

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE
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PAGE OF PAGES
1 2

2. AMENDMENT/MODIFICATION NO.
03

3. EFFECTIVE DATE
23-Jun-2015

4. REQUISITION/PURCHASE REQ. NO.
N0001820152227

5. PROJECT NO. (If applicable)
N/A

6. ISSUED BY CODE

N00189

7. ADMINISTERED BY (If other than Item 6) CODE

S2404A

NAVSUP FLC Norfolk, Detachment Philadelphia
700 Robbins Avenue, Bldg. 2B
Philadelphia PA 19111-5083

DCMA Manassas
14501 George Carter Way
Chantilly VA 20151

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and Zip Code)

UNIVERSAL CONSULTING SERVICES, INC.
3975 Fair Ridge Dr. Ste. S400
Fairfax VA 22033-2911

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.

N00178-14-D-7985-EX01

10B. DATED (SEE ITEM 13)

30-Oct-2014

CAGE CODE 1SUM1

FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning one (1) copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

SEE SECTION G

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(*)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input checked="" type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: 43.103(a)
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

SEE PAGE 2

15A. NAME AND TITLE OF SIGNER (Type or print)

Phillip J. Bach, Manager of Contracts

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15B. CONTRACTOR/OFFEROR

/s/Phillip J. Bach

(Signature of person authorized to sign)

15C. DATE SIGNED

22-Jun-2015

16B. UNITED STATES OF AMERICA

BY

(Signature of Contracting Officer)

16C. DATE SIGNED

23-Jun-2015

NSN 7540-01-152-8070

PREVIOUS EDITION UNUSABLE

30-105

STANDARD FORM 30 (Rev. 10-83)

Prescribed by GSA
FAR (48 CFR) 53.243

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GENERAL INFORMATION

The purpose of this modification is to increase the "Not to Exceed" amount on CLIN 9000 to [REDACTED] in order to accommodate unanticipated site visits for the IDES and EDIS program to ensure MTFs are provided training in those areas of expertise. Accordingly, said Task Order is modified as follows: A conformed copy of this Task Order is attached to this modification for informational purposes only.

The Line of Accounting information is hereby changed as follows:

The total amount of funds obligated to the task is hereby increased from [REDACTED] by [REDACTED] to [REDACTED].

CLIN/SLIN	Type Of Fund	From (\$)	By (\$)	To (\$)
9000	O&MN,N	[REDACTED]	[REDACTED]	[REDACTED]

The total value of the order is hereby increased from [REDACTED] by [REDACTED] to [REDACTED].

CLIN/SLIN	From (\$)	By (\$)	To (\$)
9000	[REDACTED]	[REDACTED]	[REDACTED]

The Period of Performance of the following line items is hereby changed as follows:

CLIN/SLIN	From	To
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SECTION B SUPPLIES OR SERVICES AND PRICES

CLIN - SUPPLIES OR SERVICES

For FFP Items:

Item	PSC	Supplies/Services	Qty	Unit	Unit Price	Total Price
8000	R499	Services in support of the Performance Work Statement. (O&MN,N)	12.0	MO	██████████	██████████
8001	R499	Services in support of the Performance Work Statement (O&MN,N) Option	12.0	MO	██████████	██████████
8002	R499	Services in support of the Performance Work Statement. (O&MN,N) Option	12.0	MO	██████████	██████████
8003	R499	Services in support of the Performance Work Statement. (O&MN,N) Option	12.0	MO	██████████	██████████
8004	R499	Services in support of the Performance Work Statement. (O&MN,N) Option	12.0	MO	██████████	██████████

For ODC Items:

Item	PSC	Supplies/Services	Qty	Unit	Est. Cost
9000	R499	Travel Costs in support of CLIN 8000 to be provided in accordance with the PWS and Joint Travel Regulations. Travel Costs Not to Exceed (NTE) \$25,000.00 (O&MN,N)	1.0	LO	██████████
9001	R499	Travel Costs in support of CLIN 8001 to be provided in accordance with the PWS and Joint Travel Regulations. Travel Costs Not to Exceed (NTE) \$10,000. (O&MN,N) Option	1.0	LO	██████████
9002	R499	Travel Costs in support of CLIN 8002 to be provided in accordance with the PWS and Joint Travel Regulations. Travel Costs Not to Exceed (NTE) \$10,000. (O&MN,N) Option	1.0	LO	██████████
9003	R499	Travel Costs in support of CLIN 8003 to be provided in accordance with the PWS and Joint Travel Regulations. Travel Costs Not to Exceed (NTE) \$10,000. (O&MN,N) Option	1.0	LO	██████████
9004	R499	Travel Costs in support of CLIN 8004 to be provided in accordance with the PWS and Joint Travel Regulations. Travel Costs Not to Exceed (NTE) \$10,000. (O&MN,N)	1.0	LO	██████████

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Item PSC Supplies/Services

Qty Unit Est. Cost

Option

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SECTION C DESCRIPTIONS AND SPECIFICATIONS

PERFORMANCE WORK STATEMENT

IN SUPPORT OF NAVY MEDICINE'S M3 HEALTHCARE OPERATIONS DIRECTORATE PROGRAM MANAGEMENT SUPPORT

1.0 Purpose:

The Navy's Bureau of Medicine and Surgery (BUMED) Healthcare Operations Directorate (M3B1) requires executive level Program Management Support for its mission. The functional areas within M3B1 that require support include Business Operations, DoD/VA Programs, Health Information Management, Patient Administration, and Special Programs. Responsibilities within these areas cover a broad range of health policy issues and tracking of programs for Navy Medicine and the Military Health System.

2.0 Background:

The Bureau of Medicine and Surgery is an Echelon II command lead by the Navy Surgeon General (SG). The Navy SG serves as the principal official to the Chief of Naval Operations (CNO) on health service programs for the Department of the Navy (DON). The Navy SG acquires sufficient resources to provide oversight on direct and indirect healthcare systems and for delivering health services to all beneficiaries in wartime and peacetime as authorized by law. As a principal official to the CNO, orders issued by the Navy SG in performing assigned duties have the force and effect of orders issued by CNO. The Navy SG also serves as the Chief of Bureau of Medicine and Surgery (BUMED) which is an Echelon II command and Headquarters for Navy Medicine. As the Chief, Navy SG exercises command, control, and communication authority and provides strategic guidance, policy development, and implementation/ execution oversight for Navy Medicine's Echelon III, IV, and V subordinate activities.

At the Echelon II, the Deputy Chief, Medical Operations (M3) serves as the principal advisor to the Surgeon General for Navy Medicine health services and develops health services policy guidelines and directs the provision of medical and dental services as authorized by law or regulations for Navy and Marine Corps beneficiaries, Federal civilian employees and other categories of persons as required by law. As a member of the Defense Health Agency's (DHA) Medical Operations Group (governed by the Medical Deputies Action Group (MDAG)), M3 is responsible for carrying out duties assigned and providing collaborative and transparent forum supporting enterprise-wide oversight of direct and purchased care systems focused on sustaining and improving the MHS integrated delivery system. M3 maintains oversight of enterprise-wide shared services to include the TRICARE Health Plan, Pharmacy, Enhanced Multi Service Market, and Public Health.

The Director of Healthcare Operations, (M3B1) reports to M3 and is the principal staff advisor to the Navy Surgeon General for healthcare operation. M3B1 is responsible for developing policy and guidance in support of Navy Medicine and acts as the Navy Medicine authority in matters of eligibility and enrollment and the SECNAV designee approval process. M3B1 serves as Navy Medicine's program manager and point of contact for Department of Defense and Department of Veterans Affairs health care sharing agreements as well as the Navy Medicine's primary point of contact in matters pertaining to healthcare operations for the Assistant Secretary of Defense (Health Affairs) (ASD (HA)), Director, Defense Health Agency (DHA), and Secretary of the Navy (SECNAV). Lastly, M3B1 serves as Navy Medicine's primary service representative for the DHAs TRICARE Health Plan enterprise-wide shared service operating capability. The DHA Shared Services is responsible for supporting business operations for all three Services wide (Navy, Army, Air Force) to achieve greater integration of direct and purchased health care delivery systems and accomplish the Department's Quadruple Aim: achieve medical readiness, improve the health of our people, enhance the experience of care, and lower our healthcare costs

3.0 Scope:

The contractor shall provide executive level support to the Healthcare Operations (HCO, M3B1) Directorate to include: comprehensive program management/coordination, subject matter expertise, research and analytical services, facilitation/coordination, policy and directive review and development, education and training, and direct administrative support. The contractor shall support the Navy SG through its support of M3B1 in all aspects of the specific focus areas mentioned below to include multiple complex projects in the areas of strategic planning services, decision support services, education and training development, and organizational performance support.

Specific focus areas that are supported encompass: Healthcare Business Operations (HBO); TRICARE Health Plan, Policy, and Programs; Referral Management; Patient Administration; Integrated Disability Evaluation System (IDES)/Limited Duty (LIMDU); and Educational and Developmental Intervention Services (EDIS), Exceptional Family Member Program (EFMP), and Suitability Screening Program Support.

4.0 General Tasks:

In support of Healthcare Operations (HCO, M3B1), the contractor shall provide direct support, strategic guidance, and assistance for policy development and implementation, development of executive correspondence, and tracking of mission related activities. Specifically, the contractor shall perform the following types of tasks:

4.1 Program Management

4.1.1 The contractor shall be responsible for performing program management associated with ensuring that the executive level support services required under this contract are provided with a staff that has the expertise to successfully perform quality work in an accurate, timely manner in support of the M3B1 mission.

4.1.2 Coordinate with the COR on a monthly basis, at a minimum, all taskings assigned to the contractor in support of M3B1. Maintain a tracking mechanism in support of this coordination.

4.1.3 Effectively communicate and coordinate the location of its personnel resources to accomplish the required tasks of the PWS. (The government will provide a minimum of three workspaces at all times.)

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4.1.4 Provide financial, business case and data analyses for proposed and existing programs and services. This could include:

4.1.4.1 Developing budget planning and financial analysis in support of all of the focus areas mentioned in paragraph 3.0.

4.1.4.2 Reviewing the processes for Government project development and implementation to ensure they include risk management activities. Reviewing any new processes/policies are presented to the government/changes to current processes/policies, provide a summary of those proposals/changes to include risk management activities.

4.1.4.3 Monitoring and tracking assignments and projects on a monthly basis using established metrics to include Plan of Action & Milestones (POA&M) and Systems of Record (SOR) report card at least weekly.

4.1.5 Reports: Responsible for ensuring that all deliverables are accurate and complete before being submitted to the government.

4.1.4.1 Provide the Contracting Officer's Representative (COR) with a Monthly Report documenting activities performed over the past month, planned activities for the next month, problems encountered and proposed/completed solutions, and any other recommendations that the contractor would like to share with BUMED HCO (M3B1).

4.1.4.2 Provide the COR an Annual Report documenting activities for the year, problems encountered and proposed/completed solutions, and other recommendations that the contractor would like to share with BUMED HCO (M3B1).

4.2 Subject Matter Expertise:

4.2.1 Provide subject matter expertise and assistance relative to the healthcare operations mission of M3B1 and of its subcodes.

4.2.2 Provide subject matter expertise support services in healthcare operations, healthcare policy planning and management, integration and implementation of Navy Medicine's related policies and procedures. The special areas of focus include:

- MHS business processes
- TRICARE Health Plan and Pharmacy
- Referral Management
- Patient Administration Program
- Integrated Disability Evaluation System Program (IDES) including Limited Duty (LIMDU)
- Education and Development Intervention Services (EDIS)
- Exceptional Family Member Program (EFMP).

4.2.3 Develop recommendations of the Navy position regarding complex and politically sensitive health care issues, policies and programs. Provide briefings that explain and support the recommendations being proposed to senior Navy leaders, to include flag officers and Senior Executive Service civilians within the Bureau of Medicine and Surgery.

4.2.4 Provide Subject Matter Expert support for BUMED working in an inter-service environment on policy issues and working groups with the US Army and US Air Force medical headquarters.

4.2.5 Provide technical assistance and guidance to senior Navy leaders regarding Healthcare Business Operations (HBO) functions and BUMED Strategic guidance/reporting. As an example, this task could include providing recommendations for methods to remove barriers and challenges which impede collaborative efforts, assert and support mutually beneficial opportunities to improve business practices, ensure high quality cost-effective services and facilitate opportunities to improve resource utilization across the various special focus areas mentioned above.

4.3 Research, Analysis, Recommendations:

4.3.1 Define, analyze, monitor industry best practices, and provide expert recommendations to leadership on the enterprise-wide business programs and processes that must be maintained and improved for Navy Medicine. These include but are not exclusive to the following:

- Exceptional Family Member Program
- Educational Developmental Intervention Services
- Integrated Disability Evaluation System (IDES)
- Limited Duty (LIMDU)
- TRICARE Health Plan, benefits and purchased care reporting,
- Business process reporting/improvement analysis and support
- Referral management process reporting and improvement.

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4.3.2 Evaluate programs developed by DoD, DHA, Program Executive Office, TRICARE Regional Support Contractors, other Services, and other BUMED Organizations covering areas such as referral management and access to care, training, planning, information systems, manpower requirements, and other related areas for adequacy and feasibility.

4.3.2.1 Identify challenges, issues, and risks. Recommend solutions to keep project on schedule.

4.3.2.2 Provide research, analysis, facilitation, and technical support to assist with revising and/or developing spend plans.

4.3.3 Provide concept analysis and strategy facilitation services for initiatives aligned with the Navy Bureau of Medicine and Surgery Strategic Goals and Objectives.

4.3.4 Assist in the development of Navy Medicine policy implementing Health Care Operations directed activities and requirements.

4.3.5 Assess draft healthcare operations policy, instructions, or related material and analyze the potential impact to Navy Medicine and Navy and Marine Corps beneficiaries. Develop recommendations and provide background information related to concurrence, non-concurrence or comments. Develop staff action package for any recommended comments or non-concurrence.

4.3.6 Provide short suspense analyses, briefings, white papers or information papers, review of guidance documents, preparation of correspondence, and coordination on Healthcare Operations issues in support of the department and Navy SG.

4.3.7 Congressional Responses

4.3.7.1 Review and maintain knowledge of proposed legislation and assist in the development, review and coordination of responses.

4.3.7.2 Research and prepare draft correspondence in response to Congressional and other high level and beneficiary inquiries that are assigned to M3B1 and its subcodes.

4.3.8 Assist with the development and implementation of dash boards on programs and projects. Dashboards: Meaningful display of data by placing into groupings and simplifying viewing capability and understanding; a high level overview to quickly update leaders on the status of programs. Tasks involved in this support include:

- Review of data collected on a given program which will come in different formats.
- Analyze the data
- Develop a plan to display the data in a dashboard for briefing to senior leadership
- Dashboards may also use in PowerPoint presentations.

4.4 Liaison/Facilitate/Coordinate

4.4.1 Interact with multi-level personnel from all the military treatment facilities within Navy Medicine and MHS, higher level service organizations (OSD (HA)/ DHA, BUMED, MEDCOM, DOD/Federal agencies, and the Managed Care Support Contractor. Interaction will extend across government agencies and beyond to medical centers. In addition, personal contacts are also made with high ranking representatives from military associations as well as contacts from Congressional staffs, Health Affairs and DHA officials and various representatives regarding issues within or regarding healthcare operations. Contacts range from individual meetings to large public forums and include both written and oral communications.

4.4.2 Attend the following meetings as the Navy's representative; provide briefings, facilitation support, and administrative support as required by the agenda. Some of these meetings require a brief to be delivered while others only require facilitation to include scheduling the room and coordinating with IT when VTC capabilities are required. Administrative support will include minute taking and back briefing the government.

- BUMED Regional Command IDES VTC, every other month
- Disability Evaluation System Integrated Working Group (DIWG), bi-weekly
- Electronic Case File Transfer, bi-weekly
- IDES BEC DES, bi-weekly
- Military Departments and VA, monthly
- Disability Advisory Council, monthly
- Senior Leadership Counsel, monthly
- Veterans Tracking Application training and updates working group, monthly

4.4.3 Coordinate and facilitate monthly teleconferences with the Navy Medicine Regional points of contact as well as the overseas MTFs to ascertain progress on program goals and test-site MTF staffs to follow-up on test site initiatives. The contractor shall document meeting minutes for the Government.

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4.5 Policy and Instructions:

4.5.1 The contractor is required to review newly issued policy, guidance, regulation, or legislation to ensure applicable Navy Medicine Program policies and procedures align with overarching MHS strategies and governing directives and provide recommended changes where necessary to ensure alignment with the newly issued policy and guidance.

4.5.2 Conduct research and provide support in the development of health services policy and guidelines that direct the provision of medical and dental services as authorized by law or regulation.

4.5.2.1 Conduct a comprehensive gap analysis of selected policy implementation short-falls.

4.5.2.2 Initiate development/revision of policy using a Plan of Actions and Milestones (POA&Ms).

4.5.2.3 Systematically consolidate, align, revise, and update directives and guidance as outlined in the POA&M

4.5.3 Assist in the development and sustainment of the Navy Medicine Instructions regarding current business rules related to MTF operational efficiency in the delivery of the health care benefit.

4.6 Education and Training:

4.6.1 Assist with the assessment, enhancement, and development of education and training modules for programs related to the specific focus areas mentioned in paragraph 3 0 above.

4.6.2 Work with the respective Program Managers and Navy / Marine Corps SMEs to develop, implement and sustain a comprehensive training and orientation plan of personnel development for Navy Medicine that complements and aligns with similar training provided for Department of Defense Education Activity (DoDEA) and other Military Departments.

4.6.3 Develop, implement and sustain a comprehensive and standardized training focused on professional development in the specific focus areas listed in 4.2.1 ensuring that it is aligned with corresponding training provided by other Military Departments. Training implementation and sustainment pertains to ensuring the end users comply with the requirement and are kept up to date with current, new and changing policy. The SME for IDES is responsible for traveling with the IDES team to perform site visits at military MTFs and branch clinics to provide SME on best practices, a way forward for any challenging situations they may be facing, and refresher training on systems of record and process requirements.

4.6.3.1 Develop, refine, and maintain a Functional Requirements Document (FRD) for each training module.

4.6.3.2 Evaluate assessments and various course evaluation criteria to ensure continuous course improvement and efficiency. Training shall be updated and revised as policy is amended. Facilitate curriculum updates with Content leaders/SMEs as changes or made or, at a minimum, during annual curriculum review

4.6.4 Provide training modules ranging in length from one to three hours each at four education and training sessions offered annually. Research, develop, maintain, coordinate and conduct the education and training modules at the Navy Medicine Professional Development –Center, Bethesda, MD jointly with the Navy Physical Evaluation Board (PEB), subordinate commands, MTFs, and other entities that may be involved. The Government will supply facilities and audio video support. The contractor will be required to travel for the purpose of conducting this training; however, since all travel will be within the national capitol area it is not considered a reimbursable cost. The government has final authority for determination of training topics. For re-occurring trainings with established presentations, the Government will provide the contractor with the specific training topic 30 days prior to the required class date. For the development of a new training requirement based on current overarching governance, the government's intent is to provide at least a 90 day window to properly develop the required training plan for execution. Education and training topics will concentrate on the specific focus areas and may include such topics as:

- TRICARE Policy and program requirements
- TRICARE Benefits
- Referral Management
- PRIME Travel Benefit
- Supplemental Health Care Program
- Emergent topics based upon headquarters level reviews and changes in regulations.
- IDES
- EDIS

4.6.5 Conduct a comprehensive review of existing M3B1 education and training material in support of the training provided under 4.6.4.

4.7 Administrative Duties:

4.7.1 Provide administrative support to M3B1 and associated subcodes. Proved expertise on procedural matters to include Navy

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correspondence and preparing such correspondence for the code's senior military/civilian leadership

4.7.2 Research and prepare draft correspondence in response to Congressional and other high level and beneficiary inquiries that are assigned to M3B1 and/or related to healthcare operations.

4.7.3 Provide administrative support for Navy Medicine representatives to DHA sponsored BE&S Work Groups.

4.7.4 Monitor the code's senior military/civilian leadership calendar, scheduling appointments and making commitments to attend meetings.

4.7.5 Using Microsoft Office products, Executive Secretariat E-Mail systems, or other DON provided programs, review, process, coordinate and track administrative taskings (internal and external), prepare executive correspondence packages, and provide responses to requests for information. Ensure timely management of all materials sent out for review and clearance.

4.7.6 Manage assigned action items and seek to obtain and provide unified responses.

4.7.7 Monthly Newsletter: Develop and identify articles for the monthly Healthcare Operations newsletter and prepare the draft newsletter.

4.7.8 Prepare official correspondence for the code in compliance with Navy regulations to include the Navy Correspondence Manual.

4.7.9 Prepare correspondence packages using BUMED approval process procedures for receiving appropriate signature and approval on behalf of the Secretary of the Navy, the Surgeon General, and the Deputy Chief.

4.7.9.1 Ensure that all correspondence is reviewed for completeness and accuracy of all key information. Correct any findings/omissions.

4.7.9.2 Route and track correspondence packages through the approval process.

4.7.10 Maintain the roster of Navy Medicine BCACs and DCAOs.

4.7.11 Create briefings to address performance, schedules, and status of key elements and milestones.

4.7.12 Complete responses to official external and internal inquiries/audits

4.7.13 Assist with production and maintenance of documents, reports and other materials.

4.7.14 Schedule and support travel for BUMED M3B1 staff to ensure maximum attendance using BUMED travel guidelines

4.7.15 Develop PowerPoint presentations displaying results of the monthly Integrated Disability Evaluation System Performance Report (IDPR).

5.0 Deliverables:

The following contract deliverables shall be provided under this contract. All deliverables must meet professional standards and meet the requirements set forth in contractual documentation. The contractor shall be responsible for delivering all end items specified unless otherwise directed by the COR / TPOC. Contractor format is acceptable for this effort as long as all required analysis is completed and provided to the Government

DELIVERABLE	PWS REFERENCE
Monthly Activity Report	4.1.4
Annual Report	4.1.4
Healthcare Operations Policy Updates and Briefings	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7
Healthcare Operations Training	4.3, 4.4, 4.5, 4.7,
Special Reports: financial, business case and data analyses reports, studies	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7,
Executive correspondence staff action packages; request for information responses, info memo, action memo, coordination pages, draft memorandums	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7

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Short suspense analyses, briefings, white papers or information papers, correspondence	4.3.6
Newsletters, information for brochures and presentations	4.7
Reports in response to official external inquiries/audits.	4.7
Congressional Inquiry Correspondence	4.3.7,4.7.1
Teleconferences, Briefing, and Meeting Minutes	4.4.3, 4.7.10, 4.4.2, 4.7.10
Gap Analyses	4.5.2.1.1

6.0 Minimum Personnel Qualifications

6.1 General

6.1.1 Contractor personnel providing support services under this contract shall be able to read, write, and speak English fluently and clearly in order to effectively communicate with all personnel for which they will interact with during performance of this contract. Contractor employees shall have the ability to enunciate with sufficient clarity to be readily understood by line commanders, local administrators, senior officials, and BUMED staff.

6.1.2 The contractor shall accomplish the assigned work by employing and using qualified personnel with appropriate combinations of education, training, and experience.

6.1.3 The contractor shall match personnel skills to the work or task.

6.1.4 Contractor employees shall possess sufficient initiative, interpersonal relationship skills and social sensitivity such that they can relate constructively to a variety of contacts from diverse background.

6.1.5 The Contractor shall employ U.S. Citizens who meet and comply with the Personnel Security Investigation Requirements and obtain the necessary security clearance to perform duties as assigned.

6.1.6 It is essential that continuity of services be maintained to the maximum degree possible; hence, substitution of Contractor employees shall be kept to the absolute minimum necessary to perform the services required.

6.2 Healthcare Administration and Policy – Healthcare Business Concentration:

6.2.1 Minimum of 12 years of relevant management and progressive experience in high level technical and organizational support services

6.2.2 Minimum of 5 years hands-on experience managing large, complex programs or projects within the Military Healthcare System (MHS), as applicable.

6.2.3 Master's degree in technology, science, or business related field or equivalent.

6.2.4 Certification as a Project Management Professional (PMP) is preferred.

6.3 Healthcare Business Operations:

6.3.1 Minimum of 6 years of relevant management, organizational or technical experience.

6.3.2 Minimum of 3 years hands-on experience managing large, complex programs or projects within the Military Healthcare

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System (MHS), as applicable.

6.3.3 Master's degree in Healthcare Administration and Policy or equivalent

6.4 TRICARE Health Plan, Policy, and Programs

6.4.1 Master's degree in an associated technical discipline with a minimum of 8 years relevant experience.

6.4.2 Substitution for a Master's degree: Bachelor's degree in an associated technical discipline plus a minimum of 10 years relevant experience OR High school diploma plus a minimum of 12 years relevant experience.

6.5 Referral Management

6.5.1 Master's degree in an associated technical discipline with a minimum of 8 years relevant experience. Master's Degree in Nursing preferred.

6.5.2 Substitution for a Master's degree: Bachelor's degree in an associated technical discipline plus a minimum of 10 years relevant experience (nursing preferred)

6.5.3 A minimum one year experience with MHS/Navy Medicine Referral Management software packages.

6.5.4 A minimum of one year experience with Composite Health Care System (CHCS) programming language and functionality, specifically as it relates to the Managed Care Program (MCP), and its interface with Referral Management Software packages

6.6 Patient Administration

6.6.1 Master's degree in an associated technical discipline with a minimum of 8 years relevant experience.

6.6.2 Substitution for a Master's degree: (1) Bachelor's degree in an associated technical discipline with a minimum of 10 years relevant experience ; or (2) High school diploma with a minimum of 12 years of relevant experience.

6.7 Integrated Disability Evaluation System (IDES)/Limited Duty (LIMDU)

6.7.1 Master's degree in an associated technical discipline in addition to 3 years minimum experience in IDES and 3 years minimum experience in LIMDU.

6.7.2 Substitution for a Master's degree: (1) Bachelor's degree in an associated technical discipline with a minimum of 2 years of relevant experience in patient administration in addition to 3 years minimum experience in IDES and 3 years minimum experience in LIMDU; or (2) High school diploma with a minimum of 4 years of relevant experience in experience in patient administration in addition to 3 years minimum experience in IDES and 3 years minimum experience in LIMDU.

6.8 Educational and Developmental Intervention Services (EDIS), Exceptional Family Member Program (EFMP), and Suitability Screening Program Support.

6.8.1 Master's degree in Allied Health, Special Education or an associated technical discipline in addition to 3 years minimum experience in EFMP and 3 years minimum experience with the Navy's Suitability Screening Program

6.8.2 Substitution for a Master's degree: (1) Bachelor's degree in Allied Health, Special Education or an associated technical discipline in addition to 5 years minimum experience in EFMP and 5 years minimum experience in within the Navy's Suitability Screening Program OR (2) High school diploma in addition to 7 years minimum experience in EFMP and 7 years minimum experience in within the Navy's Suitability Screening Program.

6.8.3 Special Education experience is preferred.

6.9 Administrative Support

6.9.1 Bachelor's degree in an associated technical discipline in addition to a minimum of one (1) year experience in administrative support services.

6.9.3 Experience in DTS EKM program/software knowledge

7.0 Quality Assurance Surveillance Plan

7.1 Purpose: To ensure that the Government has an effective and systematic method of surveillance for the services in the PWS. The QASP will be used primarily as a tool to verify that the contractor is performing all services required by the PWS in a timely, accurate and complete fashion.

7.2 Critical performance processes and requirements. Critical to the performance of providing Healthcare Operations support services is the timely, accurate and thorough completion of all contract requirements.

7.3 Performance Standards

1) Schedule - The due dates for deliverables and the actual accomplishment of the schedule will be assessed against original due dates and milestones established for the contract or task order(s).

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2) Deliverables – The deliverables required to be submitted will be assessed against the specifications for the deliverables detailed in the contract/task order(s) and the Quality Control Plan (QCP), if required by the contract, for the required content, quality, timeliness, and accuracy.

3) Past Performance - In addition to any schedule, deliverables, and cost aspects of performance discussed above, pursuant to FAR 42.15, the Government will assess the contractor's record of conforming to contract requirements and to standards of good workmanship, the contractor's adherence to contract schedules including the administrative aspects of performance, the contractor's history of reasonable and cooperative behavior and commitment to customer satisfaction, and the contractor's business-like concern for the interest of the customer.

7.4 Surveillance methods: The primary methods of surveillance used to monitor performance of this contract will include, but not be limited to, random or planned sampling, periodic or inspection, and validated customer complaints.

7.5 Performance Measurement: Performance will be measured in accordance with the following table:

Performance Element	Performance Requirement	Surveillance Method	Frequency	Acceptable Quality Level
Contract Deliverables	Contract deliverables furnished as prescribed in the PWS, attachments, CDRLs, Task Orders, etc., as applicable.	Inspection by the COR	100% inspection of all contract deliverables.	>95% of deliverables submitted timely and without rework required.
Overall Contract Performance, including Provide required staffing levels	Overall contract performance of sufficient quality to earn a Satisfactory (or higher) rating in the COR's annual report on Contractor Performance	Assessment by the COR	Annual	All performance elements rated Satisfactory (or higher)
Invoicing	Monthly invoices per contract procedures are timely and accurate.	Review & acceptance of the invoice	Monthly	100% accuracy

If performance is within acceptable levels, it will be considered to be satisfactory. If not, overall performance may be considered unsatisfactory.

7.6 Incentives/Disincentives:

1) The COR's makes an annual report on Contractor Performance (CPARS or other annual report). The contractor's failure to achieve satisfactory performance under the contract/task order, reflected in the COR's annual report, may result in termination of the contract/task order and may also result in the loss of future Government contracts/task orders. The contractor's failure to achieve satisfactory performance under the contract/task order may result in the non-exercise of available options.

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2) For each item that does not meet acceptable levels, the Government may issue a Contract Discrepancy Report (CDR). CDRs will be forwarded to the Contracting Officer with a copy sent to the contractor. The contractor must reply in writing within 5 days of receipt identifying how future occurrences of the problem will be prevented. Based upon the contractor's past performance and plan to solve the problem, the Contracting Officer will determine if any further action will be taken. _

3) In accordance with inspection of services provisions of the contract, the contractor will be incentivized to provide quality products in a timely manner since the Government can require the Contractor, at no additional fee, to replace or correct work that fails to meet contract requirements. To maximize the profit earned on costs incurred, the contractor is incentivized to ensure that quality products are provided in a timely manner.

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SECTION D PACKAGING AND MARKING

All Deliverables shall be packaged and marked IAW Best Commercial Practice.

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SECTION E INSPECTION AND ACCEPTANCE

The Task Order Manager (TOM) designated herein is the cognizant individual for the inspection & acceptance of all work products under this task order.

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SECTION F DELIVERABLES OR PERFORMANCE

The periods of performance for the following Items are as follows:

8000	11/17/2014 - 11/16/2015
9000	11/17/2014 - 11/16/2015

CLIN - DELIVERIES OR PERFORMANCE

The periods of performance for the following Items are as follows:

8000	11/17/2014 - 11/16/2015
9000	11/17/2014 - 11/16/2015

The periods of performance for the following Option Items are as follows:

8001	11/17/2015 - 11/16/2016
8002	11/17/2016 - 11/16/2017
8003	11/17/2017 - 11/16/2018
8004	11/17/2018 - 11/16/2019
9001	11/17/2015 - 11/16/2016
9002	11/17/2016 - 11/16/2017
9003	11/17/2017 - 11/16/2018
9004	11/17/2018 - 11/16/2019

Services to be performed hereunder will be provided at the Bureau of Medicine and Surgery located in Falls Church, VA.

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SECTION G CONTRACT ADMINISTRATION DATA

252.232-7006 WIDE AREA WORKFLOW PAYMENT INSTRUCTIONS (MAY 2013)

(a) Definitions. As used in this clause—

Department of Defense Activity Address Code (DoDAAC) is a six position code that uniquely identifies a unit, activity, or organization.

Document type means the type of payment request or receiving report available for creation in Wide Area WorkFlow (WAWF).

Local processing office (LPO) is the office responsible for payment certification when payment certification is done external to the entitlement system.

(b) Electronic invoicing. The WAWF system is the method to electronically process vendor payment requests and receiving reports, as authorized by DFARS [252.232-7003](#), Electronic Submission of Payment Requests and Receiving Reports.

(c) WAWF access. To access WAWF, the Contractor shall—

(1) Have a designated electronic business point of contact in the System for Award Management at <https://www.acquisition.gov>; and

(2) Be registered to use WAWF at <https://wawf.eb.mil/> following the step-by-step procedures for self-registration available at this web site.

(d) WAWF training. The Contractor should follow the training instructions of the WAWF Web-Based Training Course and use the Practice Training Site before submitting payment requests through WAWF. Both can be accessed by selecting the “Web Based Training” link on the WAWF home page at <https://wawf.eb.mil/>.

(e) WAWF methods of document submission. Document submissions may be via Web entry, Electronic Data Interchange, or File Transfer Protocol.

(f) WAWF payment instructions. The Contractor must use the following information when submitting payment requests and receiving reports in WAWF for this contract/order:

(1) Document type. The Contractor shall use the following document type(s).

2-in-1 Invoice

(Contracting Officer: Insert applicable document type(s). Note: If a “Combo” document type is identified but not supportable by the Contractor’s business systems, an “Invoice” (stand-alone) and “Receiving Report” (stand-alone) document type may be used instead.)

(2) Inspection/acceptance location. The Contractor shall select the following inspection/acceptance location(s) in WAWF, as specified by the contracting officer.

N00018

(3) Document routing. The Contractor shall use the information in the Routing Data Table below only to fill in applicable fields in WAWF when creating payment requests and receiving reports in the system.

Routing Data Table*

Field Name in WAWF	Data to be entered in WAWF
Pay Official DoDAAC	HQ0248
Issue By DoDAAC	N00189
Admin DoDAAC	N00189
Inspect By DoDAAC	

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Ship To Code	
Ship From Code	
Mark For Code	
Service Approver (DoDAAC)	
Service Acceptor (DoDAAC)	N00018
Accept at Other DoDAAC	
LPO DoDAAC	N00018
DCAA Auditor DoDAAC	
Other DoDAAC(s)	

(*Contracting Officer: Insert applicable DoDAAC information or "See schedule" if multiple ship to/acceptance locations apply, or "Not applicable.")

(4) Payment request and supporting documentation. The Contractor shall ensure a payment request includes appropriate contract line item and subline item descriptions of the work performed or supplies delivered, unit price/cost per unit, fee (if applicable), and all relevant back-up documentation, as defined in DFARS Appendix F, (e.g. timesheets) in support of each payment request.

(5) WAWF email notifications. The Contractor shall enter the e-mail address identified below in the "Send Additional Email Notifications" field of WAWF once a document is submitted in the system.

[REDACTED]

(g) WAWF point of contact.

(1) The Contractor may obtain clarification regarding invoicing in WAWF from the following contracting activity's WAWF point of contact.

[REDACTED]

(2) For technical WAWF help, contact the WAWF helpdesk at 866-618-5988.

(End of clause)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]
[REDACTED]

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SECTION H SPECIAL CONTRACT REQUIREMENTS

HIPAA CLAUSE

PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION (May 2005)

(a) Definitions. As used in this clause: Individual has the same meaning as the term "individual" in 45CFR 164.501 and 164.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g). Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E. Protected Health Information has the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by The Contractor from or on behalf of The Government. Required by Law has the same meaning as the term "required by law" in 45 CFR 164.501 and 164.103. Secretary means the Secretary of the Department of Health and Human Services or his/her designee. Security Rule means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR 160.103, 164.501 and 164.304.

(b) The Contractor agrees to not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

(c) The Contractor agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

(d) The Contractor agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.

(e) The Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Contract.

(f) The Contractor agrees to report to the Government any security incident involving protected health information of which it becomes aware.

(g) The Contractor agrees to report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract.

(h) The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor on behalf of the Government agrees to the same restrictions and conditions that apply through this Contract to the contractor with respect to such information.

(i) The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it

(j) The Contractor agrees to provide access, at the request of the Government, and in the time and manner designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.

(k) The Contractor agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government or an Individual, and in the time and manner designated by the Government.

(l) The Contractor agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of, the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.

(m) The Contractor agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(n) The Contractor agrees to provide to the Government or an Individual, in time and manner designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, the Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule, the Security Rule or the Department of Defense Health Information Privacy Regulation if done by the Government: [List Purposes].

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Specific Use and Disclosure Provisions

- (a) Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.
- (b) Except as otherwise limited in this Agreement, the Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.
- (c) Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).
- (d) Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

Obligations of the Government

Provisions for the Government to Inform the Contractor of Privacy Practices and Restrictions

- (a) Upon request the Government shall provide the Contractor with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520, as well as any changes to such notice.
- (b) The Government shall provide the Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Contractor's permitted or required uses and disclosures.
- (c) The Government shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

Permissible Requests by the Government

The Government shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Contractor as otherwise permitted by this clause.

Termination

- (a) Termination. A breach by the Contractor of this clause, may subject the Contractor to termination under any applicable default or termination provision of this Contract.
- (b) Effect of Termination.
 - (1) If this contract has records management requirements, the records subject to the Clause should be handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (2) and (3) below
 - (2) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this Contract, for any reason, the Contractor shall return or destroy all Protected Health Information received from the Government, or created or received by the Contractor on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. The Contractor shall retain no copies of the Protected Health Information.
 - (3) If this contract does not have records management provisions and the Contractor determines that returning or destroying the Protected Health Information is infeasible, the Contractor shall provide to the Government notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and the Contractor that return or destruction of Protected Health Information is infeasible, the Contractor shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such Protected Health Information.

Miscellaneous

- (a) Regulatory References. A reference in this Clause to a section in the Privacy Rule or Security Rule means the section as in effect or as amended, and for which compliance is required.
- (b) Survival. The respective rights and obligations of Business Associate under the "Effect of Termination" provision of this Clause shall survive the termination of this Contract.
- (c) Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with the Privacy Rule or Security Rule.

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Medical Contractor Access to Federally Controlled Facilities and/or Unclassified Sensitive Information or Unclassified IT Systems (DEC 2011)

This clause applies to contractor employees requiring physical access to any area of a federally controlled base, facility or activity and/or requiring access to Privacy Act information on a DoD computer/network. It is the responsibility of the command/facility where the work is performed to ensure compliance.

Each contract health care worker providing services at a Navy command under this contract is required to obtain a Common Access Card. Additionally, depending on the level of computer/network access, that contract health care worker will also require a successful investigation as detailed below.

CONTRACTOR’S SECURITY REPRESENTATIVE

The contractor shall designate an employee to serve as the Contractor’s Security Representative. Within three work days after contract award, the contractor shall provide to the Navy Command’s Security Manager and the Contracting Officer, in writing, the name, title, address and phone number for the Contractor’s Security Representative. The Contractor’s Security Representative shall be the primary point of contact on any security matter. The Contractor’s Security Representative shall not be replaced or removed without prior notice to the Contracting Officer.

ACCESS TO FEDERAL FACILITIES

Homeland Security Presidential Directive (HSPD)-12, requires government agencies to develop and implement Federal security standards for Federal employees and contractors. The Deputy Secretary of Defense Directive-Type Memorandum (DTM) 08-006 – “DoD Implementation of Homeland Security Presidential Directive – 12 (HSPD-12)” dated November 26, 2008 (or its subsequent DoD instruction) and Navy implementing memorandum dated May 28, 2010 direct implementation of HSPD-12. This clause is in accordance with HSPD-12 and its implementing directives.

Per HSPD-12 and implementing guidance, all contract health care workers working at a federally controlled base, facility or activity under this clause will require a Common Access Card.

ACCESS TO DOD SYSTEMS

In accordance with SECNAV M-5510.30, contractors who require access to DoD networks are categorized as IT-I, IT-II, or IT-III. This clause applies to contractors who require IT-II privileged access to a DoN or DoD unclassified computer/network; the IT-II level, defined in detail in SECNAV M-5510.30, includes positions which require access to information protected under the Privacy Act, to include Protected Health Information (PHI) . All contract health care worker positions under this contract require access to Privacy Act protected information and are therefore categorized as no lower than IT-II.

PROCEDURES

To obtain a favorable determination, each contractor employee must have a favorably completed

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National Agency Check with Local Credit Checks (NACLC) which consists of a NACI including a FBI fingerprint check plus credit and law enforcement checks. Each contractor employee is required to complete:

- SF-86 Questionnaire for National Security Positions (or equivalent OPM investigative product)
- Two FD-258 Applicant Fingerprint Cards
- Original Signed Release Statements

Failure to provide the required documentation at least 30 days prior to the individual's start date shall result in delaying the individual's start date. To maintain continuing authorization for an employee to access Privacy Act information on a DoD unclassified computer/network, the contractor shall ensure that the individual employee has a current requisite background investigation. The Contractor's Security Representative shall be responsible for initiating reinvestigations as required and ensuring that background investigations remain current (not older than 10 years) throughout the contract performance period.

When access to IT systems is required for performance of the contractor employee's duties, such employees shall in-process with the Navy Command's Security Manager and Information Assurance Manager upon arrival to the Navy command and shall out-process prior to their departure at the completion of the individual's performance under the contract. Completion and approval of a System Authorization Access Request Navy (SAAR-N) form is required for all individuals accessing Navy Information Technology resources. The SAAR-N shall be forwarded to the Navy Command's Security Manager at least 30 days prior to the individual's start date. Failure to provide the required documentation at least 30 days prior to the individual's start date shall result in delaying the individual's start date.

When required to maintain access to required IT systems or networks, the contractor shall ensure that all employees requiring access complete annual Information Assurance (IA) training, and maintain a current requisite background investigation. The Contractor's Security Representative shall contact the Command Security Manager for guidance when reinvestigations are required. The Contractor's Security Representative shall ensure that each individual employee pending assignment shall accurately complete the required forms for submission to the Navy Command Security Manager. The Contractor's Security Representative shall screen the investigative questionnaires for completeness and accuracy and for potential suitability/security issues prior to submitting the request to the Navy Command's Security Manager. Forms and fingerprint cards may be obtained from the Navy Command's Security Manager. These required items, shall be forwarded to the Navy Command's Security Manager for processing at least 30 days prior to the individual employee's anticipated date for reporting for duty. The Navy Command's Security Manager will review the submitted documentation for completeness and accuracy prior to submitting it to the Office of Personnel Management (OPM). Suitability/security issues identified by the Navy may render the contract employee ineligible for the assignment. An unfavorable determination made by the Navy is final (subject to SF 86 appeal procedures) and such a determination does not relieve the contractor from meeting any contractual obligation under the contract. If contractor employees already possess a current favorably adjudicated investigation, the Navy Command's Security Manager will use the Visit Authorization Request (VAR) via the Joint Personnel Adjudication System (JPAS). The contractor shall include the IT

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Position Category per SECNAV M-5510.30 for each employee designated on a VAR. The VAR requires annual renewal for the duration of the employee's performance under the contract. The Navy Command's Security Manager will forward the required forms to OPM for processing. Once the investigation is complete, the results will be forwarded by OPM to the DON Central Adjudication Facility (CAF) for a eligibility determination.

DENIAL OF ACCESS

The potential consequences of any requirements under this clause including denial of physical or system access in no way relieves the contractor from the requirement to execute performance under the contract within the timeframes specified in the contract. Contractors shall plan ahead in processing their employees and subcontractor employees. The contractor shall insert this clause in all subcontracts when the subcontractor is permitted to have physical access to a federally controlled facility and/or access to a federally-controlled information system/network and/or access to government information.

INTERIM ACCESS

The Navy Command's Security Manager may authorize issuance of a CAC card and interim access to a DoN or DoD unclassified computer/network upon a favorable review of the SF-86 questionnaire and advance fingerprint results. When the results of the investigation are received and a favorable determination is not made, contractor employees working on the contract under interim access shall be removed immediately and will no longer be authorized to work on the contract.

APPOINTMENT OF CONTRACTING OFFICER'S REPRESENTATIVE (FISC DET PHILA) (OCT 1992)

(a) The Contracting Officer hereby designates the following individual as Contracting Officer's Representative(s) (COR) for this contract:

[REDACTED]
[REDACTED]
Bureau of Medicine and Surgery
7700 Arlington Blvd, Suite 5125
Falls Church, VA 22042-5125
Comm: [REDACTED]
Email: [REDACTED]

(b) In the absence of the COR named above, all responsibilities and functions assigned to the COR shall be the responsibility of the alternate COR acting on behalf of the COR. The Contracting Officer hereby appoints the following individual as the alternate COR:

N/A

(c) The COR will act as the Contracting Officer's representative for technical matters, providing technical direction and discussion as necessary with respect to the specification or statement of work, and monitoring the progress and quality of contractor performance. The COR is not an Administrative Contracting Officer and does not have authority to take any action, either directly or indirectly, that would change the pricing, quantity, quality, place of performance, delivery schedule,

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or any other terms and conditions of the contract (or delivery order), or to direct the accomplishment of effort which goes beyond the scope of the statement of work in the contract (or delivery order).

(d) It is emphasized that only a Contracting officer has the authority to modify the terms of the contract, therefore, in no event will any understanding, agreement, modification, change order, or other matter deviating from the terms of the basic contract between the contractor and any other person be effective or binding on the Government. When/if, in the opinion of the contractor, an effort outside the existing scope of the contract (or delivery order) is requested, the contractor shall promptly notify the PCO in writing. No action shall be taken by the contractor under such direction unless the PCO or ACO has issued a contractual change or otherwise resolved the issue.

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SECTION I CONTRACT CLAUSES

09RA 52.217-9 -- OPTION TO EXTEND THE TERM OF THE CONTRACT. (MAR 2008)

- (a) The Government may extend the term of this contract by written notice to the Contractor within 15 days.
- (b) If the Government exercises this option, the extended contract shall be considered to include this option clause.
- (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed five years.

Enterprise-wide Contractor Manpower Reporting Application (ECMRA)

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Services provided via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address: <https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which is October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <https://doncmra.nmci.navy.mil>.

AVAILABILITY OF FUNDS (FAR 52.232-18) (APR 1984)

Funds are not presently available for this contract. The Government's obligation under this contract is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise until funds are made available to the Contracting Officer for this contract and until the Contractor receives notice of such availability, to be confirmed in writing by the Contracting Officer.

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SECTION J LIST OF ATTACHMENTS

Contract Administration Plan