical records operations, staff abilities, knowledge, capabilities, timeliness/accuracy rates, records availability, and overall MTF performance and compliance.

2. **CONTRACT OBJECTIVES:** Compiles and maintains patient medical records within a military health care delivery system to ensure patient condition and treatment documentation is complete and available.

3. **BACKGROUND:**

a. These services are currently accomplished by military, DoD civilians or contractors within MTFs.

b. Outpatient records are maintained in both paper and electronic formats depending on where the new CHCS/AHLTA, MHS GENESIS and HAIMS systems have been implemented. The contractor is responsible for management of both formats and the Government may request the contractor to convert paper to electronic records when required in the task order.

c. The volume and demand for services varies by facility. The contractor is required to submit a fully burdened unit rate per outpatient medical record to be maintained for one year. Specific facility patient population will be provided upon ordering service and will include: current number of medical records maintained at the requesting location, beneficiary population, the number of TRICARE Prime enrollees including TRICARE Plus enrollees, as well as historical workload estimates (e.g., pull list for patient appointments, records tracked, records retired).

4. **MILITARY PARAMETERS:**

a. The Composite Health Care System (CHCS), MHS GENESIS and the Armed Forces Health Longitudinal Technology Application (AHLTA), must be utilized for medical records ordering, filing and tracking functions. The Government will grant access by local MTF connectivity and the contractor shall comply with Government communications and security standards and policies. The MTF will provide system accounts for contract staff members after proof of completion of training and security requirements.

b. Applicable regulations and guidelines are contained in Section C, Paragraph 5.

c. Hours of Operation/Federal Holidays. Services currently are typically provided Monday through Friday from 0700 to 1630, excluding Federal holidays. However, the contractor may propose operational hours in their strategy to create efficiencies, meet high demand, meet customer needs and improve customer satisfaction.

5. **PERFORMANCE OUTCOMES:** In order for the Government to properly evaluate offers, contractors must provide adequate documentation and explanation of their proposed plan and strategy, staffing model, description of services, performance measures, deliverables, contingency plans and specifications of equipment, if applicable, in a complete Statement of Work. Offers must provide a fully burdened unit rate per medical record maintained as well as internal controls for the following contractor responsibilities and quality assurance activities:

a. The contractor shall provide fully qualified medical records technicians to complete required work load, search or fulfill requests for medical records, complete management assessments and report data quality statistics and develop/implement improvement plans. Contractor shall provide fully qualified personnel responsible for meeting productivity standards:

(1) Loose paperwork must be filed in the beneficiary's medical record within 24 hours of receipt.

(2) Outpatient medical records are filed within 24 hours of return to the record room.

(3) Maintains 98 percent of record accountability - knowledge of where the paper record is currently located matches the “signed out” information in Government computer systems.

(4) Maintains 95 percent record availability (medical record is available at time of patient visit for the provider).

TRANSCRIPTION SERVICES

STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To supply all necessary equipment and labor required to perform transcription services for military treatment facilities (MTFs). Additionally, the contractor monitors, manages and reports on transcription services for higher management and develops plans to improve timeliness and accuracy rates, service availability, and overall MTF performance and compliance.

2. **CONTRACT OBJECTIVES:** Utilize the best commercial practices in conjunction with military directives and parameters to produce efficient transcription services..

3. **BACKGROUND:**

Transcription services are currently accomplished by military providers or DoD civilians within an MTF or from remote sites with the use of a dial-in dictation system and connectivity/access to Government computer systems.

Transcription shall include technical medical terminology for all fields of medicine and surgery. Material requiring transcription in typed form may be dictated or provided in written format (via mail, carrier or facsimile) by physicians, allied health care providers, and paraprofessional staff, requiring transcriptionist adaptation to variations in handwriting, accents, speech, tone, voice volume, delivery, pronunciation, and enunciation. Dictated material may be received from a MTF Dictation System by connecting electronically via dial in telephone lines by the Contractor or the contractor may be required to provide a dictation system. The MTF will specify how the dictation will be sent and how the transcription will be provided by the contractor (in CHCS/AHLTA, MHS GENESIS, HAIMS, by fax, by mail, etc.) in the task order.

b. The volume and demand for services varies by facility as does the dictation system used at the MTF. The contractor is required to submit a fully burdened unit rate per transcribed lines (65 characters constitute a line). The number of lines to be transcribed per year will be specified on each task order proposal request along with demographic information of the types of providers/clinical specialties and the specifications on the available dictation/transcription equipment at the requesting location.

4. **MILITARY PARAMETERS:**

a. The Composite Health Care System (CHCS) and the Armed Forces Health Longitudinal Technology Application (AHLTA), or MHS GENESIS may be required for transcription services. The Government will grant access, if required, by local MTF connectivity and the contractor shall comply with Government communications and security standards and policies. The MTF will provide CHCS/AHLTA, MHS GENESIS, HAIMS and dictation system accounts for contract staff members after proof of completion of training and security requirements.

b. Applicable regulations and guidelines are contained in Section C, Paragraph 5.

c. Hours of Operation/Federal Holidays. The dictation demand occurs daily. Services currently are typically provided Monday through Friday from 0730 to 1630, excluding Federal holidays. However, the contractor may propose operational hours in their strategy to create efficiencies, meet high demand, meet customer needs and improve customer satisfaction.

5. **PERFORMANCE OUTCOMES:** In order for the Government to properly evaluate offers, contractors must provide adequate documentation and explanation of their proposed plan and strategy, staffing model, description of services, performance measures, deliverables, contingency plans and specifications of equipment, if applicable in a complete Statement of Work. Offers must provide a unit price per transcribed line as well as internal controls for the following contractor responsibilities and quality assurance activities:

The contractor shall provide fully qualified transcriptionist(s) to complete required work load, audit/validate accuracy of transcription, complete management assessments, report data quality statistics and develop/implement improvement plans. Contractor shall provide fully qualified personnel to transcribe dictation

into electronic or paper documentation for inclusion into patient medical records or other DoD official purpose. The contractor must ensure:

a. **ACCURACY.** The contractor shall ensure all transcribed reports are error-free; medically consistent; contain correct grammar, spelling and medical terminology; and correct formats. The required format will be provided to the contractor by the Government. All discrepancies shall be re-accomplished by the contractor at no additional cost to the government and returned to the MTF within 24 hours of oral or written notification to the contractor for routine reports, and within 2 hours of oral or written notification to the contractor on priority reports.

b. **LOG SHEETS.** The contractor shall establish log sheets to track all dictation received by MASS transcriptionists. The contractor shall be able to provide specific detailed information, such as date transcribed, line count, and the transcriptionist working the dictation.

c. **RECORD SYSTEM.** The contractor shall maintain a record system that shall ensure dictation can be traced through the process from dictation, to transcription to return to the MTF. The contractor shall maintain a tracking system to ensure a specific report was received as dictated and the date the dictation was transcribed in specified form and the date the final report was transmitted to the MTF. The contractor shall be required by the government to provide this information when a report is identified as missing from the patient's records. The contractor shall provide the report, at no additional cost, within 24 hours from the time the request is made by the QAP/MTF designee. Contractor will be contacted by e-mail or phone about priority reprints. Higher priority reprints shall be accomplished within the time frames.

d. **STORAGE AND BACKUP.** The contractor shall provide appropriate storage media to backup all material in a secured environment for the duration of the task order and 90 days thereafter for retrieval purposes by the MTF if necessary.

e. **DISPOSITION** - The contractor shall provide all hard copy and electronic material to the MTF at the end of the task order for disposition. The contractor must destroy data in accordance with Government regulations after providing copies to the MTF.

f. **AUTHORIZED USERS OF THE MEDICAL TRANSCRIPTION SERVICE.** A list of authorized users shall be provided to the Government by the contractor. The Contractor must maintain the list of authorized users by updating it as changes occur. If a name does not appear on the authorized list, the individual may not access to Government systems.

g. **TURNAROUND TIMES.** Transcription shall be accomplished in the following order of priority and within the specified time frames as stated below:

(1) Priority. The MTF shall identify work as priority and notify the contractor of the priority dictation. Contractor will be contacted via e-mail, telephone, facsimile, or written notification about priority requests. Priority requests shall be processed within four (4) hours from the time the QAP or MTF designee makes an oral or written request to the contractor, taking precedence over all routine work. Information on reports shall include all patient identification (name, social security number, unique identifier, hospital address, transcriber's initials, ward, page number, and job number); reports shall have accurate dates for date dictated and date transcribed; proper format for each type of dictation according to work type, indicate type report; signature block correctly identifying dictating provider by name, rank, branch of service, corps, specialty, DoD specialty code.

(2) Routine. Requests shall be processed within twenty-four (24) hours from the time of dictation. Information on reports shall include all patient identification (name, social security number, unique identifier, hospital address, transcriber's initials, ward, page number, and job number); reports shall have accurate dates for date dictated and date dictated and date transcribed; proper format for each type of dictation according to work type and indicate type report; signature block correctly identifying dictating provider by name, rank, branch of service, corps, specialty, specialty code.

h. REQUIRED FORMS The following formats are required for each type of transcription:

- A. SF 516 – Operation Report
- B. SF 502 – Narrative Summary (ROUTINE)
- C. SF 502 – Narrative Summary (MEB ROUTINE)
- D. SF 502 – Narrative Summary (MEB/TDRL – ROUTINE)
- E. SF 504-5-6 History and Physical (H&P)
- F. SF 513 – Consult
- G. AFMC 6497 Cardiac Catheterization Report & Electrophysiology Study
- H. SF 600 - Medical Record – Chronological Record of Medical Care
- I SF 558 - Medical Record – Emergency Care and Treatment

NOTE: Copy requirements may differ between requesting locations. However, usually routine narrative summaries & operation reports require four (4) copies. Other reports require 1 – 2 copies, except EEG's, which require 3 copies.

Samples will be provided by the AFMS Commodity Council if required. If transcribing directly into the government electronic health record systems, a format is not required.

REFERRAL MANAGEMENT SERVICES STATEMENT OF OBJECTIVES

PROGRAM GOAL: To provide necessary equipment and professional referral management personnel to perform Referral Management Services for military treatment facilities (MTFs). These services include customer service, administrative support, appointing, health benefits advice, and referral tracking responsibilities. Additionally, the contractor shall monitor, manage and reports on referral management activities and metrics (i.e., referrals, utilization trends, recaptured care, clear legible results) for higher management. As needed, the contractor develops plans to improve timeliness/accuracy rates and overall referral management performance through a comprehensive training program for MTF staff on managed care support contractor responsibilities, available services, DoD guidelines and policies, program objectives, and MTF referral procedures.

2. **CONTRACT OBJECTIVES:** Utilize the best commercial practices in conjunction with military directives and parameters to produce efficient referral management services for the DoD

3. **BACKGROUND:**

These services are currently accomplished by military, DoD civilians or contractors within an MTF. The volume and demand for referral services varies by facility. The Government will provide the number of referrals based from historical workload per year on each task order proposal request.

The contractor is required to submit a fully burdened unit rate per complete referral. A complete referral is defined as a provider-generated referral that has been sent either to MTF or network for the specialty care AND the initial referral result have been received and documented in Composite Health Care System (CHCS) to close the referral in the computer system OR two attempts to request/retrieve the referral results with a 10-day waiting period between requests a 60 calendar day period following the patient's final medical encounter authorized on the referral is complete.

4. **MILITARY PARAMETERS:**

a. The Composite Health Care System (CHCS), the Armed Forces Health Longitudinal Technology Application (AHLTA), MHS GENESIS as well as specific referral management databases or MTF specific reports (i.e., AFMS Referral Management System Tracking Report) must be utilized for referral management services. The Government will grant access by local MTF connectivity and the contractor shall comply with Government communications and security standards and policies. The MTF will provide CHCS/AHLTA or MHS GENESIS or other system accounts for contractor staff members after proof of completion of training and security requirements.

b. Applicable regulations and guidelines are contained in Section C, Paragraph 5 and the MTF Referral Management Center (RMC) User's Guide, V7 at <https://kx.afms.mil/healthbenefits>.

c. Hours of Operation/Federal Holidays. The medical encounters occur daily. Services currently are typically provided Monday through Friday from 0730 to 1630, excluding Federal holidays. However, the contractor may propose operational hours in their strategy to create efficiencies, meet high demand, meet customer needs and improve customer satisfaction.

5. **PERFORMANCE OUTCOMES:** In order for the Government to properly evaluate offers, contractors must provide adequate documentation and explanation of their proposed plan and strategy, staffing model, description of services, performance measures, deliverables, contingency plans and specifications of equipment, if applicable in a complete Statement of Work. Offers must provide a fully burdened unit rate per complete referral as well as internal controls for the for all Referral Management Center responsibilities and quality assurance activities.

The contractor shall provide referral management personnel to complete all referral management customer service, administrative support, appointing, health benefits advice, and referral tracking to meet quality assurance requirements and standards outlined in regulations.

All referrals are reviewed and dispositioned by the contractor in the appropriate manner (both electronically or manually) as well as tracked and accounted for through completion.

(2) Services for appointing were done within the Access to Care standards for 90% of all referrals.

(3) Right of First Refusal performance is completed within one (1) business day of the date of the referral.

Contractor will provide results for MTF-completed referrals (i.e., ROFR) to network providers within 10 business days of the initial patient encounter.

MTF-completed referral requested by MTF providers will be given the results within 72 hours after the patient care visit to complete the referral.

Reconciling outstanding network referral results with the managed care support contractor so that results are received within 10 business days of the final patient encounter or 30 business days as appropriate for the type of referral.

Ensure integrity of referral information by documenting the reason for unused referral (i.e., patient no showed, refused, cancelled, or did not activate referral).

TECHNICAL EXHIBIT 6

CONTRACT LEVEL MONTHLY PROGRAM STATUS REPORT

(Provided Separately in Excel Format)

(End of Summary of Changes)