PERFORMANCE WORK STATEMENT

Performance Work Statement
Nonpersonal Optometrist Services
Hopi Health Care Center (HHCC)

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1. Background and Purpose

Hopi Health Care Center (HHCC) is an Indian Health Service (IHS) facility accredited by AAAHC, serving a primarily Native American patient population in Polacca, Arizona. HHCC operates in accordance with IHS policies, the Indian Health Manual (IHM), and all applicable federal and state regulations. Due to its remote location, HHCC experiences periodic shortages in optometry coverage. This Performance Work Statement establishes the performance requirements for contractor-provided nonpersonal Optometrist services to ensure continuity of comprehensive primary eye care services at Hopi Health Care Center (HHCC).

Note: The contractor shall identify candidate(s) at least forty-five (45) calendar days in advance of the scheduled performance date to allow for IHS security clearance and credentialing/privileging processing per IHM Part 3, Chapter 23.

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2. Scope and Performance Objectives

The contractor shall provide qualified Optometrists to deliver full-scope primary eye care at HHCC. Performance is measured by outcomes. The Government is primarily interested in the results delivered, provided all IHS policies, federal and state regulations, and AAAHC accreditation standards are met.

Performance will be measured by the quality and timeliness of services provided rather than by the manner in which the Contractor performs the work.

Key Performance Outcomes for Optometrists

- Patients receive comprehensive eye examinations and are accurately diagnosed and treated for ocular conditions, consistent with AAAHC Quality of Care Standards (Chapter 4).
- Corrective lenses and/or medications are prescribed within the scope of licensure and IHS-granted privileges.
- Minor ocular procedures are performed safely and in accordance with IHS policy, professional standards, and AAAHC Chapter 10 where applicable.

- All patient encounters are documented in the EHR/RPMS on the day of service, immediately following the encounter, per AAAHC Chapter 6 and IHM Part 6, Chapter 3.
- Referrals for conditions beyond the scope of primary eye care are completed accurately and in a timely manner per AAAHC Chapter 4. Recommend Purchase Referred Care (PRC) for patients to be sent outside IHS to see ophthalmologist or other eyecare specialist.
- Patient rights, informed consent, and privacy are upheld in all encounters per AAAHC Chapter 1 and HIPAA.
- The contractor participates in HHCC QM/QI activities per AAAHC Chapter 5 and IHM Part 3, Chapter 24.
- Infection prevention and control practices are maintained per AAAHC Chapter 15 and IHS infection control policies.
- Services are delivered with cultural sensitivity appropriate to the Native American population served, consistent with IHS cultural competency requirements.

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3. IHS and AAAHC Compliance Requirements

IHS Indian Health Manual (IHM):

- IHM Part 3, Chapter 23 – Credentialing and Privileging
- IHM Part 3, Chapter 24 – Professional Standards and Peer Review
- IHM Part 6, Chapter 3 – Medical Records
- IHM Part 3 – Patient Rights and Responsibilities
- All applicable IHS infection control, safety, and clinical policies

AAAHC Accreditation Standards:

- Chapter 1 – Rights of Patients
- Chapter 4 – Quality of Care Provided
- Chapter 5 – Quality Management and Improvement
- Chapter 6 – Clinical Records and Health Information
- Chapter 7 – Professional Improvement
- Chapter 15 – Infection Prevention and Control

HIPAA/Patient Privacy: All contractor personnel shall comply with HIPAA Privacy and Security Rules and IHS patient privacy policies.

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4. Place of Performance

Hopi Health Care Center (HHCC) HWY 264 MP 388, Polacca Arizona 86042

HHCC has limited housing capacity. Remote or telework performance is not authorized.

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5. Period of Performance

Services shall be performed during the period of performance identified in each BPA Call issued under the resulting BPA.

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6. Hours of Operation and Work Schedules

Full-Time: Monday–Friday, 8:00 AM–5:00 PM (8-hour shifts with 1-hour unpaid lunch).

Estimated hours will be identified in the applicable BPA Call.

Part-Time/Intermittent: 4-hour half-days to 4 full days per week. AM (0800–1200) and PM (1300–1700) blocks Monday through Friday (Thursday PM only). Scheduling coordinated by HHCC.

Shifts may be cancelled or shortened without monetary penalty before arrival. Government does not compensate unpaid lunch periods.

Overtime: As-needed basis; priced separately. FLSA overtime applies for hours over 80 in a defined HHS bi-weekly pay period.

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7. Qualifications and Certifications

Optometrist:

- Doctor of Optometry (O.D.) degree
- Minimum two (2) years of clinical experience
- Active, unrestricted Optometry licensure in any U.S. State, the District of Columbia, the Commonwealth of Puerto Rico, or a U.S. Territory
- Current Basic Life Support (BLS) certification from an AHA or ARC approved provider
- Proficiency in EHR/RPMS documentation
- Compliance with continuing education requirements per applicable licensing board and AAAHC Chapter 7

Knowledge of authorized documentation, scheduling, and recordkeeping practices sufficient to accurately document patient care support activities and maintain required records in accordance with policy.

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8. Security and Onboarding Requirements

All candidates shall complete IHS-mandated security clearance prior to commencement of services per IHM Part 3, Chapter 23. Credentialing, privileging, and onboarding timelines are established by the Government and may vary depending upon workload and processing requirements.

Required documentation: current resume; OF-306 and Addendum (wet signature); IHS Provisional Access Memo; training certificates (Pro-Children Act, No FEAR Act, ISSA); OFI-86C with fingerprint cards; HHS-745 Section A; two valid IDs; educational credentials and licensure; BLS certification; and any additional credentialing documents. Scanned copies only; wet signatures required.

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

Performance Objective	Performance Standard	AQL	Surveillance Method	Incentive / Disincentive
Minimum qualifications verified (AAAHC Ch. 7)	Documentation submitted prior to performance	100%	Government document review	Incentive: Approval/award. Disincentive: No award.
Licensure in good standing (AAAHC Ch. 7 / IHM Pt. 3, Ch. 23)	Active, unrestricted OD licensure; not under investigation	100%	Government document review	Incentive: Approval. Disincentive: Payment withheld.
Credentialing and privileging (IHM Pt. 3, Ch. 23)	Credentialing completed prior to commencement	100%	Government review	Incentive: Approval. Disincentive: No performance authorized.
Background investigation (P.L. 101-630)	Documentation submitted	100%	Government review	Incentive: Approval. Disincentive: No award.
Immunization compliance (AAAHC Ch. 15)	Documentation submitted	100%	Government review	Incentive: Approval. Disincentive: No award.
EHR/RPMS documentation same day (AAAHC Ch. 6 / IHM Pt. 6, Ch. 3)	Notes completed day of service, post-encounter	100%	Periodic Supervisor inspection	Incentive: Positive evaluation. Disincentive: Written notice; repeat failures referred to CO.

Performance Objective	Performance Standard	AQL	Surveillance Method	Incentive / Disincentive
Patient rights and informed consent (AAAHC Ch. 1 / HIPAA)	Informed consent documented; PHI protected	100%	Periodic Supervisor and compliance review	Incentive: Positive evaluation. Disincentive: Written notice; serious violations referred to CO.
QM/QI participation (AAAHC Ch. 5 / IHM Pt. 3, Ch. 24)	Active participation in QM/QI and peer review as directed	100%	COR and QM coordinator review	Incentive: Positive evaluation. Disincentive: Written notice; referred to CO.
Infection prevention and control (AAAHC Ch. 15)	Full adherence to HHCC infection control policies	100%	COR and infection control officer review	Incentive: Positive evaluation. Disincentive: Immediate corrective action; written notice.
Personnel replacement	Replacement personnel shall be provided in accordance with the applicable BPA Call and this Performance Work Statement.	90%	COR written notification	Incentive: No disruption. Disincentive: Two occurrences triggers cure notice.
Long-term shift coverage	Full coverage; forty-five (45) calendar days advance notice whenever practicable.	100%	Government documentation	Incentive: Positive IHS evaluation. Disincentive: Cure notice; possible termination.
Short-term shift coverage	Full coverage for immediate needs	85%	Government documentation	Same as above.

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10. Supervision and Oversight

Government personnel will provide contract oversight, quality assurance surveillance, and coordination necessary to accomplish the Government's mission. Contractor personnel shall exercise independent professional judgment within the scope of their licensure, credentials, and privileges. Nothing in this Performance Work Statement shall be construed as creating an employer-employee relationship between the Government and Contractor personnel.

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11. Conditions for Removal and Replacement

Personnel shall be relieved within twenty-four (24) hours of written notice. A qualified replacement shall be provided within one (1) week of removal, per IHM Part 3, Chapter 23 procedures.

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12. Deliverables

- Contractor personnel profile and credentialing documentation submitted to the government prior to commencement of services.
- Timesheets submitted to Department Supervisor, certified, and forwarded via IPP.
- Replacement personnel documentation, when applicable.

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13. Invoicing and Payment

Invoices submitted electronically via IPP, including: invoice date/number, contract number, line item charges, service description, quantity/unit/price/total, and dates of service. Hourly fixed rate inclusive of all applicable rates. Overtime priced separately. Copies to Contract Specialist and COR/TPOC.

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14. Applicable Regulations and Addenda

Pro-Children Act of 1994; Indian Child Protection and Family Violence Prevention Act (P.L. 101-630); Crime Control Act of 1990 (P.L. 101-647); HHS Tobacco-Free Policy; HIPAA Privacy and Security Rules; IHS Indian Health Manual (applicable parts); AAAHC Chapters 1, 4, 5, 6, 7, 15; IHS infection control and clinical policies.