

2. AMENDMENT/MODIFICATION NO. 132	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 11EM001081	5. PROJECT NO. (If applicable)
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6. ISSUED BY Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601	7. ADMINISTERED BY (If other than Item 6) Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) COMPUTER SCIENCES CORPORATION Attn: MIKE GAFFNEY 15245 SHADY GROVE ROAD SUITE 200 ROCKVILLE MD 208506247	(x)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. DE-AC06-04RL14383
		10B. DATED (SEE ITEM 13) 01/06/2004
CODE 053506312	FACILITY CODE	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended,  is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram 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 telegram or letter, provided each telegram or letter 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)  
Not Applicable

**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 date, 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:
X	D. OTHER (Specify type of modification and authority) Section I.1 - 52.243-2 - Changes - Cost Reimbursement (Alternate II, Apr 1984)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ 0 \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

a. The purpose of this modification is to revise Section J.9, FY 2011 Performance Evaluation and Measurement Plan. Revised Pages J-29 through J-48 are attached.

b. Page J-1 is revised and attached to correct page numbers.

c. There are no other changes to the terms and conditions of the contract.  
FOB: Destination  
Period of Performance: 01/06/2004 to 09/30/2011

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Russell D. Walter
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED
16B. UNITED STATES OF AMERICA Signature on File (Signature of Contracting Officer)	16C. DATE SIGNED 01/28/2011



J.9 Performance Evaluation and Measurement Plan

## INTRODUCTION

### Purpose

To provide procedures and policy, assign responsibilities for evaluating contractor performance, and use as a basis for determining the amount of performance fee earned by AdvanceMed Hanford (AMH).

### Scope

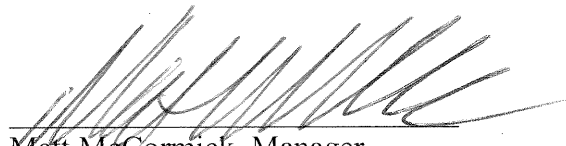
The provisions of this FY 2011 plan apply to Contract No. DE-AC06-04RL14383 with AMH and to the unilateral determination of the Department of Energy, Richland Operations Office (DOE-RL) Fee Determining Official to evaluate the contractor's performance against the criteria set forth in this plan, and to determine the amount of award fee earned (performance fee). Specific guidance on fee is contained in Clause B.3, Estimated Cost and Maximum Award Fee, Clause H-22, Payment of Fee, and the Statement of Work, Section C.7, Performance Measurement.

### Departmental Policy

DOE-RL expects the contractor to exercise due diligence in the conduct of all contract activities. DOE-RL further expects that management systems will be in place and enforced to ensure that effective procedures are developed and implemented. The contractor's failure to oversee, through acts of commission or omission, the conduct of its operations and all of its employees, which potentially or actually causes property damage or loss, endangers the safety, health, or environment, or compromises the ability of DOE-RL to carry out its mission, will be weighed heavily in the performance ratings. By the same standard, the performance ratings will not be adversely affected if the contractor discloses safety issues in a timely manner, devises plan of action and corrective measures to DOE-RL for resolution. Furthermore, the performance ratings will not be adversely affected if the contractor stops an activity that is deemed unsafe even though the contractor's action may appear to be contrary to DOE-RL direction.

### Responsibilities and Process

The responsibilities and process for evaluating contractor performance are established in this plan.

  
Matt McCormick, Manager  
Richland Operations Office

1/24/11  
Date

## **Review and Approval of Contractor's Performance Fee**

### Applicability

This plan establishes process and assigns responsibilities for determining the level of performance of the AdvanceMed Hanford (AMH) in performance of Contract No. DE-AC06-04RL14383 during the period of October 1, 2010 through September 30, 2011.

The objective of the performance fee provisions of the contract is to afford the contractor an opportunity to earn fee commensurate with the achievement of outstanding contract performance. In addition to providing special management emphasis to the performance standards identified herein, the contractor is responsible for attaining the highest standards of excellence in executing *all* its responsibilities under the contract. The contractor is required to have a strong self-assessment program to measure and evaluate the effectiveness of its performance. The contractor will receive credit for identifying problems to DOE-RL, for developing and implementing corrective actions, and for demonstrating initiative.

### Responsibilities

Contracting Officer (CO) - The DOE-RL CO is responsible for reviewing, revising, and transmitting the Performance Evaluation and Measurement Plan (PEMP) to the contractor.

Contracting Officer Representative (COR) - The DOE-RL COR is responsible for assisting the CO in executing the above duties and providing technical expertise and advice, utilizing subject matter experts as necessary and appropriate.

Fee Determining Official (FDO) – The DOE-RL Manager is the FDO. The FDO is responsible for approving this PEMP. The FDO shall review the performance fee recommendations and make the final determination of the amount of performance fee earned by and payable to the contractor.

Program Manager - The DOE-RL Program Manager (PM) prepares the PEMP, evaluates contractor performance, and provides a recommended rating to the FDO.

The PM shall monitor, review, and evaluate the contractor's performance against the criteria included in this plan, the contract, and generally accepted standards of practice and standard operating procedures. The PM shall solicit input from DOE-RL staff, DOE's Office of River Protection (ORP), the DOE Pacific Northwest Site Office (PNSO), Hanford site contractors who utilize the services provided by the contractor, and from union leadership who represent Hanford Site workers that utilize the contractor's services. Additionally, the PM shall solicit ORP input for ORP specific PEMP items. The PM may also consider the results/conclusions of independent assessments of the contractor's performance (e.g., Defense Contract Audit Agency audits, General Accounting Office audits and Department of Health and Human Services, Federal Occupational Health (FOH) assessments). The PM will prepare a written recommendation for FDO consideration, based on observations, input from others, information provided in the contractor's briefings, self-assessment report(s), and/or other contract deliverables.

## Performance Evaluation

In accordance with Contract Clause H.20, Total Available Fee: Performance Fee Amount, paragraph e., the contractor is required to complete a written self-assessment report within 7 calendar days after the end of the performance period. The contractor shall provide the self-assessment report to DOE-RL's CO. The report should include an evaluation for each of the performance areas cited in this plan. Information contained in the contractor's self-assessment report will be factored into the contractor's performance rating. The self-assessment shall also contain any other significant items that the contractor believes should be considered in the final evaluation of performance. Based on this information and other performance data accumulated throughout the performance period, the PM will compile a report detailing the contractor's performance. The report shall include a discussion of each of the performance objectives addressed in this plan. Notwithstanding the specific objectives identified in this plan, the report shall address any other areas of exceptional or unsatisfactory performance.

The ratings will be based on performance information (e.g. audits, assessments, self-assessments, etc.), information received from DOE staff members, and information received from Hanford site organizations who utilize the services of the occupational medical services provider. In addition, data maintained by the contractor and verified by DOE-RL will be used as further basis for the evaluation. In many cases the evaluations of contractor performance may be made on the basis of a subjective analysis that reflects the evaluators' informed opinion as to the level of performance achieved. This plan includes criteria for determining a rating.

The FDO shall review the PM's adjective recommendation and discuss the contractor's performance with the PM and others as appropriate. A CO letter summarizing the FDO's evaluation decision and the amount of performance fee earned shall be furnished to the contractor within 60 calendar days of DOE-RL's receipt of the contractor's self-assessment report. This letter constitutes official issuance of the performance fee determination. The Fee Determination will significantly contribute to the past performance rating in Contractor Performance Assessment Reporting System (CPARS).

## **Structure of the Fee**

Each individual objective will be given an adjectival rating by the PM based upon the attached "grading table" criteria. Each adjectival rating will, in turn, be converted to a numerical score. The numerical scores will then be combined, using their respective relative weighting factors, to arrive at the overall numerical score. When arriving at an overall numerical score, the PM may add or subtract performance points, as the result of significant events or accomplishments not specifically covered by this plan. The overall numerical rating will be translated into performance fee dollars using the fee conversion table and the amount of performance fee available from Table B-1, within Contract Clause B.3, Estimated Cost and Maximum Award Fee.

The following performance matrix contains a contract reference column which directs the reader to the appropriate section of the contract. The "Factor" is the functional or programmatic area being measured and is defined in Section C of the contract. Following the "Factor" Table are the performance ratings as defined in the Grading Table and Fee Conversion Chart including the associated performance fee, and a defined level of performance under each performance score.

This enables both parties to understand specifically what constitutes “Unsatisfactory” versus “Outstanding” performance. The Surveillance Method identifies how performance will be documented for purposes of performance review and fee determination.

The performance factors are:

- **Worker Health and Wellbeing** – This performance factor is to clarify that the Hanford worker is the primary stakeholder and that AMH is a champion for the worker’s health and wellbeing. AMH is expected to modify (if necessary) its business practices and attitude to accomplish this performance factor.

One measure of AMH’s success in this performance factor will be through the results of worker questionnaires. AMH will distribute a customer satisfaction form to all Hanford workers who use their services. The evaluation form will be in check off box format to rate the services provided and include an open area for comments. The evaluations form will include instructions on how to mail the completed form to the RL Occupational Medicine Program Manager or direction on where to drop it in an RL drop box at the AMH clinic. The form should allow anonymity and not be reviewed by AMH. RL will provide feedback to AMH on worker reviews on a quarterly basis or sooner, if a critical matters arise. This form should be prepared by AMH and provided to the RL Contracting Officer and Occupational Medicine Program Manager for approval.

Another measure of AMH’s success in this performance factor is how quickly worker disputes / concerns / questions are resolved. A standard work week is considered a reasonable period of time for resolution and will serve as the bench mark to measure AMH’s performance. The start time for counting days to resolve “Worker Initiated Issues” is when RL contacts AMH Senior Management via e-mail, telephone call and confirms that the message was received. Occasionally an issue will take longer than a one week to resolve. In these instances, AMH would coordinate/notify the RL Occupational Medicine Program Manager with the approximate issue resolution time.

A "worker initiated issue" is a statement made by any worker eligible for AMH services who puts forth a dispute / concern / question /complaint concerning AMH in a questionnaire or via an e-mail, which may require AMH's assistance to address and/or resolve. The issue must be in writing or communicated verbally (by any individual) to RL or ORP Senior Management, the AMH CO, the AMH COR, and/or the RL Occupational Medicine Program Manager.

- **Department of Health and Human Services, Federal Occupational Health (FOH) Service semi-annual reviews, including the Year-end Review.**
- **Benchmarking Evaluation Process:** The focus of the Benchmark study completed during FY10, recommended best practices to be implemented, as appropriate, during FY11. The ORP seven (7) functional areas of interest for FY10 will be evaluated and revised, as appropriate, based on TOC/ORP/AMH input. [Note: TOC=Tank Operations Contract (WRPS).]
- **Enhancement in Customer Satisfaction**

- **Beryllium Corrective Action Plan**
- **Support to Energy Employees' Occupational Illness Compensation Program Act (EEOICPA) and Workers Compensation programs** - To incentivize turnaround times and teaming with the Third Party Administrator.
- **Protection of Personally Identifiable Information (PII)** - To place added emphasis on the protection of PII and reporting of PII incidents.
- **Provide cost-effective integrated clinical services that meet the needs of DOE and the Hanford Workforce** – To improve Beryllium Program delivery to the Hanford Site, promote active involvement in the Site-Wide Chronic Beryllium Disease Prevention Program (CBDPP), incentivize delivery of beryllium and drug test results, and effectively perform the Behavioral Health Services Employee Assistance Program.
- **Hanford Occupational Health Process/Employee Job Task Analysis (EJTA) system maintenance and improvement**
- **Information Technology** – Electronic Medical Records and integrated systems, vital records support, alignment with Strategic Planning and Enterprise Architecture.
- **Complete The Accreditation Association for Ambulatory Health Care (AAAHC) Consultative Survey** – Measure implementation and compliance with 2011 standards.
- **Records Management** – The focus of this performance factor should be on Quality Control and Quality Assurance, in particular the correction of dose transcription errors, and taking accurate worker exposure history (e.g. chemical and radiological exposures). Emphasis should be on identifying and correcting quality shortcomings / issues prior to their discovery by external audits.

These performance factors are directly related to the contract scope and represent critical performance areas, both operationally and contractually. The plan also provides a quantitative approach to fee determination while maintaining alignment with FOH, EEOICPA, AAAHC and the DOE program office performance standards.

## Grading Table

	Description	Range of Performance Points
Outstanding	Contractor has exceeded almost all of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.	95-100
Good	Contractor has exceeded many of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.	76-94
Satisfactory	Contractor has met overall cost, schedule, and technical performance requirements of the contract as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.	50-75
Unsatisfactory	Contractor has failed to meet overall cost, schedule, and technical performance requirements of the contract as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period. Performance at this level in any area mentioned in the PEMP may result in a decision by the FDO to withhold all fees for the period.	0-49



## **Important Note**

DOE-RL encourages the contractor to perform at the highest levels of excellence; however, the standard anticipated rating level of a qualified, competent and successful contractor is satisfactory. This corresponds to a numerical rating of 50 to 75 points on the DOE-RL contractor performance rating scale, and represents level of performance for which performance fee awards can be paid.

Performance ratings above the overall rating of satisfactory will reflect the extent to which the contractor, on its own initiative, is actively involved in performance improvement activities and the extent to which these actions contribute to more efficient, effective, and economical operation, thus forming the basis for earning performance fee. However, a rating above the overall rating of satisfactory (76-100 points) may be justified by a high level of sustained performance where further improvement in performance would not be cost effective.

A performance rating of 0-49 points for total performance is a matter of grave concern to DOE-RL. This is particularly true in the delivery of occupational medical services area where inadequate levels of performance could cause immediate and detrimental impact upon public health and safety, and could result in unacceptable programmatic impacts.

If the contractor's performance is considered unacceptable in any area of contract performance, the FDO may, at his or her discretion, determine the contractor's overall performance to be unacceptable and withhold the entire performance fee for the evaluation period.

### Fee Conversion Chart

Performance Points	% of Available Performance Fee	Overall Rating
100	100.0	Outstanding
99	99.0	
98	98.0	
97	97.0	
96	96.0	
95	95.0	
90	90.0	Good
85	80.0	
80	70.0	
76	60.0	
75	50.0	Satisfactory
70	40.0	
65	30.0	
60	20.0	
55	10.0	
50	5.0	Unsatisfactory
0	0.0	

PEMP Item	Contract Reference	Factor (Points) Performance Points Factor	Unsatisfactory 0-49%	Satisfactory 50-75%	Good 76-94%	Outstanding 95-100%	Surveillance Method
1.a.	C.4.a.3 to 5 & 7 Desired Objectives C.9.a.1.i.D Desired Objectives C.3.a.4 Desired Outcomes C.9.o.2.i.E Customer Satisfaction Surveys	Worker Health and Wellbeing (15 Performance Points) See Note 10	DOE determines that AMH has responded to less than 60% of Worker initiated issues within one week and resolved within 30 days to DOE's satisfaction. DOE determines via worker questionnaires that AMH is providing unsatisfactory service (< 70% overall favorable response).	DOE determines that AMH has responded to 60% of Worker initiated issues within one week and resolved within 30 days to DOE's satisfaction. AMH has not caused, or added to, any major worker care issues. DOE determines via worker questionnaires that AMH is providing satisfactory service (70-79% overall favorable response).	DOE determines that AMH has responded to 80% of Worker initiated issues within one week and resolved within 30 days to DOE's satisfaction. DOE determines that AMH has not caused, or added to, any major worker care issues. DOE determines via worker questionnaires that AMH is providing good service (80-89% overall favorable response).	DOE determines that AMH has responded to 95% of Worker initiated issues within one week and resolved within 30 days to DOE's satisfaction. DOE determines that AMH has not caused, or added to, any major worker care issues. DOE determines via worker questionnaires that AMH is providing outstanding service (90-100% overall favorable response).	Worker Questionnaires and Tracking Issues Reporting.  Definition: The start time for counting days to resolve "Worker Initiated Issues" is when RL contacts AMH Senior Management via e-mail or phone call.
1.b.	C.8.a to C.10 Integrated Occupational Medical Program	Bi-annual Federal Occupational Health Review and cost analysis study (20 Performance Points)	DOE determined AMH non-compliance with contract.	DOE determined AMH compliance with contract	DOE determined AMH compliance with sustained performance as compared to FY10.	DOE determined AMH compliance with contract with sustained performance as compared to FY10. FOH identified themes addressed by AMH throughout FY11.	FOH Bi-annual review information submitted to DOE for determination.

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
2.a.	C.8.a to C.10 Integrated Occupational Medical Program	Performance Points Factor Benchmarking Evaluation Process (5 performance points)	0-49% No follow-up action on FY2010 Benchmarking efforts.	50-75% AMH documents completed activities in response to the identified functional areas of interest to ORP and proposes additional supporting activities as appropriate.	76-94% AMH documents completed activities in response to the identified functional areas of interest to ORP and proposes additional supporting activities as appropriate.  AMH institutes an updated medical surveillance program for Hanford tank farm workers, resulting from best practices identified in benchmarking activities as appropriate.	95-100% AMH documents completed activities in response to the identified functional areas of interest to ORP and proposes additional supporting activities as appropriate.  AMH to perform and deliver WRPS identified Epidemiological Studies to WRPS by July 31 (see AMH letter: 11-AMH-0001).  AMH institutes an updated medical surveillance program for Hanford tank farm workers, resulting from best practices identified in benchmarking activities as appropriate.  In cooperation with DOE and the tank farm contractor, an improved medical monitoring protocol is instituted as appropriate.	DOE will participate in and conduct periodic meetings.  The functional areas of interest from FY2010 may be modified through discussions with TOC/ORP/AMH.  AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.  TOC=Tank Operations Contract (WRPS)

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
2.b.	C.8.a to C.10 Integrated Occupational Medical Program	Performance Factor Enhancement in Customer Satisfaction (3 Performance Points)	0-49% No change in activities related to Stakeholder Interface meetings or communications with stakeholders.	50-75% Continue hosting semi-annual Stakeholder Interface meetings with key contractor and DOE representatives  Opportunities for improvement in communications with stakeholders are assessed and documented.	76-94% Continue hosting semi-annual Stakeholder Interface meetings with key contractor and DOE representatives  Opportunities for improvement in communications with stakeholders are assessed and documented.  AMH develops Annual Communication Plan for continuous improvement in communications with stakeholders.	95-100% Continue hosting semi-annual Stakeholder Interface meetings with key contractor and DOE representatives.  Opportunities for improvement in communications with stakeholders are assessed and documented.  AMH develops Annual Communication Plan for continuous improvement in communications with stakeholders. Annual Communication Plan activities are implemented.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.
2.c.	C.8.a to C.10 Integrated Occupational Medical Program	Beryllium Corrective Action Plan (7 Performance Points)	No action on identified Beryllium Corrective Action Plan (CAP) actions.	Schedule and tracking is produced and maintained for Beryllium corrective action activities.  AMH completes 70% of its CAP items scheduled for completion prior to 8/1/11 to meet 10 CFR 850 and Site CBDPP requirements.	Schedule and tracking is produced and maintained for Beryllium corrective action activities.  AMH completes 80% of its CAP items scheduled for completion prior to 8/1/11 to meet 10 CFR 850 and Site CBDPP requirements.	Schedule and tracking is produced and maintained for Beryllium corrective action activities.  AMH completes 90% (or more) of its CAP items scheduled for completion prior to 8/1/11 to meet 10 CFR 850 and Site CBDPP requirements.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
3.a.	C.9.q EEOICPA Requirements	Performance Points Factor Energy Employees Occupational Illness Compensation Program Act (EEOICPA) Requirements (5 Performance Points) See Note 1	0-49% AMH is non-responsive.	50-75% Dependent upon adequate funding, AMH responds to requests for records in a timely manner as required. 90% of requests are responded to within 45 days of receipt.	76-94% Dependent upon adequate funding, AMH responds to requests for records in a timely manner as required. 95% of requests are responded to within 35 days of receipt.	95-100% Dependent upon adequate funding, AMH shall improve the process for record production beyond the good criteria. AMH shows initiative in working cooperatively with DOE (and other EEOICPA-related organizations/contractors) in improving the records process (to include storage, handling, and any conversion concepts – e.g. electronic)	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.
3.b.	C.9.d.2	Support to Worker Compensation Program (5 Performance points) See Note 2	AMH is non-responsive.	AMH responds to requests for records in a timely manner as required. Average turnaround time is <=30 days.	AMH improves on the record response time beyond Satisfactory criteria and average turnaround time for requests is <= 20 days.	AMH improves on the record response time beyond the Good criteria and average turnaround time for requests is <= 15 days.  Upon receipt of an acceptable file from the Third Party Administrator (TPA), AMH will respond with a report listing all of the related AMH referral charges within 5 working days.  AMH demonstrates effective teaming with the TPA, helping improve their familiarity with Hanford Site issues, operations, and contractors. This may include such activities as extending an invitation for accompaniment to Site health and safety meetings.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
3.c.	C.9.h Protected Health Information and Personally Identifiable Information	<p>Performance Points Factor</p> <p>Protection of Personally Identifiable Information (PII) (3 performance Points)</p> <p>See Note 3</p>	<p>0-49%</p> <p>AMH taking minimal response actions</p>	<p>50-75%</p> <p>The amount of fee with respect to this performance item may be reduced if it is determined that a performance failure occurs, warranting a reduction.</p> <p>Use the assessment process for continuous improvement including lessons learned and tracking actions to closure for future reportable events of protected PII and implement effective response actions if appropriate.</p>	<p>76-94%</p> <p>The amount of fee with respect to this performance item may be reduced if it is determined that a performance failure occurs, warranting a reduction.</p> <p>Performance as identified under the Satisfactory criteria, and AMH responds appropriately to vulnerabilities and incidents with effective response actions.</p>	<p>95-100%</p> <p>The amount of fee with respect to this performance item may be reduced if it is determined that a performance failure occurs, warranting a reduction.</p> <p>Performance as identified under the Good criteria, and AMH is highly proactive in implementing robust protective systems and procedures related to protect PII as demonstrated by aggressive response to identifying vulnerabilities or responding to incidents.</p>	<p>DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.</p>

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
4.a.	C.8.a Integrated Occupational Medical Program and an identified priority in the AMH Strategic Plan	Provide cost-effective integrated clinical services that meet the needs of DOE and the Hanford workforce (4 Performance Points)	<p>0-49%</p> <p>AMH discontinues the AMH Beryllium Clinic Operations meetings. AMH non-participatory in Site-Wide CBDPPP Implementation &amp; Maintenance Committee and related subcommittees as appropriate.</p> <p>AMH will make initial notification by telephone to patients with positive or borderline Be-LPT results within two business days 60 to 69% of the time as evidenced by the Be-LPT positive/borderline initial notification tracking database.</p> <p>AMH will send notifications to employers of initial beryllium work recommendations within two business days 60 to 69% of the time as evidenced by electronic tracking and reporting.</p>	<p>50-75%</p> <p>Continue AMH Beryllium Clinic Operations meetings to improve Beryllium Program delivery to the Hanford Site. AMH actively participates in the Site-Wide CBDPPP Implementation &amp; Maintenance Committee and related subcommittees as appropriate.</p> <p>AMH will make initial notification by telephone to patients with positive or borderline Be-LPT results within two business days 70 to 79% of the time as evidenced by the Be-LPT positive/borderline initial notification tracking database.</p> <p>AMH will send notifications to employers of initial beryllium work recommendations within two business days 70 to 79% of the time as evidenced by electronic tracking and reporting.</p>	<p>76-94%</p> <p>Continue AMH Beryllium Clinic Operations meetings to improve Beryllium Program delivery to the Hanford Site. AMH actively participates in the Site-Wide CBDPPP Implementation &amp; Maintenance Committee and related subcommittees as appropriate. Conduct internal training as appropriate.</p> <p>AMH will make initial notification by telephone to patients with positive or borderline Be-LPT results within two business days 80 to 89% of the time as evidenced by the Be-LPT positive/borderline initial notification tracking database.</p> <p>AMH will send notifications to employers of initial beryllium work recommendations within two business days 80 to 89% of the time as evidenced by electronic tracking and reporting.</p>	<p>95-100%</p> <p>Continue AMH Beryllium Clinic Operations meetings to improve Beryllium Program delivery to the Hanford Site. AMH actively participates in the Site-Wide CBDPPP Implementation &amp; Maintenance Committee and related subcommittees as appropriate. Conduct internal training as appropriate. Communicate beryllium process changes as needed to contractors.</p> <p>AMH will make initial notification by telephone to patients with positive or borderline Be-LPT results within two business days <math>\geq 90\%</math> of the time as evidenced by the Be-LPT positive/borderline initial notification tracking database.</p> <p>AMH will send notifications to employers of initial beryllium work recommendations within two business days <math>\geq 90\%</math> of the time as evidenced by electronic tracking and reporting.</p>	<p>DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.</p>



PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
4.b.	C.8.a Integrated Occupational Medical Program and an identified priority in the AMH Strategic Plan	Provide cost-effective integrated clinical services that meet the needs of DOE and the Hanford workforce (4 Performance Points) See Note 4	0-49% AMH's performance in providing drug testing results is Unsatisfactory. During standard operating hours at the main clinic, the average annual reporting of drug testing results to contractor POCs is made available within 24 hours for confirmed positive results $\leq$ 69% of the time.	50-75% AMH's performance in providing drug testing results is Satisfactory. During standard operating hours at the main clinic, the average annual reporting of drug testing results to contractor POCs is made available within 24 hours for confirmed positive results 70 to 79% of the time.	76-94% AMH's performance in providing drug testing results is Good. During standard operating hours at the main clinic, the average annual reporting of drug testing results to contractor POCs is made available within 24 hours for confirmed positive results 80 to 89% of the time.	95-100% AMH's performance in providing drug testing results is Outstanding. During standard operating hours at the main clinic, the average annual reporting of drug testing results to contractor POCs is made available within 24 hours for confirmed positive results $\geq$ 90% of the time.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.
4.c.	C.8.a Integrated Occupational Medical Program and an identified priority in the AMH Strategic Plan	Provide cost-effective integrated clinical services that meet the needs of DOE and the Hanford workforce (4 Performance Points) See Note 5	AMH's performance in providing employee counseling and health promotion services to the Site is Unsatisfactory. Turnaround time for Behavioral Health Services (BHS) Employee Assistance Program (EAP) appointment requests – initial EAP appointment offered within 3 days of the request < 70% of the time.	AMH's performance in providing employee counseling and health promotion services to the Site is Satisfactory. Turnaround time for BHS EAP appointment requests – initial EAP appointment offered within 3 days of the request 70 - 79% of the time.	AMH's performance in providing employee counseling and health promotion services to the Site is Good. Turnaround time for BHS EAP appointment requests – initial EAP appointment offered within 3 days of the request 80 - 89% of the time.	AMH's performance in providing employee counseling and health promotion services to the Site is Outstanding. Turnaround time for BHS EAP appointment requests – initial EAP appointment offered within 3 days of the request $\geq$ 90% of the time.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.

PEMP Item	Contract Reference	Factor (Points) Points Factor	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
5.	C.9.g Occupational Health Process Improvement	Hanford Occupational Health Process/ Employee Job Task Analysis (EJTA) system maintenance and improvement (4 Performance Points) See Note 9	0-49% No change in the Employee Job Task Analysis (EJTA) system	50-75% HOHP committee and Site Wide Safety Committee establish interface meetings in preparation for EJTA rebuild and Site-wide safety program initiatives.	76-94% HOHP committee and Site Wide Safety Committee establish interface meetings in preparation for EJTA rebuild and Site-wide safety program initiatives. Using requirements established in FY10 for hazard-based medical program assignment, and feedback from HOHP and Site Wide Safety committee interface meetings, develop EJTA functional prototype.	95-100% HOHP committee and Site Wide Safety Committee establish interface meetings in preparation for EJTA rebuild and Site-wide safety program initiatives. Using requirements established in FY10 for hazard-based medical program assignment, and feedback from HOHP and Site Wide Safety committee interface meetings, develop EJTA functional prototype. Participate in requirements gathering and EJTA implementation of new Site-Wide EJTA process.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
6.	C.9.h Records Management C.3.c, C.4, C.8 & C.9 Integrated Occupational Medical Program, Service Area Requirements AND Identified priority in the AMH Strategic Plan	<b>Performance Points Factor</b> Information Technology – Integrated Occupational Medical Systems (10 Performance Points) See Note 6	<b>0-49%</b>  No further progress made on implementing an Integrated Occupational Medical System (IOMS).  If funded, AMH is nonresponsive and provides limited support to the Vital Records digitization contractor.	<b>50-75%</b>  If AMH is approved to start the implementation project on October 1, 2010, and DOE agrees -- to implement OHM by PureSafety, and -- there are no reductions in our proposed Information Technology 2011 AWP, we will accomplish the following:  IOMS/EMR implementation plan complete.  If funded, AMH is responsive to the Vital Records digitization contractor by identifying individual(s) responsible for vital records transfer, custody and coordination.	<b>76-94%</b>  If AMH is approved to start the implementation project on October 1, 2010, and DOE agrees -- to implement OHM by PureSafety, and -- there are no reductions in our proposed Information Technology 2011 AWP, we will accomplish the following:  IOMS/EMR implementation plan complete  If funded, AMH is responsive to the Vital Records digitization contractor by identifying individual(s) responsible for vital records transfer, custody and coordination.  Identify applications in Software inventory that will be replaced, modified, or retired as a result of the EMR implementation. Create and document the plan.	<b>95-100%</b>  If AMH is approved to start the implementation project on October 1, 2010, and DOE agrees -- to implement OHM by PureSafety, and -- there are no reductions in our proposed Information Technology 2011 AWP, we will accomplish the following:  IOMS/EMR implementation plan complete  If funded, AMH supports Vital Records digitization by identifying individual(s) responsible for vital records transfer, custody and coordination. AMH notifies the Vital Records contractor of scheduled appointments to maximize records availability.  Product Licensed, Installed, and Used by IT and Functional Leads for Data Conversion, Post IOMS Implementation Process Redesign Study, and Testing; EJTA Integration, Development, Conversion, or Replacement Plan Complete; Data Conversion Plan (Loading of Legacy Data) Complete; Hosting, Support, Software Management Plan Complete; EMR Privacy Impact Assessment submitted to DOE.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate.

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
7.	C.9.h Records Management C.3.c, C.4, C.8 & C.9 Integrated Occupational Medical Program, Service Area Requirements AND Identified priority in the AMH Strategic Plan	<b>Performance Points Factor</b> Information Technology – Strategic Planning and Enterprise Architecture (3 Performance Points) See Notes 7, 8	<b>0-49%</b> AMH maintains no alignment or communication with the DOE RL IT Strategic Planning representative, the Hanford It Strategic Plans, and/or Enterprise Architecture (EA).	<b>50-75%</b> AMH participates in Hanford IT Strategic Planning meetings and the development of the Hanford Site IT Strategic Plan and EA.	<b>76-94%</b> Performance as identified under the Satisfactory criteria, and: AMH Capital Planning Investment Control (CPIC) items are aligned with Hanford's IT Portfolio (e.g., which investments fall into the Records 300, etc.) and are submitted as required; Mutually agreed upon gaps in alignment between AMH IT and the Strategic Plan/EA are identified and plans to address them are created.	<b>95-100%</b> Performance as identified under the Good criteria, and: AMH's IT policies, procedures, and practices demonstrate alignment with the Hanford Site IT Strategic Plan/EA, relative to the implementation of any plans created to address gaps in alignment.	DOE will conduct periodic assessments. AMH will self assess and submit report to DOE by 10/6/11. DOE will review and evaluate. Periodic CPIC submissions need not be assessed or reported separately.
8.	C.10 Accreditation Requirements	Complete AAAHHC Re- Accreditation Survey (5 Performance Points)	AMH fails to achieve AAAHC reaccreditation prior to 9/30/11.	AAAHC to award AMH with a deferred accreditation decision prior to 9/30/11.	AAAHC to award AMH with a 1 year accreditation decision prior to 9/30/11.	100% is achieved if AAAHC awards AMH with accreditation of 3 years by 9/30/11.	As documented by AAAHC, AMH achieves accreditation and reports to DOE by 10/6/11. Accreditation validated by DOE.

PEMP Item	Contract Reference	Factor (Points)	Unsatisfactory	Satisfactory	Good	Outstanding	Surveillance Method
9.	C-9.h.1.i Records Management C-9.o.2.j Contractor Quality Assurance Plan	Records Management (3 Performance Points)	0-49% AMH will have no more than three (3) unresolved medical records system, QA/QC findings or shortcomings identified by DOE initiated external audits AMH does not correct FY2010 FOH medical records system findings. All internally-identified medical records system, QA/QC issues or shortcomings are not corrected within 90 days of self identification	50-75% AMH will have no more than three (3) unresolved medical records system, QA/QC findings or shortcomings identified by DOE initiated external audits. AMH will correct all existing FY2010 FOH medical records system findings by 31JUL2011. All internally-identified medical records system, QA/QC issues or shortcomings are corrected within 90 days of self identification.	76-94% AMH will have no unresolved medical records system, QA/QC findings or shortcomings identified by DOE initiated external audits. AMH will correct all existing FY2010 FOH medical records system findings by 31MAY2011. All internally identified medical records system findings are corrected within 60 days of self identification.	95-100% AMH will have no unresolved medical records system, QA/QC findings or shortcomings identified by DOE initiated external audits. AMH will correct all existing FY2010 FOH medical records system findings by 31MAR2011. All internally identified medical records system findings are corrected within 30 days of self identification.	AMH will submit a self assessment on records management and a data validation report for DOE review. DOE will review all external audits for QA/QC findings or shortcomings.

Note 1	Assumes volumes consistent with FY10 and increased volumes as a result of new special cohorts may require additional resources to maintain required turnaround times. Records requests from the Federal Records Center (FRC) normally take 4-6 days. Delays in turnaround not in AMH's control could affect turnaround times adversely and should not be considered as part of AMH turnaround time. If there is inadequate funding, AMH and DOE agree to allocate performance points related to this item to item 1. "Bi-Annual FOH Review."						
Note 2	Records requests from the Federal Records Center (FRC) normally take 4-6 days. Delays in turnaround not in AMH's control could affect turnaround times adversely and should not be considered as part of AMH turnaround time.						
Note 3	PHI and PII incidents - event reports will be reviewed by DOE and a determination will be made regarding: <ul style="list-style-type: none"> <li>• CIRC – Cyber Incident Response Capability</li> <li>• PCSP – Program Cyber Security Plan, March 27, 2008, Version 1.1.</li> <li>• Incident - As defined in PCSP, March 27, 2008, Version 1.1.</li> <li>• Personally Identifiable Information (PII) - As defined in PCSP, March 27, 2008, Version 1.1.</li> <li>• Protected PII: PII that requires enhanced protection. This information includes data that if compromised could cause harm to an individual such as identity theft.</li> <li>• The payment of earned fee PEMP item is dependent upon the contractor's or contractor employees' compliance with the terms and conditions of this contract relating to the safeguarding of Personally Identifiable Information (PII). Financial incentives for timely mission accomplishment or cost effectiveness shall never compromise or impede full and effective implementation of protection of PII.</li> <li>• In determining the amount of the reduction and the applicability of mitigating factors, the contracting officer must consider the contractor's overall performance in meeting the PII requirements of the contract. Such consideration must include performance against any Site-specific or DOE performance criteria/requirements that provide additional definition, guidance for the amount of reduction, or guidance for the applicability of mitigating factors. In all cases, the contracting officer must consider mitigating factors in determining any reduction. The mitigating factors include, but are not limited to, the following:</li> </ul>						

	<p>(i) Degree of control the contractor had over the event or incident. (ii) Efforts the contractor had made to anticipate and mitigate the possibility of the event in advance. (iii) Contractor self-identification and response to the event to mitigate impacts and recurrence. (iv) General status (trend and absolute performance) of: PII and compliance in related areas; (v) Contractor demonstration to the contracting officer's satisfaction that the principles of industrial PII standards are routinely practiced. (vi) Event caused by "Good Samaritan" act by the contractor (e.g., offsite emergency response). (vii) Contractor demonstration that a performance measurement system is routinely used to improve and maintain PII performance (including effective resource allocation) and to support DOE corporate decision-making. (viii) Contractor demonstration that a continuous improvement program is functioning that demonstrably affects continuous improvement in PII by use of lessons-learned and best practices.</p>
<p>Note 4</p>	<p>Drug Screen Timeframes/ Parameters:                  The Medical Review Office function operates from the 1979 Snyder Street Health Care Clinic and processes occur during clinics hours at same. For accountability purposes, the clock will start when all required elements to process drug screen are in-hand (Testing Notification, legible Custody &amp; Control Form, and result from laboratory). The clock will stop when the test is endorsed by the Medical Review Officer. Results released by the lab outside of clinic hours, for example weekends, holidays, facility closure days, are handled when Clinic operations resume (i.e., the Monday following a weekend). Confirmed positive results (post-interview with Medical Review Officer) are immediately reported to contractor points of contact verbally via phone. Electronic communications regarding positive testing endorsements are sent via secure means.</p>
<p>Note 5</p>	<p>Only the initial EAP appointment is considered in EAP metric related to appointment turnaround time. In calculation of the turnaround time, only BHS operational days (usual Site 8X9 schedule with Site Friday off) are counted. Days are counted from the date a patient makes a request to the date of the next available EAP appointment. If the patient refuses the appointment offered and/or requests a specific date, time, or provider, those additional days between request and appointment date are consequently not counted.</p>
<p>Note 6</p>	<p>An Integrated Occupational Medical System (abbreviated here as IOMS) is the equivalent of an Enterprise Resource Planning system, specialized for the clinical/medical industry. An IOMS system would integrate and automate multiple legacy systems and includes the Electronic Medical Records (EMR) system.</p>
<p>Note 7</p>	<p>Currently, OMB (and DOE OCIO, and DOE EM) requirements are that CPIC submissions occur 2-3 times a year for Exhibit 53 items, monthly for Exhibit 300 items.</p>
<p>Note 8</p>	<p>AMH will be invited to participate in Hanford IT Strategic Planning and Enterprise Architecture discussions.</p>
<p>Note 9</p>	<p>AMH's responsibility is to partner with MSA in the implementation of this project with requirements gathering facilitation, communication, and application roll-out being lead by MSA and technical design, integration with existing Medical systems, build, and application hosting being lead by AMH. As comprehensive requirements are not yet known, our ability to deliver a functional prototype is dependent on the success of the associated site-wide safety group meetings being led by MSA.</p>
<p>Note 10</p>	<p>Press Ganey Patient Survey (or other survey) serves as the worker questionnaire to determine service rating for this item.</p>