

PERFORMANCE WORK STATEMENT (PWS)

Medical Case Management and Care Coordination Services

1.0 General

1.1 Scope

The contractor shall provide all personnel, equipment, tools, materials, supervision, and quality control necessary—except as specified in Paragraph 3.0 as Government Furnished—to perform Medical Case Management and Care Coordination Services (MCMCCS), as defined in this PWS, for the Vermont Army National Guard (VTARNG).

1.2 Objectives

The VTARNG Office of the Deputy State Surgeon requires Medical Case Management and Care Coordination Services for VTARNG Service Members (SMs). The contractor shall coordinate all assigned and documented aspects of individual patient care, schedule medical appointments, and coordinate care routing for referred SMs at both VTARNG and non-VTARNG facilities.

1.3 Background

The Department of Defense (DoD) TRICARE Management Activity (TMA) is committed to ensuring all staff involved in the delivery of high-quality care to Service Members are well supported. In 2009, the Office of the Assistant Secretary of Defense for Health Affairs (ASD [HA]) and TMA, through the Office of the Chief Medical Officer (OCMO), Population Health and Medical Management Division (PHMMD), published a Medical Management Guide. The Guide covers the components of a Medical Management (MM) program, including applicable principles, implementation concepts, processes, and tools and databases for Utilization Management, Case Management, and Disease Management. It complements the 2001 DoD Population Health Improvement Plan and Guide published by TMA and the Government Printing Office (http://www.tricare.mil/ocmo/download/mhs_phi_guide.pdf). Under applicable legislative mandates, the ASD [HA] submitted an annual report to Congress regarding healthcare delivery for Military Health System (MHS) beneficiaries. The 2009 report documented the MHS goal of providing high-quality care, improving performance through clinical and process outcomes, and increasing patient confidence in the care received. The Guide describes essential components of Medical Management within the MHS—including the link between MM and population health and the dynamics among Utilization Management, Case Management, and Disease Management, reducing unnecessary or inappropriate services and the duplication of services. In the military setting, Case Management targets Active-Duty Service Members and beneficiaries with complex, multi-system healthcare needs who require care coordination or case management services. Originally, Case Management almost exclusively focused on in-patients with catastrophic illness or injury. Several developments have since broadened that strategy, most notably the emergence of the National Committee for Quality Assurance (NCQA) (<http://www.ncqa.org/>) and the development of accreditation standards by the Utilization Review Accreditation Commission (URAC) (<http://www.urac.org>). While Case Management continues to address catastrophic illness and injury, it is now also intensely directed at chronic conditions prevalent in the general patient population. Case managers affect patient outcomes through

proactive interventions across multiple healthcare settings, engage community resources, and facilitate consistent patient education. The MHS has three primary goals for Case Management: (1) improve the care, management, and transition of recovering Service Members; (2) broaden the application of case management to include those with complex and at-risk needs before complex care is required; and (3) evaluate the impact of case management on the quality of military health care.

1.4 Period of Performance (PoP)

The Period of Performance shall be:

Period	Dates and Duration
Base Period	13 July 2026 through 12 January 2027 (6 Months)
Option Period 1	13 January 2027 through 12 January 2028 (12 Months)
Option Period 2	13 January 2028 through 12 May 2028 (4 Months)

1.4 General Information

1.4.1 Place of Performance and Operational Hours

The contractor shall provide an on-site presence at the VTARNG State Medical Detachment during the Government's primary duty hours of 0730–1700, Monday through Friday, maintaining the exact staffing levels specified in Section 5.25 to ensure full operational coverage throughout those hours. The contractor is responsible for scheduling and managing its personnel to provide uninterrupted coverage. To comply with Department of Labor (DOL) regulations and accommodate the Government's 9/80 schedule, individual contractor employees shall work a standard 40-hour work week. The contractor may implement flexible and staggered work schedules provided that:

- (a) The office is staffed to effectively support all PWS requirements and maintain uninterrupted coverage during the entirety of the 0730-1700 operational window.
- (b) The contractor shall provide a master work schedule to the COR for situational awareness no later than the first business day of each month. The contractor remains solely responsible for managing its employee schedules to meet all performance requirements of this PWS.
- (c) No individual employee works more than 40 hours in a work week without prior written authorization from the Contracting Officer.

1.4.1.1 Telework

The Government will permit the contractor to telework in support of this requirement during Continuity of Operations Planning (COOP) events. A telework program may be enacted to ensure that mission-critical operations remain functional during national emergencies or incidents of national significance. Telework shall be provided at no additional cost to the Government

1.4.1.2 Installation Access and Gate Closures

Unscheduled gate closures by the Security Police may occur at any time and may cause delays for all personnel entering or exiting a closed installation. Such closures cannot be predicted or prevented; contractors will not be compensated for delays resulting from unexpected gate closures. Vehicles operated by contractor personnel are subject to search pursuant to applicable regulations. Any moving violation of an applicable motor vehicle regulation may result in termination of the contractor employee's installation driving privileges.

1.4.1.3 Installation Regulations

Contractor employees shall comply with all installation regulations, including those governing fire, traffic, safety, and security. Contractor employees shall enter restricted areas only when required to do so and only upon prior approval. All contractor employees shall carry proper identification at all times and shall be subject to such checks as the Government deems necessary. The contractor shall ensure compliance with all regulations and orders of the installation that may affect performance. The Government reserves the right to direct the removal of a contractor employee from Government property or to revoke access to Government systems for misconduct, security reasons, or overt evidence of communicable disease. Removal of a contractor employee for any of the foregoing reasons does not relieve the contractor of responsibility for total contract performance..

1.4.2 Recognized Holidays

The contractor shall not perform services on the following United States Federal holidays:

Holiday	Observance
New Year's Day	January 1
Martin Luther King, Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25

1.4.3 Quality Control (QC)

The contractor's Quality Control Plan (QCP) is the mechanism by which the contractor assures itself that its work complies with the performance standards of this contract. The contractor shall develop and maintain a QCP to ensure services are performed in accordance with this PWS, and shall develop and implement procedures to identify, prevent, and mitigate the recurrence of defective services. The QCP shall, at a minimum, address the areas identified in Technical Exhibit 1, Performance Requirements Summary (PRS). A final QCP shall be submitted to the Contracting Officer Representative (COR) no later than (NLT) 10 calendar days after contract award. After acceptance of the QCP, the contractor shall obtain the Contracting Officer's (KO's) written acceptance of any proposed changes.

1.4.4 Quality Assurance (QA)

The Government will evaluate the contractor's performance in accordance with the Quality Assurance Surveillance Plan (QASP). The QASP is primarily focused on Government surveillance activities to verify that the contractor has performed in accordance with the performance standards. It defines how performance standards will be applied, the frequency of surveillance, and the acceptable quality level(s) or defect rate(s).

1.4.5 Installation Access and Security Requirements

The contractor and all associated subcontractor employees shall obtain and maintain all credentials and clearances required for access to Government facilities and information systems. The contractor shall ensure personnel comply with all current DoD, HQDA, and local policies and procedures for security, including, but not limited to, background investigations (Tier 1 minimum), Common Access Card (CAC) issuance, and all mandatory initial and recurring training (e.g., AT Level 1, iWATCH, OPSEC, IA). The Government will provide points of contact for security processing; however, the contractor is solely responsible for ensuring its personnel complete all required steps in a timely manner.

1.4.6 Physical Security

The contractor shall safeguard all Government property provided for contractor use. At the close of each work period, Government facilities, equipment, and materials shall be secured.

1.4.6.1.1 Key Control

NOTE: All references to keys include key cards. The contractor shall establish and implement procedures to ensure that no Government-issued keys or key cards are lost, misplaced, or used by unauthorized persons. Government-issued keys shall not be duplicated. Procedures shall include the turn-in of any issued keys by personnel who no longer require access to locked areas. Key control procedures shall be included in the QCP.

- The contractor shall immediately report any lost or duplicated keys or key cards to the COR.
- In the event keys other than master keys are lost or duplicated, the contractor shall, upon direction by the KO, re-key or replace the affected lock(s). The Government may, at its option, replace or re-key the affected lock(s) and deduct the total cost from the monthly payment due the contractor. In the event a master key is lost or duplicated, the Government will replace all locks and keys in that system and deduct the total cost from the monthly payment due the contractor.
- The contractor shall prohibit use of Government-issued keys or key cards by any persons other than contractor employees engaged in performance of services under this

contract, and shall prohibit the opening of locked areas to permit entrance by any persons not authorized by the KO.

1.4.6.2 Lock Combinations. The contractor shall establish and implement procedures to ensure that lock combinations are not disclosed to unauthorized persons, and shall ensure that combinations are changed when personnel having access no longer require it. These procedures shall be included in the QCP.

1.4.7 Special Qualifications

Personnel performing Medical Case Management and Care Coordination Services shall be a Registered Nurse (RN) with a current, active license in good standing in the State of Vermont. Additional qualification requirements are specified in Section 5.25.

1.4.8 Post-Award Conference and Periodic Progress Meetings

The contractor agrees to attend any post-award conference convened by the KO in accordance with FAR Subpart 42.5. The KO, COR, and other Government personnel, as appropriate, may meet periodically with the contractor to review contractor performance. At these meetings the KO will apprise the contractor of the Government's assessment of performance, and the contractor shall apprise the Government of any problems encountered. The contractor shall propose and implement corrective actions for all outstanding issues identified by the Government.

1.4.9 Key Personnel

The Government has identified the Lead Medical Case Management and Care Coordination Services provider—who shall also serve as the Contract Manager—as the single Key Personnel position for this contract. The contractor shall not replace Key Personnel without prior written approval from the KO. A resume for the proposed Key Personnel individual must be included in the offeror's quote or proposal package.

1.4.9.1 Contract Manager (CM). The contractor shall designate a CM who is responsible for oversight of all tasks and personnel under this contract. CM duties shall be performed as a collateral duty by the Lead Medical Case Management and Care Coordination Services provider (i.e., "dual-hatted"). If dual-hatted, the contractor must ensure that the CM's administrative duties do not interfere with the individual's primary clinical case management responsibilities. The name of the CM, and an alternate who shall act in the CM's absence, shall be provided to the KO in writing. The CM and alternate shall have full authority to act for the contractor on all matters relating to the daily operation of this contract. The CM shall communicate with the Government through the COR to resolve issues, receive technical direction, and ensure adequate service performance. The CM shall ensure that contractor employees do not perform any services outside the scope of this contract without an official modification issued by the KO. The CM or alternate shall be available to the COR by phone or email during normal business hours and shall respond to all inquiries from the KO or COR within eight (8) business hours.

1.4.9.2 Lead Medical Case Management and Care Coordination Services Provider. The contractor shall provide a Lead Medical Case Management and Care Coordination Services provider who shall also serve as the CM. This individual shall be counted as one of the full-time equivalents (FTEs) performing case management duties and is not a strictly administrative position. This individual shall meet all qualifications outlined in Section 5.25.2 and shall have a minimum of two (2) years of supervisory or team lead experience.

Contract Management Duties: The name of this individual, and a designated alternate, shall be provided to the KO in writing. This individual (or alternate) shall have full authority to act for the contractor on all matters relating to the daily operation of this contract; shall communicate with the Government through the COR to resolve issues, receive technical direction, and ensure adequate performance; shall instruct contractor employees not to perform any services outside the scope of this contract without an official modification issued by the KO; and shall ensure contractor employees understand that any services performed outside contract scope are performed wholly at the contractor's expense

1.4.10 Identification of Contractor Employees

All contractor personnel attending meetings, answering Government telephones, or working in situations where their contractor status is not obvious to third parties are required to identify themselves as contractors. The contractor shall ensure that all documents or reports produced by contractor personnel are marked as contractor products or that contractor participation is disclosed. The contractor's status as a "contractor" shall be prominently displayed in all correspondence, including email signature blocks, and in all dealings with Government or non-Government entities. Contractor personnel shall wear identification badges that display the company name, the employee's name, and the word "Contractor." The contractor shall retrieve all identification media—including vehicle passes—from employees who depart for any reason and shall return all such media to the KO within 14 calendar days of an employee's departure.

1.4.11 Combating Trafficking in Persons

The United States Government maintains a zero-tolerance policy regarding trafficking in persons. Contractors and contractor employees shall not engage in severe forms of trafficking in persons during the period of performance, procure commercial sex acts during the period of performance, or use forced labor in the performance of this contract. The contractor shall ensure its employees are familiar with the requirements and exceptions of FAR 52.222-50, Combating Trafficking in Persons.

1.4.12 Organizational Conflict of Interest (OCI)

Contractor and subcontractor personnel performing work under this contract may receive, have access to, or participate in the development of proprietary or source selection information (e.g., cost or pricing data, source selection plans, or evaluation factors), or may perform evaluation services that could create a current or subsequent OCI as defined in FAR Subpart 9.5. The contractor shall notify the KO immediately upon becoming aware that such access or participation may result in any actual or potential OCI and shall promptly submit a plan to avoid or mitigate the OCI.

1.4.12.1 Post-Award Business Associate Agreement. The Contractor shall execute the prepped Business Associate Agreement (BAA) immediately upon contract award and prior to the start of the transition period. Under no circumstances shall the Contractor or its employees be granted login credentials, network access, or physical access to eCase, MEDCHART, MODS, MHS Genesis, or individual soldier medical records prior to the bilateral execution of the BAA.

1.4.13 Protection of CUI, PHI, and PII

The contractor shall comply with all DoD, DA, and VTARNG regulations regarding the protection of Controlled Unclassified Information (CUI), Protected Health Information (PHI), and Personally

Identifiable Information (PII). All data breaches or suspected compromises shall be reported to the COR within twenty-four (24) hours of discovery.

1.4.14 Contractor Staffing and Readiness

The contractor shall have all personnel positions identified in this PWS filled with credentialed and verified employees no later than 10 calendar days following the contract start date.

2.0 Definitions and Acronyms

2.1 Definitions

Term	Definition
Contractor	A supplier or vendor awarded a contract to provide specific supplies or services to the Government. As used in this contract, the term refers to the prime contractor.
Defective Service	A service output that does not meet the performance standard specified in this PWS.
Deliverable	Anything that can be physically delivered, including non-manufactured items such as meeting minutes or reports.
Key Personnel	Contractor personnel evaluated during source selection and required by the PWS to be used in contract performance. An offer may be rejected if it does not include a firm commitment from individuals named in the proposal.
Physical Security	Actions taken to prevent the loss or damage of Government property.
Quality Assurance	Government procedures used to verify that services performed by the contractor meet acceptable standards.
Quality Assurance Surveillance Plan (QASP)	An organized written document specifying the surveillance methodology to be used for monitoring contractor performance.
Quality Control	All measures taken by the contractor to ensure that the quality of an end product or service meets contract requirements.
Subcontractor	An entity that enters into a contract with the prime contractor. The Government has no privity of contract with the subcontractor.

2.2 Acronyms

Acronym	Definition
AEI	Army Enterprise Infrastructure
AR	Army Regulation
AT/OPSEC	Antiterrorism / Operational Security
BI	Background Investigation

Acronym	Definition
BSN	Bachelor of Science in Nursing
CCIR	Commander's Critical Information Requirement
CM	Contract Manager
COR	Contracting Officer Representative
DA	Department of the Army
DD254	Department of Defense Contract Security Classification Specification
DFARS	Defense Federal Acquisition Regulation Supplement
DHA	Defense Health Agency
DoD	Department of Defense
DRC	Dental Readiness Classification
DSCA	Defense Counterintelligence and Security Agency
DSS	Deputy State Surgeon
eCase	Electronic Case Management
FAR	Federal Acquisition Regulation
GFP/M/E/S	Government Furnished Property / Material / Equipment / Services
HIPAA	Health Insurance Portability and Accountability Act
HQDA	Headquarters, Department of the Army
HSPD	Homeland Security Presidential Directive
HSS	Health Support Services
IA	Information Assurance
IMR	Individual Medical Readiness
IPR	Interim Progress Review
IS	Information System(s)
KO	Contracting Officer
LISCW	Licensed Independent Clinical Social Worker
MEB/PEB	Medical Evaluation Board / Physical Evaluation Board

Acronym	Definition
MEDPROS	Medical Protection System
MR	Medical Readiness
MRC	Medical Readiness Classification
NGB	National Guard Bureau
OCI	Organizational Conflict of Interest
PCP	Primary Care Provider
PHA	Periodic Health Assessment
PII	Personally Identifiable Information
PIP	Performance Improvement Plan
PIPO	Phase In / Phase Out
POC	Point of Contact
PRS	Performance Requirements Summary
PWS	Performance Work Statement
QA	Quality Assurance
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
QCP	Quality Control Program
RN	Registered Nurse
SCR	Service Contract Reporting
SM	Service Member
SRC	Soldier Readiness Check
SRP	Soldier Readiness Process
SS	State Surgeon
SSN	Social Security Number
TE	Technical Exhibit
USD(I)	Under Secretary of Defense for Intelligence

Acronym	Definition
VTARNG	Vermont Army National Guard

3.0 Government Furnished Property, Material, Equipment, and Services (GFP/M/E/S)

3.1 Property. The Government will furnish the necessary workspace for the contractor to perform the services outlined in this PWS, including desk space, telephones, computers, and other items necessary to maintain an office environment. These facilities shall be used only in the performance of this contract. Note: This includes one notebook computer per FTE, fully configured with all software and systems access required to perform all PWS tasks.

3.2 Materials. The Government will provide access to a shared plain paper copier. Both the Government and the contractor share this unit. The Government shall provide all service and supplies, including paper, that are mutually used. Contractor use of the copier shall be limited to work generated in the performance of this contract.

3.3 Equipment. The Government will provide network and LAN access. LAN access shall be used for official Government business only. Transmission of information over the Internet shall be restricted in accordance with governing directives.

3.4 Services. The Government will provide training in the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) system, including eCase case management, to the Lead RN Case Manager, RN Case Managers, and Medical Records Technicians assigned to this contract. Training will typically commence within five to ten (5–10) business days following the successful issuance of the contractor employee's CAC and the completion of all required network access prerequisites (e.g., IA training, ATCTS registration).

3.5 Utilities. All utilities in the facility will be available for contractor use in the performance of this contract. The contractor shall instruct employees in conservation practices and shall operate under conditions that preclude waste, including turning off water faucets and valves after use.

4.0 Contractor Furnished Property, Materials, and Equipment (CFP/M/E)

4.1 General. Except for those items specifically identified as Government-Furnished in Section 4.0, the contractor shall furnish everything required to perform these services as described in Section 1.1.

4.2 Reserved.

5.0 Requirements

The contractor shall perform all tasks described in this section.

5.1 Events and Surge Support

The contractor shall provide on-site personnel during all scheduled Soldier Readiness Processing (SRP) events to meet processing volumes. The contractor shall manage the 5.0 FTE staff to process all incoming cases. During surge periods, cases involving Soldiers flagged for imminent deployment or medical board review shall be prioritized over all routine cases.

5.2 eCase Profiles

The contractor shall establish and maintain an eCase profile for each Soldier referred by a provider. eCase profiles shall be established no later than one (1) workday after provider referral.

5.3 Monthly Case Status Report

The contractor shall provide a monthly report covering all cases and the status of each case regarding Soldier care—from identification of the condition through the point at which the Soldier is either (1) considered medically ready or (2) administratively separated from the military. The report shall be submitted no later than the seventh (7th) calendar day of the following month, in Microsoft Excel format, and shall include at a minimum the following fields for each case: Soldier Name, DoD ID, Case Status, Next Action Date, and Assigned Provider.

5.4 Regulations and Policies

The contractor shall comply with regulations and policies applicable to Individual Medical Readiness (IMR) and deployment, including AR 40-35, AR 40-66, AR 40-501, AR 40-502, and other applicable guidance. The contractor shall obtain release-of-information authorization from Soldiers who have been flagged by providers during a PHA or CCIR.

5.5 HIPAA Standards

The contractor shall comply with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards and guidelines.

5.6 Medical Charting and Documentation

Contractor personnel shall perform medical charting that is accurate, complete, and timely. All encounters with Service Members (e.g., phone calls, emails, in-person meetings) and all newly received medical documents (e.g., lab results, civilian provider notes) shall be fully documented and uploaded into the appropriate system of record (e.g., eCase, MEDCHART) no later than three (3) business days following the date of the encounter or the date the medical information was received.

5.7 MEB/PEB Board Support

The contractor shall assign either an RN Case Manager or a Medical Records Technician to attend all scheduled MEB/PEB boards to present case file information and record official dispositions. The contractor shall review and reconcile hardcopy and electronic case information for file completeness, and shall provide eCase information updates to board members on assigned Soldier cases. Record reconciliation and file preparation shall be completed no later than one (1) workday prior to the scheduled board.

5.8 Compliance Tracking

The contractor shall submit documented case status updates, alerts, and requests for information to designated Government personnel within three (3) business days of identifying a case anomaly.

5.9 Soldier Communication

The contractor shall communicate with each Soldier—verbally and in writing—to brief the Soldier on their medical documentation submission responsibilities, and shall obtain a signed acknowledgment form. The contractor shall obtain a release-of-information form to request records from the Soldier's Primary Care Provider (PCP) and shall provide each Soldier with information about their privacy rights and obtain signed consent forms.

5.10 MRC3/DRC3 Tracking

The contractor shall update and validate records and systems to ensure Soldiers with MRC3 and DRC3 profiles are entered into the eCase module. The contractor shall provide a monthly report showing the number of profiles initiated, extended, and closed. The report shall be due no later than the seventh (7th) calendar day of the following month. Consistent with the report described in Section 5.3, the report shall be delivered in Microsoft Excel format and shall include, at a minimum, the following fields for each case: Soldier Name, DoD ID, Case Status, Next Action Date, and Assigned Provider.

5.11 Exam Requests

The contractor shall request profile exams, evaluations, and audiology exams at the physical exam center. Requests shall be made within three (3) business days of the initial examination.

5.12 Treatment Coordination

The contractor shall compile, document, and route Soldier treatment plans to the designated military medical authority within two (2) business days of compilation.

5.13 Automated Referrals

The contractor shall maintain automated referrals indicated in MEDCHART and shall provide monthly reports on adjudicated cases.

5.14 Provider Coordination

The contractor shall submit case processing information, medical documentation, and profile concerns to the appropriate military or contracted providers within three (3) business days of identification.

5.15 Soldier Education

The contractor shall provide each Soldier with a Government-approved information packet on resources available to improve medical and dental readiness, and shall document distribution of the packet in the medical record.

5.16 Unit Coordination

The contractor shall communicate with a Soldier's unit of assignment regarding scheduled medical appointments, monitor and document appointment status in the system of record, and report missed appointments to the Soldier's unit of assignment within one (1) business day.

5.17 Documentation Management

The contractor shall receive, scan, and file all medical documentation in the appropriate electronic record (MEDCHART) and in the Soldier's hardcopy record.

5.18 Record Administration

The contractor shall administer Soldier medical records in accordance with AR 40-66.

5.19 Records Custodian Liaison

The contractor shall provide the Records Custodian or designated delegate with all relevant medical and dental documentation.

5.20 HRR Uploads

The contractor shall upload medical documents for case-managed Soldiers into the Health Readiness Record (HRR).

5.21 Verification

The contractor shall stamp all medical documents for verification after uploading.

5.22 Reserved.

5.23 Lead Case Management Services

5.23.1 Primary Intake. The contractor shall route all external provider recommendations and medical documentation to the lead military medical provider within four (4) hours of receipt.

5.23.2 Deployment Operations. The contractor shall execute all case management tasks required for deployment operations within 15 calendar days of receipt. Medical records shall be ready for transfer to the unit representative no later than 72 hours prior to mobilization.

5.23.3 Quality Assurance Support. The contractor shall monitor its staff's performance against all applicable policies and standards. Upon identifying a deficiency, the contractor shall document the finding, implement a corrective action in accordance with its approved Quality Control Plan (QCP), and report both the deficiency and the corrective action taken to the COR within three (3) business days.

5.23.4 Data Validation. The contractor shall verify the accuracy of MEDPROS data prior to all Medical Readiness Events.

5.23.5 Case Review Support. The contractor shall prepare and deliver a Monthly Case Review Report to VTARNG Commands and Health Services, detailing case statuses, identified bottlenecks, and recommended clinical actions. The report shall be delivered no later than the fifth (5th) business day of each month.

5.24 Travel Reimbursement and Limits

The contractor shall utilize the following flat, non-prorated Government-established travel cost plugs for each period of performance. These Not-to-Exceed (NTE) amounts are fixed for the entirety of each respective period, regardless of that period's duration, to account for scheduled mandatory travel events.

Performance Period	Travel Not-to-Exceed (NTE) Amount
Base Period (6 Months)	\$2,500.00
Option Period 1 (12 Months)	\$5,000.00
Option Period 2 (4 Months)	\$2,500.00

5.25 Staffing and Clinical Coverage Requirements

To meet the operational readiness timelines and patient safety standards defined in this PWS, the contractor shall provide a dedicated clinical staffing footprint of 5.0 FTE structured as follows to execute the tasks in Section 5.

5.25.1 General Qualifications. The contractor shall provide a total of five (5) personnel: one (1) Lead RN Case Manager, two (2) RN Case Managers, and two (2) Medical Records Technicians. All personnel shall meet the mandatory minimum requirements established in this section. Meeting these qualifications is a continuous performance requirement for the duration of the contract.

5.25.2 Registered Nurse (RN) RN Case Manager

All personnel assigned to the general RN labor category shall meet the following requirements:

Requirement Category	Mandatory Minimum and Preferred Qualifications
Licensure	Mandatory: Must possess a current, active, and unrestricted Registered Nurse (RN) license. A multi-state Nurse Licensure Compact (NLC) license with privileges to practice in Vermont is acceptable.
Experience	Mandatory: A minimum of two (2) years of relevant clinical or case management experience.
Education	Mandatory: Completion of an accredited nursing program. Preferred: A Bachelor of Science in Nursing (BSN) is highly preferred but not mandatory.
Certifications	Preferred: Additional certifications, such as a Certified Case Manager (CCM) credential, are preferred but not required.
Mission Alignment	Preferred: Previous experience within a Military Health System (MHS) or working with military medical readiness systems (e.g., MEDCHART, MEDPROS, MHS GENESIS) is highly preferred.

5.25.3 Lead RN Case Manager (Key Personnel)

The contractor shall provide a Lead RN Case Manager who shall also be designated as the Contract Manager (CM). This individual shall serve as the primary point of contact for the

Government and is explicitly designated as Key Personnel. In addition to meeting all baseline requirements in Section 5.25.2, the Lead RN must meet the following elevated criteria:

Category	Specific Requirements for Key Personnel
Additional Mandatory Experience	Supervisory Experience: A minimum of two (2) years of supervisory or team lead experience in a clinical or case management setting. This experience must be in addition to the base clinical experience requirement, for a combined total of at least four (4) years of professional nursing experience.
Mandatory Clearance / Security	Must be a U.S. Citizen and capable of passing a Tier 1 background investigation (National Agency Check with Inquiries—NACI) to obtain a Common Access Card (CAC) and the necessary IT network access.
Preferred Qualifications	To reduce Government risk and training time, the proposed candidate will receive evaluation Strengths for: (1) Education — a Bachelor of Science in Nursing (BSN) or higher; (2) Certification — a current Certified Case Manager (CCM) credential or equivalent; and (3) Experience — documented, recent experience (within the past 5 years) directly utilizing Army medical readiness systems (MEDCHART, MHS GENESIS).
Proposal Submission Requirements	1. Resume — not to exceed two (2) pages — detailing the candidate's education, credentials, and relevant experience. 2. Letter of Commitment — a signed letter from the proposed candidate affirming availability, agreement to the proposed role, and intent to perform the required duties for the contract's duration.

5.25.4 Medical Records Technicians (Non-Key Personnel)

All personnel assigned to the Medical Records Technician labor category shall meet the following requirements:

Requirement Category	Mandatory Minimum and Preferred Qualifications
Education	Mandatory: High School Diploma or equivalent (GED).
Experience	Mandatory: A minimum of one (1) year of experience in medical records management or medical administration.
Mission Alignment	Preferred: Prior experience with military health systems (e.g., MEDCHART, MEDPROS, AHLTA, MHS GENESIS) is highly preferred but not mandatory.

5.25.5 Limitation of Duties. The Medical Records Technician is a non-clinical, administrative support role. Personnel in this category are explicitly prohibited from performing any duties that could be construed as clinical evaluation, medical charting, case management, or patient counseling. Their duties are strictly limited to the administrative tasks outlined in this section.

5.26 Limitation to Administrative Functions

Contractor personnel shall not perform inherently governmental functions or make final clinical medical decisions. The contractor's role is to provide administrative, coordination, and tracking support to assist uniformed military medical providers. The uniformed military provider (e.g., the State Surgeon or a credentialed military physician) is the sole authority for making final determinations of medical readiness, issuing medical profiles, and approving treatment plans. The contractor shall make administrative recommendations and present case files to the appropriate military authority for final disposition.

6.0 Applicable Publications

The following publications apply to this PWS:

Publication	Date	Mandatory or Advisory	Website
Federal Acquisition Regulation		A	https://www.acquisition.gov/?q=browsefar
Defense Federal Acquisition Regulation Supplement (DFARS)		A	https://www.acquisition.gov/dfars
DoDM 1000.13-M-V1, DoD Identification (ID) Cards (Enclosure 2, para. 3.b)	01/23/2014	M	http://www.esd.whs.mil/Directives/issuances/dodm/
FIPS Publication 201-2, Personal Identity Verification (PIV) of Federal Employees and Contractors (para. 9)	August 2013	M	http://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.201-2.pdf
DoDM 5200.2 / Regulation 5200.02, Procedures for the	04/03/2017	M	https://www.esd.whs.mil/Directives/issuances/dodm/

Publication	Date	Mandatory or Advisory	Website
DoD Personnel Security Program (PSP)			
Army Directive 2014-05, Policy and Implementation Procedures for CAC Credentialing and Installation Access for Uncleared Contractors	03/07/2014	M	https://www.esd.whs.mil/Directives/issuances/dodm/
AR 190-13, The Army Physical Security Program	02/25/2011	M	http://www.apd.army.mil/ProductMaps/PubForm/AR.aspx
HSPD-12, Policy for a Common Identification Standard for Federal Employees and Contractors	08/27/2004	M	https://www.dhs.gov/homeland-security-presidential-directive-12
DoDD 5400.11, Department of Defense	10/29/2014	M	http://www.dtic.mil/whs/directives/corres/dir.html

Publication	Date	Mandatory or Advisory	Website
Privacy Program			
DoD 5400.11-R, Department of Defense Privacy Program	05/14/2007	M	http://www.dtic.mil/whs/directives/corres/pub1.html
DoDD 8140.01, Cyberspace Workforce Management	08/11/2015	M	http://www.dtic.mil/whs/directives/corres/dir.html
DoD 8570.01-M, Information Assurance Workforce Improvement Program	12/19/2005 (Change 4: 11/10/2015)	M	http://www.dtic.mil/whs/directives/corres/pub1.html
AR 25-2, Information Assurance	10/24/2007	M	http://armypubs.army.mil/ProductMaps/PubForm/AR.aspx
AR 40-501, Standards of Medical Fitness	06/27/2019	M	https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=1004688
AR 40-502, Medical Readiness	06/27/2019	M	https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=1004858

Publication	Date	Mandatory or Advisory	Website
AR 40-35, Preventive Dentistry and Dental Readiness		M	https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=1000343
AR 530-1, Operations Security	09/26/2014	A	http://armypubs.army.mil/ProductMaps/PubForm/AR.aspx
DoD 5220.22-M, National Industrial Security Program Operating Manual	02/28/2006 (Change 2: 05/18/2016)	A	http://www.dtic.mil/whs/directives/corres/pub1.html
AR 381-12, Threat Awareness and Reporting Program (TARP)	06/01/2016	A	http://armypubs.army.mil/ProductMaps/PubForm/AR.aspx

6.1 Applicable Forms

Form	Date	Website
DD 1172-2, Application for Identification Card / DEERS Enrollment	Mar 2017	http://www.dtic.mil/whs/directives/forms/index.htm
I-9, Employment	11/14/2016	https://www.uscis.gov/sites/default/files/files/form/i-9.pdf

Form	Date	Website
nt Eligibility Verification		
DD 441, Department of Defense Security Agreement	Jan 2017	http://www.dtic.mil/whs/directives/forms/dd/ddforms0001-0499.htm
DD 250, Material Inspection and Receiving Report	Aug 2000	http://dtic.mil/whs/directives/forms/dd/ddforms0001-0499.htm
DA Form 3349, Physical Profile	09/01/2010	https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=1747
SF 600, Chronological Record of Medical Care	08/20/2018	https://www.gsa.gov/forms-library/chronological-record-medical-care
SF 603, Medical Record — Dental		https://www.gsa.gov/forms-library/medical-record-dental

TECHNICAL EXHIBIT 1

Performance Requirements Summary (PRS)

This PRS identifies the performance objectives the Government will use to determine contractor performance and compare results against the Acceptable Quality Level (AQL).

Performance Objective	PWS Para.	Performance Standard	Acceptable Quality Level (AQL)	Method of Surveillance
Full Staffing	1.4.14	All 5.0 FTE positions are filled with qualified, COR-verified personnel.	100% of positions filled NLT 10 calendar days after contract start date.	100% Inspection / COR Review
CM Responsiveness	1.4.9.1	Contract Manager responds to all KO or COR inquiries.	100% of inquiries responded to within 8 business hours.	100% Inspection / COR Observation
Event Attendance	5.1	Contractor provides required on-site staff for all scheduled PHA and SRP events.	No more than two (2) instances of missed preparation/attendance per performance period.	100% Inspection / COR Review of Rosters
eCase Profile Creation	5.2	eCase profiles are established for all Soldiers referred by a provider.	98% of profiles established NLT one (1) workday after provider referral.	Periodic Sampling
Monthly Case Status Report	5.3	A monthly report detailing the status of all active cases is submitted to the COR.	No more than 3 reports delivered late; no report delivered later than the 14th of the month.	100% Inspection / COR Review
Timely Medical Charting	5.6	All encounters and newly received medical documents are documented in the system of record.	95% of items documented within three (3) business days of the encounter or receipt.	Periodic Sampling of Records
MEB/PEB File Preparation	5.7	Hardcopy and electronic case files are reviewed and reconciled for completeness.	100% of files prepared one (1) workday prior to the scheduled board.	100% Inspection / Board Member Feedback
Compliance Anomaly Reporting	5.8	Documented case status updates, alerts, and RFIs are submitted to designated Government personnel.	98% of anomalies submitted within three (3) business days of identification.	Periodic Sampling
MRC3/DRC3 Monthly Report	5.10	A monthly report showing the number of MRC3/DRC3 profiles initiated, extended, and closed is submitted to the COR.	No more than 3 reports delivered late; no missing reports.	100% Inspection / COR Review
Exam Requests	5.11	Profile exams, evaluations, and audiology exams are	98% of requests made within three (3) business	Periodic Sampling

Performance Objective	PWS Para.	Performance Standard	Acceptable Quality Level (AQL)	Method of Surveillance
		requested at the physical exam center.	days of initial examination.	
Mobilization Record Readiness	5.23.2	All required medical records are complete and ready for transfer to the unit representative.	100% of records are ready no later than 72 hours prior to mobilization.	100% Inspection by COR
Monthly Case Review Report	5.23.5	A Monthly Case Review Report is prepared and delivered to VTARNG Commands and Health Services.	No more than 5 entry errors/omissions per report; no more than two (2) missed reviews per period.	Random Sampling / COR Review

TECHNICAL EXHIBIT 2

Deliverables Schedule

Deliverable	Frequency	# of Copies	Medium / Format	Submit To	PWS Ref.
Quality Control Plan (QCP)	Initial: NLT 10 days after award. Revisions: Within 5 days of any changes.	1	Electronic (PDF or Word)	Contracting Officer (KO) and COR	1.4.3
Monthly Staffing and Performance Report	Monthly, NLT the 5th business day.	1	Electronic (PDF or Word)	COR	5.25
Security Training Certificates (AT Level 1, iWATCH, OPSEC, IA, etc.)	Prior to commencing performance and annually thereafter.	1	Per Government security POC instructions.	COR	1.4.5
CAC / Background Investigation Requests	Within 5 days of employee onboarding or replacement.	1	Electronic	COR and TASS TA: LTC Phelan	1.4.5
Monthly Case Status Report	Monthly, NLT the 7th calendar day.	1	Electronic (Excel)	COR	5.3
MRC3 / DRC3 Monthly Report	Monthly, NLT the 7th calendar day.	1	Electronic (Excel)	COR	5.10

TECHNICAL EXHIBIT 3

Estimated Workload Data

This information is provided for historical background only and does not constitute a guarantee of workload quantities.

Item	Type of Service / Metric	Annual Estimated Volume
1	New Case Files Opened (Service Members entering active management)	355 Soldiers
2	SRP/PHA Events	3 events; ~300 Soldiers per event
3	Mobilization Readiness Events	2 events; ~300 Soldiers per event
4	Medical Evaluation Boards (MEB) Initiated	6 events; ~10 Soldiers per event
5	Medical Documents Scanned / Indexed	~8,000
6	Soldier Profiles Updated in eCase	~1,200

* Personnel estimates are refined 45 days prior to scheduled events and verified 15 days prior.

** Mobilization readiness events will take place at Fort Bliss, Texas on a TBD basis.

*** Personnel estimates vary greatly by event, ranging from 4 to 15 cases per event.

— END OF PERFORMANCE WORK STATEMENT —