

Request for Quotation

Solicitation SP0103-01-Q-0053

Amended Date: October 19, 2001

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1 Request For Quotation

1.1 INTRODUCTION AND BACKGROUND

In late 1997, a study commissioned jointly by the Acting Assistant Secretary of Defense (Health Affairs) (ASD[HA]) and the Assistant Secretary of Defense (Comptroller) issued eight broad recommendations aimed at improving the effectiveness and efficiency of tri-service managed healthcare operations within the Military Healthcare System (MHS). Two of the eight recommendations affected the medical logistics functional area by directing the establishment of regional, tri-service medical materials management and biomedical maintenance programs in each DoD healthcare region. The recommendations form the basis for the ASD(HA)-led Medical Consolidation Initiative. The Army was designated as the Executive Agent for the regional programs, and the Army's Deputy Surgeon General was named as the principal official. This study subsequently was given further impetus by the Acting ASD(HA), who signed HA Policy 98-013 in January 1998 to direct implementation of the regional concept. The goal of regional operations is to capture cost savings and efficiencies resulting from regional actions, making the optimal use of available commercial support.

Authority for overall program implementation and execution is derived from two sources:

- ASD (HA) establishes the responsibilities of the Lead Agents for DoD healthcare regions and delegates Executive Agency for development of program implementation requirements and
- Deputy Surgeons General of the Military Services provides direction to the MHS Commanders of their respective Services; authority for logistics initiatives within each DoD healthcare region resides with those Commanders.

The Army Deputy Surgeon General staff principal for this Executive Agency establishes responsibilities for implementation of the overall program through the published Implementation Guidance, dated July 2000, or as updated. The Medical Logistics Proponent Subcommittee (MLPS) will provide logistics program development and review, guidance for regional structures and operations, and general logistics advice to the Executive Agent (EA). All DoD MHS activities will participate in regional tri-service medical logistics programs according to the policies and procedures outlined in the Implementation Guidance and directives from their respective Services. The Lead Agent for each TRICARE region is responsible from their respective Services.

The Lead Agent for each TRICARE region is responsible for the operational execution of tri-service regional logistics initiatives in accordance with Implementation Guidance and as directed by ASH (HA). Lead Agents responsibilities include the implicit requirement to establish a regional framework to manage logistics support initiatives, achieve regional consensus for decision making, and provide clinical direction and accountability for regional logistics processes. The senior logistician, referred to herein as the Regional Logistics Chief (RLC), reporting to each Lead Agent, will provide leadership and direction to the contractor for coordinating regional logistics activities to support this program, in accordance with the requirements stated herein.

The overarching goal of tri-service regional logistics is to support the MHS with logistics process that will provide the best value products and services at the lowest delivered cost. The primary objective for achieving this goal is to create regional programs that will drive-down cost of medical surgical supplies and services, and promoting availability of high quality products in support of best business and clinical practices. The second objective is to increase the use of DSCP Prime Vendors as the primary acquisition source for pharmaceutical and medical surgical supplies, other DSCP acquisitions strategies and electronic commercial programs currently available.

The Defense Supply Center Philadelphia (DSCP) Directorate of Medical Materiel (DMM) continues to re-engineer its business practices, adapting commercial models to bring world class medical logistics support to meet the demands of the Military Services during peacetime operations, humanitarian relief or peacekeeping efforts, lesser contingencies and major theatre wars. In partnership, DoD MHS and DSCP seek to enhance utilization of DSCP medical materiel support programs, information management, Readiness capability and at the same time reduce overall program costs to its customers through the continued introduction and refinement of cost savings initiatives.

There are currently nine Tricare Regional Business Offices (TRBO) located in Tricare Regions to support regional logistics initiatives, primarily for regional standardization and committed-volume purchasing. These support offices, provide a focal point for coordination among regional customers. The TRBOs primary role is to achieve and document cost savings for each TRICARE region. There are multiple avenues the TRBOs can pursue to obtain cost savings such as regional standardization, creating regional incentive agreements (RIA) and reducing the number of line items. The senior logistician of the Lead Service, the RLC, will provide overall direction to the TRBOs, to include coordination and integration among other TRICARE regions.

The TRBO are the forward presence representatives of DSCP and serve as the focal point for regional standardization, facilitating communication, providing data analysis, and integrating the efforts of DSCP in automated information and system development and optimizing customer use of DSCP Prime Vendor and DSCP ECAT programs, while promoting customer relations on behalf of and for DSCP in pursuit of those endeavors. The TRBO in coordination with the RLC and DSCP, Medical Directorate, Standardization Office will make recommendations to develop and refine the current system, which will support DSCP and its customers as they continue to incorporate standardization practices and other cost savings initiatives.

The purpose of this acquisition is to establish a firm fixed price contract for this service. The proposed contract will represent the second or follow-on contract in support of this effort. Under the current time and material contract, nine TRBOs are currently supporting all Tricare Regions to perform the same or similar requirements as proposed herein.

1.2 USE OF GSA SCHEDULES

DSCP will use existing GSA FSS contracts to obtain a total solution. Consequently, this RFQ is issued in accordance with the regulatory authority of the Federal Acquisition Regulation (FAR) Part 8.4. The contractual terms and conditions contained in your firm's FSS contract for General Purpose Commercial Information Technology Equipment, Software and Services (Federal Supply Class 70) and/or a GSA Schedule 874 contract for Management, Organization, and Business Improvement Services (MOBIS) apply to this RFQ and any resultant contract. As set forth in Section 1.6 of this RFQ, offerors are required to supply a current copy of their GSA FSS(s) as part of the price proposal.

1.2.1 Contractor Teaming Arrangements

A systems approach for delivering a total solution may require teaming arrangements. Definitions, for the purpose of this RFQ, related to prime contractor, teaming partners and subcontractors are as follows:

- **Prime Contractor (Prime)** – The vendor who is ultimately responsible for fulfillment of requirements and thereby must manage all other teaming partners and subcontractors.
- **Teaming Partners** – Vendors, including the Prime, who hold current GSA FSS(s) where the FSS will be used to provide services to fulfill requirements stated in this RFQ.

- **Subcontractors** – Vendors who provide services on behalf of one or more of the teaming partners. These services must be available on a teaming partner FSS (IT or MOBIS). The price for these services is the applicable teaming partner FSS price including any discounts offered.
- **Offeror** – In the context of this RFQ, offeror refers to the Prime Contractor and their Teaming Partners and Subcontractors.

While DSCP encourages teaming arrangements, and in an attempt to facilitate this process, the following guidelines are provided with regard to contractor teaming arrangements:

- FSS contractors may use contractor team arrangements during the pre-award and post-award phases of this acquisition to provide solutions when responding to customer agency requirements.
- Participation as a teaming partner is limited to FSS contractors whereas participation as a subcontractor is not limited to FSS contractors.
- Proposed teaming partners must maintain a current GSA Supply Schedule 70 contract for Information Technology (IT) services and supplies, and/or a GSA Schedule 874 contract for Management, Organization, and Business Improvement Services (MOBIS) for the term of this contract or any renewal thereof.
- Task Orders under contractor team arrangements are subject to the terms and conditions of the partner's FSS contract(s).

See Federal Acquisition Regulation 9.6 for specific details on contractor team arrangements.

1.2.2 Pricing

1.2.2.1 Pricing Mechanisms

Pricing mechanisms currently available under the FSS contracts include Fixed Price, Fixed Price with Performance Incentives, Time and Materials (T&M) and Labor Hour mechanisms.

1.2.2.2 Pricing and Performance Period

In accordance with the FSS contracts, any orders issued during the effective period of the FSS contract and not completed within that period, shall be completed by the Contractor within the time specified in the order. The FSS contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period.

The Government reserves the following rights

1.2.2.3 Award Without Discussion

The Government intends to evaluate proposals and make award without discussions. Offers should contain the offeror's best terms within the proposed technical and business approach, to include all evaluation factors and sub-factors. Additionally, the Government reserves the right to conduct discussions and request proposal revisions if it is determined to be necessary. If a competitive range is established, the Government may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals.

1.2.2.4 Award

The Government reserves the right not to make an award as a result of this RFQ if such award is determined contrary to the best interest of the Government.

1.2.3 Support of Socio Economic Programs

DSCP is committed to assuring that the maximum practicable opportunity is provided to small, small disadvantaged and women-owned small business concerns.

1.2.4 Disputes: Agreements to Use Alternative Disputes Resolutions (ADR)

In order to maintain its business relationships with industry and to avoid costly litigation, DSCP is committed to promoting the use of Alternative Dispute Resolution (ADR) techniques, especially mediation. ADR is a voluntary process whereby a neutral third party assists the parties in resolving a dispute. DSCP invites offerors to join DSCP in agreeing to use their best efforts to resolve any pre-award or post award dispute that may arise from this solicitation, and any subsequent award, without litigation. If unassisted negotiations are unsuccessful, the parties agree to use ADR techniques in an attempt to resolve the dispute. Likewise, the parties agree that formal protest procedures or litigation will only be considered as a last resort, such as when ADR is unsuccessful or when ADR has been documented to be inappropriate for resolving the dispute. If the ADR is not successful, the parties retain their existing rights

1.2.5 Key Personnel Requirements

Certain skilled, experienced, professional and/or technical personnel are essential for successful accomplishment of the work to be performed under the resultant contract. These are defined as "Key Personnel" and are those persons whose resumes are to be submitted as part of the technical proposal. The Contractor agrees to use said key personnel during the performance of the resultant contract and that they shall not be removed from the contract work, replaced, or supplemented with additional personnel, unless authorized in accordance with the following provisions:

- a) The Contractor shall not substitute key personnel assigned to perform work under this contract without prior approval of the Contracting Officer. Requests for approval of substitutions shall be in writing and shall provide for a detailed explanation of the circumstances necessitating the proposed substitution(s). Requests must contain a complete resume for the proposed substitute, and any other information as requested by the Contracting Officer. Proposed substitutions must have qualifications that are equal to or higher than the key personnel being augmented. The Contracting Officer or his authorized representative shall evaluate such requests and promptly notify the Contractor in writing whether the proposed substitution is acceptable.

- b) If the Contracting Officer determines that (1) suitable and timely replacement of key personnel who have been reassigned, terminated or have otherwise become available for the contract work is not reasonable forthcoming, or (2) the resultant substitution would be so substantial as to impair the successful completion of the contract or task order in accordance with the proposal accepted by the Government at the time of contract award, the Contracting Officer may (1) terminate the contract for default or for the convenience of the Government, as appropriate, or (2) at his discretion, if he finds the Contractor at fault for the condition, equitably adjust the contact price downward to compensate the Government for any resultant delay, loss or damage.

1.3 PARTICIPATION SCHEDULE

In an attempt to provide your firm with a more complete understanding of the RFQ period, the proposed agenda is provided:

Pre-Proposal Conference	7-11-01
Issue Final RFQ	10-25-01
Close RFQ (See Submissions Instructions in Section 1.5)	11-14-01
Final Selection	TBD

1.4 RFQ POINT OF CONTACT

Any technical questions, requests for clarification or requests for data in connection with this RFQ must be in writing and shall be directed to Deborah P. Lombardi, Contracting Officer. Such questions must be received no later than **November 2nd, 2001 at 2 P.M., Eastern Daylight Savings Time.**

Deborah P. Lombardi
Department of Defense, Defense Logistics Agency
Defense Supply Center Philadelphia
Office of Procurement Management
DSCP-PBB
700 Robbins Avenue
Philadelphia, PA 19111
Ph: 215-737-7985
Fax: 215-737-7942

Via e-mail: paa3817@dscp.dla.mil

1.5 SUBMISSION OF OFFERS

Please use the following addresses on the **outside envelope** (including commercial carrier envelopes) to insure accurate delivery of your offer to DSCP Business Opportunities Office (the central bid receipt location).

All offers must be identified with the **Solicitation Number and Opening/Closing Date and Time** on all outside envelopes.

FOR HANDCARRIED OFFERS (includes commercial carriers):

DEFENSE SUPPLY CENTER PHILADELPHIA
BUSINESS OPPORTUNITIES OFFICE
BUILDING 36, SECOND FLOOR
700 ROBBINS AVENUE
PHILADELPHIA, PA 19111-5092

SOLICITATION NO. _____
OPENING/CLOSING DATE & TIME: _____

Examples of Handcarried Offers include: In-Person delivery by contractor, or Fed Ex, Airborne, UPS, DHL, Emery, etc.

FOR MAILED OFFERS: (Any mail sent through the U.S. Postal Service, including regular mail, certified mail, first class mail and priority mail).

DEFENSE LOGISTICS AGENCY
DEFENSE SUPPLY CENTER PHILADELPHIA
POST OFFICE BOX 56667
PHILADELPHIA, PA 19111-6667

SOLICITATION NO. _____
OPENING/CLOSING DATE & TIME: _____

SUBMISSION AND FORMAT OF PROPOSALS WILL ALSO BE FORWARDED IN ACCORDANCE WITH THE VENDOR PROPOSAL INSTRUCTIONS & REQUIREMENTS AS CITED IN SECTION 3 OF THIS RFQ; SPECIFICALLY SECTION 3.1.

All questions or comments shall be addressed to the Contracting Officer at 215-737-7985.

The Government will process late submissions of offers in accordance with FAR 52.215.1 and its "Alternate I" provision (see FAR 15.209(a)(1)). If an offer is received late and is not eligible for consideration in accordance with FAR 52.215-1 and Alternate I, then the Government will reject that offer without evaluation.

1.6 SUPPLIES/SERVICES AND PRICES

The contractor shall be responsible for providing support to the Defense Supply Center Philadelphia, the Regional Logistic Chief (RLC), regional members and other Regional participants in the development and implementation of Standardization initiatives and Business Re-engineering Process. All work to be performed shall be in strict accordance with the Statement of Work (SOW) and all other clauses and provisions of this request for quotation. The Government will issue one award to cover the required services.

<u>ITEM NO.</u>	<u>SERVICE/SUPPORTED REGIONS</u>	<u>CONTRACT AMOUNT</u>
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BASE YEAR

0001	Provide support to DSCP, RLC and Regional participants to develop Business Process Re-engineering plans and help to implement these processes	
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0001AA	Region 1 Commander Walter Reed Army Medical Center ATTN: MCHL-L 6900 Georgia Avenue, N.W. Washington, DC 20307-5001 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
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0001AB	Region 2 Regional Logistics Chief Naval Medical Center 620 John Paul Jones Circle Portsmouth, VA 23708-2197 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
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0001AC	Region 3 & 4 Assistant Chief of Staff for Logistics Southeast Regional Medical Command Bldg. 40707, 40 th Street Fort Gordon, GA 30905 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
0001AD	Region 5 Regional Logistics Chief 74 th Medical Group/SGSL 4881 Sugar maple Drive, Bldg. 830 Wright-Patterson AFB, OH 45433 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
0001AE	Region 6, 7 & 8 59 th Logistics Squadron/cc Regional Logistics Chief 2200 Bergquist Drive, Suite 1 Lackland AFB, TX 78236 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
0001AF	Region 9 & 10 Regional Logistics Chief, Tri-Service Product Review Board Attn: Material management Department Naval Medical Center, San Diego 34960 Bob Wilson Drive San Diego, CA 92134-1008 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$

0001AG	Region 11 Regional Logistics Chief TRICARE Region 11 ATTN: MCHJ-LO Madigan Army Medical Center Bldg. 9040-A-Fitzsimmons Drive Tacoma, WA 98431-5000 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
0001AH	Region – Pacific (Includes Alaska) Regional Logistics Chief Tripler Army Medical Center ATTN: MCHK-LD/COL Daley 1 Jarrett White Road Tripler AMC, HI 96859-5000 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
0001AI	Europe Region Same as Region 1 Period of Performance: January 1, 2002 through September 30, 2002 Period of Performance 9 Months	\$
0002	Long Distance Travel Cost For Program Manager (*) See Note Below Total Contract Amount Base Year for the period January 1, 2002 through September 30, 2002	Not To Exceed \$
		\$10,000.00

(*) Note:

- **Line Item 0002 is a Cost Reimbursable Item.** Long Distance Travel (other than local may be required. Because long distance travel cannot be accurately forecast at this time, long distance travel shall be a non-fee bearing cost reimbursable item. The total estimate for Line Item 0002 is \$10,000.00. Line item 0002 funding is the responsibility of DSCP and the stated amount applies to the total amount estimated to cover all Program Manager (PM) travel expenses. The PM shall notify in advance and shall have the approval of the DSCP COR prior to travel. The PM shall provide in writing a trip or summary report to the DSCP COR. PM travel invoices and supporting documentation shall be submitted to the DSCP COR for approval as a condition of payment.

- **Travel Plan Report.** To ensure adequate funding is available, the Program Manager shall provide quarterly, a proposed plan of travel to the DSCP COR. The report shall state the purpose of travel, days of travel and estimated travel expenses. The report is required 15 days prior to the beginning of the travel quarter.

- **TRBO or Regional Travel Expense.** Travel expenses incurred by members of each TRBO for travel requested and approved by the RLC are considered variable costs and shall be authorized and funded in advance by each individual Regional Logistics Chief. Unless approved in advance for a specific purpose or special project, TRBO member travel expenses will not be paid by DSCP. Modifications will be issued to fund TRBO travel costs as authorized.

- **Incremental Funding.** Incremental funding for Line Item 0002 in the amount of \$10,000.00 is currently allotted and available for payment by the Government. These allotments constitutes the estimated cost for the purposes of FAR Clause 52.232-22, Limitation of Funds, which applies to this delivery order on a CLIN by CLIN basis.

() Note:**

- The Period of Performance shall be for 9 months commencing on January 1, 2002 through September 30, 2002. All subsequent Option Years shall be for a period of 12 Months.

Relevant Information to be provided with your offer:

- Contractor shall identify the Key Personnel by Title for each Region that will enable you to support this mission.

- Contractor shall submit a copy of your current GSA schedule with your offer. Prices quoted must be developed in accordance with the Contractor's GSA Federal Supply Schedules. The price quotes must include a price build up showing the labor categories used, the estimated number of hours and any price discounts offered. The offeror's price proposal should (a) be realistic for the work to be performed; (b) reflects a clear understanding of the requirements; and (c) and be consistent with the various elements of the offeror's proposal.

OPTION PERIODS

1st OPTION YEAR - PERIOD OF PERFORMANCE 12 MONTHS

0003	Provide support to DSCP, RLC and Regional participants to develop Business Re-engineering plans and help to implement these processes		
0003AA	Region 1		\$
0003AB	Region 2		\$
0003AC	Region 3 & 4		\$
0003AD	Region 5		\$
0003AE	Region 6, 7, & 8		\$
0003AF	Region 9 & 10		\$
0003AG	Region 11		\$
0003AH	Region – Pacific (Includes Alaska)		\$
0003AI	Europe Region		\$
0004	Long Distance Travel Cost For Program Manager (* See Note	Not To Exceed	\$10,000.00
	Total Contract Amount 1 st Option Year for the period October 1, 2002 through September 30, 2003		\$

2ND OPTION YEAR – PERIOD OF PERFORMANCE 12 MONTHS

0005	Provide support to DSCP, RLC and Regional participants to develop Business Re-engineering plans and help to implement these processes		
0005AA	Region1		\$
0005AB	Region 2		\$
0005AC	Region 3 & 4		\$
0005AD	Region 5		\$
0005AE	Region 6, 7 & 8		\$
0005AF	Region 9 & 10		\$
0005AG	Region 11		\$
0005AH	Region-Pacific (Includes Alaska)		\$
0005AI	Europe Region		\$
0006	Long Distance Travel Cost For Program Manager (*) See Note	Not To Exceed	\$10,000.00
	Total Contract Amount 2 nd Option Year for the period October 1, 2003 through September 30, 2004		\$

3RD OPTION YEAR – PERIOD OF PERFORMANCE 12 MONTHS

0007	Provide support to DSCP, RLC and Regional participants to develop Business Re-engineering plans and help to implement these processes		
0007AA	Region 1		\$
0007AB	Region 2		\$
0007AC	Region 3 & 4		\$
0007AD	Region 5		\$
0007AE	Region 6, 7, & 8		\$
0007AF	Region 9 & 10		\$
0007AG	Region 11		\$
0007AH	Region – Pacific (Includes Alaska)		\$
0007AI	Europe Region		\$
0008	Long Distance Travel Cost For Program Manager (*) See Note	Not to Exceed	\$10,000.00
	Total Contract Amount 3 rd Option Year for the period October 1, 2004 through September 30, 2005		\$

4TH OPTION YEAR – PERIOD OF PERFORMANCE 12 MONTHS

0009	Provide support to DSCP, RLC and Regional participants to develop Business Re-engineering plans and help to support these processes		
0009AA	Region 1		\$
0009AB	Region 2		\$
0009AC	Region 3 & 4		\$
0009AD	Region 5		\$
0009AE	Region 6, 7 & 8		\$
0009AF	Region 9 & 10		\$
0009AG	Region 11		\$
0009AH	Region- Pacific (Includes Alaska)		\$
0009AI	Europe Region		\$
0010	Long Distance Travel Cost For Program Manager (*) See Note	Not to Exceed	\$10,000.00
	Total Contract Amount 4 th Option Year for the period October 1, 2005 through September 30, 2006		\$

2 STATEMENT OF WORK

2.1 OBJECTIVE

Nine Standardization Business Cells or Tricare Regional Business Office (TRBO) will be established for Tricare Regions: Region 1, Region 2, Region 3 and 4, Region 5, Region 6, 7 & 8, Region 9 & 10, Region 11, Europe Region and the Pacific Region. Each TRBO will require the expertise of a logistician and subject matter expert(s)/specialist(s). These individuals shall be familiar with military and public health treatment facilities and processes. The TRBO shall provide support to the Regional Logistics Chief (RLC) and DSCP (and the Executive Agent Program Office (EA) through the (RLC), regional members and other Regional participations as stated herein, in the development and implementation of standardization initiatives and business re-engineering process that will directly result in Regional cost savings, increased utilization of DSCP medical materiel support programs, increased visibility of Regional usage/purchasing information and overall enhanced logistical support.

The objective of the TRBO is to assist the Regional Logistics Chief in analyzing current business processes. The Contractor shall make recommendations to the designated RLC on increasing the Region's utilization of the DSCP medical materiel support programs, specifically the DSCP Med/Surg Prime Vendor (PV) program and DSCP ECAT, web based ordering electronic catalogs, within each Region to significantly reduce the use of Government purchase (credit) cards and local purchase activity. The Contractor shall identify, analyze and recommend to RLC and DSCP, business practices that will simplify the acquisition process and improve the supply chain, enhance/optimize automated PV application and reports, reduce overall costs, increase the use of DSCP's Prime Vendor Program and ECAT Programs as well as reduced excess supply and waste.

The Tricare Regional Business Office shall perform the following:

- Achieve high levels of regional standardization among Med/Surg products and equipment while developing a common regional Med/Surg formulary.
- Achieve high levels of regional standardization among Pharmaceutical products, equipment, or services as specified by the Tri-Service Product Review Board
- Achieve high levels of regional standardization among Dental products, and develop a common regional Dental product formulary for MTF stock rooms.
- Enable Regional Incentive Agreements (RIAs), multi-Regional Incentive Agreements and National Contracts based on best-estimated committed volume using existing Prime Vendor programs.
- Reduce the number of line items (SKUs) purchased within product lines through better utilization management.
- Identify potential equivalent, and/or lower cost products, using DSCP databases and other government and commercial product identification tools. Identifying to DSCP lost sales for items that are being procured at lower costs outside of DSCP

medical materiel support programs (PV and ECAT). Document findings in the Monthly Status Report.

- Increase the use of the DSCP Prime Vendor (PV) Program and all DSCP medical materiel support programs.
- Develop and document standard processes to capture, track and document cost savings resulting from regional standardization initiatives, regional incentive agreements and other efficiencies realized from materiel, equipment maintenance and logistics initiatives.
- Analyze and make recommendations to simplify the acquisition process and reducing supply chain costs. The acquisition strategies include DSCP PV, electronic catalog, local purchase and credit card purchases, regional purchasing contracts, etc.
- Identify to DSCP lost sales opportunity, by providing item or product line information on items that are not available or not competitively priced under either the PV or ECAT programs or other DSCP Medical materiel support programs, prior to finalizing an alternative acquisition method with the RLC. DSCP, the RLC and the EA Program shall receive a copy of the lost sales report. Document findings in the Monthly Status Report.
- Develop information architecture to support regional business processes and readiness. Provide copies of all documents, programs, process formats or other related to this effect on a quarterly bases or upon demand.
- Develop Regional coordination for regional standardization in areas of material management, equipment maintenance and logistics services.
- Develop strategies to reduce costs and increase contractor efficiencies by facilitating Regional Partnerships
- Analyze buying patterns, pricing levels, distribution trends and consumption tracking to identify cost saving potential and other possible cost reduction efforts.

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2.2 DEFINITIONS

CDMIA – Customer Demand Management Information Application. The automated management system consolidates DSCP-Medical sales/usage (Depot, PV DVD, NMOP and Biomedical) as it relates to customer, organization and geographic constructs. This is a DSCP proprietary information system whose products are to be limited exclusively for support of this contract.

DAPA – It is an acronym for Distribution and Pricing Agreement (DAPA). DAPAs are negotiated between DSCP and product suppliers for the purpose of establishing pricing and securing distribution rights for contractors operating under DSCP's various Prime Vendor programs. DAPAs are not ordering instruments.

DAPA Holder – A manufacturer or dealer/distributor that has negotiated a Distribution and Pricing Agreement with DSCP.

DSCP Med/Surg Prime Vendor - A distributor of medical/surgical items under a contract to distribute Med/Surg DAPA items to authorized DSCP PV customers worldwide.

DMLSS – Defense Medical Logistics Standard Support

DMS – DAPA Management System - This is a DSCP proprietary information system whose products are to be limited exclusively for support of this contract.

Executive Agent Program Office – Office of the Army Surgeon General is the Executive Agent for development of this program guidance. Executive agency provides program leadership, facilitation and integration of MHS program issues and policies. The Army Deputy Surgeon General (DSG) staff principal for this Executive Agency, establishes responsibilities for implementation of the program through the Implementation Guidance to the Regional Lead Agents.

MECA – Medical Electronic Customer Assistance - This is a DSCP proprietary information system whose products are to be limited exclusively for support of this contract.

Region – As used herein, reference to a Region or Tricare Region shall be inferred as meaning each of the nine regions or groupings (i.e., Region 9 & 10) listed as a sub-clins under Schedule B. The Contractor shall provide all the support and all stated requirements of the resultant award equally to each of the nine Regions: Region 1, Region 2, Region 3 & 4, Region 5, Region 6, 7, & 8, Region 9 & 10, Region 11, Europe Region and Pacific Region (including Alaska).

RMA – Readiness Management Application. The RMA system is designed to be the single point of access to medical readiness-related information, providing DSCP and the Services with the ability to assess the readiness posture of the wholesale medical system. RMA consolidates DSCP information sources and commercial sources of data to form a single repository of readiness-related information.

Standardization - Standardization for the purposes of this effort is an agreement among clinicians and logisticians within a system/region to use the same product predominately for a certain procedure in order to gain cost savings and economies of scale through committed volume purchasing of standard high quality supplies.

2.3 CLARIFICATION OF DSCP'S ROLE

At the request of the EA, DSCP entered a partnering relationship with the Tricare Regions (Region) to complete this effort. It should be understood that the Region is the end client, and DSCP's role is a full supporting partner. The DSCP Regional Standardization Program Manager and/or designee appointed by the DSCP Program Manager will serve as the Contracting Officer's Representative (COR), responsible for evaluating the Contractor's performance.

All invoices and deliverables shall be provided directly to the Region and DSCP and must be reviewed and approved by both the RLC and DSCP, for accuracy and compliance within the terms and conditions of the delivery order. The Program Manager and Senior Data Analyst invoices shall be sent only to the DSCP COR for review and approval, to include all travel costs invoices, authorized by DSCP. It is the Contractor's responsibility to ensure that DSCP and the RLC receive all invoices and related documents in a timely fashion as stated in the contract.

2.4 MANDATORY TASK INFORMATION

The Contractor will provide a lead person, to serve as the Program Manager, who will act as a liaison, between the Contractor, the RLC and the DSCP Contracting Officer and /or DSCP COTR. This will ensure that full and open lines of communication exist between all parties who are responsible for performance of work as required under terms of the contract. The name of the person (Program Manger) and an alternate will be designated in writing to the Contracting Officer. The lead person or alternate lead person will be available during normal duty hours to meet with government personnel designated by the contracting officer to discuss contract performance.

The Contractor shall provide a managerial framework that will employ uniform and common processes, procedures and the standardization of repetitive use documents in the Region(s), to include report formats and submission. The contractor will take action to ensure continuity of business practices if key personnel are changed during the performance of the contract. The Contractor will be required to ensure that all Regions/TRBOs are utilizing common business practices to meet the requirements of the resultant contract. Government collected data and information needed to perform under this contract will be shared among Regions. Upon award, DSCP will provide samples and guidelines of documents and procedures.

The designated lead person will serve as the contract's Program Manager (PM). The PM will be required to present formal briefings related to the Tasks stated herein to DSCP, the EA Program Office, DoD representatives and other interested parties as required or requested. The PM, if requested, will be tasked to prepare position papers on contract status, Tasks or new initiatives that may impact the contractor's performance under this contract. The DSCP COR will work closely with the PM to obtain overall and updated contract status and to coordinate requests for briefings or Regional or consolidated contract information by the EA Program Office or other interested DoD parties.

The Contractor shall provide all personnel, equipment, tools, vehicles, materials, supervision, transportation and services necessary to effectively, economically, and satisfactorily perform all requirements of this task order, except as furnished by the Government as stated in paragraph 2.7. The contractor shall perform the following required services:

2.4.1 Mandatory Areas Supported by the Contractor (Mandatory)

The mandatory tasks of this effort supports Regional Standardization for eleven (11) TRICARE Regions, plus Europe and the Pacific (including Alaska) Regions, located worldwide (see Attachment 2). Each region shall include all military medical facilities of the Army, Navy and Air Force and other customers of the DSCP medical materiel support programs as wish to participate, such as the U.S. Coast Guard. Coordination shall be made with the facilities of the Veterans Administration and Public Health Service to determine their interest in participating in any or all standardization efforts. The TRBO shall identify all non-DSCP PV customer requests for participation in this contract, to include copies of reports or access to data or information resident on DoD systems, to the DSCP COR, through the RLC. TRBO participation in non-DSCP cost saving initiatives shall be documented in the Monthly Status Report; including but not limited to the identity of the initiative, the regional savings projected and the TRBO resources expended by manpower category and hours.

The contractor is required to organize the support and personnel expertise necessary to meet the requirements stated herein for each of the Regions. For a list of the facilities located in each Tricare Region see Attachment 1. The list is compromised of Med/Surg Prime Vendor Routine Order Facilities (ROF), under the DSCP PV contract.. Many of the ROFs have subordinate facilities. These facilities are not listed and use the DODAAC of the 'parent' ordering facility to order under the DSCP Med/Surg PV program. These facilities will also realize the benefits of the resultant contract. The TRBO will be co-located on the same base or in the immediate travel area with the Regional Logistics Chief (See Attachment 2), except for Europe, (see staffing requirements under paragraph 2.6, Key Personnel). For an understanding of the level of effort required, Attachment 3 lists by Tricare Region the Med/Surg PV sales for fiscal year 2000. Customers estimate that only approximately 60% of all med/surg dollars are purchased under the PV program.

The list of ROFs is not intended to be an exclusive list of activities that will receive benefits under the resultant contract. The contractor is also required to provide benefits under the resultant contract to Dental, Laboratory, Optical and Research facilities that are also customers of DSCP. A list of these facilities will be provided to the resultant contractor after award to increase sales and to provide cost savings, as required herein to support the DSCP ECAT program and other programs and initiatives as required.

The Tri-Service Logistical Areas are evolving, and some facilities may be added or deleted or may be moved from one Region (line item) to another. These evolutionary changes should be infrequent and will not impact the scope, workload, or level of effort defined in this Statement of Work. As these changes are finalized, the Contractor will be notified in writing by contract modification.

2.5 TASK DESCRIPTIONS

Task 1 – Regional Program Management Plan (PMP) Support (Mandatory)

The Contractor shall develop and deliver a Program Management Plan (PMP) for each Region awarded within 30 calendar days after date of order. Part I of the PMP shall include details about the Contractor's organization and management reporting structures. The PMP shall also include a Quality Management Plan that details the management processes that shall be followed to ensure that the government receives tangible benefits and savings over time. The plan will be reviewed and determined acceptable by the RLC and DSCP within 30 days after receipt. If not acceptable, the contractor will have 15 days to complete the required revisions. One PMP is required for each Region.

Part II of the PMP shall detail the current (pre-existing and on-going) status of all Standardization actions and other cost savings initiatives implemented in each region, as well as other proposed actions for the base contract period. The plan shall outline the contractor's strategy, timeline and target areas to realize savings, including a plan to meet those objectives, and market those outcomes. Part II is required 45 days after date of task order commencement and shall be submitted to the RLC and DSCP COR for review and approval. If not acceptable, the contractor will have 15 days to complete the required revisions.

Thirty days after the effective date of the each option period, the contractor is required to submit their updated PMP for each Region. Part II of the PMP shall again provide status of pre-existing and on-going standardization and other cost savings initiatives developed and implemented under the contract as well as the proposed actions for the upcoming option year. An updated PMP is required for each Region and shall be submitted to DSCP and the RLC for review and approval. The contractor is required to submit an approved copy of each PMP, base and option years, to the EA Program Office within 30 days after date of approval.

Task 2 – Regional Logistics Chief (RLC) in Standardization Mission Support
(Mandatory)

The contractor (TRBO) shall support the development of logistics business opportunities to for a regional Tri-Service Logistics Area Integrated Delivery Network (IDN) and assist DSCP and the designated Regional Logistics Chief (RLC) in the continued development of standardization actions, as well as other cost savings initiatives, purchasing strategies, best clinical practices and the collection and meaningful interpretation of regional sales or usage information in the commodity area of medical surgical supplies, medical equipment and selected services procurements. In support of cost savings and standardization efforts, the contractor shall provide the support and management to accomplish this task.

1. For standardization actions and other cost savings initiatives, the contractor shall be responsible for organizing, coordinating and facilitating all such actions. Standardization actions not limited to products and other areas where costs can be reduced will be coordinated with the RLC. The following tasks must be performed in connection with the contractor's standardization or other cost savings initiative efforts:

a. The Contractor shall collect and analyze product or product lines and product stock information and usage (sales) and market data, as is applicable from regional facilities and from DSCP material supports (Prime Vendor, ECAT) DMLSS, Readiness Management Application (RMA), regional customer's local purchase and credit card sales information and Service unique supply systems such as TAMMIS (ultimately DMLSS) for non-PV sales data. The collected data will be analyzed to meet contract objectives as stated under paragraph 2.1, i.e., transition items to DSCP PV program, reduce regional costs, reduce SKU's etc. The analysis shall include issuing data calls, analyzing the data calls and preparing government data call reports in spreadsheet and/or database format per government request. All data products shall be documented utilizing Microsoft Office 9.0 (Office 2000) or greater (Excel, Access, Word, etc.) or equivalent. It is expected that data calls and reports will be automated to the maximum possible extent. The contractor shall also identify other Government and commercial data sources, including the organizations and individuals responsible for providing access to these sources and coordinate access with DSCP.

b. During each standardization process or cost saving initiative, the contractor shall take action to ensure uniformity of process across regions. The contractor shall ensure that the information and processes used by each Region are as similar as possible, allowing for unique and documented regional differences. Product lines shall be standardized across regions, using the same Owen Healthcare codes, the evaluation criteria used in one Region should be shared among other Regions. The contractor shall work to minimize duplication of work across Regions and maximize process and results.

c. The contractor in coordination and with the approval of the RLC and considering the requirement for uniformity among regions will select the Owen healthcare code for the product classification selected for Standardization.

d. The contractor should consult the most recent version of the Regional Tri-Service Medical Logistics Support Program, Implementation Guidance as a procedural reference (see Attachment 4). The contractor will also seek guidance from the DSCP Standardization Office on the conduct of all actions as required. As necessary, the DSCP COR will actively consult with the EA Program Office on Implementation Guidance questions before issuing final directive to the contractor.

e. The contractor is responsible for facilitating the development of clinical criteria or other criteria in support of a successful cost savings initiative and a corresponding rating/evaluation methodology, in coordination with the region. Both the clinical criteria and evaluation methodology are clinically driven and formulated in final format by each clinical product team (CPT).

f. In accordance with the Implementation Guidance, the contractor will provide the managerial framework for conducting a clinical analysis of the product(s). The TRBO shall facilitate the formation of the clinical review by organizing and coordinating the conduct of a Clinical Product Team (CPT), under the chairmanship for the Tricare Clinical Representative. The contractor will take all the necessary actions to ensure vendors are contacted, product, information and samples are obtained and evaluated, a clinical evaluation is performed and an objective, unbiased clinical determination is made by the CPT (Region).

g. The contractor shall obtain pricing proposals and may participate in price discussions with vendors, but final negotiations will be the responsibility of the Government.

h. With each clinical (CPT) decision, the Contractor will provide the overall managerial framework in which the clinical and pricing consideration of vendor's offers are objectively compared or weighed against each other. Each decision will require that the TRBO prepare a written cost or price analysis and will incorporate the results of the clinical analysis (CPT), retaining for file all relevant supporting data the Region relied upon in making their decision. The CPTs will perform an analysis of business practices affecting current and projected standardization initiatives. The Contractor may also develop and recommend alternatives, which optimize logistics business practices through standardization. The Region's overall recommendations based on the results of the CPT or other clinically related costs savings initiative and pricing proposal will be provided in writing to the RLC. The contractor will work to assist the Region in making standardization and other cost saving/avoidance decisions. The contractor will facilitate the exchange of all documents among vendors and Regional participants. The contractor will utilize web page "bulletin boards" capability to facilitate regional communication among standardization participants, if required. The contractor shall conduct itself in a professional, ethical and unbiased manner in all its contacts with vendors and regional

members. The contractor shall treat all information obtained as government property and shall only discuss the conduct or the results of the standardization actions with appropriate Government personnel. The contractor shall seek guidance from the DSCP COR to obtain clarification, guidance or permission to release information to other persons, requestors or agencies.

i. The contractor shall include a written statement in the CPTs technical determination stating which DAPA holders the CPT/Region determined to be clinically acceptable and which DAPA holders the CPT/Region determined to be clinically unacceptable. Attached shall be the list of items offered by the DAPA holders. The contractor shall document the reasons for the Region's clinical unacceptability determination, as well as a copy of the written notification to the DAPA holder of unacceptability.

j. The contractor will report to the RLC and DSCP COR if participation in any Standardization or other contract related action may result in a potential conflict of interest for the contractor individual TRBO team members.

k. Impact on regional costs and savings will be included in the contractor's standardization analysis. The Contractor will document Regional and customer level baseline spending for all product lines purchased before the standardization or other cost savings initiative, the estimated potential savings and potential for market increase. The contractor shall retain for file the Owen Healthcare Codes used, if applicable. The contractor will be required to document and track savings and customer commitment achieved through product standardization, volume purchasing and utilization management and all other cost saving initiatives. The contractor will be required to submit 'ad hoc' reports documenting savings as a result of all cost saving initiatives and provide details that will allow the government to verify reported results.

l. The Contractor shall serve as the standardization expert on regional Tri-service product Review Board (TPRB) meetings. The contractor shall attend and will take meeting notes as requested by the RLC. The contractor shall also participate, as requested, in various clinical service committees and Regional standardization committees, with the DoD healthcare region, as requested by the RLC or DSCP.

m. The contractor shall utilize DSCP medical materiel support programs to the maximum extent possible, reporting to DSCP and the RLC when sales are lost to DSCP due to lack of item availability in a materiel support program (PV, ECAT, etc.) or non-competitive prices or other factors. TRBO participation in non-DSCP cost saving initiatives shall be documented in the Monthly Status Reports sent, through the RLC, to DSCP and the EA Program Office.

n. The contractor shall seek resolution of all problems or potential problems at the Regional level and will advise the DSCP COR of potential problems or unresolved issues as is required in the performance of this contract and as the exercise of professional or good judgement dictates.

o. The contractor shall summarize the results of this task in the Monthly Status Report, to be distributed to the RLC, the EA Program office and DSCP.

Automated Data and Reports

Data sources and methods of data access, collection, manipulation and analysis shall be automated and uniform across Regions. The Senior Data Analyst will serve as a focal or the central point for developing repetitive use data call methodologies, data field requirements and processes that will be exported and documented in writing to all regions. The contractor will also ensure DSCP or RLC requested unique data calls across one or more regions are handled uniformly and all data call results can be duplicated. The contractor shall provide copies of procedures to DSCP to aid in the verification of reported results. The central point of contact will serve as the trainer and assigned help desk source for other regional data analysts as well as developing “how to” instructions on current and new procedures or databases/sources as are identified. The contractor is required to ensure manual procedures are kept to a minimum, if at all. The use of manual efforts, “cut and paste techniques”, in lieu of utilizing automated reports or procedures, shall be determined as failing to meet the Government’s minimum requirements. The central point of contact will coordinate data calls, dissemination of processes and access to databases, etc., with DSCP. The contractor shall provide DSCP copies of all related procedures as requested. All reports written by the contractor to perform under the resultant contract, to include the report’s design, procedures to run the report and all related documentation becomes the property of the Government.

The contractor shall create a central database, or Super Price Book, wherein all the standardization information required in the Regional Standardization and Savings Report as stated under Task 6, shall be posted. Other data fields may be required, for example the Region the information applies to. The contractor will be required to load each TRBO/region’s information within 30 days from the effective date of the RIA or other cost savings agreement. The contractor shall keep the information current, by posting updates and conducting all required maintenance within 30 days of notice of the change. The contractor shall create queries or reports against the database in response to DSCP or RLC requirements. The database shall be resident at DSCP. The contractor shall be required to provide a written analysis or summary of report results if requested. The written analysis or summary is required within 30 days from the date of request.

Med/Surg Prime Vendor Invoice Verification Report

Within 90 days after date of award, the contractor shall provide to DSCP a written analysis of the capability to validate PV invoiced prices against the prices loaded in the DMS, with specific attention to RIA or tier pricing. The contractor's analysis shall include the data, systems and information, etc., required. The report shall also include the capability to verify the accuracy of prices paid for all the customers in a Region and shall state any limitations. The contractor shall request assistance as needed from DSCP during this research phase. The resultant report is required monthly for each Region and shall be capable of being sorted by customer DODAACs, as a minimum.

The contractor shall provide an electronic copy of the report to the Region and DSCP. DSCP, the DSCP PV Contracting Officer and applicable DSCP Case Manager shall work with the PV and the Region or individual customer to resolve reported discrepancies, if any. The contractor is not authorized to resolve invoice issues directly with the PV. The contractor may be requested to provide clarification or additional documentation as requested. Based on the results of the report, the Region may determine that the report is not required monthly and may request a less frequent schedule. In this event, the contractor is required to provide the results of the report within 30 days after date of request by either the RLC or DSCP.

Regional Partnerships

It is the intent of this contract, that individual Regions (IDN) and potentially all Regions, will work as one worldwide IDN to realize the benefits under the resultant contract. Regional TRBOs will coordinate actions, share resources and all the responsibilities involved in Standardization or other cost savings initiative, when determined to be in the Government's best interest. The RLCs and DSCP will assist in the coordination as required. DSCP will make acquisition strategy recommendations as required. An example of a combined Regional or worldwide IDN may involve multiple regions working to standardize on one product line. During this action, one or more region(s) may be tasked to determine the clinical requirements of the action, facilitate the clinical evaluation, analysis and document results. Another Region may obtain usage data and other base line information from each participating Region, enabling the Regions to leverage their combined purchasing volume to obtain the lowest price obtainable, as a result of standardization or other cost savings action. Regional Partnerships will also increase the contractor's efficiencies, freeing TRBO members to work on other projects.

The contractor will be required to identify, coordinate and facilitate regional partnerships that will result in better inter-organization collaboration, reduced overhead and improved local support. The Program Manager will review projected Regional actions and will take the appropriate actions to meet this requirement, to include coordinating all proposed partnerships with the designated RLCs. It is anticipated that follow-on or the second standardization action for the Phase I items represent an opportunity for the contractor to aggressively meet this requirement. Part II of the PMP shall include the contractor's approved product line recommendations for regional partnerships. As stated in Task 1, the PMP is reviewed and approved by the RLC.

Commitment

The contractor is required to disseminate information on the progress and status of the resultant contract to individual regional facilities or customers. The contractor shall communicate and distribute information to regional facilities/customers; concerning the status of ongoing/pending product evaluations and other cost savings initiatives. The Contractor shall also inform each regional facility/customer of Regional Standardized product decisions on a monthly basis, concurrent with the effective date of the Regional Incentive Agreement's (RIA) or other agreement. The Contractor shall follow-up and track usage/sales of the Region and each facility in the Region document findings in a **Quarterly Standardized Compliance Report**. The contractor will coordinate and obtain the approval of the RLC prior to releasing information to web page, email or other method of communication.

Regional Incentive Agreement Requirements

For each Region stated in the Schedule page, the contractor is required to include in the Region's PMP and facilitate a minimum of 6 Standardization actions per Region, per year that will result in cost savings over the national DAPA prices or current prices paid, that utilize DSCP medical materiel support programs and that result in a signed RIA and prices loaded into the DMS. The requirement is reduced to 5 RIAs per Region, for the initial base year period. The RLC will also prioritize the order in which the standardization actions will be accomplished and this will also be stated in the PMP. Invoking an existing option for a regional or multi-regional agreement will not be considered as meeting the requirement. The contractor shall recommend and standardize on a vendor's complete product line(s). Agreements that 'cherry pick', or significantly limit the breath or number of items standardized under the resultant RIA from what is considered to be a full commercial product line, will be evaluated as not meeting this requirement in full.

The PM shall be involved in the preparation of all PMP's and shall review each for the opportunity for Regional Partnerships. The PM will make product line and timeframe recommendations to the applicable RLCs. Coordinated and pre-approved partnerships shall be stated in the PMPs of the participating Regions.

Standardization Agreements

The contractor shall facilitate Standardization Agreements and Regional Incentive Agreements, utilizing DSCP medical material support programs to the maximum extent possible, for the product lines identified in the results of the Pareto Analysis as required in Task 7 and as otherwise determined by the Region.

The contractor shall manage and track the expiration date of all Regional Agreements, to include RIAs, to ensure the Government's rights are not forfeited. The contractor will provide a copy of the RIA/Cost Savings Agreement Tracking Report to the RLC, EA Program Office and DSCP COR upon demand. The report will include the vendor, agreement number, the agreement effective date, option dates and expiration date.

Standardization Action Files

All information related to each individual standardization decision will be retained in a separate file for historical and verification purposes. The Contractor shall maintain all standardization decision documentation, to include meeting minutes, background information, alternative analysis, rationale for recommended standardization changes, the results of each alternative analysis, and any decisions model implemented by TLA or DSCP based on the alternatives presented by the Contractor. Documentation shall include information on the data source(s) and if applicable, Owen Healthcare code used to estimate base line usage/sales and projected usage/sales data. The baseline information shall be used by the TRBO to track actual savings against estimated savings and increased customer commitment. The same baseline information will be used by the Government for verification of reported TRBO results.

The Contractor shall be responsible for maintaining complete and accurate files of all transactions and decisions. Only the RLC may dispose of the decision documents, after notifying DSCP. The file(s) are the property of the Government. When requested, by DSCP or the RLC, the TRBO will review file information and provide copies of documents or will summarize information resident in files or other actions related to a regional decision that the TRBO participated in under the contract. Requests for information that involve two or more Regions may be coordinated through the PM. The contractor shall assist with requests for information under the Freedom of Information Action (FOIA), providing the required documents and seeking guidance from the applicable FOIA officer as is required.

Task 3 - Web Site (Mandatory)

Web Site: The contractor is required to submit files and information electronically for posting on the web in an electronic formation, review and update a standardization web site supporting each Tri-Service Regional Business Office (TRBO) and RLC. The submission of hard copy/paper information is not permitted, unless expressly stated in advance. The web site will allow common information to be posted on regional programs for logisticians, clinicians, CPT members and vendors. The web site will also include secure areas containing regional 'price-book' information on existing regional agreements, and links to the logistics business area of the fedlogspt.com. Each TRBO's web section shall include, but shall not be limited to the following type of information: General information, TRBO and Regional Points of Contact, Regional Customer Information, Standardization agreement information (part number, price, PV order number, DAPA holder, etc.) and other cost savings initiatives, current events, etc., for the purpose of keeping regional customer and other interested parties up to date. The contractor will be requested to comment upon web page design and to submit recommendation for additional information content or additional links as is required. The contractor will be required to work with the designated web master and to comment on the design and to implement as on-line up date web capability for secure and un-secured access. DSCP requires that forms and reports be used when available from DSCP's internet/web site. Examples of forms and reports are as follows, tracking point of contact information, savings reports, RIA information, etc. The contractor is required to review, update and post new information on the DSCP Standardization page once every thirty days, as a minimum.

It is anticipated that within 12 to 18 months after contract award, DSCP will initial Configuration Management Application to the web site. The contractor will be required to use this software to submit and maintain, update information resident on the Standardization web site.

Request you identify the individual(s) who will perform this task in your technical proposal.

Offerors are invited to log on to www.dscp.dla.mil/standardization, for an example of the information currently available to users.

Task 4 - Assist with DSCP Forward Presence and Provide Feedback to RLC/DSCP on Prime Vendor, ECAT and Standardization Programs (Mandatory)

The Contractor shall support DSCP in its efforts to partner with its customers to achieve standardization and increased use of DSCP medical materiel support programs, specifically Prime Vendor and ECAT. As such, the Contractor will serve as a knowledgeable DSCP representative as well as serving as a Regional focal point for DSCP medical materiel support programs. The contractor will not serve as the technical expert for DSCP medical materiel support programs and shall defer to DSCP technical experts. The DSCP Standardization Office will be the focal point for TRBO inquiries regarding information on DSCP programs. The contractor, as DSCP forward, shall always conduct itself in a professional manner, representing DSCP and DSCP medical materiel support programs in a favorable manner. The Contractor shall assist DSCP/RLC to:

- Develop acquisition strategies that result in increase sales through the DSCP PV program as the preferred method of materiel acquisition
- Disseminating standardization information to other DoD Healthcare/Tricare Regions, authorized DSCP PV ordering locations, all facilities participating in the agreement and as requested by DSCP.
- The contractor shall report to DSCP when products are not available under the DSCP PV program, as an opportunity to increase PV sales. The results of this task shall be documented in Monthly Status Report and ad hoc DSCP/RLC requested reports.
- The contractor shall develop acquisition strategies to transition local purchase and Government credit card sales to DSCP PV, ECAT or other DSCP materiel support programs. The contractor shall document their success (items and savings) in the Monthly Status Report. The contractor shall report to DSCP when a product or product category is not available under both the PV or ECAT programs and its recommendation for acquisition. The results of this task shall be documented in Monthly DSCP Project Status Report and ad hoc DSCP/RLC requested reports.
- The contractor shall report progress of ECAT or PV marketing efforts, stating facility, point of contact, date and method of contact (phone, visit) and actions taken. Document in the Monthly DSCP Project Status Report.
- The contractor shall develop an acquisition strategy that utilizes DSCP materiel support programs as the primary and preferred method of acquisition support. The TURBO shall include and document DSCP's capability to support a standardization action or other cost savings initiative as part of every business case or cost analysis. The contractor shall report strategies that do not utilize DSCP medical materiel support programs to DSCP in the Monthly Status Report. DSCP, as a full partner, will review all alternative acquisition strategies to better position itself for future acquisition initiatives that will meet a Region's needs. DSCP intent is to provide value to the process and to respond to the Region's requirements in an efficient and timely manner.

- The contractor shall develop automated data collection strategies and standardize ‘ad hoc’ report capability that can be used in each Region to meet the requirements of this contract.
- The contractor shall develop strategies to capture usage data, regardless of acquisition method and to consolidate, automate and analyze the data into meaningful information about Regional spending, utilization and Readiness requirements.
- Develop strategies to provide data to the Region documenting cross over opportunities for standardization initiatives applicable in construction of sets, kits, outfits and all other relevant mobility/readiness projects. Every standardization initiative will be reviewed for this potential. The information will be used by the region to maximize their ability to merge peacetime and wartime medical materiel usage.
- The contractor shall, prior to vendor or product line selection on standardization or other cost savings initiative or when the opportunity identifies itself, coordinate this information with the Joint Readiness Clinical Advisory Board for status and guidance, through the RLC and DSCP. It is the intent of the requirement that the JRCAB and the contractor be kept up to date with ongoing initiatives and determinations that will impact on Readiness and Regional requirements.

The Contractor shall also participate in monthly status meetings the RLC and may be required to participate to brief government management about program status and issues as it relates to the Task at DSCP. The Contractor shall document the result of this task in an Attachment to or as a separate heading in the Monthly Status Report entitled, **DSCP Project Status**, delivered to the RLC, the EA Program Office and DSCP. Project Status Reports shall detail potential and realized savings, as well as any problems or issues generated by the standardization initiative. The Contractor is not authorized to act on behalf of the DSCP PV Contracting Officer or any DSCP Contracting Officer and shall refer all contractual issues to DSCP for action. The Contractor may be required to provide documentation.

Standardization Pricing and Management Systems

The contractor shall work within the guidance provided by DSCP regarding all procedures to insure standardization prices, as a result of a RIA or other cost savings initiative are timely loaded into the applicable management system, i.e. DAPA Management System or ECAT. The contractor shall provide DSCP a copy of all pricing agreements. A signed copy of the agreement shall be delivered to DSCP, no later than 10 days after date of final signature. The contractor shall inform the vendor in advance of signature, of the requirement to load pricing into the applicable DSCP management system and shall work with the vendor to ensure all pricing, items and customers are loaded in accordance with the effective date of the agreement, or within 45 days after date of award. The contractor shall work to resolve delays and any other outstanding issues, potential problems or information discrepancies, and shall provide status back to DSCP within 3 days from DSCP’s notification.

The contractor shall periodically review DSCP management systems to insure that the prices, customers and items as agreed in the signed agreement, are resident in the required management system. The contractor shall create automated reports to verify the information loaded and shall as a minimum, perform a verification every six months or as requested. The fact that the customer may be receiving the benefit of RIA prices or other cost savings initiative prices, regardless of the fact that the items are not loaded into the applicable DSCP management system, shall not be considered a substitute for meeting this requirement.

The contractor shall develop an automated monitoring system to ensure all RIA information loaded into DSCP management systems can be verified as accurate. As a minimum, the contractor shall verify the accuracy of 'tier' or RIA prices, line items and applicable DODAACs loaded on a quarterly basis or on demand as requested by DSCP or the RLC. The contractor shall immediately report discrepant results to DSCP and shall summarize results in the Quarterly Report.

The contractor shall disseminate the result of all cost savings initiatives to customers in the Region in advance of the effective date or the actual date the pricing will be available to customers, whichever is first. The contractor shall provide as a minimum the agreement number, vendor, manufacturer's name, RIA or other cost savings price, the prior price, part number and for Prime Vendor items, the PV order number as assigned by the Prime Vendor. This information shall be posted on each Region's Standardization web page.

Readiness and Special Projects

The Program Manager will be requested to assist DSCP, the EA Program Office or other Regional participants in special projects that require the PM to provide Regional information resident in regional databases or files, Regional expertise and assistance. As an example, the contractor, if requested, will be required to support Readiness by updating, identifying and recommending substitutions for designated Readiness items based on Regional purchasing patterns and standardization agreements. It is assumed that the designated PV will review and "scrub" Readiness requirements prior to the contractor's involvement. The COR will notify the Program Manger of all requests for Special Project assistance.

Periodically, the DSCP COR or the RLC will request the contractor to review each Region's standardization results and provide or document specific requested information. DSCP will coordinate this requirement through the PM. The contractor will be provided specific information on an item, to include Owen Healthcare product classification code, item description, manufacturer's name and part or catalog number. The contractor will be required to review the Standardization file(s) to determine if the subject line item was evaluated during a CPT. The contractor will be required to document that the subject item was rejected for clinical quality unacceptability, was not rejected for clinical quality unacceptability or was not evaluated as part of the CPT/Standardization action. The

contractor will report their findings back to DSCP or the RLC, providing the supporting hard copy documentation if requested. The information requested shall be provided back to DSCP or the RLC, whichever is required, within 10 working days from date of request. The contractor will be required to certify the accuracy of the information.

Non-DSCP Medical Materiel Support Program Sales Data Reporting Capability

The contractor shall work to identify the source(s) and data elements required to receive and collect Regional non-DAPA line item sales/usage information for the purpose of identifying opportunities to increase DSCP PV sales and use of other DSCP materiel support programs, as well as other acquisition strategies. Non-DSCP sales include sales under a government credit card, local purchase order, Blanket Purchase Agreement (BPA), non-ECAT electronic web ordering application, ACPOP, etc. Sales items also include items that are available under PV or ECAT and are purchased off contract.

The contractor shall be able to extract, manipulate and analyze data from both Government and commercial propriety database sources to, as a minimum, identify those items that can be transitioned to DAPA/PV program or other DSCP materiel support programs. The contractor will use the data to increase/consolidate usage data for the purpose of leveraging additional price reductions under a RIA or other agreements, if applicable. The contractor shall work with DSCP to identify and obtain access to data sources. The collected data shall be presented to DSCP, RLC and regional customers in an easy to use automated report.

Within 90 days after award, the contractor shall identify to DSCP and the RLC the data sources or the databases they will obtain data from or require access to, as well as the data fields required, to automate the collection and analyst of non-DAPA sales data and their report format. The contractor shall also identify those customers within the Regions they are unable to obtain or unable to obtain efficiently non-DAPA sales information and other inconsistencies. The contractor will be required to submit the results of their non-DAPA sales data report quarterly, as well as a summary of actions taken or required to meet the requirement. The contractor shall review their ability to obtain non-DSCP sales data at least once per year or as opportunities to obtain the information efficiently are known for a customer or group of customers in a region.

As a minimum, it is required that the contractor will provide report(s) to the RLC, the EA Program Office, DSCP and individual customers detailing the impacted items and the action required by each. The contractor will include in the following quarter's report the success of the prior quarter's recommended action item, as well as reporting the failure of participates, (DSCP, ROFs, TRBO, etc.), to complete recommended tasking.

The contractor shall also prepare a report documenting the individual ROF and Region's percentage of med/surg sales purchased under the DSCP PV program as compared to the total of med/surg purchases from all sources. The contractor shall state

report limitations, if any. The report shall be delivered to DSCP, RLC and EA Program Office on a quarterly basis.

Task 5 – Metrics and Performance Measurement Support

The Contractor shall assist DSCP and the RLC in the on-going efforts to refine and identify the appropriate metrics to monitor the program utilizing criteria established in Regional Tri-Service Medical Logistic Support Program, Implementation Guidance and as amended, through written policy guidance by the Medical Logistics Proponent Subcommittee. The contractor shall participate in the development of new or additional metrics as new opportunities to develop and implement cost savings initiatives are actualized. The contractor is advised, any performance metrics incorporated into the Implementation Guidance, will require that each TRBO provide the data elements, the graphic, chart or other details and display on behalf of the RLC as stated in the Guidance.

The Contractor will also be required to measure and calculate other than ‘hard’ savings, as defined under Task 6, for example, cost avoidance savings, as directed by the RLC, DSCP. For the purposes of this Task, cost avoidance savings may be defined as savings associated with a decision to purchase items or to revise a clinical process, etc., whose overall benefits or cost savings are not directly derived from its purchase price.

The Contractor will be required to document the processes used to create the new metric and provide copies to the RLC, DSCP and the EA Program Office as requested. The documentation shall be in sufficient detail to allow for verification of reported savings. New metrics will be required for the contractor to prepare ‘ad hoc’ reports, documenting the savings. Resulting reports may be required monthly or as otherwise be requested.

The Contractor shall act as the Subject Matter Expert, and participate in all planning sessions, as requested, to establish on-going project methodology and standard reports to measure performance. The contractor will be responsible to take the minutes of planning sessions. On-going program methodology will expand and may refine or alter Part II of the PMP, as reviewed and approved by RLC or DSCP.

Unless otherwise agreed to by the RLC or DSCP COR, the contractor shall complete all requests for development or metric reporting requirements within 60 days from date of the request.

Performance Review

The Government will review the progress of the contractor's performance prior to exercising each Option under the resultant award. DSCP will review the contractor's ability to comply with the requirements of the Tasks stated herein. DSCP will rely upon the results of the reporting requirements stated in Task 6, the contractor's ability to manage and complete objectives stated in the approved PMP, the contractor's ability to support DSCP material management programs, the support provided to the RLC and the results of customer satisfaction surveys, etc., in DSCP's determination. DSCP will consider actual performance to proposed performance as stated in the contractor's Technical Proposal as well as in Part II of the PMP.

The Contractor shall schedule and assist DSCP, at its option, with a twelve (12) month post-implementation review of the contract and the contractor's performance under the required Tasks, 90 days prior to the expiration of the base and each option year period. A representative from the EA Program office and the Region will be invited to participate in the review. Reviews may be conducted on site, at each Region or centrally, as requested by DSCP.

The Government reserves the right to audit the contractor's records and performance at anytime.

Task 6 - Reporting Requirements (Mandatory)

Savings is the difference in the actual 'pre-standardization' price, i.e., the national DAPA price vs. the new Regional Incentive or Tier price for the same item items or other cost savings initiative's before and after price. If savings is calculated based on local or credit card purchases, the contractor may use the difference in the mean price that the government participating activities were paying vs. the new price for the same item or service. Actual savings can only be calculated on items actually purchased by the Region. Savings as a result of Prime Vendor savings shall be calculated using DSCP Prime Vendor Sales data.

1. Adhoc Summary Reports: The Contractor shall be capability of providing 'adhoc' reporting capability to summarize savings, status of standardization actions, other cost savings initiatives or any topic related to the contract performance. Reports may be required quarterly or on an as needed basis. For cost savings, the Contractor shall report six months after the effective date of the RIA or other cost savings initiate and quarterly, thereafter the cumulative actual savings by subject topic. The subject topics reporting requirement is considered to be 'as required,' and the need will be stated by the RLC or DSCP. As an example, a report that reflects actual savings for a stated time period and cumulative savings for each Product Classification or Standardization Agreement (RIA) or other category and shall be capable of being sorted by individual healthcare facility or DODAAC, by Service (Army, Navy, etc.) and by individual product line savings, as a

minimum. Savings shall be calculated using ‘raw’ prices, if applicable. The effective date for reporting shall be either the date that the item(s) become effective in the DMS or the date the item(s) are loaded into the Prime Vendor’s sales system, whichever is earlier. The contractor shall record the effective date as part of their baseline information. All requests for adhoc reports or copies of reports may be distributed to the EA Program Office, as coordinated either through the DSCP COR (for non-region specific program data) or through the RLC (for region specific data). The contractor shall be required to provide a written analysis or summary of any report required herein or data call result, if requested by the RLC or DSCP. The written analysis or summary is required within 30 days from the date of request.

All reporting requirements developed to measure outcomes of new or revised metrics, as required under Task 5, either as incorporated into the Implementation Guidance or as directed by the RLC or DSCP shall be required under this Task.

2. Summary Metrics Reports: The Contractor shall deliver Summary Metrics Reports quarterly to the RLC and DSCP and DoD activities as authorized by the RLC. The contractor shall not distribute the summary metrics reports unless the RLC has reviewed and approved the information. If requested by DSCP, the contractor will prepare one report reflecting all the region’s individual data. This report shall include a graphic display of the metrics, as requested by the RLC and DSCP. A detail of all data points and analyses shall be maintained by the Contractor, and immediately delivered to the RLC and DSCP, upon request. The Metrics currently consists of the following reporting requirements. These requirements may be amended to incorporate ‘ad hoc’ reporting requirements or other requirements as incorporated into the Implementation Guidance. The reports shall include the following.

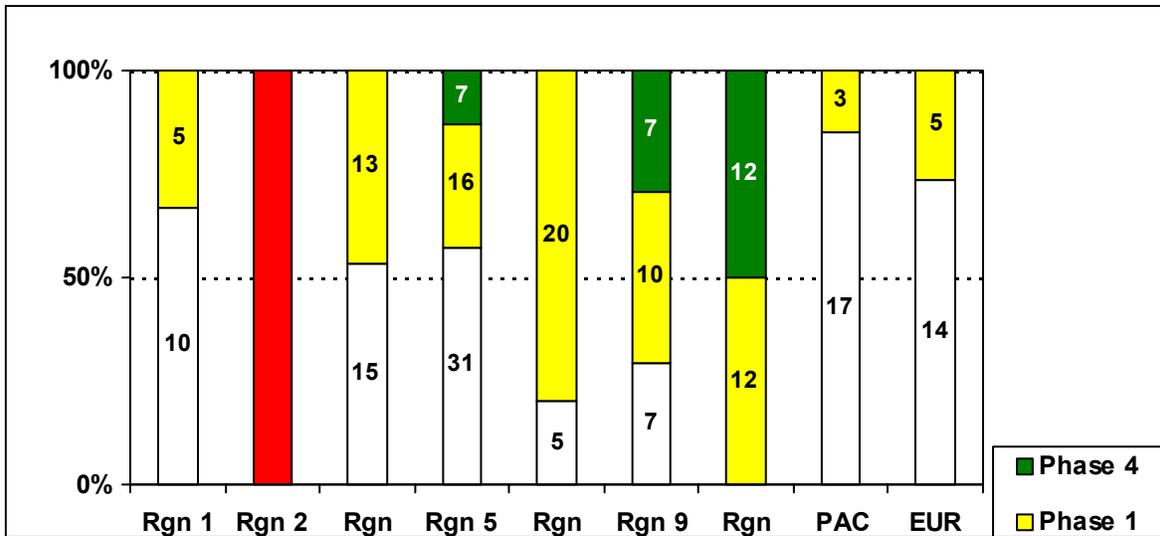
A. Increased Med/Surg PV Sales Report: The contractor shall report actual Med/Surg PV dollar sales over a 12-month period. The contractor’s Region shall demonstrate a continuous increase in sales over the 12 months. The contractor is required to display the information as a report and also as a graphic. The contractor shall use DSCP PV sales data. The contractor’s contribution to the continued success of Med/Surg PV program (increased sales) will be linked to the progress provided in the Monthly status report.

B. Increased ECAT Sales Report: The contractor shall report actual ECAT dollar sales over a 12-month period. The contractor’s Region shall demonstrate a continuous increase in sales over the 12 months. The contractor is required to display the information as a report and also as a graphic. A consolidated ECAT report is required, as are separate reports for Laboratory (LIDS), Dental, Equipment and Med/Surg. The contractor shall use DSCP ECAT sales data. The ECAT programs are maturing and sales are increasing each year as a natural progression of the program’s evolution. The

contractor’s contribution to the success of ECAT programs will be linked to the progress provided in the Monthly status report.

C. Standardization Chart Report: The Contractor is required to identify, select, and standardize on high volume and high dollar product categories for standardization beyond those products identified as Phase I or core items. These categories may be based on a Pareto analysis of the top 100 product categories and must be approved by the Region’s Tri-service Product Review Board. Additional products already being standardized by the region should also be included.

The status for identifying and selecting the top 100 high volume and high dollar product categories will be identified as: AMBER – Phase 1 (product group is identified and/or being reviewed by the clinical product team; clinical analysis is not started yet); WHITE – Phase 2 (conduct clinical analysis, and evaluations for product selection recommendation); GREEN – Phase 3 and 4 (product selection is made and pricing agreements are in place for the selected product group); RED – Not identified (product groups are not identified for standardization). The metric will be a stacked bar using color codes to reflect the regions status.



D. Regional Standardization and Savings Report: The following report is required to be updated and submitted quarterly as stated below. The report shall be dated and shall state the ending date of the reporting period. The report shall be in a standard format and will be used by the Region, EA Program Office and DSCP to document and measure the contractor's and program progress. Data contained in this report will also be collected by the LAG for the Executive Agent (USAMEDCOM) to brief the TRICARE Management Activity (TMA) on a quarterly basis. The report is required to be based on raw and delivered prices.

D.1. Raw Price Regional Standardization and Savings Report – Quarterly:

Due to potential increases/decreases to the PV Distribution Fee and elected Service levels within and among Regions and the DSCP PV cost recovery rate during the life of this contract, the contractor is required to calculate savings exclusive of these costs or based on 'raw prices'. DSCP requires that the savings be calculated based on 'raw' prices. This is the Raw Price Regional Standardization and Savings Report. This fact notwithstanding, the Raw Price report is required six months after the effective date of the RIA, and shall be updated quarterly thereafter. The effective date for reporting shall be either the date that the item(s) become effective in the DMS or the date the item(s) are loaded into the Prime Vendor's sales system, whichever is earlier.

D.2 Delivered Price Regional Standardization and Savings Report-Quarterly:

The RLC requires that a second report, in accordance with the Implementation Guidance, providing the same information, in the required formation, inclusive of the PV Distribution Fees and the DSCP cost recovery factor be prepared annually, or as requested. The RLC requires a comparable comparison can be made between what the item cost before standardization and what it cost after standardization. This is the Delivered Price Regional Standardization and Savings Report. Each report shall be labeled accordingly. Both reports shall also be displayed as a graphic based on the following fields. The effective date for reporting shall be either the date that the item(s) become effective in the DMS or the date the item(s) are loaded into the Prime Vendor's sales system, whichever is earlier.

Regional Standardization and Savings Report Format

The report shall be as follows:

Column A – Product Classification Code: Enter the Owen Healthcare product classification code. This code shall be taken from the part of the base line data recorded by the contractor.

Column B – Product Group: Owen Healthcare assigned.

Column C – Standardized Product: Enter the product description.

The next three columns (D, E, and F) relate to data before standardization occurred.

Column D – Number of Lines: Enter the number of different Stock Keep Units (SKUs) the MTFs in the Region were or are using before standardization. For example, if you have three MTFs that uses bandages. One MTF may stock 10 different J&J bandages, another stocks 5 J&J bandages with the same SKU as the first MTF, and the third MTF stocks 5 J&J bandages with the same SKU, then you would enter 10. This number would increase if the other two MTFs stock bandages different from what the first MTF stocked, or stocked bandages from a different manufacturer.

Column E - Number of Different Vendors: Enter the number of different vendors that are providing the product to the region. If one MTF is using Acme, another MTF is using B&B, and the third is using Microburst, then the total is 3; however, if two MTFs are using Acme and the third is using B&B, the total number is 2.

Column F – Annual Cost Prior to Standardization: Enter the total of what each MTF was paying for the entire product prior to standardization, based on Owen Healthcare codes and DSCP PV sales data (if applicable). To determine this amount, you must first extract the last 12 months worth of usage data for each MTF and add up the cost. The product usage data contains, as a minimum, the unit price paid, unit of measure, the quantities purchased, the manufacturer, and sometimes the extended cost (depending on the data source) for each individual product line being considered for standardization. If the extended cost has not been calculated, you must first multiply the usage by the unit cost. The contractor shall make every effort to use DSCP sales data, if applicable and shall report potential problems regarding data to DSCP. If DSCP sales data is not used, this should be disclosed as a footnote to the report in V. Notes. At a minimum, the footnote should indicate source, date, and certification of the accuracy from data source. Non-DSCP data should remain replicable; filed with the contractor and available to DSCP upon request for further testing and analysis.

Note: Verify that the unit of measure is the same when calculating the total cost, that you are comparing apples to apples. Sometimes, the usage data will show several lines of the same product with varying units of measure. Also, make sure the price used includes the PV Distribution Fee and the DSCP Administration Fee so a comparable comparison can be made between what the item cost before standardization and what it cost after standardization.

Column G – Vendor Selected and DAPA or other Agreement Number: Enter the vendor the region has chosen to standardize with and the DAPA or other agreement number. If more than one, then list them all.

Column H – Effective RIA Date: Enter the date the Regional Incentive Agreement becomes effective in the DAPA database or the date the PV begins passing on the new pricing to the customer. Use whichever date comes first.

The next three columns (I, J, and K) relate to data after standardization has occurred.

Column I - # of Lines: Enter the number of different SKUs the MTFs were or are using before standardization. For example, if you have three MTFs that uses bandages. One MTF stocks 10 different J&J bandages, another stocks 5 J&J bandages with the same SKU as the first MTF, and the third MTF stocks 5 J&J bandages with the same SKU, then you would enter 10. This number would increase if the other two MTFs stock bandages that were different from what the first MTF stocked, or stocked bandages that came from a different manufacturer.

Column J - # of Different Vendors: Enter the number of different vendors providing the product to the region after standardization. This number is usually limited to 1 or 2 vendors. One of the goals of standardization is to reduce the number of different suppliers.

Column K – Actual Quarterly/Annual Cost After Standardization: The process for this calculation is similar to determining annual cost before standardization; however, this entry cannot be made until six months after the product line has been standardized. To calculate quarterly cost, take the first three months of individual product line usage data, for usage data after the effective date of the Agreement (quarterly thereafter) and multiply it by the new tiered or RIA price. Individual calculations are required for each line item standardized under the agreement. Column K shall represent a cumulative amount. The Contractor shall make two calculations, one that includes the PV Distribution Fee and the DSCP Cost Recovery Factor and the second that excludes the two fees.

Note: The contractor is cautioned to verify that the unit of measure is the same when calculating the total cost, that you are comparing apples to apples.

Column L, N, P, R – Projected Annual Savings (Fiscal Year): These columns are used to record projected FY savings. Region 1 is the only facility that projected savings in FY 98 (Column L), so this column will be hidden in the spreadsheet of all other Regions. The formula for projected annual savings is:

Previous Year's Annual Usage x (National DAPA Price – Regional Tier Price) = Annual Savings

This formula will vary, as there are many variables that affect it. You may have to annualize the usage if you have a partial year's worth of usage. If the RIA is renewed, then the regional tier price becomes the baseline for additional savings, and the new tiered pricing becomes the regional tier price in the formula. Variables need to be footnoted indicating source, date and (if originating outside DSCP) certification of accuracy from data source. Variable data should remain replicable; file with the contractor and available to DSCP immediately upon request for further testing and analysis.

Column M, O, Q, and S – Actual Annual Savings after Standardization (FY):

These columns are used to record actual savings by FY. Region 1 is the only facility that had actual savings in FY 98 (Column L), so this column will be hidden in the spreadsheet for all other Regions. Actual Savings shall be a cumulative amount, based on individual line item totals. Again two separate calculations are required based on applicable fees and one exclusive of these costs. The formula for actual annual savings is:

Actual Annual Usage x (National DAPA Price – Regional Tier Price) = Annual Savings

This formula will vary, as there are many variables that affect it. You may have to annualize the usage if you have a partial year’s worth of usage. If the RIA is renewed, then the regional tier price becomes the baseline for additional savings, and the new tiered pricing becomes the regional tier price in the formula. The contractor may elect to show a separate calculation based on the original base line prices in the raw price report. Again, the contractor is required to use actual sales/usage data whenever possible. The contractor shall identify if sales have been annualized in Notes.

Column T – Total Projected since Program Started: Adds column L, N, P, and R.

Column U – Total Realized since Program Started: Adds column M, O, Q, and S.

Column V – Notes: Provide as a number to provide an explanation regarding anything that requires additional comments. More than one note can be annotated.

3. Standardization Compliance Reporting: Compliance is a measurement of the estimated sales volume or percentage of purchases that the Region agreed/committed to purchase from a vendor over a stated period of time against what was actually purchased. For other cost savings initiatives, compliance is a measurement purchasing/usage patterns prior to implementation of cost savings initiative against actual purchasing/usage patterns. Significant differences between Projected Savings and Actual Savings as documented in the “Regional Standardization and Savings Report” (see above) shall be analyzed. The contractor shall use base line projected sales estimates, actual savings and base line Owen Healthcare codes to measure compliance and to report the lack of market shifts from non-standardized items/product lines to the standardized items/product lines. The contractor’s analysis may include individual customer purchasing patterns to highlight inability to meet or increase compliance. (The contractor may also elect to highlight successful customer commitment as part of their analysis.) Whenever there is a difference greater than 25% between projected savings and actual savings, for the first six months reported and 10% for each additional reporting period, the contractor shall provide the above analysis no later than 45 days following the close of the quarter in which the actual saving was not realized and the actions taken or recommended to be taken to remedy the situation. The contractor shall record the percentage of change in **Column W** in the Raw Price Regional Standardization Savings Report only.

Unless documented to the contrary, conservative compliance requirements that maintain pre-standardization purchasing patterns and thereby are easily capable of meeting projected savings are not encouraged and may be viewed as contrary to meeting the objectives of the contract. The contractor is encourage to incorporate ‘tier’ pricing in Regional Incentive Agreements, to act as an incentive to increase commitment based on additional savings. Reports are required six months after the effective date of the Standardization action and quarterly thereafter. The report shall be delivered within 30 days after the closing date of the reporting period routed through the RLC to DSCP and the EA Program Office.

Task 7 - Assist in Identifying New Items and Product Lines and Acquisition Strategies (Mandatory)

To determine which item(s) should be standardized or included in other cost savings initiatives, the Contractor shall analyze regional purchasing, pricing, distribution, consumption, and acquisition data across Services within the Region. The Contractor shall review, and analyze local and regional buying patterns, and supply requirements. The top product standardization categories, or Phase I Core Items, are as follows:

Hospital Plastics
Needles and Syringes
Blood Collection Tubes
Endoscopy Supplies
Pneumatic Compression Sleeves
T.E.D. Stockings
Surgical Tapes
Drapes and Gowns
Masks
Sharps Containers
Surgical Sponges
Oxygen Regulators
Advanced Wound Care Products
Ostomy Supplies
Basic Urological Supplies
Examination Gloves

The majority, if not all, of the Phase I items should already be Standardized. The contractor shall place special emphasis on standardizing Phase I product lines, not previously completed, during the first year of the contract. The contractor shall review the expiration date of the Regional Incentive Agreement (RIA) and all other standardization agreements to make a recommendation to the RLC if it is in the best interest of the Region to invoke the Option (if one is available) to extend the RIA or agreement in accordance with the terms and conditions of the agreement or to begin a new or alternative standardization or other cost savings initiative. The Contractor shall

review ‘follow-on’ standardization efforts for opportunities for Regional Partnerships. In general, each Region will use the “core” products as an objective for standardization activities throughout the first year of this contract, if a RIA is not in place, but may augment them with other product categories, equipment, and service requirements as opportunities arise. Guidance shall be obtained from the DSCP Standardization Office regarding the conduct of all RIA actions.

Beyond those products identified as Phase I items, the Contractor shall identify, select and assist in the standardization on high volume and high dollar product categories for standardization, subject to approval by the RLC. The contractor may base their analysis of all the purchases of medical/surgical supplies in the Region using a Pareto (20/80) analysis of the top 100 product categories within 45 days after date of award and shall be included in Part II of the PMP. Following the Pareto analysis, the Contractor shall conduct an analysis on the complexity of all the categories identified above along with the categories identified using the Pareto analysis. The results of this should identify each product within each category as either immediate, short, or long-term conversion groups. These groups are identified as:

- **Immediate Conversion Group** – These products require little or no clinical evaluation or discussion and therefore can be immediately standardized. Products fitting into this category are considered “low hanging fruit.” This group yields little financial reward to the hospital but can yield major dividends when it comes to gaining the confidence of physicians and nurses. Furthermore, this group can be considered high-volume, low-tech, and non-controversial products.
- **Short-term Conversion Group** – These products need further clinical information and input without requiring extensive evaluations. This category of products typically takes three to six months to standardize. Further descriptions of this product can include items that are uniquely disposable products that are “one-of-a-kind.”
- **Long-term Conversion Group** – These items require extensive clinical data and test and evaluations. These products take considerable time and effort to establish, review, and gain consensus from providers. Here, the best description of the products includes items that are controversial and are sometimes strictly physician preference.

The Contractor and RLC shall review these products; recommend processes, procedures, and document proposed business rules and timelines to support the standardization effort. All acquisition strategies that do not utilize DSCP material support programs, as the primary and preferred source for acquisition and materiel management support shall be reported to DSCP in the Monthly Status Report sent, through the RLC, to DSCP and the EA Program Office; including but not limited to the identity of the initiative, the regional savings projected and the TRBO resources expended by manpower category and hours. DSCP, as a full partner, will review the Monthly Status Reports on alternative acquisition strategies and if applicable, will provide their comments back to the RLC and the TRBO. DSCP’s intent is to provide value to the process and to respond to the Region’s requirements in an efficient and timely manner.

2.6 KEY PERSONNEL

The following Key Personnel are required for this contract:

- A Program Manager (PM) who shall manage the effort outlined in the Statement of Work. The PM shall have sufficient authority within the Contractor's organization to direct execute, and control all elements of this tasking.
- Each Region, except for Europe, shall have a full-time Senior Subject matter Expert: Logistician, and a full-time Subject matter Specialist Clinical Analyst assigned specifically to support the Region. These positions shall be physically located with the RLC.
- Each Region will also have access to the expertise of a Subject matter Specialist Data Analyst. The Data Analyst is not required to be physically located with the RLC or in the immediate travel area.

All of the above key personnel shall be available to be on site to attend (1) Tri-Service Regional Product Review Board Meetings; (2) Clinical Product Review Team Meetings; and (3) any meetings or activities at which, the RLC requests their presence or assistance.

- The Contractor is also required to provide a Senior Data Analyst who will be located at DSCP in Philadelphia, PA.
- **European Region's Mandatory Staffing Requirements:**

Base Year Contract Period: Part Time (20 hours per week), Clinical Subject Matter Expert, located in Heidelberg, Germany, all other support obtained from Region 1.

Option Year 1 and Follow-On Option Years: Full Time Clinical subject matter Expert, located in Heidelberg, Germany, all other support obtained from Region 1.

Region 1 shall provide the Europe Region the support of a Senior Logistician and Subject Matter Data Analyst so that the European Region as well as Region 1 can successfully meet the requirements of the Statement of Work.

Key Personnel proposed under the resultant award shall meet the minimum qualifications as stated below:

Program Manager

The Contractor shall identify a Program Manager to serve as the Government's point of contact for all Regions, all contractual related issues, all performance issues and to provide technical supervision and guidance for all Contractor personnel assigned to the task. The Program Manager shall assign tasking to Contractor personnel, supervise on-going technical efforts, and manage task order performance. The Program Manager should demonstrate an understanding of Military Health System Programs as it relates to DSCP/Region's operational mission and technical requirements and an advanced understanding of a standardization and medical treatment environments and their associated products and product lines.

The Program Manager should have at least five (5) years of progressive Healthcare Information Management Systems, (with an emphasis in supply chain management) experience including at least three (3) projects in medical standardization and healthcare systems. At least one project must have occurred within the past three (3) years. The individual should possess excellent written and verbal communications skills requiring the ability to present material to DSCP/RLC officials. The Program Manager should have supervised substantial Military Healthcare System Programs that encompass user and data collection, analysis, network systems migration, integration, and activation, and training in diverse operating environments with people of various job categories and job skills. The Program Manager should also possess two (2) years supervisory experience of substantial Healthcare Information Management Information Systems service projects. One year of prior experience must have been in supervising large healthcare client service contracts, including people of various job categories and skills must have occurred in the last five (5) years.

A Master's degree in Healthcare Administration, Nursing, Business Administration or other related scientific or technical discipline is required.

Senior Subject Matter Expert: Logistician (Team Leader)

Each Region will be assigned a Senior Subject Matter Expert. This individual shall apply business process improvement practices to re-engineer methodologies/principles and business process modernization projects. Applies, as appropriate, activity and data collecting, analyzing, modeling, transaction flow analysis, internal control and risk analysis and modern business methods and performance measurement techniques. Assists in establishing standards for information systems procedures. Writes Business Case Analysis on topics related to the performance of the resultant award. Develops and applies organization-wide information models for use in designing and building integrated, shared software and database management systems. Constructs sound, logical business improvement opportunities

consistent with corporate information management guiding principles, cost savings, and open system architecture objectives. Leads a team of Subject Matter Specialists.

This position requires a minimum of five (5) years experience, of which at least three (3) years must be specialized. Specialized experience in medical information systems development, functional and data collection, analysis, requirements analysis, systems analysis and design, program design and documentation preparation. The following experience is also required: demonstrated experience in the implementation of healthcare standardization and business re-engineering of medical health systems. A strong understanding of the DoD Military Healthcare Systems is required.

A Master's degree in Healthcare Administration, Nursing, Business Administration or other related scientific or technical discipline is required.

Subject Matter Specialists – General Information

Subject matter specialists provide administrative support to Senior Subject Matter Expert. These individuals shall apply business process improvement practices to re-engineer methodologies/principles and to work on business process modernization projects. Applies, as appropriate, activity and data collecting, analyzing, modeling, internal control and risk analysis and modern business methods and performance measurement techniques. Assist the Senior Subject Matter Expert in establishing standards procedures and related program assistance as required. Develops and applies organization-wide information models for use in designing and building integrated, shared software and database management systems. Constructs sound, logical business improvement opportunities consistent with corporate information management guiding principles, cost savings, and open system architecture objectives.

Subject Matter Specialist: Senior Data Analyst

Provides high-level data/system analysis and management support to the standardization process. Knowledge of automated information systems, relational databases, structured query language (SQL) and SQL programming (or Visual Basic for Applications) required to assist the Senior Subject Matter Expert and RLC in collecting relevant data, creating and developing databases, utilizing current databases, creating queries, developing (database) reports and aiding in standardization initiatives. Convert manual/labor intensive data related processes to automated processes such as standardized reports that all Regional (TRBOs) can utilize on-site. Provide support to the data analysts in gathering, manipulating, querying, analyzing and reporting data. Support Command Level ad hoc queries to answer specific questions.

This position requires a minimum of three (3) years experience. Specialized experience in automated information systems development, functional and data

collection, data analysis, requirements analysis, systems analysis and design, program design and documentation preparation required.

It is required that the Senior Data Analyst is located at DSCP and the Government will provide office space, a computer and the necessary software to accomplish the duties.

A Bachelor's degree in Computer Science, Information Systems, Software Engineering or other related scientific or technical discipline is required.

Subject Matter Specialist: Clinical Analyst

Provides clinical expertise to meet contractual requirements. Facilitates and provides technical analysis of products, processes and procedures. Conducts, organizes Clinical Process Teams (CPT) as described in the Implementation Guidance and SOW, facilitating clinical evaluations, clinical trials, assisting CPT members in all related evaluations and analysis and facilitating/assisting in all related administrative areas, such as documenting the Technical Analysis and retaining all relevant documents for file. Serves as a point of contact for industry and/or CPT members. Conducts market research on product lines, manufacturers, State of the Art related research, accessing market trends and market leaders, conduct Business Case Analysis, etc., as required. Assist the Senior Subject Matter Expert and RLC in developing related cost savings and standardization initiatives, facilitating the regional clinician's ability to evaluate current and alternative business practices, clinical process, product lines and usage patterns. The clinical subject expert shall be able to provide analysis and recommended courses of action.

This position requires a minimum of five (5) years experience, of which at least three (3) years must be specialized. Specialized experience in information systems development, functional and data collection, analysis, requirements analysis, systems analysis and design, program design, documentation preparation and/or or nursing experience. Demonstrated experience in the implementation of healthcare standardization and business re-engineering of medical health systems is also required, as well as a demonstrated strong understanding of the DoD Military Healthcare System.

A Bachelor's degree in Healthcare Administration, Nursing or other related scientific or technical discipline is required.

Subject Matter Specialist: Data Analyst

Provides data analysis and management support to the Senior Subject Matter Expert and RLC in materials standardization process, technology assessment, and program documentation. Possess working knowledge of spreadsheets and relational databases. Responsible for tracking usage and sales from various data sources, calculating estimated and actual savings and providing reports and analysis based on the results. Work with Senior Data Analyst in creating tracking and reporting processes and procedures for standardized materials and other cost savings initiatives.

This position requires a minimum of three (3) years experience in functional and data collection, data analysis, and requirements analysis and documentation preparation.

A Bachelor's degree is required.

2.7 GOVERNMENT FURNISHED PROPERTY AND SERVICES

The Government shall provide the following property for contract operations. The property shall only be used in direct performance of contract requirements. This property will be designated as variable cost and as such will be funded by the Tricare Lead Agent, unless the contractor's personnel is located at DSCP. In that event, DSCP will provide the property as stated below.

- Office space and related utilities at performance locations (RLC) appropriate for the number of positions, information to be stored and equipment to be used, in performance of the contract.
- Office furniture appropriate for performance of the contract.
- Computer hardware, software, networks, systems and related technology to perform the requirements of the contract. Any software beyond the standard Microsoft Office suite or other software for which the RLC site has a license will be provided by the Contractor at no cost to the government.
- Information, manuals, instructions, folders, and other data required to perform the requirements of the contract.
- Access to Government computer systems, database to obtain and provide data as required.

All Government information provided to the contractor directly or as a result of access to Government databases or systems shall be used exclusively to meet the requirements of this contract and shall not be used for any other purpose or in the performance of any other contract.

2.7.1 Government Furnished Services

The Government shall provide the following services necessary for contract operations:

- Initial training of the contractor’s transition team. DSCP will provide training to the PM and other key personnel as required within 30 days after date of award. Training will primarily consist of OJT to include one to two days spent with the Contracting Officer’s Representative (COR) who will review the organization, its framework, and procedures and introduce the Contractor to manuals/regulations, on-line capabilities, etc. The contractor will employ a “Train the trainer” approach to minimize repetitive training for additional staff. Related travel and material cost for completion of any additional training will be the responsibility of the contractor.
- Access to government information and personnel required for performance of the contract.
- The cost to cover the initial training session and travel expenses will be discussed and authorized by DSCP after award.

2.7.2 Report Chart

Monthly Status Reports*	Contractor	25 th work day of each month
Proposed Travel Report	Contractor (PM)	Quarterly

Task 1

Management Plan - (PMP) details on how they shall measure performance. Metrics shall be used to demonstrate progress against goals.	Contractor	DOA or DOO + 30 calendar days
Part II of PMP	Contractor	DOA or DOO + 45 calendar days
Report status of products submitted to the Region Tri-Service Product Review Board	Contractor	Monthly

Task 2

CPT Meeting Notes	Contractor	As required
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Standardization Files	Contractor	As required
Regional Monthly Status Reports	Contractor	Monthly
RIA or Other Agreements/Contracts Tracking Report	Contractor	On going – On Demand
Develop guidelines, processes, samples and procedures to support All actions under the contract	Contractor	On-going
Develop Automated Data collection and analysis processes	Contractor	On going
Standardization/Meeting Notes	Contractor	Monthly or as required
Standardization Agreements/RIA	Contractor	6 RIAs per Region, Per Year, (Base Year, 5 RIAs per Region)
Task 3		
Dissemination of Standardization and other Contract Information to MTFs	Contractor	As Required
Web Information for Posting	Contractor	Every 30 Days
Web Master QCP (optional)	Contractor	30 Days After Award
Web Status Report (optional)	Contractor	Monthly

Task 4

DSCP Project Status Reports (Monthly Status Reports)	Contractor	Monthly
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Report/Document Prime Vendor problems and issues, with coordination by DSCP and RLC.	Contractor	As required and Monthly
Meeting Notes	Contractor	As Required
Non-DSCP Sales Report	Contractor	Quarterly

Task 5

Ongoing Development of Metrics Reports	Contractor	As required. Completion due within 60 days of request.
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Annual Post Implementation Review	Contractor/DSCP	Annually
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Task 6

Adhoc Reports	Contractor	Quarterly or as required
Increased Med/Surg PV Sales Report	Contractor	Quarterly and Annually
Increased ECAT Sales Report	Contractor	Quarterly and Annually
Standardization Chart Report	Contractor	Quarterly and Annually
Raw Price Regional Std and Savings Report	Contractor	Quarterly
Delivered Price Regional Std and Savings Report	Contractor	Annually
Standardization Compliance Report	Contractor	Quarterly

Task 7

Part II PMP Timeline and Revisions	Contractor	45 Days after Award or Option and as required
Develop guidelines, processes, samples and procedures to support PMP and all contractual actions	Contractor	As required

The chart above summarizing deliverables is provided for the convenience of the contractor and is not intended to be inclusive of all reporting requirements stated herein.

Monthly Status Reports

In additional to any requirement stated above, the Monthly Status Report shall detail progress for each month, problems encountered, and TRBO/Government actions taken or required. The monthly status report shall provide a narrative detailing major activities and accomplishments, planned activities and regional travel for upcoming months and describe all variances from the established project baseline in terms of cost and schedule. The report is required for each Region and shall be in a standardized format, clearly labeling each subject topic.

The report shall include the following at a minimum:

- Reporting Period Dates
- Contract Number/Delivery Order Number
- Region
- Author
- Summary
- Ongoing Initiatives – including target dates
- New Initiatives
- Action Items/Risk Assessments
- Problems encountered/Resolved
- Meetings held and scheduled
- Schedule of specific deliverables for the next month reporting period
- DSCP Project Status Report
- Distribution List

Distribution List shall include:

RLC (See Address in Schedule B)

DSCP
Medical Directorate
ATTN: DSCP-MS
Regional Standardization Office
700 Robbins Avenue
Philadelphia, PA 19111

USA MEDCOM
ATTN: MCLO (LTC E. Smith)
2050 Worth Road
Suite 8
Fort Sam Houston, TX 78234-6008

2.8 LIST OF GOVERNMENT FURNISHED DOCUMENTS

2.8.1 Government Furnished Documentation/Information

At a minimum, medical logistics documents listed below will be provided to the Contractor, upon request:

Regional Tri-Service Medical Logistics Program, Implementation Guide Version 3.0

List of RLC locations and mailing address for deliverables

List of Tricare Regions and DSCP PV Ordering Facilities

List of Tricare Regional Med/Surg PV Sales for FY00

Semi-Annual Customer Satisfaction Survey:

The Government reserves the right to utilize a semi-annual Customer Satisfaction Survey to assess how well the Contractor is meeting the requirements of the key partners of this project. Key partners include MTFs, RLC, Tricare Lead Agent, Service Commands, Prime Vendor and key private vendors samples as necessary.

3 EVALUATION FACTORS FOR AWARD

3.1 GENERAL

The Government will make an award to the responsible offeror whose offer conforms to the solicitation and is most advantageous to the Government, cost or price, technical quality and other factors considered. Prospective offerors are advised that a proposal meeting the objectives and requirements with the lowest price may not necessarily be selected if award to a higher price offeror is determined to be most advantageous to the Government. The factors listed below in section 3.1.1 shall be used to evaluate offers. The Government will award a firm fixed price task order.

The Government intends to evaluate proposals and reserves the right to award a contract without discussions with offerors (except clarifications as described in FAR 15.306(a)). Therefore, the offeror's initial proposal should contain the offeror's best terms from a cost or price and technical standpoint. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary.

The proposal must demonstrate to the Government's satisfaction that the offeror will provide a program that will ensure the successful accomplishment of the objectives consistent with the stated performance and technical parameters. The Government will evaluate the offerors on the basis of the material presented in the written proposals. However, the Government may use information other than that provided by the offeror in its evaluation, including past performance information. Proposal information provided for one factor may be used to assess other factors if the Government deems it appropriate.

3.1.1 Evaluation Factors

Offerors are to submit a proposal limited to a maximum of twenty (20) pages for the Technical and Past Performance factors (excluding the Price Proposal). The Price Proposal must be submitted in a separate document and has no page limitation. The proposal must address the following factors:

1. Past Performance
2. Technical Capability
 - a) Technical Approach
 - b) Personnel

3.1.1.1 Past Performance/Corporate Experience

Offeror shall list at least three (3) and up to five (5) contracts and/or subcontracts, (or currently performing under for more than eighteen months) within the past three (3) years for the same or similar services provided to either Government agencies or the private sector. The Government reserves the right to contact other than the individuals stated below. The following information shall be included for each contract:

- a. Name of Contracting Activity (customer)
- b. Contract Number and Type
- c. Total Dollar value of contract and total period of performance
- d. Brief description of the type of work performed
- e. Discuss the similarities and differences between proposed effort and that contract
- f. Number and type (expertise) of personnel assigned to the contract
- g. Point of Contact and phone number
- h. Program Manager's name and phone number
- i. State whether you performed as a Prime or Subcontractor. If you performed as a Subcontractor, provide the name, title and phone number of the prime contractor who would be familiar with your performance.

The offeror shall state if any problems were encountered on any of the contracts listed and any corrective actions taken, to resolve the issue.

The offeror shall state for each of the contracts listed, the type of cost saving initiative(s) undertaken and the amount 'verifiable' dollars that were saved (not estimated) for each year, as a direct result of the contractor's performance.

The offeror shall state any additional successes that were directly responsible for under the contracts regarding standardization and re-engineering business practices, specifically within the medical healthcare industry.

3.1.1.2 Technical Capability

a. Technical Approach

The offeror shall describe its technical approach to accomplish the specific tasks identified in the Statement of Work. The description shall be organized systematically and chronologically and shall be sufficiently detailed to provide the Government a clear understanding of the offeror's technical approach to accomplishing the required Tasks.

The offeror's technical approach should show how the offeror will be effective in meeting the requirement of the Statement of Work, and should show that the offeror understands the requirement of the Statement of Work. A logical sequence of tasks that will be performed to accomplish the stated requirements will be included as well as a proposed timetable for start-up and a discussion of specific goals to meet the Government's requirements, including dissemination of program information. Include in the technical approach a list of the Key Personnel that would be used to implement your solution and attached corresponding resumes. This shall include the number of hours to be worked per week and the Region each Key Personnel member will be assigned to and physically located. NOTE: Resumes do not count against the page limitation.

The offeror shall discuss its experience and ability to extract, manipulate and analyze data from commercial proprietary or Government enterprise databases such as Oracle, Microsoft SQL Server or Microsoft Access, etc., operating on file (database) servers. The Government has enterprise applications such as DMA (DAPA Management System), CDMIA (Customer Demand Management Information Application). MECA (Medical Electronic Customer Assistance and RMA (Readiness management Application). The offeror shall discuss its ability to create ad hoc queries and reports. Discuss its ability to automate data inputting and reports for repetitive use. Discuss the method/system used to automate data inputting (forms) and reports (i.e. stand alone PC, file server, LAN, dial-up modem, internet, etc). Discuss implementation of automated data sources to capture (customer) sales and usage (line item) data that will be used to establish base line information and to track and monitor individual customer purchasing behavior in order to perform as required.

b. Key Personnel

The contractor shall provide an organizational chart and shall state the ability of each person identified to comply with the resultant contract requirements. Your discussion of each person should include functional title or skill category and the applicable Region(s) this individual will be assigned. The organizational chart should include the number of hours per week this individual will be dedicated to successfully perform under the resultant contract. The contractor must certify that the information on each key personnel submitted is true and complete and that the individuals named are available for assignment the date the Delivery Order is effective.

For clarification purposes, each Region will provide the equipment, office space, etc., as stated in Section 2.7 of the SOW to support on-site Key Personnel. The contractor must provide all equipment and other support to key personnel located off-site.

Individuals designated as key personnel shall be committed to the project for a minimum of one year and cannot be substituted or replaced without the written approval of the Contracting Officer. The RLC and DSCP COR will review personnel changes in advance. The RLC will work with the DSCP COR on final selections.

Additional Credit

In evaluating the merits of each technical factor, additional credit will be given for commitments that exceed the Government's requirements that are determined by the Government to be beneficial. The technical evaluation will assess the ability of the offerors to successfully meet the requirements of the solicitation. The offeror is required to provide all the required information requested, in sufficient detail necessary to allow the Government to evaluate the offeror's ability to perform the services required. The Government is not obligated to request additional information from the offeror upon receipt of its proposal to make such a determination. The information provided should clearly address the technical approach and personnel proposed for each line item or Region.

3.2 PRICE PROPOSAL

The total price quoted must be developed in accordance with the contractor's GSA Federal Supply Schedules. The price quotes must include a price build up showing the labor categories used, the estimated number of hours and any price discounts offered. The offeror's price proposal should (a) be realistic for the work to be performed; (b) reflect a clear understanding of the requirements; and (c) be consistent with the various elements of the offeror's proposal.

3.3 BASIS FOR AWARD

The technical and past performance factors are more important than the price proposal.

3.4 EVALUATION CRITERIA

a. Past Performance/Corporate Experience

The offeror's proposal will be evaluated to determine if it demonstrates a level of past performance that provides a reasonable assurance that the solicitation's requirements will be met. This reasonable assurance is based on a subjective assessment of the offeror's experience, including both Government and Private Sector.

1. The offeror has a contract history that ensures its ability to handle the complexity and scope of the proposed award.
2. The offeror has taken timely action to resolve any problems or potential problems to the satisfaction of all parties.
3. The offeror has obtained tangible benefits on behalf of its customers, resulting in significant costs savings relative to the investment made by the client.
4. The offeror has demonstrated that it has provided standardization and other cost savings initiatives to its customers and specifically customers in the medical healthcare customers.

b. Technical Capability

a. Technical Approach

1. The offeror's plan demonstrates an understanding of the effort and tasks required. Start up times and goals are obtainable. The plan shall show that the offeror can successfully meet the requirements of the solicitation, to include cost savings and standardization.
2. The offeror has demonstrated that it has the ability to extract, manipulate and analyze data from proprietary systems and DoD systems and the capability to integrate data from multiple sources, create repetitive use reports and ad hoc reports, automated data inputting, that will meet the requirements and will result in greater efficiencies and reduced or minimal manual effort for the Region(s). Additionally, the offeror demonstrated the ability to automate data sources to capture (customer) sales and usage (line item) data, to establish base line information, track and monitor customer purchasing behavior in order to perform as required.

b. Personnel

1. Based on the information submitted the personnel proposed to perform under the resultant contract are adequate in number, meet the Government's minimum requirements and have demonstrated the type of experience, qualifications, etc., capable to perform the requirements of the resultant award.

2. The offeror's organizational chart clearly shows organizational relationships, lines of authority and responsibility and span of control. The Government is satisfied that the offeror has adequately addressed all responsibilities under the resultant award, to include administrative functions.

4 Vendor Proposal Instructions & Requirements

4.1 VENDOR PROPOSAL INSTRUCTIONS

Each offeror shall submit a proposal that clearly and concisely describes and defines the offeror's response to the objectives/requirements contained in the RFQ. Unnecessary elaboration, or other presentations beyond that sufficient to present a complete and effective proposal are not desired. Elaborate artwork, expensive paper or bindings, and expensive visual or other presentation aids are neither necessary nor desired. The proposal shall contain all the pertinent information in sufficient detail in the area of the proposal where it contributes most critically to the discussion of the same information. When necessary, the offeror shall refer to the initial discussion and identify its location within the proposal. Offerors should also identify risks inherent in their proposal, techniques used to mitigate those risks, and where such techniques were successfully employed in other contracts.

If an offeror does not understand the instructions contained herein, then written notification should be provided to the contracting officer for clarification sufficiently in advance of the deadline for the receipt of offers to get an answer in time to meet the deadline. The Government will publish the questions asked and the answers given, and distribute them to all prospective offerors.

Offeror's who take exception to the provisions, terms and conditions, or any other aspect, of this request, must address such exceptions in writing and submit them to the Contracting Officer. Alternate proposals are not authorized. Objections to any terms and conditions of the RFQ may make the offer unacceptable. An offeror may correct a deficiency only through discussions.

The Government will process late submissions of offers in accordance with FAR 52.215.1 and its Alternate I provision (see FAR 15.209(a)(1)). If an offer is received late and is not eligible for consideration in accordance with FAR 52.215-1 and Alternate I, then the Government will reject that offer without evaluation.

Proposals must be submitted “single sided”. Each side is considered a “page” which counts against the page limitation. Pages shall be 8 ½ x 11”, with at least one inch margins on all sides, using Times New Roman font with a 12 point size type or larger for all body text. Text used in graphics is at the discretion of the contractor, but should maintain a legible font and size; graphics must be able to be printed and copied in pure black and white. Graphics shall count towards page limitations. Pages shall be consecutively numbered. Multiple pages or foldouts count as an equivalent number of 8 ½ x 11” pages. Each page of the proposal should be affixed with the following legend: **“Source Selection Information – (See FAR 3.104).** Offerors shall not submit information in their proposals that is considered **“Classified”**. Proprietary markings are permitted. It is to be noted that only Government representatives will be performing evaluations of proposals and that non-Government advisors will be limited to performing in an advisory capacity.

Offerors shall submit **4 copies of the Technical/Past Performance section and 4 copies of the Business Proposal** to the name and address contained in Section 1.4. The copies should be in the following format: **one (1) original signed offer and three (3) copies.**

5 Vendor Security Requirements

5.1 VENDOR SECURITY REQUIREMENTS

The work performed under this task order shall be UNCLASSIFIED. There may be a requirement for certain contractor personnel to obtain ADP clearances at the ADP II or ADP III levels. All persons performing services designated non-critical-sensitive, ADP-II, must have a favorably adjudicated National Agency Check, Local Agency Check, and Credit Check (NACLIC) prior to performance. All persons performing services designated ADP-III must have a favorably adjudicated National Agency Check prior to performance. If an individual does not meet these requirements, a waiver must be approved by DLA prior to performance. This requirement is in accordance with DoD 5200.1-R.

The Contractor shall submit each request for investigation to the DASC-RC Personnel Security Office to be forwarded to the Defense Security Services (DSS) for investigation. Requests shall include a completed Electronic Personnel Security Questionnaire (EPSQ) (SF 85-P, Questionnaire for Public Trust Positions), a DD Form 258 (Fingerprint Card) and a birth certificate. Once the NACLIC is completed, the results will be returned to the HQ-DLA Command Security Office, Intelligence and Security Team (CAASI), for review and a determination will be made as to the individual's eligibility to perform ADP-II or ADP-III duties with DLA.

The provisions outlined above apply to the prime contractor, teaming partners and subcontractors the prime contractor may employ during the course of task orders awarded under this contract. No contractor personnel performing sensitive duties will be allowed to commence work on this effort until his or her trustworthiness has been favorably adjudicated. DLA retains the right to request removal of Contractor personnel regardless of prior clearance or adjudication status, whose actions, while assigned to any task ordered resulting from this contract, clearly conflict with the interests of the Government. The reason for removal shall be fully documented in writing by the Contracting Officer. When and if such removal occurs, the contractor shall within 10 working days assign qualified personnel to any vacancy thus created.

ATTACHMENT 1

LIST OF TRICARE REGIONS AND DSCP PV ORDERING FACILITIES

PRIME VENDOR	CONTRACT NUM	DODAAC	ROUTINE ORDERING FACILITY (ROF)
		Region 1	
O&M	SP0200-00-D-6000	W71PEC	Walter Reed Army Medical Center - Washington, DC
O&M	SP0200-00-D-6001	W74KNW	Pentagon Army Health Clinic - Washington, DC/Pentagon
O&M	SP0200-00-D-6002	W23A74	Kimbrough Ambulatory Care Center, Fort Meade - Odenton, MD
O&M	SP0200-00-D-6003	W26AAJ	Dewitt Army Hospital, Fort Belvoir - Alexandria, VA
O&M	SP0200-00-D-6004	W74KN2	Andrew Radar Army Health Clinic - Fort Myer, VA
O&M	SP0200-00-D-6005	W80069	Kirk Army Health Clinic - Aberdeen Proving Ground, MD
O&M	SP0200-00-D-6006	W8003K	DTHC Arlington Annex – Washington, DC
O&M	SP0200-00-D-6007	W807YG	Dunham Army Health Clinic - Carlisle Barracks, PA
O&M	SP0200-00-D-6008	YMEBHA	U.S. Army Health - OH Clinic, Fort Detrick, Frederick, MD
O&M	SP0200-00-D-6009	W15QP8	Patterson Army Health Clinic - Fort Monmouth, NJ
O&M	SP0200-00-D-6010	W16BCY	William L. Keller Army Community Hospital - West Point, NY
O&M	SP0200-00-D-6011	W16BFB	Guthrie Ambulatory Clinic - Fort Drum, NY
O&M	SP0200-00-D-6012	N00162	Naval Medical Clinic - Annapolis, MD
O&M	SP0200-00-D-6013	N00168	National Naval Medical Center - Bethesda, MD
O&M	SP0200-00-D-6014	N00105	Naval Medical Clinic - Portsmouth, NH
O&M	SP0200-00-D-6015	N00231	Naval Medical Clinic - Quantico, VA
O&M	SP0200-00-D-6016	N32398	Naval Medical Research Center Bethesda – Silver Springs, MD
O&M	SP0200-00-D-6017	N61726	Naval Hospital - Groton, CT
O&M	SP0200-00-D-6018	N66098	Naval Hospital - Patuxent River, MD
O&M	SP0200-00-D-6019	N68086	Naval Ambulatory Care - Newport, RI
O&M	SP0200-00-D-6020	FM2835	66th Medical Group - Hanscom AFB, MA
O&M	SP0200-00-D-6021	FM4425	Malcolm Grow USAF Med Center - Andrews AFB, MD
O&M	SP0200-00-D-6022	FM4439	305th Medical Group - War Reserve Materiel Warehouse - McGuire AFB, NJ
O&M	SP0200-00-D-6023	FM4484	305th Medical Group - Walson Hospital - Fort Dix, NJ
O&M	SP0200-00-D-6024	FM4497	436th Medical Group - Dover AFB, DE
O&M	SP0200-00-D-6025	FM7054	11th Medical Group/Bolling AFB - Washington, DC
O&M	SP0200-00-D-6026	HPH010	Martin's Point Health Care Pharmacy – Portland, ME
O&M	SP0200-00-D-6027	UY5180	Abbey Industries – Canadagua, NY
O&M	SP0200-00-D-6028	Z31800	USCG Yard – Baltimore, MD

O&M	SP0200-00-D-6029	Z67100	USCG Training Center – Cape May, NJ
O&M	SP0200-00-D-6030	Z70098	USCG Headquarters Health Clinic – Washington, DC
O&M	SP0200-00-D-6031	Z47000	Integrated Support Command Boston, MA
O&M	SP0200-00-D-6032	Z60100	U.S. Coast Guard Academy - New London, CT
O&M	SP0200-00-D-6033	Z20115	U.S. Coast Guard Air Station - Kaehler Mem. Medical Clinic - Cape Cod - Otis ANGB, MA
O&M	SP0200-00-D-6034	753209	National Institutes of Health (NIH) - Bethesda, MD
O&M	SP0200-00-D-6035	843100	US Soldier's & Airman's Home – Washington, DC
O&M	SP0200-00-D-6036	993M45	District of Columbia (DC) General Hospital - Washington, DC
O&M	SP0200-00-D-6037	993N48	Commission on Mental Health Services, Washington, DC
O&M	SP0200-00-D-6038	362311	VA Medical Center - Syracuse, NY (PREPACS ONLY)
O&M	SP0200-00-D-6039	HU0001	Uniformed Services University - Bethesda, MD
O&M	SP0200-00-D-6040	UY5181	Washington Green County Branch - Penn. Assoc. for the Blind, Washington, PA
O&M	SP0200-00-D-6041	N32185	Naval Healthcare New England
O&M	SP0200-00-D-6042	N0608A	National Naval Dental Center Bethesda

REGION 2

Allegiance	SP0200-00-D-6070	W36N0P	Womack Army Medical Center - Fort Bragg, NC
Allegiance	SP0200-00-D-6071	W26AL3	McDonald Army Hospital - Fort Eustis, VA
Allegiance	SP0200-00-D-6072	N00183	Naval Medical Center - Portsmouth, VA
Allegiance	SP0200-00-D-6073	N62753	Naval Dental Center - Norfolk
Allegiance	SP0200-00-D-6074	N66094	Naval Hospital - Cherry Point, NC
Allegiance	SP0200-00-D-6075	N68093	Naval Hospital - Camp LeJeune, NC
Allegiance	SP0200-00-D-6076	FM4488	43rd Medical Group, Pope AFB, NC
Allegiance	SP0200-00-D-6077	FM4800	1ST Medical Group - Langley AFB, VA
Allegiance	SP0200-00-D-6078	FM4809	4th Medical Group - Seymour Johnson AFB, NC
Allegiance	SP0200-00-D-6079	MML100	SASSY Mgmt Unit - 2nd FSSG - Camp LeJeune, NC
Allegiance	SP0200-00-D-6080	M27120	Medical Logistics Company - Camp LeJeune, NC
Allegiance	SP0200-00-D-6081	Z47300	USCG Support Center Elizabeth City – Elizabeth City, NC
Allegiance	SP0200-00-D-6082	Z63100	USCG RTC Yorktown, VA
Allegiance	SP0200-00-D-6083	skipped	
Allegiance	SP0200-00-D-6084	M29066	Med. Log. Co., 4th Sup Bn., 4th FSSG, Newport News, VA
Allegiance	SP0200-00-D-6085	W81EFP	32nd Battalion, Ft. Bragg, NC
Allegiance	SP0200-00-D-6086	N68610	FHSO Cheatham Annex, Williamsburg, VA
Allegiance	SP0200-00-D-6087	Z47100	USCG ISC Portsmouth, Portsmouth, VA

Region 3

O&M	SP0200-00-D-6100	W33BRA	Martin Army Communtiy Hospital - Fort Benning, GA
O&M	SP0200-00-D-6101	W33BWP	Lawrence Joel Army Health Clinic – Fort McPherson, GA
O&M	SP0200-00-D-6102	W33DME	Winn Army Community Hospital - Fort Stewart, GA
O&M	SP0200-00-D-6103	W33M8S	Eisenhower Army Medical Center - Ft. Gordon, GA
O&M	SP0200-00-D-6104	W33XWA	Tuttle Army Health Clinic - Hunter Army Airfield, GA
O&M	SP0200-00-D-6105	W37N03	Moncrief Army Community Hospital – Fort Jackson, SC
O&M	SP0200-00-D-6106	W90KEW	USAMMA – Goose Creek, SC
O&M	SP0200-00-D-6107	N00232	Naval Hospital - Jacksonville, FL
O&M	SP0200-00-D-6108	N00203	Naval Hospital - Pensacola, FL
O&M	SP0200-00-D-6109	N61337	Naval Hospital - Beaufort, SC
O&M	SP0200-00-D-6110	N68084	Naval Hospital - North Charleston, SC
O&M	SP0200-00-D-6111	N68411	Naval Dental Center - Parris Island, SC
O&M	SP0200-00-D-6112	N44466	Fleet and Industribal Supply Center Norfolk - Kings Bay, GA
O&M	SP0200-00-D-6114	FM2060	78th Medical Group - Robins AFB, GA
O&M	SP0200-00-D-6115	FM2520	45th Medical Group - Patrick AFB, FL
O&M	SP0200-00-D-6116	FM4418	437th Medical Group - Charleston AFB, SC
O&M	SP0200-00-D-6117	FM4803	20th Medical Group - Shaw AFB, SC
O&M	SP0200-00-D-6118	FM4814	6th Medical Support Squadron - MacDill AFB, FL
O&M	SP0200-00-D-6119	FM4830	347th Medical Group - Moody AFB, GA
O&M	SP0200-00-D-6120	MMV888	Blount Island Command - Jacksonville, FL
O&M	SP0200-00-D-6122	Z20140	USCG Air Station, Opa Locka
O&M	SP0200-00-D-6123	Z20150	Coast Guard Air Station - Clearwater, Fl.
O&M	SP0200-00-D-6124	Z31160	USCG ISC Miami Beach, Miami Beach, FL

Region 4

O&M	SP0200-00-D-6150	W31NWT	Lyster Army Community Hospital - Fort Rucker, AL
O&M	SP0200-00-D-6152	FM2823	96th Medical Support Squadron - Eglin AFB, FL
O&M	SP0200-00-D-6153	FM3010	81st Medical Group - Keesler AFB, MS
O&M	SP0200-00-D-6154	FM3022	14th Medical Group - Columbus AFB, MS
O&M	SP0200-00-D-6155	FM3300	42nd Medical Support Squadron - Maxwell AFB, AL
O&M	SP0200-00-D-6156	FM4417	16th Medical Group - Hurlburt Field, FL
O&M	SP0200-00-D-6157	FM4819	325th Medical Group - Tyndall AFB, FL
O&M	SP0200-00-D-6158	UY5179	Lighthouse for the Blind – New Orleans, LA
O&M	SP0200-00-D-6159	W31P0Y	Fox Army Community Hospital - Redstone Arsenal, AL
O&M	SP0200-00-D-6160	Z65100	USCG ATC Mobile – Mobile, AL

O&M	SP0200-00-D-6161	N00203	Naval Hospital - Pensacola, FL
O&M	SP0200-00-D-6162	8444AA	US Naval Home Gulfport, MS
O&M	SP0200-00-D-6164	Z47710	USCG ISC New Orleans

EUCOM

O&M	SP0200-00-D-6800	WK4FV1	USAMMCE, Europe - Pirmasens, Germany
O&M	SP0200-00-D-6801	WK4FW0	2nd General Hospital, Landstuhl Regional Medical Center - Landstuhl, Germany
O&M	SP0200-00-D-6802	WK4FZW	95th Combat Support Hospital - Heidelberg, Germany
O&M	SP0200-00-D-6803	WK4F3M	67th Combat Support Hospital - Wuerzerberg, Germany
O&M	SP0200-00-D-6805	N39163	U.S. Naval Hospital - Sigonella, Italy
O&M	SP0200-00-D-6806	N66096	U.S. Naval Hospital - Naples, Italy
O&M	SP0200-00-D-6807	N66101	U.S. Naval Hospital - Rota, Spain
O&M	SP0200-00-D-6809	FM5587	48th Medical Support Squadron - Lakenheath, United Kingdom
O&M	SP0200-00-D-6811	FM5606	52nd Medical Support Squadron - Spangdahlem AB, Germany
O&M	SP0200-00-D-6812	FM5612	86th Medical Support Squadron - Ramstein AB, Germany
O&M	SP0200-00-D-6813	FM5655	39th Medical Group - Incirlik AB, Turkey
O&M	SP0200-00-D-6814	FM5682	31st Medical Support Squadron - Aviano AB, Italy
O&M	SP0200-00-D-6880	N68875	U.S. Naval Hospital - Keflavik, Iceland

SOUTHCOM

O&M	SP0200-00-D-6850	W8033C	Joint Tast Force Bravo - Soto Cano Air Base, Honduras
O&M	SP0200-00-D-6851	N61564	Naval Hospital Guantanamo Bay Cuba - Guantanamo Bay, Cuba
O&M	SP0200-00-D-6852	N65428	U.S. Naval Hospital - Roosevelt Roads - Ceiba, PR
O&M	SP0200-00-D-6853	WF3QDW	Rodriguez Army Health Clinic - Fort Buchanan, PR

JFCOM

O&M	SP0200-00-D-6880	N68875	U.S. Naval Hospital - Keflavik, Iceland
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REGION 5

Allegiance	SP0200-00-D-6200	W34GNC	Blanchfield Army Hospital - Fort Campbell, KY
Allegiance	SP0200-00-D-6201	W22PEZ	Ireland Army Hospital - Fort Knox, KY
Allegiance	SP0200-00-D-6202	FM2300	74th Medical Support Squadron - Wright Patterson AFB, OH
Allegiance	SP0200-00-D-6203	FM4407	375TH Medical Group - Scott AFB, IL

Allegiance	SP0200-00-D-6204	N00211	Naval Hospital - Great Lakes, IL
Allegiance	SP0200-00-D-6205	Z20160	USCG – Traverse City, MI
Allegiance	SP0200-00-D-6206	365204	VA Medical Center – Indianapolis, IN (PREPACS ONLY)
Allegiance	SP0200-00-D-6207	N68326	Naval Dental Clinic - Great Lakes
Allegiance	SP0200-00-D-6208	N0620A	Naval Hospital Corps School - Great Lakes

REGION 6

Allegiance	SP0200-00-D-6220	W45MXE	Brooke Army Medical Center (BAMC) - Fort Sam Houston, TX
Allegiance	SP0200-00-D-6221	W45MW2	BAMC - AMEDD Center – Fort Sam Houston, TX
Allegiance	SP0200-00-D-6222	W80KVY	BAMC - 147TH Medical Logistics Battalion – Fort Sam Houston, TX
Allegiance	SP0200-00-D-6223	W45NQ8	Darnall Army Community Hospital - Fort Hood, TX
Allegiance	SP0200-00-D-6224	W44DQ6	Reynolds Army Community Hospital - Fort Sill, OK
Allegiance	SP0200-00-D-6225	W42NU3	Bayne-Jones Army Community Hospital - Fort Polk, LA
Allegiance	SP0200-00-D-6226	N00285	Naval Hospital - Corpus Christi, TX
Allegiance	SP0200-00-D-6229	FM2030	72nd Medical Support Squadron - Tinker AFB, TX
Allegiance	SP0200-00-D-6231	FM2855	311th Logistics Squadron/LGB - Brooks AFB, TX
Allegiance	SP0200-00-D-6232	FM3020	82nd Medical Group - Sheppard AFB, TX
Allegiance	SP0200-00-D-6233	FM3029	71st Medical Group - Vance AFB, OK
Allegiance	SP0200-00-D-6234	FM3030	17th Medical Group - Goodfellow AFB, TX
Allegiance	SP0200-00-D-6235	FM3047	Wilford Hall Medical Center HSLS - Lackland AFB, TX
Allegiance	SP0200-00-D-6236	FM3089	12th Medical Support Squadron - Randolph AFB, TX
Allegiance	SP0200-00-D-6237	FM3099	47th Medical Group - Laughlin AFB, TX
Allegiance	SP0200-00-D-6238	FM4419	97th Medical Group - Altus AFB, OK
Allegiance	SP0200-00-D-6239	FM4460	314th Medical Group - Little Rock AFB, AR
Allegiance	SP0200-00-D-6240	FM4661	7th Medical Group - Dyess AFB, TX
Allegiance	SP0200-00-D-6241	FM4608	2nd Medical Group - Barksdale AFB, LA
Allegiance	SP0200-00-D-6243	FM9133	AFMLO-FOC-1 Ft. Worth, TX
Allegiance	SP0200-00-D-6244	Z36243	USCG Galveston – Galveston, TX
Allegiance	SP0200-00-D-6247	N32645	Branch Medical Clinic NASJRB - Ft. Worth, TX
Allegiance	SP0200-00-D-6248	FM3004	882 TRSS/TSRL Sheppard AFB, TX (School)

REGION 7 & 8

Allegiance	SP0200-00-D-6300	W61DEW	Raymond W. Bliss Army Community Hospital - Fort Huachuca, AZ
Allegiance	SP0200-00-D-6301	W45PEA	William Beaumont Army Medical Center - Ft. Bliss, TX
Allegiance	SP0200-00-D-6302	W51XTP	Evans Army Community Hospital – Fort Carson, CO

Allegiance	SP0200-00-D-6303	W58NQ2	Gen Leonard Wood Army Community Hospital - Fort Leonard Wood, MO
Allegiance	SP0200-00-D-6304	W55CWA	Irwin Army Community Hospital - Fort Riley, KS
Allegiance	SP0200-00-D-6305	W55C7D	Munson Army Community Hospital - Fort Leavenworth, KS
Allegiance	SP0200-00-D-6306	FM2020	75th Medical Group/SGSL - Hill AFB, UT
Allegiance	SP0200-00-D-6307	FM2500	10th Medical Group/SGSL - Peterson AFB, CO
Allegiance	SP0200-00-D-6308	FM2504	821st Medical Squadron - Buckley ANGB, CO
Allegiance	SP0200-00-D-6309	FM4469	377th Medical Group/SGSL – Kirtland AFB, NM
Allegiance	SP0200-00-D-6310	FM4528	5th Medical Group/SGSL - Minot AFB, ND
Allegiance	SP0200-00-D-6311	FM4600	55th Medical Support Squadron/SGSL - Offutt AFB, NB
Allegiance	SP0200-00-D-6312	FM4613	90th Medical Group/SGSL - F. E. Warren AFB, WY
Allegiance	SP0200-00-D-6313	FM4621	22nd Medical Group/SGSL - McConnell AFB, KS
Allegiance	SP0200-00-D-6314	FM4625	509th Medical Group/SGSL - Whiteman AFB, MO
Allegiance	SP0200-00-D-6315	FM4626	341st Medical Group/SGSL - Malmstrom AFB, MT
Allegiance	SP0200-00-D-6316	FM4659	319TH Medical Group/SGSL - Grand Forks AFB, ND
Allegiance	SP0200-00-D-6317	FM4690	28TH Medical GroupSGSL - Ellsworth AFB, SD
Allegiance	SP0200-00-D-6318	FM4801	49th Medical Group/SGSL - Holloman AFB, NM
Allegiance	SP0200-00-D-6319	FM4855	27th Medical Group/SGSL - Cannon AFB, NM
Allegiance	SP0200-00-D-6320	FM4852	99th Medical Group/SGSL - Nellis AFB, NV (Mike O'Callaghan Federal Hospital)
Allegiance	SP0200-00-D-6321	FM4877	355th Support Squadron/SGSL - Davis-Monthan AFB, AZ
Allegiance	SP0200-00-D-6322	FM4887	56th Medical Support Squadron/SGSL - Luke AFB, AZ
Allegiance	SP0200-00-D-6323	FM4897	366th Medical Group/SGSL - Mountain Home AFB, ID
Allegiance	SP0200-00-D-6324	FM7000	10th Medical Group/SGSL- USAF Academy, CO
Allegiance	SP0200-00-D-6326	UY5178	Lighthouse for the Blind – St. Louis, MO
Allegiance	SP0200-00-D-6327	366101	VA Medical Center – Iowa City, IA (PREPACS ONLY)
	SP0200-00-D-6328	SP0200	DSCP- DVD (Sharon DeMatteo) personal contract #

QUASI-MOF

Owens & Minor	SP0200-00-D-6370	SP0200	Defense Supply Center Philadelphia - DVD
Allegiance	SP0200-00-D-6371	SP0200	Defense Supply Center Philadelphia - DVD

Region 9

O&M	SP0200-00-D-6400	W80FU5	Weed Army Community Hospital - Fort Irwin, CA
O&M	SP0200-00-D-6401	N00244	FISC - San Diego, CA
O&M	SP0200-00-D-6402	N00259	Naval Medical Center - San Diego, CA
O&M	SP0200-00-D-6403	N35949	Naval Hospital - Twentynine Palms, CA

O&M	SP0200-00-D-6404	N66099	Naval Medical Clinic - Port Hueneme, CA
O&M	SP0200-00-D-6405	N68094	Naval Hospital - Camp Pendleton, CA
O&M	SP0200-00-D-6406	FM2805	95th Medical Group - Edwards AFB, CA
O&M	SP0200-00-D-6407	FM2816	61st Medical Squadron - Los Angeles AFB, CA
O&M	SP0200-00-D-6408	FM4610	30th Medical Group - Vandenberg AFB, CA
O&M	SP0200-00-D-6409	MMC100	Sassy Mgmt Unit - Camp Pendleton, CA
O&M	SP0200-00-D-6410	M97111	Medical Logistics Company – Camp Pendleton, CA
O&M	SP0200-00-D-6411	Z47720	USCG San Pedro – San Pedro, CA

Region 10

O&M	SP0200-00-D-6440	W808LN	Presido of Monterey Army Health Clinic - Presido of Monterey, CA
O&M	SP0200-00-D-6441	N66095	Naval Hospital - NAS Lemoore, CA
O&M	SP0200-00-D-6443	FM4427	60th Medical Support Squadron - Travis AFB, CA
O&M	SP0200-00-D-6444	FM4686	9th Medical Group - Beale AFB, CA
O&M	SP0200-00-D-6445	Z20285	USCG Humboldt Bay – McKinleyville, CA
O&M	SP0200-00-D-6446	Z47500	Coast Guard Integrated Support Command – Alameda, CA
O&M	SP0200-00-D-6447	Z61200	USCG Tracen Petaluma – Petaluma, CA
O&M	SP0200-00-D-6448	ZJ7230	Coast Guard Maintenance & Logistics Command – Alameda, CA

Region 11

Allegiance	SP0200-00D-6470	W68MX4	Madigan Army Medical Center - Tacoma, WA
Allegiance	SP0200-00D-6471	N66097	Naval Hospital - Oak Harbor, WA
Allegiance	SP0200-00D-6473	N68095	Naval Hospital - Bremerton, WA
Allegiance	SP0200-00D-6475	FM4479	62ND Medical Group - McChord AFB, WA
Allegiance	SP0200-00D-6476	FM4620	92ND Medical Group - Fairchild AFB, WA
Allegiance	SP0200-00D-6477	Z36271	USCG Astoria – Warrenton, OR
Allegiance	SP0200-00D-6478	Z36274	USCG North Bend – North Bend, OR
Allegiance	SP0200-00D-6479	Z36277	U.S. Coast Guard Group - Port Angeles, WA
Allegiance	SP0200-00D-6480	Z47200	U.S. Coast Guard Support Center - Seattle, WA

PACOM - AK & HI

Allegiance	SP0200-00-D-6500	WC1JUG	Basset Army Community Hospital - Fort Wainwright, AK
Allegiance	SP0200-00-D-6501	WX3JN7	Tripler Army Medical Center - Honolulu, HI
Allegiance	SP0200-00-D-6502	N68098	Naval Medical Clinic - Pearl Harbor, HI

Allegiance	SP0200-00-D-6503	FM5000	3rd Medical Group - Elmendorf AFB, AK
Allegiance	SP0200-00-D-6504	FM5004	354th Medical Group - Eielson AFB, AK
Allegiance	SP0200-00-D-6505	FM5260	15th Medical Group - Hickman AFB, HI
Allegiance	SP0200-00-D-6506	Z02600	USCG ISC Juneau – Juneau, AK
Allegiance	SP0200-00-D-6507	Z20280	USCG Air Station Sitka – Sitka, AK
Allegiance	SP0200-00-D-6508	Z46000	USCG ISC Kodiak – Kodiak, AK
Allegiance	SP0200-00-D-6509	Z47700	USCG ISC Ketchikan – Ketchikan, AK
Allegiance	SP0200-00-D-6510	Z47810	USGC ISC Honolulu Health Services – Honolulu, HI
Allegiance	SP0200-00-D-6511	W81CHY	25th Infantry - Schofield Barracks
Allegiance	SP0200-00-D-6512	W91ARL	U.S.Army Health Clinic - Schofield Barracks

PACOM - Pacific

Allegiance	SP0200-00-D-6925	WT4J8S	16th MEDLOG BN - Waegwan, Korea
Allegiance	SP0200-00-D-6926	WT5J0F	U.S. Army MEDDAC - Camp Zama, Japan
Allegiance	SP0200-00-D-6927	N68096	U.S. Naval Hospital - Guam, Marianas Islands
Allegiance	SP0200-00-D-6928	N68292	U.S. Naval Hospital - Yokosuka, Japan
Allegiance	SP0200-00-D-6929	N68470	U.S. Naval Hospital - Okinawa, Japan
Allegiance	SP0200-00-D-6930	FM5202	374th Medical Group - Yokota AB, Japan
Allegiance	SP0200-00-D-6931	FM5205	35th Medical Group - Misawa AB, Japan
Allegiance	SP0200-00-D-6932	FM5240	36th Medical Group - Anderson AB, Guam
Allegiance	SP0200-00-D-6933	FM5270	18th Medical Support Squadron - Kadena AB, Japan
Allegiance	SP0200-00-D-6934	FM5284	8th MDSS - Kunsan AB, Korea
Allegiance	SP0200-00-D-6935	FM5288	51st USAF Contingency Hospital - Kimhae AB, Korea
Allegiance	SP0200-00-D-6936	FM5294	51st Medical Group - Osan AB, Korea
Allegiance	SP0200-00-D-6937	M97115	3rd Battalion - 3rd FSSG – (Camp Kinser) Okinawa, Japan

ATTACHMENT 2
TRICARE REGIONAL LOGISTICS CHIEFS LOCATION AND MAILING
ADDRESS

Tricare Region 1

Commander
Walter Reed Army Medical Center
ATTN: MCHL-L
6900 Georgia Ave, N.W.
Washington, DC 20307-5001

Tricare Region 2

Regional Logistics Chief
Tricare Mid-Atlantic Office
5425 Robin Hood Road, Suite 203
Norfolk, VA 23513-2441

Tricare Region 3 & 4 (includes SOUTHCOM)

Assistant Chief of Staff for Logistics
Southeast Regional Medical Command
Bldg. 40707, 40th Street
Fort Gordon, GA 30905

Tricare Region 5

Regional Logistics Chief
74th Medical Group / SGSL
4881 Sugar Maple Dr., Bldg 830
Wright-Patterson AFB, OH 45433

Tricare Region 6, 7 & 8

59th Logistics Squadron/cc
Regional Logistics Chief
2200 Bergquist Drive, Suite 1
Lackland AFB, Texas 78236

Tricare Region 9 & 10

Regional Logistics Chief, Tri-Service Product Review Board
Attn: Material Management Department
Naval Medical Center, San Diego
34960 Bob Wilson Drive
San Diego, CA 92134-1008

Tricare Region 11

Regional Logistics Chief
TRICARE Region 11
Attn: MCHJ-LO
Madigan Army Medical Center
Bldg 9040A-Fitzsimmons Dr.
Tacoma, WA 98431-5000

Tricare Region – Pacific (includes Alaska)

Regional Logistics Chief
Tripler Army Medical Center
Attn: MCHK-LD/COL Daley
1 Jarrett White Road
Tripler AMC, HI 96859-5000

Tricare Region – Europe (includes JEFCEM and CENTCOM)

Same as Region 1

Mandatory Subject Matter Specialist: Clinical Analyst Location: Heidelberg, Germany

Attachment 3
DSCP Med/Surg Prime Vendor Sales for Fiscal Year 2000 by Tricare Region*

Region 1	\$28,364,015.00
Region 2	\$15,747,648.00
Region 3	\$10,161,899.00
Region 4	\$5,994,978.00
Region 5	\$6,277,613.00
Region 6	\$15,032,580.00
Region 7	\$10,393,696.00
Region 8	\$105,505.00
Region 9	\$10,293,726.00
Region 10	\$2,944,943.00
Region 11	\$4,295,039.00
Pacific	\$10,059,077.00
Europe	\$8,802,052.00

* The dollar amounts are considered conservative, due to a change in sales reporting, sales reported for some Army activities may be under-represented.