**Performance Work Statement (PWS)**
**Primary Care Physician Services**
**(Family Medicine and Internal Medicine)**

## 1. BACKGROUND

### 1.1 Purpose

The purpose of this Performance Work Statement (PWS) is to establish the requirements for non-personal professional Primary Care Physician services in support of Government-operated outpatient healthcare facilities within the applicable Indian Health Service (IHS) Area.

The Contractor shall provide qualified Family Medicine and/or Internal Medicine physicians to deliver comprehensive outpatient primary care services consistent with accepted standards of medical practice, applicable Federal laws and regulations, Indian Health Service policies, and the requirements of this PWS.

Specific duty locations, schedules, staffing requirements, and periods of performance will be identified by the Government in the applicable ordering document.

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### 1.2 General

This is a non-personal services requirement. The Contractor shall provide all personnel, supervision, management, scheduling, recruitment, and administrative support necessary to perform the services required under this PWS.

Contractor personnel shall remain employees of the Contractor and shall not be considered Government employees for any purpose. The Contractor is responsible for the direction and management of its personnel. Government oversight is limited to contract administration, quality assurance, and coordination of clinical services and shall not be construed as supervision of Contractor personnel.

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### 1.3 Scope

The Contractor shall furnish qualified Family Medicine and/or Internal Medicine physicians to provide comprehensive outpatient primary care services at Government-designated healthcare facilities.

Services shall be performed within the physician's education, training, licensure, board certification or board eligibility, granted clinical privileges, and accepted standards of medical practice.

The Contractor shall ensure sufficient staffing resources are available to provide the required services and maintain continuity of patient care throughout the period of performance.

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### 1.4 Place of Performance

Services may be performed at one or more Government-operated hospitals, health centers, outpatient clinics, ambulatory care centers, or other healthcare facilities within the applicable IHS Area.

Duty locations and schedules will be identified by the Government in the applicable ordering document.

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### 1.5 Period of Performance

The period of performance for services shall be identified in the applicable ordering document.

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## 2. SCOPE OF SERVICES

### 2.1 General

The Contractor shall provide qualified Family Medicine and/or Internal Medicine physicians to deliver comprehensive outpatient primary care services at Government-designated healthcare facilities.

Physician services shall be provided in accordance with the physician's education, training, licensure, board certification or board eligibility, granted clinical privileges, Medical Staff Bylaws, applicable Federal laws and regulations, Indian Health Service (IHS) policies, and accepted standards of medical practice.

The Contractor shall provide all personnel necessary to perform the services required under this PWS.

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### 2.2 Clinical Services

Contractor physicians shall provide comprehensive outpatient primary care services appropriate to their specialty and granted clinical privileges, including:

- Evaluation, diagnosis, and treatment of acute and chronic medical conditions;
- Preventive health services and routine health maintenance;
- Comprehensive history and physical examinations;
- Development and implementation of treatment plans;
- Medication management;
- Ordering and interpretation of laboratory studies, diagnostic imaging, and other diagnostic procedures;
- Performance of office-based procedures within granted clinical privileges;
- Referral to specialty care when clinically indicated;
- Care coordination and follow-up; and
- Patient education and counseling.

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### 2.3 Patient Population

Contractor physicians shall provide care for patients appropriate to their specialty and granted clinical privileges. Patient populations may include pediatric, adolescent, adult, and geriatric patients.

The Government will identify any population-specific requirements in the applicable ordering document.

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### 2.4 Clinical Documentation

The Contractor shall ensure physicians accurately and timely document all patient encounters in the Government-furnished Electronic Health Record (EHR).

Documentation shall support continuity of care and comply with applicable documentation standards, Medical Staff Bylaws, and facility policies.

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### 2.5 Care Coordination

Contractor physicians shall coordinate patient care with other healthcare professionals as clinically appropriate to promote continuity of care and effective patient outcomes.

Coordination may include consultation with specialty providers, nursing personnel, pharmacists, behavioral health providers, case managers, and other members of the interdisciplinary healthcare team.

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### 2.6 Professional Standards

Contractor physicians shall:

- Exercise independent professional medical judgment;
- Maintain current professional competency;
- Deliver care in a professional, ethical, and patient-centered manner;
- Maintain patient confidentiality in accordance with applicable Federal privacy laws;
- Comply with facility policies, Medical Staff Bylaws, and accreditation standards applicable to the assigned healthcare facility; and
- Support patient safety and quality improvement initiatives consistent with their assigned clinical responsibilities.

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### 2.7 Exclusions

Contractor physicians shall not:

- Perform services outside the scope of their professional licensure or granted clinical privileges;
- Perform inherently governmental functions;
- Represent themselves as Government employees; or
- Obligate the Government contractually or financially.

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## 3. QUALIFICATIONS

### 3.1 General

The Contractor shall provide physicians who possess the education, training, licensure, certification, and experience necessary to perform the services required under this PWS.

All physicians shall successfully complete the Government's credentialing and privileging process before independently providing clinical services.

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### 3.2 Education and Training

Each physician shall possess:

- A Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree from a medical school accredited by the Liaison Committee on Medical Education (LCME), the Commission on Osteopathic College Accreditation (COCA), or an equivalent institution recognized by the Educational Commission for Foreign Medical Graduates (ECFMG), as applicable.
- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in Family Medicine or Internal Medicine.

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**3.3 Licensure and Certification**

Each physician shall maintain:

- A current, active, unrestricted license to practice medicine in any State, the District of Columbia, the Commonwealth of Puerto Rico, or a United States territory.
- Current Board Certification or Board Eligibility in Family Medicine or Internal Medicine.
- Current Basic Life Support (BLS) certification.
- A current Drug Enforcement Administration (DEA) registration, when required to perform assigned duties.

All licenses and certifications shall remain current throughout the period of performance.

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**3.4 Experience**

Unless otherwise specified in the ordering document, physicians shall possess a minimum of two (2) years of recent clinical experience providing outpatient primary care services in Family Medicine or Internal Medicine following completion of residency training.

Experience in ambulatory care, community health centers, rural healthcare, Tribal health programs, Federal healthcare facilities, or the Indian Health Service is desirable but not required.

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**3.5 Professional Competency**

The Contractor shall ensure assigned physicians:

- Maintain professional competency within their specialty;
- Exercise sound independent medical judgment;
- Demonstrate effective communication and interpersonal skills;
- Maintain proficiency in the use of electronic health record systems; and
- Comply with applicable standards of professional conduct and medical ethics.

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## 4. PERFORMANCE REQUIREMENTS

The Contractor shall provide qualified Family Medicine and/or Internal Medicine physicians who consistently meet the performance objectives established in this Performance Work Statement (PWS). Contractor performance shall be evaluated based on the quality, timeliness, continuity, responsiveness, and professionalism of services provided.

The Contractor shall furnish the personnel, management, supervision, scheduling, and administrative support necessary to perform the services required under this contract and shall maintain sufficient staffing resources to ensure uninterrupted clinical coverage throughout the period of performance.

### 4.1 Staffing and Continuity of Services

The Contractor shall maintain sufficient recruiting capability and staffing resources to provide continuous physician coverage as required by the Government.

The Contractor shall implement effective recruitment and retention practices to minimize staffing disruptions and maintain continuity of patient care.

When Contractor personnel become unavailable due to resignation, illness, family emergency, military activation, termination, or any other circumstance, the Contractor shall immediately initiate replacement efforts and coordinate with the Contracting Officer's Representative (COR) to minimize disruption of services.

Replacement physicians shall possess qualifications equal to or greater than those specified in this PWS and shall successfully complete all required credentialing, privileging, security, orientation, and mandatory training requirements before independently performing clinical services.

The Contractor shall make reasonable efforts to maintain continuity of patient care during personnel transitions.

Repeated staffing shortages, excessive vacancies, or failure to provide timely replacement personnel may be considered a performance deficiency.

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### 4.2 Clinical Performance

Contractor physicians shall provide comprehensive outpatient primary care services within the scope of their education, training, licensure, board certification or board eligibility, granted clinical privileges, and accepted standards of medical practice.

Services shall be performed in accordance with:

- Applicable Federal laws and regulations;
- Department of Health and Human Services (HHS) and Indian Health Service (IHS) policies;
- Medical Staff Bylaws and facility policies;
- Evidence-based clinical practice guidelines; and
- The requirements of this Performance Work Statement.

Contractor physicians shall exercise independent professional medical judgment while delivering safe, effective, and patient-centered care.

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### 4.3 Clinical Documentation

The Contractor shall ensure physicians accurately, completely, and timely document all patient encounters in the Government-furnished Electronic Health Record (EHR).

Clinical documentation shall support continuity of care and comply with applicable documentation standards, Medical Staff Bylaws, and facility policies.

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### 4.4 Professional Conduct

The Contractor shall ensure assigned physicians conduct themselves in a professional, ethical, courteous, and patient-centered manner while performing services under this contract.

Contractor personnel shall maintain effective working relationships with patients, Government personnel, Contractor personnel, and members of the interdisciplinary healthcare team.

The Contractor shall ensure personnel comply with applicable privacy, confidentiality, infection prevention, patient safety, and workplace conduct requirements.

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### 4.5 Communication and Responsiveness

The Contractor shall maintain effective communication with the Contracting Officer (CO), Contracting Officer's Representative (COR), and designated Government officials regarding matters affecting contract performance, including staffing, scheduling, credentialing, provider availability, and operational issues.

The Contractor shall respond to Government requests in a timely manner and coordinate staffing actions necessary to maintain continuity of services.

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## 5. CONTRACTOR RESPONSIBILITIES

The Contractor shall provide all management, supervision, personnel, recruitment, scheduling, administrative support, and other resources necessary to perform the services required under this contract.

The Contractor shall be solely responsible for recruiting, employing, compensating, training, supervising, evaluating, disciplining, and replacing Contractor personnel assigned under this contract. Contractor personnel shall remain employees of the Contractor and shall not be considered Government employees for any purpose.

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### 5.1 Contract Management

The Contractor shall designate a Contract Manager who shall serve as the primary point of contact for all contractual and administrative matters.

The Contract Manager shall have the authority to act on behalf of the Contractor and commit Contractor resources necessary to ensure successful contract performance.

The Contractor shall notify the Contracting Officer (CO) and Contracting Officer's Representative (COR) of any change in the designated Contract Manager.

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### 5.2 Personnel Management

The Contractor shall ensure all assigned physicians possess and maintain the qualifications required by this PWS throughout the period of performance.

The Contractor shall be responsible for scheduling Contractor personnel and ensuring adequate staffing to meet the Government's ordering requirements.

The Contractor shall ensure personnel complete all required credentialing, privileging, orientation, security requirements, and mandatory training before independently performing clinical services.

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**5.3 Replacement Personnel**

The Contractor shall maintain sufficient recruiting capability to identify and provide qualified replacement physicians when vacancies or staffing changes occur.

When Contractor personnel become unavailable due to resignation, illness, military activation, family emergency, termination, or any other circumstance, the Contractor shall promptly notify the COR and coordinate replacement personnel to minimize disruption of patient care.

Replacement physicians shall possess qualifications equal to or greater than those specified in this PWS and shall complete all required credentialing, privileging, security, orientation, and mandatory training requirements before providing clinical services.

The Contractor shall make reasonable efforts to minimize staffing disruptions and support continuity of patient care during personnel transitions.

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**5.4 Licensure and Professional Qualifications**

The Contractor shall ensure assigned physicians maintain current professional qualifications throughout the period of performance, including:

- Active, unrestricted medical licensure;
- Board Certification or Board Eligibility, as applicable;
- Basic Life Support (BLS) certification;
- Drug Enforcement Administration (DEA) registration, when required; and
- Clinical privileges granted by the assigned Government healthcare facility.

The Contractor shall immediately notify the CO and COR of any action that affects a physician's eligibility to perform under this contract, including suspension, restriction, expiration, investigation, or loss of professional credentials or clinical privileges.

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### 5.5 Compliance

The Contractor shall comply with all applicable Federal laws and regulations, Department of Health and Human Services (HHS) policies, Indian Health Service (IHS) policies, Medical Staff Bylaws, accreditation standards, and facility policies applicable to the services performed under this contract.

The Contractor shall ensure assigned personnel maintain professional conduct, appearance, and behavior consistent with accepted healthcare standards.

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### 5.6 Records

The Contractor shall maintain records necessary to demonstrate compliance with the requirements of this contract and shall provide such records to the Contracting Officer or COR upon request, consistent with applicable privacy and confidentiality requirements.

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### 5.7 Transition of Services

The Contractor shall cooperate with the Government during personnel transitions, contract expiration, or transition to a successor contractor to ensure continuity of patient care and uninterrupted clinical operations.

Upon request, the Contractor shall provide information necessary to facilitate an orderly transition of services.

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## 6. GOVERNMENT-FURNISHED SUPPORT

The Government will provide the facilities, equipment, systems, and support necessary for Contractor personnel to perform services under this contract, unless otherwise specified.

Government-furnished support may include:

- Clinical workspace;
- Examination rooms;
- Medical equipment and supplies;
- Office furnishings;
- Government-furnished Electronic Health Record (EHR) access;
- Government information systems required to perform assigned duties;

- Government-issued identification badges and access credentials;
- Facility orientation; and
- Other Government-furnished property necessary to perform the required services.

Availability of Government-furnished support may vary by duty location.

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**6.1 Contract Administration**

The Government will designate a Contracting Officer (CO) and a Contracting Officer's Representative (COR) for administration of this contract.

The CO is the only individual authorized to modify the terms and conditions of the contract, authorize changes in contract scope, or obligate Government funds.

The COR is responsible for technical oversight of contract performance and serves as the primary point of contact for day-to-day contract administration. The COR is not authorized to modify the contract or direct work that changes the contract scope, price, or terms and conditions.

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**6.2 Credentialing and Privileging**

The Government will conduct credentialing and privileging for all Contractor physicians in accordance with applicable Medical Staff Bylaws, credentialing policies, and accreditation standards.

Contractor physicians shall not independently provide clinical services until all credentialing, privileging, security, orientation, and mandatory training requirements have been successfully completed.

The Government reserves the right to approve, deny, suspend, limit, or revoke clinical privileges in accordance with applicable policies and Medical Staff Bylaws.

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**6.3 Government-Furnished Property**

Government-furnished property provided under this contract shall remain Government property and shall be used only for official purposes.

Contractor personnel shall safeguard Government-furnished property and promptly report the loss, theft, damage, or unauthorized use of Government property to the COR.

Upon completion of performance or upon Government request, Contractor personnel shall return all Government-issued identification, access credentials, equipment, and other Government-furnished property.

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## 7. SECURITY, PRIVACY, AND INFORMATION SYSTEMS

The Contractor shall ensure that Contractor personnel comply with all applicable Federal laws, Department of Health and Human Services (HHS) policies, Indian Health Service (IHS) policies, and facility-specific security requirements while performing services under this contract.

Contractor personnel shall successfully complete all Government-required security processes before independently performing services.

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### 7.1 Security Requirements

Prior to providing services under this contract, Contractor personnel shall complete all security requirements applicable to the assigned duty location, which may include:

- Identity verification;
- Fingerprinting and background investigation, as required;
- Security orientation;
- Issuance of Government identification and access credentials; and
- Required security and information systems training.

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### 7.2 Privacy and Confidentiality

Contractor personnel shall protect all patient information and Government information obtained during contract performance.

The Contractor shall ensure personnel comply with:

- The Health Insurance Portability and Accountability Act (HIPAA);
- The Privacy Act of 1974;
- Applicable Federal information security requirements; and
- Government policies governing the protection of Protected Health Information (PHI) and Personally Identifiable Information (PII).

Patient information shall be accessed, used, and disclosed only as necessary to perform duties under this contract.

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### 7.3 Information Systems

Government information systems shall be used only for official purposes associated with performance of this contract.

Contractor personnel shall:

- Complete all required information systems training before access is granted;
- Protect Government-issued user accounts and passwords;
- Access only those records necessary to perform assigned duties; and
- Comply with all Government information security policies.

The Contractor shall immediately notify the Government of any actual or suspected unauthorized access, loss of Government information, cybersecurity incident, or compromise of sensitive information involving Contractor personnel.

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### 7.4 Government Property

The Contractor shall ensure Government-issued identification badges, access cards, keys, computer equipment, and other Government-furnished property are safeguarded and used only for official purposes.

Lost, stolen, or damaged Government property shall be reported to the COR immediately.

Upon completion of performance, Contractor personnel shall return all Government-issued identification, access credentials, equipment, and other Government-furnished property.

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### 7.5 Compliance

Failure to comply with Government security, privacy, or information systems requirements may result in removal of Contractor personnel from performance under this contract and other remedies available to the Government.

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## 8. DELIVERABLES

The Contractor shall provide the deliverables necessary to support successful contract performance. Unless otherwise specified, all deliverables shall be submitted electronically in a format acceptable to the Government.

The Government may request additional information or documentation necessary to verify compliance with the requirements of this contract.

**8.1 Required Deliverables**

| Deliverable | Submission Requirement | Recipient |
|---|---|---|
| Contractor Points of Contact | At award and as changes occur | CO/COR |
| Provider Roster | Prior to performance and as changes occur | COR |
| Staffing Schedule | As requested or when updated | COR |
| Monthly Staffing Report (if required by the ordering document) | Monthly | COR |
| Credentialing Documentation | As required | Medical Staff Office |
| Current Licensure/Certification Documentation | Upon assignment and renewal | Medical Staff Office/COR |
| Professional Liability Insurance | Upon assignment and renewal | COR |
| Corrective Action Plan (if requested) | As directed by the CO | CO |
| Transition Plan (if requested) | As directed by the CO | CO |

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**8.2 Monthly Staffing Report**

When required by the ordering document, the Contractor shall submit a monthly staffing report identifying:

- Physicians assigned during the reporting period;
- Duty location(s);
- Dates of service;
- Vacancies or staffing changes;

- Replacement actions in progress, if applicable; and
- Any anticipated staffing issues that may affect continuity of services.

The report shall be submitted no later than the fifth (5th) business day following the end of each reporting month unless otherwise specified by the Government.

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**8.3 Provider Roster**

The Contractor shall maintain a current roster of all physicians assigned under this contract.

At a minimum, the roster shall include:

- Physician name;
- Specialty;
- Duty location;
- Assignment start date;
- Assignment end date, if known; and
- Contractor emergency contact information.

The Contractor shall provide updated rosters whenever personnel changes occur.

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**8.4 Staffing Schedule**

The Contractor shall provide staffing schedules upon request and whenever changes affect physician coverage.

Staffing schedules shall identify assigned physicians, duty locations, and scheduled coverage.

The Contractor shall promptly notify the COR of staffing changes that may affect continuity of services.

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**8.5 Credentialing Documentation**

The Contractor shall submit all documentation required to support credentialing and privileging in accordance with the requirements established by the assigned Government healthcare facility.

The Contractor shall ensure credentialing documentation remains current throughout the period of performance.

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### 8.6 Quality of Deliverables

All deliverables shall be complete, accurate, current, and submitted within the required timeframes.

The Government may reject incomplete or inaccurate deliverables and require correction or resubmission.

Repeated failure to submit acceptable deliverables may be considered a performance deficiency.

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## 9. QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)

### 9.1 Purpose

This Quality Assurance Surveillance Plan (QASP) establishes the methods the Government will use to evaluate Contractor performance under this contract.

The Government will monitor Contractor performance to ensure services are provided in accordance with the requirements of this Performance Work Statement (PWS). Surveillance methods may be adjusted throughout the period of performance as necessary to ensure effective contract oversight.

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### 9.2 Performance Objectives

The Contractor shall consistently provide qualified physicians who deliver safe, timely, effective, and patient-centered outpatient healthcare while maintaining compliance with all contract requirements.

The Government will evaluate Contractor performance based on, at a minimum:

- Staffing continuity;
- Clinical performance;
- Documentation;
- Professional conduct;
- Contract administration; and
- Responsiveness.

### 9.3 Surveillance Methods

The Government may evaluate Contractor performance using one or more of the following methods:

- Review of staffing schedules and provider rosters;
- Observation of contract performance;
- Medical record reviews;
- Review of credentialing documentation;
- Review of required deliverables;
- Patient safety and quality improvement data;
- Customer or patient feedback;
- Meetings with Contractor management; and
- Other surveillance methods determined appropriate by the Government.

### 9.4 Performance Standards

| **Performance Objective** | **Performance Standard** | **Acceptable Quality Level (AQL)** | **Surveillance Method** | **Performance Objective** |
|---|---|---|---|---|
| Staffing Coverage | Required physician coverage is maintained. | 100% scheduled coverage unless otherwise approved by the Government. | Staffing schedules, COR review | Staffing Coverage |
| Replacement Personnel | Qualified replacement physicians are provided when staffing changes occur. | Timely replacement consistent with contract requirements. | Provider roster, COR review | Replacement Personnel |
| Clinical Services | Physicians provide services consistent with this PWS and granted clinical privileges. | Meets contract requirements. | Medical record review, observation | Clinical Services |

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|---|---|---|---|---|
| Clinical Documentation | Documentation is complete and timely. | Meets facility documentation requirements. | Medical record review | Clinical Documentation |
| Professional Conduct | Contractor personnel demonstrate professional conduct and effective communication. | Meets contract requirements. | Observation, customer feedback | Professional Conduct |
| Deliverables | Required deliverables are complete, accurate, and timely. | 100% compliance. | COR review | Deliverables |
| Responsiveness | Contractor responds to Government requests regarding contract performance. | Within one (1) business day unless otherwise specified. | COR monitoring | Responsiveness |

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**9.5 Performance Deficiencies**

When the Government identifies a performance deficiency, the Contracting Officer may require the Contractor to submit a written Corrective Action Plan (CAP).

The CAP shall describe:

- The cause of the deficiency;
- Corrective actions taken;
- Preventive measures to avoid recurrence; and
- The anticipated timeline for returning to full compliance.

Failure to correct identified deficiencies may result in contractual remedies available under the terms and conditions of the contract.

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### 9.6 Performance Reviews

The Government may conduct periodic performance reviews with the Contractor to discuss:

- Staffing continuity;
- Provider availability;
- Quality of services;
- Contract performance;
- Deliverables;
- Corrective actions; and
- Opportunities for continuous improvement.

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### 9.7 Contractor Performance Assessment

The Government may evaluate Contractor performance in accordance with **FAR Subpart 42.15, Contractor Performance Information**, as applicable.

Performance evaluations may consider:

- Quality of services;
- Schedule and staffing performance;
- Management responsiveness;
- Regulatory compliance;
- Business relations; and
- Overall contract performance.