

**PLEASE NOTE "HELPFUL HINTS" FROM THE SEVEN STEPS TEAM AT THE END OF THIS DOCUMENT.**

**Attachment 1  
PERFORMANCE WORK STATEMENT FOR  
Emergency Room Physician Services  
(NONPERSONAL SERVICE)**

**TABLE OF CONTENTS**

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1	Description of Services	2
2	Service Delivery Summary	6
3	Government Furnished Property and Services	6
4	General Information	7
5	Appendixes	
	A - Definitions	14
	B - Applicable Publications and Forms	16
	C - Historical Data	18
	D - 366th Medical Group Credentialing Procedures	19

**1. DESCRIPTION OF SERVICES.** The Contractor shall provide Emergency Department (ED) Physician services required for Government beneficiaries. The Contractor shall provide care at the 366th Medical Group, also referred to as the "Medical Treatment Facility" (MTF) herein. Contractor shall furnish all labor, management, supervision, teaching, consultations and reports, except as provided in Section 3. Contractor care shall cover the range of services provided in a civilian medical treatment facility. Performance shall be according to the requirements contained in this Performance Work Statement (PWS) and professional standards of the Joint Commission on Accreditation of Healthcare Organization (JCAHO). The Contractor shall provide physicians to perform the professional health care services required for estimated 13,175 patients per year (see Appendix C). Care shall be appropriately documented in medical records in accordance with standard commercial practice. The quality of medical practice shall meet or exceed reasonable standards of professional practice for emergency services health care as determined by the same authority that governs military medical professionals in emergency medicine and will be audited by the Executive Committee of the Medical Staff (ECOMS).

### **1.1. CONTRACTOR RESPONSIBILITY.**

1.1.1. Provides emergency (level 1) urgent (level 2), non-urgent (level 3,4,5) medical care to approximately 1,097 patients visits per month to a patient population that includes active duty, their dependents, retired military members and their dependents, and civilian emergencies, ranging in age from newborn (emergency deliveries) to geriatrics (dependent parents).

1.1.2. The ED physician's actual clinical activity shall be a function of the Commander/Commanding Officer's clinical privileging process and the overall demand for emergency services.

1.1.3. The ED physician shall practice within the MDGI 44-172, "Plan for Provision of Patient Care" guidelines set by the credentialing office of the MTF and the Emergency Services Medical Director with additional guidance in AFI 44-119, "Clinical Performance Improvement".

1.1.4. Provides direct hands-on patient care, in a Level III Emergency Services Department. Performs triages, assesses, and re-assesses patients throughout the patient visits. Ensures documentation of medical assessments and observations are documented accurately on the Emergency Records Standard Form 558.

1.1.5. Responsible for the proper delegation of duties, teaching and medical supervision of subordinate personnel.

1.1.6. Implements, evaluates and is consulted on medical emergency room policies, procedures and instructions.

1.1.7. Provides after-duty hour home care advice via telephone to MTF beneficiaries as needed. The physician will document all advice provided on the Standard Form 600, Chronological Record of Medical Care. If the physician is unable to provide home care advice when the patient initially calls, the physician will make every attempt to call the patient back within one hour of initial call. If the ED physician on duty is unable to call the patient within one hour due to patient care, the adult on call provider or pediatric on call provider will be utilized to provide the patient with home care advice.

1.1.8. Performs duties as Medical Officer of the Day and code team member, when on duty in the hospital in accordance with MDGI 44-172, "Plan for Provision of Patient Care" and MDGI 44-122, "Code Blue Response".

1.1.9. Establishes inter-personal and intra-departmental relationships to enhance optimal patient care.

1.1.10. If a patient's condition is urgent/emergent and the Family Care Unit is unable to provide support, the physician may direct the shift leader to call the nurse-on-call in to administer medications and assist with patient stabilization. Administration of critical medications will not be delayed by waiting on the arrival of the nurse-on-call.

1.1.11. Demonstrates competent and effective oral and written communication.

1.1.12. Provides appropriate patient/family member teaching and education; evaluates effectiveness and level of patient/family member understanding of teaching provider.

1.1.13. Utilizes the MTF e-mail system to maintain communication with the Chief, Hospital Services, Medical Director, Emergency Services, and the Element Chief, Emergency Services. Contractor personnel shall adhere to the use of electronic mail in accordance with AFI 33-119, *Electronic Mail (E-Mail) Management and Use* and as directed by the 366th Medical Group.

1.1.14. Utilizes the MTF computer software/program for entering and signing of medical orders such as laboratory studies, radiological studies, etc.

1.1.15. Obtain necessary information on patients seen in the ED, such as medical records, x-ray films and reports, and pathology slides and reports.

1.1.16. Maintain familiarity and comply with hospital antiseptic policies and procedures, ensuring the use of antiseptic methods of all in-clinic procedures (Ref: MDGI 44-163, Hospital Infection Control). Maintain familiarity and comply with all Federal, State, Air Force, 366th Medical Group, and departmental regulation and requirements.

1.1.17. Ensure a safe work environment and employee safe work habits (Ref: MDGI 91-101, Unit Safety Program).

1.1.18. **REFERRALS AND CONSULTS.** The provider shall follow DoD, Air Force and 366th Medical Group regulations and policies when arranging for a referral or consult. The ED physician shall be required to consult with other specialty practitioners for consultative opinions and continuation of care. The provider shall inform patients of the required referral or consult by indicating the specialty involved. All consults and referrals will adhere to the 366th Medical Group approved Consult Management process.

1.1.19. **PRESCRIPTIONS.** The provider shall use and follow the 366th Medical Group formulary for prescriptions for all patients that received care at 366th Medical Group. The formulary list is approved and maintained by the 366th Medical Group Pharmacy and Therapeutics Committee. Any drug not listed on the formulary must be approved by the Pharmacy and Therapeutics Committee.

**1.2. PROCEDURE GUIDANCE.** Contractor providers shall perform procedures compatible with the medical facility's operating capacity and equipment. New medical procedures/services shall not be introduced without prior recommendation to, and approval of, the MTF Commander or authorized representative.

**1.3. PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.** The Contractor health care providers shall provide patients with the utmost care and attention. All patients shall be assured of their privacy and personal dignity. The Contractor shall ensure strict compliance to the release of Protected Health Information in accordance with the Code of Federal Regulation, Title 45, Public Welfare, Subtitle A, Department of Health and Human Services, Part 164, Security and Privacy (45 CFR 164) and AFI 41-210, "Patient Administration Functions" paragraph 2.2.3, "Health Insurance Portability and Accountability Act (HIPPA)" and paragraph 2.3, "General Guidelines on Releasing Medical Information".

**1.4. COMMUNICATION.** The Contractor shall ensure contract providers maintain open and professional communication with members of the MTF. Complaints validated by the Quality Assurance Personnel (QAP) and Chief of the Medical Staff shall be reported in writing to the Contracting Officer (CO) and the Contractor for action.

1.4.1. **ENGLISH LANGUAGE REQUIREMENT.** The contractor provider(s) shall read, understand, speak, and write English fluently.

**1.5. DOCUMENTATION.** For continuity within MTF, Contractor personnel shall prepare all documentation to meet or exceed established standards within AFD41-2, "Medical Support", AFI 41-210, "Patient

## **1.6. AVAILABILITY:**

**1.6.1. HOURS OF OPERATION:** The ED physician shall be on duty in the ED department located in the 366th Medical Group. Services are 1700 Thursday to 0700 Monday (Continuous); 14 Hour Shifts beginning 1700 Monday to 0700 Tuesday, 1700 Tuesday to 0700 Wednesday, 1700 Wednesday to 0700 Thursday; and provide a full 24 hour shift on Federal Holidays and Wing down days. Routine work hours will be scheduled by the Medical Director to correspond to the needs of the department. Shifts include days and nights. The ED physician shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours rest from all other duties.

**1.6.2. FEDERAL HOLIDAYS.** When the holiday is on a Saturday, the preceding Friday will be the federal holiday. When the holiday is on a Sunday, the following Monday will be the federal holiday. Asterisk (\*) indicates the dates change each year. The Base Commander sometimes declares "family days" or other days for base personnel to take a holiday.

### List of Federal Holidays

(a) 1 January	New Year's Day
(b) 3 <sup>rd</sup> Monday in January *	Martin Luther King's Day
(c) 3 <sup>rd</sup> Monday in February*	President's Day
(d) Last Monday in May *	Memorial Day
(e) 4 July	Independence Day
(f) 1 <sup>st</sup> Monday in September *	Labor Day
(g) 2 <sup>nd</sup> Monday in October *	Columbus Day
(h) 11 November	Veteran's Day
(i) 4 <sup>th</sup> Thursday in November *	Thanksgiving
(j) 25 December	Christmas

**1.6.3. ON CALL DUTY.** The contract personnel shall not provide on-call services, but when required to ensure completion of services that extend beyond the normal close of business, the ED physician shall remain on duty in excess of the scheduled shift.

**1.6.4. CONTINUITY OF SERVICES/REPLACEMENT STAFF.** The Contractor point of contact shall ensure qualified personnel are available to provide coverage at all times even during scheduled absences of primary contract providers.

**1.6.5.** The Emergency Department Physician services are considered vital to the Government and must be continued with minimal interruption. In order to minimize interrupted services, the incumbent contractor shall exercise its best efforts and cooperation to effect an orderly and efficient transition to a successor.

**1.6.6. PERFORMANCE OF SERVICES DURING CRISIS DECLARED BY THE NATIONAL COMMAND AUTHORITY OR OVERSEAS COMBATANT COMMANDER.** On occasion, services may be required to support an activation or exercise of contingency plans outside the normal duty hours. Emergency situations (i.e., accident and rescue operations, civil disturbances, natural disasters, military contingency operations, and exercises) may necessitate the contractor provide increased or reduced support as determined by the contracting officer. The Government will negotiate an equitable adjustment with the contractor for the cost of these emergency requirements.

**1.7. ORIENTATION.** The Contractor shall ensure that all contract providers participate in the MTF and Emergency Service Orientation procedures for newly assigned providers to include regulations specific to their professional specialty and hospital and Air Force policy and procedures.

**1.8. RECORDS.** The contractor shall create and maintain Government-owned/contractor-held records, regardless of media, in accordance with AFI 33-119, *Electronic Mail (E-mail) Management and Use*, paragraph 8; AFI 33-202, *Computer Security*, paragraphs 3.5.1 and 3.6.1; AFI 33-322, *Records Management Program*, paragraphs 7,8,9 and 10 and supplements; AFMAN 37-123, *Management of*

*Records*, Chapters 2 – 6, paragraphs 7.10 – 7.29, and Mountain Home supplements (will convert to AFMAN 33-323); AFI 37-138, *Records Disposition—Procedures and Responsibilities*, Chapters 2, 3 and 6, and supplements; Mountain Home AFB Supplement 1 to AFI 33-322, *Records Management Program*; and Mountain Home AFB Supplement to AFI 37-123, *Management of Records*. The contractor shall segregate the government-owned records from the company-owned records. Identify all records required to be created by the PWS on the RIMS file plans. Upon completion of this contract, all government-owned/contractor-held records (regardless of media) received, created, maintained or provided in the performance of the PWS shall be turned over to the Government. Background electronic data and records specified for delivery to the contracting agency must be accompanied by sufficient technical documents to permit the Air Force to use the data. In the event of default or non-performance, the Government will have access to all records in order to ensure mission support is not interrupted.

## **1.9. PERSONNEL REQUIREMENTS**

**1.9.1. CONTINUING MEDICAL EDUCATION (CME)/ CERTIFIED EDUCATION UNITS (CEU) REQUIREMENTS.** Maintain CME and review pertinent journals, books and publications. Health care providers registered or certified by national/medical associations shall continue to meet the minimum standards for CME to remain current as prescribed in Chapter 4, AFI 41-117, *Medical Service Officer Education*. CME hours shall be reported to the credentials office for tracking by the Chief of Medical Staff, annually on the first normal duty day in January for the previous calendar year. Periodic CME may be conducted at the MTF and will be available, at no cost, should the health care provider desire to attend. Attendance will be at the discretion of the Chief of Medical Staff.

**1.9.2. LICENSURE/REGISTRATION.** In accordance with paragraph 3.1, AFI 44-119, *Clinical Performance Improvement*, 4 Jun 2001, non-personal services contract personnel providing care in the MTF must be licensed in the jurisdiction in which the MTF is located. (*NOTE:* Dietitians, physician assistants, and substance abuse counselors are exempt from the requirement for an authorizing document from a US jurisdiction. For these professional groups, national registration/certification meets the requirement). Assignment to a position not involving direct patient care within or outside an MTF does not eliminate the requirement for license or authorizing document.

**1.9.2.1. Non-personal service contract employees** must maintain an active license or authorizing document from the state in which they are practicing.

**1.9.3. CERTIFICATION.** The provider must have national and/or state (required) approved and current board certification in the American Board of Emergency Medicine, of Internal Medicine, of Family Practice, of Pediatrics, or of Surgery.

**1.9.3.1.** Copies of required certification for each Provider shall be furnished to the Contracting Officer prior to performance on this contract.

**1.9.4. FORMAL EDUCATION.** The provider must have a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) degree from an accredited college or university in the specialty area required to complete the FTE.

**1.9.5. EXPERIENCE.** The provider must have a minimum of 3 years of experience within emergency medicine to include fellow and residency time within the past 36 months prior to provider beginning performance at MTF.

**1.9.6.** Maintain certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP).

**1.10. QUALITY CONTROL:** The contractor shall develop and maintain a quality program to ensure emergency room services are performed in accordance with commonly accepted commercial practices, manufacturers' recommendations, this contract, and all federal, state, and local laws and regulations. As a minimum, the contractor shall develop quality control procedures addressing the areas identified in the Service Delivery Summary. The contractor shall develop and implement procedures to identify, prevent, correct, and ensure nonrecurrence of defective services. The contractor shall provide a copy of the quality

control plan to the contracting officer no later than the orientation date, and updated copies as changes occur. Records of all inspections conducted by the contractor and corrective action taken shall be made available to the government upon request.

## **2. SERVICE DELIVERY SUMMARY. EMERGENCY SERVICES - PHYSICIAN.**

<b>Performance Objective (General)</b>	<b>PWS Paragraph</b>	<b>Performance Measure</b>
1. Practices within guidelines established by MTF and the Medical Director.	1.1.3	100% compliance required.
2. Documents medical assessments and observations.	1.1.4 and 1.5	90% compliance required
3. Utilizes the MTF e-mail system for communication	1.1.13	95% compliance required
4. Utilizes MTF computer system to enter and sign off orders	1.1.14	90% of orders must be signed off at end of each shift
5. Ensures properly cleaned and stored equipment and work area.	1.1.16	No more than 3 instances per quarter of improperly cleaned/stored equipment.
6. Complies with safety policies.	1.1.17	Zero violations
7. Consults with other specialty practitioners	1.1.18	100% compliance required
8. Maintains patient privacy/confidentiality.	1.3	Zero breaches of privacy
9. Adheres to work duties and schedule for shifts in accordance with PWS paragraph.	1.6	No more than 2 unplanned absences per quarter
10. Maintains continuing medical education, licensing, registration, and certifications	1.9	100% compliance required

2.1. The Government shall periodically evaluate the Contractor's performance by appointing a representative(s) to monitor performance to ensure services are received. The Government representative(s) shall evaluate the Contractor's performance through inspections of call logs/reports and receive and investigate all complaints from base personnel. The Government may inspect each task as completed or increase the number of quality assurance inspections if deemed appropriate because of repeated failures or because of repeated customer complaints. Likewise, the Government may decrease the number of quality assurance inspections if performance dictates. The Government Contracting Officer shall make final determination of the validity of customer complaint(s).

2.2. If any of the services do not conform with contract requirements, the Government may require the Contractor to perform the services again in conformity with contract requirements, at no increase in contract amount. When the defects in services cannot be corrected by re-performance, the Government may -

- (a) Require the Contractor to take necessary action to ensure that future performance conforms to contract requirements; and
- (b) Reduce the contract price to reflect the reduced value of the services performed.

## **3. GOVERNMENT-FURNISHED PROPERTY AND SERVICES.**

**3.1. EQUIPMENT.** Contract providers shall have joint use of all available equipment for performing services required by this contract:

**3.2. PERSONAL PROTECTIVE EQUIPMENT (PPE).** The Government will furnish the contract provider(s) with appropriate PPE. The Government will be responsible for any repair, cleaning and inventory required for the PPE. This does not include any type of uniform or laboratory coat.

**3.3. IDENTIFICATION CREDENTIALS.** The MTF will provide each contract provider all required identification media.

**3.4. FORMS.** The MTF will provide required Government forms used in the performance of services.

**3.5. SUPPLIES.** The MTF will provide medical and non-medical supplies commonly used in the facility for the care and management of patients and the performance of the requirements of this contract.

**3.6. UTILITIES.** For the purpose of this contract, the government will furnish all required utilities (such as water, telephone, electricity, etc.) at no cost to the contractor. Long distance and Defense Switched Network (DSN) telephone services will not be provided. The contractor shall participate in government energy conservation programs.

### **3.7. SERVICES.**

3.7.1. Administrative support. The MTF will provide normal office administrative support services, to include telephone and utilities.

3.7.2. Patient scheduling. Clinic personnel will assist in patient scheduling. Complete administrative control of the patient shall remain with the Government.

3.7.3. The MTF will provide all other ancillary personnel services required, including personnel to move patients or equipment.

3.7.4. Housekeeping services will be provided by the MTF.

3.7.5 Computers and computer systems repair will be provided by the MTF.

### **3.8. CONTRACTOR FURNISHED ITEMS AND SERVICES**

3.8.1. GENERAL. Except for those items or services specifically stated in Section III to be Government furnished, the Contractor shall furnish everything required to perform this contract in accordance with all of its terms.

#### **3.8.2. CONTRACTOR OWNED EQUIPMENT.**

3.8.2.1. INITIAL INSPECTION. Contractor owned equipment will be inspected and approved by the biomedical equipment maintenance section prior to use in the facility. This includes personal items such as coffee makers and radios.

3.8.2.2. RUBBER STAMP. The contractor shall provide a rubber stamp for each physician to include the following information: Physicians name, DEA number (if writing for controlled substances), professional degree/status (M.D., D.O.), company's name, and company's address.

## **4. GENERAL INFORMATION**

### **4.1. PERSONNEL.**

4.1.1. POINT OF CONTACT. The Contractor shall provide a point of contact who shall be responsible for the performance of the work. The point of contact shall have full authority to act for the Contractor on all matters relating to the daily operation of this contract. The point of contact may be a provider providing care in accordance with this PWS. The Contractor shall designate this individual, in writing, to the Contracting Officer (CO) before the contract start date. An alternate may be designated, but the Contractor shall identify those times when the alternate shall be the primary point of contact.

4.1.2. CRIMINAL BACKGROUND CHECK REQUIREMENT/CHILD CARE NATIONAL AGENCY CHECK WITH INQUIRIES (CNACI). The Government will conduct at government expense, a CNACI and state criminal history checks on individuals providing direct, unsupervised child care services under this contract, using the procedures set forth in Department of Defense Regulation 5200.1, The DoD Information Security Program and DoD Instruction 1402.5, *Criminal History Background Checks on Individuals in Child Care Services*, 19 Jan 93. As a minimum, the Contractor shall contact the 366th Medical Group's security manager for obtaining all necessary forms (Standard Form 85P, Questionnaire for Public Trust Positions) and directions for filing background check information in writing and electronically on personnel hired at the beginning of the contract. This action shall take place no later than five (5) working days from contract award date. Contractor shall submit completed personnel background check applications within twenty (20) working days after award date to the 366th Medical Group's security manager for processing. Contractor personnel will be required to be fingerprinted at the 366th Security Forces Administrative Office on Mountain Home AFB, ID. Requests for personnel hired subsequent to the contract start date shall be submitted to the Government not later than five (5) workdays from the employee's first duty day. Contractor shall provide a list of substitute contract personnel fulfilling contingency situations (i.e. absences of certified contract personnel). Names of substitutes and credentials shall be provided 30 calendar days in advance to accomplish background checks. Contractor personnel receiving unfavorable CNACIs shall not be employed. The government will submit requests for investigations on AF Form 2583, "Request for Personnel Security Action", at no additional cost to the contractor. The contractor shall comply with the requirements of DoD 5200.2-R, *Personnel Security Program*, and AFI 33-119, *Electronic Mail (E-Mail) Management and Use*. IAW DODI 1402.5, "DoD components may employ an individual pending completion of successful background checks. If an individual is so employed, at all times while children are in the care of that individual, he or she must be within sight and under the supervision of an individual whose background checks have been completed, with no derogatory reports." The collective forms and fingerprints for individual background checks are processed through the local security forces administrative office up through the Office of Personnel Management Investigations in Boyers, PA. Based on background findings, the 366th Medical Group, Chief of Medical Staff may be required to conduct a suitability determination and will provide the contracting office a copy of the determination. If any conflict, the 366th Medical Group Commander will make final determination of suitability.

4.1.2.1. Background checks will be based on fingerprints of individuals obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and state criminal history repositories.

4.1.2.2. Individuals shall have the right to obtain a copy of any background check pertaining to themselves and to challenge the accuracy and completeness of the information contained in the report. Individuals requesting access to background investigations pertaining to them should submit a written request to FOI/P, OPM-FIPC, PO Box 618, Boyers, PA 16018-0618. The request should state that, "the information is being requested pursuant to the Privacy Act of 1974." The requester is required to provide full name, hand written signature, other names used, home address, social security number, date and place of birth. A record may be disclosed to a representative of the individual to whom the record pertains after receipt of a notarized written authorization from the individual who is the subject of the record.

4.1.2.3. Individuals who have previously received a background check shall provide proof of the check to the Chief of Medical Staff or obtain a new one.

4.1.3. LOCAL AREA NETWORK ACCESS: Before operating government-furnished workstations that have access to Air Force automated information systems, contractor shall have at a minimum a favorable National Agency Check. This information will be supplied and documented on MHAFFB Form 2, "Request for Interim Local Area Network Account" and processed by the 366th Medical Group security manger through the 366th Communication Squadron.

4.1.4. CONFLICT OF INTEREST. 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 the Air Force, either military or civilian, unless such person seeks and receives approval in accordance with DoD Directive 5500.7 and Air Force policy.



4.1.5. APPEARANCE. Employees are expected to comply with reasonable dress and grooming standards based on comfort, productivity, health and type of position occupied. Employee attire will be in good repair, and should not be considered offensive, disruptive or unsafe.

4.1.5.1. Contract providers shall display legible MTF-provided identification media on their outer clothing.

4.1.6. PROTECTIVE CLOTHING. When required and supplied by the Government, the provider shall wear special protective clothing and shoe covers. When duties will be performed in specified areas, a disposable protective hood shall be worn to ensure infection control standards are met. The Government will provide this hood. These items shall remain the property of the Government and shall not be removed from the MTF. After use, protective clothing shall be turned in or destroyed as directed by the Chief of Medical Staff.

**4.2. PRIVILEGING REQUIREMENTS.** The contract providers' credentials shall be reviewed in accordance with Chapter 4, AFI 44-119, *Clinical Performance Improvement*, 4 Jun 2001, and approved by the Chief, Hospital Services and the MTF Credentials Committee. The Contractor is responsible for ensuring that proposed providers possess the requisite credentials to enable granting of privileges by the MTF sufficient to allow for performance of all tasks identified in paragraph 1 of the PWS.

4.2.1. Initial applications for clinical privileges, to include credentials action history, malpractice history, and certified true copies of the documents listed below, shall be submitted to the MTF Credentials Committee, through the Chief of Medical Staff, no later than 5 calendar days after receipt of notice of contract award, or when requested by the Functional Commander. See Appendix B for a list of required Air Force application documents.

- a. Copy of valid, current unrestricted Idaho state license and applicable Board Certification. (Submission required with proposal)
- b. Documentation of continuing education and training.
- c. Current Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS). (Submission required with proposal)
- d. A signed consent for release of information.
- e. Current copy of Drug Enforcement Agency (DEA) certificate, if applicable.
- f. A list of all states in which contract provider currently holds or has held a license to practice related services.
- g. A copy of the proposed contract provider's professional resume, accompanied by that individual's sworn affidavit of the truthfulness of same, indicating experience, training, and technical expertise in the type of care to be rendered.
- h. Certification of current physical examination. The certification shall contain a statement signed by the examining physician stating that the employee is free of any contagious diseases. The physical examination shall be current as of 12 months prior to application for privileges.

4.2.2. Applications for privileges will be screened through the National Practitioners Data Bank.

4.2.3. Professional staff appointments and clinical privilege actions will be based on review of documents listed in paragraph 4.2.1 above, in accordance with AFI 44-119. Re-appointment shall occur not less than every two years, in accordance with AFI 44-119.

4.2.4. DENIAL/TERMINATION OF PRIVILEGES. Actions to limit, suspend, or revoke clinical privileges will be in accordance with the procedures outlined in AFI 44-119. The Chief of Medical Staff, will notify the Contracting Officer, and provide copies of pertinent documentation, as soon as possible when the

necessity to exercise such authority becomes apparent. The Contracting Officer will notify the Contractor of the initiation of the revocation process if such action becomes apparent.

**4.2.5 REVIEW OF CREDENTIALS PACKAGES.** The Government reserves the right to limit the number of credentialing packages it will evaluate.

### **4.3. HEALTH REQUIREMENTS.**

4.3.1. Contract providers providing services under this contract shall receive a pre-employment physical examination prior to commencement of work and annually thereafter. The providers shall report to a Government physician to receive a pre-employment examination and immunizations prescribed by the MTF.

4.3.2. Not later than five (5) working days prior to commencement of work, certification shall be provided to the QAP that the provider has completed the medical evaluation required above. This certification shall state the date on which the examination was completed, the name of the doctor who performed the examination, and a statement concerning the physical health of the individual. The certification shall also contain the following statement: "(Name of contract provider) is suffering from no contagious diseases to include, but not limited to, Tuberculosis, Hepatitis, and Venereal Disease."

4.3.3. OSHA requires that all contract personnel who will have occupational exposure to blood or body fluids, or other potentially infectious materials, shall receive Hepatitis B vaccine (at government expense in the 366th MDG immunization department), sign a voluntary declination, or have documented proof of immunity to Hepatitis B infection. Personnel who sign declinations may change their minds at anytime and receive the Hepatitis B vaccine without penalty.

4.3.4. The contractor is responsible for reporting to the Chief of Medical Staff, all information necessary to assure hospital records can be maintained correctly, and therefore comply with the JCAHO, OSHA, and CDC health record requirements.

**4.4. EMERGENCY HEALTH CARE.** The MTF will provide emergency health care for the contract providers for injuries incurred while on duty in the MTF. These services will be billed to the Contractor at the current full reimbursement rate.

### **4.5 MEDICAL QUALITY IMPROVEMENT/RISK MANAGEMENT (QI/RM).**

4.5.1. The contract provider(s) shall participate in QI/RM activities to the extent required by Section 2C, AFI 44-119 and the individual MTF QI/RM plan or regulation.

4.5.2. The Government will evaluate the providers' professional, as differentiated from administrative, performance under this contract using Quality Improvement standards specified in paragraphs 2.12 and 2.13, AFI 44-119. Nothing in this paragraph precludes the Government from also conducting inspections under the Inspection/Acceptance requirement of FAR clause 52.212-4.

### **4.6. PERFORMANCE EVALUATION**

4.6.1 The Business Requirements Advisory Group (BRAG) consisting of contracting officer, QAE, other government personnel as appropriate, and the contractor will meet at least quarterly or more often if necessary, to identify opportunities to improve performance. The BRAG will discuss contract performance, identify initiatives, assess risk associated with the initiatives, and monitor the success of implementation. The government will also apprise the contractor of how the government views the contractor's performance overall.

4.6.2 The government will evaluate the contractor's performance under this contract. Evaluations will be provided to the contractor, in writing, on a monthly basis. Contractor performance will also be recorded annually on AF Form 370 and in the Contractor Performance Assessment Reporting System (CPARS) database. These evaluations may be used by other government agencies as a record of contractor performance history for the purpose of evaluation in other competitive or noncompetitive acquisitions.

The contractor shall appoint a CPAR point of contact in writing to the Contracting Officer within 15 calendar days of contract start date.

**4.7. DOD FREEDOM OF INFORMATION ACT (FOIA) PROGRAM.** All FOIA requests shall be delivered immediately to the Quality Assurance personnel.

4.7.1. FOR OFFICIAL USE ONLY (FOUO). The contractor shall create and maintain FOUO material IAW DoD 5400-7R, *DoD Freedom of Information Act Program*, Chapter 4; AFI 33-129, *Transmission of Information via the Internet*, paragraphs 7.4, 8.2.3, 16 and 17; and AFI 33-201, *Communications Security (COMSEC)*, Table 1. Mark all documents meeting the requirements identified in DoD Regulation 5400-7/Air Force Supplement, paragraphs C3.2.1.2 thru 3.2.1.9 as "For Official Use Only" IAW instructions identified in paragraph C4.2.1. Safeguard all sensitive data IAW DoD Regulation 5400.7/Air Force Supplement, paragraph C4.4. When documents containing FOUO material are authorized for destruction, shred the records so that the pieces cannot be reconstructed. Degauss or overwrite magnetic tapes or other magnetic media.

4.7.2. PATIENT LISTS. Patient lists, no matter how developed, shall be treated as privileged information. Add the following to the bottom of all patient lists: "*FOR OFFICIAL USE ONLY. This document contains information exempt from mandatory disclosure under the Freedom of Information Act (FOIA), Title 5 U.S.C. 552(b)(2) High and (b)(6) apply.*" Lists and/or names of patients shall not be disclosed or revealed in any way for any use outside the MTF without prior written permission by the Chief of Medical Staff.

4.7.3. RELEASE OF MEDICAL INFORMATION. The Contractor personnel shall release medical information obtained during the course of this contract to MTF staff involved in the care and treatment of that individual patient only.

**4.8. PRIVACY ACT PROGRAM.** The Contractor shall create and maintain Privacy Act data IAW AFI 33-129, *Transmission of Information Via the Internet*, paragraphs 7.4, 8.2.3, 16, and 17, and supplements; AFI 33-201, *Communications Security (COMSEC)*, table 1; AFI 33-322, *Air Force Privacy Act Program*, paragraphs 1.4.7, 1.4.8, 3.3.3, Chapters 7, 9 and 10, and supplements; and, Privacy Act systems of records notice(s) (<http://www.defenselink.mil/privacy/notices/usaf>). The contractor shall not create or maintain a Privacy Act system of records prior to public notice. If the Contractor receives a Privacy Act request, the contractor shall be responsible for searching for the records and providing those records to a Government official who, as the authorized official, will make the decision on releasing the Government records.

**4.9. FUNCTIONAL REQUESTS.** A functional request is a written request for DoD records that does not cite either the FOIA or Privacy Act received from any person (including a member of the public), an organization, or a business. The contractor shall be responsible for searching for the records and providing those records to a Government official who, as the authorized official, will make the decision on releasing the Government records.

**4.10. REQUIREMENTS FOR CONTRACTOR PERSONNEL REQUESTING BASE ENTRY.** The contractor shall notify the QAP at Mountain Home AFB, requesting base entry for providers 15 calendar days prior to provider's performance start date. The notification shall include:

4.10.1. All Contractors who work on base must submit a typewritten request with the name, driver's license number, social security number, date of birth, and employer of each employee to obtain an authorization letter from the Base Contracting office. This letter is then submitted to the 366th Security Forces Squadron. When that letter is approved, an AF Form 75 shall be issued for each employee for the duration of the contract not to exceed one year. If the option is exercised, the employees shall be required to renew issued AF Form 75. (NOTE: A complete background check shall be conducted on all of the employees submitted. The 366th Security Forces Squadron has the right to refuse entry of any contractor employee to Mountain Home AFB, based upon the results of the background check). Contractor passes shall not exceed a period of more than one year.

4.10.2. When the AF Form 75 is issued; confirmation of Contractor's employees shall be accomplished by verifying the person's credentials (driver's license) against the Contractor-supplied employee list. AF Forms 75 issued in excess of 90 days shall have a photograph attached to the upper left-hand corner.

4.10.3. A vehicle pass shall be issued upon receipt of proof of insurance and vehicle registration. Delivery vehicles shall be granted entry to the base upon presentation of a valid bill of lading and/or delivery slip. If the driver changes vehicles prior to coming onto the base, he/she shall stop at the Visitor Center to obtain a vehicle pass for that particular vehicle.

4.10.4. Contractor shall provide the Contracting Officer a list of its employees or Subcontractor employees, in advance, who shall need to be vouched on base for one day.

4.10.5. Contractors operating on base shall be responsible for briefing and ensuring the employees adhere to the state traffic rules and MHA FBI 31-204, "Motor Vehicle Traffic Supervision". The Foremen, Job Supervisor and/or other personnel providing workman leadership shall, when possible, ensure the workers comply with these rules and regulations. Speed limit on base is 30 miles per hour (MPH) unless otherwise posted. The speed limit in base housing areas is 15 MPH and the speed limit in parking lots is 5 MPH. In the school zone, when the warning signal is flashing, the speed limit is 15 MPH. Individuals are to obey all entry procedures. When Security Police personnel give instructions, they shall be complied with immediately. Security Police utilize speed detection devices and citations shall be issued to violators. Personnel who park on grass or seeded areas shall be cited.

4.10.6. Contractor personnel shall be given direction by Security Forces personnel, QAE, or the Contracting Officer, as to what actions are required, if any, during higher states of readiness requiring changes Force Protection Conditions, i.e., FPCON Alpha, Bravo, Charlie or Delta during exercises and real world events.

4.10.6.1. To provide reasonable assurance of the continuation of essential medical services during real world crisis, military exercises and higher FPCONS (i.e. FPCON Charlie and Delta); the contractor shall provide upon request a list of mission essential contractor personnel to the sponsoring agencies security manager. This list will be provided to the Security Forces located at the Visitor Control Center for identifying/authorizing mission essential personnel prior to entering base (Ref: DODI 3020.37).

4.10.7. The installation is considered a controlled area. The Contractor personnel may experience delays or denied entry because of compliance with entrance/exit requirements as indicated by the readiness state.

4.10.8. The contractor shall return all identification media, including vehicle decals, to the QAP office upon completion/termination of the contract, as appropriate.

4.10.9. The contractor personnel shall comply with the requirements of Volume 1, AFI 71-101, *Criminal Investigations*, and paragraph 1.1 of Volume 2, *Protective Service Matters*. Contractor personnel shall report any information or circumstances of which they are aware that may pose a threat to the security of DoD personnel, contractor personnel, resources, and classified or unclassified defense information to the Element Chief, Emergency Services. The Contractor employee's immediate supervisor shall brief him/her upon initial on-base assignment and as required thereafter.

4.10.10. Physical Security. The contractor shall safeguard all government property, including controlled forms provided for contractor use. At the close of each work period, government equipment, facilities, and other valuable materials shall be secured.

4.10.11. Entry Procedures to Controlled/Restricted Areas. The contractor shall implement local base procedures for entry to Air Force controlled/restricted areas where contractor personnel will work.

4.10.12. Traffic Laws. The contractor personnel shall comply with the installation traffic code as specified in Idaho State Law and MHA F B Instruction 31-204, Motor Vehicle Traffic Supervision.

4.10.13. Listing of Employees. The contractor personnel shall maintain a current listing of employees. This list will include the employee's name and social security number. The list shall be provided to the

Program Manager and sponsoring agency's security manager. An updated listing shall be provided when an employee's status or information changes.

4.10.14. Security Training. The contractor will ensure all contractor employees receive initial and recurring security education training from the sponsoring agency's security manager. Training must be conducted IAW DOD 5200.1-R, "Information Security Program Regulation", and AFI 31-401, "Information Security Program Management". Contractor personnel who work in Air Force controlled/restricted areas must be trained IAW AFI31-101, "The Air Force Installation Security Program".

4.10.15. Retrieving Identification Media. The contractor shall retrieve all identification media, including vehicle passes from employees who depart for any reason before the contract expires; e.g. terminated for cause, retirement, etc.

4.10.16. Weapons, Firearms, and Ammunition. Contractor employees are prohibited from possessing weapons, firearms, or ammunition, on themselves or within their contractor-owned vehicle or privately-owned vehicle while on Mountain Home AFB, ID

4.10.17. Reporting Requirements. Contractor personnel shall report to an appropriate authority any information or circumstances of which they are aware may pose a threat to the security of DOD personnel, contractor personnel, resources, and classified or unclassified defense information. Contractor employees shall be briefed by their immediate supervisor upon initial on-base assignment.

4.10.18. Controlled/Restricted Areas (If Applicable). The contractor shall implement local base procedures for entry to Air Force controlled/restricted areas where contractor personnel will work. An AF Form 2586, Unescorted Entry Authorization Certificate must be completed and signed by the sponsoring agencies Security Manager before a Restricted Area Badge will be issued. Contractor employees must have a completed National Agency Check, Local Agency Check, Credit Check (NACLC) investigation before receiving a Restricted Area Badge.

4.10.19. Key Control. (If Applicable) The contractor shall establish and implement methods of making sure all keys to include Medical Officer of the Day Key issued to the contractor by the government are not lost or misplaced and are not used by unauthorized persons. The contractor shall not duplicate any keys issued by the government.

4.10.19.1. The contractor shall immediately report to the Quality Assurance Evaluator (QAE) or Program Manager any occurrences of lost or duplicated keys.

4.10.19.2. In the event, other than master keys are lost or duplicated, the contractor may be required, upon written direction of the contracting officer, to re-key or replace the affected lock or locks without cost to the government. The government may, however, at its option, replace the affected lock or locks or perform re-keying and deduct the cost of such from the monthly payment due the contractor. In the event a master key is lost or duplicated, all locks and keys for that system shall be replaced by the government and the total cost deducted from the monthly payment due the contractor.

4.10.19.3. The contractor shall prohibit the use of keys, issued by the government, by any persons other than the contractor's employees and the opening of locked areas by contractor employees to permit entrance of persons other than contractor employees engaged in performance of contract work requirement in those areas.

4.10.20. Lock Combinations. (If Applicable) The contractor shall control access to all government provided lock combinations to preclude unauthorized entry. The contractor is not authorized to record lock combinations without written approval by the Government Program Manager. Records with written combinations to authorized secure storage containers, secure storage rooms, or certified vaults, shall be marked and safeguarded at the highest classification level as the classified material maintained inside the approved containers.

## **APPENDIX A**

### **GENERAL DEFINITIONS**

As used throughout this PWS, the following terms shall have the meaning set forth below:

Composite Health Care System (CHCS). Computer system, which stores clinical and administrative data. This system provides on-line communication for users in any supported location.

1. Contracting Officer (C.O.). A duly appointed person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings on behalf of the Government.
2. Credentials. Certified documents providing evidence of education, training, licensure, board certification, experience and expertise of a health care provider.
3. Exposure-prone procedure. A certain invasive surgical or dental procedure that has been implicated in the transmission of the hepatitis-B virus from an infected health care worker to a patient. Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.
4. Freedom of Information Act (FOIA) Request. A written request for DoD records made by any person, including a member of the public, an organization, or a business that either explicitly or implicitly involves the FOIA, DoD Directive 5400.7.
5. Full reimbursement rate. A rate, which is set annually by Congress, for reimbursement by non-eligible personnel who receive medical services at the MTF. This is a flat rate set for outpatient and inpatient care.
6. Functional Request. A written request for DoD records made by any person, including a member of the public, an organization, or a business that either does not cite the FOIA or Privacy Act. This does not include requests from Government employees with a need to know to perform official Government business.
7. Health care provider. Any contract health care professional who, under regulations of a Military Department, is granted clinical practice privileges in a military MTF or Dental Treatment Facility, or who is licensed or certified to perform health care services by a Governmental board or Agency, or professional health care society or organization.
8. Invasive medical procedure. Any procedure that involves a puncture or incision of the skin, the insertion of an instrument or foreign material into the body, or breaking of the mucosal lining of the body.
9. Privacy Act Request. A written request from the subject of the records or a request with the subject's written consent.
10. Quality Assurance. A planned and systematic pattern of all actions necessary to provide confidence that adequate technical requirements are established, products and services conform to established technical requirements, and satisfactory performance is achieved. For purposes of this contract, quality assurance refers to actions by the government.
11. Quality Improvement/Risk Management (QI/RM) Plan. An organized document that describes the methods of doing QI reviews within the MTF. The plan designates the areas of responsibility and accountability for the QI program and the mechanisms for monitoring and evaluating patient care. It is consistent with the JCAHO monitoring and evaluation (M&E) approach and the Air Force Risk Management (RM) efforts.

## **APPENDIX A**

### **GENERAL DEFINITIONS CON'T**

12. Valid license. A grant of permission by an official agency of the District of Columbia, a state, or territory of the United States, to provide care independently as a health care professional. Licenses must be current to be valid. Some jurisdictions issue no-fee licenses to Federal employees or military personnel. These are acceptable if the issuing authority will exercise professional regulating control over individuals with these licenses.

## APPENDIX B - APPLICABLE PUBLICATIONS AND FORMS

Publications and forms applicable to the PWS are listed below. The Contractor is obligated to follow these publications. These publications are available at <http://www.e-publishing.af.mil/> and maintained by AF publishing. Supplements or amendments to listed publications from any organizational level may be issued during the life of the contract.

PUB NO.	TITLE	MANDATORY/ADVISORY (M/A)
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### 1. DEPARTMENT OF DEFENSE (DoD) REGULATIONS/MANUALS INSTRUCTIONS/DIRECTIVES

DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services	M
DoD Directive 5500.7, Standards of Conduct	M
DoD Instruction 3020.37, "Continuation of Essential DoD Contractor Svcs During Crisis"	

### 2. AIR FORCE REGULATIONS/MANUALS

AFI 44-119, Medical Service Clinical Quality Management	M
AFI 41-117, Program Education for Medical Service Officers	A
AFI 44-108, Infection Control Program	M
AFI 44-119, Clinical Performance Improvement	M
AFMAN 44-144, Nutritional Medicine Management	M

### 3. OTHER REFERENCES

MDGI 41-101, Deployment of Medical Records  
MDGI 41-134, Medical Treatment Facility (MTF) Privacy Guidelines  
Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals Current Edition  
JCAHO Ambulatory Health Care Standards Manual Current Edition ([www.jcaho.org](http://www.jcaho.org))  
MDGI 32-200 1 - Fire Protection, Prevention And Evacuation  
MDGI 40-6 - Ethics  
MDGI 44-172 - Plan for Provision of Patient Care  
MDGI 44-125 - Identification and Management of Psychotic, Violent, and Suicidal Patients  
MDGI 44- 135- Informed Consent  
MDGI 44-157 - Use of Patient Restraints  
MDGI 44-163 - Hospital Infection Control Program  
MDGI 44-165 - Patient Transfers  
MDGI 44-165, Attachment. I - Patient Transfers, Atch. I  
MDGI 44-172, Plan for Provision of Patient Care  
MDGI 91-101, Unit Safety Program

### 4. FORMS

SF 85P Sep-1995 Questionnaire for Public Trust Positions  
SF 502 Jul-1991 Medical Record - Narrative Summary (Clinical Resume)  
SF 504 Jul-1991 Medical Records -History Part 1  
SF 505 Jul-1991 Medical Record - History Part II and 111  
SF 506 Jul-1991 Clinical Record - Physical Examination



APPENDIX B - APPLICABLE PUBLICATIONS AND FORMS CONT

SF512 Mar-1994 Plotting Chart  
SF513 Aug-1992 Medical Record - Consultation Sheet  
SF 515 Jul-1991 Medical Record - Tissue Examination (DO Form 2005, Privacy Act Statement serves)  
SF 516 May-1983 Medical Record - Operation Report  
SF 519B Aug-1983 Radiological Consultation Request/Report (NOT LRA)  
SF 520 Oct-1975 Clinical Record - Electrocardiographic Record  
SF 526 Feb-1995 Medical Record - Interstitial/Intercavitary Therapy  
SF 533 Jul-1975 Medical Record - Prenatal and Pre  
SF 534 Dec-1974 Medical Record – Labor  
SF 535 Oct-1975 Clinical Record – Newborn  
SF 558 Jun-1982 Medical Record - Emergency Care and Treatment  
SF 559 Apr-1994 Medical Record - Allergen Extract Prescription, New and Refill  
SF 600 May-1984 Health Record - Chronological Record of Medical Care  
AF 55 Nov-1996 Employee Safety and Health Record  
AF 190 Oct-1981 Occupational Illness/Injury Report  
AF 560 Jan-1987 Authorization and Treatment Statement  
AF 765 Dec-1994 Medical Treatment Facility Incident Statement  
AF 781 Sun-1988 Multiple Item Prescription (DD Form 2005, Privacy Act Statement serves)  
AF 1042 Feb-1992 Medical Recommendations for Flying or Special Operational Duty  
AF 1225 Jan-1996 Informed Consent for Blood Transfusion  
AF 1480B Jul-1997 Adult Preventive and Chronic Care Flowsheet Continuation Sheet  
AF 1535 Jan-1982 Physical Therapy Consultation (NOT LRA)  
AF 3066 Apr-1987 Doctors Orders  
AF 3078 Nov-1994 Monthly Personnel Time and Salary Distribution Worksheet  
DD 261 Oct-1995 Report of Investigation Line of Duty and Misconduct Status  
DD 2005 Feb-1976 Privacy Act Statement - Health Care Records

As applicable IAW governing regulations.

## APPENDIX C - HISTORICAL DATA

The following data is provided for information only.

### HISTORICAL DATA

The following data is provided for information only.

a. Present department staff consists of:

	MILITARY	CONTRACT CIVILIANS
Providers	1	8
Nurses	4	0
Paraprofessionals	0	0
Medical Technicians	18-22	0

b. Emergency Services admissions for last 12 months: 13,175

## APPENDIX D

### 366th MEDICAL GROUP CREDENTIALING PROCEDURES

All required credentialing forms can be obtained from: 366 MDG/SGH (CREDENTIALS)  
90 Hope Drive, Building 6000  
Mountain Home AFB, ID 83648

**READ INSTRUCTION ON ALL FORMS AND FOLLOW THEM. IF ANY PART OF THE APPLICATION PACKAGE IS INCOMPLETE OR MISSING THE ENTIRE PACKAGE WILL BE RETURNED FOR PROPER COMPLETION.**

**a. Read, complete, and return the following:**

- AF Form 1540, Application for Clinical Privileges
- AF Form 1541, Credentials Continuing Health Education Training Record
- AF Form 1562, Credentials Evaluation of Health Care Practitioners
- AF Form 28XX, Clinical Privileges – (Specialty)
- Release of Liability
- Bylaws
- Copy of Photo ID

**b. AF Form 1540, Application for Clinical Privileges.** Complete Section I through IX and sign. Element Chief and Flight Commander review and complete the application and sign where indicated.

**c. Privilege List.** Review and complete the privilege list for your specialty by placing a # **1, 2, or 4** in the requested column, according to the instructions at the top of the form. **DO NOT** use “x’s” or **check marks!!!** Place your signature in the “Provider Signature” space and obtain your clinical supervisor’s recommendation and signature.

**d. AF Form 1562.** Sign and date each of the AF Forms 1562. These will be sent to the individuals you list as references on your application.

**e. Provide copies** of the following documents if needed for your credentials folder (any training certificates, licenses, etc. listed on your application must be presented before privileges will be awarded):

- MD, DO, DDS, DMD, CRNA, RN or other professional training certificates.
- Internship, residency, fellowship and all other specialty training certificates.
- Copy of Board Certification
- **ALL** current state licenses.
- Current BLS and, if required for your specialty, ACLS/PALS/NRP/ certification.
- DEA License

**f. Return/Deliver** the application for privileges to RM E-131 or mail to the address above.

**YOU MAY NOT SEE PATIENTS UNTIL CLINICAL PRIVILEGES HAVE BEEN APPROVED**

#### HELPFUL HINTS:

- (1) The “service delivery” summary provides measures, but should either ask the offeror to describe the method of surveillance, or include the information in the PWS.
- (2) There is no price or fee reduction strategy should the performance standards not be met. For this type of service, there may be many instances where the performance standard is 100 percent. The solicitation should be very clear on what actions the Government will take, should the standards not be met.
- (3) The solicitation should either provide a quality assurance surveillance plan (QASP) or state that the Government will complete the QASP post-award.