COMBINED SYNOPSIS/SOLICITATION

HHCC Clinical Staffing Services

Multiple-Award Fixed-Price Indefinite-Delivery/Indefinite-Quantity (IDIQ)

Solicitation Number	RFQ-26-PHX-035
Issue Date	06/08/2026
Pre-Bid Virtual Conference Call	06/12/2026 @ 10 AM PDT
Questions Due	06/17/2026 @ 2 PM PDT
Quotes Due	06/29/2026 @ 9 AM PDT
Set-Aside	Buy Indian Act / HHSAR Subpart 326.6 - ISBEE
NAICS	621111 - Offices of Physicians (except Mental Health Specialists); Size Standard: $16 million
PSC	Q201 - Medical: Managed Health Care
IDIQ Ceiling	$9,000,000 aggregate shared ceiling
Ordering Period	Five (5) years from date of award
Primary POC	Ashley.Velasquez@ihs.gov
Alternate POC	Dekovan.Cook@ihs.gov

****SAM.GOV FOLLOW REQUIREMENT DISCLOSURE****

To receive up-to-date information on this requirement, including answers to vendor questions, modifications to the requirement, or extensions to the offer due date, interested vendors should use the "Follow" feature in SAM.gov to receive system notifications. The Government is not responsible for an interested vendor's failure to monitor SAM.gov for amendments, answers to questions, or other updates.

COMBINED SYNOPSIS/SOLICITATION

Table of Contents

I. Solicitation Overview 6

II. Set-Aside and Eligibility 6

III. Teaming, Subcontracting, and Delivery Structure 7

IV. Requirement and HHCC Staffing Categories 8

V. Projected Coverage Scope 9

VI. Contract Type and Ordering 10

A. Contract Type 10

B. Ordering Period and Task Order Periods of Performance 10

C. Minimum Guarantee 10

D. Aggregate Maximum 10

E. Task Order Competition and Fair Opportunity 11

F. Candidate Readiness and Personnel Security 11

G. Candidate Readiness Pipeline 11

VII. Pricing Structure 12

A. Hourly Rate Pricing and Common Evaluated Price 12

B. Task Order Pricing 12

C. Fixed Stepped Rates 12

D. Price Reasonableness 13

E. No Separate Reimbursement Unless Authorized 13

VIII. Questions, Correspondence, and Electronic Submission 13

A. Questions 13

B. Solicitation Amendments 13

C. Electronic Submission 14

D. File Organization 14

E. Communications 14

IX. Solicitation Provisions, Instructions to Offerors, and Method of Award 14

A. Solicitation Provisions Incorporated by Reference 14

B. Authorized Deviations in Provisions 15

C. FAR 52.212-1, Instructions to Offerors-Commercial Products and Commercial Services 15

D. Addendum to FAR 52.212-1 16

1. General Instructions 16

2. Required Quote Volumes 16
3. Volume I - Administrative / Eligibility 16
4. Volume II - Technical Quote 17
5. Candidate Readiness and Staffing Pipeline 18
6. Volume III - Past Performance 18
7. Volume IV - Price Quote 20
8. Assumptions, Exceptions, and Deviations 20
9. Teaming, Subcontracting, Affiliates, and Third-Party Resources 20
10. Buy Indian Act / ISBEE Eligibility 21
11. Amendments 21
12. Communications 21
E. FAR 52.212-2, Evaluation-Commercial Products and Commercial Services 22
F. Addendum to FAR 52.212-2 22
1. General Evaluation Approach 22
2. Initial Compliance Review 22
3. Evaluation Factors 23
4. Factor 1 - Technical Approach 23
5. Factor 2 - Candidate Readiness and Staffing Pipeline 24
6. Factor 3 - Program Management, Onboarding, Quality Control, and Coverage Continuity 24
7. Factor 4 - Past Performance 25
8. Factor 5 - Price 26
9. Factor 6 - Administrative / Eligibility Compliance 27
10. Responsibility Determination 27
11. Multiple-Award Methodology 27
12. Best Value Determination 28
13. Exchanges with Offerors 28
14. Right to Reject Quotes 28
G. Other Solicitation Provisions 29
1. System for Award Management 29
2. Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions 29
3. Responsibility and Tax Representations 29
H. HHS-326 / Buy Indian Act Representation 29

I. Method of Award 30
X. Pre-TEB Compliance Review and Evaluation 30
A. Pre-TEB Compliance Review 30
B. Technical Evaluation 31
C. Evaluation Documentation 31
XI. Offer Submission Format 31
XII. Technical Proposal Requirements 32
A. Staffing Partner Narrative 32
B. Candidate and Pipeline Information 33
C. Program Management and Onboarding 33
D. Teaming and Pass-Through Disclosure 34
E. Assumptions, Exceptions, and Deviations 34
XIII. Past Performance 35
A. General Requirement 35
B. Recency 35
C. Relevance 35
D. Required Information 35
E. Use of Third-Party Past Performance 36
F. Government Review 36
G. Past Performance Questionnaires 36
H. No Recent and Relevant Past Performance 37
XIV. Contractor Quality Control and Feedback 37
A. Quality Control Requirement 37
B. Contractor Responsibility 37
C. Quality Control Areas 37
D. Government Feedback 38
E. Corrective Action 38
F. Use of Performance Information 38
XV. Special Contract Requirements 39
A. Non-Personal Services 39
B. Medical Liability Insurance and FTCA Notice 39
C. Overtime, Additional Hours, Standby, and Wait Time 40

D. Labor Standards 40
E. Privacy, HIPAA, Confidentiality, and Data Protection 40
F. Travel, Lodging, and Local Conditions 41
G. Removal, Replacement, and Performance Issues 41
XVI. On-Ramp and Off-Ramp Procedures 42
A. Annual On-Ramp/Off-Ramp Review Period 42
B. On-Ramping 42
C. Off-Ramping 43
XVII. Attachments 44

COMBINED SYNOPSIS/SOLICITATION

I. Solicitation Overview

This is a combined synopsis/solicitation for commercial services prepared in accordance with FAR Part 12, as supplemented by FAR Subpart 16.5 for the contemplated multiple-award indefinite-delivery/indefinite-quantity contract structure, the Buy Indian Act, HHSAR Subpart 326.6, this notice, and the attached solicitation package.

The Indian Health Service, Phoenix Area Office, is soliciting quotes for non-personal clinical staffing services for Hopi Health Care Center (HHCC), located in Polacca, Arizona.

The Government intends to award multiple fixed-price indefinite-delivery/indefinite-quantity contracts. The resulting IDIQ contracts will establish awarded staffing categories, fixed fully burdened hourly rates, ordering procedures, and contract administration requirements.

Award of a parent IDIQ contract does not itself authorize performance or payment. Contractor performance is authorized only by an issued task order or other written authorization from the Contracting Officer.

Clinical requirements are stated in the applicable staffing-category-specific Performance Work Statement. Surveillance and performance standards are stated in the applicable Quality Assurance Surveillance Plan or embedded QASP table, as applicable.

The Government may issue task orders during the ordering period for specific HHCC staffing categories, candidates, schedules, periods of performance, and funded amounts. Task orders will be issued subject to available funding, ordering procedures, applicable task order competition requirements, and the aggregate IDIQ ceiling.

The Contracting Officer may update solicitation language, attachment references, provision or clause references, due dates, instructions, or other solicitation requirements by amendment before the quote due date. Offerors are responsible for monitoring SAM.gov for amendments, responses to vendor questions, and other solicitation updates.

II. Set-Aside and Eligibility

This acquisition is set aside under the Buy Indian Act for eligible Indian Small Business Economic Enterprises (ISBEEs) in accordance with HHSAR Subpart 326.6 and the solicitation requirements.

Only eligible ISBEE Offerors may be considered for award. Offerors shall submit a completed HHS-326, Indian Economic Enterprise Representation Form, with their quote. Failure to submit the required representation may render the quote ineligible for award.

The Offeror must meet applicable Buy Indian Act and ISBEE eligibility requirements at the time of quote submission, at the time of award, and throughout contract performance. The Government may verify eligibility, ownership, control, size status, representations, and continued compliance at any time before or after award.

If an Offeror proposes to use subcontractors, teaming partners, affiliates, staffing partners, recruiters, independent contractor clinicians, or other third-party resources, the Offeror shall clearly identify those entities and describe their roles. The prime Contractor remains responsible for contract performance, compliance, candidate pipeline management, staffing coverage, quality control, invoicing, and all task order requirements.

Use of subcontractors, staffing partners, recruiters, affiliates, independent contractors, or other third-party entities shall not defeat the purpose of the Buy Indian Act set-aside, obscure responsibility for performance, or prevent the Government from determining who will perform major contract functions.

The Government may reject or remove from further consideration any quote that fails to demonstrate required eligibility, takes exception to Buy Indian Act requirements, fails to submit required representations, or proposes a performance structure inconsistent with the solicitation, HHSAR Subpart 326.6, or applicable subcontracting limitations.

III. Teaming, Subcontracting, and Delivery Structure

Offerors shall clearly describe their proposed delivery structure, including whether services will be furnished through the prime Offeror's employees, independent contractor clinicians, subcontractors, teaming partners, affiliates, recruiters, staffing partners, joint venture members, or other third-party resources.

For each proposed subcontractor, teaming partner, affiliate, recruiter, staffing partner, independent contractor arrangement, joint venture member, or other third-party entity, the Offeror shall identify, as applicable:

- Legal name of the entity;
- Business relationship to the Offeror;
- Role in performance;
- Staffing categories supported;
- Whether the entity will recruit, employ, contract with, schedule, manage, or provide clinicians;
- Whether the entity's past performance is being relied upon;
- Approximate percentage of work or major function to be performed;

- How the Offeror will manage and control the entity's performance; and
- How the proposed structure complies with Buy Indian Act requirements and applicable subcontracting limitations.

The prime Contractor shall remain responsible for full performance of all contract and task order requirements, including work performed by subcontractors, teaming partners, affiliates, recruiters, staffing partners, independent contractor clinicians, or other third-party resources.

Offerors shall not use subcontracting, staffing partner, recruiter, affiliate, or other third-party arrangements in a manner that obscures responsibility for performance, prevents meaningful evaluation of the proposed staffing approach, or defeats the purpose of the Buy Indian Act set-aside.

If the Offeror relies on the experience, resources, candidate pipeline, or past performance of another entity, the Offeror shall clearly explain how that entity is connected to the proposed performance and what role that entity will perform under the resulting contract or task orders.

IV. Requirement and HHCC Staffing Categories

The Government requires non-personal clinical staffing services to support HHCC operations. The resulting IDIQ contracts may include one or more awarded staffing categories, depending on the Offeror's quote, evaluated capability, price reasonableness, eligibility, and the Government's best value determination.

The anticipated staffing categories are:

- Emergency Department Physician Services (ED MD);
- Inpatient/Hospitalist Physician Services (IPU MD);
- Emergency Department Registered Nurse Services (ED RN);
- Inpatient Registered Nurse Services (IPU RN); and
- Outpatient Registered Nurse Services (OPU RN).

Offerors may propose for one, several, or all staffing categories. The Government may award different staffing categories to different Contractors based on the evaluation results, staffing category coverage needs, price reasonableness, and best value determination.

Each staffing category is governed by the applicable Performance Work Statement and QASP or embedded QASP table. The applicable task order will identify the staffing category, place of performance, period of

performance, schedule or coverage need, approved candidate or candidate requirements, funded amount, and any task-order-specific instructions.

Award of a staffing category under a parent IDIQ contract does not guarantee issuance of task orders for that category. Task orders will be issued only when HHCC has a requirement, funding is available, and the Contracting Officer determines that issuance is in the Government's interest.

The Government may consider staffing category coverage when determining the number of awards. The Government may also consider whether the contractor pool provides sufficient redundancy, candidate availability, and coverage capability across the required HHCC clinical service lines.

V. Projected Coverage Scope

The projected coverage scope is provided for evaluation, planning, and price comparison purposes only. The estimates do not guarantee task orders, hours, shifts, funding, staffing category utilization, candidate placement, or any particular volume of work.

Projected coverage may vary based on patient census, Federal staffing, vacancies, leave, recruitment gaps, emergencies, funding availability, facility operational needs, and other HHCC requirements.

For pricing and evaluation purposes, Offerors shall use the estimated weekly hours stated in Attachment A, Rate Schedule / Fully Burdened Hourly Rates. The common evaluated price will be calculated using the Government-provided estimated weekly hours, proposed fixed hourly rates, and the stated evaluation period.

Actual task orders may be issued for more or fewer hours than the estimates used for evaluation. The Government will order services only through issued task orders or other written authorization from the Contracting Officer.

Task orders may include full-time, part-time, intermittent, recurring, urgent, short-term, or gap coverage requirements, depending on HHCC needs. The Government may issue task orders for a single staffing category, multiple staffing categories, a specific candidate, a specific schedule, or a defined coverage period.

The Contractor shall bill only for actual hours worked, accepted by the Government, and authorized under the applicable task order. The Government will not pay for non-performed services, unsuccessful recruiting, candidate pipeline maintenance, unapproved candidates, unapproved hours, standby time, travel time, lodging time, wait time, or other non-clinical time unless expressly authorized by the contract or task order.

COMBINED SYNOPSIS/SOLICITATION

VI. Contract Type and Ordering

A. Contract Type

The Government intends to award multiple fixed-price indefinite-delivery/indefinite-quantity contracts for commercial clinical staffing services.

The resulting IDIQ contracts will establish awarded staffing categories, fixed fully burdened hourly rates, ordering procedures, and contract administration requirements. The parent IDIQ contracts do not authorize performance by themselves. Performance is authorized only by issued task order or other written authorization from the Contracting Officer.

B. Ordering Period and Task Order Periods of Performance

The anticipated IDIQ ordering period is five years from the effective date of award.

Task orders may be issued at any time during the ordering period, subject to available funding, HHCC need, applicable ordering procedures, and the aggregate IDIQ ceiling.

Task order periods of performance shall not exceed one year. Each task order is effective for the period stated in the task order or until funds are expended, whichever occurs first, unless modified by the Contracting Officer within contract limits and available funding.

C. Minimum Guarantee

Each IDIQ awardee will receive a minimum guarantee of $5,000 over the life of the contract. The minimum guarantee is the Government's only guaranteed ordering obligation under each IDIQ contract.

The minimum guarantee will be satisfied through paid, accepted services under one or more task orders. Amounts paid for accepted task order services count toward the minimum guarantee.

The minimum guarantee is not a separate payment in addition to accepted services, not a retainer, not a readiness fee, not a candidate pipeline fee, and not payment for unsuccessful recruiting, incomplete onboarding, rejected candidates, withdrawn candidates, or non-performed services.

D. Aggregate Maximum

The aggregate shared maximum for all IDIQ contracts awarded under this solicitation is $9,000,000. The aggregate maximum is not a guarantee of work to any Contractor and does not reserve any specific quantity, funding, staffing category, task order, or order value for any awardee.

E. Task Order Competition and Fair Opportunity

After award of the parent IDIQ contracts, the Government may issue task order requests to IDIQ awardees eligible for the applicable staffing category.

The Contracting Officer will provide fair opportunity to eligible IDIQ awardees for task order requirements unless an exception applies and is documented. Task order requests may be issued by email or other written method identified by the Contracting Officer.

Task order responses may be evaluated using a streamlined best-value comparison considering factors such as candidate qualifications, clinical fit, availability, readiness tier, time to coverage, security/credentialing readiness, prior HHCC/IHS/HHS/Federal/Tribal experience, continuity, Contractor performance history, replacement capability, responsiveness, and task-order-specific price.

The Government is not required to select the lowest-priced task order response if another response provides better overall value considering urgency, candidate readiness, clinical fit, performance risk, continuity, and price.

F. Candidate Readiness and Personnel Security

No Contractor clinician may perform services until all required security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements are complete.

Prior HHCC, IHS, HHS, Federal, Tribal, or comparable health care clearance, credentialing, onboarding, or facility access history may be considered for readiness planning, but does not guarantee approval, transferability, reciprocity, or start date.

The Contractor remains responsible for recruiting, screening, proposing, managing, replacing, and supporting candidates through the approval process. The Government retains final authority for security, suitability, credentialing, privileging, facility access, and onboarding determinations.

G. Candidate Readiness Pipeline

The Contractor shall maintain a candidate readiness pipeline for awarded staffing categories sufficient to support planned, urgent, short-term, recurring, and gap coverage needs.

The Contractor shall manage candidate availability, documentation, responsiveness, credentialing support, onboarding support, replacement planning, and communication to mitigate coverage risk.

The Contractor shall not rely on HHCC, the COR, Acquisitions, or other Government personnel to recruit candidates, chase candidate documents, manage candidate availability, or maintain the Contractor's staffing pipeline.

VII. Pricing Structure

A. Hourly Rate Pricing and Common Evaluated Price

Offerors shall submit fixed, fully burdened hourly rates using Attachment A, Rate Schedule / Fully Burdened Hourly Rates.

Fully burdened hourly rates shall include all costs necessary to perform the required services, including direct labor, fringe benefits, recruiting, screening, credentialing support, onboarding support, program management, quality control, scheduling, travel, lodging, meals, per diem, local transportation, insurance, overhead, general and administrative expenses, profit, and any other costs associated with performance unless expressly stated otherwise in the contract or task order.

For evaluation purposes, the Government will calculate a common evaluated price using the Government-provided estimated weekly hours in Attachment A, the Offeror's proposed fixed hourly rates, and the stated evaluation period.

Estimated hours used for evaluation are for price comparison only and do not guarantee task orders, hours, shifts, staffing category utilization, funding, or any particular volume of work.

B. Task Order Pricing

Task order pricing shall be based on the awarded fixed hourly rates unless a lower task-order-specific rate is accepted by the Contracting Officer.

A Contractor may not exceed its awarded hourly rate for an awarded staffing category unless authorized by the Contracting Officer through contract modification or other written contract action.

The Government may consider task-order-specific price together with candidate qualifications, clinical fit, availability, readiness, time to coverage, continuity, performance risk, replacement capability, and overall value.

C. Fixed Stepped Rates

If Attachment A requires stepped rates by ordering year or other stated period, Offerors shall propose rates for each required period. The proposed rates shall remain fixed for the applicable period unless changed by contract modification signed by the Contracting Officer.

D. Price Reasonableness

The Government will evaluate proposed prices for reasonableness. The Government may use one or more price analysis techniques, including comparison of proposed prices received, comparison to historical prices paid, comparison to the independent Government estimate, comparison to market research, and analysis of whether proposed rates appear adequate to recruit and retain qualified clinicians for HHCC's location and operating environment.

The Government may reject a quote if prices are unreasonable, incomplete, materially unbalanced, or inconsistent with the solicitation requirements.

E. No Separate Reimbursement Unless Authorized

Separate reimbursement is not authorized for travel, lodging, meals, per diem, local transportation, overtime, holiday, night, weekend, call, standby, wait-time, pager, travel time, lodging time, pre-shift arrival, candidate pipeline maintenance, recruiting efforts, incomplete onboarding, rejected candidates, withdrawn candidates, or non-performed services unless expressly authorized in the contract or applicable task order.

The Contractor shall bill only for actual hours worked, accepted by the Government, and authorized under the applicable task order.

VIII. Questions, Correspondence, and Electronic Submission

A. Questions

Offerors shall submit questions in writing to the Contracting Officer and Contract Specialist identified in the solicitation by the question due date stated in the solicitation.

Questions shall identify the RFQ number, solicitation section, attachment, page number, and specific requirement at issue. The Government may not respond to questions submitted after the question due date.

Responses to questions, if provided, will be issued by solicitation amendment or written notice posted to SAM.gov. Oral statements, informal communications, or information from any person other than the Contracting Officer shall not change the solicitation or bind the Government.

B. Solicitation Amendments

Offerors are responsible for monitoring SAM.gov for amendments, notices, question-and-answer responses, attachment updates, and other solicitation information.

Offerors shall acknowledge all solicitation amendments as instructed in the solicitation. Failure to acknowledge a material amendment may render the quote ineligible for award.

C. Electronic Submission

Quotes shall be submitted electronically by the date and time stated in the solicitation. Quotes shall be submitted to the Contracting Officer and Contract Specialist identified in the solicitation unless otherwise instructed by amendment.

The Offeror is responsible for ensuring timely receipt of a complete, readable, and accessible quote package. The Government is not responsible for unreadable files, corrupted files, password-protected files, restricted-access links, late submissions, incomplete submissions, or missing attachments.

Quotes shall not be submitted by shared drive link, cloud link, zip file, or other restricted-access method unless expressly authorized by the Contracting Officer.

D. File Organization

Offerors shall organize quote submissions by volume as required by the solicitation. File names should clearly identify the Offeror, RFQ number, volume number, and document title.

Price information shall be submitted only in the price volume unless expressly requested elsewhere by the solicitation.

E. Communications

Only the Contracting Officer has authority to amend the solicitation, change requirements, revise due dates, waive material solicitation requirements, or bind the Government.

Offerors shall not contact HHCC clinical staff, evaluators, technical personnel, or other Government personnel regarding this solicitation unless expressly authorized by the Contracting Officer.

IX. Solicitation Provisions, Instructions to Offerors, and Method of Award

A. Solicitation Provisions Incorporated by Reference

The following solicitation provisions apply to this acquisition. Provisions incorporated by reference have the same force and effect as if provided in full text.

FAR and HHSAR provision titles, dates, prescriptions, deviations, and applicability shall be verified by the Contracting Officer before release. Where a provision is identified as a deviation provision, the authorized deviation text controls.

COMBINED SYNOPSIS/SOLICITATION

The full text of FAR provisions may be accessed electronically at Acquisition.gov. The full text of HHSAR provisions may be accessed electronically through the HHSAR at Acquisition.gov.

The following solicitation provisions are incorporated by reference unless provided in full text elsewhere in the solicitation:

- FAR 52.252-1, Solicitation Provisions Incorporated by Reference
- FAR 52.252-5, Authorized Deviations in Provisions
- FAR 52.204-7, System for Award Management
- FAR 52.203-11, Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions
- FAR 52.203-18, Prohibition on Contracting with Entities that Require Certain Internal Confidentiality Agreements or Statements-Representation
- FAR 52.209-2, Prohibition on Contracting with Inverted Domestic Corporations-Representation
- FAR 52.209-5, Certification Regarding Responsibility Matters
- FAR 52.209-7, Information Regarding Responsibility Matters
- FAR 52.209-11, Representation by Corporations Regarding Delinquent Tax Liability or a Felony Conviction under any Federal Law
- FAR 52.209-12, Certification Regarding Tax Matters, if applicable based on funding and value
- FAR 52.216-1, Type of Contract
- FAR 52.233-2, Service of Protest

B. Authorized Deviations in Provisions

This solicitation may include FAR provisions with authorized deviation text under applicable HHS FAR Class Deviations implementing the Revolutionary FAR Overhaul. Where a provision is identified with "DEVIATION," the deviation text controls.

Offerors shall review all provisions, addenda, attachments, amendments, and instructions before submitting a quote.

C. FAR 52.212-1, Instructions to Offerors-Commercial Products and Commercial Services

FAR 52.212-1, Instructions to Offerors-Commercial Products and Commercial Services, applies to this solicitation, including any authorized deviation text and the addendum below.

D. Addendum to FAR 52.212-1

This addendum supplements FAR 52.212-1 and establishes quote submission requirements for this solicitation. In the event of conflict between FAR 52.212-1 and this addendum, the addendum controls to the extent permitted by law, regulation, and applicable deviation authority.

1. General Instructions

The Government intends to award multiple fixed-price indefinite-delivery/indefinite-quantity contracts for non-personal clinical staffing services as described in the solicitation and attachments.

Offerors shall submit quotes in accordance with the instructions, format, and submission requirements stated in this solicitation. Failure to submit all required information may result in the quote being determined ineligible for award, technically unacceptable, or otherwise not eligible for further consideration.

The Offeror is responsible for ensuring that its quote is complete, accurate, timely submitted, and responsive to all solicitation requirements.

2. Required Quote Volumes

Offerors shall submit the quote in the following volumes:

- Volume I - Administrative / Eligibility
- Volume II - Technical Quote
- Volume III - Past Performance
- Volume IV - Price Quote

Price information shall be included only in Volume IV unless the solicitation expressly states otherwise.

Technical and past performance volumes shall not include proposed pricing.

3. Volume I - Administrative / Eligibility

Volume I shall include the following:

- Offeror name, address, Unique Entity Identifier, CAGE code, and point of contact information;
- Evidence of active System for Award Management registration;
- Completed HHS-326, Indian Economic Enterprise Representation Form;
- Completed or updated representations and certifications, if not already completed in SAM;
- Acknowledgement of all solicitation amendments;

- Statement that the Offeror agrees to comply with all solicitation terms, conditions, provisions, clauses, attachments, and addenda;
- Identification of any exceptions, assumptions, or deviations from the solicitation requirements;
- Identification of any teaming partners, subcontractors, affiliates, recruiters, staffing partners, independent contractor clinicians, or third-party entities whose resources or past performance are relied upon; and
- Any additional administrative documents required by the solicitation.

Failure to submit required eligibility documentation, including Buy Indian Act representation documentation, may render the quote ineligible for award.

4. Volume II - Technical Quote

Volume II shall describe the Offeror's approach to performing the required services. The technical quote shall be clear, specific, and tailored to the HHCC clinical staffing requirement.

At a minimum, Volume II shall address the following:

- Understanding of the requirement and HHCC operating environment;
- Approach to furnishing qualified contractor clinicians for the proposed staffing categories;
- Candidate recruitment, screening, submission, credentialing support, onboarding, orientation, and readiness tracking;
- Current candidate pipeline and availability, including the status of candidates who may be available to support initial and future task orders;
- Approach to ensuring timely shift coverage and preventing avoidable no-shows;
- Replacement and backup coverage approach;
- Program management structure, including contractor points of contact, escalation procedures, and communication with the COR and Contracting Officer;
- Quality control and performance monitoring approach;
- Timesheet, utilization, and reporting approach;
- Cultural responsiveness and approach to working in a Tribal health care environment;
- Approach to complying with security, credentialing, privileging, badging, EHR access, orientation, and facility requirements; and

- Any risks identified by the Offeror and the Offeror's proposed mitigation strategies.

The technical quote should demonstrate the Offeror's ability to manage coverage risk, support timely onboarding, provide qualified clinicians, and perform in a rural, remote, limited-resource, Tribal health care environment.

5. Candidate Readiness and Staffing Pipeline

The Offeror shall identify proposed or potential candidates, to the extent available, and describe the readiness status of each candidate.

For each proposed or potential candidate, the Offeror should provide, as applicable:

- Candidate name or anonymized identifier, if candidate name is not yet authorized for release;
- Staffing category;
- Specialty, board certification status, and relevant clinical experience, if applicable;
- Current licensure status;
- Current DEA status, if applicable;
- Relevant inpatient, emergency department, outpatient, rural, remote, Critical Access Hospital, IHS, Tribal, or limited-resource care experience;
- Estimated availability;
- Credentialing, privileging, onboarding, and facility readiness;
- Known limitations, scheduling restrictions, or conflicts; and
- Whether the candidate is employed by the Offeror, under subcontract, under recruiter arrangement, or otherwise available through a third-party relationship.

The Government may consider the realism and reliability of the Offeror's staffing pipeline and readiness information in evaluating the quote.

6. Volume III - Past Performance

Offerors shall submit recent and relevant past performance information for contracts, task orders, or subcontracts involving services similar in scope, complexity, and performance risk to HHCC clinical staffing services.

Recent means performed within the past three years from the solicitation closing date. Ongoing contracts may be submitted if at least six months of performance has been completed.

Relevant means the work involved physician staffing, registered nurse staffing, inpatient/hospitalist staffing, emergency department staffing, outpatient staffing, rural or remote clinician staffing, Critical Access Hospital coverage, IHS or Tribal health care staffing, limited-resource clinical care, 24/7 or hard-to-fill shift coverage, credentialing/privileging complexity, or other services similar to the services required under this solicitation.

The Offeror shall provide the following for each past performance reference:

- Contract or task order number;
- Customer name and point of contact;
- Period of performance;
- Dollar value;
- Description of services performed;
- Staffing volume and type of clinicians provided;
- Performance location and operating environment;
- Explanation of relevance to this requirement;
- Identification of the entity that performed the work, if different from the Offeror; and
- Explanation of the relationship between the entity that performed the prior work and the entity/resources proposed for this requirement.

The Government may retrieve and evaluate available CPARS records. The Government may also consider other past performance information available from Government sources, references, past customers, or other relevant information.

If the Offeror relies on past performance of a subcontractor, teaming partner, joint venture member, affiliate, parent company, subsidiary, recruiter, staffing partner, or other third-party entity, the Offeror shall clearly identify the entity that performed the prior work, the role that entity performed, and the role that entity will perform under this requirement. The Offeror shall explain how the prior performance is meaningfully connected to the current offer.

Past performance with no clear connection to the entity or resources proposed for this requirement may be considered less relevant or not relevant.

Offerors with no recent and relevant past performance will receive a Neutral/Unknown Risk assessment and will not be evaluated favorably or unfavorably on past performance.

7. Volume IV - Price Quote

Volume IV shall include the completed Attachment A, Rate Schedule / Fully Burdened Hourly Rates.

The Offeror shall propose fully burdened fixed hourly rates for each proposed staffing category. Proposed rates shall include all direct labor, fringe, overhead, general and administrative costs, profit, recruitment, credentialing support, onboarding support, program management, travel, lodging, meals, local transportation, insurance, and all other costs necessary to perform the required services unless expressly stated otherwise in the contract or task order.

The Government will not separately pay travel, lodging, meals, relocation, standby, pager, call, overtime, holiday, night, weekend, wait time, or premium rates unless expressly authorized in the contract or applicable task order.

The Offeror shall not bill patients, insurers, third-party payers, Tribal programs, or any non-Government entity for services performed under the resulting contract or task order.

8. Assumptions, Exceptions, and Deviations

The Offeror shall clearly identify any assumptions, exceptions, deviations, or proposed changes to the solicitation terms, conditions, attachments, PWS, QASP, pricing structure, task order procedures, or contract requirements.

The Government may reject a quote that takes exception to material solicitation requirements, imposes conditions inconsistent with the solicitation, or otherwise fails to clearly agree to the solicitation requirements.

Silence, ambiguity, or failure to clearly identify an exception may be interpreted as the Offeror's agreement to comply with the solicitation requirements.

9. Teaming, Subcontracting, Affiliates, and Third-Party Resources

The Offeror shall identify all proposed subcontractors, teaming partners, joint venture members, affiliates, parent companies, subsidiaries, recruiters, staffing partners, independent contractor clinicians, or other third-party entities that will perform work, provide candidates, support recruitment, or whose resources or past performance are relied upon.

For each such entity, the Offeror shall describe:

- Legal name and business relationship to the Offeror;
- Role in performance;
- Work or support to be provided;
- Whether the entity will provide candidates or clinical personnel;
- Whether the entity's past performance is being relied upon; and
- How the Offeror will manage, control, and remain responsible for performance.

The prime Contractor remains responsible for full performance of all contract and task order requirements, including work performed by subcontractors, affiliates, recruiters, staffing partners, independent contractor clinicians, or other third-party entities.

10. Buy Indian Act / ISBEE Eligibility

This acquisition is conducted under the Buy Indian Act and is restricted as stated in the solicitation.

Offerors shall submit a completed HHS-326, Indian Economic Enterprise Representation Form. The Offeror must meet applicable Buy Indian Act and ISBEE eligibility requirements at the time of quote submission, at the time of award, and throughout contract performance.

The Government may verify eligibility, ownership, control, representation, size status, and continued compliance at any time before or after award.

Failure to submit required Buy Indian Act eligibility documentation, or failure to demonstrate eligibility, may render the quote ineligible for award.

11. Amendments

Offerors shall acknowledge receipt of all solicitation amendments. Failure to acknowledge amendments may render the quote ineligible for award if the amendment affects price, quantity, quality, delivery, evaluation, eligibility, or other material terms.

12. Communications

All questions and communications concerning this solicitation shall be submitted to the Contracting Officer identified in the solicitation. Offerors shall not rely on oral statements or informal communications unless confirmed in writing by the Contracting Officer through amendment or written clarification.

Only the Contracting Officer has authority to amend the solicitation, change solicitation requirements, or bind the Government.

E. FAR 52.212-2, Evaluation-Commercial Products and Commercial Services

FAR 52.212-2, Evaluation-Commercial Products and Commercial Services, applies to this solicitation, including any authorized deviation text and the addendum below.

F. Addendum to FAR 52.212-2

This addendum supplements FAR 52.212-2 and establishes the evaluation approach and basis for award.

1. General Evaluation Approach

The Government intends to evaluate quotes and make award without discussions. The Government reserves the right to conduct communications, clarifications, or discussions if determined necessary by the Contracting Officer.

The Government may make award to one or more responsible Offerors whose quotes conform to the solicitation and are determined to provide the best value to the Government.

The Government reserves the right to make no award if no quote is determined to be in the Government's best interest.

2. Initial Compliance Review

The Government may conduct an initial compliance review before technical evaluation. The Government may remove a quote from further consideration if the quote:

- Is late;
- Is incomplete;
- Fails to include required administrative or eligibility documentation;
- Fails to include required Buy Indian Act / ISBEE documentation;
- Fails to include a completed price schedule;
- Takes exception to material solicitation requirements;
- Fails to acknowledge material amendments;
- Is submitted by an entity that is not eligible for award; or
- Is otherwise noncompliant with the solicitation.

The Government may waive minor informalities or clerical errors if doing so is in the Government's interest and does not prejudice other Offerors.

3. Evaluation Factors

Quotes will be evaluated using the following factors:

- Factor 1 - Technical Approach
- Factor 2 - Candidate Readiness and Staffing Pipeline
- Factor 3 - Program Management, Onboarding, Quality Control, and Coverage Continuity
- Factor 4 - Past Performance
- Factor 5 - Price
- Factor 6 - Administrative / Eligibility Compliance

Non-price factors, when combined, are more important than price. Price will become more important as non-price differences between quotes become less significant.

The Government may consider the relative strengths, weaknesses, risks, and benefits of each quote.

4. Factor 1 - Technical Approach

The Government will evaluate the Offeror's understanding of the requirement and proposed approach to performing the required clinical staffing services.

The evaluation may consider:

- Understanding of HHCC's clinical staffing needs;
- Understanding of rural, remote, Critical Access Hospital, IHS, Tribal, or limited-resource clinical care environments;
- Ability to furnish qualified clinicians who meet the minimum qualifications;
- Understanding of non-personal services requirements and Government clinical oversight boundaries;
- Understanding of shift coverage, scheduling, and task order performance expectations;
- Approach to documentation, EHR use, facility processes, and compliance with HHCC policies;
- Approach to cultural responsiveness and respectful communication in a Tribal health care environment; and
- Identification and mitigation of performance risks.

A quote that merely repeats the PWS without demonstrating a clear, practical approach may be evaluated less favorably.

5. Factor 2 - Candidate Readiness and Staffing Pipeline

The Government will evaluate the Offeror's candidate readiness, staffing pipeline, and ability to provide timely coverage.

The evaluation may consider:

- Availability of qualified candidates;
- Candidate experience relevant to the proposed staffing category;
- Candidate experience in rural, remote, IHS, Tribal, Critical Access Hospital, emergency department, inpatient, outpatient, or limited-resource settings;
- Licensure, certification, DEA, board status, credentialing, privileging, and onboarding readiness, as applicable;
- Realism and reliability of the proposed staffing pipeline;
- Ability to support initial task orders and future recurring coverage needs;
- Ability to provide replacement candidates if a candidate becomes unavailable, is rejected, is delayed, or is removed; and
- Clarity regarding whether candidates are employed by the Offeror, subcontracted, recruited, or otherwise sourced through third-party arrangements.

The Government may evaluate the degree of risk associated with an Offeror's proposed staffing approach. Candidate pipelines that appear speculative, unsupported, or dependent on unclear third-party arrangements may be evaluated less favorably.

6. Factor 3 - Program Management, Onboarding, Quality Control, and Coverage Continuity

The Government will evaluate the Offeror's ability to manage the contract, support onboarding, maintain coverage continuity, and monitor performance.

The evaluation may consider:

- Program management structure;
- Designated contractor points of contact;

- Communication and escalation procedures;
- Approach to security, credentialing, privileging, badging, orientation, and EHR access tracking;
- Ability to submit complete and timely candidate packets;
- Quality control processes;
- Timesheet and utilization reporting processes;
- No-show prevention and corrective action approach;
- Replacement planning;
- Continuity of coverage during leave, candidate failure, credentialing delays, vacancies, emergencies, or other coverage risks;
- Ability to manage subcontractors, teaming partners, recruiters, staffing partners, affiliates, independent contractor clinicians, or other third-party entities; and
- Internal controls to prevent unauthorized work, unauthorized billing, or performance outside the applicable task order.

The Government may evaluate the extent to which the Offeror demonstrates a realistic and reliable management approach for a multiple-award IDIQ clinical staffing environment.

7. Factor 4 - Past Performance

The Government will evaluate the Offeror's recent and relevant past performance to assess performance confidence.

The Government may consider:

- Similarity of prior work to the current requirement;
- Recency of prior performance;
- Relevance of prior performance;
- Quality of performance;
- Timeliness and reliability of staffing coverage;
- Success in credentialing, privileging, onboarding, and retaining qualified clinicians;
- Performance in rural, remote, IHS, Tribal, Critical Access Hospital, inpatient, emergency department, outpatient, or limited-resource environments;

- Ability to prevent or resolve no-shows, vacancies, and replacement issues;
- Customer satisfaction;
- CPARS records;
- Past performance questionnaires, customer letters, or references; and
- Other available Government or customer information.

If the Offeror relies on the past performance of a subcontractor, teaming partner, joint venture member, affiliate, parent company, subsidiary, recruiter, staffing partner, or other third-party entity, the Government will evaluate the relevance of that past performance based on the entity's role in the prior effort and its proposed role in this requirement.

Past performance that is not clearly connected to the entity or resources proposed for this requirement may be considered less relevant or not relevant.

Offerors with no recent and relevant past performance will receive a Neutral/Unknown Risk assessment and will not be evaluated favorably or unfavorably on past performance.

8. Factor 5 - Price

The Government will evaluate price for reasonableness.

The Government may evaluate price using one or more techniques, including but not limited to:

- Comparison of proposed prices received in response to the solicitation;
- Comparison to historical prices paid for similar services;
- Comparison to the independent Government estimate;
- Comparison to market research; and
- Analysis of proposed rates for balance, realism, or risk, if determined appropriate by the Contracting Officer.

The Government may find a quote ineligible for award if the proposed price is unreasonable, materially unbalanced, incomplete, or otherwise inconsistent with the solicitation requirements.

The Government may also consider whether proposed prices create performance risk, including risk associated with recruiting, retaining, and furnishing qualified clinicians in the required location and operating environment.

9. Factor 6 - Administrative / Eligibility Compliance

The Government will evaluate whether the Offeror is administratively eligible for award.

The evaluation may include review of:

- SAM registration;
- Unique Entity Identifier and CAGE information;
- Buy Indian Act / ISBEE eligibility documentation;
- HHS-326 representation;
- Representations and certifications;
- Amendment acknowledgements;
- Responsibility information;
- Exclusions, debarment, suspension, or other eligibility matters;
- Required certifications and disclosures; and
- Any other administrative requirement stated in the solicitation.

Failure to satisfy administrative or eligibility requirements may render the quote ineligible for award.

10. Responsibility Determination

Award will be made only to responsible Offerors. The Government may consider information available in SAM, FAPIIS, CPARS, past performance records, references, responsibility certifications, and other available information in making responsibility determinations.

The Government may request additional information from an Offeror to support a responsibility determination. Failure to provide requested responsibility information may result in the Offeror being determined nonresponsible.

11. Multiple-Award Methodology

The Government intends to establish a multiple-award fixed-price IDIQ contract vehicle. The Government may make awards to all, some, one, or none of the eligible Offerors, depending on the quality of quotes received, the Government's anticipated coverage needs, price reasonableness, administrative eligibility, Buy Indian Act eligibility, and best value determination.

The Government is not required to make award to any Offeror merely because the Offeror is technically acceptable or proposes the lowest price.

The Government may consider the benefit of establishing a pool of contractors capable of supporting future task order needs, including coverage redundancy, candidate availability, and ability to respond to future staffing requirements.

12. Best Value Determination

The Government will make award decisions based on the quote or quotes determined to provide the best value to the Government.

The Government may select a higher-priced quote if the Government determines that the technical benefits, candidate readiness, staffing reliability, program management strength, past performance confidence, or reduced performance risk justify the price difference.

The Government may select a lower-priced quote if the Government determines that the quote meets the Government's needs and represents the best value.

13. Exchanges with Offerors

The Government intends to evaluate quotes and make award without discussions. However, the Government reserves the right to conduct clarifications, communications, or discussions if the Contracting Officer determines they are necessary or in the Government's interest.

Any exchanges with Offerors will be conducted in accordance with applicable law, regulation, and solicitation terms.

14. Right to Reject Quotes

The Government may reject any quote that:

- Fails to conform to the solicitation;
- Is incomplete;
- Is unreasonable in price;
- Is materially unbalanced;
- Takes exception to material solicitation requirements;
- Contains unacceptable performance risk;

- Fails to demonstrate required eligibility;
- Fails to demonstrate ability to perform;
- Fails to provide required documentation; or
- Is otherwise not in the Government's interest.

G. Other Solicitation Provisions

The following additional provisions apply as stated in the solicitation:

1. System for Award Management

Offerors are required to be registered in the System for Award Management at the time of quote submission and at the time of award, unless an exception applies. The Government may verify SAM registration and associated representations and certifications.

2. Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions

Offerors shall comply with applicable certification and disclosure requirements regarding payments to influence certain Federal transactions.

3. Responsibility and Tax Representations

Offerors shall comply with applicable responsibility, tax, felony conviction, inverted domestic corporation, and other representation or certification requirements identified in the solicitation.

H. HHS-326 / Buy Indian Act Representation

Offerors shall submit a completed HHS-326, Indian Economic Enterprise Representation Form, with their quote.

Failure to submit a completed HHS-326 or other required Buy Indian Act representation may render the quote ineligible for award.

The Offeror must meet applicable Buy Indian Act and ISBEE eligibility requirements at the time of quote submission, at the time of award, and throughout the period of contract performance.

The Government may request additional information to verify eligibility, ownership, control, representation, size status, or continued compliance.

COMBINED SYNOPSIS/SOLICITATION

I. Method of Award

The Government intends to award multiple fixed-price IDIQ contracts to responsible eligible ISBEE Offerors whose quotes conform to the solicitation and represent the best value to the Government. Award may be made without discussions.

The Government may award to one, several, or all eligible Offerors, or make no award, depending on the quality of quotes received, eligibility, price reasonableness, staffing category coverage, candidate readiness, performance risk, and the Government's need to maintain an adequate contractor pool for HHCC clinical staffing requirements.

Award of a parent IDIQ contract does not guarantee task orders, hours, funding, candidate placement, staffing category utilization, or any share of future orders beyond the stated minimum guarantee.

X. Pre-TEB Compliance Review and Evaluation

A. Pre-TEB Compliance Review

Before technical evaluation, the Contracting Officer or designated acquisition personnel may conduct an initial compliance review to determine whether each quote is eligible for further evaluation.

The initial compliance review may include, but is not limited to, review of:

- Timely receipt of quote;
- Required quote volumes;
- Active SAM registration;
- Completed HHS-326, Indian Economic Enterprise Representation Form;
- Buy Indian Act / ISBEE eligibility documentation;
- Amendment acknowledgements;
- Completed Attachment A, Rate Schedule / Fully Burdened Hourly Rates;
- Required administrative representations, certifications, and disclosures;
- Identification of exceptions, assumptions, or deviations;
- Identification of subcontractors, teaming partners, affiliates, staffing partners, recruiters, independent contractor clinicians, or other third-party resources;
- Required past performance information; and

- Other administrative or eligibility requirements stated in the solicitation.

The Government may remove a quote from further consideration if the quote is late, incomplete, missing required eligibility documentation, missing required pricing information, fails to acknowledge material amendments, takes exception to material solicitation requirements, or otherwise fails to comply with solicitation requirements.

The Government may waive minor informalities, clerical errors, or immaterial omissions if doing so is in the Government's interest and does not prejudice other Offerors.

B. Technical Evaluation

Quotes that pass the initial compliance review may be forwarded for technical evaluation.

The Technical Evaluation Board or designated evaluators may evaluate the quote in accordance with the evaluation factors and methodology stated in Section IX, Solicitation Provisions, Instructions to Offerors, and Method of Award.

The evaluation may consider the written quote, submitted attachments, past performance information, candidate readiness information, staffing pipeline information, price information, responsibility information, and any other information the Government determines relevant to the evaluation.

The Government may evaluate quotes against the solicitation requirements, applicable PWS/QASP requirements, one another, historical performance information, market research, and HHCC's anticipated clinical staffing needs.

C. Evaluation Documentation

The Government may document strengths, weaknesses, risks, deficiencies, uncertainties, price concerns, eligibility concerns, and other findings relevant to the best value determination.

Evaluation documentation may be used to support award decisions, responsibility determinations, task order eligibility by staffing category, and establishment of the IDIQ contractor pool.

XI. Offer Submission Format

Offerors shall submit quotes in the volumes identified in Section IX, Solicitation Provisions, Instructions to Offerors, and Method of Award.

The quote shall be organized as follows:

- Volume I - Administrative / Eligibility

- Volume II - Technical Quote
- Volume III - Past Performance
- Volume IV - Price Quote

Each volume shall be clearly labeled with the Offeror's name, RFQ number, volume number, and volume title.

Price information shall be submitted only in Volume IV unless expressly requested elsewhere by the solicitation. Technical and past performance volumes shall not include proposed pricing.

The Government may evaluate quotes based on the information submitted. The Government is not obligated to search for information that is omitted, unclear, located in the wrong volume, or not clearly tied to the solicitation requirements.

Offerors shall ensure that all submitted files are readable, complete, unlocked, and accessible without passwords, external permissions, shared-drive access, or restricted links unless expressly authorized by the Contracting Officer.

Failure to submit required volumes, required attachments, required eligibility documentation, or required pricing information may render the quote ineligible for award or not eligible for further evaluation.

XII. Technical Proposal Requirements

The Technical Quote shall demonstrate the Offeror's ability to perform the required HHCC clinical staffing services for each staffing category proposed. The quote shall be specific, practical, and tailored to the HHCC operating environment.

A. Staffing Partner Narrative

The Offeror shall describe its approach to furnishing qualified clinicians for the proposed staffing categories. The narrative shall address:

- Understanding of HHCC's clinical staffing needs;
- Experience supporting rural, remote, IHS, Tribal, Critical Access Hospital, emergency department, inpatient, outpatient, or limited-resource clinical environments;
- Approach to recruiting, screening, and submitting qualified candidates;
- Approach to maintaining shift coverage and avoiding no-shows;
- Approach to replacement coverage when a candidate is unavailable, delayed, rejected, or removed;

- Approach to cultural responsiveness and respectful communication in a Tribal health care environment; and
- Key risks and mitigation strategies.

B. Candidate and Pipeline Information

The Offeror shall describe its current and anticipated candidate pipeline for each staffing category proposed. The response should include:

- Proposed or potential candidates, if available;
- Candidate readiness status;
- Licensure, certification, DEA, board status, credentialing, privileging, and onboarding status, as applicable;
- Relevant clinical experience;
- Estimated availability;
- Known scheduling restrictions or limitations;
- Prior HHCC, IHS, HHS, Federal, Tribal, Critical Access Hospital, rural, remote, or limited-resource experience; and
- Whether candidates are employed by the Offeror, subcontracted, recruited, or available through another third-party arrangement.

The Government may evaluate the realism, reliability, and depth of the proposed candidate pipeline.

C. Program Management and Onboarding

The Offeror shall describe its program management and onboarding support approach, including:

- Contractor program manager or primary point of contact;
- Backup point of contact and escalation process;
- Communication approach with the COR, Contracting Officer, and HHCC;
- Candidate document collection and tracking;
- Security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding support;
- Readiness tracker or onboarding status process;
- Timesheet, utilization, and status reporting process;
- Quality control process;

- No-show prevention and corrective action process; and
- Replacement planning.

The Offeror shall not rely on HHCC, the COR, Acquisitions, or other Government personnel to recruit candidates, chase candidate documents, manage candidate availability, or maintain the Offeror's staffing pipeline.

D. Teaming and Pass-Through Disclosure

The Offeror shall identify any subcontractors, teaming partners, joint venture members, affiliates, recruiters, staffing partners, independent contractor clinicians, or other third-party resources that will perform work, provide candidates, support recruiting, support credentialing, support scheduling, provide quality control, or whose past performance or resources are relied upon.

For each entity, the Offeror shall identify:

- Legal name;
- Relationship to the Offeror;
- Role in performance;
- Staffing categories supported;
- Major functions performed;
- Approximate percentage of work or function performed;
- Whether the entity will provide candidates or clinicians;
- Whether the entity's past performance is relied upon; and
- How the Offeror will manage and remain responsible for the entity's performance.

The Government may evaluate whether the proposed delivery structure is clear, compliant, and consistent with Buy Indian Act requirements and applicable subcontracting limitations.

E. Assumptions, Exceptions, and Deviations

The Offeror shall clearly identify any assumptions, exceptions, deviations, or proposed changes to the solicitation, PWS, QASP, attachments, pricing structure, task order procedures, or contract requirements.

The Government may reject a quote that takes exception to material solicitation requirements or proposes conditions inconsistent with the solicitation.

XIII. Past Performance

A. General Requirement

Offerors shall submit recent and relevant past performance information for contracts, task orders, or subcontracts involving services similar in scope, complexity, and performance risk to the HHCC clinical staffing services required under this solicitation.

Past performance information may be submitted for the prime Offeror, subcontractors, teaming partners, joint venture members, affiliates, parent companies, subsidiaries, recruiters, staffing partners, or other third-party entities whose resources or performance history are relied upon for this requirement.

B. Recency

Recent means performed within three years from the solicitation closing date. Ongoing contracts may be submitted if at least six months of performance has been completed.

C. Relevance

Relevant means the work involved physician staffing, registered nurse staffing, inpatient/hospitalist staffing, emergency department staffing, outpatient staffing, rural or remote clinician staffing, Critical Access Hospital coverage, IHS or Tribal health care staffing, limited-resource clinical care, 24/7 or hard-to-fill shift coverage, credentialing/privileging complexity, or other services similar to the services required under this solicitation.

D. Required Information

For each past performance reference, the Offeror shall provide:

- Contract, task order, or subcontract number;
- Customer name;
- Customer point of contact name, title, phone number, and email address;
- Period of performance;
- Dollar value;
- Description of services performed;
- Staffing categories and types of clinicians provided;
- Approximate staffing volume, shifts, or hours supported;
- Place of performance and operating environment;

- Description of credentialing, privileging, onboarding, security, or facility access complexity;
- Description of any rural, remote, IHS, Tribal, Critical Access Hospital, emergency department, inpatient, outpatient, or limited-resource experience;
- Explanation of relevance to this HHCC requirement;
- Identification of the entity that performed the work, if different from the prime Offeror; and
- Explanation of how the entity that performed the prior work is connected to the entity or resources proposed for this requirement.

E. Use of Third-Party Past Performance

If the Offeror relies on past performance of a subcontractor, teaming partner, joint venture member, affiliate, parent company, subsidiary, recruiter, staffing partner, or other third-party entity, the Offeror shall clearly identify the entity that performed the prior work, the role that entity performed, and the role that entity will perform under the resulting contract or task orders.

The Offeror shall explain why the prior performance is meaningful to the current quote. Past performance with no clear connection to the entity, resources, candidate pipeline, staffing approach, or performance structure proposed for this requirement may be considered less relevant or not relevant.

F. Government Review

The Government may retrieve and evaluate available CPARS records. The Government may also consider past performance questionnaires, customer letters, reference checks, prior HHCC/IHS/HHS/Federal experience, Government records, and other information available to the Government.

The Government is not limited to the past performance information submitted by the Offeror.

G. Past Performance Questionnaires

If Past Performance Questionnaires are used, the Offeror is responsible for ensuring completed questionnaires are submitted as instructed in the solicitation by the required due date.

The Government is not responsible for obtaining missing questionnaires. The Government may contact references or use other available past performance information at its discretion.

H. No Recent and Relevant Past Performance

Offerors with no recent and relevant past performance will receive a Neutral/Unknown Risk assessment and will not be evaluated favorably or unfavorably on past performance.

XIV. Contractor Quality Control and Feedback

A. Quality Control Requirement

The Contractor shall maintain a quality control process sufficient to manage recruiting, candidate screening, candidate submission, onboarding support, credentialing support, scheduling, shift fulfillment, replacement coverage, timekeeping, utilization reporting, invoicing support, communication, and customer service.

The quality control process shall be appropriate for a multiple-award IDIQ clinical staffing environment and shall support planned, urgent, short-term, recurring, and gap coverage needs.

B. Contractor Responsibility

The Contractor is responsible for managing its own personnel, subcontractors, teaming partners, staffing partners, recruiters, affiliates, independent contractor clinicians, candidate pipeline, and internal quality control processes.

The Contractor shall not rely on HHCC, the COR, Acquisitions, Medical Staff, credentialing staff, or other Government personnel to perform Contractor-side recruiting, candidate follow-up, candidate document collection, candidate scheduling, candidate availability management, replacement planning, quality control, or internal Contractor administration.

C. Quality Control Areas

The Contractor's quality control process shall address, at a minimum:

- Candidate recruitment, screening, and qualification review;
- Candidate document collection and completeness review;
- Security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding tracking;
- Candidate responsiveness and availability confirmation;
- Shift scheduling and coverage confirmation;
- No-show, late arrival, cancellation, and substitution prevention;

- Replacement coverage planning;
- Timesheet collection, review, and submission;
- Utilization and status reporting;
- Invoice support and reconciliation;
- Communication with the COR, Contracting Officer, and HHCC points of contact;
- Subcontractor, staffing partner, recruiter, affiliate, and independent contractor oversight;
- Professionalism, cultural responsiveness, and conduct expectations; and
- Corrective action and lessons learned.

D. Government Feedback

The Contractor shall maintain a process to receive, document, and incorporate Government feedback during performance. Feedback may include COR feedback, HHCC supervisor feedback, clinical leadership feedback, Medical Staff feedback, patient care process concerns, timesheet or invoice concerns, onboarding concerns, performance meetings, recurring check-ins, surveys, lessons-learned discussions, or corrective action follow-up. The Contractor shall timely respond to Government concerns and take reasonable corrective action to address performance, communication, coverage, documentation, conduct, quality control, or administrative issues.

E. Corrective Action

When requested by the Contracting Officer, COR, or designated Government representative, the Contractor shall provide a corrective action plan or replacement plan addressing the identified issue, root cause if known, corrective steps, responsible Contractor personnel, and expected completion timeframe.

Corrective action may include replacement candidates, process changes, communication improvements, onboarding support improvements, timekeeping corrections, invoice corrections, quality control changes, subcontractor management changes, or other actions necessary to address performance concerns.

F. Use of Performance Information

The Government may document and consider Contractor performance, responsiveness, candidate readiness, coverage reliability, replacement capability, quality control, communication, timesheet accuracy, invoice accuracy, and corrective action history.

Such information may be considered in task order competitions, past performance, annual contractor pool reviews, on-ramp/off-ramp decisions, and other contract administration actions.

XV. Special Contract Requirements

A. Non-Personal Services

Services under the resulting contracts and task orders are non-personal services. Contractor personnel are not Government employees.

The Contractor is responsible for recruiting, screening, proposing, employing or contracting with, assigning, managing, supervising, replacing, compensating, and disciplining its personnel.

Government personnel may provide facility-specific direction, patient safety direction, clinical oversight, credentialing and privileging oversight, quality assurance, performance feedback, schedule coordination, service verification, and acceptance support within the limits of the contract and task order. Such direction does not create an employer-employee relationship and does not relieve the Contractor of responsibility for managing its personnel.

Contractor personnel shall not perform inherently governmental functions or make official Government determinations. Contractor personnel shall not make final determinations regarding contract compliance, service acceptance, payment, coding finalization, billing adjudication, personnel discipline, credentialing, privileging, security, suitability, facility access, or contractor performance.

B. Medical Liability Insurance and FTCA Notice

The Contractor shall maintain professional medical liability insurance for each Contractor physician, registered nurse, and other applicable clinical personnel performing under the contract.

Minimum coverage shall be not less than $1,000,000 per occurrence, or such higher amount as required by the final contract clause, PWS, or task order. The Contractor shall provide evidence of insurance before performance and upon request by the Contracting Officer.

Contractor clinical personnel may be covered by applicable Federal Tort Claims Act or IHS-related authorities only to the extent authorized by law and confirmed by the Government. Nothing in the solicitation, contract, PWS, QASP, attachment, or task order guarantees FTCA coverage or relieves the Contractor of its insurance obligations.

Insurance requirements apply to the Contractor, its employees, independent contractors, subcontractors, staffing partners, affiliates, and any other clinical personnel performing under the contract unless otherwise stated by the Contracting Officer.

C. Overtime, Additional Hours, Standby, and Wait Time

The Government will pay the applicable fixed, fully burdened hourly rate for actual hours worked, accepted by the Government, and authorized under the applicable task order.

Separate overtime, holiday, night, weekend, call, standby, wait-time, pager, travel time, lodging time, pre-shift arrival, or premium rates are not authorized unless expressly stated in the contract or task order.

Hours beyond the scheduled shift or funded task order amount must be authorized in advance by the Contracting Officer or, when immediate patient safety needs prevent advance authorization, promptly reported to the COR and Contracting Officer for contract administration and funding reconciliation.

The Contractor shall not invoice for rejected services, non-performed services, unapproved personnel, unapproved hours, unsuccessful recruiting, incomplete onboarding, standby time, lodging time, travel time, pre-shift arrival, wait time, or candidate pipeline maintenance unless expressly authorized by the contract or task order.

D. Labor Standards

This requirement is for commercial clinical staffing services and does not include construction, alteration, or repair of public buildings or public works. Construction wage rate requirements are not expected to apply.

Service Contract Labor Standards applicability, exemptions, and wage determinations, if any, shall be determined by the Contracting Officer before release or award. Offerors remain responsible for complying with all applicable Federal, State, and local labor laws and for proposing rates sufficient to recruit, compensate, and retain qualified clinical personnel.

E. Privacy, HIPAA, Confidentiality, and Data Protection

The Contractor shall comply with Attachment B, Business Associate Agreement, when Contractor personnel create, receive, maintain, transmit, use, or disclose protected health information on behalf of IHS.

Contractor personnel shall maintain the confidentiality of all patient, clinical, business, financial, statistical, personnel, technical, operational, and Government information accessed during performance.

Contractor personnel shall use Government systems, EHR access, badges, accounts, and credentials only for authorized contract performance. Contractor personnel shall not share passwords, badges, accounts, access tokens, or system credentials.

The Contractor shall promptly report suspected or confirmed privacy, security, confidentiality, system access, or data incidents to the COR, Contracting Officer, and designated facility/privacy/security points of contact in accordance with contract, facility, HHS, IHS, and HIPAA requirements.

F. Travel, Lodging, and Local Conditions

The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel unless expressly stated otherwise in the contract or task order.

HHCC does not guarantee Government housing, RV spaces, or local lodging. Polacca is remote, local housing and lodging options are limited, and Contractor personnel may need to stay in Winslow or another community approximately one hour or more from HHCC. Offeror pricing shall account for these conditions.

G. Removal, Replacement, and Performance Issues

The Government may require removal or replacement of Contractor personnel who fail to meet contract requirements, PWS requirements, Medical Staff requirements, professional standards, patient safety standards, documentation requirements, cultural/professional conduct expectations, attendance requirements, facility policies, security requirements, credentialing requirements, privileging requirements, orientation requirements, or facility access requirements.

The Contractor shall promptly relieve unacceptable personnel after written notice and provide a replacement plan. Replacement personnel may not perform until all required security, suitability, credentialing, privileging, orientation, badging, EHR access, facility access, and onboarding requirements are complete.

No-shows, late arrivals, unplanned absences, candidate nonresponsiveness, incomplete credentialing packages, repeated documentation failures, professionalism concerns, cultural responsiveness concerns, or failure to provide replacement coverage may be treated as Contractor performance issues.

The Contractor shall immediately notify the designated Government representative, COR, and Contracting Officer/Contract Specialist when a scheduled clinician may be unable to perform. The Contractor shall make

every reasonable effort to provide replacement coverage with an approved clinician who has completed required security, credentialing, privileging, orientation, facility access, and HHCC approval requirements.

No unapproved clinician may perform clinical services.

XVI. On-Ramp and Off-Ramp Procedures

A. Annual On-Ramp/Off-Ramp Review Period

The Government anticipates conducting an annual review of the IDIQ contractor pool during the first quarter of each fiscal year, generally between October 1 and December 31.

The annual review may consider Contractor performance, candidate pipeline depth, task order participation, staffing category coverage, pricing, responsiveness, continued Buy Indian Act / ISBEE eligibility, and whether additional or fewer IDIQ awardees are needed to support HHCC clinical staffing requirements.

The annual review does not obligate the Government to add Contractors, remove Contractors, reopen competition, issue task orders, or take any other contract action. The Contracting Officer may conduct an on-ramp, off-ramp, or other contract administration action at any time during the ordering period when determined to be in the Government's best interest.

B. On-Ramping

The Government may on-ramp additional Contractors during the ordering period to increase competition, address changing HHCC staffing needs, improve staffing category coverage, maintain adequate ISBEE participation, strengthen candidate pipeline depth, or replace Contractors removed through off-ramping.

On-ramping may occur during the annual review period or at another time determined necessary by the Contracting Officer. The Government may conduct an on-ramp through a solicitation, amendment, reopening, or other competitive process consistent with applicable law, regulation, and the Buy Indian Act.

Contractors added through on-ramping must meet all applicable solicitation, eligibility, responsibility, pricing, technical, past performance, and contract requirements. Contractors added through on-ramping may compete only for task orders issued after their IDIQ award or other effective date stated by the Contracting Officer.

The Government is not obligated to conduct on-ramping at any specific time or frequency.

C. Off-Ramping

The Government may off-ramp a Contractor from future task order competitions, limit task order eligibility, decline to consider the Contractor for future task orders, or take other contract administration action when determined to be in the Government's best interest and consistent with applicable contract terms.

Reasons for off-ramping or limiting future task order eligibility may include, but are not limited to:

- Unsatisfactory performance;
- Failure to comply with contract, task order, PWS, QASP, security, credentialing, privileging, onboarding, or facility access requirements;
- Failure to maintain required Buy Indian Act / ISBEE eligibility;
- Failure to maintain required licenses, certifications, insurance, or other qualifications;
- Failure to maintain adequate candidate pipeline capability;
- Failure to participate in task order competitions;
- Failure to provide viable candidates;
- Repeated no-shows, late arrivals, candidate withdrawals, or coverage failures;
- Unresolved quality, professionalism, cultural responsiveness, documentation, or communication concerns;
- Inaccurate timesheets, unsupported invoices, or repeated invoice discrepancies;
- Unresolved subcontractor, staffing partner, recruiter, affiliate, or pass-through concerns;
- Organizational conflicts of interest that cannot be mitigated; or
- Other conditions affecting the Contractor's ability to perform or the Government's ability to rely on the Contractor for future task order coverage.

Before off-ramping or materially limiting future task order eligibility, the Contracting Officer may provide written notice identifying the basis for the action and may allow the Contractor an opportunity to respond or provide corrective action information, unless immediate action is necessary to protect the Government's interest, patient safety, or contract administration.

Off-ramping may result in removal from future task order competitions, ineligibility for future task orders, non-exercise of future ordering opportunities, or other contract action in accordance with applicable contract clauses.

Nothing in this section limits the Government's rights under any contract clause, task order term, termination provision, suspension or debarment authority, responsibility determination, or other remedy available by law, regulation, or contract.

XVII. Attachments

The following attachments are included with and made part of this solicitation, as applicable:

- Attachment A - Rate Schedule / Fully Burdened Hourly Rates
- Attachment B - Business Associate Agreement
- Attachment C - Tax Exemption Letter
- Attachment D - Performance Work Statements, including embedded QASP tables
- Attachment E - HHS-326, Indian Economic Enterprise Representation Form
- Attachment F - Past Performance Questionnaire
- Attachment G - Ordering Procedures and Contract Administration
- Attachment H - Applicable Contract Clauses

Offerors shall review all attachments and comply with applicable requirements. Failure to submit required attachments, complete required forms, acknowledge applicable requirements, or price the required schedule may render the quote ineligible for award or not eligible for further evaluation.

If there is a conflict between the RFQ, attachments, amendments, clauses, or task order documents, the applicable order of precedence in the solicitation, contract, FAR 52.212-4, or resulting award document shall govern.

The Government may update, replace, or clarify attachments by solicitation amendment before the quote due date. Offerors are responsible for monitoring SAM.gov for attachment updates, amendments, and related notices.