PERFORMANCE WORK STATEMENT
Radiologic Technologist (Ambulatory Diagnostic Imaging Services)
Fort Yuma Health Care Center (FYHCC)
BPA - Multi-Specialty Ambulatory Care Services
Revised Draft - 12 June 2026

1. Background and Purpose

Fort Yuma Health Care Center (FYHCC) is an Indian Health Service (IHS) facility located in Winterhaven, California, serving a primarily Native American patient population. FYHCC requires contractor-provided ambulatory diagnostic imaging services from time to time to maintain continuity of outpatient diagnostic imaging operations, patient safety, and timely access to imaging services. This Performance Work Statement (PWS) defines the required service outcomes, performance standards, deliverables, and operating constraints for contractor-provided Radiologic Technologist (RT) services in FYHCC diagnostic imaging settings.

This PWS is structured as a nonpersonal services requirement. It does not establish a requirement to fill Government staffing vacancies or to augment Government supervisory chains. The contractor remains responsible for managing and supervising its workforce while the Government evaluates whether BPA call services meet applicable BPA, call, and PWS requirements.

2. Scope and Required Service Outcomes

The contractor shall provide ambulatory diagnostic imaging services at FYHCC during BPA call coverage periods through qualified, cleared, competency-validated, and authorized Radiologic Technologist personnel. Services shall be performed in accordance with applicable certification, licensure or authorization, validated competencies, valid imaging orders, FYHCC policies and procedures provided during onboarding, current IHS requirements, applicable privacy and security rules, current accreditation standards applicable to the facility, and applicable radiation safety requirements.

- Verify patient identity and valid imaging orders; prepare, position, and educate patients regarding ordered procedures; and support informed consent processes and patient instructions in accordance with local policy.
- Perform diagnostic radiographic studies and related imaging support functions within the RT scope of practice, validated competencies, and any modality-specific authorizations applicable to the BPA call services.
- Operate radiographic equipment safely and correctly; complete technologist-assigned quality control or readiness checks; and promptly report equipment malfunctions, image quality problems, safety concerns, or system downtime issues.
- Produce technically adequate images for interpretation and transmit, archive, or route image data and associated exam information timely in the Government imaging and health record systems.
- Document exams, patient instructions, repeat studies when required, unusual events, and other required information accurately and timely in the Government EHR, radiology information system (RIS), picture archiving and communication system (PACS), or other designated Government system.
- Apply radiation safety requirements, including ALARA principles, patient screening, exposure verification, protective measures as clinically appropriate, dosimetry or badge rules when applicable, and emergency response procedures associated with the BPA call services.
- Protect patient rights, privacy, dignity, and cultural considerations in all interactions.
- Comply with infection prevention, exposure control, workplace safety, equipment safety, and emergency response requirements applicable to the imaging environment.
- Participate in required orientation, patient safety, competency validation, radiation safety, quality review, and other administrative requirements reasonably associated with the BPA call services.
- Meet the measurable performance standards and deliverable requirements stated in this PWS and the applicable BPA call.

3. Nonpersonal Health Care Services and Independent Contractor Relationship

This requirement is for nonpersonal health care services. The contractor and all contractor personnel perform in the capacity of independent contractors and are not Government employees. Contractor personnel shall not receive Government employee benefits, shall not be integrated into Government personnel-management systems, and shall not be supervised or managed as Government employees.

The Government may identify required workload, diagnostic imaging coverage periods, patient access requirements, service outcomes, Government-furnished systems and facility rules, radiation safety requirements, and performance

expectations. The Government may also evaluate the quality, timeliness, completeness, and acceptability of services for contract administration, competency validation, credentialing or privileging when applicable, quality assurance, patient safety, radiation safety, and compliance purposes. These functions do not create an employer-employee relationship and do not authorize Government personnel to perform contractor supervisory functions.

The contractor is solely responsible for recruiting, employing, compensating, scheduling, directing, supervising, training, evaluating, disciplining, retaining, and replacing its personnel. Government personnel shall not assign daily work to contractor employees, approve contractor employee leave, prepare contractor employee performance appraisals, discipline contractor employees, direct contractor staffing decisions, or otherwise exercise employer authority over contractor personnel.

Routine contract administration, staffing continuity, leave coverage, backfill, performance deficiencies, corrective action, and personnel matters shall be communicated through the Contracting Officer, COR, and the contractor's designated contract manager. Communications needed for patient scheduling, valid imaging orders, exam priorities, room assignments, local imaging protocols, image routing, equipment status, emergency response, infection control, radiation safety, privacy, or compliance with facility rules are clinical and operational coordination only and do not constitute Government supervision of contractor personnel.

The Government retains no control over professional or technical judgment within the RT scope of practice, validated competencies, and applicable radiation safety requirements. Contractor technologists remain responsible for exercising independent professional and technical judgment within their certification, licensure or authorization, competency validation, local imaging protocols, and valid imaging orders while complying with applicable facility rules, patient safety requirements, and radiation safety requirements.

4. Place of Performance

All services shall be performed on-site at Fort Yuma Health Care Center (FYHCC), 401 Picacho Road, Winterhaven, California 92283.

Remote or telework performance is not authorized unless specifically ordered in writing by the Contracting Officer. FYHCC does not provide housing.

5. Period of Performance and BPA Calls

- Services shall be performed during the period of performance identified in each BPA Call issued under the resulting BPA.
- Each BPA call will identify required diagnostic imaging coverage dates, shift or session times, anticipated start and end dates, required service outcomes, and any unique operating constraints, modality limitations, or support requirements applicable to the ordered services.
- The contractor shall submit a complete candidate package for each proposed technologist at least forty-five (45) calendar days before the proposed start date unless a shorter lead time is expressly approved by the Contracting Officer.
- No contractor employee may begin performance until all required security, onboarding, competency validation, credentialing or privileging actions when applicable, modality-specific access or operator authorizations, and system access requirements are completed and the Government issues written authorization to start.
- The Government will not direct which contractor employee must be assigned to a BPA call. The contractor may use any qualified, cleared, competency-validated, credentialed or privileged when applicable, and authorized personnel who meet BPA, call, and PWS requirements.

6. Diagnostic Imaging Coverage, Scheduling, and Staffing Responsibility

Normal imaging operating hours are Monday through Friday, 0800-1700 Pacific Time, excluding Federal holidays, unless otherwise stated in the BPA call. BPA call coverage may consist of full-day, partial-day, or intermittent shifts or imaging sessions. The Government will identify required diagnostic imaging coverage windows, service requirements, and performance expectations. The contractor is responsible for scheduling and managing its personnel to meet those requirements.

The contractor shall maintain staffing continuity sufficient to perform all BPA call diagnostic imaging coverage with personnel who are qualified, cleared, competency-validated, oriented, and authorized to begin performance. The contractor shall designate a contract manager and an alternate contract manager responsible for staffing plans, schedule coordination, coverage continuity, leave coverage, backfill, and prompt communication with the CO and COR.

During BPA call coverage periods, contractor personnel shall be available to perform direct diagnostic imaging services, complete required imaging documentation, and coordinate with FYHCC staff regarding patient flow, valid imaging

orders, exam priorities, image routing, equipment status, radiation safety, and emergency response requirements. Workload may vary based on patient acuity, case mix, appointment demand, walk-in demand, order volume, imaging modality, equipment availability, documentation requirements, interpreter needs, facility workflow, and system availability. Patient safety, radiation safety, and professional or technical judgment govern the pace and sequence of imaging services.

Coverage beyond BPA call periods, including after-hours care, on-call coverage, weekends, holidays, or additional shifts or sessions, requires prior written authorization under the BPA or applicable BPA call.

If a contractor employee becomes unavailable for a BPA call coverage period, the contractor remains responsible for maintaining or restoring required service coverage through any qualified and authorized personnel. The Government may coordinate patient-care priorities and imaging-flow needs, but the contractor determines how to staff the BPA call requirement.

7. Minimum Qualifications and Credentials

- Graduate of an accredited educational program in radiologic technology; associate degree or higher is preferred if required by the solicitation.
- Current American Registry of Radiologic Technologists (ARRT) certification in Radiography, or equivalent certification specifically accepted by the solicitation if one is identified.
- Any active, unrestricted license, permit, or authorization required by applicable law or local policy to perform the ordered radiographic services at FYHCC.
- Minimum two (2) years of recent experience in diagnostic radiography, ambulatory imaging, hospital imaging, or a closely related clinical setting.
- Current Basic Life Support (BLS) certification from an American Heart Association or American Red Cross approved provider.
- Demonstrated ability to document studies and related patient information in an electronic health record, radiology information system, or picture archiving and communication system.
- Ability to obtain and maintain FYHCC security access and all required onboarding, competency validation, and any modality-specific access or operator authorizations applicable to the position under local policy.
- Compliance with continuing education, immunization, dosimetry, radiation safety, and mandatory training requirements applicable to the technologist and the facility.

8. Security, Credentialing, Competency Validation, and Onboarding

The contractor shall submit complete and accurate onboarding material for each proposed technologist as required by the Contracting Officer, the FYHCC Security Office, and the offices responsible for credentialing, competency validation, access processing, and any local imaging authorization requirements. Required material may include, as applicable, resumes, certifications, licenses or permits, immunization records, exclusion screening results, fingerprint paperwork, identification documents, mandatory training records, radiation safety or dosimetry records when required, and any other documents identified in the solicitation, BPA, applicable BPA call, or onboarding instructions.

The contractor is responsible for ensuring all credentials and required documents remain current throughout the period of performance and for immediately notifying the Contracting Officer and COR of any adverse licensure or certification action, exclusion, sanction, lapse, investigation, failed competency validation, dosimetry concern, radiation safety issue, or other status change that could affect performance.

The Government may deny a proposed start date, suspend system or facility access, reject services, or require removal from performance when security, training, onboarding, licensure or certification, competency validation, modality authorization, radiation safety, privacy, conduct, or any applicable credentialing, privileging, or access prerequisites are incomplete, expired, inaccurate, or no longer meet BPA, call, or PWS requirements. Such action is a contractual, facility access, competency validation, credentialing, privileging, radiation-safety, or patient-safety action and does not constitute Government discipline of contractor personnel.

9. Performance Standards and Quality Assurance Surveillance Plan (QASP)

The following outcome-based standards establish the basis for Government acceptance and surveillance of BPA call services. Surveillance will focus on service outcomes, compliance, deliverables, and BPA/call performance rather than day-to-day supervision of individual contractor employees. The Government may assess performance through document review, schedule and coverage verification, invoice reconciliation, EHR/RIS/PACS audit, image quality review, radiation safety review, compliance review, incident review, deliverable review, and other surveillance methods consistent with the BPA, applicable BPA call, and applicable law and policy.

If performance does not meet BPA, call, or PWS standards, the Contracting Officer may require a written corrective action plan within three (3) business days or another stated period. Continued failure to meet standards may result in rejection of services, denial or suspension of access, nonpayment for unaccepted services, removal from performance, or other contractual remedies available under the BPA or applicable BPA call. Communications regarding performance deficiencies shall be made through the contractor's designated contract manager, except where immediate patient safety, radiation safety, privacy, security, or facility access action is required.

Performance Objective	Standard	Government Surveillance / Acceptance Method
BPA call diagnostic imaging coverage	100% of BPA call shifts or imaging sessions covered by qualified, cleared, competency-validated, and authorized contractor personnel. Any anticipated coverage gap reported to the CO and COR as soon as known with a proposed continuity plan.	Review of BPA calls, coverage reports, access rosters contractor coverage and credential-status records, and invoice support records.
Certification, licensure or authorization, security, onboarding, and competency status	100% current before start of performance and maintained throughout performance for each technologist providing services.	Document review; verification of ARRT certification, any required licensure or authorization, exclusions, security status, mandatory training, competency validation, and onboarding status.
Diagnostic imaging services within scope and valid orders	100% compliance with RT scope of practice, validated competencies, valid imaging orders, local imaging protocols, modality-specific authorizations, and current facility policies.	Chart or exam audit, quality review, incident review, and compliance review.
Image quality and image transmission	At least 95% of studies technically adequate for interpretation without avoidable repeat due to technologist technique or positioning error; 100% transmitted, archived, or routed the same day absent documented system outage or emergency circumstances.	Image quality review, repeat analysis if available, RIS/PACS audit, and record review.
Radiation safety and ALARA compliance	100% compliance with applicable radiation safety procedures, patient identification and screening requirements, exposure verification steps, protective measures, dosimetry or badge rules when applicable, and equipment safety rules.	Observation, radiation safety review, dosimetry or badge review when applicable, incident review, and compliance review.
Patient access and imaging-flow support	Contractor technologist available during BPA call coverage windows and performs services consistent with valid imaging orders, patient safety, radiation safety, exam priorities, image routing, and local imaging-flow procedures.	Coverage verification, exam logs, RIS/PACS timestamps, patient-flow documentation, complaint review, incident review, and COR review of outcome data.
Documentation timeliness	At least 95% of required exam documentation completed on the day of service; 100% completed within 24 hours absent documented system outage or emergency circumstances.	EHR, RIS, or PACS documentation audit and sample record review.
Patient rights, privacy, and informed consent support	100% compliance with applicable patient rights, consent support, privacy, confidentiality, dignity, and cultural-consideration requirements.	Complaint review, compliance review, and sample record audit.
Infection prevention, equipment quality control, and safety	100% compliance with infection control requirements, assigned equipment quality control or readiness checks, downtime procedures, and prompt reporting of malfunctions or safety issues.	Observation, quality control record review, maintenance or incident review, and compliance review.
Required orientation, training, and quality activities	100% completion of mandatory orientation and training and participation in required patient safety, radiation safety, competency validation, and quality activities reasonably associated with the BPA call services.	Attendance records, training records, competency validation records, and quality documentation review.
Deliverable timeliness and completeness	100% of required staffing, coverage, quality assurance, incident, corrective-action, documentation, and invoice-support deliverables submitted by the due dates stated in this PWS or the BPA call.	Deliverable log, COR review, invoice reconciliation, and contract file review.

10. Government-Furnished Support and Interfaces

The Government will provide access to radiology work areas, Government-furnished imaging equipment and supplies customarily available to FYHCC imaging staff, and access to the Government EHR, radiology information systems, picture archiving and communication systems, and other required systems as needed to perform accepted services.

The Government will provide orientation to local imaging procedures, emergency response procedures, radiation safety rules, documentation requirements, image routing procedures, equipment downtime reporting processes, infection prevention requirements, and facility-specific administrative requirements applicable to the BPA call services. Such orientation is limited to facility-specific operating requirements and does not constitute contractor employee training, supervision, performance management, or personnel administration.

The Contracting Officer, COR, and any designated ordering or technical points of contact will address BPA administration, acceptance, and BPA call matters. FYHCC staff may communicate valid imaging orders, patient schedules, exam priorities, room assignments, local imaging protocols, image routing needs, equipment status, radiation safety requirements, and other clinical interface information necessary for safe patient care. Such operational coordination does not relieve the contractor of responsibility for supervising and managing its personnel and does not convert this BPA or any BPA call into a personal services arrangement.

Government-furnished systems, equipment, work areas, orientation, protocols, radiation safety requirements, and clinical-interface communications are provided to enable safe, compliant performance and Government acceptance of services. They do not authorize Government personnel to direct contractor employee assignments, schedules, leave, discipline, performance appraisals, or other contractor personnel-management functions.

The Government may communicate directly with contractor technologists when immediate communication is necessary for patient safety, radiation safety, privacy, security, emergency response, facility access, equipment safety, infection control, or system access matters. Routine personnel-management and performance-deficiency communications shall be routed through the contractor's contract manager.

11. Contractor Management, Staffing Continuity, Removal, and Substitution

The contractor shall designate a contract manager and an alternate contract manager with authority to resolve staffing, coverage, performance, and administrative issues. The contractor shall provide the names, titles, telephone numbers, and email addresses of both individuals and shall update the Government within one (1) business day of any change.

The contractor's contract manager is the primary interface with the Contracting Officer and COR for scheduling coordination, staffing continuity, leave coverage, backfill, corrective action, performance management, and substitution decisions affecting contractor personnel. The contractor remains responsible for employee supervision, schedule management, work assignments, internal performance management, corrective actions, and any employee-relations matters.

If the Government determines that a contractor employee fails to meet BPA, call, or PWS requirements, poses a patient safety, radiation safety, or security risk, lacks required credentials or competency validation, violates privacy or conduct rules, cannot safely operate required equipment, or otherwise is unsuitable for continued performance, the Contracting Officer may require removal from performance or may deny continued access. For immediate patient safety, radiation safety, security, privacy, or compliance concerns, removal or access suspension may be effective immediately.

The requirement is continuity of BPA call services, not replacement of any specific individual. When a technologist is removed, unavailable, or otherwise unable to perform, the contractor shall maintain or restore compliant coverage using any qualified, cleared, competency-validated, and authorized personnel who satisfy BPA, call, and PWS requirements. The contractor shall acknowledge any Government removal or coverage-deficiency notice within one (1) business day and provide an interim coverage plan within one (1) business day unless a shorter period is required for immediate patient safety, radiation safety, or security concerns.

Any proposed substitute or additional technologist must satisfy all security, onboarding, competency validation, training, modality-specific access or operator authorization, and any required credentialing or privileging requirements before beginning performance. The contractor shall submit a complete candidate package for any proposed substitute as required by Section 8 and the applicable BPA call. The contractor shall not provide services through unapproved personnel.

12. Deliverables

Deliverable	Content / Description	Due Date	Recipient
Contract manager contact information	Name, title, phone number, and email address for the contractor's primary and alternate points of contact.	Within 2 business days after award and within 1 business day of any change.	CO and COR
Candidate package	Complete security, onboarding, qualification, certification, licensure or authorization, competency validation, radiation safety or dosimetry when required, and any required access or credentialing documentation for each proposed technologist.	At least 45 calendar days before proposed start date, unless otherwise approved by the Contracting Officer or BPA call.	CO/COR and designated FYHCC offices
Monthly Coverage and Credential Status Report	Technologist name(s), BPA call coverage dates, scheduled coverage, actual coverage provided, qualification/certification/licensure/authorization status, competency status, and any anticipated staffing risks affecting BPA call services.	Monthly, by the fifth (5th) business day after the end of the service month, unless otherwise stated in the BPA call.	CO and COR
Monthly coverage report	BPA call shifts, sessions, or hours; completed shifts, sessions, or hours; unfilled or partially filled coverage; explanation for any coverage gap; and contractor action taken to maintain or restore coverage.	Monthly, with invoice support record or by the fifth (5th) business day after the end of the service month.	CO and COR
Monthly Service Performance Summary	Summary of required image quality, documentation, radiation safety, patient safety, training, competency validation, equipment quality control/readiness, and compliance participation for the reporting month; include known issues, trends, and corrective actions when applicable.	Monthly, by the tenth (10th) business day after the end of the service month, unless otherwise stated in the BPA call.	CO and COR
Exam and EHR/RIS/PACS documentation	Complete exam documentation, image labeling, routing, archival or transmission, patient instructions, repeat-study documentation when required, unusual-event documentation, and associated patient record entries required for each study performed.	Same day of service; 100% within 24 hours absent documented system outage or emergency circumstances.	Entered in Government systems

Deliverable	Content / Description	Due Date	Recipient
Incident or status notification	Notification of any patient safety, radiation safety, privacy, security, equipment, credentialing, competency, exclusion, licensure, certification, dosimetry, or other event affecting performance.	Within 1 business day of discovery, or sooner when immediate patient safety, radiation safety, privacy, security, equipment, or facility access action is required.	CO and COR
Corrective action response	Written plan or response describing root cause, immediate corrective action, preventive measures, responsible contractor official, and implementation status when requested by the Government.	Within 3 business days of request unless another period is stated.	CO and COR
Monthly invoice support record	Dates of service, authorized shifts, sessions, or hours completed, technologist name(s), BPA call or line item reference, coverage confirmation, and any other information needed for acceptance and reconciliation. Technologist names are included for credentialing, competency validation, radiation safety/dosimetry, EHR/RIS/PACS reconciliation, invoice reconciliation, and acceptance verification only.	With each monthly invoice.	CO/COR/IPP as applicable

13. Invoicing and Payment

Invoices shall be submitted electronically through the Invoice Processing Platform (IPP) or other Government-designated payment system. Each invoice shall include, at a minimum, the invoice number and date, BPA number and BPA call number, applicable BPA or call line item number, dates of service, technologist name(s), authorized shifts, sessions, or hours actually ordered and performed, unit prices, total charges, and the supporting service record required for Government acceptance and reconciliation.

Technologist names are required for credentialing, competency validation, radiation safety or dosimetry documentation when applicable, EHR/RIS/PACS reconciliation, exam verification, invoice reconciliation, and acceptance verification only. Inclusion of technologist names in invoice support records shall not be used to establish Government supervision, labor-hour control, or employee-management authority over contractor personnel.

The Government will pay only for accepted services that were ordered and performed. Additional coverage beyond ordered quantities or periods requires prior written authorization under the BPA or applicable BPA call. The contractor shall not bill IHS patients or third-party payers for services covered by this BPA or applicable BPA call.

14. Applicable Requirements

- Applicable provisions of the Indian Health Manual relating to diagnostic imaging services, onboarding, credentialing or competency validation, peer review or quality activities, medical records, patient rights, infection control, radiation safety, emergency response, and security.
- Current FYHCC radiology procedures, imaging protocols, quality control requirements, equipment readiness requirements, radiation safety procedures, downtime procedures, image archival and transmission procedures, and local operating procedures provided at onboarding. Contractor personnel remain responsible for exercising independent professional and technical judgment within their certifications, validated competencies, applicable radiation safety requirements, and authorized scope of practice. Facility procedures establish operating requirements but do not constitute contractor personnel supervision.
- Current accreditation standards applicable to FYHCC diagnostic imaging and ambulatory care services.
- The Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, and applicable Federal information security and privacy requirements.
- Applicable Federal and State licensure, certification, radiation protection, workplace safety, child protection, immunization, and dosimetry requirements.
- Applicable HHS and IHS mandatory training, tobacco-free workplace, and facility access rules.
- Applicable solicitation, BPA, and BPA call terms, including inspection, acceptance, invoicing, security, privacy, radiation safety, and service-performance requirements.
- The solicitation, resulting BPA, and applicable BPA calls shall include FAR 52.237-7, Indemnification and Medical Liability Insurance, with the required medical liability insurance amount inserted by the Contracting Officer, as applicable to the nonpersonal health care services requirement.

This PWS states the required results and operating constraints for the service requirement. Solicitation clauses, BPA terms, pricing terms, insurance requirements, and other legally operative terms shall be addressed in the solicitation, resulting BPA, and applicable BPA calls.