

Yukon Kuskokwim Health Corporation

Request for Proposals

Nurse Triage Line Services

RFP 2022-NurseTriage Line

RELEASE DATE: March 28, 2022
ACCEPTANCE DATE: April 29, 2022 Prior to 4:00 p.m., Alaska Time
PLACE: Yukon-Kuskokwim Health Corporation
Bethel, Alaska

ALL responses must be emailed to:

Christine_Blake@ykhc.org **AND** Asela_Calhoun@ykhc.org

Requests for information related to this invitation should be directed to:

Christine Blake
Interim Contracts Manager
907-543-6632

E-mail address: Christine_Blake@ykhc.org

Prepared By: Christine Blake Date: March 28, 2022
Interim Contracts Manager

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Section 1 Background

1.1 About YKHC

The Yukon-Kuskokwim Health Corporation (YKHC) is a non-profit, tax-exempt corporation operating pursuant to resolution of 58 federally recognized tribes. YKHC operates a TJC (The Joint Commission)-accredited health program in the Yukon-Kuskokwim Delta region of Alaska pursuant to a Compact and Funding Agreement with the Indian Health Service, as authorized by the Indian Self-Determination and Education Assistance Act, 25 U.S.C. § 5301 *et seq.*, and Section 325 of P.L. 105-83.

Serving an area with a population of approximately 25,000 people, YKHC's operations include the Yukon Delta Regional Hospital (YKDRH) with 50 licensed beds, ambulatory medical and behavioral health services, long-term and pre-maternal residential care, as well as dental, surgical, and optometry services. YKHC's 5 sub-regional clinics and 42 village clinics are located throughout Southwest Alaska.

As the second largest Tribal Health Organization in Alaska, YKHC is the largest provider of healthcare in the region, and is the only acute care provider in Southwest Alaska. YKHC has approximately 1,500 full time employees working to achieve its mission of "Working together to achieve excellent health" and its vision, "Through Native self-determination and culturally relevant health systems, we strive to be the healthiest people."

The scope of the Nurse Triage Line (NTL) RFP includes providing advice and/or triage via telephone and escalation to higher levels of care as needed. Services are provided for all villages in the regional service area of YKHC and the Bethel, Alaska patient call line.

The NTL is needed to support the existing on-call system at YKHC, which is composed of Certified Community Health Aides (CHA/P), Advance Practice Providers (NP or PA-C), and Physicians employed by or contracted with YKHC. Access to 911 services is available in Bethel, however it is not available in the villages. Emergent or non-emergent handling of patient calls from any of the villages by the NTL must follow the escalation protocol established by YKHC. See Exhibit B – YKHC Triage rules.

Based on 2019-2021 data, the NTL may handle approximately 16,000 to 18,000 calls annually, with fluctuations based on population. Village names and populations are provided in Exhibit A of this document.

Nurse triage calls that required further escalation in 2021 accounted for approximately 63% of all calls. The remaining 37% were for other advice or miscellaneous calls.

The selected Contractor will provide staffing capacity to cover call volume and use an industry-recognized standard NTL protocol as the basis for training staff and creating workflow procedures. Contractor staff will be required to participate in training that exemplifies the cultural nuances of Alaska village populations. The selected Contractor must agree to provide the unique services required in Alaska villages without direct 911 services, as established by YKHC policy for the provision and escalation of such services. See Exhibit B – Triage Rules for YKHC.

Additional information about YKHC may be found at <https://www.ykhc.org>

Section 2 General Information

2.1 Purpose of Request for Proposals

The intent of this Request for Proposals (RFP) is to obtain proposals from qualified contractors for YKHC's after-hours nurse triage line.

2.2 Alaska Native/Indian Preference

In accordance with Section 7(b) of the Indian Self Determination and Education Assistance Act, 25 U.S.C. § 5307(b)(2), a preference is available to Alaska Native/American Indian-owned organizations and economic enterprises under this RFP.

An eligible Alaska Native/American Indian-owned organization is the governing body of any Alaska Native/American Indian tribe, or any entity established by such governing body for purposes of the Indian Financing Act.

An eligible Alaska Native/American Indian-owned economic enterprise is any commercial, industrial, or business activity established or organized for the purpose of profit, and is at least 51% owned, controlled, and actively managed by Alaska Native/American Indians.

2.3 Contract Period

YKHC intends to establish a contract for Nurse Triage Line services with a performance period of two years with the option to renew the contract for up to (3) three additional one-year periods.

2.4 YKHC Contact Information

Contract:

Christine Blake
Contracts Manager
907-543-6632
E-mail address: Christine_Blake@ykhc.org

Technical:

Asela Calhoun, BS, MA, PhD
Director, Community Health Aide Program/Education
907-543-6144
E-mail address: Asela_Calhoun@ykhc.org

Section 3 RFP Details

3.1 Schedule

Issue RFP	March 28, 2022
Pre-Proposal Meeting	None
Deadline to Submit Questions (send to BOTH contacts listed in Section 2.4)	April 11, 2022 4:00PM Alaska Time
YKHC Publishes Addendum in Response to Questions at: www.ykhc.org/work/ <i>It is the responsibility of proposers to check the website for Addendums. Proposers will NOT receive notification when addendums are issued.</i>	April 15, 2022 4:00PM Alaska Time
Proposal Due Date and Time	April 29, 2022 4:00PM Alaska Time
Contract Award	May 20, 2022
Service Start Date	To be negotiated.

3.2 Deadline for Receipt of Proposals

Proposals must be sent to **both** of the following email addresses with the subject identified as “RFP 2022-NURSE TRIAGE LINE”:

Christine_Blake@ykhc.org AND Asela_Calhoun@ykhc.org

Proposals must be received via email no later than April 29, 2022, 4:00PM Alaska Time.

The recorded date and time of receipt will be the date and time provided by YKHC's email server.

Proposers will receive a reply to the email confirming YKHC has received the proposal.

3.3 Required Documents

Prior to executing a contract, the Contractor must provide YKHC with copies of a current State of Alaska Business License, City of Bethel Business License (if required by law), Certificate of Insurance (as described in the contract), and IRS Form W-9.

3.4 Addendums to the RFP

YKHC will issue addendums to the RFP as needed and in response to questions submitted by Proposers, in accordance with the schedule in Section 3.1.

Addendums will be posted to the YKHC website at: <https://www.ykhc.org/work/>

It is the responsibility of Proposers to check the website for addendums. Proposers will NOT receive notification when addendums are issued.

3.5 Pre-Proposal Meeting and Site Visit

Pre-Proposal meeting and site visits will **not** be held for this RFP.

3.6 Contract Negotiations

This RFP does not obligate YKHC or the selected Proposer until a contract is signed by both parties. Upon completion of an evaluation of proposals, contract negotiations may begin. If the selected Proposer fails to provide necessary information in a timely manner and/or negotiate in good faith, YKHC may terminate the award of the contract. YKHC will not be responsible for costs incurred by the Proposer resulting from contract negotiations. YKHC reserves the right to include additional terms and conditions during contract negotiations.

3.7 Rules

3.7.1 Rights

YKHC reserves the right to accept or reject all or any part of any proposal, waive informalities, and award the Contract in a manner that encourages competition and best serves the interests of YKHC.

3.7.2 Withdrawals

No Proposer who is permitted to withdraw a proposal shall, for compensation, supply any material or labor to or perform any subcontract or other work agreement for the person or firm to whom the Contract is awarded or otherwise benefit, directly or indirectly, from the performance of the project for which the withdrawn proposal was submitted.

3.7.3 Proposed Changes to Scope of Services

If the Proposer suggests any deviation from that prescribed in the Scope of Services, the appropriate line in the Scope of Services must be marked out and the substitution clearly indicated. YKHC reserves the right to accept or reject any proposed change to the scope.

3.7.4 Miscellaneous

- a. YKHC will not be responsible for any expenses incurred by Proposers in preparing and submitting a proposal. All proposals shall provide a concise description of the Proposer's ability to satisfy the requirements of this request. Emphasis should be on completeness and clarity of content.
- b. Organizations that submit a proposal in response to this RFP may be required to make an oral presentation of their proposal, in which case the Contracts Manager will schedule the time and location for this presentation.
- c. Some or all of the proposal documents submitted by the successful Proposer may become part of any contract awarded.

- d. YKHC reserves the right to reject any and all proposals received and will act in any manner necessary to serve the best interests of YKHC. Participants whose proposals are not accepted will be notified in writing (by email).
- e. Proposals shall become the property of YKHC upon receipt and will not be returned.
- f. In order to support compliance with the requirements of the Health Information and Privacy Accountability Act (HIPAA), call center services **must be** performed within the United States of America and Contractor must sign and comply with YKHC's Business Associates Agreement (BAA).

4.0 Instructions

4.1 Clarification and Questions

Proposers should carefully review this RFP for errors and items requiring clarification.

Questions regarding this RFP must be sent via email to BOTH Contact Persons listed in section 2.4 on or before the deadline to submit questions noted in Section 3.1.

Proposers that make contact with YKHC employees other than Contact Persons listed in Section 2.4 regarding this RFP should not rely on responses received and may be disqualified.

4.2 Award Protests

Once the successful proposal is selected, YKHC will provide a Notification of Intent to Award to all Proposers by email and will inform them of their right to appeal the decision. Information on YKHC's appeal procedures will be provided upon request.

4.3 Proposal Withdrawn or Corrected

A proposal may be corrected or withdrawn by written request received prior to the date and time proposals are due.

4.4 Late Proposals

Late proposals will not be considered and will be returned to Proposers UNOPENED as a "reply" to the email address from which the proposal was sent.

Section 5 Format for Proposals

5.1 Proposal Content and Format

5.1.2 Proposal Submission Form (Cover Page)

- a. Name and identifying number of this RFP (*RFP 2022-NURSE TRIAGE LINE*)
- b. Name and contact information of at least one person authorized to communicate with YKHC regarding the proposal.
- c. Company name, mailing address, phone number(s).
- d. Statement that the proposal shall be valid for at least sixty (60) days from the proposal submission date.
- e. Signature and name of person authorized to legally the company.
- f. Date of submittal.

5.1.3 Qualifications and Experience

Provide specific details on Company's background, qualifications, and experience relative to performing the requirements set forth in the Scope of Services including, but not limited to:

- a. Background of the Company, i.e. services offered, size, resources, years in business, location, state of incorporation, etc.
- b. Description of Company's qualifications to perform Scope of Services.

- c. Provide contact name and telephone number of three (3) references that can discuss Company's qualifications, experience, and performance.
- d. Accreditation Certificates and documentation for provision of services.
- e. Quality Assurance (QA) plan and policies.

5.1.4 Staffing

Provide details of the Company's staff relative to performing requirements set forth in the Scope of Services, as follows:

- a. Company's managerial organizational chart and description of experience and qualifications of key positions.
- b. Confirmation that staff providing services under this contract are Registered Nurses and their credentials have been verified.
- c. Verification of training for the provision of nurse triage services per industry standard protocol.

5.1.5 Price Proposals must include:

A detailed, line-item list (including, but not limited to: description of price elements and/or personnel performing services; hours required; unit price; total price; taxes) of any and all prices, with a summary total, representing the dollar amount offered (Summary Offer) to perform Scope of Service requirements of this RFP.

All worksheets and supporting documentation in determining the Summary Offer shall be provided with the proposal to verify validity of computations and determine if prices are "fair & reasonable". A further breakdown of price elements and/or price related information may be requested during proposal review and evaluation.

The Summary Offer shall represent the total amount offered; and, if proposal is accepted, the "Not to Exceed" maximum dollar amount of the contract.

Section 6 Selection Process

The YKHC Nurse Triage Line Call Center RFP Review Team (RT) will collectively develop a composite rating which indicates the Team's ranking of the proposals in a descending order. The RT may conduct interviews with only the top ranked Proposers, usually the top two (2) or three (3) depending upon the number of proposals received.

Proposals will be evaluated and a selection made on the basis of the criteria listed below. There are twenty-five (25) points available.

- a. Qualifications and experience in providing Nurse Triage Call Center services. **(8 Points)**
- b. Cost of services. **(6 Points)**
- c. Demonstrated commitment to customer service. Provide a detailed statement of what your company will provide in terms of excellent customer service. Provide examples. **(6 Points)**
- d. Alaska Native/Indian owned/managed business. **(2 Points)**
- e. Overall quality and completeness of proposal. **(3 Points)**

- f. Three (3) past or present contracts demonstrating Company's qualifications, experience, and performance. Include customer name, contact name, and telephone number. If not available, provide contact name and telephone number of three (3) references that can discuss your Company's qualifications, experience, and performance. **(pass/no pass)**

Section 7 Scope of Work

Nurse Triage Services – Live Answer Model

- a. Contractor shall use a live answer model for all inbound calls made directly to the dedicated toll-free number assigned/provided by Contractor.
- b. Callers shall be routed directly to an available Registered Nurse (RN). The RN confirms eligibility and documents the caller's presenting problem, which is checked against a list of clinical "red flag" criteria developed by the American College of Emergency Room Physicians to screen for emergencies.
- c. The RN shall:
- i. Notify each Patient that the call will be recorded;
 - ii. Select the appropriate Clinical Content to be used in assessing the Patient's medical needs;
 - iii. Based upon instructions of YKHC, select one of the following responses to the call:
 1. Determine that the call is a life-threatening emergency; direct the caller or patient to remain on the line while contacting the on-call provider for the village identified in the call (see Exhibit B) Triage Rules for YKHC village clinics. Collect as much patient information and situation as possible to pass on to the on-call provider. If the on-call number does not respond in 3 rings, escalate to the CHAP on-call number (Village Health Aide Coverage (VHAC) Document provided by YKHC). If neither responds within 3 rings, the nurse will contact the Bethel ER physician on-call (numbers will be provided by YKHC);
 2. For callers in Bethel, direct the patient to call 911 or go to the emergency room. Nurse will contact the ER physician on-call to alert them of the on-coming patient. Provide documentation of the emergency facility referral to a person designated by YKHC within 24 hours of the referral or as soon as administratively possible;
 3. Determine that the call is urgent but not a life-threatening emergency; advise the Patient according to the Clinical Content and collect patient and situation then contact the on-call provider as per the YKHC triage rules. See Exhibit B.
 4. Determine that the call is not urgent and not a life-threatening emergency; advise the Patient according to the Clinical Content and recommend to the Patient that he/she contact their clinic in the morning for scheduling an appropriate visit;
 5. Determine that the call is not urgent and not a life-threatening emergency; advise the Patient according to the Clinical Content, and advise the Patient that a visit to their physician is not required; or
 6. Determine that the Patient is seeking general health information and use approved resources to provide the Patient with such information.

7. Direct the caller to appropriate health care services as needed, and/or provide the necessary health education. Advice accessed through (resource) within the triage application may be mailed or emailed to the caller within 24 hours of the request. If callers utilize an audio resource library system, they will have the option of requesting copies of the educational material.
8. Document each telephonic interaction with a Patient and provide documentation to YKHC in accordance with policies established by YKHC.
9. Provide YKHC access to specific call reports and recordings upon request.
10. Provide YKHC with Triage Encounter Documents and/or Data in a format and on a schedule to be mutually agreed upon by both parties.

Clinical Follow Up Calls:

Follow-up calls to patients will be scheduled based on parameters defined by YKHC, nursing judgment, and high-risk patients.

The Contractor Nurse Consultant will obtain the caller/patient's permission for a follow-up call and document this permission. If nursing judgment and not YKHC rules generates the follow up call, then the nurse must document the reason for the follow up, along with permission, in the nurse's notes.

The Contractor Nurse Consultant will place the call in the appropriate follow-up queue:

- a. 1-hour - Clinical disposition based
- b. 4-hour - Clinical disposition based
- c. 24-hour Routine follow ups per YKHC account contract

Contractor shall respect the patient's right to refuse follow-up calls and will document all refusals on the Triage Encounter Document (TED).

When Successful in Reaching the Patient:

If the patient's symptoms have not improved or remain the same (and should have improved with time/home care advice per nursing judgment), the nurse will offer re- triage during the Follow-Up call.

When Not Successful in Reaching the Patient:

If unable to reach the caller after 2 attempts, the call will be closed from the follow-up queue in the Triage encounter document addendum reflecting the reason why the follow up was closed. (i.e. two outbound call attempts made – no answer; call closed). The TED will be resubmitted / resent to YKHC.

Messaging Services:

Provide Patients with toll-free access to telephonic messaging and information services during times specified by YKHC.

Medical Services Representative will;

- a. Answer all calls with a unique greeting as specified by YKHC;
 - i. Notify each Patient that the call will be recorded;
 - ii. Select the appropriate messaging transaction to be used in addressing the

- Patient's communication needs;
- iii. Document each telephone interaction with Patients.
 - b. Secure email, fax, page/patch call or otherwise communicate daily, within a time frame agreed upon, all calls received and urgent messages delivered for Patients as agreed upon with YKHC;
 - c. Provide YKHC access to standard call reports and recordings upon request.

Automated Outbound Campaigns:

- b. Provide automated appointment reminders or automated Custom campaigns to defined populations based on a data load described in Exhibit A as defined by YKHC.
- c. Automated calls are optional and may be used in support of ER Decision support and other patient engagement campaigns.
- d. Standard reporting will include:
 - i. Reach rates
 - ii. No contacts by type
 - iii. Responses
 - iv. Call Transfers

Section 8 Contract Terms and Conditions

The Contractor will be **required** to enter into a Business Associates Agreement **and** an Independent Contractor Agreement for Services ("Contract").

Any and all language presented in proposals may be included in the Contract.

The Contract will contain the following Terms and Conditions and Proposers intending to request different language or additional terms must include such language in their proposal. Failure to provide additional or modified contract terms may result in rejection of the proposal. While YKHC may accept additional or different language, the Terms and Conditions marked with an asterisk (*) are not negotiable.

8.1 Services. The services to be performed by the Contractor shall be subject to the general control and approval of the Director of Community Health Aide Program/Education or his/her authorized representative.

8.2 Contract Period. The initial contract will be for a term of two years and may be renewed at the expiration of the initial term upon written agreement of both parties. The renewal may be for up to three (3) additional one (1) year periods.

8.3 *Business, Professional, and Occupational License Requirements. Contractor must provide proof of valid City of Bethel and State of Alaska business licenses, if requested. Licenses must be current during the term of the Contract and any renewal period.

8.4 *Insurance. CONTRACTOR shall maintain the following insurance policies and include YKHC as Additional Insured on each policy: (1) Commercial General Liability Insurance with a minimum policy limit of \$1,000,000.00 (ONE MILLION UNITED STATES DOLLARS AND ZERO CENTS) per occurrence and \$3,000,000.00 (THREE MILLION UNITED STATES DOLLARS AND ZERO CENTS) aggregate and (2) Workers' Compensation Insurance in the minimum amounts required by the applicable state, with a waiver of subrogation. Upon execution of this Contract and once every year thereafter, CONTRACTOR shall provide YKHC with a Certificate of Insurance in effect. CONTRACTOR agrees to notify YKHC in writing at least 30 days in advance of any proposed cancellations or changes in insurance or bonding coverage.

8.5 *Debarment. Contractor, including any of its subcontractors or key employees, certifies that it is not debarred, suspended, or excluded from contracting by any Federal, state, Tribal or other government body.

8.6 *Occupational Safety. Contractor must comply with the Occupational Safety and Health Act of 1970, Public Law 91-956, as it may apply to this Contract.

8.7 *Indemnity. Contractor agrees to indemnify, defend and hold harmless YKHC, its agents and employees from and against any suit, allegations, demands or claims arising directly or indirectly from this Agreement or Contractor's performance hereunder except in the event such claim is the result of the sole negligence or intentional misconduct of YKHC.

8.8 *No Subcontract. This Agreement for Services is the means by which YKHC wishes to secure the services of Contractor. YKHC is engaging the services of Contractor because of Contractor's particular and specialized knowledge, judgment, skill and expertise. Accordingly, the services to be performed by Contractor under this Agreement may only be performed by Contractor, and no other, except with the prior written consent of YKHC in its sole discretion.

8.9 *Termination. Either party may terminate this Agreement for any reason whatsoever, by giving thirty (30) days' notice of intent to terminate. In the event of termination of this Agreement pursuant to this paragraph, the Contractor shall be paid for services performed as of the date of termination. In no event shall the Contractor be paid for work not yet performed.

In addition, either party may terminate this Agreement without notice upon breach of any term of this Agreement, or failure to meet any obligations hereunder. In the event of termination voluntarily, for breach of the Agreement or failure to meet the requisite obligations under the Agreement, the total compensation payable to Contractor will be solely the compensation due for work performed up to the date of termination.

8.10 *Invoices. Contractor is required to send an email invoice to the Accounts Payable Department at AccountsPayable@ykhc.org on a monthly basis not later than the 15th of each month and/or as designated in the scope of work detailing the services performed pursuant to this Agreement in the preceding month. Invoices must include description of service, rate, and number of units being billed for each service performed. YKHC shall make payment by ACH to Contractor upon approval by the designated YKHC Project Manager of such invoice within 30 days of receipt. The Accounts Payable department may be reached at: **(907) 543-6053**

8.11 * WAIVER OF LIABILITY AND LIMITATION OF DAMAGES

CONTRACTOR AGREES THAT YKHC SHALL NOT INCUR ANY LIABILITY OF ANY KIND WHATSOEVER, AND CONTRACTOR PROSPECTIVELY WAIVES AND RELEASES YKHC FROM ANY CLAIM, LIABILITY, OR CAUSE OF ACTION WHATSOEVER, FOR ANY INJURY OR DAMAGE TO CONTRACTOR OF ANY KIND OR NATURE THAT RESULTS FROM OR OCCURS IN CONNECTION WITH THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ANY CLAIMS ARISING OUT OF ANY FAILURE OR DAMAGE TO CONTRACTOR OR PERSONAL OR REAL PROPERTY, INJURY TO OR ILLNESS OR DEATH OF CONTRACTOR'S OFFICERS, CONTRACTORS, SUBCONTRACTORS, LICENSEES, AGENTS, SERVANTS, EMPLOYEES, INVITEES OR VISITORS, AND ANY CLAIMS ARISING OUT OF ANY ACT OR OMISSION OF YKHC WITH RESPECT TO THIS AGREEMENT; PROVIDED THAT CONTRACTOR IS NOT RELEASING YKHC FROM LIABILITY FOR CLAIMS WHICH ARISE SOLELY OUT OF YKHC'S RECKLESSNESS OR INTENTIONAL MISCONDUCT. UNDER NO CIRCUMSTANCES SHALL YKHC BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, INCLUDING WITHOUT LIMITATION LOST PROFITS, EVEN IF YKHC HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

8.12 *Equal Employment Opportunity. Contractor must comply with Equal Employment Opportunity regulations at 41 CFR part 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor. It is the policy of YKHC that all of its services and activities be administered in conformance with the requirements of Title VI of the Civil Rights Act, notwithstanding the provision in Section 7(b) of P.L. 93-638, 25 U.S.C. § 5307(b)(2), the Indian Self-Determination and Education Assistance Act, under which YKHC and Contractor shall give preference in all phases of employment and training for all work performed under this Agreement to qualified Alaska Natives and/or American Indians regardless of age, marital status, religion, sex, or "qualified individual disability status," to the extent (1) authorized by prevailing law, (2) authorized by YKHC's Compact with the U.S. Indian Health Service, and (3) feasibly consistent with the efficient performance of Agreement.

8.13 *Anti-Lobbying. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352): For all contracts or subgrants of \$100,000 or more, the contractor shall certify that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1352.

8.14 *Clean Air Act (42 U.S.C. § 7401 *et seq.*) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 *et seq.*), as amended—Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401 *et seq.*) and the Federal Water Pollution Control Act as amended (33 U.S.C. § 1251 *et seq.*). Violations will be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

Exhibit A

Village Name	Population
Akiachak CDP, Alaska	562
Akiak city, Alaska	399
Alakanuk city, Alaska	777
Aniak city, Alaska	525
Anvik city, Alaska	87
Atmautluak CDP, Alaska	258
Bethel city, Alaska	6,370
Chefornak city, Alaska	516
Chevak city, Alaska	1082
Chuathbaluk city, Alaska	116
Crooked Creek CDP, Alaska	98
Eek city, Alaska	455
Emmonak city, Alaska	835
Grayling city, Alaska	171
Holy Cross city, Alaska	214
Hooper Bay city, Alaska	1,140
Kasigluk CDP, Alaska	599
Kipnuk CDP, Alaska	686
Kongiganak CDP, Alaska	408
Kotlik city, Alaska	643
Kwethluk city, Alaska	824
Kwigillingok CDP, Alaska	331
Lime Village CDP, Alaska	7
Lower Kalskag city, Alaska	317
Marshall city, Alaska	350
Mekoryuk city, Alaska	174
Mountain Village city, Alaska	749
Napakiak city, Alaska	352
Napaskiak city, Alaska	408
Newtok CDP, Alaska	388
Nightmute city, Alaska	259
Nunam Iqua city, Alaska	129
Nunapitchuk city, Alaska	554
Oscarville CDP, Alaska	22
Pilot Station city, Alaska	582
Pitkas Point CDP, Alaska	136
Quinhagak city, Alaska	661
Russian Mission city, Alaska	410
Scammon Bay city, Alaska	488
Shageluk city, Alaska	43
Sleetmute CDP, Alaska	96
St. Mary's city, Alaska	583
Stony River CDP, Alaska	40
Toksook Bay city, Alaska	549
Tuluksak CDP, Alaska	436
Tuntutuliak CDP, Alaska	466
Tununak CDP, Alaska	294
Upper Kalskag city, Alaska	284
Total Population Served	25,873

Exhibit B - Triage Rules for YKHC

Disposition Desc	Rule Text Nurse Instructions
Call EMS 911 Now	911 not available in this area, contact the on-call provider. NURSES: Always contact on-call for the village (see VHAC) for 911 dispositions, ask permission for 24 hr F/U call. ER Auth: No local ED, contact on-call.
Emergent Home Treatment With Follow-up Call	Give emergent care advice Ask permission for 4 hour follow up call.
Call Poison Center Now	Call 800 222-1222 for your local Poison Control Center
GO to ED Now	Call On Call Provider Immediately There is no emergency room available ER Auth: No local ED, contact on-call.
Go to L&D Now	Call On Call Provider Immediately There is no L&D / ER available ER Auth: No local ED, contact on-call.
Information or Advice Only Call	Information from approved resource.
Duplicate Contact Call	Duplicate entry.
No contact call	No contact.
Call local clinic when office is open	Call local clinic when Office is Open
See PCP Within 2 Weeks	See PCP within 2 weeks.
Demanded to speak with MD/refused triage	Page the on call Provider
Home Care	Home care discussed per guideline.
Lab test only within 24 Hours	Call PCP/clinic within 24 hrs., Call On Call if unable to contact PCP within 24 hours There is no Emergency Room available.
Call Pharmacist within 24 Hours	Call Pharmacist within 24 Hours. Direct caller to contact the YKHC Pharmacy in Bethel (see services)
See PCP When Office is Open (within 3 days)	Go to clinic When Office is Open (within 3 days). Call On Call immediately if clinic will not be open within 3 days. There is no Emergency Room available.
See Dentist When Office is Open (within 3 days)	See Dentist when Office is Open (within 3 days). Call On Call if no dentist/not available.
Call PCP When Office is Open	Call clinic when Office is Open.
Call Dentist when office is open	Call Dentist when Office is Open.
Call Local Agency Now	Call Local Agency Now
Call Local Agency Now AND See Physician Within 24 Hours	Call Local Agency Now and See Physician Within 24 Hours. Call On Call Provider if clinic isn't open within 24 hrs. There is no Emergency Room available.

See Physician Within 24 Hours	If clinic will be open within 24 hours have patient call for an appointment (check clinic times)
See Dentist within 24 Hours	Call Dentist within 24 hrs., Call On Call if unable to see dentist within 24 hours There is no Emergency Room available.
Call PCP Within 24 Hours	Call clinic within 24 hrs., Call On-Call if unable to contact clinic within 24 hours
Call Local Agency within 24 Hours	Call Local Agency within 24 Hours
Go to L&D Now (or PCP triage)	Call On Call Provider Immediately There is no L&D / ER available ER Auth: No local ED, contact on-call.
Go to ED Now (or PCP triage)	Call On Call Provider Immediately There is no emergency room available. ER Auth: No local ED, contact on-call.
Call PCP Now	Call On Call Provider Immediately There is no Emergency Room available.
See Physician Within 1 Hour (or PCP triage)	If clinic will be open within 1 hours have patient call for an appointment (check clinic times) Call On Call Provider Immediately if clinic isn't open within 1 hrs. ER Auth: No local ED, contact on-call.
See Physician Within 4 Hours (or PCP triage)	If clinic will be open within 4 hours have patient call for an appointment (check clinic times) Call On Call Provider Immediately if clinic isn't open within 4 hrs. ER Auth: No local ED, contact on-call.
Urgent Home Treatment With Follow-up Call	Give urgent home treatment care advice Ask permission for 1 hour follow up call.