

SECTION F - DELIVERIES OR PERFORMANCE**F.1. PERIOD OF PERFORMANCE**

The period of performance for this contract shall be three years, unless the period is changed by modification to this contract. This three year performance period is divided into phases. Phases II and III of this contract are subject to the availability of appropriations. This contract contains one 12-month option period. The option period may be exercised in accordance with Section I FAR Clause 52.217-9 "Option to Extend the Term of the Contract" (MAR 2000).

F.2. DELIVERY SCHEDULE

The Contractor shall submit deliverables to the Project Officer in electronic format on CD-ROMs unless directed by the Project Officer to provide hard copies. The Contractor shall submit deliverables in Microsoft Word 2000. All other deliverables (e.g. Power Point presentations, Adobe PDF files) shall be compatible with the current software version used by HHS. All deliverables shall meet the section 508 of Rehabilitation Act, 28 U.S.C § 794d accessibility requirements. All deliverables are subject to the review and approval of the Project Officer.

Ref #	Deliverable	Due Date
1.	A comprehensive work plan that includes a written description of proposed process/strategy to execute all tasks and use the Earned Value Management (EVM - as referenced in section 300.4 of OMB Circular A-11) to the extent practicable. The work plan shall also provide the Project Officer with project activities; task prioritization; resource requirements, including person hours by task; interim milestones to achieve deliverables; interdependencies and intersections with other activities and risk mitigation strategies.	Within 2 weeks of the effective date of the contract (EDOC)

Ref #	Deliverable	Due Date
2.	Participation in a project start up meeting within the National Coordinator and Project Officer to review the contract, introduce Contractor and Government staff, review and approve the work plan and identify and prioritize initial activities.	Within 3 weeks of EDOC
3.	<p>A minimum of three recommended use-cases, which are illustrations of the applicability and business need for all areas of standards for interoperability. The use-cases shall address specialized variations and extensions of the general case of patients receiving care from a health care provider or health care organization (e.g., a free standing lab) and requiring the exchange of their relevant health information with other providers or health care organizations to support the clinical delivery of care at a different time and/or setting.</p> <p>Additionally, use-cases shall be developed that illustrate health data transmission and/or exchange for public health purposes, such as bio-surveillance, outbreak management, alerting and communication with health providers, and public health detecting and reporting. The contractor shall discuss and develop a common set of use-cases in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor (see tasks 3 and 4). The Contractor shall refer to the common set of use-cases in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common set of use-cases.</p>	Within 1 month of EDOC

Ref #	Deliverable	Due Date
4.	Written monthly status and financial reports describing progress against milestones, potential risks and risk mitigation strategies, and planned activities for the coming month and report such status orally and in writing every month to the Project Officer. The financial reports shall include: (1) actual cost for the reporting month and cumulative cost for the contract to date, (2) budgeted costs for the reporting month and contract to date, and (3) estimated costs by month for the remainder of the performance period of the contract.*	Beginning 3 months of EDOC and every month thereafter. All reports shall be submitted on or before the 10th day of the month following the reporting period.
5.	Participation in meetings and related activities, which shall be designated and conducted by the Project Officer with assistance from a HHS support contractor, including: (1) attending the AHIC, a Federal advisory committee, that will develop advice and recommendations for coordinating efforts in the public and private sectors for interoperable health IT adoption and (2) participating with HHS health IT contractors and other stakeholders such as such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA to develop, apply and evaluate common use-cases, standards, definitions, priorities and other actions relevant to the development and evaluation of interoperable health IT. The Project Officer shall instruct the Contractor to attend all such meetings and related activities.	3-6 meetings per year

Ref #	Deliverable	Due Date
6.	<p>The identification and analysis of gaps and duplicates within the standards space, with proposed resolution strategies and timelines. The Contractor shall provide a thorough description of the gaps in the current standards landscape to meet the relevant use-cases, including missing standards, and incomplete or inadequate standards. Analogously, provide a thorough description of all duplications, overlap, or competition among standards for the relevant use-cases. The Contractor shall maximize the use of existing processes where appropriate and review current projects to align and map standards supported by the National Library of Medicine and other Federal agencies to determine their applicability to the standards harmonization process.</p>	Within 8 months of EDOC
7.	<p>A standards change management process, dissemination process & channel, and release schedule for harmonized-standards versions, maximizing the use of existing processes where appropriate. The Contractor shall provide a thorough plan and schedule that describes how standards may be harmonized and evolved over time, and a recommended release schedule of the standards relevant to the use-cases. The deliverable should include the plan, a publicly available dissemination channel, the proposed schedule for the first set of releases of standards germane to the use-case set, a description of the results of testing all these elements, and a critical analysis of the entire activity and its ability to scale for nationwide interoperability.</p>	Within 8 months of EDOC

Ref #	Deliverable	Due Date
8.	<p>Recommended standards to meet the relevant use-cases. The Contractor shall provide a thorough listing of all the standards that satisfy the requirements imposed by the relevant health care use-cases. There may be more than one standard for a given area, and duplicate standards are allowed as long as they each satisfy the needs. The Contractor shall use as a starting point the health domains and standards adopted by the CHI Initiative in the Federal government, unless they demonstrably do not meet the relevant requirements posed by the use-cases. The Contractor shall also discuss and agree on common standards in collaboration with HHS health IT contractors and appropriate stakeholders such as such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common standards in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common standards.</p>	Within 9 months of EDOC
9.	<p>Implementation guidelines for standards, including applicability criteria and adherence tests. The Contractor shall provide a thorough description of issues involved in implementing each selected standard, how to select the standard that applies to a given scenario, and how to verify correct implementation and use of the standards. The Contractor shall collaborate with NIST where appropriate as directed by the Project Officer. The Contractor shall also develop a plan to collaborate with NIST for approval by the Project Officer.</p>	Within 12 months of EDOC

Ref #	Deliverable	Due Date
10.	A business plan for a self-sustaining standards harmonization process, including cost/revenue projections over a 6-year period. As part of the business plan, the Contractor shall include the appropriate organizational and operational constructs that underpin a sustainable business model.	Within 12 months of EDOC
11.	Taking into account and building on prior work during Phase I, a minimum of three recommended use-cases, which are illustrations of the applicability and business need for all areas of standards for interoperability. The use-cases shall address specialized variations and extensions of the general case of patients receiving care from a health care provider or health care organization (e.g., a free standing lab) and requiring the exchange of their relevant health information with other providers or health care organizations to support the clinical delivery of care at a different time and/or setting. Additionally, use-cases shall be developed that illustrate health data transmission and/or exchange for public health purposes, such as bio-surveillance, outbreak management, alerting and communication with health providers, and public health detecting and reporting. The contractor shall discuss and develop a common set of use-cases in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common set of use-cases in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common set of use-cases.	Within 14 months of EDOC

Ref #	Deliverable	Due Date
12.	Interim Report that describes in detail the process for standards harmonization and variations (if any) across the use-cases developed by the Contractor. The Contractor shall provide an overall assessment of their standards harmonization process, lessons learned, and plans for process improvement.	Within 18 months of EDOC
13.	Taking into account and building on prior work in Phase I, the identification and analysis of gaps and duplicates within the standards space, with proposed resolution strategies and timelines. The Contractor shall provide a thorough description of the gaps in the current standards landscape to meet the relevant use-cases, including missing standards, and incomplete or inadequate standards. Analogously, provide a thorough description of all duplications, overlap, or competition among standards for the relevant use-cases. The Contractor shall maximize the use of existing processes where appropriate and review current projects to align and map standards supported by the National Library of Medicine and other Federal agencies to determine their applicability to the standards harmonization process.	Within 21 months of EDOC

Ref #	Deliverable	Due Date
14.	Taking into account and building on prior work in Phase I, a standards change management process, dissemination process & channel, and release schedule for harmonized-standards versions maximizing the use of existing processes where appropriate. The Contractor shall provide a thorough plan and schedule that describes how standards may be harmonized and evolved over time, and a recommended release schedule of the standards relevant to the use-cases. The deliverable should include the plan, a publicly available dissemination channel, the proposed schedule for the first set of releases of standards germane to the use-case set, a description of the results of testing all these elements, and a critical analysis of the entire activity and its ability to scale for nationwide interoperability.	Within 21 months of EDOC

Ref #	Deliverable	Due Date
15.	<p>Taking into account and building on prior work in Phase I, recommended standards to meet the relevant use-cases. The Contractor shall provide a thorough listing of all the standards that satisfy the requirements imposed by the relevant health care use-cases. There may be more than one standard for a given area, and duplicate standards are allowed as long as they each satisfy the needs. The Contractor shall use as a starting point the health domains and standards adopted by the CHI Initiative in the Federal government, unless they demonstrably do not meet the relevant requirements posed by the use-cases. The Contractor shall also discuss and agree on common standards in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common standards in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common standards.</p>	Within 22 months of EDOC
16.	<p>Taking into account and building on prior work in Phase I, implementation guidelines for standards, including applicability criteria and adherence tests. The Contractor shall also provide a thorough description of issues involved in implementing each selected standard, how to select the standard that applies to a given scenario, and how to verify correct implementation and use of the standards. The Contractor shall collaborate with NIST where appropriate as directed by the Project Officer. The Contractor shall also develop a plan to collaborate with NIST for approval by the Project Officer.</p>	Within 24 months of EDOC

Ref #	Deliverable	Due Date
17.	<p>Taking into account and building on prior work in Phases I and II, a minimum of three recommended use-cases, which are illustrations of the applicability and business need for all areas of standards for interoperability. The use-cases shall address specialized variations and extensions of the general case of patients receiving care from a health care provider or health care organization (e.g., a free standing lab) and requiring the exchange of their relevant health information with other providers or health care organizations to support the clinical delivery of care at a different time and/or setting. Additionally, use-cases shall be developed that illustrate health data transmission and/or exchange for public health purposes, such as bio-surveillance, outbreak management, alerting and communication with health providers, and public health detecting and reporting. The contractor shall discuss and develop a common set of use-cases in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common set of use-cases in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common set of use-cases.</p>	Within 26 months of EDOC

Ref #	Deliverable	Due Date
18.	<p>Taking into account and building on prior work in Phases I and II, the identification and analysis of gaps and duplicates within the standards space, with proposed resolution strategies and timelines. The Contractor shall provide a thorough description of the gaps in the current standards landscape to meet the relevant use-cases, including missing standards, and incomplete or inadequate standards. Analogously, provide a thorough description of all duplications, overlap, or competition among standards for the relevant use-cases. The Contractor shall maximize the use of existing processes where appropriate and review current projects to align and map standards supported by the National Library of Medicine and other Federal agencies to determine their applicability to the standards harmonization process.</p>	Within 33 months of EDOC
19.	<p>Taking into account and building on prior work in Phases I and II, a standards change management process, dissemination process & channel, and release schedule for harmonized-standards versions maximizing the use of existing processes where appropriate. The Contractor shall provide a thorough plan and schedule that describes how standards may be harmonized and evolved over time, and a recommended release schedule of the standards relevant to the use-cases for health care. The deliverable should include the plan, a publicly available dissemination channel, the proposed schedule for the first set of releases of standards germane to the use-case set, a description of the results of testing all these elements, and a critical analysis of the entire activity and its ability to scale for nationwide interoperability.</p>	Within 33 months of EDOC

Ref #	Deliverable	Due Date
20.	<p>Taking into account and building on prior work in Phases I and II, recommended standards to meet the relevant use-cases. The Contractor shall provide a thorough listing of all the standards that satisfy the requirements imposed by the relevant health care use-cases. There may be more than one standard for a given area, and duplicate standards are allowed as long as they each satisfy the needs. The Contractor shall use as a starting point the health domains and standards adopted by the CHI initiative in the Federal government, unless they demonstrably do not meet the relevant requirements posed by the use-cases. The Contractor shall also discuss and agree on common standards in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common standards in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common standards.</p>	Within 34 months of EDOC
21.	<p>Taking into account and building on prior work in Phases I and II, implementation guidelines for standards, including applicability criteria and adherence tests. The Contractor shall provide a thorough description of issues involved in implementing each selected standard, how to select the standard that applies to a given scenario, and how to verify correct implementation and use of the standards. The Contractor shall collaborate with NIST where appropriate as directed by the Project Officer. The Contractor shall also develop a plan to collaborate with NIST for approval by the Project Officer.</p>	Within 36 months of EDOC

Ref #	Deliverable	Due Date
22.	Final report that describes in detail the process for standards harmonization and variations (if any) across the use-cases developed by the Contractor. The Contractor shall provide an overall assessment of their standards harmonization process and lessons learned.	Within 36 months of EDOC
23.	Option Period: Taking into account and building on prior work in Phases I, II and III, a minimum of three recommended use-cases, which are illustrations of the applicability and business need for all areas of standards for interoperability. The use-cases shall address specialized variations and extensions of the general case of patients receiving care from a health care provider or health care organization (e.g., a free standing lab) and requiring the exchange of their relevant health information with other providers or health care organizations to support the clinical delivery of care at a different time and/or setting. Additionally, use-cases shall be developed that illustrate health data transmission and/or exchange for public health purposes, such as bio-surveillance, outbreak management, alerting and communication with health providers, and public health detecting and reporting. The contractor shall discuss and develop a common set of use-cases in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common set of use-cases in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common set of use-cases.	Within 38 months of EDOC

Ref #	Deliverable	Due Date
24.	<p>Option Period: Taking into account and building on prior work in Phases I, II and III, the identification and analysis of gaps and duplicates within the standards space, with proposed resolution strategies and timelines. The Contractor shall provide a thorough description of the gaps in the current standards landscape to meet the relevant use-cases, including missing standards, and incomplete or inadequate standards. Analogously, provide a thorough description of all duplications, overlap, or competition among standards for the relevant use-cases. The Contractor shall maximize the use of existing processes where appropriate and review current projects to align and map standards supported by the National Library of Medicine and other Federal agencies to determine their applicability to the standards harmonization process.</p>	Within 45 months of EDOC
25.	<p>Option Period: Taking into account and building on prior work in Phases I, II and III, a standards change management process, dissemination process & channel, and release schedule for harmonized-standards versions maximizing the use of existing processes. The Contractor shall provide a thorough plan and schedule that describes how standards may be harmonized and evolved over time, and a recommended release schedule of the standards relevant to the use-cases for health care. The deliverable should include the plan, a publicly available dissemination channel, the proposed schedule for the first set of releases of standards germane to the use-case set, a description of the results of testing all these elements, and a critical analysis of the entire activity and its ability to scale for nationwide interoperability.</p>	Within 45 months of EDOC

Ref #	Deliverable	Due Date
26.	<p>Option Period: Taking into account and building on prior work in Phases I, II and III, recommended standards to meet the relevant use-cases. The Contractor shall provide a thorough listing of all the standards that satisfy the requirements imposed by the relevant health care use-cases. There may be more than one standard for a given area, and duplicate standards are allowed as long as they each satisfy the needs. The Contractor shall use as a starting point the health domains and standards adopted by the CHI Initiative in the Federal government, unless they demonstrably do not meet the relevant requirements posed by the use-cases. The Contractor shall also discuss and agree on common standards in collaboration with HHS health IT contractors and appropriate stakeholders such as HHS, VA, DoD, DoC, DHS, EPA, NSF, and GSA, which shall be designated and convened by the Project Officer with assistance from a support contractor. The Contractor shall refer to the common standards in fulfilling all subsequent tasks in the contract. The Project Officer shall approve the common standards.</p>	Within 46 months of EDOC
27.	<p>Option Period: Taking into account and building on prior work in Phases I, II and III, implementation guidelines for standards, including applicability criteria and adherence tests. The Contractor shall provide a thorough description of issues involved in implementing each selected standard, how to select the standard that applies to a given scenario, and how to verify correct implementation and use of the standards. The Contractor shall collaborate with NIST where appropriate as directed by the Project Officer. The Contractor shall also develop a plan to collaborate with NIST for approval by the Project Officer.</p>	Within 48 months of EDOC

Ref #	Deliverable	Due Date
28.	Option Period: Taking into account and building on prior work in Phases I, II and III, a final report that describes in detail the process for standards harmonization and variations (if any) across the use-cases developed by the Contractor. The Contractor shall provide an overall assessment of their standards harmonization process and lessons learned.	Within 48 months of EDOC

*One copy of the monthly status and financial report (Deliverable 4) shall be submitted to the Contracting Officer, Division of Acquisition Management, SAS/PSC, Room 5-101, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

F.3 FAR 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference with the same force and effect as if they were given in full text. Upon request the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address:

<http://www.acqnet.gov/far>

FAR 52.242-15 Stop Work Order (AUG 1989) Alternate I (APR 1984)