Performance Work Statement (PWS)

NURSE PRACTITIONER (NP) OR PHYSICIAN ASSISTANT (PA- C)
PINE RIDGE HOSPITAL
OUT-PATIENT CLINIC
Pine Ridge Service Unit, Great Plains Area Indian Health Service

Background:

The Pine Ridge Service Unit (PRSU), Great Plains Area, Indian Health Service (IHS), provides inpatient, outpatient, and emergency care to the Oglala Lakota Nation. Due to high patient demand, limited permanent staffing, and critical access requirements, PRSU requires contracted Nurse Practitioner (NP) or Physician Assistant (PA-C) services to ensure continuity of care and compliance with IHS mission standards.

The mission of the Pine Ridge Service Unit (PRSU) Indian Health Service is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. To meet this mission, NP/PA-C services are extensively utilized through the reservation for nearly all aspects of acute health care. The Pine Ridge Reservation is located in the southwestern corner of South Dakota, approximately 100 miles from Rapid City. Surrounded by rolling prairies, Badlands and Black Hills, the Pine Ridge Reservation is home to the Oglala Lakota Nation.

The people of the Pine Ridge Reservation have a low life expectancy and high infant mortality rates. Furthermore, Oglala Lakota County has consistently been the poorest county in the United States (US) according to the US Government. Unemployment is high in this population. The closest higher level of care is 35 minutes away by life flight and 1 hour and 30 minutes by ground ambulance. Weather conditions at times can be challenging thus precluding air or even ground transfer.

C.2) General Requirements

C2.1 Purpose of Contract

The purpose of this **Performance Work Statement (PWS)** is to define the requirements for providing Nurse Practitioner (NP) or Physician Assistant (PA-C) **services** at **Pine Ridge Hospital** and associated **Pine Ridge Service Unit (PRSU)** facilities.

The purpose of this **non-personal services** contract is to obtain direct patient care services from a nationally certified adult **Nurse Practitioner (NP)** or **Physician Assistant (PA-C)** for the Pine Ridge Indian Health Service (IHS) Hospital, Pine Ridge Service Unit (PRSU), Great Plains Area. PRSU's mission is to provide the best possible health care services to the Native American people of the Oglala Lakota (Sioux) Indian Reservation in South Dakota. To support this mission, PRSU requires contracted clinical staffing to support an outpatient same-day appointment clinic. Services will be as comprehensive as PRSU resources permit. The contractor is responsible for providing direct patient care and complying with PRSU policies and procedures.

The contract resulting from this solicitation shall:

1. Be a **non-personal health care services** contract. Contractor personnel will receive **work direction** regarding clinic operations from the PRSU IPC/OPC supervisor (or designee); however, contractor personnel remain under the **supervision and control of the contractor/company**, not IHS employees. The contractor/company is responsible for staffing,

scheduling, leave approval, and providing qualified replacement personnel as needed to avoid any break in coverage.
2. Allow the Government to monitor and evaluate the quality of professional and administrative services provided.
3. Be subject to modification or termination for the convenience of the Government if a permanent IHS provider is hired to perform the services described in this Performance Work Statement.

C.2.2 Contract Type

This contract shall be awarded as a **firm-fixed-price, non-personal services contract** in accordance with:

- The **Federal Acquisition Regulation (FAR)**,
- **Health and Human Services Acquisition Regulation (HHSAR)**,
- **Public Health Service Acquisition Regulation (PHSAR)**, and
- **Indian Health Manual (IHM) Part 5** policies.

While the contract is firm-fixed-price, staffing levels are driven by patient acuity and standards of care at the Pine Ridge Service Unit (PRSU). Accordingly, this contract establishes minimum coverage requirements that must be maintained for continuity of patient care.

The Contractor may assign more personnel as needed to meet workload demands; however, the minimum staffing presence may not fall below the levels established in this contract.

As a practical matter, this structure means that although the contract is firm-fixed-price, the staffing requirement reflects certain labor hour characteristics, in that specific skill categories and shift coverage hours are stipulated to guarantee safe and effective service delivery.
For the purposes of this contract:

- "Contractor" refers to the entity awarded the contract.
- "Contractor Personnel" refers to the individual staff provided by the Contractor to perform the required services.

C.2.3 Contract Performance Period

Contract Delivery type will be a Firm Fixed Unit Price Performance Based Service contract with 25 options.
The fixed contract performance period will be a six (6) week base period plus twenty-five (25), six (6) week option periods, for a potential total of thirty-six (36) months of service.

Period of Performance

The Period of Performance of this contract will be a Base plus 25 Option Periods:

Base Period of Performance: (6 weeks starting on award date)
Option Period 1: 6 weeks
Option Period 2: 6 weeks
Option Period 3: 6 weeks
Option Period 4: 6 weeks
Option Period 5: 6 weeks
Option Period 6: 6 weeks
Option Period 7: 6 weeks
Option Period 8: 6 weeks
Option Period 9: 6 weeks

Option Period 10: 6 weeks
Option Period 11: 6 weeks
Option Period 12: 6 weeks
Option Period 13: 6 weeks
Option Period 14: 6 weeks
Option Period 15: 6 weeks
Option Period 16: 6 weeks
Option Period 17: 6 weeks
Option Period 18: 6 weeks
Option Period 19: 6 weeks
Option Period 20: 6 weeks
Option Period 21: 6 weeks
Option Period 22: 6 weeks
Option Period 23: 6 weeks
Option Period 24: 6 weeks
Option Period 25: 6 weeks

The Government reserves the right to terminate this contract for convenience in accordance with FAR provisions if PRSU hires a sufficient number of permanent Government providers to fulfill this requirement. In such cases, the Contracting Officer shall provide the Contractor with a minimum of sixty (60) days' written notice prior to termination.

C.2.4 Contract Place of Performance

The **place of performance** under this contract shall be the **Pine Ridge Service Unit (PRSU)**, which consists of one hospital, four outlying clinics, and one mobile unit.

The Contractor's **primary duty station** shall be **Pine Ridge Hospital (PRH)** located in **Pine Ridge, South Dakota**. The contract Nurse Practitioner (NP) or Physician Assistant (PA-C) shall provide **comprehensive outpatient services Monday through Friday 8:00 AM to 7:00 PM and Sunday 12:00 PM to 5:00 PM.** It is understood that multiple patients may be evaluated and treated during each duty day.

C.2.5 Weather

Pine Ridge, South Dakota, experiences a wide range of weather conditions, including extremely cold and windy winters. Contractors shall be prepared to travel and perform duties under adverse weather conditions, which may differ significantly from their customary experience.

The authority to close Pine Ridge Hospital (PRH) or its outlying clinics rests solely with the Chief Executive Officer (CEO). If the facility remains open, the Contractor shall report for duty as scheduled, consistent with the requirements for all hospital personnel.

The Contractor is responsible for maintaining reliable transportation and associated costs necessary to ensure timely reporting for duty in accordance with this contract.

C.3) Performance Requirements

C.3.1 Scope

The Pine Ridge Service Unit (PRSU) operates 24 hours per day, 365 days per year. To meet these requirements, the

Contractor shall furnish sufficient qualified personnel to provide outpatient NP & PA-C services. The Government reserves the right to increase or decrease the level of effort through formal contract modification in response to staffing and operational needs.

All services provided under this contract are non-personal services. No employer–employee relationship exists or will exist between the Government and Contractor Personnel. Accordingly, **Contractor Personnel shall not be:**

- Supervised or formally evaluated by Government personnel (except for peer review and authorized work direction);
- Placed in positions of supervision or control over Government staff or other contractors; or
- Integrated into the Government as de facto employees.

The Government may provide necessary work direction to Contractor Personnel to ensure patient safety and operational efficiency. Such direction will be limited to clinical and task-related coordination and does not alter the non-personal services nature of this contract.

The Contractor is fully responsible for the performance and conduct of its personnel. This includes, but is not limited to:

- Completion and accuracy of timekeeping;
- Approving and providing coverage for leave requests;
- Addressing quality of work issues and performance concerns;
- Maintaining motivation, morale, and responsiveness of staff; and
- Ensuring continuity of services in the absence of on-site contractor supervisors.

To function effectively in the PRSU environment, Contractor Personnel must demonstrate a high level of professional knowledge, skills, and abilities in outpatient medicine. Contractor management plays a critical role in sustaining a high-performing, motivated, and responsive workforce that supports PRSU's mission and maintains the trust of the Native American population served.
The Contractor's work is considered mission essential. Performance directly impacts:

- The health and long-term well-being of a large patient population; and
- The education and training of interns and residents in patient care

Scope of Services

The Contractor shall furnish qualified NP/PA-C clinical services necessary to support PRSU outpatient operations and approved field/outreach clinics. The scope includes, but is not limited to:

1. **Clinical Care:** Provide diagnostic, preventive, and therapeutic services for eligible patients, including management of common acute illness/injury and chronic disease in a rural setting, consistent with privileges and standing orders.
2. **Women's Health (as privileged):** Provide well-woman care and related services (e.g., pelvic exam, breast exam, Pap smear) as within scope and granted privileges.
3. **Urgent Care Procedures (as privileged):** Perform minor procedures commonly associated with outpatient/urgent care practice (e.g., simple laceration repair, splinting/casting, minor injury management) consistent with privileges.
4. **Provide patient education and counseling** regarding risk reduction, diet, exercise, and medication adherence.
5. **Consultation/Coordination:** Consult PRSU physicians (clinic consultant/on-call hospitalist/pediatrician as applicable) for medically complex cases, admissions, and higher-risk presentations; coordinate referrals and follow-up.

6. **Emergency Stabilization/Transfer:** Provide emergency or crisis intervention to stabilize patients for transport; coordinate with EMS/ED and higher-level facilities when transfer is indicated and feasible.
7. **Outreach Locations:** Provide services at PRSU outpatient clinics and designated outreach venues (e.g., community events, outlying clinics, school-based clinics, mobile unit, corrections/juvenile detention) as scheduled/authorized.
8. **Documentation & Compliance:** Enter all documentation in the PRSU EHR; complete coding/diagnoses as required; comply with HIM, privacy/security, infection control, safety, and controlled substance prescribing policies.
9. **Quality & Standards:** Meet applicable CMS/TJC standards and comply with PRSU Medical Staff Bylaws, peer review, and performance monitoring requirements.
10. **Document all encounters and interpretations** thoroughly and accurately in the **Electronic Health Record (EHR)** system, in accordance with IHS documentation standards.
11. **Participate in multidisciplinary case discussions**, referrals, and care coordination with primary care and specialty staff to ensure continuity of care.

C3.2 Qualifications and Compliance Requirements Certification and Licensure

The Contractor/provider shall meet the following minimum qualifications:

- Hold an **active, current, unrestricted** Nurse Practitioner (NP) or Physician Assistant (PA-C) license issued by any of the 50 United States, the District of Columbia, or the Commonwealth of Puerto Rico.
- Maintain **current national certification** as a Family Nurse Practitioner (FNP) or in Adult/Family Medicine appropriate to the scope of services throughout the period of performance.
- Not be **excluded, debarred, or sanctioned** from participation in **Medicare/Medicaid** or other Federal health care programs.
- Meet all requirements for appointment with the Pine Ridge IHS Medical Staff and the granting of clinical privileges in accordance with applicable IHS policy and the PRSU Medical Staff Bylaws.
- Maintain required credentials/privileges, certifications (e.g., BLS/ACLS if required by facility), and complete all onboarding, background/suitability, and training requirements as specified in this PWS.

Nurse Practitioner (NP) or Physician Assistant (PA-C) Qualifications and Compliance Requirements

Professional References and Background Verification

1. **T**he Contract Nurse Practitioner (NP) or Physician Assistant (PA-C) must provide **three (3) recent professional references** (dated within the past year) attesting to clinical competency, professionalism, and ethical conduct.
2. The Contractor must **fully cooperate** with all required **federal background investigation procedures**, including:
    - Fingerprinting
    - Credential verification
    - Submission of all relevant forms and identification
      These requirements must be completed **prior to commencement of services.**
    - Background process may take up to three months or longer

D. Physical and Professional Fitness

1. The Contract Nurse Practitioner (NP) or Physician Assistant (PA-C) shall not have any **medical, physical, or mental restrictions** that interfere with the full and safe performance of duties.
2. The provider shall maintain a **professional appearance,** consistent with **PRSU and IHS dress code standards,** and uphold the **personal hygiene and grooming expectations** appropriate to the Pine Ridge IHS Hospital and community.

E. Communication and Cultural Competence

1. The Contract Nurse Practitioner (NP) or Physician Assistant (PA-C) shall:
    - Speak, read, write, and understand **English fluently,** and
    - Communicate clearly and effectively with patients, families, and hospital staff.
2. The provider shall demonstrate:
    - Strong **interpersonal and communication skills,**
    - **Cultural sensitivity** and respect for the values, beliefs, and traditions of the **local Native American community**, and
    - The ability to work collaboratively in a multidisciplinary healthcare setting.

F. Medicare Enrollment and Billing Eligibility

The Contract Nurse Practitioner (NP) or Physician Assistant (PA-C) must be **eligible for enrollment in the Service Unit's Medicare Part B program** to enable the Pine Ridge IHS Hospital to bill for the professional services.

G. Compliance

Failure to maintain any of the required certifications, credentials, immunizations, or background clearances listed in this section shall constitute **non-compliance with contract terms** and may result in:

- Suspension of clinical duties;
- Withholding of payments; or
- **Termination of the contract** under applicable FAR clauses**.**

H. Government Rights

The Government reserves the right to require removal and replacement of Contractor Personnel for reasons including, but not limited to:

- Failure to meet required qualifications or maintain privileges;
- Substandard performance; or
- Unacceptable conduct, behavior, or security/suitability concerns.

C.3.3 Credentialing & Privileging (C&P)

All Contractor Nurse Practitioner (NP) or Physician Assistant (PA-C) shall comply with the PRSU Medical Staff Bylaws, policies, and protocols, as well as The Joint Commission (TJC) standards and CMS regulations. Providers must also participate in PRSU quality improvement programs consistent with TJC requirements.

Credentialing & Privileging Requirement

- Contract Nurse Practitioner (NP) or Physician Assistant (PA-C) may not perform services until the PRSU Governing Body grants staff membership and clinical privileges in writing.
- All providers must be credentialed and privileged in accordance with PRSU/Great Plains Area credentialing policy.
- Compliance with credentialing and privileging requirements is a condition of contract performance. Failure to comply shall be considered non-performance.

- Privileges will not be granted until credentials are verified and the provider has successfully completed the required federal background clearance process (eQIP submission, PIV card issuance).

Core Privileges

- Providers will be granted basic core privileges upon verification of required credentials.
- The Clinical Director or Deputy Clinical Director may deny or restrict privileges if the provider cannot demonstrate valid licensure, sufficient training, procedure logs, or professional references confirming competency.

Required Credentialing Documentation

The Contractor shall furnish, at minimum, the following for each proposed Nurse Practitioner (NP) or Physician Assistant (PA-C):

1. Recognizable photo identification.
2. Copy of active, unrestricted state medical license.
3. Proof of Certifications.
4. Complete Curriculum Vitae with full work history (all employment gaps ≥ 8 weeks must be explained).
5. Current BLS, ACLS, and NRP certifications (valid for entire period of performance).
6. Three professional references (≤ 6 months old; one supervisor, two peers).
7. Active DEA license with Schedule II & IIN prescribing authority.
8. Proof of liability insurance of at least $1,000,000 per incident / $3,000,000 aggregate.
9. Record of recent continuing education (≥ 20 CME/CEU credits per year, within past 3 years).
10. Evidence of CME compliance prior to reappointment; failure to provide shall result in denial of renewal of privileges.

Point of Contact – Credentialing & Privileging
Medical Staff Coordinator

C.3.4 Security – Character Investigation

All Contractor Personnel shall successfully complete a Federal background investigation and obtain a Tier 2 Security Clearance and Personal Identity Verification (PIV) card prior to performing any services under this contract.

Pre-Service Restrictions:

- Providers may not participate in any aspect of this contract—including orientation, EHR training, ancillary service briefings, meetings, medical rounds, or patient care—until a favorable adjudication is issued.
- Providers may present at Pine Ridge IHS Hospital only for fingerprinting appointments under personal escort. Once fingerprints are completed, the provider shall depart the facility and may not return until clearance is granted.

Required Security Documentation:

The Contractor shall ensure each proposed provider completes and submits the following:

1. HHS-745, Department of Health and Human Services Identification (ID) Badge Request Form.
2. FD-258 fingerprint card (digital preferred; hard copy acceptable with tracking, at Contractor expense).
3. OF-306, Declaration for Federal Employment, and Addendum.
4. OFI-86C Form.
5. Provisional Waiver Form.
6. Curriculum Vitae/Resume.

7. SF-86 (eQIP submission).
8. General Release Form.
9. State-specific security packets, as directed by PRSU IHS HSPD-12 office.

PIV Processing:

- All Contractor staff must appear in person at an HSPD-12 enrollment/issuance station.
- Two forms of acceptable identification are required.
- Processing will be coordinated through the Great Plains Area HSPD-12/Suitability Office with PRSU IHS.

Contractor Responsibilities:

- Ensure Contractor Personnel respond to all background investigation requests within 7 calendar days.
- Replace any provider denied, withdrawn, or adjudicated unsuitable without delay.
- Submit only candidates reasonably likely to obtain favorable clearance.

Government Rights and Remedies:

- If a provider receives an unfavorable adjudication, the Contractor shall immediately propose a qualified replacement.
- Delays in securing a replacement shall constitute grounds for the Government to terminate the contract or purchase order for convenience.
- Failure to comply with security requirements shall be considered contract non-performance.

Submission Instructions:

Fingerprint cards and supporting documentation shall be sent to:
Pine Ridge IHS Hospital
607 Indian Health Road, P.O. Box 1201
Pine Ridge, SD 57770
Documents must be transmitted securely (encrypted email or secure transfer) to:

- Primary POC: PRSU Administration
- Courtesy Copy: COR II / TPOC

C3.5 Tour of Duty

Standard Clinic Schedule:

- **Monday–Friday:** 8:00 a.m. to 7:00 p.m. MST
- **Mandatory non-billable breaks (M–F):** 1) hour lunch period, which may be taken as one (1) 60-minute period or two (2) 30-minute periods.
- **Holiday Clinic (when scheduled):** 12:00 p.m. to 5:00 p.m. inclusive of an unpaid 30-minute lunch period.
- **Sunday Clinic (when scheduled):** 12:00 p.m. to 5:00 p.m. inclusive of an unpaid 30-minute lunch period.
- Nurse Practitioner (NP) or Physician Assistant (PA-C) shall remain after normal hours if needed to ensure patient safety, complete critical tasks, or finish required EHR documentation (pre-approval is required from the Outpatient Services Director).
- Any adjustments to scheduled service dates determined by the Deputy Clinical Director, or Clinical Director, Outpatient Services Director or designee and communicated promptly to the Contractor.

During a full clinic day, the Provider shall be expected to see a minimum of ten (10) high-complexity patient encounters and may be assigned up to twenty (20) low-complexity patient encounters, or any proportional combination thereof. For purposes of this clause, one (1) high-complexity encounter shall be deemed equivalent to two (2) low-complexity encounters. Accordingly, the full clinic day productivity standard may be satisfied by ten (10) high-complexity encounters, twenty (20) low-complexity encounters, or any combination totaling twenty (20) low-complexity equivalents. By way of example, six (6) high-complexity encounters plus eight (8)

low-complexity encounters shall satisfy the full clinic day standard.

For Sundays and holidays, the productivity standard shall be one-half of the full clinic day standard. Accordingly, the Provider shall be expected to see a minimum of five (5) high-complexity encounters and may be assigned up to ten (10) low-complexity encounters, or any proportional combination thereof. For purposes of this half-day standard, one (1) high-complexity encounter shall be deemed equivalent to two (2) low-complexity encounters. Therefore, the Sunday or holiday productivity standard may be satisfied by five (5) high-complexity encounters, ten (10) low-complexity encounters, or any combination totaling ten (10) low-complexity equivalents. By way of example, three (3) high-complexity encounters plus four (4) low-complexity encounters shall satisfy the Sunday or holiday standard.

For purposes of this clause, a high-complexity patient encounter shall mean any visit involving one or more of the following: (i) CPT 99215 for an established patient encounter; (ii) any new patient encounter; or (iii) high disease burden. High disease burden shall include, but not be limited to, multiple referrals, several medications, or multiple acute medical concerns. Several medications shall mean either (a) five (5) or more active medications, or (b) medication management involving chronic prescriptions. A low-complexity patient encounter shall mean any visit involving either (i) CPT 99212 for an established patient encounter, or (ii) a single, straightforward medical issue not requiring extensive evaluation or management.

Adequate time shall be built into the schedule to permit the Provider to complete documentation sufficient to support and reflect the clinical complexity of each visit. Such documentation time may be allotted either after individual patient encounters or cumulatively during the clinic day, provided such time is reserved for documentation and the Provider has met the applicable minimum patient care expectation. Productivity expectations shall not supersede the Provider's obligation to maintain complete, accurate, timely, and clinically appropriate medical documentation.

Extended Hours

- Nurse Practitioner (NP) or Physician Assistant (PA-C) may be required to work beyond their scheduled shift when necessary to complete:
    - Ongoing or emergent patient-care activities,
    - Clinical documentation

Assignment and Oversight

- The Contractor shall ensure all Nurse Practitioner (NP) or Physician Assistant (PA-C) personnel are informed of PRSU Outpatient Department hours and any approved schedule changes.
- Contractor personnel schedules will be assigned, monitored, and approved by the Deputy Clinical Director, Clinical Director, Outpatient Director or their designee.

C.4) Special Requirements

Peer Review and Information Sharing

The contractor shall conduct ongoing peer reviews of Nurse Practitioner (NP) or Physician Assistant (PA-C) clinical performance in accordance with Medical Staff Bylaws, Indian Health Service (IHS) policy, and applicable accreditation standards (e.g., CMS, The Joint Commission).

1. Purpose:

Peer reviews are intended to evaluate the quality, appropriateness, and effectiveness of Nurse Practitioner (NP) or Physician Assistant (PA-C) care provided by contractor personnel and to ensure that patient care meets accepted clinical and professional standards of practice.

2. Requirements:

- The contractor shall establish and maintain a peer review process consistent with Pine Ridge Service Unit (PRSU) Quality Assurance and Performance Improvement procedures.
- Reviews shall be conducted by qualified providers that are independent of the individual being reviewed and who possess comparable credentials and privileges.
- Each peer review shall address, at a minimum:
- Accuracy, completeness, and timeliness of documentation in the Electronic Health Record (EHR);
- Compliance with hospital policies, clinical protocols, and standard medical procedures;
- Appropriateness of diagnosis, treatment, and interventions;
- Responsiveness to patient needs and collaboration with interdisciplinary teams.

3. Reporting and Information Sharing:

- The contractor shall share all peer review findings, summaries, and trend analyses with the PRSU Deputy Clinical Director or Clinical Director and/or the Contracting Officer's Representative (COR) in accordance with established hospital and IHS procedures.
- Reports shall be submitted on a quarterly basis, or more frequently if requested by the Government. Reports shall include:
    - Aggregate data,
    - Summary of corrective actions taken, and
    - Performance improvement recommendations.
- All peer review documentation shall be handled in compliance with confidentiality requirements, the Privacy Act, and HIPAA regulations.
- Peer review records shall be maintained in secure, restricted-access files as privileged quality assurance documents.

4. Corrective Action:

- When a peer review identifies deficiencies or opportunities for improvement, the contractor shall develop and implement a Corrective Action Plan (CAP) within 30 calendar days of notification.
- The CAP shall outline:
    - Specific corrective actions to be taken,
    - Responsible parties,
    - Implementation timelines, and
    - Metrics for evaluating improvement.
- The CAP shall be submitted to PRSU Quality Management and the Deputy Clinical Director or Clinical Director for review and approval.

5. Government Oversight:

- PRSU reserves the right to participate in or independently conduct peer reviews as deemed necessary.
- The Government may request access to contractor peer review documentation to verify compliance, evaluate performance trends, or support credentialing and privileging decisions.
- Contractor cooperation with Government oversight of activities is mandatory and shall not be construed as a waiver of the contractor's independent obligations under this contract.

C.4.1 Health Information Management (HIM)/Electronic Health Record (EHR)

EHR Use & Documentation

- The Contractor shall use the **PRSU Electronic Health Record (EHR) system** to maintain accurate and up-to-date information on clinical care.
- Contractor staff shall complete all required documentation, including coding and purpose-of-visit diagnoses, in accordance with **PRSU policies and medical staff bylaws**.
- Documentation shall meet standards of **timeliness, legibility, accuracy, content, and authentication**.
- All records generated in performance of this contract remain the **exclusive property of PRSU**.

HIM Clearance Requirement

- At the end of each rotation, Contractor Personnel shall obtain a **Health Information Management Clearance Form (HIMCF)** confirming all records have been completed with **zero deficiencies**.
- HIMCFs must be submitted with timesheets for approval. Timesheets will not be approved without a HIMCF indicating compliance.
- The Contracting Officer (CO) and Contracting Officer's Representative (COR) shall be notified within **two (2) business days** if HIM identifies deficiencies or refusal to correct deficiencies.
- No invoices will be processed unless the associated timesheet and HIMCF are approved.

Responsibility for Compliance

- It is the individual Contractor's duty to work with HIM staff to resolve deficiencies and secure an approved HIMCF.
- No invoices or timesheets shall be processed without submission of a valid HIMCF.

Points of Contact – Health Information Management (HIM):

C.4.2 Timesheet

Time Recording

- Contractor Personnel shall record work hours using the **PRSU time clock system** (see Contractor Furnished Property requirements).

- Timesheets shall capture:
  - Daily **time in** and **time out**; and
  - A mandatory **30-minute unpaid lunch and dinner break (60 minutes)**.
- Time shall be tallied in **15-minute increments**:
  - Time worked from **1–7 minutes** shall be rounded down;
  - Time worked from **8–14 minutes** shall be rounded up to the nearest quarter hour.

Overtime Approval

- Overtime shall not be worked without **prior written approval** from the Clinical Director, Deputy Clinical Director, Outpatient Director or designee.

Contractor Responsibility

- The Contract Nurse Practitioner (NP) or Physician Assistant (PA-C) is responsible for ensuring all approved timesheets and HIMCFs are submitted to both the **Contracting Company** and the **Contract Officer's Representative (COR)/Technical Point of Contact (TPOC)**.

C.4.3 Invoicing

Submission Requirements:

- The Contractor shall submit invoices at a minimum of monthly intervals through the Invoice Processing Platform (IPP).
- Each invoice must include:
  - Approved timesheet(s); and
  - Approved Health Information Management Clearance Form(s) (HIMCFs).
- Invoices submitted without the required documentation shall not be processed for payment.

Payment Basis:

- The Contractor shall be paid for actual hours worked, at the fixed hourly rate, in accordance with the labor category established under this contract.

Invoice Distribution:

Invoices shall be addressed to the following:

- Deputy Clinical Director
- Contract Officer Representative (COR)
- Technical Point of Contact (TPOC)
- Great Plains Area Accounts Payable (AP) Accountant

C.4.4 Employee Health Requirements

The Contractor shall comply with the PRSU Employee Health Program policy to ensure all Contractor staff are free from communicable diseases or other conditions that may impair their ability to perform assigned duties.

Immunization & Health Screening Requirements:

- Contractor personnel shall provide proof of required immunizations and health screenings to the PRSU Employee Health Department within seven (7) calendar days of employment.
- Required immunizations include, but are not limited to:

  a. Measles, Mumps, & Rubella (MMR)
  b. Varicella (Chickenpox)
  c. Tetanus, Diphtheria, Pertussis (Tdap)
  d. Tuberculosis testing
  e. Hepatitis A
  f. Hepatitis B
  g. Influenza (annual)
  h. Meningococcal
  i. Shingles (Shingrix)
  j. COVID-19 vaccination series

Annual Compliance:

- Contractors shall remain current on all vaccinations as required by PRSU policy.
- Failure to comply with employee health requirements may result in suspension from duty until deficiencies are corrected.

Point of Contact – Employee Health

4.5 Purchased Referred Care (PRC)

- Contractor Nurse Practitioner (NP) or Physician Assistant (PA-C) shall provide treatment at PRSU facilities whenever possible.
- If services are required that cannot be performed at PRSU, the Contractor shall initiate a referral in the Electronic Health Record (EHR) in accordance with PRSU procedures.
- The referral shall include sufficient clinical justification to support the request for outside care.
- Once submitted, the referral will be reviewed by the PRSU Purchased Referred Care (PRC) Department, which meets daily to approve or deny patient referrals.
- The Contractor is responsible for ensuring all referrals are complete, accurate, and compliant with PRSU policy.

4.6 Pharmaceuticals

- Contractor Nurse Practitioner (NP) or Physician Assistant (PA-C) authorized to prescribe shall do so in accordance with the PRSU IHS formulary.
- Substitutions of generic drugs for prescribed medications shall follow instructions provided by PRSU Pharmacy Services.
- Medications not listed on the formulary require prior approval by the PRSU Pharmacy and Therapeutics Committee.
- Requests for non-formulary drugs must be initiated by completing a non-formulary drug request form, which will be reviewed at the next scheduled Pharmacy and Therapeutics Committee meeting.
- The Contractor is responsible for ensuring all prescribing practices are compliant with PRSU policy and federal prescribing regulations.

C.4.7 Third Party Enrollment

- During **New Employee Orientation**, the PRSU Business Office (BO) shall provide Contractor staff with all required **Medicare Part B and other insurance provider enrollment documentation**.
- Contractor staff shall complete all enrollment forms to the satisfaction of the **PRSU Business Office** in order to confirm insurance enrollment.
- **No timesheets or invoices will be approved or processed** until all required enrollment documentation is completed and verified.
- The enrollment process generally requires **two (2) to three (3) business days** for approval.

C.4.8 New Employee Orientation (NEO) & Annual Trainings

- All Contractor staff shall attend **New Employee Orientation (NEO)** prior to assuming duties under this contract.
- NEO is conducted **every other week** at the Pine Ridge Service Unit (PRSU).
- Contract staff shall complete all PRSU-required **orientation modules, mandatory trainings, and annual refresher trainings** as directed.
- The Contractor is responsible for ensuring all staff remain current with required annual trainings throughout the performance period.
- Staff who fail to complete required training shall not be permitted to perform services until compliance is achieved.

C.4.9 Work Identification Badge

- Upon clearance to begin work, each contract Nurse Practitioner (NP) or Physician Assistant (PA-C) shall obtain a PRSU IHS work identification badge from the PRSU IHS Information Technology Department.
- Contractor personnel shall wear their identification badge at all times while on duty or performing services under this contract.
- Failure to display the badge may result in denial of access to PRSU facilities.

C.4.10 Contractor Furnished Property

- The Contractor shall furnish and maintain a working form of communication (e.g., cellular phone or pager) for all Contractor personnel at their own expense.
- The Contractor shall provide and maintain an electronic time clock system with required software to accurately record hours worked.
- The Contractor shall ensure that the time clock system is connected to the internet. Preferred connectivity method is LTE/cellular based.
- All costs associated with Contractor-furnished property shall be the responsibility of the Contractor.

C.5) Additional Requirements

C.6.1 PRSU IHS Furnished Property

PRSU IHS shall furnish the following for use by Contractor Personnel during the performance of this contract:

- **Patient examination areas**;
- **Medical equipment and supplies** necessary for the delivery of care; and
- **Non-medical equipment and supplies** necessary to support patient care and facility operations.

All Government-furnished property shall be used by the Contractor **only for the performance of this contract** and in accordance with applicable PRSU standards of care.

The Contractor shall be responsible for exercising **reasonable care and proper use** of all Government-furnished property provided under this contract.

C.6.2 Work Environment

Contractor Personnel shall perform duties in a **hospital and clinical environment** at Pine Ridge Hospital and associated PRSU facilities.
Personnel may be exposed to:

- **Contagious diseases**; and
- **Bodily fluids** in the course of providing care, including trauma and emergency situations.

Contractor Personnel shall comply with all **PRSU infection control, occupational health, and safety policies**.

The Contractor is responsible for ensuring that its personnel are trained, equipped, and prepared to work safely in this environment.

C.6.4 Meals

- Contractor personnel may purchase meals at the Pine Ridge IHS Hospital.
- All costs for meals shall be the responsibility of the Contractor. The Government shall assume no financial responsibility for Contractor meals.
-

Payment Requirements:

- All payments for meals must be submitted electronically through **Pay.gov – Indian Health Service Great Plains General Collections**, a secure U.S. Treasury system.
- The PRSU Finance Department shall provide invoices for meal tickets.
- Payments will not be considered complete until confirmation of Pay.gov submission is received.

Points of Contact (POCs):

- Meal Ticket Inquiries – Finance Department

C.6.5 Housing

- Contractor personnel may be assigned quarters (housing) when available.
- All costs for housing shall be the responsibility of the Contractor. The Government assumes no financial responsibility for housing.

Payment Requirements:

- All payments for housing must be submitted electronically through **Pay.gov – Indian Health Service Great Plains General Collections**, a secure U.S. Treasury system.
- The PRSU Quarters Manager shall provide invoices for housing.

Quarters (Housing):

- Housing may be provided, if available, to ensure timely response to on-call responsibilities.
- Contractors assigned quarters shall pay rent in accordance with PRSU IHS rental guidelines.
- PRSU IHS will invoice the individual renting quarters, and payment must be made via **Pay.gov.**

Points of Contact – Quarters

- Quarters (Housing) Inquiries: TBD

C.7) Deliverables

The Contractor shall provide the following deliverables in accordance with PRSU requirements:

Deliverable	Frequency	Number of copies to PRSU IHS	Delivery format to PRSU IHS	Submit to at PRSU IHS
Credentialing & Privileging Requirements (C.3.3)	30 to 45 days prior to employment	**1 copy**	**Via fax** or via secure data transfer email	Medical Staff Coordinator
Health Information Management Clearance Form (C.3.5)	Every two weeks	**1 original**	**Hand deliver**	Clinical Director, Contract Officer Representative (COR)
Employee Health Requirements (C.3.9)	Within 7 days of employment & annually thereafter.	**1 copy**	**Hand deliver**	Employee Health Nurse, COR if non compliance
Character Investigation Requirements (C.4.1)	30 days prior to employment	**1 copy**	**Via fax** or via secure data transfer email	HSPD-12 Representative & Supervisor, COR
Timesheet (C.5.2)	Bi-weekly	**1 original**	**Digitally**	Clinical Director, TPOC/ Contract Officer Representative.

Invoice (C.5.3)	Bi-monthly	**1 copy**	**Via email**	Clinical Director, GPA Accountant & TPOC/COR

C.8 Quality Assurance Surveillance Plan (QASP)

C.8.1 Purpose

The Government will monitor contractor performance to ensure services meet the requirements of this PWS, applicable PRSU policies, and standards of care. Surveillance will focus on **patient safety, continuity of care, documentation quality, compliance, and responsiveness** while maintaining the **non-personal services** nature of this contract.

C.8.2 Roles and Responsibilities

Contracting Officer (CO): The only individual authorized to modify the contract, direct changes to scope, or take contractual action (e.g., cure notice, termination, withholding as authorized).

Contracting Officer's Representative (COR)/Technical Point of Contact (TPOC): Performs day-to-day surveillance, validates deliverables (e.g., timesheets/HIMCF), documents performance, and reports issues to the CO. The COR/TPOC may provide operational coordination/work direction related to clinic flow and patient safety but will not supervise contractor personnel.

PRSU Clinical Leadership (e.g., Clinical Director/Deputy Clinical Director/OP Director): Provides clinical coordination, participates in quality review processes (peer review, chart audits), and identifies performance concerns for COR/CO awareness.

Contractor (Company): Responsible for staffing, scheduling, leave coverage, replacement personnel, quality control, corrective actions, and compliance with all contract requirements.

C.8.3 Surveillance Methods

The Government may use one or more of the following methods:

1. **Random chart audits** (EHR documentation, coding/diagnoses, follow-up plans, controlled substance compliance).
2. **Direct observation** of clinic operations (professional conduct, workflow, safety practices).
3. **Review of deliverables** (HIMCFs, timesheets, invoices, peer review reports, training completion).
4. **Quality metrics review** (peer review trends, clinical quality indicators as available, patient complaints/compliments).
5. **Compliance verification** (credentialing/privileging status, security clearance/PIV, employee health requirements).
6. **Customer feedback** from PRSU staff and patient relations channels, as available.

   Surveillance will be documented by the COR/TPOC and retained in the contract file.

C.8.4 Performance Objectives, Standards, Acceptable Quality Levels (AQL), and Surveillance

Performance Objective 1: Staffing Coverage / Continuity of Care

- **Standard:** Contractor maintains minimum required clinic coverage and avoids any break in coverage unless approved in advance by the CO/COR (as applicable) or caused by Government-directed closure.
- **AQL:** 90% coverage of scheduled duty periods; **0 unauthorized gaps**.
- **Surveillance:** Review schedules, sign-in/out or time clock logs, COR observation.
- **Frequency:** Weekly and as needed.

Performance Objective 2: Credentialing, Privileging, and Scope Compliance

- **Standard:** Provider performs only within granted privileges; no services performed before written privileges are granted.
- **AQL:** 95% compliance; **0 violations**.
- **Surveillance:** Credentialing file checks; clinical leadership verification; incident review.
- **Frequency:** Prior to start, upon reappointment/renewal, and as needed.

Performance Objective 3: Security/Suitability (Tier 2) and PIV Compliance

- **Standard:** No participation in orientation, EHR training, meetings, or patient care prior to favorable adjudication and clearance as required; access controlled per PWS.
- **AQL:** 95% compliance; **0 violations**.
- **Surveillance:** HSPD-12/suitability status verification; access/escort logs as applicable.
- **Frequency:** Prior to start and as needed.

Performance Objective 4: Clinical Quality and Patient Safety

- **Standard:** Care consistent with evidence-based practice, PRSU policies, and accepted standards; appropriate consultation/referrals; timely stabilization/transfer coordination when indicated.
- **AQL:** ≥ 90% of reviewed encounters meet standards; **0 sentinel events attributable to negligence or noncompliance**.
- **Surveillance:** Peer review, case review, chart audits, incident/occurrence reports.
- **Frequency:** Monthly chart audits; quarterly peer review summary; ad hoc for events.

Performance Objective 5: EHR Documentation Quality and Timeliness

- **Standard:** Complete, accurate documentation in EHR, including diagnoses/coding, medication reconciliation as applicable, and appropriate follow-up. Documentation completed within PRSU policy timeframes.
- **AQL:** ≥ 90% of audited records compliant; **0 critical deficiencies** (missing assessment/plan for billable visit, incomplete orders that affect care, unsigned notes beyond policy).
- **Surveillance:** Random chart audits; HIM deficiency reports; HIMCF verification.
- **Frequency:** Bi-weekly via HIMCF; monthly audits.

Performance Objective 6: HIM Clearance Form (HIMCF) Compliance

- **Standard:** Contractor provides HIMCF with **zero deficiencies** at end of each rotation/period as required; deficiencies corrected promptly.
- **AQL:** 95% submission with required timesheets; **0 invoices processed without HIMCF**.
- **Surveillance:** Review submitted HIMCFs with timesheets/invoices; HIM notification review.
- **Frequency:** Every two weeks / per invoice cycle.

Performance Objective 7: Professional Conduct, Communication, and Cultural Competence

- **Standard:** Professional appearance and conduct; respectful communication with patients/community; effective collaboration with multidisciplinary staff.
- **AQL:** ≥ 90% satisfactory feedback; **0 substantiated severe misconduct events**.
- **Surveillance:** COR observation; documented complaints; supervisory feedback (non-supervisory collection).
- **Frequency:** Ongoing; documented as issues arise.

Performance Objective 8: Mandatory Trainings / NEO / Annual Requirements

- **Standard:** Completion of NEO prior to duty and all required annual trainings within established timeframes.
- **AQL:** 100% compliance.
- **Surveillance:** Training certificates/records review.
- **Frequency:** At onboarding; quarterly spot-checks; annually.

Performance Objective 9: Invoicing Accuracy and Supporting Documentation

- **Standard:** Invoices submitted through IPP at required intervals and include approved timesheets and HIMCFs; hours billed match approved time records; no unapproved overtime billed.
- **AQL:** ≥ 90% invoice accuracy; **0 payments for unsupported charges**.
- **Surveillance:** Invoice reconciliation; timesheet review; overtime approvals.
- **Frequency:** Each invoice.

Performance Objective 10: Contractor Quality Control

The Contractor shall maintain a quality control program sufficient to ensure services meet PWS requirements. At minimum, the Contractor shall:

- **Standard:** Verify credentials/privileges and compliance before scheduling staff; Perform internal chart reviews and share quarterly peer review summaries as required; Track and correct documentation deficiencies prior to HIMCF submission; Ensure training compliance and timely completion of onboarding requirements.
- **AQL:** ≥ 90% compliance in internal quality control reviews; 0 critical deficiencies (e.g., unverified credentials, incomplete documentation affecting patient care, or missed required training).
- **Surveillance:** Review of Contractor quality control records and reports; validation against Government chart audits, peer review findings, and HIMCF deficiency reports.
- **Frequency:** Quarterly and as required.

C.8.5 Performance Documentation and Reporting

- The COR/TPOC will maintain a **QASP surveillance log** documenting monitoring activities, findings, and any corrective actions.
- The Government may conduct periodic performance review meetings (e.g., **monthly or quarterly**) with the Contractor to discuss trends, concerns, and improvement actions.

C.8.6 Corrective Actions and Remedies

When performance falls below AQL or violates a material requirement, the Government may take actions consistent with the contract and FAR, including:

1. **Written notice** to the Contractor documenting deficiency and required corrective action.
2. Requirement for a **Corrective Action Plan (CAP)** within **10 business days** (or sooner for patient safety issues), including root cause, actions, responsible parties, and timeline.
3. **Increased surveillance** until performance stabilizes.
4. **Removal/replacement** of contractor personnel as authorized by the PWS/contract.
5. **Withholding or non-approval** of timesheets/invoices when required supporting documentation is missing or deficiencies remain (e.g., HIMCF not provided/deficiencies unresolved).

6. **Contractual remedies** by the CO (e.g., cure notice, show cause, termination for default or convenience as applicable).

Patient safety issues or security/suitability violations may require **immediate removal from duty** pending Government review and CO direction.

PO #	Performance Objective	Standard	AQL	Surveillance Method	Frequency
1	Staffing Coverage / Continuity	Maintain minimum clinic coverage; avoid unauthorized gaps	90% coverage; 0 gaps	Review schedules, sign-in/out, COR observation	Weekly / As needed
2	Credentialing, Privileging, Scope	Perform only within granted privileges	95% compliance; 0 violations	Credential file checks; clinical leadership verification	Prior to start, reappointment, as needed
3	Security/Suitability & PIV	No participation before clearance	95% compliance; 0 violations	HSPD-12 / suitability verification, access logs	Prior to start, as needed
4	Clinical Quality & Patient Safety	Care consistent with standards; appropriate referrals	≥90% encounters meet standards; 0 sentinel events	Peer review, chart audits, incident reports	Monthly / Quarterly / Ad hoc
5	EHR Documentation	Complete, accurate EHR documentation	≥90% audited records compliant; 0 critical deficiencies	Random chart audits, HIM deficiency reports, HIMCF verification	Bi-weekly / Monthly
6	HIMCF Compliance	Provide HIMCF with zero deficiencies	95% submission; 0 invoices processed without HIMCF	Review submitted HIMCFs	Every 2 weeks / Per invoice cycle
7	Professional Conduct	Respectful, professional, culturally competent	≥90% satisfactory feedback; 0 severe misconduct	COR observation, complaints, supervisory feedback	Ongoing
8	Mandatory Training / NEO	Complete NEO and annual trainings	100% compliance	Training certificate/records review	Onboarding; quarterly spot-checks; annually
9	Invoicing Accuracy	Accurate invoices with supporting documentation	≥90% invoice accuracy; 0 unsupported payments	Invoice reconciliation; timesheet review; overtime approvals	Each invoice
10	Contractor Quality Control	Maintain internal QC program	≥90% compliance; 0 critical deficiencies	Review QC records; validation vs chart audits and peer review	Quarterly / As required