



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCRM-M

07 SEP 2011

MEMORANDUM FOR

COMMANDER, WESTERN REGIONAL MEDICAL COMMAND
COMMANDER, NORTHERN REGIONAL MEDICAL COMMAND
COMMANDER, SOUTHERN REGIONAL MEDICAL COMMAND

SUBJECT: Clinical Support Agreement (CSA) Process Guidance Under the Third Generation (T-3) of TRICARE Contracts

1. CSAs at Army medical treatment facilities (MTFs) remain as a viable contracting option to acquire contracted clinical providers under the T-3 of Managed Care Support Contracts (MCSC). The CSA Program represents a requirement for the contractor to provide needed clinical personnel to the MTF. The MTF Commander who has determined that it is in the Government's interest to obtain clinical personnel through this program may utilize this program. The requesting organization is responsible for funding all actions issued under the CSA Program.
2. The procedures to execute CSAs are changing based upon contract guidance that changes from "task orders" to "contract modifications" to ensure better Department of Defense financial reporting requirements. One of the most significant changes in the process is the Health Care Acquisition Activity will no longer administer the MCSC CSA contracts for our MTFs; that responsibility is shifting to the TRICARE Management Activity (TMA) Contract Resource Management (CRM) with coordination through MEDCOM Office of the Assistant Chief of Staff for Resource Management (OACSRM) for funding transfer. Only the TMA Contracting Officer can acquire clinical support personnel through the MCSC CSA by issuing a modification.
3. The process for MTFs to request CSA personnel is outlined in Section 5 of TMA's T-3 Clinical Support Requirements Guide for MTFs. The complete TMA guidance is enclosed. This new CSA Process Guidance is to be implemented at the start of the new T-3 MCSC. The North Region began operations under T-3 on 1 April 2011. The South Region will start healthcare delivery under T-3 on 1 April 2012. The West Region start of healthcare delivery under T-3 has yet to be determined. Before submitting a CSA, MTFs should coordinate with their TRICARE Regional Office.

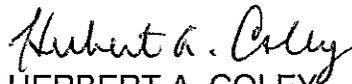
MCRM-M

SUBJECT: Clinical Support Agreement (CSA) Process Guidance Under the Third Generation (T-3) of TRICARE Contracts

4. The OACSRM Management Division will be the proponent for the review of all new CSAs. They will also be responsible for the repository of all new clinical support agreements. The OACSRM Program and Budget Division will provide TMA CRM with the appropriate funding documents. Direct questions pertaining to this new process to LTC Robert Griffith, (210) 295-2879 or DSN 421-2879, or Mr. Donald Brocker, (210) 295-2876 or DSN 421-2876.

FOR THE COMMANDER:

Encl


HERBERT A. COLEY
Chief of Staff



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT
ACTIVITY

FEB 28 2011

MEMORANDUM FOR DEPUTY SURGEON GENERAL, U.S. ARMY
DEPUTY SURGEON GENERAL, U.S. NAVY
DEPUTY SURGEON GENERAL, U.S. AIR FORCE

SUBJECT: Final T-3 Clinical Support Agreement Guidance

I wish to thank you for the valuable input your staff gave to improve the final version of T-3 Clinical Support Agreement (CSA) Guidance. Attached for your organization's use is the final version of this document.

Please convey my personal thanks to the dedicated individuals on your staff who contributed to the development of this guidance. Their efforts ensure this contracting tool remains a viable contracting option for your Military Treatment Facilities to acquire contracted clinical providers under the T-3 Managed Care Support Contracts. Since this is a new process, TMA will conduct a review 1 year from the date of this memorandum, and propose revisions as necessary.

The point of contact for this guidance is Mr. John J. Felicio. He is available to answer questions your staff may have regarding this guidance. Mr. Felicio may be reached at (210) 292-3286, or via e-mail at John.Felicio@tros.tma.osd.mil.

C. S. Hunter
RADM, MC, USN
Deputy Director

Attachment:
T-3 Clinical Support Agreement Guidance

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**THIRD GENERATION OF TRICARE MANAGED CARE
SUPPORT CONTRACTS
CLINICAL SUPPORT (CS) REQUIREMENT GUIDE
FOR MILITARY TREATMENT FACILITIES (MTFs)**

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SECTION 1.0 PURPOSE

This document provides guidelines and procedures to acquire direct care clinical services at MTFs utilizing the TRICARE Management Activity's (TMA) Managed Care Support Contract (MCSC). The MCSC is a contract vehicle available to all Services for the acquisition of clinical support services. This contracting tool augments the Services other known contract vehicles used to acquire clinical support services.

Only the TMA Contracting Officer can acquire clinical support personnel through the MCSC by issuing a Modification.

Clinical support personnel are defined in TRICARE Operations Manual (TOM) Ch 15, Section 3 and Clinical Support Agreement (CSA) as follows:

“Personnel of the type set forth in 32 CFR 199.6(c)(3) as an independent professional provider who meet the criteria contained in 32 CFR 199 and who also meet the credentialing requirements delineated in this chapter; or,
Personnel who provide general clinical support, including, but not limited to, nurses, x-ray technicians, laboratory technicians, pharmacists, etc.”

Under no circumstances can CSAs be used to acquire administrative personnel or medical equipment.

SECTION 2.0 BACKGROUND

The MCSC was competitively awarded to three separate contractors, each covering operations in a specific geographic region in the United States. The MCSC provides healthcare services under five annual option periods. The MCSC contains specific option period Contract Line Item Numbers (CLINs) 1014, 2014, 3014, 4014 and 5014. These CLINs require the MCS ~~Contractors~~ contractors to provide timely clinical support personnel to requesting MTFs in their respective regions.

The TMA Contracting Officers are responsible and accountable for issuing all contract actions to support identified clinical support requirements for the MTFs .

The TRICARE Regional Office (TRO) facilitate the Services' MTFs with CSAs modifications and other related CSA activities submitted to the TMA Contracting Office,

These guidelines specify duties incumbent upon the Service Headquarters throughout this document. If the Service Headquarters chooses, they may delegate these responsibilities to subordinate elements within their organization. Please note, the responsibilities of the Service Headquarters or the designee are distinct from the Service's Resource Management's (RM) coordination role as described in Section 5.3 and in Attachment 3.

SECTION 3.0 MODIFICATION PERFORMANCE PERIODS

3.1 DURATION OF CSAs

TMA can only issue CSA modifications for the duration of the MCSC's base and option periods. The MCSC consists of a one-year base period with four (1) one-year option periods. Performance under CSA modifications can only be written for performance within the MCSC's base and option periods (i.e., 1 April – 31 March). Therefore, it must be recognized that performance of CSA services are contingent upon the exercise of a MCSC option period, as well as the use of corresponding fiscal year funding.

For example, if an MTF wants 22 months of services with performance to begin 1 June 2011, a CLIN would be established under the applicable MCSC option period for performance of services from 1 June 2011 through 31 March 2012, and another CLIN established for the entire performance period of the next MCSC option period (i.e., 1 April 2012 through 31 March 2013). (Only used as an example)

3.2 IDENTIFYING PERIOD OF PERFORMANCE

Taking into consideration the time required to negotiate and award a CSA modification, estimated at 45 days after receipt of a complete package, the MTF shall indicate in their Requirement Package the desired period of performance for services (reference Attachment 1, Item 4 – Number of Option Periods Requested), and that the funding for continuation of the services has or will be included in their budgets for the applicable fiscal years. Based on the MTF's identified ongoing requirement and the approval from the Services to proceed with a CSA, clinical support services CLINs will be added to contract option periods as requested, and exercised accordingly as funding is provided.

SECTION 4.0 CSA ISSUANCE

The responsible TMA Contracting Officer will vigilantly execute the CSA modification request after receipt of the completed packet from the MTF with the respective Service Headquarters' approval. Once the completed packet is received, the TMA Contracting Officer will request a proposal from the Managed Care Support (MCS) contractor, negotiate terms/conditions and pricing to reach agreement, and complete the CSA modification. This is to be accomplished within 45 days of the receipt of the completed package from the MTF and respective Service Headquarters. This minimum CSA modification processing time requires MTFs to submit their complete CSA packets with sufficient lead time to allow for Service Headquarters' review/approval and allow for 45 days prior to the date the CSA modification needs to be added to the MCSC. The CSA modification processing time of 45 days should not be confused with when the requested clinical personnel are to start providing services at the MTF. Per the TRICARE Operations Manual (TOM 6010.56-M, February 1, 2008), and consistent with the time requirement found therein, after receiving the executed contract action, the contractor shall provide health care personnel with credentials that allow the MTF to award privileges in accordance with the specifications contained in the PWS.

The MCS contractor will provide the TMA Contracting Officer and Regional Business Operations Division Office status of pending and active CSA Modifications as outlined in Exhibit 2A – MCSC Clinical Support Modification Report. The TMA Contracting Officer will provide the MTFs and Services representative with monthly status reports (See paragraph 6.1) regarding progress of establishing the MTF requested and Service-approved CSA services (see Exhibit 2A).

The TRO is responsible for monitoring progress in executing the timely award of requested CSA modifications to include CSA changes or terminations. The TRO staff will report on a periodic basis to the applicable MTFs and Services the progress and performance of submitted CSA contract modifications and changes, or terminations to previously awarded/executed CSA contract modifications (See Exhibit 2B).

The TMA Contracting Officer and TRO will also meet the Services' Headquarters requests for any special ad hoc CSA reports such as fill rate of Behavioral Health contract providers, provided they have access to the information requested.

4.1 CHANGES

All MTF-initiated changes to CSA requirements, i.e., periods of performance/number of hours, etc., will be submitted in writing by the MTF Commander or his/her designated representative to the respective Service Headquarters for approval prior to forwarding the request to the TMA Contracting Officer, with a copy submitted to the Regional Business Operations Division. Based on extent of the change, the respective TMA Contracting Officer will accomplish the changes within approximately 45 days.

4.2 TERMINATIONS

Termination requests will also be submitted by the MTF Commander or his/her designated representative to the TMA Contracting Officer via a written/signed memorandum through the respective Service Headquarters. Terminations including de-obligations will be accomplished in accordance with FAR and DFAR regulations and be executed as quickly as possible. Please note: terminations of personal services contracts require at minimum a 15-day notice to the MCSC.

SECTION 5.0 MTF REQUIREMENTS PACKET

The following documents shall be submitted to the TMA Contracting Office through the respective Service Headquarters to initiate a CSA Modification for MTF clinical support needs:

5.1 REQUIREMENT WORKSHEET

Requesting MTFs shall submit a completed worksheet for each type of clinical support personnel (See Attachment 1). As requested by the MTF, TMA can add the following non-compete statement:

TMA NON-COMPETE CLAUSE:

The use of non-compete conditions in employment agreements (to prevent loss of personnel by the contractor) effective only during the period of performance is acceptable. However, the use of non-compete conditions in employment agreements that prevent employees of the incumbent from being employed or accepting offers of employment by the new contractor for the follow-on contract is unacceptable.

5.2 INDEPENDENT GOVERNMENT COST ESTIMATE (IGCE)

The MTF user shall submit an Independent Government Cost Estimate (IGCE) for each clinical support personnel. Commercial websites such as www.salary.com (and others providing similar information) can help build the estimate. The MTF will complete and submit the IGCE, shown at Attachment 2, with their package. Attachment 2A explains the elements found in Attachment 2.

5.3 FUNDING PROCESS

5.3.1 Funding Authorization Documents (FADs)

Budget Activity Group (BAG) 1 FADs will be separated by each service when sent to TMA-Aurora's Contract Resource Management (CRM). BAG 111000 (the 3 zeros represent the CRM's accounting system) will be for Army and BAG 113000 for Air Force. Navy does not use CSAs. As a result, BAG 112000 will be reserved for Navy, but not activated. If Navy's position changes and they desire to use CSAs in the future, they must notify the TMA Program Budget and Execution Division (P₇-B&E) POC- (Funds Control Officer, (703) 681-3518, ext. 14613), to activate BAG 112000 and register it in the accounting regulation.

CRM and TMA – P₇-B&E Division requests the number of FADs to be processed be kept to minimum. In order to accomplish this objective, the Services' Resource Management (RM) POCs need to identify and report to P₇-B&E the funding amount to hold at P₇-B&E and the amount to forward to CRM to support their awarded CSAs, based on the Service Headquarters approved CSAs. CSA funding must be provided to P₇-B&E in increments of at least 180 days in concert with the T-3 base contract funding cycle.

All funding amounts identified for FAD transfer from Service to CRM must be rounded upward to the nearest thousand. If unobligated balances at CRM exceed \$1K for any given Service, these funds will be returned via FAD to the respective Services

5.3.2 Funds Identification

For each identified CSA, a Funds Identification form will be filled out (Attachment 3)

when the need for a CSA is identified. This form will be used to provide CRM an estimate of the funds required to support the CSA and will contain the MTF identification, which is their Defense Medical Information System Identification (DMIS ID) number and the MTF POC. The Overseas Contingency Operations (OCO) identifier, previously known as the Global War on Terrorism (GWOT) identifier, will be used whether or not OCO funding is available to fill the OCO requirement. Since OCO dollars are the same fund cite, this identifier will be used to track what can be used for OCO requirements when such designated dollars become available. Defense Health Program (DHP) components will ensure compliance with all future funding designation as directed by the Office of the Under Secretary for Defense (Comptroller) (OUSD(C)). This form will be signed by the respective Service RM Representative. If sufficient funds are not available at CRM to fund the CSA, the form will identify the need for PB&E to transfer funds to support the CSA prior to the point where they are obligated.

5.3.3 Line of Accounting

A requisition, performed by the TMA Regional Contracting Officer's Representative (COR), will be sent through CRM for funding approval in order for TMA Contracting Officer to modify the Contract for each CSA. CRM will use their own fund cite (.1889) to obligate funds with a BAG 1 indicator.

5.3.4 Invoice Processing

Attachment 3A, "T3 CSA Invoicing Process Flow Chart," visually depicts the invoice process. The CSA Provider will submit an invoice/timesheets to the MTF's Clinical Support Technical Representatives (CSTR) for verification of the work. The CSTR will verify the work and forward this verification to the COR within 5 work days of receipt either via fax or via email in PDF. At the same time, the CSA Providers will forward their invoices to their employer, the MCSC or MCSC's subcontractor, if applicable. If a subcontractor to the MCSC is used, the subcontractor will send their invoice to their respective MCS Contractor/contractor. The MCSC will then consolidate these invoices for all MTFs and submit one consolidated invoice with appropriate MTF supporting documentation to the COR with a copy to the Contracting Officer (CO) and CRM (RM.Invoices@tma.osd.mil), on a monthly basis. The consolidated invoice with appropriate support documentation will be sent to the appropriate MCSC COR for inspection and acceptance, followed by the appropriate TMA Contracting Officer for concurrent approval. This needs be completed within 7 calendar days of receiving the invoice. The COR and CO will provide a signed copy to CRM for payment (RM.Invoices@tma.osd.mil). The MTF verification of services is their supporting documentation for the MCSCs to invoice for CSA services rendered. CRM will make payment to the MCSC In Accordance With (IAW) the Federal Acquisition regulation (FAR) Prompt Payment clause in Section I of the contract. CRM also requires that a CSV file of the invoicing data be submitted monthly by each of the MCSCs.

5.3.5 Returning BAG_1 Funds to the Respective Service

At the very latest, CRM can return BAG_1 dollars to the Services 45 days prior to the end of the fiscal year for the dollars that have not been obligated on a CSA contractual modification. The Service RM Representative(s) can initiate this request 90 days prior to

the end of each fiscal year (FY). If the Services' estimated excess CSA funds reside at CRM, the Service RM Representative(s) can request in writing that these funds be returned to them. Returning BAG1 funds to the Services will take no more than two business days by CRM for the above scenario.

The second scenario that may occur is when there are CSAs that have not been awarded on a contract modification, but there is a commitment on the books; at that time, the Service Headquarters will specify through their Service RM POC to TMA Contracting Officer and CRM whether or not they want to wait until the next FY to award the CSAs. If the Service chooses to wait until the next FY to award the CSA, it will be awarded with the following year's FY dollars. Under this scenario, the return of the current FY BAG 1 funds will take a maximum of three business days after TMA Contracting Officer and CRM is notified by the Service RM point of contact (POC) of their Service decision to award the CSA in the next FY.

The final scenario is when a CSA is no longer necessary or there are excess funds on the Contract for any CSA. This process of returning CSA funds takes longer since the funds first must be de-obligated from the Contract in accordance with contract regulations. Please refer to the modification Section 3.0 of this document for further details. Once the de-obligation modification is signed by the Contractor and the respective TMA Contracting Officer, the return of funds will take a maximum of two business days for the respective Service to receive these funds.

A de-obligation or change to CSA requirements/hours request must be submitted to the TMA Contracting Officer to allow for excess dollars obligated under an existing CSA to be de-obligated off the MCSC. As with all Government contracting actions, the TMA Contracting Officer must process all funding and de-obligation modifications in accordance with the FAR.

5.3.6 Reporting on CSA Funds

CRM will have CSA obligations and disbursement data available on their Purchased Care Website (<https://tma-purchasedcare.ha.osd.mil/Welcome.cfm>). The information will be located under the MTF Data Report, and reports will be available by DMIS ID.

5.4 PERSONAL OR NON-PERSONAL SERVICES DETERMINATION

Requesting MTFs shall identify the type of services required for each provider, and contracting personnel will include all appropriate language applicable to specified services (See Attachment 4). Requests for personal services personnel will follow:

- **DOD Instruction 6025.5**
<http://www.dtic.mil/whs/directives/corres/pdf/602505p.pdf>
- **DFARS 237.104 (b)(ii)**
http://farsite.hill.af.mil/reghtml/regs/far2afincfars/fardfars/dfars/dfars237.htm#P171_9218
for those portions of DFARS 237.104 (b)(ii) that apply to contractors hiring personal services providers.

- **TRICARE OPERATIONS MANUAL (TOM), Ch 15, Section 3**
<http://www.tricare.mil/contracting/healthcare/t3manuals/change4/to08/TO08TOC.PDF>

(Note: To open the internet hyperlink, press and hold the control button and press the left button on your mouse once)

5.5 MTF CLINICAL SUPPORT TECHNICAL REPRESENTATIVE (CSTR)

The MTF Clinical Support Technical Representative (CSTR) will be the key point of contact for the TMA COR and Contracting Officer throughout the process that includes verifying hours worked as outlined in paragraph 5.3.4, "Invoicing." The MTF Commander or his/her designee shall designate a CSTR for each MTF as provided in the attached CSTR designation template (See Attachment 5).

Performance issues and performance information shall be submitted to the TMA Contracting Officer, the COR, and the Regional Chief, Business Operations Division.

5.6 PERFORMANCE WORK STATEMENT (PWS)

Requesting MTFs shall submit a PWS for each type of clinical support provider requested. The following criteria must be included: Scope of work (to include specific tasks), personnel requirements/qualifications, performance measures, hours of performance, conduct, conflict(s) of interest, license and credentials review or privileging.

The PWS must include standards, allowing the customer to emphasize the desired performance to be achieved. The PWS typically provides the following items:

- Location of service
- Security Requirements and process
- Whether this is a Personal or Non-Personal service contract
- Hours of performance (include whether overtime for non-professional personnel as defined by the Service Contract Agreement (SCA) or on-call or overage time is required for professional personnel not covered by the SCA. Furthermore, if on-call is required, define if billing occurs for hours on-call or only when the employee is called and required to come in).
- Performance measures (i.e., outcome, standards, and how standards are measured). Such measures may include fill rates, number of patients processed in a given time, etc.)
- Qualifications (e.g., board certification, Advanced Cardiac Life Support, etc.)
- Government furnished property, if any
- Specific tasks

- Security Requirements/Processes (Access to Base/MTF, MTF computer systems, CHBC, key control, etc.)
- Applicable Regulations/Documents

Samples of PWSs can be found at the websites listed in Attachment 6 of this document.

SECTION 6.0 REPORTS

6.1 INTERNAL GOVERNMENT REPORTS

The TMA Contracting Officer will provide the MTFs, Service Headquarters, and respective TROs with periodic monthly status reports as to the progress of the establishment of the MTF requested CSA services. The TRO Regional Director or his/her designated representative monitors the progress in executing timely award of requested CSA modifications to include CSA changes or terminations. The TRO staff will report on a periodic basis to the applicable MTFs the progress and performance of submitted CSA contract modifications and changes, or terminations to previously awarded/executed CSA contract modifications.

6.2 CONTRACTOR REPORT

The MCS contractor will provide the TMA Contracting Officer and the respective TROs the status of CS Modifications, as outlined in Exhibit 2A, which derive from the required Contract Data Requirement List (CDRL) M090 Clinical Support Agreement Report.

6.3 SPECIAL AD HOC REPORTS

The TRO will also meet the Services' requests for any special ad hoc CSA reports such as fill rate for Behavioral Health contract providers and request assistance from the MCSC, TMA Contracting Officer, and Regional Business Operations Division as necessary.

**ATTACHMENT 1
REQUIREMENTS WORKSHEET**

The following request shall be completed by the MTF submitted via Service RM channels to the applicable TMA Contracting Officer(s) to begin the CSA Modification(s) process. A separate worksheet shall be completed for each type of provider requested. Incomplete requests will delay the process.

MTF Location: _____ Request Date: _____

MTF POC: _____ Phone Number: _____

1. Support Personnel: _____

2. Place of Performance: _____
(Note – Geographically remote locations can be difficult to recruit/fill. MTFs should consider this when developing their Independent Government Cost Estimates and adjust it accordingly.)

3. Period of Performance: _____

4. Number of Option Periods Requested: OP1, OP2, OP3, OP4, OP5
(Performance cannot exceed 365 days per option period. Also, include description of required options if not same as MCSC option periods, i.e., shorter timeframes, optional quantities, etc.)

5. Annual Hourly Requirement:

individual Professional Providers: Requiring MTF Privileging/ Credentialing – SCA N/A	Number of FTEs & Hours	Considerations		Clinical Support Personnel: Not Requiring MTF Privileging/ Credentialing – SCA applicable	Number of FTEs & Hours	Considerations
# of FTEs		2080 hours =1 FTE	or	# of FTEs		2080 hours =1 FTE
# of Regular Hours		Base Year has a 90 day recruiting window	or	# of Regular Hours		Base (Options)Year has a 60 day recruiting window
# of On Call Hours		Only if Applicable	or	# of On Call Hours		Only if Applicable
# of Overage Hours		Only if Applicable	or	# of Overtime Hours		Only if Applicable

6. Normal Duty Hours: _____
All Federal holidays as identified in 5 US Code, Section 6103 are considered work days? YES
 NO If no, please list those Federal holidays which are considered work days.

7. Overtime Hours (OT) for other than Professional employees:

(Please follow State law overtime requirements regarding health care providers who are paid hourly, i.e., non-physicians, and not included in the definition of professional employees. Also, it is recommended that at least 2 hours of overtime be included and funded under the CSA for each type of Clinical Support personnel. This is available in order to have the OT priced and available should OT be incurred due to unforeseen MTF or patient care needs.)

8. On-Call Services/Hours: _____ (Define requirements in PWS such as response times, duty hours, or what on-call coverage includes, e.g., wearing a pager/beeper while waiting to be called, remaining within a certain mile radius of the MTF in order to report on-site if needed and within XX number of minutes, phone consultation coverage only, when on-call reverts to regular hours payment (upon arrival on-site), etc..)

9. Supervisor: _____
(Applicable only if requesting Personal Services contract)

10. Position considered Essential Personnel IAW DoDI 1100.22 YES NO

11. Criminal History background check required? YES NO

(Applicable only for healthcare personnel who treat children under 18 on a frequent and regular basis (See DODI 1402.5, Enclosure 5), unless service regulations are more stringent.

12. Is the TMA non-compete clause requested? YES NO

ATTACHMENT 2
INDEPENDENT GOVERNMENT COST ESTIMATES (IGCE) SAMPLE
 (Note: To activate this excel spreadsheet, double click anywhere inside the spreadsheet)

INDEPENDENT GOVERNMENT COST ESTIMATE			
CS PERSONNEL TYPE:			
PREPARED BY:	Name/Title/Phone #		
MTF LOCATION:	Clinic/Hospital, Post/Base		
DATE:	MO-Day-YEAR		
DIRECT LABOR (DL)			
SPECIALTY:	Intensive Care RN		
	REGULAR	OVERTIME	*ON CALL
(1) NUMBER OF HOURS (incl # of backfill hours if req):	2080	110	
(2) HOURLY WAGE (\$):	32.24	48.36	
EQUALS TOTAL BASE LABOR (TBL) (\$):	\$ 67,059.20	\$ 5,319.60	
(3) FICA (SS tax 6.2% X TBL Up to Annual Limit)	4157.67	\$ 406.95	
(4) MEDICARE (1.45% X TBL)	972.36	\$ 77.13	
(5) FUTA (\$7,000.00 * .008)	\$ 56.00	\$ -	
(6) SUTA (\$19,500.00 X 0.03)	\$ 588.00	\$ -	
(7) WORKERS COMP INS (.0049 X TBL)	\$ 328.59	\$ 26.07	
(8) LIFE/HEALTH INSURANCE (\$23.58&\$163.80/MO)	\$ 2,248.60	\$ -	
(9) PENSION (based on allowed indiv IRA contribution)	\$ 6,000.00	\$ -	
(10) OTHER	\$ -	\$ -	
TOTAL FRINGE BENEFITS	\$ 14,351.22	\$ 510.15	
TOTAL DIRECT LABOR WITH FRINGE BENEFITS	\$ 81,410.42	\$ 5,829.75	
TOTAL COSTS	\$ 81,410.42	\$ 5,829.75	
Other Direct Costs			
(11) MALPRACTICE INSURANCE (if non-personal svcs)	\$ 0.00		
SUBTOTAL	\$ 81,410.42		
(12) OVERHEAD/GENERAL AND ADMINISTRATION (G & A) (15%)	12211.56	\$ 874.46	
TOTAL COST WITH G & A	\$ 93,621.98	\$ 6,704.21	
(13) OVERHEAD (5% to 10%)			
(14) PROFIT RATE (8%)	7489.76	\$ 603.38	
TOTAL ESTIMATED COST	\$ 101,111.74	\$ 7,307.59	\$ 108,419.33
SIGNATURE/DATE:			

* Add to PWS when on-call provider services are required and define requirements such as response times, duty hours, paid for on-call time or only when responding and what on-call coverage includes.

ATTACHMENT 2A
INDEPENDENT GOVERNMENT COST ESTIMATES (IGCE)
INSTRUCTIONS

IGCE – The Government’s independent estimate of what are the reasonable costs for a contractor to provide the services required by the Performance Work Statement (PWS). The creation of an IGCE is part of the acquisition planning process that takes place once the Government has a need/requirement that can be met through contracting means.

The IGCE is usually prepared by the requesting activity (i.e., the MTF) in conjunction with the PWS, so that all costs for the services required are covered: staffing, Government-furnished property, need for/allowance for overtime to ensure continuity of patient care, malpractice insurance (applicable only for non-personal services contracts), backup and on-call coverage, contractor’s on-site supervisory representative (applicable only for personal services contracts), etc. The IGCE is to accompany the request for establishing a CSA.

(1) The IGCE provides the funding estimate for requisition and purchase requests, as well as the basis for the determination as to whether or not sufficient funds are available in the budget for the acquisition of the requested services.

(2) The IGCE also provides the information necessary for the cost and price analysis the Contracting Officer is required to perform to determine the MCS contractor’s proposed costs/prices to be fair and reasonable.

(3) The Contracting Officer does not participate in the development of the IGCE except in an advisory capacity. However, the Contracting Officer is responsible for negotiating the contract action, i.e., CSA, and therefore must assure that the IGCE is adequate for evaluating the contractor’s proposed price and cost elements comprising that price (as applicable).

(4) The IGCE primarily consists of the costs/prices for:

(a) Direct Labor – Prime contractor/subcontractor hours and labor rate

(b) Fringe Benefits – Federal Insurance contribution Act (FICA), Federal Unemployment Tax Act (FUTA), State Unemployment Tax Act (SUTA) and Workers Compensation, Medical/Life Insurance, -Other (see (5) Sources of Information)

(c) Other Direct Costs – Medical Malpractice Insurance (if non-personal services and not included in other admin cost), ~~Backup~~ backup person costs for vacation/sick leave (if required), etc.

(d) Overhead – Use yardstick measurement of between 5 – 10%.

Overhead is the cost of contractor administration of these local services. Overhead rates are usually established and confirmed by the Defense Contract Audit Agency when the

Government has similar prior contracts with the intended contractor. Check with TMA Contracting Officer to see if this information is known based on prior proposals received or audits performed.

(e) General and Administrative Costs (G&A) – Use yardstick measurement of 15%

(f) Profit – Use yardstick measurement of between 7 - 10%

(5) Sources of Information (Market Research) – To be documented in the IGCE's footnotes or in accompanying supporting documentation as differences between the contractor's proposed costs and the IGCE may have to be addressed; e.g. differing sources and currency of the information used in the IGCE versus the contractor's proposal.

(a) Government Contracting Sources, such as: Your local/supporting Contracting Office (prior contracts), the TMA Contracting Officer, and other Service Contracting Offices.

(b) Internet: Direct Labor – Go to www.salary.com. There are various other websites that provide free quotes on salaries. Be careful: some charge fees, so check with your local supporting Contracting Office as prior contract historical pricing may exist that can be escalated based on rate of inflation/cost of living rates to use in your IGCE. The Air Force Medical Service Commodity Council Website at <https://kx.afms.mil> is another source that will have contract pricing if such services are already under contract. The Federal Supply Schedules and GSA Schedule contracts have pricing per hour that can be obtained by going to www.gsadvantage.gov or www.gsaelibrary.gsa.gov. To access these websites, click on Services, then Scientific & Medical Services, then Healthcare Staffing Services, and then finally the type of service. The www.OPM.gov website allows you to find what the local civilian personnel equivalent salary would be for a comparative position; i.e., if position would be a GS-13. Note: Check with your supporting Civilian Service Human Resources Office to verify if there is a special rate table for health care providers in your area (there usually is). Personal service providers are limited by the pay cap in 3 USC 102.

FICA – Go to www.ssa.gov. The FICA rate of 7.65% remains constant each year. This composite rate is broken down as follows: 6.2% is Social Security's Old Age, Survivors and Disability Insurance (OASDI) and is applied to annual limits called the "contribution benefit base," which changes every year, e.g., for 2011 the amount is \$106,800. As a result, check the amount applicable to your required performance period; the remaining 1.45% is for the Medicare Hospital Insurance applied to every dollar earned. The 7.65% is included in the salary of the provider/clinical support employee (shown as withheld on their leave and earning statement) and is also matched by the company as a fringe benefit. In other words, the company pays 50% of FICA for a person to the Social Security Administration of 15.30% with the other 50% coming from the employee's salary. Only include the cost of the FICA rate of 7.65% combined and/or

broken out (6.2% and 1.45%) in IGCE calculations (See example: IGCE), as the FICA cost to the individual is embedded in their salary rate (i.e., base labor rate). Examples: If a provider earns a salary of \$65,000 a year, the rate of 7.65% is applied to the entire \$65,000. If a provider earns \$126,800 in 2009, 6.2% is applied to only \$106,800 of his/her earnings and the 1.45% is applied to the entire \$126,800. Remember this is applied per individual, so adjustments may need to be made if you are paying for the labor for more than one person/full time equivalent (FTE). FICA is applied the same way to all labor hours including overtime.

Federal Unemployment Tax Act (FUTA) – Go to www.irs.gov FUTA is paid by the employer and is not deducted from employee's salary. This rate usually starts at 6.2% of the first \$10,000 earned (for 2009 which can be used for creation of IGCE amount). Be aware that this rate is based on the unemployment history of the company itself and that companies are allowed credits through participation in state unemployment tax acts. The credit usually is between 0% to 5.4%. The actual rate used by the company submitting the proposal will be verified during analysis by contracting personnel.

State Unemployment Tax Act (SUTA) – Go to www.state.name.gov or www.toolkit.com/small_business_guide to find this rate on the applicable State's website (where services are performed). You may also find this information by calling the State's Department of Labor/State Unemployment Division/State Comptroller's Office.

Workers Compensation – You can find this rate on the applicable State's website or by calling the Workers' Compensation Division of your State's Department of Labor.

Medical/Health Insurance – Can use the Federal Employees Health Benefit tables for Civil Service inclusive of Government's contribution amount to estimate health insurance benefit costs or get quotes on-line from a variety of health insurance companies.

Medical Malpractice Insurance – Some insurance companies provide free quotes by telephone or on-line. Recommend starting your search on the web under medical malpractice insurance rates/premiums. Usually the head of the department for whom the provider services are being obtained will know the malpractice rates. Rates are usually based on required coverage, i.e., \$1M per occurrence/\$3M aggregate. Malpractice insurance costs are not included in the IGCE for personal services contracts. When buying non-personal services, you can check with the State Insurance Commissions/Licensure Boards, local medical associations as to level of malpractice insurance required to be carried by specific specialty providers by the State.

- (c) Professional Associations
- (d) Professional Publications
- (e) Government Publications/Agencies

- (f) US Department of Labor/Bureau of Labor Statistics – www.bls.gov
- (g) State Agencies – State Medical Licensure Board/Department
- (h) Insurance Companies
- (i) Government Human Resources Offices
- (j) Government MTF Staff (NOT contractor)
- (k) Self-Conducted Compensation Surveys of Local Hospital/Clinics – VA, County, City, Private and Teaching, Employee versus a Subcontractor, etc.
- (l) Published Surveys by Various Organizations

(6) The IGCE needs to be signed by the preparer and include the preparer's contact information.

**ATTACHMENT 3
CLINICAL SUPPORT SERVICES FUNDING IDENTIFICATION**

MEMORANDUM FOR: TMA, Contract Resource Management Budget Officer

THRU, Service Resource Management

FROM: Military Treatment Facility (MTF): _____

SUBJECT: Clinical Support Services Funding

The following information is provided for use in acquiring clinical support services. Please contact the Budget Officer at the phone number below if you have any questions.

MTF DMIS ID Parent: _____ Child DMIS ID: _____

MTF POC: _____

Phone Number: _____

Email address: _____

Estimated dollar amount (from IGCE or Government Estimate): _____

Is this an Overseas Contingency Operations (OCO) requirement? *Yes* or *No*

Signature of Commander

Or his/her designated representative

Routing is from MTF command through their Service Resource Management (RM) representatives to TMA CRM Budget Officer.

Service RM: (Check appropriate block)

_____ Funds are available with CRM

_____ Funds are with Program Budget & Execution Division (PB&E), TMA – Falls Church, Virginia and will need to be transferred to CRM
(A copy of this signed form needs to be sent to PB&E – Falls Church)

_____ Funds are with the Service and will be sent to PB&E, TMA – Falls Church, Virginia for transfer to Contract Resource Management, TMA-Aurora
(A copy of this signed form needs to be sent to PB&E – Falls Church)

Signature of
Service RM POC

Processing of Clinical Support Services Funding Identification Form

Service RM POCs are to email this signed/scanned form to RM_Budget@tma.osd.mil and Dawn.Connor@tma.osd.mil

Copy to: TMA Contracting Officer
TMA Regional COR
PB&E

Each Service may develop a separate form specifically for routing from their MTFs to their Service RM Rep.

- Service RMs will provide list to CRM and P;B&E of who are the respective Service RMs authorized to sign the above Clinical Support Services Funding Identification form.
- CRM-Budget will distribute the Clinical Support Services Funding Identification form request to appropriate CO, TMA Regional COR, & PB&E

Service RM and CRM Point of Contact (POC) information:

Army MEDCOM/RM:

Mr. Wayne Doyal, 210-295-2867, email: wayne.doyal@amedd.army.mil
Ms. Jean Jordan, 210-295-2849, email: jean.jordan@amedd.army.mil

Navy BUMED/RM

LT Felecia Brown, 202-762-3598, email: felecia.brown@us.navy.mil
Ms. Wanda Ford, 202-762-3584, email: wanda.ford@us.navy.mil

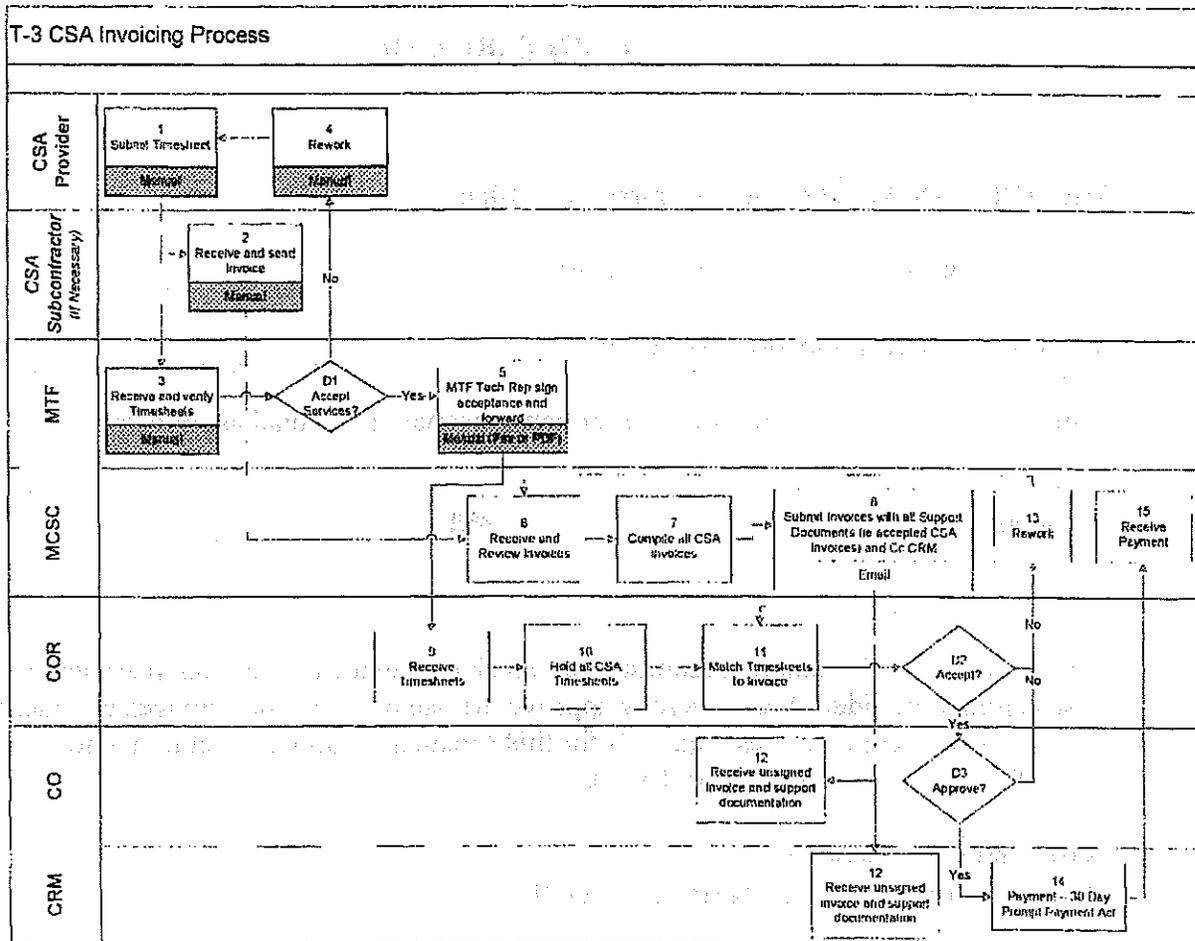
AFSG/SGY

Mr. Rob Talcovitz, 703-681-6665, email: robert.talcovitz.ctr@pentagon.af.mil
Major Jeffrey Cook, 703-681-6680, email: jeffrey.cook@pentagon.af.mil
Ms. Nichole Hayden, 703-681-6664, email: nichole.hayden.ctr@pentagon.af.mil

TMA PSC/CRM

Ms. Dawn Connor, 303-676-3620, email: dawn.connor@tma.osd.mil
Ms. Kelly Thiel, 303-676-3498, email: kelly.thiel.ctr@tma.osd.mil

ATTACHMENT 3A INVOICING PROCESS



**ATTACHMENT 4
PERSONAL OR NON-PERSONAL SERVICES DETERMINATION**

MTF LETTERHEAD

MEMORANDUM FOR: TMA Contracting Officer

FROM: Military Treatment Facility (MTF): _____

SUBJECT: Clinical Support Services of _____

Subject clinical services requested are for non-personal or personal as follows:

(check one)

Non-Personal: _____

Personal: _____

For a personal service contract request, if applicable, I reviewed the references below for these contract provider(s) and I hereby approve the use of a personal services contract for the direct health care services requested for this Medical Treatment Facility identified on the Performance Work Statement (PWS).

DOD Instruction 6025.5

<http://www.dtic.mil/whs/directives/corres/pdf/602505p.pdf>

TOM, Ch 15, Section 3

<http://www.tricare.mil/contracting/healthcare/t3manuals/change4/to08/TO08TOC.PDF>

DFARS 237.104 (b)(ii)

http://farsite.hill.af.mil/reghtml/regs/far2afmcfars/fardfars/dfars/dfars237.htm#P171_921

8

Sincerely,

MTF Commander
(or his/her designee)

9 November 10

**ATTACHMENT 5
CLINICAL SUPPORT TECHNICAL
REPRESENTATIVE
DESIGNATION**

MTF Letterhead

MEMORANDUM FOR: TMA Contracting Officer

FROM: Military Treatment Facility (MTF): _____

SUBJECT: Clinical Support Technical Representative (CSTR) Designation

I hereby designate the following individuals to serve as my Primary and Alternate Clinical Support Technical Representatives (CSTR) for all clinical support services at my MTF:

Primary CSTR _____
Telephone Number _____
email address _____

Alternate CSTR _____
Telephone Number _____
Email address _____

Please call _____ at _____ if
you have further questions.

Sincerely,

MTF Commander (or designee)
Signature

Copy: TMA Regional COR
TRO Contract Opns Div
TRO Business Opns Div

**ATTACHMENT 6
PERFORMANCE WORK STATEMENT**

WEBSITE links provided

TRICARE PWS Template Sample: works fine.

http://www.tricare.mil/tps/GSA_PWS_Template.doc

Navy provides the following website for healthcare contracting assistance:

https://gov_only.nmlc.med.navy.mil/int_code07/internal-code07-hmpg.asp

Air Force PWS Sample: link works fine but most go through the CAC access portal.

<https://kx.afms.mil/commoditycouncil>

(Note: To open the internet hyperlink below, press on the control button and press the left button on your mouse once).

**EXHIBIT 1
CLIN STRUCTURE SAMPLE**

<u>ITEM NO</u>	<u>Supplies/Services</u>	<u>Qty</u>	<u>Unit</u>	<u>Unit Price</u>
<u>Amt</u>				
1014	Clinical Support Agreement Program	0	NA	NSP
1014AA	Exhibit A – Naval Health Clinic, Great Lakes			
1014AB	Exhibit B – Walter Reed Army Medical Center, Washington DC			
2014	Clinical Support Agreement Program	0	NA	NSP
2014AA	Exhibit A – Naval Health Clinic, Great Lakes			
3014	Clinical Support Agreement Program	0	NA	NSP
4014	Clinical Support Agreement Program	0	NA	NSP
5014	Clinical Support Agreement Program	0	NA	NSP

EXHIBIT 1 (con't)
CLIN STRUCTURE SAMPLE

Exhibit A-Naval Health Clinic, Great Lakes

ITEM NO	Supplies/Services	Qty	Unit	Unit Price	Amt
1014AA	Exhibit A – Naval Health Clinic, Great Lakes CSA OPTION Period I				
(Positions below, NP and PA professional and OT not payable)					
A001	Nurse Practioner (Peds Clinic)				
A001AA	Nurse Practioner, Regular Hours 1APR 2010 through 31 MAR 2011 (ID Line of Acctg for FY10) (ID Line of Acctg for FY11)	300	HR	\$50.00	\$15,000.00
A001AB	Nurse Practioner, Overtime 1APR 2010 through 31 MAR 2011 (ID Line of Acctg for FY10) (ID Line of Acctg for FY11)	40	HR	\$60.00	\$ 2,400.00
A002	Physician Assistant				
A002AA	Physician Assistant, Regular Hours 1APR 2010 through 31 MAR 2011 (ID Line of Acctg for FY10) (ID Line of Acctg for FY11)	250	HR	\$70.00	\$17,500.00
A002AB	Physician Assistant, Overtime 1APR 2010 through 31 MAR 2011 (ID Line of Acctg for FY10) (ID Line of Acctg for FY11)	35	HR	\$90.00	\$ 3,150.00
2014AA	Exhibit A – Naval Health Clinic, Great Lakes CSA OPTION Period II				
A001	Nurse Practioner (Peds Clinic)				
A001AA	Nurse Practioner, Regular Hours 1APR 2011 through 31 MAR 2012 (ID Line of Acctg for FY11) (ID Line of Acctg for FY12)	300	HR	\$55.00	\$16,500.00
A001AB	Nurse Practioner, Overtime 1APR 2011 through 31 MAR 2012 (ID Line of Acctg for FY11) (ID Line of Acctg for FY12)	40	HR	\$65.00	\$ 2,600.00
A002	Physician Assistant				
A002AA	Physician Assistant, Regular Hours	250	HR	\$75.00	\$18,750.00

1APR 2011 through 31 MAR 2012
(ID Line of Acctg for FY11)
(ID Line of Acctg for FY12)

A002AB	Physician Assistant, Overtime	35	HR	\$95.00	\$ 3,325.00
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1APR 2011 through 31 MAR 2012
(ID Line of Acctg for FY11)
(ID Line of Acctg for FY12)

EXHIBIT 1 (cont'd)
CLIN STRUCTURE SAMPLE

Exhibit B-Walter Reed Army medical Center, Washington DC

<u>ITEM NO</u>	<u>Supplies/Services</u>	<u>Qty</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Amt</u>
1014AB	Exhibit B – Walter Reed Army Medical Center, Washington DC CSA OPTION Period I				
B001	Orthopedic Surgeon				
B001AA	Orthopedic Surgeon, Regular Hours 1 APR 2010 through 31 Mar 2011 (ID Line of Acctg for FY10) (ID Line of Acctg for FY11)	100	HR	\$300.00	\$30,000.00

EXHIBIT 2
Summary of MCSC CSA Reporting Requirements

The MCSC will provide to the TMA Contracting Officer, the TRO, and MTF a Clinical Support Agreement Report (CDRL M090) shown below.

This monthly report is submitted no later than the last working day of the second month following the start of health care delivery under the MCSC. Thereafter, reports are provided no later than the last working day of the month following the month reported.

The contractor shall submit a monthly report detailing all CSA activities that occurred during the previous month. A copy shall also be provided to the appropriate MTF Commander. The contractor shall provide a separate report for each MTF and a summary.

EXHIBIT 2A
MCSC Clinical Support Modification Report
(SAMPLE)

Part 1 – CSA Requirements Received during the previous month and status of each.

Customer	Project No.	Date Received From Customer	Description	Number of FTEs	Date RPO Submitted to KSTR	Date MCSC Proposal Received	Awa Mod Completion Date	Start of Period of Performance	Status	Suspense Date
MTF 1	10-01	2-Apr-10	Physician, Pediatric	1	5-Apr-10	21-Apr-10	12-May-10	12-Jul-10	TMA evaluating cost proposal	17-May-09
MTF 2										
MTF 3										
MTF 4										
MTF 5										
MTF 6										
MTF 7										
MTF 8										
MTF (etc.)										

Page 1

Customer	Project No.	Date Received From Customer	Description	Number of FTEs	Date RPO Submitted to KSTR	Date MCSC Proposal Received	Awa Mod Completion Date	Start of Period of Performance	Status	Suspense Date
MTF 1	10-01	2-Apr-10	Physician, Pediatric	1	5-Apr-10	21-Apr-10	12-May-10	12-Jul-10	TMA evaluating cost proposal	17-May-09
MTF 2										
MTF 3										
MTF 4										
MTF 5										
MTF 6										
MTF 7										
MTF 8										
MTF (etc.)										

Page 1

Source: Contract Data Requirements List (CDRL) M090. Fulfills requirement to identify CSA requirements received during the previous month and the status of each

EXHIBIT 2B
MCSC Awarded Clinical Support Agreement Performance Report
(SAMPLE)

Part 2 - For all active CSA actions issued by PCO

Contract Modification No.	Modification Date	Contract Line Item (CLIN)	MTF Location	Provider Type	Qty of FTE(s)	Type and # of Services Provided i.e. RVUs, RNPs, M H Bed days, visits, procedures, etc.)	Hours Worked	Total Govt. Reimbursement Invoice for CSA Services
MDA99603-C-0010-P0046	4-Nov-10	1014AA	Randolph AFB TX	Ophthalmologist	1	1600 RVUs	160	\$28,367

Source: Contract Data Requirements List (CDRL) M090. Fulfills requirement to identify performance of active CSAs during the previous month and the status of each