Attachment G - Ordering Procedures and Contract Administration
Hopi Health Care Center Clinical Staffing Multiple-Award IDIQ

I. Purpose

This attachment establishes post-award ordering procedures and contract administration instructions for the Hopi Health Care Center (HHCC) multiple-award indefinite-delivery/indefinite-quantity (IDIQ) contracts for non-personal clinical staffing services.

This attachment is intended to support consistent task order issuance, candidate readiness review, scheduling, funding controls, timesheet verification, invoice reconciliation, performance documentation, and communication among the Contracting Officer, Contracting Officer Representative (COR), HHCC, and Contractors.

This attachment does not authorize performance by itself. Contractor performance is authorized only by an issued task order or other written authorization from the Contracting Officer.

II. Relationship to Solicitation, PWSs, and Task Orders

The RFQ, resulting IDIQ contract, applicable task order, FAR/HHSAR clauses, attachments, and amendments govern the parties' rights and obligations. This attachment provides ordering and administration procedures and shall be read together with the RFQ and attachments.

If there is a conflict among documents, the applicable order of precedence stated in the solicitation, contract, FAR 52.212-4, the task order, or other governing award document controls.

Attachment D contains the Performance Work Statements (PWSs) and embedded QASP tables for each staffing category. Task orders shall identify the applicable staffing category or categories and any task-order-specific instructions.

III. IDIQ Contract Structure

The Government intends to use multiple fixed-price IDIQ contracts to support recurring, short-term, urgent, and gap clinical staffing needs at HHCC. Parent IDIQ awards establish the contractor pool, awarded staffing categories, fixed fully burdened hourly rates, ordering procedures, and contract administration requirements.

The parent IDIQ contract does not, by itself, authorize clinical performance, scheduling, billing, or candidate placement. Services shall be performed only when ordered and funded by task order or other written authorization issued by the Contracting Officer.

Element	Administration Rule
Contract type	Fixed-price multiple-award IDIQ for commercial clinical staffing services.
Ordering period	As stated in the parent IDIQ award.
Task order period	As stated in each task order; task order periods shall not exceed contract limits.
Minimum guarantee	Satisfied through paid, accepted services under one or more task orders; not a retainer or readiness fee.
Aggregate ceiling	Shared ceiling across all IDIQ awards as stated in the RFQ and awards.

Element	Administration Rule
Rates	Fixed fully burdened hourly rates by awarded staffing category and ordering year or period.
Authorized work	Only services authorized by task order or written CO direction.

IV. Roles and Communication Channels

A. Contracting Officer

The Contracting Officer is the only individual authorized to bind the Government, issue task orders, modify the contract or task order, change scope, price, rates, quantity, funding, delivery, or contract terms, waive material requirements, or authorize work beyond available funding.

B. COR and Facility Representatives

The COR and designated HHCC representatives may support task order planning, schedule coordination, candidate readiness tracking, service verification, performance monitoring, QASP surveillance, timesheet review, and invoice reconciliation. The COR and HHCC representatives are not authorized to change contract terms or direct Contractor personnel in a manner that creates a personal services relationship.

C. Contractor Program Manager

Each Contractor shall identify a program manager, staffing manager, or equivalent point of accountability responsible for recruiting, candidate pipeline management, onboarding support, scheduling coordination, candidate responsiveness, quality control, replacement planning, reporting, and issue resolution.

D. Communication Protocol

- Contractual direction, task order issuance, funding, and modifications shall come from the Contracting Officer.
- Operational scheduling, candidate readiness, timesheet coordination, and performance feedback may be coordinated with the COR or designated HHCC representative within contract limits.
- Contractors shall immediately notify the COR, Contracting Officer, and designated facility representative of candidate withdrawals, no-shows, urgent replacement needs, access issues, credentialing delays, or other risks to coverage.
- Oral direction, informal email, facility discussion, or schedule coordination does not authorize additional work, additional funding, premium rates, or performance by unapproved personnel.

V. Task Order Request Process

When HHCC identifies a coverage need, the Government may issue a task order request to IDIQ Contractors awarded the applicable staffing category. Task order requests may be issued by email or other written method identified by the Contracting Officer.

A task order request should include, as applicable:

- Staffing category or categories;
- Place of performance;
- Required coverage dates, shifts, or estimated hours;
- Urgency or desired start date;
- Applicable PWS and task-order-specific duties;
- Candidate qualification or experience considerations;
- Required readiness status or onboarding constraints;
- Response due date and submission instructions;
- Evaluation or selection considerations for the task order;
- Funding or not-to-exceed limitations;
- Any additional task-order-specific terms authorized by the parent IDIQ.

Task order requests do not authorize performance unless and until a task order or written authorization is issued by the Contracting Officer.

VI. Fair Opportunity and Task Order Competition

The Contracting Officer will provide fair opportunity to eligible IDIQ Contractors for task order requirements unless an exception applies and is documented. Eligibility for a task order may be limited to Contractors awarded the applicable staffing category and otherwise eligible to perform under the parent IDIQ.

Task order selections may use a streamlined best-value comparison appropriate to the urgency, dollar value, complexity, and performance risk of the requirement. The Government is not required to select the lowest-priced response when another response provides better overall value considering candidate readiness, clinical fit, continuity, performance risk, and price.

Selection Consideration	Examples
Candidate qualifications and clinical fit	License, certifications, board status, specialty, ED/IPU/OPD experience, rural or limited-resource experience, procedure logs, competency validation.
Availability and time to coverage	Confirmed shift availability, earliest feasible start, onboarding status, ability to support full coverage period.
Readiness	Security, suitability, credentialing, privileging, orientation, badging, EHR access, facility approval, prior HHCC/IHS/HHS/Federal/Tribal experience.
Continuity and replacement capability	Ability to sustain coverage, provide backup candidates, avoid no-shows, and respond to candidate failure.
Contractor performance history	Prior HHCC/IHS/HHS/Federal performance, responsiveness, timesheet accuracy, invoice accuracy, quality control, corrective action history.
Price	Awarded rate, task-order-specific offered rate if lower, price reasonableness, and funding availability.

VII. Task Order Response Content

Unless otherwise instructed in the task order request, Contractor responses should include the following information:

- Contractor name and point of contact;
- Staffing category proposed;
- Candidate name or anonymized identifier if candidate name cannot yet be released;
- Resume or current profile, if requested;
- Licensure, certifications, DEA, board status, procedure logs, competency status, or other qualification information applicable to the staffing category;
- Confirmed availability for requested dates and shifts;
- Readiness tier and current onboarding status;
- Known restrictions, conflicts, or schedule limitations;
- Whether the candidate is employee, subcontractor, independent contractor, recruiter-provided, staffing partner-provided, or otherwise sourced through a third party;
- Proposed task order rate if lower than the awarded hourly rate;
- Risks and mitigation plan, including replacement approach if the proposed candidate becomes unavailable.

The Contractor shall not submit speculative candidates as if they are confirmed. Candidate interest, availability, rural location awareness, lodging/travel expectations, and willingness to perform at HHCC should be confirmed before submission.

VIII. Candidate Readiness Tiers

The Government may use candidate readiness tiers to compare task order responses and manage coverage risk. Readiness tier labels are administrative tools only and do not guarantee approval, transferability, reciprocity, task order award, or start date.

Tier	Description	Expected Use
Tier 1 - Ready / Approved	Candidate has completed required security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding for the required role, or all remaining steps are administrative and not expected to delay performance.	Highest readiness for urgent or near-term task orders.
Tier 2 - Partially Ready	Candidate has prior HHCC, IHS, HHS, Federal, Tribal, or comparable health care experience or has submitted substantial onboarding documentation, but one or more approvals remain pending.	May be suitable for planned near-term coverage if remaining steps are realistic.
Tier 3 - Submitted / In Process	Candidate appears qualified but requires full or substantial security, credentialing, privileging, orientation, access, or onboarding processing.	Useful for planned future coverage; may present higher start-date risk.
Tier 4 - Pipeline / Not	Candidate is identified by the Contractor but not yet submitted or not	Useful for future pipeline

Tier	Description	Expected Use
Yet Submitted	yet document-ready.	awareness only; generally higher risk for urgent coverage.

Urgent coverage needs do not waive security, suitability, credentialing, privileging, orientation, badging, EHR access, competency validation, or facility onboarding requirements.

IX. Task Order Issuance and Content

Task orders shall be issued by the Contracting Officer. A task order should identify, as applicable:

- Parent IDIQ contract number;
- Task order number;
- Contractor and Government points of contact;
- Staffing category and PWS;
- Approved candidate or candidate submission requirements;
- Period of performance;
- Schedule, shift pattern, estimated hours, or coverage requirement;
- Fixed hourly rate and applicable ordering period rate;
- Funded amount and accounting information;
- Deliverables and reporting requirements;
- Any task-order-specific restrictions, instructions, or special conditions.

The Contractor shall review each task order promptly and notify the Contracting Officer of any apparent inconsistency, missing information, or performance issue before work begins.

X. Funding Controls, Additional Hours, and Emergency Coverage

The Contractor shall not perform or invoice for work beyond the applicable task order scope, schedule, approved candidate, funded amount, or period of performance unless authorized by the Contracting Officer.

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.

Emergency, disaster, mass casualty, pandemic, or surge support during scheduled performance shall remain within the Contractor clinician license, competence, granted privileges or validated competencies, facility policy, PWS, and task order scope. Emergency support does not authorize performance outside contract, task order, funding, or scope limits.

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 applicable task order.

XI. Candidate Approval, Onboarding, and Access

No Contractor clinician may perform clinical services until all required security, suitability, credentialing, privileging, orientation, competency validation, badging, EHR access, facility access, and onboarding requirements applicable to the staffing category are complete.

The Contractor is responsible for candidate document collection, candidate responsiveness, timely submission, deficiency correction, and replacement planning. The Government retains final authority for security, suitability, credentialing, privileging, competency validation, facility access, and onboarding determinations.

Prior HHCC, IHS, HHS, Federal, Tribal, or comparable experience may be considered for readiness planning but does not guarantee approval, reciprocity, transferability, or start date.

XII. Scheduling and Shift Confirmation

The Contractor shall confirm candidate availability before proposing candidates for task orders or schedules. The Contractor shall notify the Government as soon as it becomes aware that a proposed or scheduled clinician may be unable to perform.

Schedules may be coordinated with designated HHCC representatives within task order limits. Schedule coordination does not authorize additional funding, additional hours, new staffing categories, unapproved personnel, premium rates, or work outside the task order.

No unapproved substitute may perform clinical services. Replacement candidates must complete all applicable approval and onboarding requirements before performance.

XIII. Timesheets and Service Verification

Weekly timesheets are used for time tracking, service verification, and contract administration. Timesheets are not invoices and do not authorize payment unless services are accepted and properly invoiced.

Each on-site Contractor clinician shall submit a weekly timesheet to the Contractor. The Contractor shall compile timesheets, perform a cursory verification for completeness and apparent accuracy, and submit the weekly timesheet package to the COR or designated Government representative within two business days after receipt from the clinician unless a different timeframe is established by the Government.

Each weekly timesheet package should identify, as applicable:

- Clinician name;
- Staffing category;
- Work location;
- Task order number;
- Scheduled shift(s);
- Actual hours worked each day;
- Unpaid break deduction, if applicable;

- Cancellations, no-shows, substitutions, or deviations;
- Clinician certification that hours reported are accurate;
- Contractor review or certification.

The COR or designated Government representative shall review the weekly timesheet package for service verification, acceptance support, and invoice reconciliation. Acceptance of timesheets for verification does not waive contract requirements or authorize payment for unapproved work.

XIV. Invoicing and Payment Administration

Invoices shall be submitted monthly in arrears through the U.S. Treasury Invoice Processing Platform (IPP) unless otherwise authorized by the Contracting Officer. Contractor invoices must align with accepted timesheets and applicable task order/contract line items.

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

The Contractor shall not bill IHS patients, beneficiaries, alternate resources, Medicare, Medicaid, insurers, Tribal programs, or third-party payers for services provided under the contract.

Invoice Support Item	Expected Review
Task order and CLIN/SLIN alignment	Invoice cites the correct task order, staffing category, rate, and period.
Timesheet support	Hours invoiced match accepted timesheets or documented Government adjustments.
Rate compliance	Hourly rate does not exceed awarded or task-order-authorized rate.
Funding status	Invoice is within funded task order amount unless modified by the Contracting Officer.
Non-billable exclusions	Invoice excludes travel, lodging, standby, wait time, rejected services, unapproved candidates, and other non-authorized costs.

XV. Contractor Reporting

The Contractor shall provide reports required by the PWS, task order, or Contracting Officer. Reports may be requested weekly or at another cadence based on coverage needs and performance risk.

Report / Deliverable	Purpose
Candidate readiness / onboarding status	Tracks security, credentialing, privileging, orientation, badging, EHR access, competency validation, and facility approval status.
Utilization / status report	Tracks scheduled hours, actual hours worked, cancellations, no-shows, substitutions, and coverage risks.
Replacement plan	Explains replacement strategy when a candidate is unavailable, delayed, rejected, withdrawn, or removed.
Insurance evidence	Confirms compliance with professional liability / medical liability requirements before performance and upon request.
Issue or corrective action response	Documents performance issue, root cause if known, corrective steps, responsible

Report / Deliverable	Purpose
	Contractor personnel, and completion timeframe.

XVI. Removal, Replacement, and Coverage Failure

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, competency validation 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 approvals and onboarding steps are complete.

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

XVII. Performance Monitoring and Corrective Action

The Government may monitor Contractor performance through QASP surveillance, COR review, HHCC feedback, clinical leadership feedback, Medical Staff feedback, timesheet review, invoice reconciliation, task order competition history, CPARS, and other contract administration records.

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.

Performance information may be considered in task order competitions, past performance records, contractor pool reviews, on-ramp/off-ramp decisions, and other contract administration actions consistent with the contract.

XVIII. On-Ramp, Off-Ramp, and Contractor Pool Administration

The Government may conduct contractor pool reviews during the ordering period. Reviews may consider Contractor performance, candidate pipeline depth, task order participation, staffing category coverage, price, responsiveness, continued Buy Indian Act / IEE or ISBEE eligibility, and whether additional or fewer IDIQ awardees are needed to support HHCC clinical staffing requirements.

On-ramping may be used to add Contractors when determined necessary by the Contracting Officer. Off-ramping or limiting future task order eligibility may be considered when a Contractor fails to maintain eligibility, fails to participate, fails to provide viable candidates, has repeated performance issues, or otherwise no longer supports the Government's need.

Attachment G - Ordering Procedures and Contract Administration

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