SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS			CIAL ITEMS	REQUISITION NUMBER				PAGE OF			
		TO COMPLETE BLOC	CKS 12, 17, 23, 24, &	30	IHS	1459435	5		1	3	
2. CONTRACT NO 75H71222			3. AWARD/ EFFECTIVE DATE 09/28/2022	4. ORDER NUMBER				5. SOLICITATION NUMBER	1		6. SOLICITATION ISSUE DATE
	R SOLICITATION RMATION CALL:	a. NAME MICHELE	LODGE		l'	602-364		(,	8. OFFER D	UE DATE	LOCALTIME
9. ISSUED BY	,		CODE 10		10. THIS ACQU	ISITION IS	□ un	IRESTRICTED OR	SET ASIDE:	100	.00 % FOR:
Two Rena Suite 50	Area Indian issance Squ 7 Attn: Div AZ 85004-44	are, 40 Nortision of Acc	th Central		SMALL BU HUBZONE BUSINESS SERVICE-I VETERAN SMALL BU	SMALL DISABLED OWNED	☐ (wos	IEN-OWNED SMALL BUSINE 5B) ELIGIBLE UNDER THE V LL BUSINESS PROGRAM OSB	WOMEN-OWNE	IAICS: 62	21111 DARD: \$12.0
	SS BLOCK IS	2. DISCOUNT TERMS			RATE	CONTRACT IS ED ORDER UNI G (15 CFR 700)		13b. RATING 14. METHOD OF SOLIC		RFP	
15. DELIVER TO		CODE	IHSHOPIHEAI	тн	16. ADMINISTE	RED BY			CODE 1		
	HEALTH (4000, HWY AZ 86042	264, MP388			Two Ren	aissan 07, Att	ce Sqi cn: Di	n Health Serv uare, 40 Nort ivision of Ac 424	h Centi		
17a. CONTRACTO	DR/ CODE 29288	31	FACILITY		18a. PAYMENT	WILL BE MAD	E BY		CODE T	ISDHO	ENIX
OFFEROR			CODE						11	ISFIIO	ENIX
Attn: (b)(BAY AREA 3451 S M	ANESTHESIA, ANESTHESIA, ERCY ROAD AZ 852970100	, LLC	1 3451		IHSPHOE SUITE 5 2 RENAI 40 NORT PHOENIX	512 AT SSANCE TH CENTI	SQUAI RAL AV		AGEME		
TELEPHONE NO.	480-46	74443									
17b. CHECK IF	REMITTANCE IS DIFFER	RENT AND PUT SUCH AD	ODRESS IN OFFER		18b. SUBMIT IN	_	DDRESS S SEE ADDE	HOWN IN BLOCK 18a UNLE	SS BLOCK BE	LOW	
19. ITEM NO.		SCHEDULI	20. E OF SUPPLIES/SERVIO	CES		21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOL	
	This Contract 75H71222C00034 is hereby issue Non-Personal Professional Emergency Room Physician Services at the Hopi Health Care C (HHCC). All work is to be performed in conformance with the Stat of Work dated 18 September 2022 and the contterms and conditions (Continuation SF1449). The UEI number for Bay Area Anesthesia is NHBEN7FLTDR8. This contract is for a base ye with four (4) one (1) year option periods.										
25. ACCOUNTIN	NG AND APPROPRIAT	TON DATA					2	6. TOTAL AWARD AMO	UNT (For Gov	rt. Use O	nly)
_	F148.25629							\$1,445,			
				2-4. FAR 52.212-3 AN AR 52.212-4. FAR 52.2			ed. Adi Addend		□ ARE		NOT ATTACHED. NOT ATTACHED.
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED. 30a. SIGNATURE OF OFFEROR/CONTRACTOR					Josh	INCLUDING/ HEREIN, IS ACC	ANY ADDI CEPTED AS MERICA (SI	RACT: Prop /2022 YOUR OFFE ITIONS OR CHANGES V STOLD TE MS : N S A IGNATURE OF CONTACT Pearlman - S Date: 2022.	RONSOLIC WHICH ARE S The d by lo NG OFFICER	ITATION SET FOR	OFFER (BLOCK 5),
30h NAME ANI	D TITLE OF SIGNER (Type or print)	30c F	DATE SIGNED		Iman		-07'00' FFICER (Type or print)		31c DA	TE SIGNED
JUD. INCHINE AINL	D THEE OF SIGNER (, spe or pillity	500. L			L. PEA				JIC. DA	I E GIONED

19. ITEM NO.		20. SCHEDULE OF SUPPLIES	S/SERVICE	≣S		21. QUANTITY	22. UNIT	23. UNIT PF		24. AMOUNT
	The base pe	eriod of performan	ce is	s 28 September	r					
	2022 through	gh 27 September 202	23.							
	Appr. Yr.:	2022 CAN: J40F148	Obje	ect Class: 256	629					
	Period of E	Performance: 09/28	/2022	2 to 09/27/202	27					
1	Base Year -	- Emergency Room Pl	hysic	cians at Hopi						1,445,375.00
	Health Care	e Center								
	Estimated H	Hours: (b)(4)								
	Hourly Rate	e: (b) (4)								
	Period of E	Performance: 28 Sep	ptemb	per 2022 throu	ıgh					
	27 September	er 2023								
	Obligated A	Amount: \$1,445,375	.00							
Delivery: 09/28/2022										
2	Option Year	r One (1) - Emerge	ncy R	Room Physiciar	ns					0.00
	at Hopi Health Care Center									
	Estimated H	Hours: (b) (4)								
	Hourly Rate	∋ : (b) (4)								
	Period of E	Performance: 28 Sep	ptemb	per 2023 throu	ıgh					
	27 September	er 2024								
	Amount: \$1,	477,537.50 (Option	Line	e Item)						
	06/28/2023									
	Delivery: (09/28/2023								
	_									
3	Option Year	r Two (2) - Emerge	ncy R	Room Physiciar	ns					0.00
		alth Care Center								
	Estimated F	Hours: (b) (4)								
	Continued .	• • •								
	Y IN COLUMN 21 HAS							_		
RECEIV		PECTED ACCEPTED ACCEPTED ACCEPTED		ONFORMS TO THE CON 32c. DATE					201750 04	OVEDNIMENT DEDDEOCNITATIVE
32b. SIGNATOR	NE OF AUTHORIZED	GOVERNMENT REPRESENTATIVE		SZC. DATE	32u. PRIN	TED NAME.	AND I	TILE OF AUTHO	JRIZED GO	OVERNMENT REPRESENTATIVE
32e. MAILING A	DDRESS OF AUTHOR	RIZED GOVERNMENT REPRESEN	ITATIVE		32f. TELE	PHONE NUM	ИBER	OF AUTHORIZE	ED GOVER	NMENT REPRESENTATIVE
					32g. E-MA	IL OF AUTH	ORIZI	ED GOVERNME	NT REPRE	SENTATIVE
33. SHIP NUME	BER	34. VOUCHER NUMBER	35. AMO	OUNT VERIFIED CT FOR	36. PAYM	ENT				37. CHECK NUMBER
PARTIAL	FINAL				COM	IPLETE		PARTIAL [FINAL	
38. S/R ACCOL	JNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID	DBY						
		L CORRECT AND PROPER FOR PAY			42a. RE	ECEIVED BY	(Print)		
41b. SIGNATUR	.1b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE				42b. RECEIVED AT (Location)					
					42c. DA	TE REC'D (YY/MN	1/DD)	42d. TOTA	L CONTAINERS

CONTINUATION SHEET
REFERENCE NO. OF DOCUMENT BEING CONTINUED
75H71222C00034

NAME OF OFFEROR OR CONTRACTOR

BAY AREA ANESTHESIA, INC 292881

ITEM NO.
(A)

SUPPLIES/SERVICES
QUANTITY UNIT UNIT PRICE AMOUNT
(C)
(D)
(E)
(F)

Hourly Rate: (b) (4)

Period of Performance: 28 September 2024 through

27 September 2025

Amount: \$1,477,537.50 (Option Line Item)

06/28/2024

Delivery: 09/28/2024

4 Option Year Three (3) - Emergency Room Physicians

at Hopi Health Care Center

Estimated Hours: (b) (4)
Hourly Rate: (b) (4)

Period of Performance: 28 September 2025 through

27 September 2026

Amount: \$1,514,458.50 (Option Line Item)

06/28/2025

Delivery: 09/28/2025

5 Option Year Four (4) - Emergency Room Physicians

at Hopi Health Care Center Estimated Hours: (b)(4) Hourly Rate: (b)(4)

Period of Performance: 28 September 2026 through

27 September 2027

Amount: \$1,514,458.50 (Option Line Item)

06/28/2026

Delivery: 09/28/2026

///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY

BE MADE BY A CONTRACTING OFFICER///

The total amount of award: \$7,429,367.00. The obligation for this award is shown in box 26.

PAGE

3

3

0.00

0.00

AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGI	PAGES						
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE0	 QUISITION/PURCHASE REQ. NO.	5. PROJEC	T NO. (If applicable)						
P00001	See Block 16C	IHS	1475693								
6. ISSUED BY	CODE 10	7. AD	MINISTERED BY (If other than Item 6)	CODE 1)						
Phoenix Area Indian Heal Two Renaissance Square, Suite 507 Attn: Division Phoenix AZ 85004-4450	40 North Central Ave	Two Sui	Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424								
8. NAME AND ADDRESS OF CONTRACTOR (No	., street, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.								
BAY AREA ANESTHESIA, INC	292881										
Attn: (b) (6)		96	9B. DATED (SEE ITEM 11)								
BAY AREA ANESTHESIA, LLC	3451										
3451 S MERCY ROAD		x 10	A. MODIFICATION OF CONTRACT/ORDE	ER NO.							
GILBERT AZ 852970100		X 7	5H71222C00034								
		46	B. DATED (SEE ITEM 13)								
CODE	EACILITY CODE		,								
CODE 292881	FACILITY CODE		19/22/2022								
☐ The above numbered solicitation is amended a	11. THIS ITEM ONLY APPL			extended. is	not extended.						
separate letter or electronic communication w RECEIVED AT THE PLACE DESIGNATED F OFFER. If by virtue of this amendment you de each letter or electronic communication make	OR THE RECEIPT OF OFFERS PRIOR esire to change an offer already submitte s reference to the solicitation and this ar	RTOTHE HOUR ed , such change	AND DATE SPECIFIED MAY RESULT IN may be made by letter or electronic commi	REJECTION OF Y	OUR .						
12. ACCOUNTING AND APPROPRIATION DATA	A (If required)	Net Ind	crease:	\$1,477,5	37.50						
2023.J40F148.25629	2 TO MODIFICATION OF CONTRACTO	(0000000 17114	ODIFIES THE CONTRACT/ORDER NO. AS								
	ONTRACT/ORDER IS MODIFIED TO REFORTH IN ITEM 14, PURSUANT TO T		MINISTRATIVE CHANGES (such as chang (OF FAR 43.103(b). TY OF:	ges in paying office	>,						
D. OTHER (Specify type of mod	• •		- Cambuaab								
	ion to Extend the Te										
E.IMPORTANT: Contractor (X): 14. DESCRIPTION OF AMENDMENT/MODIFIC UEI: NHBEN7FLTDR8	s not is required to sign this docu ATION (Organized by UCF section head										
Modification P00001 is is Physician Servicers at th		_	-	rsonal ER							
OY1 period of performance All other terms and condi	_	3 throug	h 27 September 2024.								
LIST OF CHANGES:											
Continued											
Except as provided herein, all terms and condition	ons of the document referenced in Item 9	A or 10A, as he	retofore changed, remains unchanged and	l in full force and ef	fect.						
15A. NAME AND TITLE OF SIGNER (Type or pr	int)	16A.	NAME AND TITLE OF CONTRACTING C	OFFICER (Type or	orint)						
		OR	LANDO GUERRERO								
15B. CONTRACTOR/OFFEROR	15C. DATE SIG	GNED 16B.	UNITED STATES OF AMERICA		16C. DATE SIGNED						
			ando Guerrero -S Digitally signed b	oy Orlando Guerrero -S 15:19:27 -05'00'							
(Signature of person authorized to sign)		-	(Signature of Contracting Officer)		07/18/2023						

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00001

PAGE 2

3

NAME OF OFFEROR OR CONTRACTOR

NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	Reason for Modification: Exercise an Option	+			
	Obligated Amount for this Modification:				
	\$1,477,537.50				
	New Total Obligated Amount for this Award:				
	\$2,922,912.50				
	CHANGES FOR LINE ITEM NUMBER: 2				
	Option Year One (1) - Emergency Room Physicians				
	at Hopi Health Care Center				
	Estimated Hours: (b) (4)				
	Hourly Rate: (b) (4)				
	Period of Performance: 28 September 2023 through				
	27 September 2024				
	Obligated Amount for this Modification:				
	\$1,477,537.50				
	Exercised option				
	-				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	2023.J40F148.25629				
	Cost Ctr (FDA & IHS)				
	T-Number (FDA)				
	Appropriation Year 2023				
	CAN J40F148				
	Object Class 25629				
	PMS Code (FDA)				
	Suffix (FDA)				
	Agency Tag (FDA)				
	Center Tag (FDA)				
	Quantity: 0				
	Amount: \$1,477,537.50				
	Percent: 100				
	Subject To Funding:				
	Payment Address:				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SOUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2023 CAN: J40F148 Object Class: 25629				
	Period of Performance: 09/28/2023 to 09/27/2024				
	refrod of refrommance: 09/28/2023 to 09/2//2024				
	Continued				
	concinued				
		1			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00001
 PAGE 3
 OF 3

NAME OF OFFEROR OR CONTRACTOR

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY				
	BE MADE BY A CONTRACTING OFFICER///				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CO	ONTRACT	1. CONTRACT	OF PAGES						
					1	2				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	E DATE 4	. REQUISITION/PURC	HASE REQ. NO.	5. PROJECT	NO. (If applicable)				
P00002	04/01/2	024								
6. ISSUED BY CODE	10		7. ADMINISTERED BY	(If other than Item 6)	CODE 10					
Phoenix Area Indian Health S Two Renaissance Square, 40 N Suite 507 Attn: Division of A Phoenix AZ 85004-4450	orth Cent	tral Ave	Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424							
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	countv. State and	ZIP Code)	, Iga. AMENDMENT O	F SOLICITATION NO.						
BAY AREA ANESTHESIA, INC 2928 BAY AREA ANESTHESIA, LLC 3451 S MERCY ROAD GILBERT AZ 852970100	81 3451	<u>()</u>	9B. DATED (SEE IT) 10A. MODIFICATION 75H71222C0	N OF CONTRACT/ORDER N	IO.					
	I		10B. DATED (SEE I	,						
CODE 292881	FACILITY COD	E	09/22/2022	2						
	11. THIS IT	EM ONLY APPLIES TO AM	ENDMENTS OF SOLICI	TATIONS						
each letter or electronic communication makes refere 12. ACCOUNTING AND APPROPRIATION DATA (If req. See Schedule 13. THIS ITEM ONLY APPLIES TO M CHECK ONE A. THIS CHANGE ORDER IS ISSUED I ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRAGA appropriation data, etc.) SET FORTI	DODIFICATION OF PURSUANT TO: ET/ORDER IS MAIN ITEM 14, PI	F CONTRACTS/ORDERS. (Specify authority) THE CI ODIFIED TO REFLECT TH JRSUANT TO THE AUTHO	IT MODIFIES THE CON HANGES SET FORTH I E ADMINISTRATIVE C PRITY OF FAR 43.103(TRACT/ORDER NO. AS DES	CRIBED IN ITE	т				
E. IMPORTANT: Contractor X is not	is required	to sign this document and r	eturn	copies to the issuin	g office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION The purpose of this unilateral Francine Polacca as the assic This is a no cost modificati	al modifigned Cont	cation for contracting Offic	ntract 75H71 er's Represe	222C00034 is t	o appoir	nt Ms.				
Reason for Modification: Other Potal Amount for this Modification			on							
Contracting Officer Represen	tative c	nanged								
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITL	E OF CONTRACTING OFFI	CER (Type or p	print)				
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. UNITED STATES		ando Guerrero -S :06 -05'00'	16C. DATE SIGNED				
(Signature of person authorized to sign)				ure of Contracting Officer)						

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00002
 PAGE 2
 OF 2
 2

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C))	(E)	(F)
	from TARA ARGUAL				
	to FRANCINE G POLACCA				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Period of Performance: 09/28/2023 to 09/27/2024				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				
		1	I		

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CO	ONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PR0	JECT NO.	. (If applicable)				
P00003	09/28/2	-		496825			(
6. ISSUED BY CODE	10		7. ADN	MINISTERED BY (If other than Item 6)	CODE	10					
Phoenix Area Indian Health So Two Renaissance Square, 40 No Suite 507 Attn: Division of A Phoenix AZ 85004-4450	ervice orth Cent	cral Ave	Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424								
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and	ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.							
BAY AREA ANESTHESIA, INC 2928 BAY AREA ANESTHESIA, LLC 3451 S MERCY ROAD GILBERT AZ 852970100	-	9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00034 10B. DATED (SEE ITEM 13)									
CODE 292881	FACILITY COD	E	0	9/22/2022							
	11 THIS IT	EM ONLY APPLIES TO AN		ENTS OF SOLICITATIONS							
separate letter or electronic communication 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 letter or electronic communication, provided each letter or electronic communication 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) Net Increase: \$1,477,537. 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. CHECK ONE 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. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).							50				
D. OTHER (Specify type of modification X 52.217-9 Option to E	and authority)										
E. IMPORTANT: Contractor is not	is required t	o sign this document and	return	copies to the issuing	office.						
14. DESCRIPTION OF AMENDMENT/MODIFICATION The purpose of this modificate Physician Services for the Ho	ion is t pi Healt	o fund and exe h Care Center	erci	•		sonal	ER				
LIST OF CHANGES: Reason for Modification: Exeminate Exemples Total Amount for this Ver Continued Except as provided herein, all terms and conditions of the Total Except as provided herein.	sion: \$1	,477,537.50	1	etofore changed, remains unchanged and in ful NAME AND TITLE OF CONTRACTING OFFIC							
			ORL	ANDO GUERRERO							
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		UNITED STATES OF AMERICA lando Guerrero - S Date: 2024;06.11/12:25:0	do Guerre I -06'00'	ro -S	6/11/2024				
(Signature of person authorized to sign)		İ	1	(Signature of Contracting Officer)							

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00003
 PAGE 2
 PAGE 2
 2
 2

NAME OF OFFEROR OR CONTRACTOR

TEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	New Total Obligated Amount for this Award:				
	\$4,400,450.00				
	CHANGES FOR LINE ITEM NUMBER: 3				
	Obligated Amount for this Modification:				
	\$1,477,537.50				
	Exercised option				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE PHOENIX AZ 85004				
	Appr. Yr.: 2024 CAN: J40G148 Object Class: 25629				
	Period of Performance: 09/28/2024 to 09/27/2025				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				

AMENDM	IENT OF SOLICITATION/MOD	DIFICATION OF CO	NTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES					
2. AMENDM	ENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	 OJECT NO	. (If applicable)					
P00004		07/25/20	124	IHS1	500189								
6. ISSUED E	BY C	CODE 10		7. ADI	MINISTERED BY (If other than Item 6)	CODE	10						
Phoeni	x Area Indian Healt			Pho	enix Area Indian Health	Ser	vice						
	naissance Square, 4				Renaissance Square, 40			tral Ave					
	507 Attn: Division			Sui	te 507, Attn: Division	of Ac	quisi	tion Mgmt					
Phoeni	x AZ 85004-4450			Pho	enix AZ 85004-4424								
8 NAME AN	D ADDRESS OF CONTRACTOR (No.,	street county State and	7/P Codo)	loa	AMENDMENT OF SOLICITATION NO.								
O. NAIVIL AIN	DADDRESS OF CONTRACTOR (No.,	, street, county, state and 2	<u>[(</u>	(x) SA	AWENDMENT OF SOLICITATION NO.								
bay are	CA ANESTHESIA, INC 2	292881											
	CA ANESTHESIA, LLC			9В	DATED (SEE ITEM 11)								
3451 S MERCY ROAD GILBERT AZ 852970100													
JILBER'I	' AZ 8529/0100		,		A. MODIFICATION OF CONTRACT/ORDER	NO.							
				1/5	5H71222C00034								
				10	B. DATED (SEE ITEM 13)								
CODE 2	00001	FACILITY CODE	<u> </u>		,								
	92881				9/22/2022 ENTS OF SOLICITATIONS								
	e numbered solicitation is amended as ast acknowledge receipt of this amend		•		celpt of Offersis extended on or as amended , by one of the following me		is not ex By comple						
	nd 15, and returning	•	•		eipt of this amendment on each copy of the o	,		•					
'					ent numbers. FAILURE OF YOUR ACKNOW								
					AND DATE SPECIFIED MAY RESULT IN REA may be made by letter or electronic communic								
each lette	r or electronic communication makes	reference to the solicita	•	-	received prior to the opening hour and date s								
	NTING AND APPROPRIATION DATA 40F148.25629	(If required)	Net	Inc	rease: \$	419,	989.25						
2021.0		S TO MODIFICATION OF	CONTRACTS/ORDERS	IT MO	DIFIES THE CONTRACT/ORDER NO. AS DES	SCRIBER) IN ITEM 1	<u> </u>					
CHECK ON	A. THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 10A.	SUED PURSUANT TO: ((Specify authority) THE C	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN T	HE CON	TRACT						
	B. THE ABOVE NUMBERED CON appropriation data, etc.) SET I	NTRACT/ORDER IS MO FORTH IN ITEM 14, PU	DDIFIED TO REFLECT THE RSUANT TO THE AUTH	HE ADI	MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b).	in payin	g office,						
	C. THIS SUPPLEMENTAL AGRE	EMENT IS ENTERED I	NTO PURSUANT TO AUT	THORI	TY OF:								
	D. OTHER (Specify type of modifi												
X	IAW FAR 52.212-4	(c) Contract	Terms & Cond	diti									
E. IMPORTA	ANT: Contractor ☐ is	not X is required to	o sign this document and	return	1 copies to the issuir	ng office.							
		, ,	•	•	olicitation/contract subject matter where feasib	,							
	-				ment hereby modifies co								
	-			_	tion year one (1) in th								
					and option year two (2)								
		inclusion of	new line ite	em #	0007. A total contract	inc	rease	of					
\$419,98	39.25.												
Obligat	ted Amount for this	Modificatio	on: \$419,989.2	25									
New Tot	tal Obligated Amoun	t for this A	ward: \$4,820,	,439	.25								
Contin	ued												
154 NAME	AND TITLE OF SIGNER (Type or prin	nt)		16.4	NAME AND TITLE OF CONTRACTING OFF	ICED /T·	(ne or print)						
	_					IOLK (1)	pe or pririt)						
Jacks	on Weaver, Owner	& CEO		ORI	ANDO GUERRERO								
15B. CONTI	RACTOR/OFFEROR		15C. DATE SIGNED	16B.	UNITED STATES OF AMERICA		160	C. DATE SIGNED					
Jac	kson Weaver		0/0/04	Or	lando Guerrero - S Digitally signed by Or S Date: 2024.08.02 15:5:	rlando Guer 5:23 -06'00'	rero -S						
	(Signature of person authorized to sign)		8/2/24		(Signature of Contracting Officer)								
Previous ed	ition unusable				5	STANDA	RD FORM 3	30 (REV. 11/2016)					

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00004
 PAGE 2
 2
 2
 2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C))	(E)	(F)
	Payment:				
	IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2024 CAN: J40F148 Object Class: 25629				
	Period of Performance: 07/25/2024 to 09/27/2025				
6	OY (1) Rate Increase -ED Physician				84,026.7
	(b) (4)				·
	Period of Performance: 25 July 2024 through 27				
	September 2024				
	Obligated Amount: \$84,026.75				
7	OY (2) Rate Increase -ED Physician				335,962.5
	(b) (4)				
	Period of Performance: 28 September 2024 through				
	27 September 2025				
	Obligated Amount: \$335,962.50				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CO	ONTRACT		CONTRACT ID CODE	PAGE 1	OF PAGES					
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REA	JISITION/PURCHASE REA. NO.		NO. (If applicable)					
P00005	12/18/20	024									
6. ISSUED BY CODE	10		7. ADN	IINISTERED BY (If other than Item 6)	CODE 10						
Phoenix Area Indian Health So Two Renaissance Square, 40 N Suite 507 Attn: Division of Phoenix AZ 85004-4450	North Cer	ntral Ave	Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424								
8. NAME AND ADDRESS OF CONTRACTOR (o., street, o	county, State and	I Code)	9A.	AMENDMENT OF SOLICITATION NO.							
BAY AREA ANESTHESIA, INC 2928 BAY AREA ANESTHESIA, LLC 3451 S MERCY ROAD GILBERT AZ 852970100	81		9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00034 10B. DATED (SEE ITEM 13)								
CODE 292881	FACILITY COD	E	0	9/22/2022							
	11. THIS ITE	EM ONLY APPLIES TO AM									
separate letter or electronic communication which inclu RECEIVED AT THE PLACE DESIGNATED FOR THE OFFER. If by virtue of this amendment you desire to c each letter or electronic communication makes referent 12. ACCOUNTING AND APPROPRIATION DATA (If re un See Schedule	rior to the hour a pies of the amen udes a reference RECEIPT OF C hange an offer a nce to the solicita ired)	nd date specified in the so dment (b) By acknowledg to the solicitation and ame FFERS PRIOR TO THE H Ilready submitted , such ch ation and this amendment, Net	licitation ing reco endmer HOUR A nange n , and is	n or as amended , by one of the following meth eipt of this amendment on each copy of the offet t numbers. FAILURE OF YOUR ACKNOWLE ND DATE SPECIFIED MAY RESULT IN REJE lay be made by letter or electronic communical received prior to the opening hour and date sp	ods: (a) By coer submitted of EDGEMENT TECTION OF Tion, provided opecified.	or (c) By O BE OUR 55.13					
CHECK ONE 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. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).											
C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED I	NTO PURSUANT TO AUT	HORIT	Y OF:							
D. OTHER (Specify type of modification X IAW FAR 52.212-4 (c)											
E. IMPORTANT Contractor is not	is reCuired	to sign this document and	retum	copies to the issuing	office.						
14.DESCRIPTION OF AMENDMENT/MODIFICATION (UEI: NHBEN7FLTDR8 Modification P00005 issued to Please review, and complete Pursuant to Block (D), the Go follows:	o de-obl and sign	igate funds for blocks 15A,	or t	he expired period of pe , and 15C.	rformar						
1. That all commodities or seperiod of performance. 2. That all invoices submitted contract. Continued Ecept as provided herein, all terms and conditions of the	ed have l	been paid in :	full	for the ordering perio	od under	this					
15A. NAME AND TITLE OF SIGNER (Type or print)			_	IAME AND TITLE OF CONTRACTING OFFIC							
Jackson Weaver, Owner & C	EO			ANDO GUERRERO							
15B CONTRACTOR/OFFEROR Jackson Weaver (Signature of person authorized to sign)		15C. DATE SIGNED 01/21/25	l	NITED STATES OF AMERICA Digitally signed by ando Guerrero -S Guerrero -S Date: 2025.01.21 1: (Signature of Contracting Officer)		16C. DATE SIGNED					

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00005

PAGE 2

3

NAME OF OFFEROR OR CONTRACTOR

	SUPPLIES/SERVICES	AUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C))	(E)	(F)
	3. That there are no outstanding invoices or	<u> </u>		 	
	issues for this contract.				
	4. One or more CLINS are being decreased as				
	outlined below.				
	5. If we do not receive a response within 14				
	working days from receipt of this modification				
	the government will unilaterally process the				
	modification.				
	6. By signing this modification you are in				
	agreement with the de-obligation of any excess				
	funding for this task order with the period of				
	performance dates of the contract and thereby				
	release the government of any future claims				
	against the contract in regards to the specified				
	contract line item and period of performance.				
	7. All other terms and conditions remain				
	unchanged.				
	LIST OF CHANGES:				
	Reason for Modification: Funding Only Action				
	Total Amount for this Modification: -\$1,903,955.13				
	New Total Obligated Amount for this Award:				
	\$2,916,484.12				
	CHANGES FOR LINE ITEM NUMBER: 1				
	Total Amount changed				
	from \$1,445,375.00 to \$438,805.00				
	Obligated Amount for this Modification:				
	-\$1,006,570.00				
	CHANGES FOR LINE ITEM NUMBER: 2				
	Total Amount changed				
	from \$1,477,537.50 to \$644,238.12				
	Obligated Amount for this Modification:				
	-\$833,299.38				
	7000,200				
	CHANGES FOR LINE ITEM NUMBER: 6				
	Total Amount changed				
	from \$84,026.75 to \$19,941.00				
	Obligated Amount for this Modification:				
	-\$64,085.75				
	YUI, UOJ. 1J				
	Continued				
l l					

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00005
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	AUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C))	(王)	(F)
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Period of Performance: 07/25/2024 to 09/27/2025				
	(End of Summary of Changes)				
			1	ı İ	

Statement of Work ER Physician Services for the Hopi HealthCare Center (HHCC)

OVERVIEW

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room Physician Services as described herein at the Hopi Health Care Center Indian Hospital located in Polacca, Arizona. This will be for a base year period of performance with four(4) one (1) year option periods of performance. All candidate submssions shall contain a complete profile and current work history of thecandidate(s) presented, including licensure and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the Hopi Health Care Center PHS Indian Hospital. The security preclearance requirement must be adhere to; the process includes a fingerprint check and a screen check of the physician through the office of the inspector general's exclusion list at http://exclusions.oig.hhs.gov/.

BACKGROUND:

The Hopi Healthcare Center is a 4-bed, The Joint Commission (TJC) accredited critical access hospital. Hopi Healthcare Center Outpatient Services include general medical care to adults and pediatrics. Outpatient visits for the HHCC totaled 68,000 for Fiscal Year 2015, including 14,000 Emergency Department visits.

WORK SCHEDULE FOR PHYSICIAN SERVICES: Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.

A) Emergency Room Physicians 2 – 12-hour shifts during the day 7 days per week and 2 – 12-hour shifts during the night 7 days per week. Approximate number of shifts to be filled in the Emergency Room are four (4) twelve (12) hour shifts per day.

PRICING SCHEDULE - See Attachment A - Rate Schedule for Pricing

The unit price paid to the Contractor shall be considered as payment in full for services provided underthis award. In no way, unless directed by the IHS, shall any provider attempt to bill or collect from any IHS patient, or from any alternate resource for which the patient may be eligible, any monies for services provided under this award.

Hourly fixed rate shall be inclusive of all other fees (holiday, overtime, nights, weekend or call services, etc), including travel expenses, per diem, lodging, all city, state, federal and local taxes, and all miscellaneous costs associated with the provision of services. The government will pay one flat rate.

Contractor shall be paid only for actual time services are performed under the terms of the contract at the hourly fixed rate (one flat rate). There is no provision for holiday, overtime, nights, weekend or call services etc. *The government does not pay for time taken for lunch.

DUTIES AND RESPONSIBILITIES:

The contractor shall be expected to assist and provide services and duties as may be requested for the normal operational requirements for the department and personnel. The contractor shall provide work that is consistent with the guidelines and procedures of the IHS. Failure of the contractor to meet these standards can result in cancellation of this contract. The contractor's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work

The contractor shall prepare and complete in a timely fashion, the medical and other required records for

all parties he/she admits or in any way provides care for the hospital or health care facility (Service Unit Medical By Laws). All Electronic Health Records (EHR) notifications shall be addressed before contractor leaves the hospital care facility. During the performance of their duties, the contractor shall provide for the consistent performance of patient care processes according to the standards for the TJC accreditation program within IHS. These standards include: The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contractor shall possess a professional medical education from a post-secondary academic institution or be licensed in a field of medical study. The contractor should be proficient in writing, typing and have a basic working knowledge and understanding of computer hardware and software applications. The contractor shall have sufficient knowledge, competence and experience in providing these services on a regular schedule to the Hopi Healthcare Center. The contractor shall possess sufficient initiative, interpersonal relationship skills, social sensitivity and appropriate professional behavior such that the contractor can relate constructively to IHS employees, contractors, vendors and individuals from the Native American community. Due to some limited driving requirements, the contractor should have a current, valid state driver's license from any of the 50 United States or the Commonwealth of Puerto Rico.

The contractor shall not have any work or health restrictions, which could directly or indirectly interfere with the performance of providing services as there will be some moderate lifting and moving of furniture as well as boxes of office supplies and equipment. The contractor shall maintain acceptable standards of personal hygiene and grooming such that their image as a Federal contract employee is compatible with the expectations of the IHS staff. Personal Service Contractors are covered under the Federal Tort Claims Act.

The contractor shall be required to utilize the electronic health record for chart documentation, after receiving training to enter all lab and x-ray requests. Once the emergency room is converted over to an EHR system the provider must use the system for documentation.

Patients receiving services under this agreement may only speak a native language and/or reside on a Native American Reservation. The Contractor's employee(s) shall be sensitive to the unique culture factors of the people they treat, which may include use of an interpreter as necessary in communication of services being rendered. Unique cultural factors that may contribute to the patient's treatment include: use of their language communications; village and tribal customs; use of traditional healers; isolation; housing conditions and lack of resources.

In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide a minimum seventy-two (72) hour notification to the Contracting Officers Representative (COR), Clinical Director or designee thereof. The Contractor shall then make a full, goodfaith effort to provide coverage with a replacement.

In the event that the contractor fails to provide 72 hours' notice of their inability to meet the schedule, excepting unforeseen emergencies, the contract with this individual provider will be terminated and the contractor will no longer be scheduled to work in the Hopi Healthcare Center since failure to show up for the scheduled shift causes an undue burden on the hospital.

E.D. Physicians will admit patients to inpatient and must complete a History & Physicial. E.D. Physicians must provide cross coverage of inpatient as the in-house physician, and must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of treatment regimen shall be documented.

Accommodations/Lodging – The IHS Hopi Health Care Center Service Unit may be able provide accommodations on-site for the selected physicians for the estimated period of performance.

Transient housing will be provided (at a daily rate) when available. If no transient housing, then the local hotel or housing in Winslow, Arizona. CURRENTLY and for the forecasted remainder of 2022 there is NO transient housing available.

CONTRACTOR EXPERIENCE/QUALIFICATIONS:

It is preferred but not required that Medical staff have experience of services performed ina rural community. It is essential that medical staff must be willing to accept a position in a rural community. The contractor shall provide the Government with the qualifications of Physicians presented as candidates for assignments, including resume (detail experience in months and years), and references.

REQUIREMENTS - (Emergency Room Physician):

(a) QUALIFICATION/CERTIFICATION - ER PHYSICIANS:

- 1) Contractor shall provide staff physician with recent emergency department experience.
- 2) Physicians shall possess either board certification in Internal Medicine, Family Practice or Emergency Medicine.
- 3) Recent Emergency Department work experience is acceptable in lieu of board certification.
- 4) Current certification is required in BLS (Basic Life Support)
- 5) ACLS (Advanced Cardiac Life Support
- 6) PALS (Pediatric Advanced Life Support) and
- 7) ATLS (Advanced Trauma Life Support).

STATEMENT OF WORK:

The contractor will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within thedepartment Contractor shall speak, understand, read and write the English language fluently. The contractor should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Government shall allow only qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the government.

Contractor agrees to the terms and conditions of the contract, acknowledges that performance shall be provided in a professional manner and shall demonstrate a level of competence in work that meets and/or exceeds the government's requirements.

The Government shall periodically assess and evaluate medical and health servicesprograms to ensure consistency with current standards of practice.

The Contractor shall perform services with respect to patient's right to receive appropriate and quality healthcare services without discrimination due to race, creed, gender, national origin, sexual orientation, disability, age, physical or mental handicap ordisability, type of illness or condition, and need for health services.

Contractor(s) acceptance of the government contract shall ensure that Contractor adheres to all terms and conditions of the contract. A Contractor shall be free of any non- prescribed substance in performance of the contractual requirements. However, if the government has suspicion and/or observation of

Contractor's performance possibly being under the influence of non-prescribed substance (ie, alcohol, etc.) the government reserves the right to terminate contract without further explanation.

The Contractor or individual performing services shall comply with all applicable Federaland State workers compensation, health examinations, income tax withholdings, social security withholding and occupational disease statues.

The Contractor shall ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except pursuantto a written request and with prior written consent of the individual to whom the records pertain. However, this obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to thirdparty payers to whom the patient has authorized release of information.

Complete administrative control of patient remains with the Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the Government. All records shall be maintained in accordance with medical treatment facility guidelines.

OTHER CONTRACTOR RESPONSIBILITIES

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

Safety or protective clothing or equipment shall be provided and maintained by the Contractor at the Contractor's own expense.

No interpretation of any provision of this contract, including applicable specifications shall be binding on the Government unless furnished or agreed to in writing by the Contracting Officer.

HEALTH REQUIREMENT/SCREENING:

Immunizations:

The contractor agrees to furnish the following documentation of immunization recordsprior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: Annual PPD or Chest X-ray, if there is a history of positive skintest.
- (2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- (3) Documentation of two (2) varicella (chicken pox) vaccinations or proof of immunity or history of having disease. Documentation of Hepatitis B series vaccination and influenza vaccination during flu season.

Personal Hygiene – Contractor personnel shall be clean and neat in appearance.

Contractor's personnel who acquire a communicable illness shall not perform services under the contract and must be free of illness before returning to work. The Contractorshall notify the COR of any situation that may arise immediately.

Contractor's personnel shall not use commercial tobacco products while on the IHScampus.

The Contractor is responsible for compliance with all appropriate TJC, IHS, IHS facility policies/procedures and other regulatory agency record keeping requirements.

INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT

No performance under the contract shall be allowed without full compliance with the Indian child protection and family violence prevention act, public law 101-630 and the Indian health service memo dated February 3, 1997 investigations of child-care workers. Contractor shall ensure that proposed providers cooperate with and assist the government in the conduction of any necessary background checks.

CRIME CONTROL ACT OF 1990

No performance under this contract shall be allowed without full compliance with the Crime Control Act Of 1990, Public Law 101-647 and the Indian Health Service memo dated February 3, 1997 Investigations on Child Care Workers. Contractor shall ensure that proposed providers cooperate with and assist the government in condition of any necessary background checks.

ORIENTATION:

Contractors shall participate in facility orientation program prior to physician and nurse practitioner services starting. Orientation is usually accomplished within one (1) week. The Contractorshall be required to complete all necessary documentation required for background checks as applicable.

No Contractor or Contractor's personnel may be assigned to work under the contract untilinitial Orientation has been completed. Documentation verifying the content of the orientationand a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). When the Government exercises one or more of the option years to the contract, the Contractor shall provide updated listing to the COR, documenting personnel have had refresher orientation.

IHS on site orientation must be met within thirty (30) days of award. This requirement includes any "new Contractor personnel."

Contractors shall complete IHS Computer Security Awareness Training within thirty (30) days.

CREDENTIALING AND PRIVILEGING:

The Contractor shall participate in the Credentialing and Privileging process in accordance with facility procedure. The Contractor will be provided copies of current requirements as applicable and updates as they are published.

CONTRACTOR CREDENTIALS

The Contractor shall provide the following documents for each provider for credentialing:

- 1. Current resume
- 2. OF-306 Declaration for Federal Employment (all questions must answered and signature with date in 17a is required)
- 3. OF-306 Addendum Addendum to the OF-306 (Declaration for Federal Employment)
- 4. IHS Provisional Access Memo
- 5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion
- 6. NoFEAR Act Training; complete the Certificate of Completion
- 7. OFI-86C form along with two fingerprint cards and applicable state forms
- 8. HHS-745, Section A
- 9. Two IDs (driver's license and social security card names must match and be unexpired)

NOTE: No photo submission of forms, please have the forms scanned. Wet signature and date is highly recommended. No PDF signatures will be accepted

CONTRACTOR QUALITY CONTROL PROGRAM:

- (a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:
 - (1) A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.
 - (2) A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the Government and shall be available to the COR during normal working hours. The file shall be turned over to the Government within 14 days of completion or termination of the contract.

PERIODIC PERFORMANCE EVALUATION MEETINGS:

The Contractor shall meet, via in-person or teleconference meeting, with the ContractingOfficer's Representative (COR) at the Hopi Healthcare Center a minimum of every six months according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

GOVERNMENT FURNISHED PROPERTY AND SERVICES:

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or
 - Disfigurement of Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of government property, or performance is determined to be unsatisfactory; the COR will issue a CDR. The Contractor will reply in writing, to the PO within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive

CONTRACTOR FURNISHED PROPERTY AND/OR ITEMS:

Contractor shall furnish qualified and experienced physicians and hospitalist for the purpose of performing services at the Hopi Healthcare Center. The Contractor shall secure all certifications and licenses to comply with Local, State and Federal laws.

Contractor shall perform all health screening of all medical staff to ensure that they meet IHS Guidelines.

Miscellaneous: The Contractor shall furnish other items as identified within this contract, such as, orientation and training, medical exams, procedures manual, quality control program, required data.

CONTRACT ADMINISTRATION DATA:

(a) Reimbursement for services provided will be made upon completion of services as specified in the Scope of work. The Contractor shall submit an invoice through the US Treasury in IPP.

CONTRACTING OFFICER'S (COR) REPRESENTATIVE RESPONSIBILITIES:

- (a) The Contracting Officer's Representative is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- (b) The Contracting Officer will designate in writing a Contracting Officer's Representative who shall be responsible for:
 - (1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
 - (2) Interpreting scope of work;
 - (3) Performing technical evaluations required;
 - (4) Performing technical inspections and acceptances required by this contract;
 - (5) Monitoring funds available for obligation under this contract;
 - (6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- (c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- (d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

ACCOUNTABILITY

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the Clinical

Director, Hopi Healthcare Center or designee (e.g. ANE) to ensure that services called for under the contract have been rendered.

PERFORMANCE BASED ASSESSMENT:

- (a) Introduction Performance Requirements:
 - (1) A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic surveillance of all aspects of professional nursing services. This plan provides for monitoring the contract requirements
- (b) The objective of this surveillance plan is to evaluate how the Contractor is performing in key areas. The government is primarily interested in the final service being provided and not in the details of accomplishment.
- (c) The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.
- (d) Quality Assurance Surveillance Plan (QASP):
 - (i) The Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and not considered part of the contract.
 - (ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

Performance Standards: The Quality Assurance Surveillance Plan (QASP) outlines required standards and will be a part of the contract.

Measures	Performance	Standards	Acceptable	Negative	Positive
	Requirement		Quality	Incentive	Incentive
			Level		
1. Key Personnel	Provide required	Qualified	95%	5% (the maximum	Government
	Specialty ER	personnel are		negative incentive	will exercise the
	Physicians as	available within		combined will not	next option year
	specified	10 days of		exceed 10% per	if the contactor
	In the statement	notice to		month for not	performs
	of work.	Contractor and		meeting the	satisfactory.
		in		Acceptable Quality	
		location as		Level)	
		needed to			
		properly			
2. Patient Safety	Immediate	All incidents	100%	5% (the maximum	Government
	reporting of any	reported		negative incentive	will exercise the
	Potential or	immediately		combined will not	next option year
	actual patient			exceed 10% per	if the contactor
	risk			month for not	performs
	Management			meeting the	satisfactory.
	incidents to the			Acceptable Quality	
	Department			Level)	
0.75	Manager				
3. Maintaining	Updated	Licensing and	Contract	5% (the maximum	Government
licensing	Licensing and	certification	provider	negative incentive	will exercise the
registration, and	certifications,	information	records	combined will not	next option year
certification	BLS, ACLS,	kept current.	will be	exceed 10% per	if the contactor
	PALS will be		kept 100%	month for not	performs
	provided as they		up-to-date	meeting the	satisfactory.

	are renewed			Acceptable Quality Level)	
4. Privacy, Confidentiality and HIPPA	Contractor is aware of all laws, regulations, policies, and procedures relating to Privacy Confidentiality and HIPPA and Complies with all standards	Zero breaches of privacy or confidentiality	100%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contactor performs satisfactory.

CONDITIONS FOR REMOVAL/REPLACEMENT OF PHYSICIAN(S)

As mutually agreed between the Contracting Officer and the Contractor there may be grounds for removal and/or replacement of a Physician. The Contractor's employee shall be removed from an IHS facility if services are not performed in accordance with terms and conditions of this award, and/or the Contractor's VA/FSS contract.

CONTRACTOR REQUIREMENTS

For *Medical & Professional Contractors*, the contractor shall comply with all IHS facility infection control and safety procedures, and standards. During the performance of this contract, the Contractor shall provide for the consistent performance of patient care process according to the standards of the JTC and/or Centers for Medicare Services (CMS) who supplies accreditation to the Phoenix Area Indian Health Service hospitals and health centers. These standards shall include: The Comprehensive Accreditation Manual for Hospitals, the Laboratory Standards, and Ambulatory Care Standards as they represent the scope of services of this contract.

For *Medical & Dental Professional Contractors*, the contractor shall complete in a timely fashion, the medical and other required records for patients he/she admits or in any way provides treatment. The contractor shall abide by the Service Unit Medical By-laws and rules and regulations and meet all credentialing requirements in accordance with the Service Unit Medical Staff By-laws. Upon award, the selected physician(s) shall undergo Indian Health Service (IHS) mandated security clearance for work on-site at the Hopi Healthcare Center. The security pre-clearance requirement must be adhered to; the process includes a fingerprint check and a screen check through the Office of the Inspector General's exclusion list at http://exclusions.oig.hhs.gov/.

SUPERVISORY CONTROLS

The Chief Medical Officer, or designee, provides primarily administrative supervision. The supervising physician sets overall health care objectives and specifies resources available. The supervising physician provides for clinical supervision on a 24-hour, media and tour of duty coverage. The supervising physician reviews work performance on a periodic basis in order to evaluate proficiency in providing health care, discuss deficiencies and problems encountered, outline and/or approve new or changed practices to be employed, and provides consultation on specific cases and related problems. Work which involves out-of-the-ordinary diagnostic decisions or treatment is discussed with supervisor or supervising emergency department physician who keeps aware of the condition of such patients and all aspects of treatment regimen. Work performance is reviewed for conformance to IHS policy, procedures and accepted professional practices; and the Quality Assurance improvement Program of the Medical staff of the Service Unit.

E.D. physicians will provide guidance and instruction to the nurse practitioners providing services during each shift worked. Within established guidelines, contractor(s) exercise latitude in planning and carrying out health care assignments and in undertaking new procedures, practices and approaches to extend both services provided and increase individual proficiency. Overall work performance is reviewed jointly by the clinical director/supervising physician for effectiveness in meeting requirements for healthcare services.

END OF STATEMENT OF WORK

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS			MERCIAL ITEMS		QUISITION NU			PAGE OF			
		R TO COMPLETE BLOC			IHS	3145943			1	3	
2. CONTRACT NO 75H71222			3. AWARD/ EFFECTIVE DAT	4. ORDER NUMBER			5	5. SOLICITATION NUM	MBER	6. SOLICITAT ISSUE DATE	
,011,1222	00000		09/28/20							ISSUEDATE	
7. FOR	SOLICITATION	a. NAME	00,20,20			b. TELEPHONI	E NUMBER	(No collect call	s) 8. OFFER D	DUE DATE/LOCAL TIME	
INFOF	RMATION CALL:	MICHELE	LODGE			602-364	-5044				
9. ISSUED BY			CODE	10	10. THIS ACQU	JISITION IS		RESTRICTED OR	SET ASIDE:	100.00 % FOR	R:
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	_	uare, 40 Nor			HUBZONE		SMALI	L BUSINESS PROGRA	M	NAICS:621111	
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11. DELIVERY F	OR FOB DESTINA-	12. DISCOUNT TERMS						13b. RATING			
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SEE SCH	HEDULE					S (15 CFR 700)		14. METHOD OF S		RFP	
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17a. CONTRACTO		.990	FACILITY		18a. PAYMENT	WILL BE MAD	E BY		CODE	HSPHOENIX	
OFFEROR			CODE		\dashv				L		
MATTIFAD	C 1571990				IHSPHO	NTY					
Attn:(b)(6)							יתוי דו	NANCIAL M	ANAGEME		
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REDMOND	OR 97756225	53				X AZ 85					
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TELEPHONE NO.	928-3	008107									
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	1				IS CHEC		SEE ADDEN				
19. ITEM NO.		SCHEDUL	20. E OF SUPPLIES/S	ERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT	
	This Contr	act 75H71222	2C00033	is hereby iss	ued for						
		al Professi		-							
				. Health Care	Center						
	(HHCC). Al	ll work is t	o be pe	rformed in							
	conformanc	e with the S	tatement	of Work dat	ed 18						
	September	2022 and the	contrac	t terms and							
	conditions	(Continuat	ion SF14	49).							
		mber for Nat									
				for a base	year						
	with four	(4) one (1)	year opt	ion periods.							
	<u> </u>	verse and/or Attach A	Additional Shee	ets as Necessary)					1101111777		
	NG AND APPROPRIA F148.25629	ATION DATA					26	5. TOTAL AWARD A	•	ovt. Use Only)	
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									oposal	☐ ARE NOT ATTAC	
		TO SIGN THIS DOCU				29. AWARD (DATED	OF CONTR	_	_	CITATION (BLOCK 5),	OFFER
		ERWISE IDENTIFIED A			I		<u>Д</u> МУ, ДДДП	YOUR C TIONS OR CHANG			,
SHEETS SU	BJECT TO THE TER	INS AND CONDITIONS	SPECIFIED.					0			
30a. SIGNATURE	OF OFFEROR/CONTR	ACTOR			Oa. SN	EGTANES	DF_AMERO	A RESINTATE OF CO. DIVING	HOMES FEIR	iserd by Joshua L	
						1					
001 110000				30c. DATE SIGNED		man	_			22 14:16:55 -07	
30b. NAME ANI	D TITLE OF SIGNER	(Type or print)						FICER (Type or prin	าญ	31c. DATE SIGNED)
					JOSHUA	L. PE	AKLMAN				

19. ITEM NO.		20. SCHEDULE OF SUPPLIES	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PF		24. AMOUNT
	The base pe	eriod of performan	ce is 2	28 September						
	2022 through	gh 27 September 202	23.							
	Appr. Yr.:	2022 CAN: J40F148	Object	Class: 256	29					
	Period of E	Performance: 09/28	/2022 t	09/27/202	7					
1	Base Year -	- Emergency Room Pl	hysicia	ans at Hopi						1,492,000.00
	Health Care	e Center								
	Estimated H	Hours: (b)(4)								
	Hourly Rate	e: (b) (4)								
	Period of A	Performance: 28 S	eptembe	er 2022 thro	ough					
	27 September	er 2023								
	Obligated A	Amount: \$1,492,000	.00							
	Delivery: ()9/28/2022								
2	Option Year	r One (1) - Emerge	ncy Roc	om Physician	ıs					0.00
	at Hopi Hea	alth Care Center								
	Estimated H	Hours:(b)(4)								
	Hourly Rate	⊖ : (b) (4)								
	Period of B	Performance: 28 S	eptembe	er 2023 thro	ough					
	27 September	er 2024								
	Amount: \$1,	534,500.00(Option	Line I	tem)						
	06/28/2023									
	Delivery: (09/28/2023								
3	Option Year	r Two (2) - Emerge	ncy Roc	om Physician	ıS					0.00
	at Hopi Hea	alth Care Center								
	Estimated H	Hours: (b) (4)								
	Continued .	• • •								
32a. QUANTITY	Y IN COLUMN 21 HAS	BEEN								
RECEIV	ED INS	PECTED ACCEPTED	D, AND CONF	FORMS TO THE CONT	TRACT, E	XCEPT AS N	NOTE	D:		
32b. SIGNATUF	RE OF AUTHORIZED	GOVERNMENT REPRESENTATIVE	Ē	32c. DATE	32d. PRIN	TED NAME.	AND T	TITLE OF AUTHO	ORIZED GO	OVERNMENT REPRESENTATIVE
32e. MAILING A	DDRESS OF AUTHOR	RIZED GOVERNMENT REPRESEN	ITATIVE	3	32f. TELEI	PHONE NUM	ИBER	OF AUTHORIZE	ED GOVER	NMENT REPRESENTATIVE
				3	32g. E-MA	IL OF AUTH	ORIZE	ED GOVERNME	NT REPRE	SENTATIVE
33. SHIP NUME	BER	34. VOUCHER NUMBER	35. AMOUNT		36. PAYM	ENT				37. CHECK NUMBER
PARTIAL	FINAL	-			COM	IPLETE		PARTIAL [FINAL	
38. S/R ACCOL	JNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY							1
		ORRECT AND PROPER FOR PAY			42a. RE	CEIVED BY	(Print)		
41b. SIGNATUR	RE AND TITLE OF CEI	RTIFYING OFFICER	41c.	. DATE	42b. RE	ECEIVED AT	(Loca	tion)		
					42c. DA	TE REC'D (YY/MN	1/DD)	42d. TOTA	L CONTAINERS

PAGE REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** 75H71222C00033 3 3

NAME OF OFFEROR OR CONTRACTOR

NATIVEARC 1571990 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Hourly Rate: (b) (4) Period of Performance: 28 September 2024 through 27 September 2025 Amount: \$1,604,250.00 (Option Line Item) 06/28/2024 Delivery: 09/28/2024 Option Year Three (3) - Emergency Room Physicians 0.00 at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2025 through 27 September 2026 Amount: \$1,674,000.00 (Option Line Item) 06/28/2025 Delivery: 09/28/2025 Option Year Four(4) - Emergency Room Physicians 0.00 at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2026 through 27 September 2027 Amount: \$1,743,750.00 (Option Line Item) 06/28/2026 Delivery: 09/28/2026 ///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY BE MADE BY A CONTRACTING OFFICER/// The total amount of award: \$8,048,500.00. The obligation for this award is shown in box 26.

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE	1	OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)
P00001	09/28/2023	IHS	1475662		
6. ISSUED BY CODE	10	7. AE	OMINISTERED BY (If other than Item 6)	CODE 10	
Phoenix Area Indian Health S	ervice	Pho	enix Area Indian Health	Service	•
Two Renaissance Square, 40 No	orth Central Ave	Two	Renaissance Square, 40	North C	entral Ave
Suite 507 Attn: Division of A	Acquisition Mgmt		te 507, Attn: Division o	of Acqui	sition Mgmt
Phoenix AZ 85004-4450		Pho	penix AZ 85004-4424		
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9/	A. AMENDMENT OF SOLICITATION NO.		
NATIVEARC 1571990					
Attn: (b) (6)		91	B. DATED (SEE ITEM 11)		
NATIVEARC, LLC 708 SW D	ESCHUTE				
708 SW DESCHUTES AVE STE 5		11		10	
REDMOND OR 977562253		x 7	DA. MODIFICATION OF CONTRACT/ORDER N 5H71222C00033	Ю.	
	T	10	DB. DATED (SEE ITEM 13)		
CODE 1571990	FACILITY CODE		09/22/2022		
	11. THIS ITEM ONLY APPLIES				
The above numbered solicitation is amended as set for Offers must acknowledge receipt of this amendment p	•		•		ot extended. mpleting
			ceipt of this amendment on each copy of the off		-
separate letter or electronic communication which incl					
RECEIVED AT THE PLACE DESIGNATED FOR THE OFFER. If by virtue of this amendment you desire to (OUR
each letter or electronic communication makes referei		_	-		
12. ACCOUNTING AND APPROPRIATION DATA (If requ	uired)	Net In	crease: \$	1,534,50	00.00
2023.J40F148.25628				ODIDED IN ITE	
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORD	DERS. II M	ODIFIES THE CONTRACT/ORDER NO. AS DES	CRIBED IN THE	M 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUED F	PURSUANT TO: (Specify authority)	THE CHAN	GES SET FORTH IN ITEM 14 ARE MADE IN TI	HE CONTRACT	Г
ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRAC	T/ORDER IS MODIFIED TO REFLE	ECT THE AL	OMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).	in paying office,	
appropriation data, etc., GETT ONT	THAT EN 14, I GROOM TO THE	, comorar	1 61 174146.105(b).		
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	OAUTHOR	ITY OF:		
D. OTHER (Specify type of modification	and authority)				
X IAW FAR 52.217-9 Opt		Term c	of the Contract		
E. IMPORTANT: Contractor X is not	is required to sign this documen			a office	
14. DESCRIPTION OF AMENDMENT/MODIFICATION				_	
The purpose of this modificat		,			Year One
(1) in accordance with FAR 5				-	
effective period of performan	-				
amount of \$1,534,500.00 is in				1 41141119	211 0110
	oozpozaooa ana one	op or			
Obligated Amount for this Mod	lification: \$1 534	500 0	0		
New Total Obligated Amount for					
New Total Obligated Amount 10	r chis Awara. 95,0	20,500	,		
CHANGES FOR LINE ITEM NUMBER	: 2				
Obligated Amount for this Mod		500 0	0		
Continued		, 500.0	<u> </u>		
Concinued					
15A. NAME AND TITLE OF SIGNER (Type or print)		16A	NAME AND TITLE OF CONTRACTING OFFI	CER (Type or p	rint)
	I		LANDO GUERRERO		100 DATE
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNEI	^ບ ¹86	UNITED STATES OF AMERICA rlando Guerrero Digitally gelly (Guerrero S	Olimb	16C. DATE SIGNED
		-S	Date: 2023.07.20 11	:28:27 -05'00'	
(Signature of person authorized to sign)			(Signature of Contracting Officer)		I

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00001
 PAGE 2
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 2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C))	(E)	(F)
	Exercised option				
	NEW ACCOUNTING CODE ADDED:				
	Account code: 2023.J40F148.25628				
	Cost Ctr (FDA & IHS)				
	T-Number (FDA)				
	Appropriation Year 2023				
	CAN J40F148				
	Object Class 25628				
	PMS Code (FDA)				
	Suffix (FDA)				
	Agency Tag (FDA)				
	Center Tag (FDA)				
	Quantity: 0				
	Amount: \$1,534,500.00				
	Percent: 100				
	Subject To Funding: N				
	Payment Address:				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2023 CAN: J40F148 Object Class: 25628				
	Period of Performance: 09/28/2023 to 09/27/2024				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				
			I I		

AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CO	NTRACT		. CONTRACT ID CODE		OF PAGES
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE	DATE 4	4. REQU	SITION/PURCHASE REQ. NO.	5. PROJEC	T NO. (If applicable)
P00002		02/09/20	24				, ,, ,
6. ISSUED BY	CODE	10		7. ADMI	NISTERED BY (If other than Item 6)	CODE 1)
Two Rena Suite 50	Area Indian Health So aissance Square, 40 No 07 Attn: Division of A AZ 85004-4450	ervice orth Cent	ral Ave on Mgmt	Two I	nix Area Indian Health Renaissance Square, 40 e 507, Attn: Division nix AZ 85004-4424	Service North (e Central Ave
O NAME AND	ADDRESS OF CONTRACTOR (No., street,	acustic State and 7	ID Code)	امم م	MENDMENT OF SOLICITATION NO.		
	RC 1571990	county, State and 2	(:	(x) 9A. A	MENDINIENT OF SOLICITATION NO.		
Attn: <mark>(b)(</mark> NATIVEAF 708 SW D		ESCHUTE			ATED (SEE ITEM 11)		
	OR 977562253		2	^ 75F	MODIFICATION OF CONTRACT/ORDER I	NO.	
CODE :	F1.000	EACH ITY CODE			DATED (SEE ITEM 13)		
CODE 15	71990	FACILITY CODE	M ONLY APPLIES TO AM		/22/2022		
Items 8 and separate let RECEIVED OFFER. If be each letter of	15, and returning cop- ter or electronic communication which incl AT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to co- or electronic communication makes referent TING AND APPROPRIATION DATA	vies of the amend udes a reference RECEIPT OF OF change an offer al ace to the solicital dired)	ment; (b) By acknowledgi to the solicitation and am FERS PRIOR TO THE H ready submitted , such ch ion and this amendment,	ging recei nendmen HOUR AN hange ma	or as amended , by one of the following ment of this amendment on each copy of the or numbers. FAILURE OF YOUR ACKNOW D DATE SPECIFIED MAY RESULT IN RE by be made by letter or electronic communic ceived prior to the opening hour and date services.	ffer submitted; //LEDGEMENT JECTION OF Y cation, provided specified.	or (c) By TO BE YOUR
CHECK ONE	ORDER NO. IN ITEM 10A.				S SET FORTH IN ITEM 14 ARE MADE IN T NISTRATIVE CHANGES (such as changes F FAR 43.103(b).		
Λ	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED IN	ITO PURSUANT TO AUT	THORITY	OF:		
	D. OTHER (Specify type of modification	and authority)					
E. IMPORTAN	T: Contractor X is not	is required to	sign this document and r	return _	copies to the issuir	ng office.	
UEI: F7 The purp Myronna	7B6FDR8X8E4	l modific	cation for co	ntra	citation/contract subject matter where feasile ct 75H71222C00033 is telepresentative (COR).	,	nt Ms.
Total Am New Tota	For Modification: Other mount for this Modifical Amount for this Ver al Amount for this Awa	ation: \$0	.00	ion			
Continue		e document refer	enced in Item 9 A or 10A	, as heretr	ofore changed, remains unchanged and in f	ull force and ef	ect.
	ND TITLE OF SIGNER (Type or print)			16A. NA	ME AND TITLE OF CONTRACTING OFF NDO GUERRERO		
15B. CONTRA	ACTOR/OFFEROR		15C. DATE SIGNED		IITED STATES OF AMERICA Digitally signed by Or ndo Guerrero - S Date: 2024.02.14 13:5		16C. DATE SIGNED
-	(Signature of person authorized to sign)				(Signature of Contracting Officer)	1.20 -0000	

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00002
 PAGE 2
 OF 2
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NAME OF OFFEROR OR CONTRACTOR NATIVEARC 1571990

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Period of Performance: 09/28/2023 to 09/27/2024				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				

AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CO	NTRACT		CONTRACT ID CODE	PA	AGE OF	PAGES			
2. AMENDMEN	IT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJ		(If applicable)			
P00003		04/01/20	24								
6. ISSUED BY	CODE	10		7. ADN	IINISTERED BY (If other than Item 6)	CODE	10				
Two Rena Suite 50	Area Indian Health Saissance Square, 40 No 77 Attn: Division of A AZ 85004-4450	orth Cent		Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424							
8. NAME AND A	ADDRESS OF CONTRACTOR (No., street,	county, State and Z	(IP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.						
	C 1571990		ť	,							
Attn: (b) (6) NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253 CODE 1571990 FACILITY CODE					DATED (SEE ITEM 11) . MODIFICATION OF CONTRACT/ORDER NO. H71222C00033) .					
0005		EACH ITY CODE	-								
15°	71990				9/22/2022						
	umbered solicitation is amended as set fo				ENTS OF SOLICITATIONS eipt of Offers		is not ext				
OFFER. If b	AT THE PLACE DESIGNATED FOR THE y virtue of this amendment you desire to or relectronic communication makes referent NG AND APPROPRIATION DATA (If required) edule 13. THIS ITEM ONLY APPLIES TO MAKE THE STORY A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	RECEIPT OF OI change an offer al nee to the solicital sired) DDIFICATION OF	FERS PRIOR TO THE I ready submitted , such cl tion and this amendment CONTRACTS/ORDERS.	HOUR A hange n , and is IT MOI	nt numbers. FAILURE OF YOUR ACKNOWLI ND DATE SPECIFIED MAY RESULT IN REJE nay be made by letter or electronic communical received prior to the opening hour and date specifies THE CONTRACT/ORDER NO. AS DESCRESSET FORTH IN ITEM 14 ARE MADE IN THE	ECTION O tion, provi ecified. ERIBED IN	OF YOUR ided				
Х	appropriation data, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN D. OTHER (Specify type of modification	T IS ENTERED IN			IINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b). Y OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
E. IMPORTANT					copies to the issuing						
The purp Francine This is Payment: IHSPHOEN SUITE 51 2 RENAIS 40 NORTH PHOENIX	ose of this unilateral polacca as the assignation of the second of the s	nl modific gned Cont: n.	cation for co	ntra	dicitation/contract subject matter where feasible act 75H71222C00033 is to see Representative (COR).	-	oint M	Is.			
15A. NAME AN	D TITLE OF SIGNER (Type or print)			16A. N	NAME AND TITLE OF CONTRACTING OFFIC	ER (Type	or print)				
				ORL	ANDO GUERRERO						
15B. CONTRA	CTOR/OFFEROR		15C. DATE SIGNED	1	INITED STATES OF AMERICA Clando Guerrero -5 Digitally signed by Orlando State 2024 D4 10 10:41:7	ndo Guerrero		. DATE SIGNED			
	Signature of person authorized to sign)				(Signature of Contracting Officer)	-0300					

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00003
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR NATIVEARC 1571990

M NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
A)	(B)	(C))	(E)	(F)
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	⊥ ∠ OJECT NO. (If applicable)			
P00004		07/01/2024	IHS1	499370					
6. ISSUED BY	CODE	10	7. ADI	AINISTERED BY (If other than Item 6)	CODE	10			
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424					
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.					
NATIVEAE	RC 1571990								
Attn: (b) (6) NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253				9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00033					
			10	DATED (SEE ITEM 42)					
CODE 15		FACILITY CODE	4	3. DATED (SEE ITEM 13)					
	571990	11. THIS ITEM ONLY APPLIES TO A		9/22/2022					
Items 8 and separate let RECEIVED OFFER. If I	I 15, and returning cop tter or electronic communication which incl PAT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to cor or electronic communication makes referer	oles of the amendment; (b) By acknowled udes a reference to the solicitation and a RECEIPT OF OFFERS PRIOR TO THE change an offer already submitted, such noe to the solicitation and this amendmen	lging rec imendme HOUR / change i	eipt of this amendment on each copy of the off ent numbers. FAILURE OF YOUR ACKNOW! AND DATE SPECIFIED MAY RESULT IN REJ may be made by letter or electronic communica received prior to the opening hour and date sp	fer subm LEDGE ECTION ation, procedified.	nitted ; or (c) By MENT TO BE N OF YOUR ovided			
	TING AND APPROPRIATION DATA (If requ $\mathtt{0F148.25629}$	electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR The of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided tronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. ND APPROPRIATION DATA (If required) Net Increase: \$279,090.00 3. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. HIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT RDER NO. IN ITEM 10A. HE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, popropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).							
2021.01		ODIFICATION OF CONTRACTS/ORDERS	S. IT MO	DIFIES THE CONTRACT/ORDER NO. AS DES	CRIBED	D IN ITEM 14.			
CHECK ONE									
	appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:								
v	IAW FAR 52.212-4 (C)	• ,	- di + i	ong-Changog					
X									
14 DESCRIP		☐ is required to sign this document an		copies to the issuing	_				
The purprate indoor (2) i #0006 ar	pose of this bilateral crease of \$45.00 an ho	modification for co our for the remainde 250.00. This has resu ease of \$279,090.00.	ntra r of	ct 75H71222C00033 is to OY (1) in the amount of	inco	9,840.00 and			
	al Obligated Amount fo			.00					
Continue	ed								
15A. NAME A	ND TITLE OF SIGNER (Type or print)		16A.	NAME AND TITLE OF CONTRACTING OFFIC	CER (T)	/pe or print)			
James	M. Galloway, MD, CM	10	ORI	ANDO GUERRERO					
	ACTOR/OFFEROR	15C. DATE SIGNED	16B. I	JNITED STATES OF AMERICA		16C. DATE SIGNED			
Jan	res M. Galloway	MD -	Orla	ando Guerrero -S Digitally signed by Orl	ando Guer :58 -06'00'	rero -S			
_//	(Signature of person authorized to sign)	7.24.24		(Signature of Contracting Officer)		_			
Previous edition	on unusable			S	TANDA	RD FORM 30 (REV. 11/2016)			

STANDARD FORM 30 (REV. 11/2016)
Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00004
 PAGE 2
 2
 2
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NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C))	(E)	(F)
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2024 CAN: J40F148 Object Class: 25629				
	Period of Performance: 07/01/2024 to 09/27/2025				
	OY (1) - Rate Increase for ER Physicians at Hopi				69,840.
	Health Care Center				
	Estimated Hours: (b) (4)				
	Hourly Rate: (b) (4)				
	Period of Performance: 1 July 2024 through 27				
	September 2024				
	OY (2) - Rate Increase for ER Physicians at Hopi				209,250.
	Health Care Center				
	Estimated Hours: (b) (4)				
	Hourly Rate: (b) (4)				
	Period of Performance: 28 September 2024 through				
	27 September 2025				
	Obligated Amount: \$209,250.00				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				
			i I		

AMENDME	ENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE	OF PAGES
2. AMENDME	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)
P00005		09/28/2024	IHS	51498376		
6. ISSUED B	Y CODE	10	7. A	DMINISTERED BY (If other than Item 6)	CODE 10	
Two Ren Suite 5	x Area Indian Health Senaissance Square, 40 No 507 Attn: Division of A x AZ 85004-4450	orth Central Ave	Tw	oenix Area Indian Health o Renaissance Square, 40 ite 507, Attn: Division c oenix AZ 85004-4424	North C	entral Ave
8. NAME AND	O ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(4)	9A. AMENDMENT OF SOLICITATION NO.		
			(x)			
Attn: (b	RC 1571990 (6) RC, LLC 708 SW DE	ESCHUTE	5	9B. DATED (SEE ITEM 11)		
	DESCHUTES AVE STE 5		\square	ANA MODIFICATION OF CONTRACTIONERS		
REDMOND	OR 977562253		x ?	10A. MODIFICATION OF CONTRACT/ORDER N 75H71222C00033	0.	
			_ [10B. DATED (SEE ITEM 13)		
CODE 1	571990	FACILITY CODE		09/22/2022		
	numbered solicitation is amended as set fo	11. THIS ITEM ONLY APPLIES TO				ot extended.
OFFER. If each letter 12. ACCOUN	f by virtue of this amendment you desire to o	change an offer already submitted , such the solicitation and this amendm	ch chang nent, and	R AND DATE SPECIFIED MAY RESULT IN REJ te may be made by letter or electronic communical tis received prior to the opening hour and date spaces:	ation, provided	
	13. THIS ITEM ONLY APPLIES TO MO	ODIFICATION OF CONTRACTS/ORDE	RS. IT N	MODIFIES THE CONTRACT/ORDER NO. AS DES	CRIBED IN ITE	M 14.
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) Th	HE CHAI	NGES SET FORTH IN ITEM 14 ARE MADE IN TH	HE CONTRACT	7
	B. THE ABOVE NUMBERED CONTRAC appropriation data, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLEC IN ITEM 14, PURSUANT TO THE AU	TTHE A	DMINISTRATIVE CHANGES (such as changes in the property of FAR 43.103(b).	in paying office,	
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	AUTHO	RITY OF:		
	D. OTHER (Specify type of modification		lo xxm	of the Contract		
X	IAW FAR 52.217-9 Opt			1		
E. IMPORTAL				m copies to the issuing g solicitation/contract subject matter where feasible		
Option Contrac	Year Two (2) in accord t. The new effective p	ance with FAR 52.21 eriod of performanc	7-9 - ce is	act 75H71222C00033 is to Option to Extend Term of 28 September 2024 thru 2 rporated and the option i	f the 7 Septer	nber
-1 - 1		م ای امار	252			
New Tot	ed Amount for this Mod al Obligated Amount fo	r this Award: \$4,90				
	FOR LINE ITEM NUMBER:		250 0	20		
Continu	ed Amount for this Mod	illication: γ1,004,2	ا. ۵۰. د	JO		
Concina	ieu					
15A. NAME A	AND TITLE OF SIGNER (Type or print)		16/	A. NAME AND TITLE OF CONTRACTING OFFI	CER (Type or p	rint)
James	s M Galloway, MD, CM	0	OI	RLANDO GUERRERO		
	RACTOR/OFFEROR	15C. DATE SIGNED	168	B. UNITED STATES OF AMERICA		16C. DATE SIGNED
Jan	res M. Galloway	, MD 8.8.24	Or	rlando Guerrero - S Digitally signed by Or Date: 2024.08.09 08:1	lando Guerrero -5 6:27 -06'00'	
	(Signature of person/authorized to sign)	0.0.24		(Signature of Contracting Officer)	TANDADO SO	M 20 /DEL 44/2010
Previous edit	tion unusable			S	I ANDARD FOR	RM 30 (REV. 11/2016)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00005
 PAGE 2
 2
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NAME OF OFFEROR OR CONTRACTOR
NATIVEARC 1571990

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Exercised option				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	2024.J405H23.25628				
	Cost Ctr (FDA & IHS) T-Number (FDA)				
	Appropriation Year 2024				
	CAN J405H23				
	Object Class 25628				
	PMS Code (FDA)				
	Suffix (FDA)				
	Agency Tag (FDA)				
	Center Tag (FDA)				
	Quantity: 0				
	Amount: \$1,604,250.00				
	Percent: 100				
	Subject To Funding: N				
	Payment Address:				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2024 CAN: J405H23 Object Class: 25628				
	Period of Performance: 09/28/2024 to 09/27/2025				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				
		1			

AMENDMENT OF SOLICITATION/M	ODIFICATION O	F CONTRACT		CONTRACT ID CODE	P	PAGE OF PAGES		
						1	2	
2. AMENDMENT/MODIFICATION NO.	3. EFFEC	TIVE DATE	4. REQ	JISITION/PURCHASE REQ. NO.	5. PRO	JECT NO	O. (If applicable)	
P00006	0005	/2024	7.451		2005			
6. ISSUED BY	CODE 10		7. ADN	IINISTERED BY (If other than Item 6)	CODE	10		
Phoenix Area Indian Hea Two Renaissance Square, Suite 507 Attn: Division Phoenix AZ 85004-4450	40 North C	entral Ave	Two Suit	enix Area Indian Health Renaissance Square, 40 se 507, Attn: Division o enix AZ 85004-4424	North	h Cer		
3. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State	e and ZIP Code)	(x) ^{9A.}	AMENDMENT OF SOLICITATION NO.				
NATIVEARC 1571990 Attn: (b)(6)			9B.	DATED (SEE ITEM 11)				
	SW DESCHUT	E						
708 SW DESCHUTES AVE STE REDMOND OR 977562253	. 5			. MODIFICATION OF CONTRACT/ORDER N H71222C00033	1 O.			
CODE 1571990	FACILITY	CODE		DATED (SEE ITEM 13) 9/22/2022				
	11, TH	IS ITEM ONLY APPLIES TO A						
each letter or electronic communication mai 12. ACCOUNTING AND APPROPRIATION DA See Schedule	ses reference to the se TA (If required)	olicitation and this amendment Net	t, and is	nay be made by letter or electronic communic received prior to the opening hour and date see ase:	pecified. \$2,345	5,860		
CHECK ONE A. THIS CHANGE ORDER IS ORDER NO. IN ITEM 10A.	ISSUED PURSUANT	TO: (Specify authority) THE (CHANGI	ES SET FORTH IN ITEM 14 ARE MADE IN T	HE CONTI	RACT		
				IINISTRATIVE CHANGES (such as changes OF FAR 43.103(b).	in paying o	office,		
C. THIS SUPPLEMENTAL AG	REEMENT IS ENTER	RED INTO PURSUANT TO AU	THORIT	YOF:				
D. OTHER (Specify type of mo	odification and authori	ty)						
X IAW FAR 52.212-	4 (c) Contr	act Terms & Con	diti	ons-Changes				
		ired to sign this document and		1	a office			
14. DESCRIPTION OF AMENDMENT/MODIF Pursuant to authority ci 75H71222C00033 to de-ob- pase year and option year Please review and return action will be completed Obligated Amount for thin New Total Obligated Amount CHANGES FOR LINE ITEM NO Total Amount changed Continued	ted in blood ligate resi r one (1). NLT 26 Dec d unilateral s Modifica ant for this	ck 13(d) the Gov dual funding in cember 2024; if lly by the Gover tion: -\$2,345,8	the not :	ent hereby modifies con amount of (\$2,345,860. received back by this d at.	ntract 00) f	rom	the	
15A. NAME AND TITLE OF SIGNER (Type or	print)		16A. N	IAME AND TITLE OF CONTRACTING OFFI	CER (Type	e or print)	
Lara Snow		VP of Operations	.	ANDO GUERRERO				
Signed by: 15B. CONTRACTOR/OFFEROR 95469576438674DB (Signature of person authorized to Signature of Perso) (n)	15C. DATE SIGNED 1/3/2025		Driando Guerrero Orlando Guerrero Date: 2025 (Signature of Contracting Officer)		Ī	6C. DATE SIGNED	

Docusign Envelope ID: 955720E1-E4B9-4BC9-986A-7DA4BF36584A
REFERENCE NO. OF DOCUMENT BEING CONTINUED

CONTINUATION SHEET

75H71222C00033/P00006

PAGE 2

OF 2

NAME OF OFFEROR OR CONTRACTOR

NATIVEARC 1571990

A)	SUPPLIES/SERVICES (R)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
1)	(B)	(0)	(U)	(正)	(1)
	from \$1,492,000.00 to \$53,760.00				
	Obligated Amount for this Modification:				
	-\$1,438,240.00				
	CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH				
	Amount changed from \$1,492,000.00 to \$53,760.00				
	Amount changed 110m \$1,452,000.00 to \$55,700.00				
	CHANGES FOR ACCOUNTING CODE:				
	2022.J40F148.25629				
	Amount changed from \$1,492,000.00 to \$53,760.00				
	CHANGES FOR LINE ITEM NUMBER: 2				
	Total Amount changed				
	from \$1,534,500.00 to \$680,790.00				
	Obligated Amount for this Modification:				
	-\$853,710.00				
	CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH				
	Amount changed from \$1,534,500.00 to \$680,790.00				
	CHANGES FOR ACCOUNTING CODE:				
	2023.J40F148.25628				
	Amount changed from \$1,534,500.00 to \$680,790.00 Percent changed from 100 to 0				
	Percent Changed from 100 to 0				
	CHANGES FOR LINE ITEM NUMBER: 6				
	Total Amount changed				
	from \$69,840.00 to \$15,930.00				
	Obligated Amount for this Modification:				
	-\$53,910.00				
	CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH				
	Amount changed from \$69,840.00 to \$15,930.00				
	CHANGES FOR ACCOUNTING CODE:				
	2024.J40F148.25629				
	Amount changed from \$69,840.00 to \$15,930.00				
	Percent changed from 100 to 0				
	Discount Terms: HHS NET 30P				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Period of Performance: 09/28/2022 to 09/27/2024				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				
	<u>.</u>				

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CON	ITRACT		CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DA	ATE 4	4. REQ	UISITION/PURCHASE REQ. NO.	5. PR(JECT NO	. (If applicable)
P00007	09/28/202	25	HS1	513091			
6. ISSUED BY CODE	10		7. ADN	IINISTERED BY (If other than Item 6)	CODE	10	
Phoenix Area Indian Health So Two Renaissance Square, 40 No Suite 507 Attn: Division of A Phoenix AZ 85004-4450	orth Centr	al Ave	Two Suit	enix Area Indian Health Renaissance Square, 40 de 507, Attn: Division o denix AZ 85004-4424	Nort	h Cen	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, NATIVEARC 1571990 Attn: (b) (6) NATIVEARC, LLC 708 SW DE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253 CODE 1571990	ESCHUTE FACILITY CODE	×	9B. 10A 75	AMENDMENT OF SOLICITATION NO. DATED (SEE ITEM 11) MODIFICATION OF CONTRACT/ORDER NO. H71222C00033 DATED (SEE ITEM 13) 9/22/2022 ENTS OF SOLICITATIONS).		
Offers must acknowledge receipt of this amendment p tems 8 and 15, and returning cop separate letter or electronic communication which incl RECEIVED AT THE PLACE DESIGNATED FOR THE OFFER. If by virtue of this amendment you desire to ceach letter or electronic communication makes referent 2. ACCOUNTING AND APPROPRIATION DATA (If required 2025.J40F148.25629	pies of the amendm ludes a reference to E RECEIPT OF OFF change an offer alre nce to the solicitatio	ent; (b) By acknowledgin to the solicitation and ame FERS PRIOR TO THE Heady submitted, such chan an and this amendment,	ing reco endme lOUR A nange n and is	eipt of this amendment on each copy of the offe nt numbers. FAILURE OF YOUR ACKNOWL ND DATE SPECIFIED MAY RESULT IN REJE hay be made by letter or electronic communical received prior to the opening hour and date spi	er subm EDGEN ECTION tion, pro ecified.	itted ; or (c MENT TO E I OF YOUR	g By BE
augus aug				DIFIES THE CONTRACT/ORDER NO. AS DESC			k.
				IINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).	paying	office,	
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INT	O PURSUANT TO AUT	HORIT	YOF:			
D. OTHER (Specify type of modification	and authority)						
X IAW FAR 52.217-9 Opt	ion to Ext	tend Term of	the	: Contract			
E. IMPORTANT: Contractor 🗵 is not		sign this document and re			office		
14. DESCRIPTION OF AMENDMENT/MODIFICATION Pursuant to authority cited i 75H71222C00033 to exercise Oto Extend Term of the Contra 2025 thru 27 September 2026. Option is funded in full.	in block 13 Option Yea act. The n	3(d) the Gove r three (3) ew effective	ernm in e pe	ent hereby modifies con accordance with FAR 52. riod of performance is	217 28	-9 - (Septer	mber
Obligated Amount for this Mod New Total Obligated Amount fo CHANGES FOR LINE ITEM NUMBER: Obligated Amount for this Mod Continued	or this Awa : 4	ard: \$4,237,	980.	00			
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. N	NAME AND TITLE OF CONTRACTING OFFIC	ER (Ty	pe or print)	
15B. CONTRACTOR/OFFEROR	15	5C. DATE SIGNED	16B. U	ANDO GUERRERO INITED STATES OF AMERICA ANDO GUERRERO - Digitally signed by OF GUERRERO -5			C. DATE SIGNED
(Signature of person authorized to sign)	— I		—دا	Date: 2025.05.22 10:5	9:40 -06	90'	

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00007
 PAGE 2
 2
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C))	(E)	(F)
	Exercised option				
	NEW ACCOUNTING CODE ADDED:				
	Account code: 2025.J40F148.25629				
	Cost Ctr (FDA & IHS)				
	T-Number (FDA)				
	Appropriation Year 2025				
	CAN J40F148				
	Object Class 25629				
	PMS Code (FDA)				
	Suffix (FDA)				
	Agency Tag (FDA)				
	Center Tag (FDA)				
	Quantity: 0				
	Amount: \$1,674,000.00				
	Percent: 100				
	Subject To Funding: N				
	Payment Address:				
	Discount Terms: HHS NET 30P				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2025 CAN: J40F148 Object Class: 25629				
	Period of Performance: 09/28/2025 to 09/27/2026				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				
			1 1		

AMENDMENT OF SOLIC	CITATION/MODIFICA	ONTRACT	CONTRACT ID CODE				F PAGES	
2. AMENDMENT/MODIFICATION	ON NO.	3. EFFECTIVE	DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PR	0JECT NO	2 . (If applicable)
P00008		09/28/20	025	IHS1	517170			
6. ISSUED BY	CODE	10		7. ADN	IINISTERED BY (If other than Item 6)	CODE	10	
Phoenix Area Ind Two Renaissance Suite 507 Attn: Phoenix AZ 85004	Square, 40 No Division of A	orth Cent	ral Ave	Two Suit	enix Area Indian Health Renaissance Square, 40 de 507, Attn: Division o denix AZ 85004-4424	Nor	th Cen	
8. NAME AND ADDRESS OF C	ONTRACTOR (No., street.	county. State and	ZIP Code)	9A.	AMENDMENT OF SOLICITATION NO.			
	_	,,	[(X)				
NATIVEARC 157199 Attn: <mark>(b)(6)</mark>				9B	DATED (SEE ITEM 11)			
NATIVEARC, LLC	1 708 SW DE	SCHUTE						
708 SW DESCHUTES				ļ				
REDMOND OR 97756	2253		1	× 75	. MODIFICATION OF CONTRACT/ORDER NO H71222C00033).		
				10E	3. DATED (SEE ITEM 13)			
CODE 1571990		FACILITY CODI	E	0	9/22/2022			
		11. THIS ITE	EM ONLY APPLIES TO AN	MENDMI	ENTS OF SOLICITATIONS			
RECEIVED AT THE PLACE OFFER. If by virtue of this a	communication which included personal p	udes a reference RECEIPT OF O hange an offer a nce to the solicita	e to the solicitation and am FFERS PRIOR TO THE H Ilready submitted, such ch tion and this amendment,	nendme HOUR A nange n , and is	eipt of this amendment on each copy of the offent numbers. FAILURE OF YOUR ACKNOWL ND DATE SPECIFIED MAY RESULT IN REJEATED BY BETT OF THE MAY RESULT IN REJEATED BY BETT OF THE MAY BE	EDGE CTIOI tion, pr ecified	MENT TO E N OF YOUR rovided	3E ₹
2025.J40F148.25		iii cu)	Net	Inc	rease: \$2	09,	250.00)
					ES SET FORTH IN ITEM 14 ARE MADE IN TH IINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).			
C. THIS SUPP	LEMENTAL AGREEMEN	T IS ENTERED I	NTO PURSUANT TO AUT	THORIT	YOF:			
D. OTHER (Sp	ecify type of modification	and authority)						
X IAW FAR	52.212-4 (C) Contra	ct Terms & Co	ndit	ions -Changes			
E. IMPORTANT: Contracto	r ☐ is not	x is required t	o sign this document and	retum	copies to the issuing	office.		
UEI: F7B6FDR8X8 Pursuant to auth 75H71222C00033 t in the amount of	BE4 cority cited i to incorporate f \$209,250.00	n block e a rate and opt	13(d) the Gov increase of \$ ion year four	ernm 45.0	dent hereby modifies con on an hour for option yea in the amount of \$209 \$\$10009. A total increase	tradar t	hree 0.00.	This
New Total Amount Obligated Amount Continued Except as provided herein, all to 15A. NAME AND TITLE OF SKI Vida Khow 15B. CONTRACTOR/OFFERO	t for this Mod terms and conditions of the GNER (Type or print)	ificatio	on: \$209,250.0	as here	tofore changed, remains unchanged and in full NAME AND TITLE OF CONTRACTING OFFICE ANDO GUERRERO UNITED STATES OF AMERICA LANDO GUERRERO -5	ER <i>(T</i>)	ype or print)	C. DATE SIGNED
viaa Moi	or authorized to all a		08/11/25	<u>-S</u>	Date: 2025.08.12 09:	54:36 -	0e.00.	
(Signature of perso	n authorized to sign)			I	(Signature of Contracting Officer)			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00008
 PAGE 2
 2
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NAME OF OFFEROR OR CONTRACTOR

(A)	(B) New Total Obligated Amount for this Award:	(C)	(D)	(E)	(F)
	New Total Obligated Amount for this Award.			(=/	(F)
	\$4,447,230.00				
	Discount Terms: HHS NET 30P				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2025 CAN: J40F148 Object Class: 25629				
	Period of Performance: 09/28/2025 to 09/27/2026				
8	OY (3) - Rate Increase for ER Physicians at Hopi				209,250.
	Health Care Center				
	Estimated Hours: (b)(4) Hourly Rate: (b)(4)				
	Period of Performance: 28 September 2025 through				
	27 September 2026				
	Obligated Amount: \$209,250.00				
9	OY (4) - Rate Increase for ER Physicians at Hopi				0.
	Health Care Center Estimated Hours: (b) (4)				
	Hourly Rate: (b) (4)				
	Period of Performance: 28 September 2026 through 27 September 2027				
	Amount: \$209,250.00(Option Line Item)				
	06/25/2026				
	All terms and conditions shall remain unchanged.				
	(End of Summary of Changes)				

Statement of Work ER Physician Services for the Hopi HealthCare Center (HHCC)

OVERVIEW

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room Physician Services as described herein at the Hopi Health Care Center Indian Hospital located in Polacca, Arizona. This will be for a base year period of performance with four(4) one (1) year option periods of performance. All candidate submssions shall contain a complete profile and current work history of thecandidate(s) presented, including licensure and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the Hopi Health Care Center PHS Indian Hospital. The security preclearance requirement must be adhere to; the process includes a fingerprint check and a screen check of the physician through the office of the inspector general's exclusion list at http://exclusions.oig.hhs.gov/.

BACKGROUND:

The Hopi Healthcare Center is a 4-bed, The Joint Commission (TJC) accredited critical access hospital. Hopi Healthcare Center Outpatient Services include general medical care to adults and pediatrics. Outpatient visits for the HHCC totaled 68,000 for Fiscal Year 2015, including 14,000 Emergency Department visits.

WORK SCHEDULE FOR PHYSICIAN SERVICES: Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.

A) Emergency Room Physicians 2 – 12-hour shifts during the day 7 days per week and 2 – 12-hour shifts during the night 7 days per week. Approximate number of shifts to be filled in the Emergency Room are four (4) twelve (12) hour shifts per day.

PRICING SCHEDULE - See Attachment A - Rate Schedule for Pricing

The unit price paid to the Contractor shall be considered as payment in full for services provided underthis award. In no way, unless directed by the IHS, shall any provider attempt to bill or collect from any IHS patient, or from any alternate resource for which the patient may be eligible, any monies for services provided under this award.

Hourly fixed rate shall be inclusive of all other fees (holiday, overtime, nights, weekend or call services, etc), including travel expenses, per diem, lodging, all city, state, federal and local taxes, and all miscellaneous costs associated with the provision of services. The government will pay one flat rate.

Contractor shall be paid only for actual time services are performed under the terms of the contract at the hourly fixed rate (one flat rate). There is no provision for holiday, overtime, nights, weekend or call services etc. *The government does not pay for time taken for lunch.

DUTIES AND RESPONSIBILITIES:

The contractor shall be expected to assist and provide services and duties as may be requested for the normal operational requirements for the department and personnel. The contractor shall provide work that is consistent with the guidelines and procedures of the IHS. Failure of the contractor to meet these standards can result in cancellation of this contract. The contractor's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work

The contractor shall prepare and complete in a timely fashion, the medical and other required records for

all parties he/she admits or in any way provides care for the hospital or health care facility (Service Unit Medical By Laws). All Electronic Health Records (EHR) notifications shall be addressed before contractor leaves the hospital care facility. During the performance of their duties, the contractor shall provide for the consistent performance of patient care processes according to the standards for the TJC accreditation program within IHS. These standards include: The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contractor shall possess a professional medical education from a post-secondary academic institution or be licensed in a field of medical study. The contractor should be proficient in writing, typing and have a basic working knowledge and understanding of computer hardware and software applications. The contractor shall have sufficient knowledge, competence and experience in providing these services on a regular schedule to the Hopi Healthcare Center. The contractor shall possess sufficient initiative, interpersonal relationship skills, social sensitivity and appropriate professional behavior such that the contractor can relate constructively to IHS employees, contractors, vendors and individuals from the Native American community. Due to some limited driving requirements, the contractor should have a current, valid state driver's license from any of the 50 United States or the Commonwealth of Puerto Rico.

The contractor shall not have any work or health restrictions, which could directly or indirectly interfere with the performance of providing services as there will be some moderate lifting and moving of furniture as well as boxes of office supplies and equipment. The contractor shall maintain acceptable standards of personal hygiene and grooming such that their image as a Federal contract employee is compatible with the expectations of the IHS staff. Personal Service Contractors are covered under the Federal Tort Claims Act.

The contractor shall be required to utilize the electronic health record for chart documentation, after receiving training to enter all lab and x-ray requests. Once the emergency room is converted over to an EHR system the provider must use the system for documentation.

Patients receiving services under this agreement may only speak a native language and/or reside on a Native American Reservation. The Contractor's employee(s) shall be sensitive to the unique culture factors of the people they treat, which may include use of an interpreter as necessary in communication of services being rendered. Unique cultural factors that may contribute to the patient's treatment include: use of their language communications; village and tribal customs; use of traditional healers; isolation; housing conditions and lack of resources.

In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide a minimum seventy-two (72) hour notification to the Contracting Officers Representative (COR), Clinical Director or designee thereof. The Contractor shall then make a full, goodfaith effort to provide coverage with a replacement.

In the event that the contractor fails to provide 72 hours' notice of their inability to meet the schedule, excepting unforeseen emergencies, the contract with this individual provider will be terminated and the contractor will no longer be scheduled to work in the Hopi Healthcare Center since failure to show up for the scheduled shift causes an undue burden on the hospital.

E.D. Physicians will admit patients to inpatient and must complete a History & Physicial. E.D. Physicians must provide cross coverage of inpatient as the in-house physician, and must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of treatment regimen shall be documented.

Accommodations/Lodging – The IHS Hopi Health Care Center Service Unit may be able provide accommodations on-site for the selected physicians for the estimated period of performance.

Transient housing will be provided (at a daily rate) when available. If no transient housing, then the local hotel or housing in Winslow, Arizona. CURRENTLY and for the forecasted remainder of 2022 there is NO transient housing available.

CONTRACTOR EXPERIENCE/QUALIFICATIONS:

It is preferred but not required that Medical staff have experience of services performed ina rural community. It is essential that medical staff must be willing to accept a position in a rural community. The contractor shall provide the Government with the qualifications of Physicians presented as candidates for assignments, including resume (detail experience in months and years), and references.

REQUIREMENTS - (Emergency Room Physician):

(a) QUALIFICATION/CERTIFICATION - ER PHYSICIANS:

- 1) Contractor shall provide staff physician with recent emergency department experience.
- 2) Physicians shall possess either board certification in Internal Medicine, Family Practice or Emergency Medicine.
- 3) Recent Emergency Department work experience is acceptable in lieu of board certification.
- 4) Current certification is required in BLS (Basic Life Support)
- 5) ACLS (Advanced Cardiac Life Support
- 6) PALS (Pediatric Advanced Life Support) and
- 7) ATLS (Advanced Trauma Life Support).

STATEMENT OF WORK:

The contractor will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within thedepartment Contractor shall speak, understand, read and write the English language fluently. The contractor should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Government shall allow only qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the government.

Contractor agrees to the terms and conditions of the contract, acknowledges that performance shall be provided in a professional manner and shall demonstrate a level of competence in work that meets and/or exceeds the government's requirements.

The Government shall periodically assess and evaluate medical and health servicesprograms to ensure consistency with current standards of practice.

The Contractor shall perform services with respect to patient's right to receive appropriate and quality healthcare services without discrimination due to race, creed, gender, national origin, sexual orientation, disability, age, physical or mental handicap ordisability, type of illness or condition, and need for health services.

Contractor(s) acceptance of the government contract shall ensure that Contractor adheres to all terms and conditions of the contract. A Contractor shall be free of any non- prescribed substance in performance of the contractual requirements. However, if the government has suspicion and/or observation of

Contractor's performance possibly being under the influence of non-prescribed substance (ie, alcohol, etc.) the government reserves the right to terminate contract without further explanation.

The Contractor or individual performing services shall comply with all applicable Federaland State workers compensation, health examinations, income tax withholdings, social security withholding and occupational disease statues.

The Contractor shall ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except pursuantto a written request and with prior written consent of the individual to whom the records pertain. However, this obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to thirdparty payers to whom the patient has authorized release of information.

Complete administrative control of patient remains with the Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the Government. All records shall be maintained in accordance with medical treatment facility guidelines.

OTHER CONTRACTOR RESPONSIBILITIES

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

Safety or protective clothing or equipment shall be provided and maintained by the Contractor at the Contractor's own expense.

No interpretation of any provision of this contract, including applicable specifications shall be binding on the Government unless furnished or agreed to in writing by the Contracting Officer.

HEALTH REQUIREMENT/SCREENING:

Immunizations:

The contractor agrees to furnish the following documentation of immunization recordsprior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: Annual PPD or Chest X-ray, if there is a history of positive skintest.
- (2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- (3) Documentation of two (2) varicella (chicken pox) vaccinations or proof of immunity or history of having disease. Documentation of Hepatitis B series vaccination and influenza vaccination during flu season.

Personal Hygiene – Contractor personnel shall be clean and neat in appearance.

Contractor's personnel who acquire a communicable illness shall not perform services under the contract and must be free of illness before returning to work. The Contractorshall notify the COR of any situation that may arise immediately.

Contractor's personnel shall not use commercial tobacco products while on the IHScampus.

The Contractor is responsible for compliance with all appropriate TJC, IHS, IHS facility policies/procedures and other regulatory agency record keeping requirements.

INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT

No performance under the contract shall be allowed without full compliance with the Indian child protection and family violence prevention act, public law 101-630 and the Indian health service memo dated February 3, 1997 investigations of child-care workers. Contractor shall ensure that proposed providers cooperate with and assist the government in the conduction of any necessary background checks.

CRIME CONTROL ACT OF 1990

No performance under this contract shall be allowed without full compliance with the Crime Control Act Of 1990, Public Law 101-647 and the Indian Health Service memo dated February 3, 1997 Investigations on Child Care Workers. Contractor shall ensure that proposed providers cooperate with and assist the government in condition of any necessary background checks.

ORIENTATION:

Contractors shall participate in facility orientation program prior to physician and nurse practitioner services starting. Orientation is usually accomplished within one (1) week. The Contractorshall be required to complete all necessary documentation required for background checks as applicable.

No Contractor or Contractor's personnel may be assigned to work under the contract untilinitial Orientation has been completed. Documentation verifying the content of the orientationand a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). When the Government exercises one or more of the option years to the contract, the Contractor shall provide updated listing to the COR, documenting personnel have had refresher orientation.

IHS on site orientation must be met within thirty (30) days of award. This requirement includes any "new Contractor personnel."

Contractors shall complete IHS Computer Security Awareness Training within thirty (30) days.

CREDENTIALING AND PRIVILEGING:

The Contractor shall participate in the Credentialing and Privileging process in accordance with facility procedure. The Contractor will be provided copies of current requirements as applicable and updates as they are published.

CONTRACTOR CREDENTIALS

The Contractor shall provide the following documents for each provider for credentialing:

- 1. Current resume
- 2. OF-306 Declaration for Federal Employment (all questions must answered and signature with date in 17a is required)
- 3. OF-306 Addendum Addendum to the OF-306 (Declaration for Federal Employment)
- 4. IHS Provisional Access Memo
- 5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion
- 6. NoFEAR Act Training; complete the Certificate of Completion
- 7. OFI-86C form along with two fingerprint cards and applicable state forms
- 8. HHS-745, Section A
- 9. Two IDs (driver's license and social security card names must match and be unexpired)

NOTE: No photo submission of forms, please have the forms scanned. Wet signature and date is highly recommended. No PDF signatures will be accepted

CONTRACTOR QUALITY CONTROL PROGRAM:

- (a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:
 - (1) A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.
 - (2) A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the Government and shall be available to the COR during normal working hours. The file shall be turned over to the Government within 14 days of completion or termination of the contract.

PERIODIC PERFORMANCE EVALUATION MEETINGS:

The Contractor shall meet, via in-person or teleconference meeting, with the ContractingOfficer's Representative (COR) at the Hopi Healthcare Center a minimum of every six months according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

GOVERNMENT FURNISHED PROPERTY AND SERVICES:

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or
 - Disfigurement of Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of government property, or performance is determined to be unsatisfactory; the COR will issue a CDR. The Contractor will reply in writing, to the PO within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive

CONTRACTOR FURNISHED PROPERTY AND/OR ITEMS:

Contractor shall furnish qualified and experienced physicians and hospitalist for the purpose of performing services at the Hopi Healthcare Center. The Contractor shall secure all certifications and licenses to comply with Local, State and Federal laws.

Contractor shall perform all health screening of all medical staff to ensure that they meet IHS Guidelines.

Miscellaneous: The Contractor shall furnish other items as identified within this contract, such as, orientation and training, medical exams, procedures manual, quality control program, required data.

CONTRACT ADMINISTRATION DATA:

(a) Reimbursement for services provided will be made upon completion of services as specified in the Scope of work. The Contractor shall submit an invoice through the US Treasury in IPP.

CONTRACTING OFFICER'S (COR) REPRESENTATIVE RESPONSIBILITIES:

- (a) The Contracting Officer's Representative is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- (b) The Contracting Officer will designate in writing a Contracting Officer's Representative who shall be responsible for:
 - (1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
 - (2) Interpreting scope of work;
 - (3) Performing technical evaluations required;
 - (4) Performing technical inspections and acceptances required by this contract;
 - (5) Monitoring funds available for obligation under this contract;
 - (6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- (c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- (d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

ACCOUNTABILITY

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the Clinical

Director, Hopi Healthcare Center or designee (e.g. ANE) to ensure that services called for under the contract have been rendered.

PERFORMANCE BASED ASSESSMENT:

- (a) Introduction Performance Requirements:
 - (1) A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic surveillance of all aspects of professional nursing services. This plan provides for monitoring the contract requirements
- (b) The objective of this surveillance plan is to evaluate how the Contractor is performing in key areas. The government is primarily interested in the final service being provided and not in the details of accomplishment.
- (c) The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.
- (d) Quality Assurance Surveillance Plan (QASP):
 - (i) The Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and not considered part of the contract.
 - (ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

Performance Standards: The Quality Assurance Surveillance Plan (QASP) outlines required standards and will be a part of the contract.

Measures	Performance	Standards	Acceptable	Negative	Positive
	Requirement		Quality	Incentive	Incentive
			Level		
1. Key Personnel	Provide required	Qualified	95%	5% (the maximum	Government
	Specialty ER	personnel are		negative incentive	will exercise the
	Physicians as	available within		combined will not	next option year
	specified	10 days of		exceed 10% per	if the contactor
	In the statement	notice to		month for not	performs
	of work.	Contractor and		meeting the	satisfactory.
		in		Acceptable Quality	
		location as		Level)	
		needed to			
		properly			
2. Patient Safety	Immediate	All incidents	100%	5% (the maximum	Government
	reporting of any	reported		negative incentive	will exercise the
	Potential or	immediately		combined will not	next option year
	actual patient			exceed 10% per	if the contactor
	risk			month for not	performs
	Management			meeting the	satisfactory.
	incidents to the			Acceptable Quality	
	Department			Level)	
0.75	Manager				
3. Maintaining	Updated	Licensing and	Contract	5% (the maximum	Government
licensing	Licensing and	certification	provider	negative incentive	will exercise the
registration, and	certifications,	information	records	combined will not	next option year
certification	BLS, ACLS,	kept current.	will be	exceed 10% per	if the contactor
	PALS will be		kept 100%	month for not	performs
	provided as they		up-to-date	meeting the	satisfactory.

	are renewed			Acceptable Quality Level)	
4. Privacy, Confidentiality and HIPPA	Contractor is aware of all laws, regulations, policies, and procedures relating to Privacy Confidentiality and HIPPA and Complies with all standards	Zero breaches of privacy or confidentiality	100%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contactor performs satisfactory.

CONDITIONS FOR REMOVAL/REPLACEMENT OF PHYSICIAN(S)

As mutually agreed between the Contracting Officer and the Contractor there may be grounds for removal and/or replacement of a Physician. The Contractor's employee shall be removed from an IHS facility if services are not performed in accordance with terms and conditions of this award, and/or the Contractor's VA/FSS contract.

CONTRACTOR REQUIREMENTS

For *Medical & Professional Contractors*, the contractor shall comply with all IHS facility infection control and safety procedures, and standards. During the performance of this contract, the Contractor shall provide for the consistent performance of patient care process according to the standards of the JTC and/or Centers for Medicare Services (CMS) who supplies accreditation to the Phoenix Area Indian Health Service hospitals and health centers. These standards shall include: The Comprehensive Accreditation Manual for Hospitals, the Laboratory Standards, and Ambulatory Care Standards as they represent the scope of services of this contract.

For *Medical & Dental Professional Contractors*, the contractor shall complete in a timely fashion, the medical and other required records for patients he/she admits or in any way provides treatment. The contractor shall abide by the Service Unit Medical By-laws and rules and regulations and meet all credentialing requirements in accordance with the Service Unit Medical Staff By-laws. Upon award, the selected physician(s) shall undergo Indian Health Service (IHS) mandated security clearance for work on-site at the Hopi Healthcare Center. The security pre-clearance requirement must be adhered to; the process includes a fingerprint check and a screen check through the Office of the Inspector General's exclusion list at http://exclusions.oig.hhs.gov/.

SUPERVISORY CONTROLS

The Chief Medical Officer, or designee, provides primarily administrative supervision. The supervising physician sets overall health care objectives and specifies resources available. The supervising physician provides for clinical supervision on a 24-hour, media and tour of duty coverage. The supervising physician reviews work performance on a periodic basis in order to evaluate proficiency in providing health care, discuss deficiencies and problems encountered, outline and/or approve new or changed practices to be employed, and provides consultation on specific cases and related problems. Work which involves out-of-the-ordinary diagnostic decisions or treatment is discussed with supervisor or supervising emergency department physician who keeps aware of the condition of such patients and all aspects of treatment regimen. Work performance is reviewed for conformance to IHS policy, procedures and accepted professional practices; and the Quality Assurance improvement Program of the Medical staff of the Service Unit.

E.D. physicians will provide guidance and instruction to the nurse practitioners providing services during each shift worked. Within established guidelines, contractor(s) exercise latitude in planning and carrying out health care assignments and in undertaking new procedures, practices and approaches to extend both services provided and increase individual proficiency. Overall work performance is reviewed jointly by the clinical director/supervising physician for effectiveness in meeting requirements for healthcare services.

END OF STATEMENT OF WORK

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRA	ACT	CONTRACT ID CODE		PAGE OF PAGES
					1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4.	REQUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (If applicable)
P00001	07/17/2024				
6. ISSUED BY CODE	10	7	. ADMINISTERED BY (If other than Item 6)	CODE	10
Phoenix Area Indian Health S Two Renaissance Square, 40 N Suite 507 Attn: Division of A Phoenix AZ 85004-4450	orth Central	Ave I	Phoenix Area Indian Heal Two Renaissance Square, Guite 507, Attn: Division Phoenix AZ 85004-4424	40 Nor	th Central Ave
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code	(x)	9A. AMENDMENT OF SOLICITATION NO.		
AB STAFFING SOLUTIONS, LLC 15	59348				
Attn: LANCE SCHUGG	, , , , , , , , , , , , , , , , , , , ,		9B. DATED (SEE ITEM 11)		
AB STAFFING SOLUTIONS LLC	3451				
3451 S MERCY RD			10A. MODIFICATION OF CONTRACT/ORDE	R NO	
GILBERT AZ 85297		x	36F79724D0090		
			75H71224F80077		
			10B. DATED (SEE ITEM 13)		
CODE 159348	FACILITY CODE		07/01/2024		
	11. THIS ITEM ONL	Y APPLIES TO AME	NDMENTS OF SOLICITATIONS		
RECEIVED AT THE PLACE DESIGNATED FOR THE OFFER. If by virtue of this amendment you desire to each letter or electronic communication makes refere 12. ACCOUNTING AND APPROPRIATION DATA (If req. See Schedule	change an offer already s nce to the solicitation and uired)	submitted , such cha d this amendment, a	inge may be made by letter or electronic commund is received prior to the opening hour and da	unication, po te specified	rovided
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONT	RACTS/ORDERS. I	T MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBE	D IN ITEM 14.
			IANGES SET FORTH IN ITEM 14 ARE MADE I		
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C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PU	JRSUANT TO AUTH	HORITY OF:		
D. OTHER (Specify type of modification	• •				
X IAW FAR 52.212-4 (c)	Contract Te	rms & Cond	itions- Changes		
E. IMPORTANT: Contractor is not	x is required to sign the	nis document and re	eturn1 copies to the is:	suing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION This delivery order against (75H71224F80077 is hereby mod. 2024 at no additional cost. Total Amount for this Modific New Total Amount for this Ver New Total Amount for this Awa	GSA/FSA contrified to inconcation: \$0.00 csion: \$0.00	ract number	36F79724D0090, order n	umber	.17 July
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15B. CONTRACTOR/OFFEROR			16B. UNITED STATES OF AMERICA		16C. DATE SIGNED
Josh Swith			Orlando Guerrero -S Digitally signed by Date: 2024;07.24 12 (Signature of Contracting Officer)	Orlando Guerre ::12:22 -06'00'	
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NAME OF OFFEROR OR CONTRACTOR

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C))	(E)	(F)
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Period of Performance: 07/02/2024 to 01/03/2025				
	All other terms & conditions shall remain				
	unchanged.				
	(End of Summary of Changes)				
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			1		

Signature Certificate

Reference number: BGWFQ-FAZJC-ZT5KK-DHHED

Signer Timestamp Signature

Josh Smith

Email: josh@abstaffing.com

 Sent:
 22 Jul 2024 16:31:31 UTC

 Viewed:
 22 Jul 2024 16:45:23 UTC

 Signed:
 22 Jul 2024 16:45:36 UTC

Recipient Verification:

✓Email verified 22 Jul 2024 16:45:23 UTC

Josh Swith

IP address: 68.225.135.154 Location: Gilbert, United States

Document completed by all parties on:

22 Jul 2024 16:45:36 UTC

Page 1 of 1



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PandaDoc is a document workflow and certified eSignature solution trusted by 50,000+ companies worldwide.



AMENDME	ENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE	PAC	1 2
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CODE 15	59348	FACILITY CODE		07/01/2024		
		11. THIS ITEM ONLY APPLIES TO	AMENE	OMENTS OF SOLICITATIONS		
	A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	ODIFICATION OF CONTRACTS/ORDE URSUANT TO: (Specify authority) TH	HE CHAN	IODIFIES THE CONTRACT/ORDER NO. AS DESIGES SET FORTH IN ITEM 14 ARE MADE IN THE DMINISTRATIVE CHANGES (such as changes in TY OF FAR 43.103(b).	HE CONTRA	ACT
	C. THIS SUPPLEMENTAL AGREEMENT	TIS ENTERED INTO PURSUANT TO	AUTHO	RITY OF:		
	D. OTHER (Specify type of modification a	and authority)				
X	IAW FAR 52.212-4 (c)	Contract Terms & Co	ondit	tions- Changes		
E. IMPORTAN	NT: Contractor ☐ is not	☒ is required to sign this document a	and retur	n1 copies to the issuin	g office.	
14. DESCRIF	PTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, i	including	solicitation/contract subject matter where feasible	le.)	
				36F79724D0090, order num m description #2 at no ad		al cost.
New Tota	mount for this Modific al Amount for this Ver al Amount for this Awa	sion: \$286,000.00				
Descrip	FOR LINE ITEM NUMBER: otion Inpatient Physics Rate: (b) (4)		ated	hours: (b) (4)		
15A. NAME A	AND TITLE OF SIGNER (Type or print)		16/	A. NAME AND TITLE OF CONTRACTING OFFICE	CER (Type o	
	osh Smith, Director of Feder	al Services		RLANDO GUERRERO		-
	ACTOR/OFFEROR	15C. DATE SIGNED	16E	3. UNITED STATES OF AMERICA Digitally signed by Orlando Guerrero -S Guerrero -S	Orlando	16C. DATE SIGNED
U	(Signature of person authorized to Sign)			Date: 2024.09.23 (Signature of Contracting Officer)	2:40:21 -06 '00	r

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00002

PAGE OF

2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	POP: 2 July 2024 thru 10 Sept 2024 AND 18 Sept				
	2024 thru 3 Jan 2025				
	IPU Physician Services POP: 11-17 September 2024				
	Hourly RATE OF (b) (4) for (b) (4)				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Appr. Yr.: 2024 CAN: J40G148 Object Class: 25628				
	Period of Performance: 07/02/2024 to 01/03/2025				
	Change Item 2 to wood as follows (amount shown is				
	Change Item 2 to read as follows(amount shown is the obligated amount):				
	1				
2	Inpatient Physician Services- Estimated hours:				0.
	(b) (4)				
	Hourly Rate: (b) (4) POP: 2 July 2024 thru 4 Nov 2024 AND 10 Nov 2024				
	thru 3 Jan 2025				
	IPU Physician Services POP: 5-9 November 2024				
	Hourly RATE OF (b) (4) 00 for (b) (6)				
	All other terms & conditions shall remain unchanged.				
	(End of Summary of Changes)				

Signature Certificate

Reference number: WAGBR-CPUBN-6MXYF-9GCHD

Signer Timestamp Signature

Josh Smith

Email: josh@abstaffing.com

 Sent:
 20 Sep 2024 16:30:42 UTC

 Viewed:
 20 Sep 2024 16:56:45 UTC

 Signed:
 20 Sep 2024 16:57:00 UTC

Recipient Verification:

✓Email verified 20 Sep 2024 16:56:45 UTC

Josh Swith

IP address: 68.225.135.154 Location: Gilbert, United States

Document completed by all parties on:

20 Sep 2024 16:57:00 UTC

Page 1 of 1



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AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF	PAGES 2.
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PR	1 OJECT NO	. (If applicable)
P00003		01/04/2025	IHS1	506056			
6. ISSUED BY	CODE	10	7. ADN	MINISTERED BY (If other than Item 6)	CODE	10	
Two Rena	Area Indian Health So aissance Square, 40 No 07 Attn: Division of A AZ 85004-4450	orth Central Ave	Two Suit	enix Area Indian Health Renaissance Square, 40 b te 507, Attn: Division o enix AZ 85004-4424	Nort	ch Cen	
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.			
አይ ሪጥአፍር	ING SOLUTIONS, LLC 15	0310					
Attn: LA	•	5540	9B.	DATED (SEE ITEM 11)			
AB STAFF	ING SOLUTIONS LLC	3451					
3451 S M	ERCY RD		10/	MODIFICATION OF CONTRACT/ORDER NO).		
GILBERT	AZ 85297		1 1	MODIFICATION OF CONTRACT/ORDER NO F79724D0090			
			l	H71224F80077			
CODE 15		FACILITY CODE		3. DATED (SEE ITEM 13)			
15	9348			7/01/2024			
	numbered solicitation is amended as set fo	11. THIS ITEM ONLY APPLIES TO A				is not ex	
separate let RECEIVED OFFER. If I	tter or electronic communication which incl AT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to c or electronic communication makes referer	udes a reference to the solicitation and a RECEIPT OF OFFERS PRIOR TO THE change an offer already submitted, such nee to the solicitation and this amendmer	mendme HOUR A change r	eipt of this amendment on each copy of the offe nt numbers. FAILURE OF YOUR ACKNOWLI IND DATE SPECIFIED MAY RESULT IN REJE nay be made by letter or electronic communical received prior to the opening hour and date spe	EDGEI CTION tion, pro	MENT TO E NOF YOUR ovided	BE
12. ACCOUNT	FING AND APPROPRIATION DATA (If requ	uired) Net	Inc	rease: \$7	54,	000.00	1
Dec Dell		ODIFICATION OF CONTRACTS/ORDERS	i. IT MO	DIFIES THE CONTRACT/ORDER NO. AS DESC	RIBED	IN ITEM 14	 L
	TO THIS TELL STEET TO IN						
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) THE	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN TH	E CON	TRACT	
	B. THE ABOVE NUMBERED CONTRAC appropriation data, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLECT HIN ITEM 14, PURSUANT TO THE AUT	THE ADM HORITY	MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).	paying	g office,	
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO AU	JTHORIT	Y OF:			
	D. OTHER (Specify type of modification	and authority)					
X	IAW FAR 52.217-8 Opt	ion to Extend the Se	rvice	e of the Contract			
E. IMPORTAN	IT: Contractor ☐ is not	🗵 is required to sign this document and	d return	1 copies to the issuing	office.		
				olicitation/contract subject matter where feasible			
				5F79724D0090 order numbe			
	4F80077 is hereby modi 3 July 2025 and funde			For (6) months from 4 Jar 00.00.	nuar	y 2025	5
_	ed Amount for this Mod						
	al Obligated Amount fo FOR LINE ITEM NUMBER:		, 000	.00			
Continue	ed						
15A. NAME A	ND TITLE OF SIGNER (Type or print) Josh Smith Director Federal	Services	16A. I	NAME AND TITLE OF CONTRACTING OFFIC	ER (Ty	pe or print)	
	Joseph China Director Federal	CO. 11000	JER	EMY D. STEEL			
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNED 12-11-2024	ler	emy D. Steel -S	٠.	signe d	C. DATE SIGNED by Jeremy D. Steel -S 12:04:56 -07'00'
Previous edition	ys mature of pursus (upoliza lo sign)	12-11-202-	1_	(Signature of Contracting Officer)			30 (REV 11/2016)

STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00003

PAGE OF

2

NAME OF OFFEROR OR CONTRACTOR

AB STAFFING SOLUTIONS, LLC 159348

TEM NO.	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUNT
(A)	(B)	(0))	(E)	(F)
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE				
	PHOENIX AZ 85004				
	Period of Performance: 01/04/2025 to 07/03/2025				
	Add Item 3 as follows:				
	Emergency Room Physician Services				468,000.
	Estimated hours: (b)(4)				
	Hourly Rate:(b) (4)				
	POP: 4 January 2025 thru 3 July 2025				
	Accounting Info:				
	2025.J40G148.25629 Appr. Yr.: 2025 CAN: J40G148				
	Object Class: 25629				
	Funded: \$468,000.00				
	Add Item 4 as follows:				
	Inpatient Physician Services- Estimated hours:				286,000
	(b) (4)				
	Hourly Rate: (b) (4)				
	POP: 4 January 2025 thru 3 July 2025				
	Accounting Info:				
	2025.J40G135.25629 Appr. Yr.: 2025 CAN: J40G135				
	Object Class: 25629				
	Funded: \$286,000.00				
	All other terms & conditions shall remain				
	unchanged.				
	(End of Summary of Changes)				
			1 1		

Page 2 of 2

Signature Certificate

Reference number: YZZYZ-YFAV2-KGTVC-N7BNO

Signer Timestamp Signature

Josh Smith

Email: josh@abstaffing.com

 Sent:
 11 Dec 2024 17:01:31 UTC

 Viewed:
 11 Dec 2024 17:09:41 UTC

 Signed:
 11 Dec 2024 17:09:49 UTC

Recipient Verification:

✓Email verified 11 Dec 2024 17:09:41 UTC

Josh Swith

IP address: 68.225.135.154 Location: Gilbert, United States

Document completed by all parties on:

11 Dec 2024 17:09:49 UTC

Page 1 of 1



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AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF C	ONTRACT		CONTRACT ID CODE		PAGE OF	PAGES 4
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REQ	L UISITION/PURCHASE REQ. NO.	5. PR		. (If applicable)
P00004		04/03/2	025	IHS1	511829			
6. ISSUED BY	CODE	10		7. ADN	MINISTERED BY (If other than Item 6)	CODE	10	
Two Ren	Area Indian Health Seaissance Square, 40 No 07 Attn: Division of A AZ 85004-4450	orth Cent		Two Sui	enix Area Indian Health Renaissance Square, 40 i te 507, Attn: Division o enix AZ 85004-4424	Nort	ch Cen	
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and	ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.			
AB STAFE	FING SOLUTIONS, LLC 15	9348		(*)				
Attn: LA	•	5010		9B.	DATED (SEE ITEM 11)			
AB STAFE	FING SOLUTIONS LLC	3451						
3451 S M	ERCY RD			404	MODIFICATION OF CONTRACT/ODDED NO			
GILBERT	AZ 85297			x 36	A. MODIFICATION OF CONTRACT/ORDER NO F79724D0090).		
				75	5H71224F80077			
				10E	B. DATED (SEE ITEM 13)			
CODE 15	9348	FACILITY COD)E	0	7/01/2024			
		11. THIS IT	EM ONLY APPLIES TO A	MENDM	ENTS OF SOLICITATIONS			
separate let RECEIVED OFFER. If I	tter or electronic communication which inclu AT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to c	udes a referenc RECEIPT OF C change an offer a	e to the solicitation and ar DFFERS PRIOR TO THE already submitted , such c	nendme HOUR A hange r	eipt of this amendment on each copy of the offe int numbers. FAILURE OF YOUR ACKNOWL IND DATE SPECIFIED MAY RESULT IN REJE hay be made by letter or electronic communical received prior to the opening hour and date spo	EDGEI CTION tion, pro	MENT TO B NOF YOUR ovided	E
	FING AND APPROPRIATION DATA (If requ	uired)	Net	Dec	rease: -\$	387,	487.50)
See Sch		0015104510410	F CONTRACTOR OFFICE			DIDEE		
	13. THIS ITEM ONLY APPLIES TO MO	ODIFICATION O	F CONTRACTS/ORDERS	. II MO	DIFIES THE CONTRACT/ORDER NO. AS DESC	KIBEL	INTIEM 14	•
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	PURSUANT TO:	(Specify authority) THE	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN TH	E CON	TRACT	
	B. THE ABOVE NUMBERED CONTRAC appropriation data, etc.) SET FORTH	CT/ORDER IS M H IN ITEM 14, PI	ODIFIED TO REFLECT T URSUANT TO THE AUTH	HE ADN HORITY	MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).	paying	g office,	
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED	INTO PURSUANT TO AU	THORIT	Y OF:			
	D. OTHER (Specify type of modification a	and authority)						
X	IAW FAR 52.212-4 (c)	Contrac	t Terms & Con	diti	on-Changes			
E. IMPORTAN	IT: Contractor is not	X is required	to sign this document and	retum	1 copies to the issuing	office.		
14. DESCRIP	TION OF AMENDMENT/MODIFICATION	(Organized by U	ICF section headings, incl	uding so	olicitation/contract subject matter where feasible	2.)		
This del	livery order against G	SSA/FSA o	contract number	er 30	5F79724D0090 order numbe	er		
75H7122	4F80077 is hereby modi	ified to	incorporate a	an ac	dditional 200 hours for	Emei	rgency	
Departme	ent Physicians in the	amount o	f \$90,000.00	and	de-obligate residual fu	ndi	ng in	the
amount o	of (\$477,487.50) from I	Line Iter	ns #1 and #2.	Tota	al amount for modification	on i	.s	
(\$387,48	87.50).							
Obligate	ed Amount for this Mod	dification	on: -\$387,487	.50				
New Tota	al Obligated Amount fo	or this A	Award: \$1,120	,512	.50			
CHANGES	FOR LINE ITEM NUMBER:	: 3						
Continue	ed							
15A. NAME A	ND TITLE OF SIGNER (Type or print)			16A. I	NAME AND TITLE OF CONTRACTING OFFIC	ER (Ty	pe or print)	
Josh S	mith, Director of Governmen	t Services		ORJ	ANDO GUERRERO			
	ACTOR/OFFEROR		15C. DATE SIGNED		UNITED STATES OF AMERIDC; Agitally signed by	<u>~</u>	_ 160	C. DATE SIGNED
-	/ 6/			(Ïa	ndo Guerrero Guerrero	Onand		. DATE GIONED
./n:c	A SWIH		04-10-2025		Date: 2025.04.10 14	1:05:07	<u>-06'00'</u>	
Previous editi	on unusable		1		(Signature of Contracting Officer)	ANDA	RD FORM 3	80 (REV 11/2016)

STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED

36F79724D0090/75H71224F80077/P00004

PAGE 2

OF 4

NAME OF OFFEROR OR CONTRACTOR

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C))	(E)	(F)
	Description changed from Emergency Room Physician				
	Services				
	Estimated hours:(b) (4)				
	Hourly Rate: (b) (4)				
	POP: 4 January 2025 thru 3 July 2025 to Emergency				
	Room Physician Services				
	Estimated hours: (b) (4)				
	As of 3 April 2025 add (b) (4)				
	Hourly Rate: (b) (4)				
	POP: 4 January 2025 thru 3 July 2025				
	Total Amount changed				
	from \$468,000.00 to \$558,000.00	111			
	Obligated Amount for this Modification: \$90,000.00				
	NEW DELIVERY LOCATION RECORD:				
	Quantity: 0				
	Amount: \$90,000.00				
	Delivery date: 04/03/2025				
	Shipping Address:				
	IHSHOPIHEALTH				
	P.O. BOX 4000, HWY 264, MP388				
	POLACCA AZ 86042				
	Mark For Address:				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	2025.J40F148.25629				
	Cost Ctr (FDA & IHS)				
	T-Number (FDA)				
	Appropriation Year 2025				
	CAN J40F148				
	Object Class 25629				
	PMS Code (FDA)				
	Suffix (FDA)				
	Agency Tag (FDA)				
	Center Tag (FDA)				
	Quantity: 0				
	Amount: \$90,000.00				
	Percent: 100				
	Subject To Funding: N				
	Payment Address:				
	CHANGES FOR LINE ITEM NUMBER: 1				
	Total Amount changed				
	from \$468,000.00 to \$196,987.50				
	Obligated Amount for this Modification:				
	-\$271,012.50				
	Continued				
				1	

REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00004

PAGE 3

F 4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	- 1.2.3	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH Amount changed from \$468,000.00 to \$196,987.50				
	Amount changed from \$400,000.00 to \$190,907.50				
	CHANGES FOR ACCOUNTING CODE:	"			
	2024.J40G148.25628				
	Amount changed from \$468,000.00 to \$196,987.50				
	CHANGES FOR LINE ITEM NUMBER: 2				
	Total Amount changed				
	from \$286,000.00 to \$79,525.00				
	Obligated Amount for this Modification:				
	-\$206,475.00				
	CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH				
	Amount changed from \$286,000.00 to \$79,525.00				
	CHANGES FOR ACCOUNTING CODE:				
	2024.J40G148.25628				
	Amount changed from \$286,000.00 to \$79,525.00				
	Discount Terms: HHS NET 30P				
	Payment:				
	IHSPHOENIX				
	SUITE 512 ATTN: FINANCIAL MANAGEME				
	2 RENAISSANCE SQUARE				
	40 NORTH CENTRAL AVENUE PHOENIX AZ 85004				
	Period of Performance: 07/02/2024 to 07/03/2025				
	Change Item 1 to read as follows (amount shown is				
	the obligated amount):	P			
1	Emergency Room Physician Services				-271,012.5
	Estimated hours: (b) (4)				
	Hourly Rate: (b) (4)				
	POP: 2 July 2024 thru 3 January 2025				
	Accounting Info:				
	2024.J40G148.25628 Appr. Yr.: 2024 CAN: J40G148				
	Object Class: 25628				
	Funded: -\$271,012.50				
	Change Item 2 to read as follows (amount shown is				
	the obligated amount):				
2	Inpatient Physician Services- Estimated hours:				-206,475.0
4	(b) (4)				/318
	Hourly Rate: (b) (4)				
	POP: 2 July 2024 thru 4 Nov 2024 AND 10 Nov 2024	1			
	Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00004

PAGE 4

4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	thru 3 Jan 2025				
	IPU Physician Services POP: 5-9 November 2024				
	Hourly RATE OF (b) (4) for (b) (6)				
	Accounting Info: 2024.J40G148.25628 Appr. Yr.: 2024 CAN: J40G148				
	Object Class: 25628				
	Funded: -\$206,475.00				
	Change Item 3 to read as follows(amount shown is				
	the obligated amount):				
3	Emergency Room Physician Services				90,000.
5	Estimated hours: (b) (4)				20,000.
	As of 3 April 2025 add (b) (4)				
	Hourly Rate: (b) (4) POP: 4 January 2025 thru 3 July 2025				
	Accounting Info: 2025.J40G148.25629 Appr. Yr.: 2025 CAN: J40G148				
	Object Class: 25629				
	Funded: \$0.00				
	Accounting Info:				
	2025.J40F148.25629 Appr. Yr.: 2025 CAN: J40F148				
	Object Class: 25629 Funded: \$90,000.00				
	All other terms & conditions shall remain				
	unchanged.				
	(End of Summary of Changes)				

CERTIFICATE of SIGNATURE

REF. NUMBER

WBINS-XWSHN-M8MFB-HZLZM

DOCUMENT COMPLETED BY ALL PARTIES ON 10 APR 2025 13:29:34 UTC

SIGNER TIMESTAMP SIGNATURE

JOSH SMITH

JOSH@ABSTAFFING.COM

10 APR 2025 13:29:34 UTC

04 APR 2025 13:14:58 UTC

04 APR 2025 13:15:33 UTC

98.165.221.243

LOCATION CHANDLER, UNITED STATES

Josh Swith

RECIPIENT VERIFICATION

EMAIL VERIFIED 04 APR 2025 13:15:33 UTC

Statement of Work

Emergency Room and Inpatient Physician Services at the Indian Health Service (IHS) Hopi Health Care Center (HHCC) 29 June 2024

SECTION C- Statement of work

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room and Inpatient Physician Services to be provided at the Indian Health Service (IHS) Hopi Health Care Center (HHCC) in Polacca, Arizona. The location is very rural and planning should be made to ensure that candidate contractors are aware of the sparse lodging, grocery, and entertainment options. This contract will be for a six (6) month period of performance. All candidate submissions shall contain a complete profile and current work history and necessary documentation of relevant education, licensure, and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the IHS HHCC. The full security preclearance requirements must be adhered to, include a fingerprint check and a check of the physician through the Office of Inspector General's exclusion list at http://exclusions.oig.hhs.gov/.

BACKGROUND:

HHCC is a TJC-accredited Critical Access Hospital (CAH) and is the only healthcare facility on the Hopi Reservation (catchment population is approximately 18,000). Hopi Health Care Center currently provides the following services: Emergency Department (24/7); four-bed, short-stay inpatient unit for adult admissions; outpatient department, dental, physical therapy, and public health services that are operational on business days; onsite pharmacy, laboratory, and radiology services have limited services available 24/7. Additionally, Hopi Tribal Behavioral Health Services are co-located at HHCC. In CY23, there were more than 93,000 patient visits, including nearly 9,500 Emergency Department visits and more than 150 admissions.

WORK SCHEDULE FOR PHYSICIAN SERVICES: Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.

- A. Emergency Department (ED) Physicians. HHCC's ED is operational 24/7.
 - 1. Day shifts: Twelve (12)-hour shifts from 7 a.m. 7 p.m. seven (7) days per week, inclusive of federal holidays.
 - 2. Night shifts: Twelve (12)-hour shifts from 7 p.m. -7 a.m. seven (7) days per week, inclusive of federal holidays
 - 3. The ED physician may cover Urgent Care shifts as the Urgent Care is housed within the Emergency Departments. The duration and frequency of Urgent Care shifts may vary dependent on need and physician availability. Urgent Care shifts do not exceed twelve (12) hours.
 - 4. The on-duty ED physician will cover any inpatient needs when the inpatient physician is off duty. The on-duty ED physician must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of care and treatment shall be documented within the required time limits. The on-duty ED physician may write admission orders for patients admitted

overnight, but the admission history and physical is the responsibility of the inpatient physician.

Approximate number of shifts to be filled in the Emergency Room are up to four (4) twelve (12) hour shifts per day (inclusive of Urgent Care shifts). Typically, shifts are concurrent five (5) to seven (7) day or night stretches, with the possibility to work fewer or more concurrent shifts in accordance with the contractor's availability.

- B) Inpatient Physicians. HHCC's inpatient unit is operational 24/7.
 - 1. Ten (10) to twelve (12) hour shifts during the day. The inpatient physician shifts start at 7:30am and ends between 6:00pm and 7:30pm, dependent on the additional clinical duties assigned to the contractor and if the contractor has selected to take a 30-minute rest break.
 - 2. The on-duty ED Physician may write admission orders for patients admitted overnight, but the admission history and physical is the responsibility of the Inpatient Physician.
 - 3. The average daily inpatient census is two (2) patients. Given the limited capacity of the inpatient unit, the Inpatient Physician will either staff an ambulatory clinic in the afternoon (which are primarily ED follow up visits) OR work in the urgent care (UC). While in the UC, the Inpatient Physician is accompanied by a licensed, certified, credentialed and privileged Emergency Department physician.

Approximate number of inpatient shifts to be filled by an inpatient physician is one (1) shift per day. Typically, shifts are concurrent 5-6 day stretches, but can be flexed.

The contract physician will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within the respective department(s) for which they will work.

The contract physician shall speak, understand, read and write the English language fluently. The physician should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Services shall be provided by qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the US Government.

Services shall be periodically assessed and evaluated to ensure medical and health services programs are consistent with current standards of practice.

The contract physician shall consistently ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except in accordance with established standards, policies, and procedures. This obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States US Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to third party payers to whom the patient has authorized release of information.

Complete administrative control of patient data remains with the US Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the US Government. All records shall be maintained in accordance with medical treatment facility guidelines and standards.

DUTIES AND RESPONSIBILITIES:

The contract physician shall provide work that is consistent with the guidelines, policies, and procedures of the IHS. The contract physician's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work.

The contract physician shall consistently abide by IHS and HHCC's medical staff bylaws, rules and regulations, including all licensing, certifications, and credentialing requirements.

The contract physician shall be punctual for each shift and ensure appropriate sign out at the end of each shift.

The contract physician shall prepare and complete in a timely fashion the medical and other required records for all parties she/he/they admits or in any way provides care for in the health care facility. All Electronic Health Records (EHR) documentation should be completed within 24 hours. All EHR notifications shall be addressed as soon as the physician is notified of the required action. Every contract physician should confirm the absence of EHR deficiencies with HHCC's Health Information Management (HIM) department prior to the conclusion of each set of scheduled shifts. During the performance of their duties, the contract physician shall maintain consistent performance of patient care processes according to the standards of applicable hospital and IHS accreditation programs These standards include, but are not limited to: The Joint Commission, The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contract physician shall have successfully completed a relevant Accreditation Council for Graduate Medical Education (ACGME) or an American Osteopathic Association (AOA)-accredited post-graduate training program.

Additionally, the contractor physician shall hold current certification by a relevant American Board of Medical Specialties (ABMS) or AOA Board specialty; relevant ABMS or AOA Board-eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME or an AOA accredited post-graduate training program. Contractors may be requested to provide documentation of the number and types of relevant cases during the past 24 months. Contractors have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

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In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide notification within three business days to the Contracting Officer's Representative (COR) (or designee) and Clinical Director/Chief Medical Officer (or designee). The Contractor shall then make a full, good- faith effort to provide coverage with a replacement.

Accommodations/Lodging: The contractor is responsible to cover the cost of any lodging for the contractor. At times, IHS transient housing may be available at a daily rate. If IHS transient housing is not available, there may be availability at a local motel or in a nearby area (e.g., Winslow, AZ).

Section H- Special Contract Requirements

CONTRACT PHYSICIAN EXPERIENCE/QUALIFICATIONS:

Although not required, it is preferred that contract physicians re-experienced with delivering clinical services performed in a rural setting. It is essential that contract physicians must be willing to accept a position in a rural setting. The contractor shall provide the US Government with the qualifications of physicians presented as candidates for assignments, including resume (detail experience in months and years) and references.

(a) QUALIFICATION/CERTIFICATION - ED PHYSICIANS:

- 1) Contract ED physicians shall provide documentation of recent and relevant emergency department experience.
- 2) Contract ED physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate combined training program in Emergency Medicine, Family Medicine, and/or combined Internal Medicine/ Pediatrics.
- 3) Contract ED physicians shall possess ABMS- or AOA-board certification in

Emergency Medicine, Family Medicine, and/or combined Internal Medicine/Pediatrics. [NB: Standalone Internal Medicine board certification is not permitted.] Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program in one of the aforementioned medical specialties.

4) Current BLS, PALS, ACLS, and ATLS certification is required; NRP certification is highly recommended.

(b) QUALIFICATION/CERTIFICATION – INPATIENT PHYSICIAN:

- 1) Contract inpatient physicians shall provide documentation of recent and relevant inpatient experience.
- 2) Contract inpatient physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate combined training program in Family Medicine, Internal Medicine, and/or combined Internal Medicine/Pediatrics.
- 3) Contract inpatient physicians shall possess ABMS- or AOA- board certification in relevant (sub)specialty. Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program.
- 4) Current BLS, PALS, and ACLS certification is required. NRP certification is recommended.

ORIENTATION:

Contract physicians shall participate in facility- and department-specific orientation prior to commencing clinical duties. Orientation is usually accomplished within 2 days. The contract physician is required to have received the necessary background security clearance and have an appointment (through the credentialing and privileging process) prior to commencing orientation.

Each contract physician must complete orientation prior to commencing any clinical duties. Documentation verifying the content of the orientation and a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). The contract physician should also maintain documentation of having completed orientation.

Contract physicians shall complete IHS Computer Security Awareness Training at least seven calendar days prior to orientation. However, if the contract physician has a current certificate of completion, the certificate should be shared with Hopi Health Care Center. Maintenance of IHS Computer Security Awareness Training certification is required.

CREDENTIALING AND PRIVILEGING:

The Contractor and contract physician shall participate in the Credentialing and Privileging process in accordance with the facility's procedures. The Contractor is expected to submit all requested materials within four business days of receiving the initial request. The Contractor will be provided copies of current requirements as applicable and updates as they are published.

CONTRACT PHYSICIAN CREDENTIALS

The Contractor shall provide the following documents for each physician for credentialing and privilege purposes:

- 1. Current resume,
- 2. OF-306 Declaration for Federal Employment (all questions must be answered and signature with date in 17a is required),
- 3. OF-306 Addendum Addendum to the OF-306 (Declaration for Federal Employment),
- 4. IHS Provisional Access Memo,
- 5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion,
- 6. Certification conforming completion of No FEAR Act Training;
- 7. OFI-86C form with two fingerprint cards and applicable state forms;
- 8. HHS-745, Section A; and
- 9. Two forms of unexpired identification with matching full names (e.g., driver's license and social security card).

NOTE: Original forms should be scanned and submitted. Photos of forms are not permitted. Wet signature and date are highly recommended. PDF or electronic signatures are not anticipated to be accepted and may result in a delay of administrative processing.

OTHER CONTRACTOR RESPONSIBILITIES

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

OCCUPATIONAL HEALTH REQUIREMENTS

The Contractor agrees to furnish the following documentation of health records prior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: PPD, chest x-ray, and/or other acceptable (latent) TB-related tests. Frequency of testing must be in accordance with IHS and HHCC policies.
- 2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- 3) Documentation of two (2) varicella (chickenpox) vaccinations or proof of immunity or documented history of having varicella.
- 4) Documentation of Hepatitis B series vaccination completion.
- 5) Documentation of and influenza vaccination.

Contractor's personnel must consistently abide by IHS and HHCC policies regarding infection prevention and control and employee health.

Contractor's personnel shall not use commercial tobacco, alcohol, or any other illegal substance while on IHS grounds.

The Contractor is responsible for compliance with all appropriate TJC, IHS, HHCC policies/procedures and other regulatory agency record keeping requirements.

CONTRACTOR QUALITY CONTROL PROGRAM:

(a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:

A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.

A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the US Government and shall be available to the COR during normal working hours. The file shall be turned over to the US Government within fourteen (14) days of completion or termination of the contract.

PERIODIC PERFORMANCE EVALUATION MEETINGS:

The Contractor shall meet, via in-person or teleconference meeting, with the Contracting Officer's Representative (COR) a minimum of once a month according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

US GOVERNMENT- FURNISHED PROPERTY AND SERVICES:

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or disfigurement of US Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of US Government property, or performance is determined to be unsatisfactory; the COR will issue a Contract Discrepancy Report or equal documentation. The Contractor will reply in writing, to the Program Office within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive procedures initiated.

Section G - CONTRACT ADMINISTRATION DATA:

(a) Receiving and Acceptance, Invoicing and Payments

Payments for services provided shall be made upon completion of services as specified in the scope of work. The Contractor shall submit an invoice through the US Treasury in IPP. Reference contract clause HHSAR 352.232-71 Electronic Submission of Invoice Payment Requests (Feb 2022).

CONTRACTING OFFICER'S (COR) REPRESENTATIVE

- a) The COR is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- b) The Contracting Officer will designate in writing a COR who shall be responsible for:
 - 1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
 - 2) Interpreting scope of work;
 - 3) Performing technical evaluations required;
 - 4) Performing technical inspections and acceptances required by this contract;
 - 5) Monitoring funds available for obligation under this contract; and
 - 6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

ACCOUNTABILITY

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the HHCC Clinical Director/Chief Medical Officer (or designee) to ensure that services called for under the contract have been rendered.

PERFORMANCE BASED ASSESSMENT:

Introduction – Performance Requirements:

A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic surveillance of all aspects of professional nursing services. This plan provides for monitoring the

contract requirements

The objective of this surveillance plan is to evaluate how the Contractor's performance in key areas. The US Government is primarily interested in the final service being provided and not in the details of accomplishment.

The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.

Quality Assurance Surveillance Plan (QASP):

- (i) The US Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and considered an evaluation part of the contract.
- (ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

Measure	Performance Requirement	Standard	Acceptable Quality Level	Routine Method of Monitoring	Incentives and Disincentives		
1. Key Personnel	Provide required care service as specified in the requirements.	Qualified personnel are available and in location as needed to properly perform tasks as specified.	100%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation.		
1A Ensuring adequate coverage	Filled provider schedule vacancies at Hopi Health Care Center	Contractor shall ensure full coverage for any vacant shifts that Hopi Health Care Center shares with the Contractor ≥ 21 days in advance. Coverage must be confirmed at least two weeks in advance.	95%	USG review of documentati on for compliance	possible termination of contract. Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor is unable fill the requested vacant shifts, a cure notice shall be issued and possible termination of contract.		
1B. Mitigating the negative impact of Contractor schedule changes	Established risk mitigation for if/when Contractor provider availability changes	Contractor shall ensure appropriate Contractor coverage for any Contractor shifts cancelled after the shifts have been confirmed with Hopi Health Care Center	99%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor does not fulfill the initial staffing commitment, a cure notice shall be issued and possible termination of contract. Evaluation documenting in a dequate performance in the national IHS database.		
2. Maintains security clearance, licensing, certification, credentialing and privileges	All necessary documents submitted in a timely manner to foster swift (re)appointments.	Security clearance, licensure, certification, credentialing, and/or privileges established and maintained.	Contract Provider records will be kept 100% up-to-date with 0 lapses in security clearances, licensure, certification, credentialing, and/or privileges.	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation, possible termination of contract.		
3. Privacy, Confidentialit y and HIPPA	Contractor is aware of all laws, regulations, policies and procedures relating to Privacy, Confidentiality and HIPPA and complies with all standards	Zero breaches of privacy or confidentiality	100%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation, possible termination of contract.		
4. Qualified to work under Public Law	Background Investigation in compliance with Indian Child Protection and Family Violence Prevention Act, Public Law 101- 630	Complete and acceptable documentation of Background investigation including legible fingerprints	100%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation, possible termination of contract.		

5. Patient Safety	Timely reporting of any potential or actual patient risk management incidents to the supervisor immediately.	To be aligned with HHCC policies and procedures. For incidents where a policy/procedure may not exist, incidents must be reported within 24 calendar hours.	100%	USG review of Contractor's documentati on and Hopi Health Care Center reporting platform for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting in a dequate performance in the national IHS database
6. EHR Documentatio n	Timely completion of charting and swift resolution of any EHR notifications/deficienc ies	Charting to be completed within 24 hours of clinical encounter. EHR notifications/deficienc ies to be addressed prior to last scheduled shift.	100% for charting. 97% for EHR notifications/deficienc ies.	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting in a dequate performance in the national IHS database
7. Lapses in professionalis m and/or remaining aligned with standards of care/treatmen t	In the event of unacceptable performance, lack of professionalism, unacceptable conduct, or concerns regarding medical practice, the Contractor shall replace personnel	Consistent compliance with HHS/IHS Code of Conduct and IHS/Hopi Health Care Center policies, procedures, rules, and regulations. If < 30 days of confirmed scheduled shift: Contractor shall replace personnel within 3 calendar days upon receipt of written notification. If ≥30 days of confirmed scheduled shift: Contractor shall replace personnel within 7 calendar days upon receipt of written notification.	95% compliant	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting in a dequate performance in the national IHS database

END OF STATEMENT OF WORK

Statement of Work

Emergency Room and Inpatient Physician Services at the Indian Health Service (IHS) Hopi Health Care Center (HHCC) Revised 17 July 2024

SECTION C- Statement of work

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room and Inpatient Physician Services to be provided at the Indian Health Service (IHS) Hopi Health Care Center (HHCC) in Polacca, Arizona. The location is very rural and planning should be made to ensure that candidate contractors are aware of the sparse lodging, grocery, and entertainment options. This contract will be for a six (6) month period of performance. All candidate submissions shall contain a complete profile and current work history and necessary documentation of relevant education, licensure, and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the IHS HHCC. The full security preclearance requirements must be adhered to, include a fingerprint check and a check of the physician through the Office of Inspector General's exclusion list at http://exclusions.oig.hhs.gov/.

BACKGROUND:

HHCC is a TJC-accredited Critical Access Hospital (CAH) and is the only healthcare facility on the Hopi Reservation (catchment population is approximately 18,000). Hopi Health Care Center currently provides the following services: Emergency Department (24/7); four-bed, short-stay inpatient unit for adult admissions; outpatient department, dental, physical therapy, and public health services that are operational on business days; onsite pharmacy, laboratory, and radiology services have limited services available 24/7. Additionally, Hopi Tribal Behavioral Health Services are co-located at HHCC. In CY23, there were more than 93,000 patient visits, including nearly 9,500 Emergency Department visits and more than 150 admissions.

WORK SCHEDULE FOR PHYSICIAN SERVICES: Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.

- A. Emergency Department (ED) Physicians. HHCC's ED is operational 24/7.
 - 1. Day shifts: Twelve (12)-hour shifts from 7 a.m. 7 p.m. seven (7) days per week, inclusive of federal holidays.
 - 2. Night shifts: Twelve (12)-hour shifts from 7 p.m. 7 a.m. seven (7) days per week, inclusive of federal holidays
 - 3. The ED physician may cover Urgent Care shifts as the Urgent Care is housed within the Emergency Departments. The duration and frequency of Urgent Care shifts may vary dependent on need and physician availability. Urgent Care shifts do not exceed twelve (12) hours.
 - 4. The on-duty ED physician will cover any inpatient needs when the inpatient physician is off duty. The on-duty ED physician must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of care and treatment shall be documented within the required time limits. The on-duty ED physician may write admission orders for patients admitted

overnight, but the admission history and physical is the responsibility of the inpatient physician.

Approximate number of shifts to be filled in the Emergency Room are up to four (4) twelve (12) hour shifts per day (inclusive of Urgent Care shifts). Typically, shifts are concurrent five (5) to seven (7) day or night stretches, with the possibility to work fewer or more concurrent shifts in accordance with the contractor's availability.

- B) Inpatient Physicians. HHCC's inpatient unit is operational 24/7.
 - 1. Ten (10) to twelve (12) hour shifts during the day. The inpatient physician shifts start at 7:30am and ends between 6:00pm and 7:30pm, dependent on the additional clinical duties assigned to the contractor and if the contractor has selected to take a 30-minute rest break.
 - 2. The on-duty ED Physician may write admission orders for patients admitted overnight, but the admission history and physical is the responsibility of the Inpatient Physician.
 - 3. The average daily inpatient census is two (2) patients. Given the limited capacity of the inpatient unit, the Inpatient Physician will either staff an ambulatory clinic in the afternoon (which are primarily ED follow up visits) OR work in the urgent care (UC). While in the UC, the Inpatient Physician is accompanied by a licensed, certified, credentialed and privileged Emergency Department physician.

Approximate number of inpatient shifts to be filled by an inpatient physician is one (1) shift per day. Typically, shifts are concurrent 5-6 day stretches, but can be flexed.

The contract physician will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within the respective department(s) for which they will work.

The contract physician shall speak, understand, read and write the English language fluently. The physician should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Services shall be provided by qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the US Government.

Services shall be periodically assessed and evaluated to ensure medical and health services programs are consistent with current standards of practice.

The contract physician shall consistently ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except in accordance with established standards, policies, and procedures. This obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States US Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to third party payers to whom the patient has authorized release of information.

Complete administrative control of patient data remains with the US Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the US Government. All records shall be maintained in accordance with medical treatment facility guidelines and standards.

DUTIES AND RESPONSIBILITIES:

The contract physician shall provide work that is consistent with the guidelines, policies, and procedures of the IHS. The contract physician's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work.

The contract physician shall consistently abide by IHS and HHCC's medical staff bylaws, rules and regulations, including all licensing, certifications, and credentialing requirements.

The contract physician shall be punctual for each shift and ensure appropriate sign out at the end of each shift.

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The contract physician shall have successfully completed a relevant Accreditation Council for Graduate Medical Education (ACGME) or an American Osteopathic Association (AOA)-accredited post-graduate training program.

Additionally, the contractor physician shall hold current certification by a relevant American Board of Medical Specialties (ABMS) or AOA Board specialty; relevant ABMS or AOA Board-eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME or an AOA accredited post-graduate training program. Contractors may be requested to provide documentation of the number and types of relevant cases during the past 24 months. Contractors have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

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Although not required, it is preferred that contract physicians re-experienced with delivering clinical services performed in a rural setting. It is essential that contract physicians must be willing to accept a position in a rural setting. The contractor shall provide the US Government with the qualifications of physicians presented as candidates for assignments, including resume (detail experience in months and years) and references.

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[NB: Standalone Internal Medicine board certification is not permitted.] Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program in one of the aforementioned medical specialties.

4) Current BLS, PALS, ACLS, and ATLS certification is required; NRP certification is highly recommended.

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- 1) Contract inpatient physicians shall provide documentation of recent and relevant inpatient experience.
- 2) Contract inpatient physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate combined training program in Family Medicine, Internal Medicine, and/or combined Internal Medicine/Pediatrics.
- 3) Contract inpatient physicians shall possess ABMS- or AOA- board certification in relevant (sub)specialty. Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program.
- 4) Current BLS, PALS, and ACLS certification is required. If a contract physician is not certified in PALS at the time of initial application, documentation of PALS certification must be submitted at least 3 weeks (21 calendar days) prior to anticipated orientation. NRP certification is recommended.

ORIENTATION:

Contract physicians shall participate in facility- and department-specific orientation prior to commencing clinical duties. Orientation is usually accomplished within 2 days. The contract physician is required to have received the necessary background security clearance and have an appointment (through the credentialing and privileging process) prior to commencing orientation.

Each contract physician must complete orientation prior to commencing any clinical duties. Documentation verifying the content of the orientation and a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). The contract physician should also maintain documentation of having completed orientation.

Contract physicians shall complete IHS Computer Security Awareness Training at least seven calendar days prior to orientation. However, if the contract physician has a current certificate of completion, the certificate should be shared with Hopi Health Care Center. Maintenance of IHS Computer Security Awareness Training certification is required.

CREDENTIALING AND PRIVILEGING:

The Contractor and contract physician shall participate in the Credentialing and Privileging process in accordance with the facility's procedures. The Contractor is expected to submit all requested materials within four business days of receiving the initial request. The Contractor will

be provided copies of current requirements as applicable and updates as they are published.

CONTRACT PHYSICIAN CREDENTIALS

The Contractor shall provide the following documents for each physician for credentialing and privilege purposes:

- 1. Current resume,
- 2. OF-306 Declaration for Federal Employment (all questions must be answered and signature with date in 17a is required),
- 3. OF-306 Addendum Addendum to the OF-306 (Declaration for Federal Employment),
- 4. IHS Provisional Access Memo,
- 5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion,
- 6. Certification conforming completion of No FEAR Act Training;
- 7. OFI-86C form with two fingerprint cards and applicable state forms;
- 8. HHS-745, Section A; and
- 9. Two forms of unexpired identification with matching full names (e.g., driver's license and social security card).

NOTE: Original forms should be scanned and submitted. Photos of forms are not permitted. Wet signature and date are highly recommended. PDF or electronic signatures are not anticipated to be accepted and may result in a delay of administrative processing.

OTHER CONTRACTOR RESPONSIBILITIES

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

OCCUPATIONAL HEALTH REQUIREMENTS

The Contractor agrees to furnish the following documentation of health records prior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: PPD, chest x-ray, and/or other acceptable (latent) TB-related tests. Frequency of testing must be in accordance with IHS and HHCC policies.
- 2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- 3) Documentation of two (2) varicella (chickenpox) vaccinations or proof of immunity or documented history of having varicella.
- 4) Documentation of Hepatitis B series vaccination completion.
- 5) Documentation of and influenza vaccination.

Contractor's personnel must consistently abide by IHS and HHCC policies regarding infection prevention and control and employee health.

Contractor's personnel shall not use commercial tobacco, alcohol, or any other illegal substance while on IHS grounds.

The Contractor is responsible for compliance with all appropriate TJC, IHS, HHCC policies/procedures and other regulatory agency record keeping requirements.

CONTRACTOR QUALITY CONTROL PROGRAM:

(a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:

A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.

A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the US Government and shall be available to the COR during normal working hours. The file shall be turned over to the US Government within fourteen (14) days of completion or termination of the contract.

PERIODIC PERFORMANCE EVALUATION MEETINGS:

The Contractor shall meet, via in-person or teleconference meeting, with the Contracting Officer's Representative (COR) a minimum of once a month according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

US GOVERNMENT- FURNISHED PROPERTY AND SERVICES:

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or disfigurement of US Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of US Government property, or performance is determined to be unsatisfactory; the COR will issue a Contract Discrepancy Report or equal documentation. The Contractor will reply in writing, to the Program Office within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive procedures initiated.

Section G - CONTRACT ADMINISTRATION DATA:

(a) Receiving and Acceptance, Invoicing and Payments

Payments for services provided shall be made upon completion of services as specified in the scope of work. The Contractor shall submit an invoice through the US Treasury in IPP. Reference contract clause HHSAR 352.232-71 Electronic Submission of Invoice Payment Requests (Feb 2022).

CONTRACTING OFFICER'S (COR) REPRESENTATIVE

- a) The COR is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- b) The Contracting Officer will designate in writing a COR who shall be responsible for:
 - 1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
 - 2) Interpreting scope of work;
 - 3) Performing technical evaluations required;
 - 4) Performing technical inspections and acceptances required by this contract;
 - 5) Monitoring funds available for obligation under this contract; and
 - 6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

ACCOUNTABILITY

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the HHCC Clinical Director/Chief Medical Officer (or designee) to ensure that services called for under the contract have been rendered.

PERFORMANCE BASED ASSESSMENT:

Introduction – Performance Requirements:

A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic

surveillance of all aspects of professional nursing services. This plan provides for monitoring the contract requirements

The objective of this surveillance plan is to evaluate how the Contractor's performance in key areas. The US Government is primarily interested in the final service being provided and not in the details of accomplishment.

The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.

Quality Assurance Surveillance Plan (QASP):

- (i) The US Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and considered an evaluation part of the contract.
- (ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

Measure	Performance Requirement	Standard	Acceptable Quality Level	Routine Method of Monitoring	Incentives and Disincentives		
1. Key Personnel	Provide required care service as specified in the requirements.	Qualified personnel are available and in location as needed to properly perform tasks as specified.	100%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation.		
1A. Ensuring adequate coverage	Filled provider schedule vacancies at Hopi Health Care Center	Contractor shall ensure full coverage for any vacant shifts that Hopi Health Care Center shares with the Contractor ≥ 21 days in advance. Coverage must be confirmed at least two weeks in advance.	95%	USG review of documentati on for compliance	possible termination of contract. Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor is unable fill the requested vacant shifts, a cure notice shall be issued and possible termination of contract.		
1B. Mitigating the negative impact of Contractor schedule changes	Established risk mitigation for if/when Contractor provider availability changes	Contractor shall ensure appropriate Contractor coverage for any Contractor shifts cancelled after the shifts have been confirmed with Hopi Health Care Center	99%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor does not fulfill the initial staffing commitment, a cure notice shall be issued and possible termination of contract. Evaluation documenting in a dequate performance in the national IHS database.		
2. Maintains security clearance, licensing, certification, credentialing and privileges	All necessary documents submitted in a timely manner to foster swift (re)appointments.	Security clearance, licensure, certification, credentialing, and/or privileges established and maintained.	Contract Provider records will be kept 100% up-to-date with 0 lapses in security clearances, licensure, certification, credentialing, and/or privileges.	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation, possible termination of contract.		
3. Privacy, Confidentialit y and HIPPA	Contractor is aware of all laws, regulations, policies and procedures relating to Privacy, Confidentiality and HIPPA and complies with all standards	Zero breaches of privacy or confidentiality	100%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation, possible termination of contract.		
4. Qualified to work under Public Law	Background Investigation in compliance with Indian Child Protection and Family Violence Prevention Act, Public Law 101- 630	Complete and acceptable documentation of Background investigation including legible fingerprints	100%	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: If USG rejects documentation, possible termination of contract.		

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5. Patient Safety	Timely reporting of any potential or actual patient risk management incidents to the supervisor immediately.	To be aligned with HHCC policies and procedures. For incidents where a policy/procedure may not exist, incidents must be reported within 24 calendar hours.	100%	USG review of Contractor's documentati on and Hopi Health Care Center reporting platform for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting in a dequate performance in the national IHS database
6. EHR Documentatio n	Timely completion of charting and swift resolution of any EHR notifications/deficienc ies	Charting to be completed within 24 hours of clinical encounter. EHR notifications/deficienc ies to be addressed prior to last scheduled shift.	100% for charting. 97% for EHR notifications/deficienc ies.	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting in a dequate performance in the national IHS database
7. Lapses in professionalis m and/or remaining aligned with standards of care/treatmen t	In the event of unacceptable performance, lack of professionalism, unacceptable conduct, or concerns regarding medical practice, the Contractor shall replace personnel	Consistent compliance with HHS/IHS Code of Conduct and IHS/Hopi Health Care Center policies, procedures, rules, and regulations. If < 30 days of confirmed scheduled shift: Contractor shall replace personnel within 3 calendar days upon receipt of written notification. If ≥30 days of confirmed scheduled shift: Contractor shall replace personnel within 7 calendar days upon receipt of written notification.	95% compliant	USG review of documentati on for compliance	Evaluation documenting performance in the national IHS database. Incentive: USG approves documentation Disincentive: After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting in a dequate performance in the national IHS database

END OF STATEMENT OF WORK

S	OLICITATIO	N/CON	FRACT/ORDER	FOR COM	MERCIAL ITEMS		. REQUISITION				PAGE (1	
		EROR TO	COMPLETE BLO			5	See Sch	.edu			1	5	
2. CONTRACT NO 36F79724	D0090			3. AWARD/ EFFECTIVE DA 07/02/2	ATE 4. ORDER NUMBER 2024 75H71224F800)77			5	SOLICITATION NUMBER	₹		6. SOLICITATION ISSUE DATE
	R SOLICITATION		a. NAME MICHELE				b. TELEPH 602-3			(No collect calls)	8. OFFER	DUE DAT	E/LOCAL TIME
9. ISSUED BY				COD	10	10. THIS A	CQUISITION IS	3	X UNR	ESTRICTED OR [SET ASIDE	<u>:</u>	% FOR:
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				□ SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): □ HUBZONE SMALL BUSINESS ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) (NAICS): □ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (EDWOSB) 6 2 1 1 1 1 SMALL BUSINESS (SDVOSB) 3 (A) SIZE STANDARD: \$16									
			12. DISCOUNT TERM	S		13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - OPAS (15 CFR 700) 13b. RATING 14. METHOD OF SOLICITATION REQUEST FOR INVITATIO QUOTE (RFQ) FOR BID (I						REQUEST FOR PROPOSAL (RFP)	
15. DELIVER TO			CODE	IHSHOPI	HEALTH		ISTERED BY				CODE	10	
IHSHOPIH P.O. BOX POLACCA	4000, H		64, MP388			Two R Suite	enaiss	anc Att:	e Squ n: Di	Health Servare, 40 Nort vision of Ac 24	ch Cent		
17a. CONTRACTO	OR/ CODE 1	59348		FACILIT		18a. PAYN	IENT WILL BE	MADE	BY		CODE	IHSPH	OENIX
AB STAFFING SOLUTIONS, LLC 159348 Attn: LANCE SCHUGG AB STAFFING SOLUTIONS LLC 3451 3451 S MERCY RD GILBERT AZ 85297 TELEPHONE NO. 888-5153900					IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004								
17b. CHECK IF	REMITTANCE IS	DIFFERE	NT AND PUT SUCH AD	DDRESS IN OFF	ER		MIT INVOICES		DRESS SH	OWN IN BLOCK 18a UNLI	ESS BLOCK	BELOW	
19. ITEM NO.			SCHEDUL	20. E OF SUPPLIES	/SERVICES	100	21. QUANT		22. UNIT	23. UNIT PRICE			24. DUNT
	This de number is here period of January Inpatie Hopi Head Deliver Appr. Ye Continu	liver 36F79 by is of pe 2025 nt Ph alth y: 07 r.: 2	724D0090, ssued for rformance for Non-F lysician for Care Cente /02/2024 024 CAN: J	order r six (6) 2 July Personal or Tempo er in Po	SA/FSA contract number 75H71224: months for th 2024 through 3 Emergency Roor orary Services a lacca, Arizona. Object Class: 2	F8007 ne n & at	7						
25. ACCOUNTIN			N DATA						26	TOTALAWARDAMO. \$754 OO		overnme	ent Use Only)
2024.J40G148.25628 7 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION)					COUISITION REGULATIONS	\$754,000.00 N) FAR 52.212-1,52.212-4. FAR 52.212-3						E NOT ATTACHED	
AND 52.212-	-5 ARE ATTACH	HED. A	DDENDA		NCE FAR 52.212-4. FAR 52.2				ADDEND#		☐ ARE	_	E NOT ATTACHED.
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.											OFFER ON (BLOCK 5),		
30a. SIGNATURE	OF OFFEROR/CO	ONTRACT	OR				Palace			NATURE OF CONTRACT	ING OFFICEI	₹)	
30b. NAME ANI	D TITLE OF SIG	NER (Ty	pe or print)		30c. DATE SIGNED		ME OF CON			FICER (Type or print)			DATE SIGNED

19.		20.				21.	22.	23.	24.		
ITEM NO.		SCHEDULE OF SUPPLIES	S/SERVICES			QUANTITY	UNIT	UNIT PRICE	AMOUNT		
	Period of P	Performance: 07/02	/2024	to 01/03/20	25						
1	Emergency F	Room Physician Ser	vices						468,000.00		
	Estimated h	nours: (b) (4)									
	Hourly Rate	e: (h) (4)									
		7 2024 thru 3 Janua	ary 202	25							
		n No: IHS1498313	-								
2	Innatient D	Physician Services							286,000.00		
2	Estimated h								200,000.00		
	Hourly Rate										
		7 2024 thru 3 Janua	arv 201	25							
		n No: IHS1498312	ary zo.	23							
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	BE MADE BY	A CONTRACTING OFF	ICER//	/							
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		amount of award: \$									
	obligation	for this award is	shown	in box 26.							
32a. QUANTITY	Y IN COLUMN 21 HAS	BEEN									
RECEIV	ED INSF	PECTED ACCEPTED	D, AND CON	IFORMS TO THE CON	NTRACT, E	XCEPT AS I	NOTE	D:			
32b. SIGNATUR	RE OF AUTHORIZED (GOVERNMENT REPRESENTATIVE	≣	32c. DATE	32d. PRIN	TED NAME	AND T	TITLE OF AUTHORIZED GO	OVERNMENT REPRESENTATIVE		
32e. MAILING A	DDRESS OF AUTHOR	RIZED GOVERNMENT REPRESEN	ITATIVE		32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE						
					32a F-MA	II OF ALITH	ORIZE	ED GOVERNMENT REPRE	SENTATIVE		
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38. S/R ACCOL	INUIVIDER	39. S/R VOUCHER NUMBER	40. PAID B	1							
41a. I CERTIFY	41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 42a. RECEIVED BY (Print)										
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE					72a. K	->=:٧=!	, , , , , , ,	, 			
					42b. RECEIVED AT (Location)						
							YY/\/\	1/DD) 42d TOT/	AL CONTAINERS		
						42c. DATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS					