



Department of Defense Healthcare Management System Modernization (DHMSM) Program

Attachment 14: Quality Assurance Surveillance Plan (QASP)

DHMSM Program Management Office
DoD Healthcare Management Systems (DHMS) Program Executive Office

Contract Number: N00039-15-D-0044

DISTRIBUTION LIMITATION

Distribution Statement A: Approved for public release; distribution is unlimited.
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1 Introduction

1.1 Purpose

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the Department of Defense Healthcare Management System Modernization (DHMSM) contract. This QASP explains the following:

- What will be monitored (including but not limited to metrics and documentation)?
- How monitoring will take place?
- Who will conduct the monitoring?
- How monitoring efforts and results will be documented?

Contractor performance and reporting requirements as they pertain to this QASP are defined in the DHMSM Indefinite Delivery/Indefinite Quantity (ID/IQ) and Task Order Performance Work Statements (PWSs).

Contract Title: Department of Defense Healthcare Management System Modernization

Contract Number: N00039-15-D-0044

Contract Description: Department of Defense (DoD) Healthcare Management System Modernization (DHMSM) is a tailored Major Automated Information System (MAIS) program established to acquire and field a configurable and scalable modernized EHR System. DHMSM will focus on the replacement of DoD legacy healthcare systems including, but not limited to, Armed Forces Health Longitudinal Technology Application (AHLTA), Composite Health Care System (CHCS) (inpatient), and most of the components of the Theater Medical Information Program-Joint (TMIP-J) program, with an Off-the-Shelf (OTS) EHR System. DHMSM will address the current state of the Military Health System (MHS), where multiple healthcare legacy systems and data stores, developed over decades, are in need of modernization to ensure and enable sustainability, flexibility, and interoperability, for improved continuity of care.

The DHMSM program will acquire an integrated inpatient/outpatient Best of Suite (BoS) EHR System, augmented by Best of Breed (BoB) product(s). Best of Suite (BoS) refers to an integrated inpatient and outpatient electronic health record (EHR) solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of a common data model, common user interfaces, common workflows, and common business rules, and that supports end-to-end healthcare related clinical and business operations. Furthermore, a BoS will support end-to-end related healthcare and business operations. BoB is defined as a solution or module not considered part of the BoS, which would require engineering and integration efforts in order to be incorporated into the BoS. When implemented, the EHR System will provide access to authoritative clinical data sources, and over time become the authoritative source of clinical data to support improved population health, patient safety, and quality of care to maximize medical readiness for the DoD. The solution will support an enhanced patient care experience and serve as a tool to maximize medical readiness for our military.

The modernized EHR System will unify and increase accessibility of integrated, evidenced-based healthcare delivery and decision-making. The DHMSM program will collaborate with the

DoD/Department of Veterans Affairs (VA) Interagency Program Office (IPO) and the Defense Medical Information Exchange (DMIX) program to ensure compatibility and interoperability with the standardized healthcare data framework and exchange standards, promulgated by the Office of the National Coordinator of Health Information Technology (ONC), as they evolve and become available. DHMSM supports the availability of longitudinal health records for over 9.6 million DoD beneficiaries and 153,000+ MHS personnel globally, and to the full range of military operations to DoD practitioners wherever and whenever needed. The application of standardized workflows, integrated healthcare delivery, and data standards will enable improved electronic exchange of health and patient data between the DoD and its external partners, including the VA and private sector healthcare providers.

The DHMSM program established two segments to support deployment of the EHR System to the MHS enterprise, serving all Active Duty, Reserve, Guard, and beneficiaries. Segment 1 will deploy the EHR System to all medical and dental permanent fixed facilities worldwide, inclusive of approximately 55 (41 in Continental United States (CONUS)) Inpatient Hospitals and Medical Centers, 361 (292 in CONUS) Ambulatory Care Clinics, and 249 (194 in CONUS) Dental Clinics. Segment 2 will work with the Deployment and Readiness Systems (D&RS) Program Office, which manages TMIP-J, and the Services' infrastructure program offices, to deploy the EHR System to permanent and temporary operational environment platforms to meet capabilities required for each Role of Care, as defined in Joint Publication 4-02 Health Service Support. Operational platforms currently include 225 ships, 75 submarines, and two (2) hospital ships; temporarily deployed operational medical units currently include approximately six Theater Hospitals, 450+ Forward Resuscitative Sites, three (3) Aeromedical Staging Facilities (ASFs), and numerous aeromedical evacuation teams to support military operations abroad.

Segment 2 capabilities must function in a low/no communication environment, in support of the Roles of Care defined below:

- a) Role 1 - first responder capabilities and includes immediate lifesaving measures
- b) Role 2 - forward resuscitative care including advanced trauma/emergency medical treatment. Some Role 2 sites are expanded to include additional medical services and Ancillary support services (e.g., Laboratory, Pharmacy, Radiology) to provide more robust care for larger Patient at Risk (PAR) populations. Expanded sites are detailed in Attachment 13, Segment 2 Roles of Care and Descriptive Statistics.
- c) Role 3 - theater hospitalization and includes robust care for resuscitation, surgery, and post-operative care
- d) EnRoute Care - care required to maintain the phase treatment initiated prior to evacuation and the sustainment of the patient's medical condition during evacuation. Care can range from in-flight skilled nursing care up to invasive Critical Care services from Critical Care Air Transport Teams (CCATT).

1.2 Contract Inspection Types

The following Federal Acquisition Regulation (FAR) clauses will apply to the contract:

- 52.246-4 Inspection of Services – Fixed-Price
- 52.246-5 Inspection of Services – Cost-Reimbursement
- 52.246-8 Inspection of Research and Development – Cost-Reimbursement
- 52.246-19 Warranty of Systems and Equipment under Performance Specifications or Design Criteria
- 52.246-20 Warranty of Services

2 Roles and Responsibilities

2.1 Government Personnel

The following Government personnel shall oversee and coordinate surveillance activities:

Table 1: Government Roles and Responsibilities

Role/Title	Organization/Agency	Contact Information	Responsibilities
Contracting Officer (KO)	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Ensure compliance with contract terms • Ensures the contractor receives impartial, fair and equitable treatment under this contract • Makes final determination of the adequacy of the contractor's performance
Contract Specialist (KS)	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Acts as an acquisition consultant and serves as liaison between the DHMSM Program Management Office (PMO) and the requesting program office • Supports the KO in execution of his/her duties
Ordering Officer	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Responsible for issuance and administration of Task Orders
Contracting Officer's Representative (COR)	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Responsible for day-to-day monitoring of contractor performance • Maintains a quality assurance file and provide at the conclusion of the contract or when requested by the KO • Coordinates with and provides recommendations to Contracting Officer(s) and Contract Specialist(s) in determining contract administration actions

Role/Title	Organization/Agency	Contact Information	Responsibilities
Task Manager (TM)	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Project team lead
Other Key Government Personnel	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> TBD

* Any role type may be staffed by multiple individuals, performing their functions on a single or several task orders concurrently, during the life of the contract

2.2 Contractor Representatives

The following contractor representative personnel shall oversee and coordinate surveillance activities.

Table 2: Contractor Roles and Responsibilities

Role/Title	Name/Agency	Contact Information	Responsibilities
Program Manager (PM)	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Single point of contact for overall program
Deputy Program Manager	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Deputy program manager for contractor
Quality Assurance (QA) Lead	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Ensures performance of contract tasks in accordance with defined standards
Task Manager (TM)	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Project team lead
Contract Personnel	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Represents contractor for all contracting issues

* Any role type may be staffed by multiple individuals, performing their functions on a single or several task orders concurrently, during the life of the contract

3 QASP Performance Standards

3.1 Performance Standards

Performance standards are the benchmark against which actual performance is measured. This QASP defines all performance standards required under performance of the DHMSM contract. The contractor can be held accountable for meeting any or all of the performance standards identified in Appendix A. Performance standards to be met during contract performance will be identified in each Task Order issued under the DHMSM contract. The Government will determine performance standards to be monitored and perform surveillance as described in Section 3.3 of this plan to determine if the contractor exceeds, meets, or does not meet the defined performance standards.

The Performance Standards Summary Matrix (Appendix A) defines performance standards to which the contractor must comply, as well as the methods that will be used to measure the quality of services provided under this contract. The Government will compare contractor performance to the Acceptable Quality Level (AQL).

3.2 Incentives

The QASP is an official documentation of contractor’s performance. The Government will use Award Term as an incentive. Incentives shall be based on exceeding, meeting, or not meeting performance standards. Information about incentives can be found in the DHMSM Award Term Plan (Attachment 15).

The Contracting Officer will make an Award Term incentive determination as defined in the Award Term Plan. The determination will be based upon COR recommendations and any other information deemed relevant by the KO. The KO’s Award Term incentive determination is unilateral and final. The KO will document the determination and provide a copy to the contractor. The following table details how Award Term incentives apply to performance under this order.

Table 3: Performance Incentives

Performance Evaluation Criteria	Award Term Weighting
Quality of Product or Service	30% of Total
Schedule	30% of Total
Cost Control	25% of Total
Business Relations	5% of Total
Management of Key Personnel	5% of Total
Utilization of Small Business	5% of Total

3.3 Methods of QA Surveillance

The Government may elect to monitor any combination of performance standards listed in Appendix A. The frequency of surveillance will be specified in the surveillance schedule. The surveillance schedule is developed based on the number of services contractually required at assigned sites and the risk level of each service area. Risk levels are established by determining the likelihood and consequence of failure to meet a performance standard identified in Appendix A. The COR or other Government personnel will perform initial surveillance audits to confirm risk levels and determine frequencies of follow-on audits/reviews. The resulting risk level in turn determines the frequency of surveillance for each performance standard. Surveillance schedules can also be affected by methods of travel and the location of some remote sites. Each Task Order issued under the DHMSM contract will include a surveillance schedule. The Government will continue to perform process reviews and audits throughout the life of the Task Order. The Government will also collect and analyze trend data, and adjust risk levels based on the analysis. The surveillance schedule may be adjusted at any time by the KO.

Regardless of the surveillance method, the COR shall always contact the contractor's task manager or on-site representative when performance below the 'satisfactory' threshold is identified and inform the task manager of the specifics of the problem. The COR, with assistance from the DHMSM KS, shall be responsible for monitoring the contractor's performance in meeting a specific performance standard/AQL.

Surveillance methods may vary based on the DHMSM program lifecycle phase. The following surveillance methods will be used:

Table 4: Surveillance Methods

Self Reporting	Contractor uses comprehensive evaluation method for selected outputs
100% Analysis and Inspection	Government evaluates all outputs, including small-quantity, highly important services
Random or Stratified Sampling	Government evaluates randomly-selected, statistically significant samples of work
Periodic Inspection or Planned Sampling	Government evaluates select work products and services at predetermined intervals throughout the life of the Task Order
User Feedback	Government rates end-user experiences through surveys and interviews

3.4 Ratings

The Government will evaluate the contractor’s performance for each Task Order, and the KO will assign one of the following ratings:

Table 5: Overall Performance Ratings (Using CPARS Ratings)

Overall Performance Rating	Standard
Exceptional (Dark Blue)	Performance meets contractual requirements and exceeds many requirements to the Government's benefit.
Very Good (Purple)	Performance meets contractual requirements and exceeds some to the Government's benefit.
Satisfactory (Green)	Performance meets contractual requirements.
Marginal (Yellow)	Performance does not meet some contractual requirements. The element being assessed reflects a serious problem for which the contractor has not yet implemented satisfactory corrective actions.
Unsatisfactory (Red)	Performance does not meet contractual requirements and recovery is not likely in a timely manner. Contractor's corrective actions to date are ineffective.

3.5 Documenting Performance

3.5.1 Acceptable Performance

The Government will document positive performance. The report templates are shown in QASP appendices B, C and D. Any report may become a part of the supporting documentation for incentive awards or other actions.

3.5.2 Unacceptable Performance

When unacceptable performance occurs, the COR shall inform the contractor. The COR shall prepare a Contract Discrepancy Report (CDR), and present it to the contractor's task manager or on-site representative. A CDR template is attached to this QASP. The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence.

Appendix A: Performance Standards Summary Matrix

[Refer to attached file: DHMSM Performance Standards Summary Matrix]

Appendix B: Quality Assurance Monitoring Form

SERVICE or STANDARD: _____

SURVEY PERIOD: _____

SURVEILLANCE METHOD (Check):

- _____ Contractor Self-Reports
- _____ 100% Inspection
- _____ Random Sampling

LEVEL OF SURVEILLANCE (Check):

- _____ Milestone
- _____ As-Needed

ANALYSIS OF RESULTS:

SERVICE PROVIDER'S PERFORMANCE (Check):

- _____ Exceptional
- _____ Satisfactory
- _____ Unsatisfactory

NARRATIVE OF PERFORMANCE DURING SURVEY PERIOD:

PREPARED BY: _____

DATE: _____

Appendix C: Performance Report

1. **Contract Number:** <insert number>
2. **Prepared by:** <insert name of COR>
3. **Date and time of observation:**
4. **Observation:**

<Examples of items to include in a report are>

- Method of surveillance
- How frequently you conducted surveillance
- Surveillance results
- Number of observations

Prepared by: <Enter COR's name>

Signature – Contracting Officer's Representative

Date

Appendix D: Contract Discrepancy Report (CDR)

1. **Contract Number:** <insert number>
2. **To:** <insert name of Contractor Task Manager or on-site representative>
3. **From:** <insert name of COR>
4. **Date & Time Discrepancy was Observed:**
5. **Discrepancy or Problem:** <Describe in detail. Identify any attachments.>
6. **Corrective Action Plan:**

A written corrective action plan < is / is not > required.

< If a written corrective action plan is required include the following. >

The written Corrective Action Plan will be provided to the undersigned no later than <#> days after receipt of this CDR.

Prepared By: <Enter COR's name>

Signature – Contracting Officer's Representative

Date

Received By:

Signature - Contractor Task Manager or on-site representative

Date

DoD HEALTHCARE MANAGEMENT SYSTEM MODERNIZATION Program
PERFORMANCE STANDARDS SUMMARY
APPENDIX A

CONTRACT NUMBER: N00039-15-D-0044

DATE: 7/29/2015

CONTRACTOR: Leidos, Inc.

PERIOD OF PERFORMANCE: 7/29/2015 to 7/28/2017

NOTE: ALL TERMS NOT DEFINED IN THIS PERFORMANCE STANDARDS SUMMARY MATRIX CAN BE LOCATED IN THE DHSM REQUIREMENTS TRACEABILITY MATRIX

CPARS Group	QASP Metric ID No.	Performance Objectives			Acceptable Quality Level (AQL)	METHOD OF SURVEILLANCE	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional
		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
Quality of Product	Q-1	Monthly Progress Report	5.1, 5.2, 5.3, 5.7, 5.8	A008	All monthly status reports, presentation materials, training materials and status reports are delivered complete, accurate and clear; containing few minor grammatical errors (i.e. errors in less than 2% of lines). REMEDY: Rework may be required to correct deliverables to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	100% Review by COR. COR will review within 15 working days of receipt and log results of all reviews (i.e. CDRLs accepted an if rejected, reason for rejection)	Less than 85% of the products delivered in the reporting period meet the AQL.	Between 85-88% of the products delivered in the reporting period meet the AQL.	Between 89-92% of the products delivered in the reporting period meet the AQL.	Between 93-96% of the products delivered in the reporting period meet the AQL.	At least 97% of the products delivered in the reporting period meet the AQL.
	Q-2	Program, Contract, and Financial Management Documentation	5.1	A001, A002, A003, A004, A005, A009, A010, A011, A012, A013, A014, A015, A016, A017, A018, A019, A047, A049							
	Q-3	Deployment Documentation (e.g. Training materials, site visit reports, implementation plans, etc.)	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8	A006, A024, A026, A041, A042, A043							
	Q-4	Engineering and Cyber Security Documentation	5.2, 5.5, 5.6, 5.7, 5.8	A020, A021, A022, A023, A025, A026, A027, A028, A029, A030, A031, A032, A033, A034, A035, A036, A037, A038, A039, A044, A045, A046, A048	All system design and engineering documentation artifacts are delivered complete and accurate in accordance with the CDRL to the satisfaction of the Government. REMEDY: Rework may be required to correct deliverables to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	100% Review by Government. Review authority will review within time frames identified in the CDRL and log results of all reviews (i.e. CDRLs accepted an if rejected, reason for rejection)	Less than 85% of the products delivered in the reporting period meet the AQL.	Between 85-88% of the products delivered in the reporting period meet the AQL.	Between 89-92% of the products delivered in the reporting period meet the AQL.	Between 93-96% of the products delivered in the reporting period meet the AQL.	At least 97% of the products delivered in the reporting period meet the AQL.
	Q-5	Test Plans and Reports	5.2, 5.6, 5.7, 5.8	A007, A040	All test plans and reports are delivered complete and accurate. REMEDY: Rework may be required to correct deliverables to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.						

DoD HEALTHCARE MANAGEMENT SYSTEM MODERNIZATION Program
PERFORMANCE STANDARDS SUMMARY
APPENDIX A

CONTRACT NUMBER: N00039-15-D-0044

DATE: 7/29/2015

CONTRACTOR: Leidos, Inc.

PERIOD OF PERFORMANCE: 7/29/2015 to 7/28/2017

NOTE: ALL TERMS NOT DEFINED IN THIS PERFORMANCE STANDARDS SUMMARY MATRIX CAN BE LOCATED IN THE DHSM REQUIREMENTS TRACEABILITY MATRIX

CPARS Group	QASP Metric ID No.	Performance Objectives			Acceptable Quality Level (AQL)	METHOD OF SURVEILLANCE	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	
		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5	
	Q-6	Cyber Security File Scan Accuracy	5.5.7	A038	<p>The vendor scans find the same issues as the independent government scans over a 12 month period of time for CAT I and CAT II differences.</p> $\text{Scan Accuracy} = \frac{\Sigma (\text{Vendor Vulnerabilities found} / \text{Gov't Vulnerabilities found})}{\text{Number of months}}$ <p>REMEDY: Rework may be required to correct deliverables to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	100% Analysis and Inspection	Vendor scans fewer than 60% of vulnerabilities identified through independent Government scans.	Vendor scans identify 60 - 74% of vulnerabilities identified through independent Government scans.	Vendor scans identify 75 - 90% of vulnerabilities identified through independent Government scans.	Vendor scans identify 90 - 99% of vulnerabilities identified through independent Government scans.	Vendor scans identify 100% of vulnerabilities identified through independent Government scans.	
Schedule	Q-7	Performance Timeliness	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8	A005	<p>All performance requirements are completed "on time" in accordance with Government-approved Contractor Integrated Master Schedule (CIMS - CDRL XX) for deliverables or milestones identified in the Task Order QASP.</p> <p>REMEDY: Generally, there is no remedy for unexcused, less than satisfactory schedule performance.</p>	100% Analysis and Inspection	The average completion date for projects/assignments performed during the reporting period is 3 or more weeks late.	The average completion date for projects/assignments performed during the reporting period is 1 to 2 weeks late.	The average completion date for all projects/assignments performed during the reporting period is 0 weeks late.	The average completion date for all projects/assignments performed during the reporting period is 1 week early.	The average completion date for all projects/assignments performed during the reporting period is 2 or more weeks early.	
	Q-8	Monthly Progress Report	5.1, 5.2, 5.3, 5.7, 5.8	A008								
	Q-9	Engineering and Cyber Security Documentation	5.2, 5.5, 5.6, 5.7, 5.8	A020, A021, A022, A023, A025, A026, A027, A028, A029, A030, A031, A032, A033, A034, A035, A036, A037, A038, A039, A044, A045, A046, A048								
	Q-10	Program, Contract, and Financial Management Documentation	5.1	A001, A002, A003, A004, A005, A009, A010, A011, A012, A013, A014, A015, A016, A017, A018, A019, A047, A049	<p>All monthly status reports, presentation materials, training materials, status reports, testing reports, system design, program management, and engineering documentation artifacts are delivered "on time" in accordance with CDRL delivery instructions.</p> <p>REMEDY: Generally, there is no remedy for unexcused, less than satisfactory schedule performance.</p>							
	Q-11	Test Plans and Reports	5.2, 5.6, 5.7, 5.8	A007, A040								
	Q-12	Deployment Documentation (e.g. Training materials, site visit reports, implementation plans, etc.)	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8	A006, A024, A026, A041, A042, A043								

DoD HEALTHCARE MANAGEMENT SYSTEM MODERNIZATION Program
PERFORMANCE STANDARDS SUMMARY
APPENDIX A

CONTRACT NUMBER: N00039-16-D-0044

DATE: 7/29/2015

CONTRACTOR: Leidos, Inc.

PERIOD OF PERFORMANCE: 7/29/2015 to 7/28/2017

NOTE: ALL TERMS NOT DEFINED IN THIS PERFORMANCE STANDARDS SUMMARY MATRIX CAN BE LOCATED IN THE DHSM REQUIREMENTS TRACEABILITY MATRIX

CPARS Group	QASP Metric ID No.	Performance Objectives			Acceptable Quality Level (AQL)	METHOD OF SURVEILLANCE	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional
		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
Cost Control	Q-13	Financial Management Performance	5.1	A010, A011, A012, A013, A047	Cost management is proactive and effective. The contractor accurately forecast costs, manages task order resources and controls performance costs within both the value of the contract, and the task order value and funding. <i>Applies to cost-type CLINs only.</i> REMEDY: Generally, there is no remedy for failure to adequately control contract costs.	100% Analysis and Inspection	Cost growth greater than 3% of the cost baseline for each Task Order as mutually agreed upon by the Government and Contractor.	Cost growth no greater than 3% of the cost baseline for each Task Order as mutually agreed upon by the Government and Contractor.	No cost growth beyond the cost baseline for each Task Order as mutually agreed upon by the Government and Contractor.	No cost growth and costs saving of up to 2% of task order estimated cost baseline for each Task Order as mutually agreed upon by the Government and Contractor.	No cost growth and saving to the Government of more than 2% of the task order estimated cost baseline for each Task Order as mutually agreed upon by the Government and Contractor.
	Q-14	Mean Time to Patch (MTTP)	5.2, 5.5		Applicable system patches are applied and operational within the timeframe approved by the Government. REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands, may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	100% Analysis and Inspection	The average MTTP is 3 or more days late.	The average MTTP is 1 - 2 days late.	The average MTTP is 0 days late.	The average MTTP 1 - 2 days early.	The average MTTP is 3 or more days early.
	Q-15	System Security Posture: Cyber Security Percentage of Machines Patched (CSPMP)	5.2, 5.5		Number of machines that have been patched compared to machines that need to be patched once released and approved by the Government $CSPMP = (\text{Number of machines patched} / \text{Number of machines requiring patches}) \times 100$ REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands, may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands. <i>*For this measurement "system" is defined as a discrete set of information resources (hardware and software), inherent to the Contractor's EHR System, organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information.</i>	100% Analysis and Inspection	Fewer than 60% of systems requiring patches have been patched.	60 - 74% of systems requiring patches have been patched.	75 - 90% of systems requiring patches have been patched.	90 - 99% of systems requiring patches have been patched.	100% of systems requiring patches have been patched.

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CPARS Group	QASP Metric ID No.	Performance Objectives			Acceptable Quality Level (AQL)	METHOD OF SURVEILLANCE	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional
		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
Technical	Q-16	System Security Posture: Percentage of Systems Without Severe Vulnerabilities	5.2, 5.5		<p>Percentage of systems scanned and found to be without known severe vulnerabilities (CAT I and CAT II)</p> $PSWSV = \frac{\text{Count (Systems without known severe vulnerabilities)}}{\text{Count (Scanned systems)}} \times 100$ <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p> <p><i>"For this measurement "system" is defined as a discrete set of information resources (hardware and software), inherent to the Contractor's EHR System, organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information.</i></p>	100% Analysis and Inspection	No more than 60% of scanned systems are found to be without known severe vulnerabilities.	Between 61 - 80% of scanned systems are found to be without known severe vulnerabilities.	Between 81 - 90% of scanned systems are found to be without known severe vulnerabilities.	Between 91 - 99% of scanned systems are found to be without known severe vulnerabilities.	100% of scanned systems are found to be without known severe vulnerabilities.
	Q-17	Systems Operational Availability	5.2, 5.5		<p>The EHR System shall meet > 98% Systems Operational (network) Availability. Operational availability assesses the total time the system is capable of being used to perform clinical functions during a given interval. The measurement formula is Mean Time Between Maintenance (MTBM) divided by the sum of the MTBM, Mean Maintenance Time (MMT), and Mean Logistics Delay Time (MLDT) [AO = MTBM/(MTBM + MMT + MLDT)].</p> <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	100% Analysis and Inspection	The system meets below 96% operational availability.	The system meets 96 - 97.9% operational availability.	The system meets 98 - 99% operational availability.	The system meets 99.1 - 99.8% operational availability.	The system meets greater than or equal to 99.9% operational availability
	Q-18	Mean Time Between Critical Failures	5.2, 5.5		<p>The system shall meet minimal Mean Time Between Critical Failures (MTBCF) requirement. MTBCF are considered to be those out of design conditions that place the system out of service and into a state for repair. Applies to system-wide services and services supporting critical capabilities, at each MTF, at every level such as Emergency Rooms, Intensive care units and like activities (MTBCF = $\Sigma(\text{Start of Down Time}-\text{Start of Up Time})/\text{Number of Critical Failures}$)</p> <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	100% Analysis and Inspection	MTBCF is less than or equal to 7,999 hours.	MTBCF is between 8,000 and 8,999 hours.	MTBCF is between 9,000 and 9,499 hours.	MTBCF is between 9,500 and 9,999 hours.	MTBCF is greater than or equal to 10,000 hours.

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		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
(Electronic Health Records System) Performance	Q-19	System availability by MTF	5.2, 5.5		<p>The EHR System shall meet > 98% Systems Operational (network) Availability. Operational availability assesses the total time the system is capable of being used to perform clinical functions during a given interval.</p> <p>The measurement formula is Mean Time Between Maintenance (MTBM) divided by the sum of the MTBM, Mean Maintenance Time (MMT), and Mean Logistics Delay Time (MLDT) [AO = MTBM/(MTBM + MMT + MLDT)].</p> <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct standard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	Periodic inspection	The system meets below 96% operational availability at the MTF.	The system meets 96 - 97.9% operational availability at the MTF.	The system meets 98 - 99% operational availability at the MTF.	The system meets 99 - 99.8% operational availability at the MTF.	The system meets greater than or equal to 99.9% operational availability at the MTF.
	Q-20	Electronic Delivery of Software Updates	5.5, 5.8		<p>Electronically deliver ≥ 98% of all software patches, updates and configuration changes per year, enabling back out procedures in the event of an error or release failure.</p> <p>[For Segment 2: When constrained or disconnected communications exists at an Operational Medicine site, this metric may not be obtainable at the Objective percentage.]</p> <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct standard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	Periodic inspection	Electronically deliver less than 96% of all software patches, updates and configuration changes per year, enabling back out procedures in the event of an error or release failure.	Electronically deliver 96 - 97.9% of all software patches, updates and configuration changes per year, enabling back out procedures in the event of an error or release failure.	Electronically deliver 98 - 98.9% of all software patches, updates and configuration changes per year, enabling back out procedures in the event of an error or release failure.	Electronically deliver 99 - 99.5% of all software patches, updates and configuration changes per year, enabling back out procedures in the event of an error or release failure.	Electronically deliver greater than 99.5% of all software patches, updates and configuration changes per year, enabling back out procedures in the event of an error or release failure.
	Q-21	Usability	5.2		<p>The EHR system shall provide for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction, at a rating of 4 out of 5 on a 5 point scale.</p> <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct standard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	<p>The usability rating will be based on the top 3 most significant Healthcare Information Management Systems Society (HIMSS) usability principles (Forgiveness and Feedback, Increased Efficiency and Minimize Cognitive Load) using a hands-on evaluation of the configured product: a 5-point scaled rating.</p>	<p>The EHR system shall provide for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction, at a rating of less than 3 on a 5 point scale.</p>	<p>The EHR system shall provide for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction, at a rating of 3 out of 5 on a 5 point scale.</p>	<p>The EHR system provides for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction, at a rating of 4 out of 5 on a 5 point scale.</p>	<p>The EHR system shall provide for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction, at a rating of 4.5 out of 5 on a 5 point scale.</p>	Rating of greater than 4.5 out of 5.
	Q-22	Interface Capabilities	5.2, 5.5		<p>The ability for 100% of system interfaces at the MTF, determined to be critical by the Government, to support or enable the exchange of information per the interface requirements within the RTM .</p> <p>REMEDY: Rework, defect resolution and reconfiguration may be required to correct standard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	<p>100% inspection. Synthetic transactions that will query required interfaces to ensure interoperability.</p> <p>[response time, data loss, application functionality]</p>	<p>This detail will be provided in each resulting Task Order. AQLs can differ with each type of interface, and will be dependent on network architecture at each site.</p>	<p>This detail will be provided in each resulting Task Order. AQLs can differ with each type of interface, and will be dependent on network architecture at each site.</p>	<p>This detail will be provided in each resulting Task Order. AQLs can differ with each type of interface, and will be dependent on network architecture at each site.</p>	<p>This detail will be provided in each resulting Task Order. AQLs can differ with each type of interface, and will be dependent on network architecture at each site.</p>	<p>This detail will be provided in each resulting Task Order. AQLs can differ with each type of interface, and will be dependent on network architecture at each site.</p>

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		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
	Q-23	Scalability	5.2, 5.5		The system shall scale to meet global deployment requirements while maintaining performance and reliability requirements as documented in the RTM. REMEDY: Rework, defect resolution and reconfiguration may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic inspection	The EHR System meets less than 92% system performance requirements as defined in the DHMSM RTM.	The EHR System meets 92 - 95.9% system performance requirements as defined in the DHMSM RTM.	The EHR System meets 96 - 96.9% system performance requirements as defined in the DHMSM RTM.	The EHR System meets 97 - 97.9% system performance requirements as defined in the DHMSM RTM.	The EHR System meets greater than 98% system performance requirements as defined in the DHMSM RTM.
	Q-24	Data Availability	5.2, 5.5		The system shall make patient data available to all instances of the system within 5 min threshold / 2 min objective. REMEDY: Rework, defect resolution and reconfiguration may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic inspection	The system shall make patient data available to all instances of the system in greater than 6.5min.	The system shall make patient data available to all instances of the system within 5 - 6.5min.	The system shall make patient data available to all instances of the system within 3.5 - 5min.	The system shall make patient data available to all instances of the system within 2 - 3.5min.	The system shall make patient data available to all instances of the system in less than 2min.
	Q-25	Number of scheduled system shutdowns per year	5.2, 5.5		The host provider shall minimize system shutdowns to ≤ 5 instances per year, during down-time periods approved by the Government, leveraging system redundancy for continuous operations. REMEDY: Rework, defect resolution and reconfiguration may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic inspection	System experiences more than 7 shutdowns per year.	System experiences between 6-7 shutdowns per year.	System experiences no more than 5 shutdowns per year.	System experiences between 3-4 shutdowns per year.	System experiences 2 or fewer shutdowns per year.
	Q-26	Mean Time to Repair - Software	5.2, 5.5		The Tier 2.5 and Tier 3 service desks shall restore component services either through repair or workaround in an average of ≤ 6hrs per incident (e.g. operating system, application, interface). REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands, may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic inspection	The service desk restores component services either through repair or workaround in an average of greater than 8 hours per incident.	The service desk restores component services either through repair or workaround in an average of 6 - 8 hours per incident.	The service desk restores component services either through repair or workaround in an average of 4 - 6 hours per incident.	The service desk restores component services either through repair or workaround in an average of 2 - 4 hours per incident.	The service desk restores component services either through repair or workaround in an average of less than 2 hours per incident.

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CPARS Group	QASP Metric ID No.	Performance Objectives			Acceptable Quality Level (AQL)	METHOD OF SURVEILLANCE	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional
		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
Deployment (Help/Service Desk, Implementation, and	Q-27	Mean Time to Repair – Hardware	5.2, 5.5, 5.7, 5.8		The Tier 2.5 and Tier 3 services desk shall process and close or escalate all component hardware related incidents, in an average of ≤ 12hrs after incident creation (e.g. server). REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands. may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic inspection.	The service desk processes and closes or escalates all component hardware related incidents in an average of greater than 15 hrs. after incident creation.	The service desk processes and closes or escalates all component hardware related incidents in an average of 12 - 15 hrs. after incident creation.	The service desk processes and closes or escalates all component hardware related incidents in an average of 9 - 12hrs after incident creation.	The service desk processes and closes or escalates all component hardware related incidents in an average of 6 - 9hrs after incident creation.	The service desk processes and closes or escalates all component hardware related incidents in an average of less than 6hrs after incident creation.
	Q-28	Mean Time to Restore – Backup	5.2, 5.5		Minimize the Mean Time to Restore System needed to switch to a redundant backup unit or system in ≤ 1 hour while incurring no data loss. REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands. may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic Inspection	Mean Time to Restore System needed to switch to a redundant backup unit or system in greater than 75 min while incurring no data loss.	Mean Time to Restore System needed to switch to a redundant backup unit or system in 60 - 75 min while incurring no data loss.	Mean Time to Restore System needed to switch to a redundant backup unit or system in 45 - 60 min while incurring no data loss.	Mean Time to Restore System needed to switch to a redundant backup unit or system in 30 min - 45 min while incurring no data loss.	Mean Time to Restore System needed to switch to a redundant backup unit or system in less than 30 min.
	Q-29	Mean Time to Resolve Incident	5.7, 5.8		Host provider will ensure all Tier 2.5 and Tier 3 non-security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and resolved within 12hrs from assignment. REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands. may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	Periodic inspection	All Tier 2.5 and Tier 3 non-security-related incidents are reported and resolved in an average of greater than 15hrs from assignment.	All Tier 2.5 and Tier 3 non-security-related incidents are reported and resolved within an average of 12 - 15hrs from assignment.	All Tier 2.5 and Tier 3 non-security-related incidents are reported and resolved within an average of 9 - 12hrs from assignment.	All Tier 2.5 and Tier 3 non-security-related incidents are reported and resolved within an average of 6 - 9hrs from assignment.	All Tier 2.5 and Tier 3 non-security-related incidents are reported and resolved in an average of less than 6hrs from assignment.

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		Required Services (tasks)	PWS Section	CDRL #			1	2	3	4	5
Training) Performance	Q-30	Mean Security Incident Resolution Time	5.7, 5.8		<p>Host provider will ensure all Tier 2.5 and Tier 3 security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and isolated within 2hrs from assignment.</p> <p>REMEDY: Additional service desk and system administrator training, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands. may be required to correct substandard system performance to meet this AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	Periodic inspection	All Tier 2.5 and Tier 3 security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and resolved in an average of greater than 2.5hrs from assignment.	All Tier 2.5 and Tier 3 security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and resolved within an average of 2 - 2.5hrs from assignment.	All Tier 2.5 and Tier 3 security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and resolved within an average of 1.5 - 2hrs from assignment.	All Tier 2.5 and Tier 3 security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and resolved within an average of 1 - 1.5hrs from assignment.	All Tier 2.5 and Tier 3 security-related incidents (e.g., incidents of insider/external penetrations, denial of service attacks, etc.) are reported and resolved in an average of less than 1 hr. from assignment.
	Q-31	Percent of Contractor Tasks Completed from the Implementation Plan Checklist	5.7	A006	<p>90% of tasks assigned to the contractor as identified in the Implementation Schedule (CDRL A007) are completed on time.</p> <p>REMEDY: Rework may be required to correct scheduling of services or deliverables to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	Periodic inspection	Less than 85% of tasks completed on time.	85 - 90% of tasks completed on time.	90 - 95% of tasks completed on time.	95 - 99% of tasks completed on time.	100% of tasks completed on time.
	Q-32	Training - Percentage of Successful Competency Tests	5.4, 5.7, 5.8	A024	<p>All users are required to receive training and successfully pass a competency test aligned to their assigned roles prior to provisioning within the EHR System. Users must score ≥ 80% on the test to pass.</p> <p>REMEDY: Rework may be required to refine training and user adoption methodologies or deliverables to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.</p>	100% Analysis and Inspection	Prior to "Go-Live" < 75%	Prior to "Go-Live" ≥ 75%	Prior to "Go-Live" ≥ 80%	Prior to "Go-Live" ≥ 85%	Prior to "Go-Live" ≥ 90%

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	Q-33	User Experience End-User/Customer satisfaction with deployment IOC and FOC/FD	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8		End-user/customer perception of system IOC and FOC/FD declarations shall be ≥ 75% positive per survey as of 1 month after Go-live, and ≥ 80% positive per survey at 5 months after Go-live. A measure less than 75% and 80%, respectively, may be indicative of issues such as the inability of the system to deliver IOC and FOC/FD objective capabilities. REMEDY: Rework may be required to refine training and user adoption methodologies or deliverables, and reconfiguration may be required to correct substandard system performance to meet the AQL at a satisfactory level. Prior to any reperformance, the Government will determine whether the benefits of reperformance justify the associated costs. If the Government decides there is little to no benefit to reperformance, the less than satisfactory delivery stands.	100% Analysis and Inspection	1 month after Go-live: Average of 65 - 69% positive feedback 5 months after Go-live: Average of 70 - 75% positive feedback	1 month after Go-live: Average of 70 - 74% positive feedback 5 months after Go-live: Average of 75 - 79% positive feedback	1 month after Go-live: Average of 75 - 85% positive feedback 5 months after Go-live: Average of 80 - 90% positive feedback	1 month after Go-live: Average of 86 - 90% positive feedback 5 months after Go-live: Average of 91 - 95% positive feedback	1 month after Go-live: Average of greater than 90% positive feedback 5 months after Go-live: Average of greater than 95% positive feedback
Small Business Participation	Q-34	Utilization of Small Businesses	5.1	A009	Demonstrated a good faith effort to meet all of the negotiated subcontracting goals in the various socio-economic categories for the current period. Complied with FAR 52.219-8, Utilization of Small Business Concerns. Met any other small business participation requirements included in the contract/order. Fulfilled the requirements of the subcontracting plan included in the contract/order. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner. REMEDY: Generally, there is not remedy for failure to achieve established small business participation goals.	100% Analysis and Inspection / Random Sampling	Noncompliant with FAR 52.219-8 and 52.219-9, and any other small business participation requirements in the contract/order. Did not submit Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate or timely manner. Showed little interest in bringing performance to a satisfactory level or is generally uncooperative. Required a corrective action plan.	Deficient in meeting key subcontracting plan elements. Deficient in complying with FAR 52.219-8, Utilization of Small Business Concerns, and any other small business participation requirements in the contract/order. Did not submit Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate or timely manner. Failed to satisfy one or more requirements of a corrective action plan currently in place; however, does show an interest in bringing performance to a satisfactory level and has demonstrated a commitment to apply the necessary resources to do so. Required a corrective action plan.	Demonstrated a good faith effort to meet all of the negotiated subcontracting goals in the various socio-economic categories for the current period. Complied with FAR 52.219-8, Utilization of Small Business Concerns. Met any other small business participation requirements included in the contract/order. Fulfilled the requirements of the subcontracting plan included in the contract/order. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner.	Met all of the statutory goals or goals as negotiated. Had significant success with initiatives to assist, promote and utilize SB, SDB, WOSB, HUB Zone, VOSB, and SDVOSB. Complied with FAR 52.219-8, Utilization of Small Business Concerns. Met or exceeded any other small business participation requirements incorporated in the contract/order, including the use of small businesses in mission critical aspects of the program. Endeavored to go above and beyond the required elements of the subcontracting plan. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner.	Exceeded all statutory goals or goals as negotiated. Had exceptional success with initiatives to assist, promote, and utilize small business (SB), small disadvantaged business (SDB), women-owned small business (WOSB), HUB Zone small business, veteran-owned small business (VOSB) and service disabled veteran owned small business (SDVOSB). Complied with FAR 52.219-8, Utilization of Small Business Concerns. Exceeded any other small business participation requirements incorporated in the contract/order, including the use of small businesses in mission critical aspects of the program. Went above and beyond the required elements of the subcontracting plan and other small business requirements of the contract/order. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner.