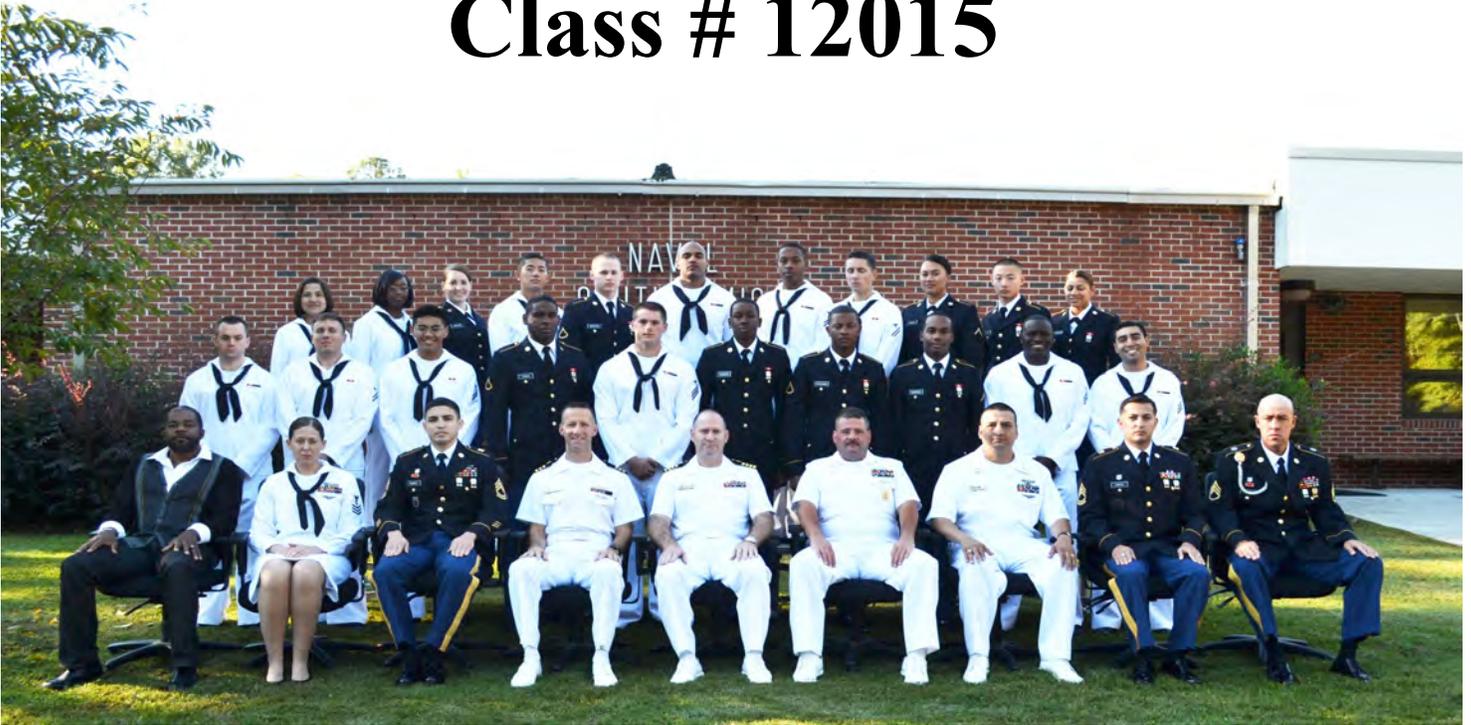




[Persistence Pays Off!](#) Melanie Muscar was a Stay-in-School employee when she first came to work at NMLC. This September, she took the Oath of Office as a Lieutenant Junior Grade in the United States Navy Reserve and will be promoted to the rank of Lieutenant in May 2013. Read her story on page 10.

# The Naval Ophthalmic Support and Training Activity Tri-Service Optician School Graduating Class # 12015



The Naval Ophthalmic Support and Training Activity graduated 23 students of the Tri-Service Optician School in Yorktown, Va., Oct. 23, 2012.

Class 12015 convened in May and completed 24 weeks of Optician training. The school staff and students in the picture are as follows - seated (staff and instructors - L to R): Mr. O'Guinn; HM1 McKinney (SW/AW); SFC Perez; Cmdr. Richard G. Zeber, NOSTRA Executive Officer; Capt. Matthew E. Newton, NOSTRA Commanding Officer; HMCS Mitchell (SW/AW/EXW); Chief Treviño (SW/AW); SFC Garcia; SSG Irmak. Students standing - First Row (L to R): HA S. Brown; HA Schwalb; HA Seisa; PFC Tyler; HN Crafsic; PV2 Turner; PFC Freeman; PV2 Barron; HN R. Brown; HN Quintero. Second Row (L to R): HN Lazaro; HA Kingcade; PFC Laduke; HN Crisostomo; PFC Watson; HA Hunter; HA Thurman; HA Lusk; PV2 Chanel; PFC Shi and PFC Hjersman.

The Tri-Service Optician School (TOPS) annually conducts four 24 week courses and trains approximately 140 students. TOPS was established Nov. 13, 1995.



On the Cover:  
Persistence Pays Off! Melanie Muscar was a Stay-in-School employee when she first came to work at NMLC. This September, she took the Oath of Office as a Lieutenant Junior Grade in the United States Navy Reserve and will be promoted to the rank of Lieutenant in May 2013. Read her story inside on page 10.

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## From the Commanding Officer



Capt. J.B. Poindexter, III, NMLC CO

Navy Medicine continues to take a leadership role and proactively work to support the DoD commitment to achieving fully auditable financial statements by 2017. We have put into place the components necessary to be successful. Our financial and business systems, Standard Operating Procedures (SOPs), and Internal Control reviews work together to provide personnel with the tools to achieve our goal. We need to continually make best use of those resources because audit readiness is not a one time event. Accurate accounting of

our funds and tracking of our property is an enduring enterprise imperative and part of our obligation as stewards of the resources we have been provided.

We are in the beginning stages of Wave 2 of audit preparation, which will culminate in March 2014 with our assertion of readiness for a Statement of Budgetary Resources Audit. I think it is a good time to think about some core principles for audit readiness, things of which we all need to be continually mindful.

Begin by ensuring letters and forms that designate personnel responsibilities are current and valid. These include signed authority to obligate funds (DD form 577), award contracts and place Prime Vendor or Electronic Catalog orders (SF 1402), place Government Commercial Purchase Card orders (letter of delegation), and Contracting Officer's Representative nominations and appointments. It is vital that activities retain copies of all such forms and letters to make them available for audit; retrieving prior issuances has been a challenge in audit testing to date.

Absolutely critical to audit readiness are adequate tracking of purchased supplies and services through the functions of receipt, acceptance and certification in WAWF and DMLSS (with exception of activities that do not have DMLSS), ensuring that separation of those functions is maintained, and retaining (and having readily available) evidence of commitment, obligation, receipt, acceptance and funds disbursement.

Last, all the above activities are well documented and readily available in BUMED's SOPs. New issuances and updates serve to provide an expanding library of best practices. Our collective attention to fostering the continuous use of the SOPs will greatly improve our audit readiness posture.

I think that if we concentrate on the three areas of appointment procedures, purchases tracking and SOP compliance, we will go a long way toward successfully accomplishing our audit readiness goals.

### Naval Medical Logistics Command

**Capt. J. B. Poindexter, III**

Commanding Officer

**Cmdr. Edward J. Sullivan**

Executive Officer

**HMCM(FMF) David L. Hall**

Command Master Chief

**Mr. Andrew C. Muenzfeld**

Chief of Operations

**Mr. John R. "Bob" Osing**

Counsel

**Mr. Julius L. Evans**

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Expeditionary Medicine

**Ms. Mimi McReal**

Small Business Programs Officer

**Mr. Jeremy Toton**

Senior Analyst

**Mr. Gilbert "Bert" Hovermale**

Dir, Acquisition Management

**Cmdr. Michael J. Kemper**

Dir, Medical Equipment Logistics Support

**Mr. Richard J. Schlegel**

Dir, Operational Forces Support

**Mr. Stanley G. Wade**

Dir, Logistics Business Systems

**Mr. Christopher T. Cullen**

Dir, Healthcare Services Strategies

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## From the Command Master Chief

"Organizations don't really accomplish anything. Plans don't accomplish anything either. Theories of management don't much matter. Endeavors succeed or fail because of the people involved. Only by attracting the best people will you accomplish great deeds." This quote by retired general Colin Powell was recited during a promotion ceremony that I attended. It truly described the personnel that I have come to know as my fellow peers and staff at the command.

Being on onboard for just over one year, I have truly appreciated the camaraderie and professional friendships that I have developed with my staff members during a period of learning the many contributions and accomplishments Naval Medical Logistics Command achieved during that time. From the deployment of three Magnetic Resonance Imaging systems to Afghanistan, to achieving a "Trifecta" of recognition in the three major annual logistics award competitions for 2011, to our Sailors partnering to host Fort Detrick's first Enlisted Dining-In ceremony, these are all a testament to the pride and dedication we all have in ensuring that we provide the best we can for the people and organization we serve daily.



HMC(M) David L. Hall, NMLC CMC



NMLC Chief's Mess prepare for the 2012 chief's promotion ceremony. Pictured are (frocked) HMC(SW) Ezra L. Johnson, LSC(SW) Ronald E. McCampbell, HMC(SW) Amanda C. Doolittle, CMC HMC(M) David L. Hall and HMC(SW) John A. McGilverly, the ceremony's presiding chief.

The highlight of my year came during the four promotion ceremonies which I assisted in coordinating. Our CO previously stated, "We have promoted three of our officers in the last two weeks; this is a testament to the quality of professional representation we have in our command. Next week, we promote one of our shipmates to Chief Petty Officer."

What made this truly amazing were the accolades and elation displayed and conveyed to me by our civilian staff for the opportunity to witness and be part of these momentous celebrations. Being able to share our Navy history and heritage

cements the foundation of which successful commands are made.

Our command focuses and emphasizes the importance of properly leading and managing programs that have the greatest influence and impact to our fleet partners. We also balance and prioritize our commitments, key in developing our way forward as we continue to be Navy Medicine's Center of Logistics Expertise.

## Navy Medicine Promotes Digital Imaging Information with PACS

By Sheila A. Gorman, Naval Medical Logistics Command

Located within Naval Medical Logistics Command (NMLC) at Fort Detrick, Md., the Navy Medicine Picture Archiving and Communication System, or PACS, is a diag-

nostic medical image management system for all radiology studies acquired at Military Treatment Facilities (MTFs) around the world. It is a combination of hardware and soft-

ware dedicated to short-and long-term storage, retrieval, distribution and presentation of images garnered from multiple source modalities such as ultrasound, magnetic reso-



A three-dimensional reconstruction of the heart depicted on a Picture Archive and Communication System (PACS) workstation. PACS software allows for multi-planar reformatting slices to create the image. NMLC PACS Team photo.

# LOGISTICALLY *speaking*



The Navy Medicine Picture Archiving and Communication System, or PACS, is a diagnostic medical image management system for all radiology studies acquired at Military Treatment Facilities around the world.

nance, positron emission tomography, computer tomography and mammography.

In 1996, an economic analysis of military radiology was commissioned, with the specific task of laying out a plan for the conversion from film-based analog imaging to digital. Recommendations generated from the analysis led to the development and solicitation of the Defense Supply Center Philadelphia's Digital Imaging Network - PACS contract. Along with a contract vehicle from

which to buy commercial-off-the-shelf PACS products, the analysis group recommended the creation of the Joint Imaging Technology Program Office (JITPO). The JITPO operated at Fort Detrick from 1998 until 2000, when responsibility for Navy PACS moved to NMLC.

Comprising a division chief, two information technology specialists and three project managers, the mission of the PACS team since 2000 has focused primarily on deployment of PACS to all Navy MTFs, includ-

ing both Navy hospital ships.

According to Imaging Informatics Division Chief Edwin "Ed" Doorn, this task is now complete and the focus of the team is shifting.

"The new focus for our team is to incorporate all Navy PACS images into a single archive. That single Navy archive would be incorporated into one federated clinical archive in conjunction with our Army counterparts. This means that any military beneficiary that receives a diagnostic study at any Navy MTF will have

their images accessible through a single search feature from any PACS at an Army or Navy MTF. The ultimate plan is to include the Air Force as well as the U.S. Department of Veterans Affairs,” said Doorn.

“The process is smoother and more efficient. The risk of losing images is alleviated, storage space is reduced, retrieval time is reduced, and images are available for consulta-

taining one Navy archive and incorporation into one federated archive, the PACS team is also in sustainment mode in conjunction with Navy PACS worldwide.

“Because a PACS is 95 percent information technology equipment such as workstations, servers and software, there is always something new on the horizon that we try and take advantage of, mostly in the form

requirements for image management systems and the Navy is beginning to capture those.

“Although radiology is the biggest consumer of medical imaging, there are other ‘ologies’ out there that can be incorporated into a common archive. Cardiology, ophthalmology, and obstetrics and gynecology are a few where data can be shared across specialties. When the team goes to



Members of the Naval Medical Logistics Command Picture and Archive Communication System (PACS) team demonstrate a PACS workstation at the 2012 Audit Readiness Training Symposium, Lansdowne, Va. Pictured, left to right, Imaging Informatics Division Chief Edwin "Ed" Doorn, Project Manager and Team Lead Michael J. Fortier, Network Engineer Thomas E. Strother, Project Manager Lorriane N. Joseph, Information Technology Specialist and Device Information Assurance Manager Walter J. Sandman, a symposium participant, Project Manager HM1 Rowell S. Pasion and NMLC symposium participant, John "Andy" Bowers. (U.S. Navy Photo by Julius L. Evans, Naval Medical Logistics Command Public Affairs Officer).

tions, research and referrals via a network,” continued Doorn.

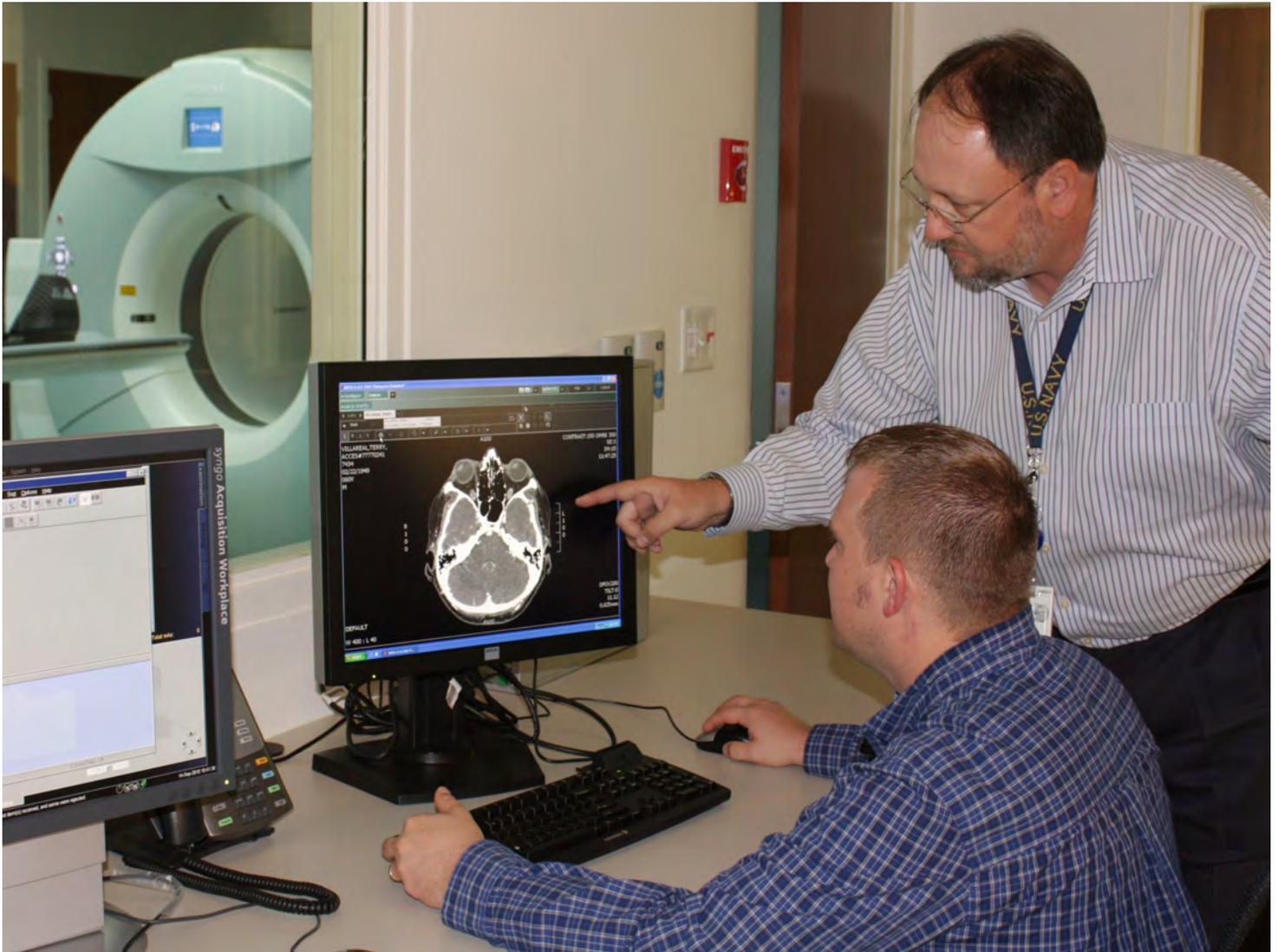
Doorn anticipates the federated archive will come on-line in 2013.

While the primary focus is on at-

of process improvement,” said Doorn.

Doorn said that originally, Navy Medicine integrated PACS with radiology. But now there are other re-

complete a PACS refresh or replacement, we’ve now begun to encompass the cardiology and radiology departments into a common solution in terms of image management sys-



Naval Medical Logistics Command Imaging Informatics Division Chief Edwin "Ed" Doorn (right) participates in government acceptance testing protocol of a Picture and Archive Communication System (PACS). Acceptance testing determines whether a PACS is ready for clinical use and is the final sign-off from the government. (U.S. Navy Photo Sheila Gorman, Naval Medical Logistics Command).

tems," Doorn explained.

While incorporating other diagnostic images is now part of the team's agenda, Doorn said other improvements are also in the works, such as Critical Test Results Management.

Critical Test Results Management (CTRM) is a system that utilizes popular communications devices to quickly transmit critical test results when delayed communication could have a negative impact on the patient's treatment outcome.

Communication devices can include smart phones, two-way paging, secure e-mail, secure text, images, annotations and voice to a variety of cross platforms such as workstations, laptops, tablets and other wireless devices.

By utilizing popular communication technology, CTRM provides an audit trail of messages, promotes accountability, provides message receipt confirmations, and increases patient safety and satisfaction, according to websites promoting

CTRM software management.

Completing a Navy PACS archive, achieving one federated clinical archive, incorporating image management systems from other departments, and utilizing CTRM are a few examples of how Navy Medicine works every day to bring exceptional medical expertise and cutting edge technology to more than one million eligible beneficiaries worldwide. **LS**

## Muscar takes Oath of Office as a Lieutenant Junior Grade in the United States Navy Reserve

***Where do you call home? Where did you attend high school or college?***

I am a native of Frederick, Md., and also attended undergraduate and graduate school in Frederick, Md., at Hood College.

***Can you briefly share how you entered the workforce, when you entered, what were your first assignments, etc?***

In 2002, I was hired as a clerk in the stay-in-school program, a program designed to provide employment to employees who are also in school full-time. It allowed for flexible hours and as a business major in undergrad, most classes were in the evenings anyways so I was able to work practically full-time here at NMLC. I worked in the administration directorate for two years, assisting with the awards program, on-boarding of new employees, event planning and other tasks that were administrative in nature. Once I completed my undergraduate degree, the acquisition management directorate was in the midst of expanding and I was encouraged to apply. I was hired as a civilian in the intern program and spent three years as a contract specialist supporting East Coast customers in Navy medicine with their health care services contracting needs. I was promoted to a supervisor in 2007 and have since risen to being the chief for the services contracts division.

***Where were you before you came to NMLC? How long you have been here? What are your responsibilities here?***

I have been employed at NMLC since May 2002. I worked in the ad-

ministration directorate for two years and the acquisition management direc-



Congratulations is the ‘icing on the cake.’

I worked in the acquisition management directorate for the last eight years. NMLC was my first “office job” – prior to that, I have employment history all over Frederick - a movie theater, a gym, pool, restaurants, bars, and even an ice cream shop! In addition to working as a supervisor in the acquisition management directorate, I participate on the MWR and Diversity Committees here at NMLC.

***What are the most important efforts you support and please provide a brief description of your involvement, the challenges you face in accomplishing your tasks and how you overcome them.***

As the chief of the services contracts division, I manage a team of contracting officers and contract specialists who are responsible for negotiating and awarding all of Navy medicine’s health care services contracts. It’s a steep effort, but the staff members in the division are incredible. We understand what it means to be customer-focused and work diligently to ensure that our customer’s needs are met in a timely manner. We also understand that though our customers

differ by site/MTF, at the end of our efforts are the warfighters and beneficiaries receiving health care. Our efforts have a direct impact on access to care and the livelihood and well-being of patients in Navy medicine.

***What makes you a success here?***

Hands down, the people here at NMLC make me a success. The staff members assigned to my division are smart, motivated, detail-oriented and possess intangible qualities that make them not only great at their job, but also great people. Since I have been employed here at NMLC since I was 19 years old, I have had the unique opportunity to grow up and mature while in this organization. I would not be where I am today without the encouragement and support from the rest of the command – military and civilian alike. I am truly lucky to be a part of this organization.

***What do you do in your off-duty hours? Are you involved with charitable organizations?***



Capt. Mary S. Seymour congratulates Muscar after issuing her Oath of Office.

When I'm not at work, I can most often be found playing sports. In college, I played soccer and softball and since then, I've switched gears to playing indoor soccer, slow-pitch softball, and basketball. Also, I spend an exorbitant amount of time with my collie-mix dog, Cooper - she goes everywhere with me! I am also a HUGE traveler - one of my life goals has been to step foot on all seven continents. I only have South America and Antarctica left, and am planning a trip to see both of those continents in the next year or so. I got bit by the travel bug when I was 18 on my first trip to Italy and haven't looked back! As a result, I've got some great stories! I also participate in the RISE (Relationships, Integrity, Strength, Example) program at Lincoln Elementary- it's a program similar to "Big Brothers, Big Sisters" where mentors are paired with underprivileged kids — essentially, good kids in bad home situations. My mentee is now a 5th grader and I've been with her since she was in 3rd grade and we've tackled difficult situations like bullying and obesity as well as standard tutoring. Helping her with homework reminds me of how bad I am with fractions! I am happy to report that her current career path is to become a nurse in the Navy!

### ***How does that involvement influence what you do here and how you support the military/federal government?***

Participating in sports helps keep me sane and participating with charitable organizations helps me keep perspective. Perspective in the sense that I am fortunate to be where I am today and if I can help those around me succeed or impress some knowledge or insight to help them feel as fortunate, then I feel a measure of

obligation and duty to give back. Also, understanding the command's mission and the direct impact of my division's performance motivates me to do a great job – to finish ahead of schedule and to continue seeking out efficiencies in our processes.

### ***You were recently promoted. Can you discuss your road to a commission?***

I was recently commissioned as a Medical Service Corps (MSC) officer in the Navy Reserves. This was not something that was supposed to be in the cards for me, or so I thought. While I was in high school, I sought out active duty opportunities, but a torn anterior cruciate ligament (ACL) was a non-starter and recruiters would not speak with me. Working in contracting over the last eight years, I've been able to work more closely with the MSC community and I've come to truly respect it. After some encouragement from military members in the MSC, I completed the paperwork for the MSC reserve component. There was some additional documentation required because of my knee, but I was eventually found fit to serve. For more than 10 years, wearing a uniform was not an option, and in the last year it started to become a possibility. And then in September 2012, it became a reality. The military has always been a community that I have valued and respected and particularly with the values of the Navy - that honor, courage, and com-

mitment are the key tenets that build strong individual character and that those individuals come together to

form an incredible, unified, elite group of war-fighters. I can't say enough how much of an honor and privilege it is to join the MSC and to finally be able to serve in a uniform. The military has always been a community that I have respected and

valued. My dad was drafted into the Army during Vietnam and my mom spent her entire career with the DoD as a civilian for both the Army and Navy, so an immense respect for the values and traditions of the military began brewing inside of me early on. When I tore my ACL in high school, hopes of an active duty career were cut short when I couldn't even get a recruiter to talk to me after they heard my medical history. And when I tore it again in my early college years, it became increasingly apparent that my only chance to join one of the military branches was as support staff as a federal civilian or contractor.

While I was at Hood College, I was hired as a stay-in-school here at NMLC - I worked in the administration directorate, and was immediately tasked with helping out with the change of command ceremony for Capt. Crittenden. Blast from the past – 10 years ago for those counting!

The pomp and pageantry of the event, and the formality and the tradition – it was just awesome. It was from that moment, that I felt a restored desire to wear the uniform.



Sister-in-law Carolyn, mother Victoria and father Dorn join Melanie during her ceremony.

## Understanding Acquisition Planning and Forecasting

By Melanie Muscar, Division Chief for the Services Contracts Division and Andrew Muenzfeld, NMLC Chief of Operations

If you’ve been keeping up with recent Logistically Speaking articles on health care services contracting, then you might recall last issue’s piece, “Why Does Contracting Take So Long.” You may also remember that it ended on a high note – that despite the contracting process being bound by red tape and regulations, we can make the best of the situation by starting the process early using acquisition planning and forecasting.

The Federal Acquisition Regulation defines acquisition planning as “the process by which the efforts of all personnel responsible for an acquisition are coordinated and integrated through a *comprehensive plan* for fulfilling the *agency need* in a

*timely manner* and at a *reasonable cost*. It includes developing an overall strategy for managing the acquisition.” What does this mean to us? It’s about defining requirements early, limiting changes, making market-savvy decisions about sourcing and providing efficient funds flow. Proper acquisition planning means having early and frequent communications between the requiring activity, technical activity, and contracting office to define requirements. Once an acquisition strategy is determined and the statement of work is established, limit changes to it. Changes during the process may impact the plan of action and milestones (POA&M) and may delay the start of services or the de-

livery date for supplies. Make market savvy decisions about sourcing – think about supply and demand when considering hard-to-fill labor categories and locations.

Acquisition planning has benefits such as timely initiation of procurements to meet program requirements, a distribution of acquisition workload across the year, matching acquisition requirements to resources and an overall more effective, efficient process for managing acquisitions. Now let’s look more closely at the elements of acquisition planning. The items italicized in the definition above contain the four primary elements of acquisition planning and are further defined below:

Elements of Acquisition Planning	
Comprehensive Plan or “Defined Process”	<ul style="list-style-type: none"> <li>Reflects a comprehensive plan</li> <li>Region and MTF involvement, conduct business case analysis</li> <li>Includes Command mission goals</li> <li>Defines the requirement being procured</li> <li>Reflects results of previous contracts similar in nature</li> <li>Incorporates lessons learned from previous acquisition efforts</li> </ul>
Agency Need or “Defined Need”	<ul style="list-style-type: none"> <li>Reflects regional healthcare delivery plan</li> <li>Matches requirement to possible contract types (short-term backfill/locum tenens, long-term/staff augmentation, coverage)</li> <li>Includes alternative approaches to satisfying the need</li> <li>Evaluates potential for future needs; recommend options</li> <li>Designed for competition, not competitive edge</li> </ul>
Timely Manner	<ul style="list-style-type: none"> <li>A key function of effective Acquisition Planning is to recognize a reasonable lead time for contract fulfillment. Consider:                             <ul style="list-style-type: none"> <li>The time to finalize and gain approvals for the requirement</li> <li>The lead time required by the contracting officer to award the contract</li> <li>A reasonable time for the vendor to deliver the product or service</li> <li>The impact of MTF processes to approve vendor services or accept vendor product delivery</li> </ul> </li> <li>After factoring those considerations, determine the required delivery date or period of performance</li> </ul>
Reasonable Cost	<ul style="list-style-type: none"> <li>Marketplace availability, cost, and trends</li> <li>Whether the product or service is commercially available</li> <li>The pricing structure used by industry for the product or service</li> <li>Customary industry terms and conditions (e.g., travel, warranties, component pricing, spare parts)</li> <li>Degree to which competition exists and can be promoted</li> <li>Identification of specific sources - Small business opportunities?</li> </ul>

To recap, proper acquisition planning is key to having a successful acquisition. It means assembling the team of all necessary stakeholders, assigning responsibilities so that everyone knows their role in the process, and coordinating early with technical advisors and the contracting shop. It means defining the requirement and conducting market research to identify alternate approaches for sourcing. Acquisition planning lays the framework for an acquisition – whether the requirement is for supplies or services, acquisition planning provides the building blocks for a strong foundation to seeing a requirement through to completion.

When conducting acquisition planning, there are a few items I'd like you to consider as you move through the process. First, accept that no contract is perfect. It's like the old contracting adage, "the perfect contract is just one modification away." Consider how the potential cost, award milestones, delivery schedule, and technical risks may impact the Government and how they can be mitigated. It may not result in the perfect contract, but taking these factors into consideration will likely keep a "bad" contract at bay. Second, do not allow pressures to obligate funds drive the acquisition process. If you do, poor documentation and hasty decisions will most certainly yield poorly written contracts, increased risk of litigation, and cost and program delays. Third, build a knowledge base. Doing so, by tracking awarded contracts, will help you ensure appropriate acquisition planning for follow-on efforts.



So what can you do in addition to traditional acquisition planning in instances where a requirement may be contemplated but isn't firm yet? Acquisition forecasting is the answer, which enables the technical advisors and contracting shop to begin work on an acquisition in advance of receiving the funding for the requirement. Historically, acquisition forecasting has resulted from projected or anticipated deployment backfills, special initiatives that originate in the 4<sup>th</sup> quarter of a fiscal year and significant changes to current requirements. If you know something is coming down the pike, we can cut some of the lengthy acquisition red tape by starting the planning before everything is nailed down.

Knowing there is a significant difference between when a customer may request services to start (i.e., "yesterday") or supplies to be delivered (i.e., "tomorrow") acquisition forecasting will help shrink the delta. Particularly noteworthy for new services starts that are late in the fiscal year, acquisition forecasting will yield an earlier award, allow more start-up time for re-

cruitment, and an increased likelihood of meeting the bona fide needs rule by receiving services prior to the end of the fiscal year. So it's a process that will also help to effectively use expiring funds – a valuable concept considering budget constraints.

In conclusion, the contracting process demands a certain amount of acquisition planning, but forecasting for a requirement will help. Proper acquisition planning is achieved by defining requirements early which also means communicating with all players – early and often; limiting changes to the statement of work or technical specifications; making market-savvy decisions about sourcing with supply and demand in mind; and providing efficient funds flow to ensure contracts and task orders are executed without delay. Bottom line: plan for what you know and forecast what you suspect. Don't wait for certainty. Proper acquisition planning and the smart use of acquisition forecasting can result in quicker turnaround of awards and meeting or beating the projected award date in the POA&Ms. **LS**

## Changing the Script

By James Watkins, Supervisory Contracting Officer and Chief of the Equipment & Maintenance Division

The Acquisition Management Directorate's Equipment & Maintenance Division, in partnership with the Medical Equipment & Logistics Solutions (MELS) Directorate, the Navy Medicine Information Systems Support Activity (NAVMISSA), and the Bureau of Medicine and Surgery's (BUMED) Program Analysis and Evaluation Directorate (M81) have been working over the last 18 months on several projects that will lay the foundation for how equipment procurement will be examined and executed moving into the future.

The first, and most visible, of these projects is for Pharmacy Automation, a program designed to replace obsolete equipment and provide a more standardized process flow for many of the Navy's outpatient pharmacies. The program has a host of other objectives, to include: improve the quality of medication dispensing, leading to reduced opportunity for errors; increase volume capability of various pharmacies, leading to a decrease in customer wait times (especially during peak hours); and reduce operating costs through improved inventory management and more efficient staff utilization, while maintaining protection of Personally Identifiable Information and increasing security. The revised process flow will also enable refills to be com-



EVERETT, Wash. (July 12, 2012) Hospital Corpsman 2nd Class Rachel Cruz-Bowser inventories prescription medicine in the pharmacy at Naval Station Everett Branch Medical Clinic. The clinic provides health services to military personnel, DOD civilians and their dependents residing near Naval Station Everett. (U.S. Navy photo by Mass Communication Specialist 2nd Class Jeffrey Willadsen/Released)

pleted either during the normal working day or deferred to off-shift processing, an improvement for those pharmacies currently only able to do one or the other.

The original intent was to award a set of multiple award Indefinite Delivery Indefinite Quantity (IDIQ) contracts to maximize secondary competition at the delivery order level, meaning that vendors with awarded contracts would compete for orders for each

individual site (large and medium-sized Navy pharmacies). However, the result of the competition was the award of a single IDIQ contract; however, for the first time in a procurement of this kind, an "on-ramp" provision was written into the contract, which will allow for the expansion of the number participating vendors at certain periods during the life of the contract. This will enhance secondary competition for deliv-

ery orders for future sites on the implementation schedule. As it currently stands, three sites have been identified as “proof of concept” locations for installation of the new equipment: Naval Medical Center Portsmouth, Va.; Naval Medical Center San Diego, Calif.; and Naval Health Clinic Cherry Point, N.C. Equipment installation at these sites is projected to start in February with full operating capability anticipated at all three sites by May 2013.

A second project currently underway is the procurement of an enterprise-wide solution for a Real-Time Locating System for asset tracking/management to supplement the Defense Medical Logistics Standard Support (DMLSS) automated information system. The initial focus is on tracking assets through facilities, vital to ensure timely scheduled preventative maintenance, accurate inventory capture, and efficient allocation of assets for patient care. The goal is to provide real-time location visibility of over 300,000 total assets throughout the enterprise, with alerting and reporting of critical or high-value moveable equipment, as well as to integrate passive location services for other assets. Although the initial focus is on asset tracking/management, the available technology lends itself to additional uses such as temperature monitoring and staff/patient duress, infant security, instrument/tray tracking, bed-level resolution, tracking for asset/staff/patient associations, and tracking of supplies. The procurement is intended to be a multiple award IDIQ contract, with orders

to be executed through secondary competition at the delivery order level for individual Navy Medicine facilities, which may consist of a parent medical treatment facility (MTF) and up to 14 branch clinics at disparate locations.

A third project, recently awarded, is for the procurement of Dental Delivery Systems for Naval hospitals and clinics throughout the enterprise and the Fleet, all within the confines of one single award IDIQ contract, with orders to be placed for individual items and/or on a site-by-site or ship-by-ship basis.

The award of enterprise-wide IDIQ contracts for the procurement of Pharmacy Automation and Real Time Locating System for all Navy Medicine’s facilities, as well as a centralized IDIQ for Dental Delivery Systems for the MTFs and the fleet are the result of many months of concentrated effort from the Naval Medical Logistics Command and its partners at NAVMISSA and BUMED. Many benefits will be derived through the streamlined execution of delivery orders for customized solutions to facilities throughout the Navy Medicine enterprise and ships in the Fleet.



PACIFIC OCEAN (June 15, 2011) Lt. Meaghan Christopher, left, from Akron, Ohio, and Lt. Rachel Ackerman, from Deerfield Beach, Fla., label medication in the pharmacy aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20) during Continuing Promise 2011. Continuing Promise is a five-month humanitarian assistance mission to the Caribbean, Central and South America. (U.S. Air Force photo by Staff Sgt. Alesia Goosic/Released)

These contracts are also part of a large-scale effort to focus on the strategic initiatives of strategic sourcing and centralized commodity management, and they effectively lay the foundation and framework for future projects of similar size and complexity. In line with these initiatives, discussions are underway for a similar approach to more centrally procure medical equipment maintenance for the benefit of individual sites and the enterprise as a whole, with value and efficiency to be gained in pricing and in the ease and convenience of placing orders.

Through the execution of these projects, the script is changing for the better in terms of the products being offered and the types of contracts available. The only question is....what will be the next target of interest? **LS**

## Property Management Office Overview

By Cmdr. Michael Kemper, Director, NMLC Medical Equipment and Logistics Solutions and  
Lt. Cmdr. Barbara Munro, Deputy Director, BUMED Medical Logistics (M42)

Have you heard the new change? M46 (Naval Medical Logistics Command/NMLC) has been appointed as the Bureau of Medicine and Surgery (BUMED) Property Management Office (PMO) in accordance with SECNAVINST 7320.10A (Department of the Navy (DON) Personal Property Policies and Procedures). The Equipment and Technology Management Division of NMLC's Medical Equipment and Logistics Solutions Directorate maintains functional oversight/responsibility of Navy Medicine's personal property management program.

Personal Property is defined as those items used, but not consumed, to produce goods or services in support of the DON's mission. Personal Property includes: office equipment, industrial plant equipment, vehicles, material handling equipment, Automated Data Processing (ADP) equipment, Government Furnished Equipment (GFE) acquired by the Federal Government or a contractor, and leased assets (capital or operating). Personal Property does not include: inventory items (e.g., items intended for sale), operating materials and supplies, real properties (i.e., land, buildings and structures), or items of an historical nature. The PMO is required to implement controls as contained in SECNAVINST 7320.10A as well as additional controls, as required, to achieve the following major objectives:

- Accountability of assets
- Accurate financial reporting
- Personal Property System security and data integrity
- Life cycle management of Personal Property assets
- Compliance with personal property policies and procedures

The PMO's responsibilities [as defined in paragraph 4b(1) of enclosure (1) of SECNAVINST 7320.10A] are:

- Disseminate current personal property guidance and information throughout the claimancy including the latest policies, procedures, standards and mandates established by DOD, DON, Federal regulation, and/or the laws that pertain to personal property accountability and financial requirements.
- Verify that activities within the claimancy are performing physical inventories as required. Activities are required to submit letters to their major claimants substantiating physical inventory completion. Major claimants should monitor this process to make sure physical inventories are conducted as required.
- Collect/review claimancy personal property financial information on a quarterly basis for reasonableness and accuracy.
- Compile and report all personal property financial information to the Assistant Secretary of the Navy (Financial Management and Comptroller) [ASN(FM&C)] Financial Management Office (FMO) on a quarterly basis.
- Establish procedures to monitor usage of the claimancy personal property database (may include implementation of additional internal controls) to ensure: activities are using the mandated system; data is complete and accurate; and financial information is being reported properly.
- Reconcile personal property financial information from the personal property system with the general ledger account balance. Retain a copy of the summary/detailed personal property information to support the reconciliation performed for 3 years.

The table below delineates the roles various BUMED Codes (M42, M46, and M8) serve in fulfilling the aforementioned PMO responsibilities.

# LOGISTICALLY *speaking*

Equipment Responsibility	M42 Role	M46 Role*	M8 Role
<p><b>Major Claimant/ Budget Submitting Office (BSO)-18 Property Management Office (PMO)</b></p> <p><i>SECNAVINST 7320.10A Section 4.b. (1)(a), (c) and (f)</i></p> <p>* Commanding Officer, Naval Medical Logistics Command (NMLC) serves as M46 and has been appointed as the BSO-18 Property Management Officer.</p>		<ul style="list-style-type: none"> <li>-Provide BSO-wide day-to-day personal property management oversight.</li> <li>-Conduct BSO-wide monthly telcon to disseminate personal property accounting and financial reporting updates.</li> <li>-Monitor Defense Medical Logistics Standard Support-Equipment Module (DMLSS-EM) usage.</li> <li>-Monitor and compile DMLSS-EM System Authorization Access Request-Navy (SAAR-N) forms.</li> <li>-Run/analyze BSO-wide Monthly Quality Assurance (QA) reports.</li> <li>-Verify subordinate commands receive Centrally Funded Equipment (CFE), especially Capital Equipment.</li> <li>- Monitor inventory process to make sure physical inventories are conducted as required.</li> <li>-Monitor equipment reutilization.</li> </ul>	
<p><b>Personal Property (Equipment ) (PPE) Annual Inventory Letter</b></p> <p><i>SECNAVINST 7320.10A Section 4.b. (1)(b)and (c)</i></p>	<ul style="list-style-type: none"> <li>- Review PPE Annual Inventory Letter and submit for signature.</li> <li>-Distribute letter to Regions.</li> </ul>	<ul style="list-style-type: none"> <li>-Draft the PPE Annual Inventory Letter to include timelines, requirements, and business rules.</li> <li>-Compile and validate inventory results.</li> <li>- Collaborate discrepancies with the Regions and recommend re-inventory as needed.</li> <li>-Mitigate and address any conflicting policy guidance.</li> </ul>	
<p><b>NAVMED P-5132 (Equipment Management Manual)</b></p> <p><i>SECNAVINST 7320.10A Section 4.b. (1)(b)</i></p>	<ul style="list-style-type: none"> <li>-Facilitate an annual review and compile SME input for any revisions as necessary (at a minimum, a rewrite must be conducted every 7 years).</li> <li>-Submit revised policy for vetting and signature.</li> </ul>	<ul style="list-style-type: none"> <li>-Identify and provide SME input to P-5132 sections that require updating.</li> </ul>	

Equipment Responsibility	M42 Role	M46 Role*	M8 Role
<b>Annual Fiscal Year (FY) Logistics and Acquisition Guidance</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(b)</i>	-Submit FY Logistics Guidance Cover Letter for signature and provide to NMLC to post on their website with FY Logistics Guidance.  -Submit CFE guidance for signature and distribution.  -Collaborate budget controls and timelines with M8 and finalize and distribute CFE guidance letter.	- Issue FY Logistics Guidance semiannually to include property management updates [to be posted on NMLC “Home (MIL/GOVT)” website].  -Draft CFE guidance letter annually.  -Provide a 7-year equipment replacement forecast.	
<b>Standard Operating Procedures (SOPs)</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-In conjunction with M8, establish and maintain SOPs for “Personal Property” and “Equipment Contract Establishment”.	-Provide SME input to SOPs.	-In conjunction with M42, establish and maintain SOPs for “Personal Property” and “Equipment Contract Establishment”.
<b>Medical Inspector General (IG)</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Coordinate the update of the Medical Inspector General Checklist.	-Provide SME input.	
<b>Training</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Provide overview of property accountability during DMLSS training.  -Collaborate with M46 to ensure training materials are up to date.	-Provide training on property accountability to the Regions.  - Manage training requirements.  - Compile copies of training certificates.	
<b>Managers Internal Control (MIC) Program</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Provide accessible units annually for review, input, and update to the MIC Program Chair (M8).	-Provide SME input to the accessible units that are distributed.	-M82 provides oversight through the MIC Program and financial internal control testing to include Command Level Testing at each of the Regions’ respective Echelon IV and V commands.
<b>Medical Inspector General (IG)</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Coordinate the update of the Medical Inspector General Checklist.	-Provide SME input.	
<b>Training</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Provide overview of property accountability during DMLSS training.  -Collaborate with M46 to ensure training materials are up to date.	-Provide training on property accountability to the Regions.  - Manage training requirements.  - Compile copies of training certificates.	
<b>Managers Internal Control (MIC) Program</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Provide accessible units annually for review, input, and update to the MIC Program Chair (M8).	-Provide SME input to the accessible units that are distributed.	-M82 provides oversight through the MIC Program and financial internal control testing to include Command Level Testing at each of the Regions’ respective Echelon IV and V commands.
<b>Logistics Assist Visits (LAVs)</b> <i>SECNAVINST 7320.10A Section 4.b. (1)(f)</i>	-Review LAV reports for impact on policy changes.	-Conduct LAVs to provide logisticians with total asset visibility and ensure best business practices are being implemented for Equipment and Technology Management processes.	

<p><b>Logistics Assist Visits (LAVs)</b>  <i>SECNAVINST 7320.10A Section 4.b.(1)(f)</i></p>	<p>-Review LAV reports for impact on policy changes.</p>	<p>-Conduct LAVs to provide logisticians with total asset visibility and ensure best business practices are being implemented for Equipment and Technology Management processes.</p>	
<p><b>Financial Reporting</b>  <i>SECNAVINST 7320.10A Section 4.b.(1)(d), (e) and (g)</i></p>		<p>-Collect/review BSO-wide personal property financial information on a quarterly basis for reasonableness and accuracy.</p> <p>-Compile and report all personal property financial information to Assistant Secretary of the Navy (Financial Management and Comptroller) [ASN(FM&amp;C)] Financial Management Office (FMO) on a quarterly basis via the Defense Departmental Reporting System (DDRS) Data Collection Module (DCM).</p> <p>- Retain a copy of the summary personal property information to support the reconciliation performed for 3 years.</p>	<p>-Reconcile personal property financial information from the personal property system with the general ledger account balance.</p> <p>-Certify financial report via DCM.</p>

## SMALL BUSINESS PROGRAMS



### *WELCOME TO BIZ BUZZ!*

*Biz Buzz* is where you will find what's happening with NMLC's Small Business Program Office, as well as general small business information and news you can use.

### *What's the BUZZ?*

The DD Form 2579. What is it and why is it necessary? When should it be filled out? How should it be filled out? Thanks to an excellent online resource, "Ask A Professor," we have the answers to these questions. Ask A Professor (AAP) is a Department of Defense resource for asking acquisition and logistics questions concerning policies and practices. The Defense Acquisition Portal (DAP) web site is maintained by the Defense Acquisition University and provided as a public service by the sponsoring office - Office of the Under Secretary of Defense for Acquisition, Technology and Logistics (OUSD(AT&L)). If you haven't yet utilized this resource, it can be extremely helpful for a variety of acquisition-related topics!

Although the DD Form 2579 is not new and is used by acquisition staff routinely, its purpose, and how to fill it out properly, are not always fully understood. The DD Form 2579, also known as the Small Business Coordination Record, is required for any acquisition above the micro-purchase threshold (>\$3,000). However, those acquisitions whose total estimated value is greater than \$10,000 require that the DD Form 2579 be reviewed and approved by the contracting activity's small business professional (SBP). DD Form 2579s document that the acquisition office has fully considered the maximum practicable opportunity for contract award to small businesses, where the total estimated value of the acquisition is between \$3,000 and \$150,000, the simplified acquisition threshold (SAT). FAR Part 19.502-2 states that acquisitions within the SAT must first be considered for award to a small business firm. The DD Form 2579 should be completed and signed by a warranted Contracting Officer and the Deputy for Small Business (or SBP) prior to the issuance and synopsis of each applicable acquisition, and a signed copy should be included in the official contract file.

What information goes onto the DD Form 2579? The information below is taken from the DAU Small Business Program course book (CON 260B) and the DAU "Ask A Professor" resource.

### INSTRUCTIONS FOR SMALL BUSINESS COORDINATION RECORD (DD 2579)

<b>Completion Instructions.</b> The Small Business Coordination Record, DD Form 2579, is used for all acquisitions over \$10,000 (Solicitations, orders, or contract modifications). It should be completed/signed by a warranted Contracting Officer and the Deputy for Small Business <u>prior</u> to the issuance and synopsis of each applicable acquisition, and a signed copy should be included in the official contract file.	<b>Block 1. Control No.</b> It is recommended that the Deputy for Small Business keep a log and assign a control number to each DD 2579 reviewed. Suggestion: Include fiscal year of the action and sequential number, for example: 2012-01.
<b>Block 2. Purchase Request No/Requisition No.</b> Enter the appropriate number.	<b>Block 3. Total Estimated Dollar Value.</b> Enter the estimated total value of the requirement <u>including</u> all options.

# LOGISTICALLY *speaking*

<p><b>Block 4.</b> Solicitation No./Contract Modification Number. Enter the appropriate number.</p>	<p><b>Block 5.</b> Buyer Information. Enter warranted Buyer's name and office symbol.</p>
<p><b>Block 6.</b> Item Description. Enter a brief description of the required items or services including location of work and quantity.</p>	<p><b>Block 6a.</b> Federal Supply Class/Service Codes. Enter the appropriate codes coordinating with NAICS Code in Block 8.</p>
<p><b>Block 7.</b> Type of Coordination. Enter the appropriate type of coordination.</p>	<p><b>Block 8.</b> Small Business Size Standard. Enter the appropriate North American Industrial Classification System (NAICS) Code. NAICS Codes and size standards are available from: <a href="http://www.sba.gov">www.sba.gov</a> or <a href="http://www.census.gov/eos/www/naics/">www.census.gov/eos/www/naics/</a></p>
<p><b>Block 9. Recommendations.</b> Enter the Contracting Officer's recommendation whether the acquisition should be pursued under one of the small business preference programs for SB/SDB business, etc. Recommendation must consider the DoD set-aside program order of precedence in DFARS 219.504. Block 9a pertains only to Section 8(a) acquisitions. <b>If all recommendations are "No", an explanation must be provided in Block 14.</b></p>	<p><b>Block 10. Acquisition History.</b> Check 10.a. if this is a first time buy. Check 10.b. if this is a follow-on buy; enter information to the extent that the information on previous acquisition is readily available. At minimum, provide incumbent contractor name and size status &amp;, if applicable, small business category at time of award. If acquisition combines 2 or more previous buys attach summary of history of previous actions.</p>
<p><b>Block 11. SB Progress Payments.</b> Do not complete this block. Progress payments are not to be offered. They must be requested and justified/supported by firms responding to solicitation.</p>	<p><b>Block 12. Subcontracting Plan Required.</b> Check "no" if set-aside for small business since Subcontracting Plans are not required from small business. <b>Check "yes" if solicitation or modification &gt;\$500,000 including options or &gt;\$1M for construction and meets FAR 19.702.</b></p>
<p><b>Block 13. Synopsis Required.</b> Enter "yes" if the acquisition is required to be synopsisized. If the acquisition will not be synopsisized, enter the appropriate FAR exception (FAR 5.202).</p>	<p><b>Block 14. Remarks.</b> Document why the acquisition is <u>not</u> recommended for set-aside under the SB Program (see FAR 19.502-2(b)). This block may also be used to recommend additional sources to be solicited. Attach, as applicable: Copy of sources sought notice, Market Research Report including matrix summarizing results of sources sought .</p>
<p><b>Block 15. Reviewed by SBA Representative*.</b> Resident PCR signs after Small Business Manager (Block 18.) PCR should return the form to the Small Business Manager who will then provide the original to the Contracting Officer and keep a copy for their files. <b>(Signs Third)</b></p>	<p><b>Block 16. Local Use.</b> Enter special notes or identify additional sources as necessary. Recommendation: If acquisition is full &amp; open, use this block to state approval is contingent upon an appropriate evaluation factor being included in the solicitation in accordance with FAR 15.304/DFARS 215.304.</p>
<p><b>Block 17. Contracting Officer*.</b> A warranted Contracting Officer prepares the form and signs in this block before submittal to the Deputy for Small Business. It is recommended that local procedures be developed for "appealing" the recommendation of the Deputy for Small Business. <b>(Signs First)</b></p>	<p><b>Block 18. Small Business Manager*.</b> The Deputy for Small Business will sign approving the strategy submitted by the Contracting Officer and will then forward to the SBA Representative, if appropriate. <b>(Signs Second)</b></p>

*\*Some offices have set up electronic routing processes with electronic signatures.*

Any time the information in the original DD Form 2579 changes (e.g., a revised total estimated value; revised acquisition strategy (originally a sole source buy, now being procured "full and open"); different NAICS code, etc), the form needs to be modified and resubmitted through the SBP (for approval and signature) and retained in the official contract file. Also, note that the DD Form 2579 contains procurement sensitive information and should be safeguarded as any other procurement sensitive document. For any questions concerning the DD Form 2579 or if you have any suggestions for future articles, please contact Ms. McReal via phone at (301) 619-3097 or via email at [Mimi.McReal@med.navy.mil](mailto:Mimi.McReal@med.navy.mil).

## Services Court: Understanding the Services Requirements Review Board Process

By Gilbert "Bert" Hovermale, Director, Acquisition Management Directorate

"I've been told to appear in Services Court! Am I in trouble? Do I need a lawyer? Don't I get one phone call?" Services Court is shorthand for the Services Requirements Review Board (SRRB). If you are asked to attend the SRRB it's because you are the proponent, originator or spokesperson for a Navy Medicine services contract. You aren't in trouble and you don't need a lawyer, but you may want to make a

phone call to your contracting officer because you will need his or her help to answer some of the questions the SRRB is going to ask.

The Office of the Deputy Assistant Secretary of the Navy for Acquisition and Procurement, DASN (AP), directed all Navy Echelon II commands to establish a SRRB process by memorandum dated April 13, 2012. The purpose of the SRRB is to establish a process to identify, validate, assess, plan and monitor services acquisitions. The

SRRB is part of Navy's response to several well publicized contract fraud cases from the Naval Sea Systems Command. DASN staff explained that the SRRB process

should facilitate meaningful discussion about the services requirements process, contracting and management. The important thing to note is the SRRB is not a contract review board. The focus is as much on the development of the services requirement as on its execution. The review will include all contractor support services over \$150,000, including knowledge-based, communications, medical, equipment-related, R&D and facility-related services.

Iterative Approach. Navy Medicine will implement its response to this requirement using an iterative, phased approach as follows:

Phase 1: Navy-funded services

contracts in support of former NMSC activities (15 contracts, \$15 million)

Phase 2: Services contracts in support of BUMED HQ (40 contracts \$63 million)

Phase 3: DHP-

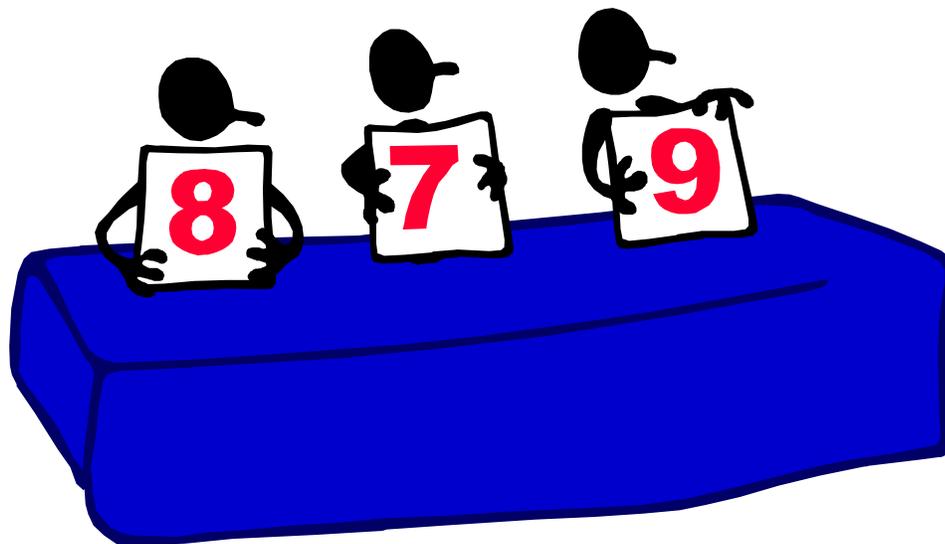
funded services contracts in support of former NMSC activities (200 contracts, \$180 million)

Phase 4: NME services contracts (630 contracts, \$398 million)

Phase 5: NMW services contracts (380 contracts, \$200 million)

Phase 6: NCA services contracts (30 contracts, \$15 million)

Numbers of contracts and dollar values are approximate. Educational Services Agreements (ESAs) are excluded from the scope of the SRRB. Phases 1 and 2 are currently



underway.

**Process.** The process begins with data discovery. Activities with contracts in the phase being executed will receive an eKM tasker that includes a spreadsheet with services contract information. Many of the data elements will be pre-populated with information obtained from the Federal Procurement Data System. Activities will complete the remaining fields for all continuing services contracts and projected new starts. Activities will need to contact their servicing contracting offices for some of the information needed to complete the spreadsheet.

The SRRB will be convened for each phase jointly by M8 and M4. The board will use spreadsheet data and information provided by the proponent to focus on nine key aspects identified by DASN:

- Requirements definition
- Requirements validation
- Market research
- Contract administration
- Competition
- Contract type
- Spend
- Tripwires\*
- Contracting activity



Participants of the 2012 Navy Bureau of Medicine and Surgery Audit Readiness Training Symposium held in Leesburg, Va., discussed various topics with members of the Naval Medical Logistics Command, Navy Medicine's logistics experts.

\*Tripwires are threshold metrics for special interest items identified by DASN. Hitting a tripwire doesn't necessarily mean the contract will be terminated, but it does indicate the requirement will be subjected to additional scrutiny. Tripwires include bridge contracts, best value premiums greater than 10%, other direct costs greater than \$1 million or 10% of contract value, fully burdened labor rates greater than \$300,000 per year, reliance on subcontract labor, and one bid contracts.

**Outcome.** The outcome of the SRRB will be a prioritized list of contracts for Navy Medicine. As

the budgetary climate becomes more austere, the prioritized list of contracts will be used to align service contract priorities with available funding. Other Echelon II commands that have gone through the SRRB process have achieved significant savings by identifying services requirements that could be reduced in scope or eliminated altogether. BUMED will report the results of its SRRB process to DASN periodically as the phased iterations are completed. The SRRB process will be repeated annually, gradually shifting from a baseline (what do we have in place now?) to a forward facing (should this requirement be approved?) focus. **LS**

## Revision to NMCARS Relating to NECO and NECO Updates

By Sheila Gorman, Naval Medical Logistics Command, Acquisition Management Directorate

### Revision to NMCARS Relating to NECO and NECO Updates

In July, change 08-12 to the Navy Marine Corps Acquisition Regulation Supplement (NMCARS) was made by the Department of the Navy to reflect the removal of the Navy Electronic Commerce Online (NECO) as the Navy's mandatory Government-wide Point of Entry (GPE) for solicitations and proposed contract actions.

The official GPE is stated as Federal Business Opportunities, or FedBizOpps, (REF: FAC 2001-16) at [www.fedbizopps.gov/](http://www.fedbizopps.gov/).

### What does this change mean for Navy Medicine?

Although the requirement to utilize NECO is no longer in effect, it is recommended to continue utilizing this site as previously. NECO automatically posts synopses, solicitations and proposed contract actions to FedBizOpps and shall remain fully operational, according to Brandon Bucher, Naval Supply Systems Command Headquarters, NECO program manager. Further, NECO remains a valuable, efficient and effective tool for Navy procurement organizations to utilize when communicating electronically with industry.

### IN GENERAL, what are the posting requirements?

Contracting officers must publicize contract actions and modifications through the GPE in order to increase competition, broaden industry participation in meeting Government require-

ments, and assist in meeting small business concerns. The following posting requirements apply. Exemptions and exceptions apply, see FAR Parts 5.2, 6, 8, 13, 16; DFARS 205.2; NMCARS 5205.2; and NAVSUPINST 4200.85D for further detail.

### Between \$15,000 and less than \$25,000

Written solicitations should be posted physically or by any appropriate electronic means for at least 10-days after the solicitation is issued or until after quotations have been opened, whichever is later.

### Between \$25,000 and simplified acquisition threshold

Combined synopsis/solicitation – 15 days OR a reasonable amount of time that will afford potential offerors a reasonable opportunity to respond per the market research.

Synopsis and solicitation - synopsis must be posted at least 15 days and the solicitation given a reasonable response time that will afford potential offerors a reasonable opportunity to respond.

RFQ must be posted for a reasonable amount of time.

A brand name justification must be posted with the RFQ/solicitation and be made publicly available.

### IN GENERAL, what actions require a synopsis?

Contract actions and proposed contract actions exceeding \$25,000.

Contracting actions and proposed contract actions greater than the simplified acquisition threshold (15-day notice and 30-day solicitation required, cannot be concurrent).

Proposed sole source actions exceeding \$150,000 require a 15-day notice of intent.

Contract awards likely to result in the award of any subcontracts.

### Further clarifications and tips:

Justifications that have been re-dacted are required to be posted to either NECO or FedBizOpps 14-days after award.

Posting either a synopsis or solicitation to NECO automatically posts to FedBizOpps as well.

Before you can post a solicitation to NECO, a synopsis must first be posted.

If utilizing Standard Procurement System (SPS), a solicitation can be posted directly from SPS to NECO, if the synopsis has been posted first.

If warranted, a combined synopsis and solicitation may be posted to either NECO or FedBizOpps. Questions or concerns, [LCE-queries@med.navy.mil](mailto:LCE-queries@med.navy.mil). **LS**

## Wide Area Workflow Policy Updates

By Kelly Sherman, Supervisory Contract Specialist and Chief of the Contract Support Division

As most of us know, Wide Area Workflow (WAWF) is a secure Web-based system for electronic invoicing, receipt and acceptance used by Department of Defense (DoD) agencies. On 29 June, WAWF policies were updated to expand its use and more clearly identify WAWF as DoD's method to receive payment requests and receiving reports. In summary, the policy updates are:

The word "preferred" was removed from Defense Federal Acquisition Supplement (DFARS) Part 232 and WAWF "is" the DoD accepted electronic payment system.

A standard WAWF payment clause, DFARS 252.232-7006 Wide Area Workflow Payment Instructions (Jun 2012) and a revised DFARS 252.232-7003 Electronic Submission of Payment Requests and Receiving Reports (Jun 2012) were employed.

WAWF has the capability and is now required for capturing receiving reports for contracts paid by the government-wide commercial purchase card (GCPC).

OCONUS awards made to foreign vendors are no longer exempt from WAWF.

Purchases to support unusual and compelling needs and contingency operations are only exempt when access to WAWF by those contractors is not feasible.

TRICARE Encounter Data System (TEDS) for processing healthcare services rendered is listed as an accepted electronic payment method. This

method is for individual healthcare services not under Navy Medicine government contracts.

When necessary, the Contracting



Officer administering the contract may determine in writing that electronic submission would be unduly burdensome to the contractor; however, a copy shall be furnished to the Senior Procurement Executive.

What this means to Navy Medicine:

No other WAWF clauses (including NAVSUP's local clause) are authorized for further use.

DFARS 252.232-7006 is the required clause.

The DFARS WAWF updates enforce use of the electronic system and help to ensure Navy Medicine is in compliance with DoD's audit readiness directive. For example:

The function of Receipt and Acceptance is an important DoD audit readiness objective. For contracting, this function is performed in WAWF. The electronically signed receipt shows that goods and services were actually received and is evidence for invoice acceptance and payment.

To ensure separation of function and to comply with other audit readiness requirements, all essential DFARS 252.232-7006 fill-in items must be completed. Take special notice to make certain both the Local Processing Office (LPO) and Acceptor DoDAACs are included in the clause. For supplies requirements, the Ship To Code also serves as the acceptor. For additional clause instructions, refer to NMLC Lead Contracting Executive (LCE) Note sent on 15 August.

When the GCPC is used as a method of payment for requirements above the micro-purchase threshold (MPT), only submission of the receiving report in electronic form (WAWF) is required. Note: Using the GCPC as the method of payment for requirements over the MPT is not a best practice.

NMLC is updating procurement authority letters to allow payment by WAWF for all BUMED ordering activities.

Use WAWF! It provides global accessibility, secure and auditable transactions, and timely and accurate payments, decreases interest penalties, and is the rule not the exception for DoD contracting.

Policy and audit readiness questions may be directed to [LCE-queries@med.navy.mil](mailto:LCE-queries@med.navy.mil). BUMED WAWF system questions should be directed to the BUMED WAWF help desk at [wawf@med.navy.mil](mailto:wawf@med.navy.mil). **LS**

## Stanley Wade, Navy Senior Services Rep. & Director, Code o6



*Stan Wade shared some of his closely guarded secrets with the Logistically speaking audience.*

I coached soccer and football for more than 27 years starting off with the wee itty bitty boys up to the junior varsity for Smithburg's High School and on up to varsity.

In coaching, one must learn the skills of his people early on -- who are your kids, what can they do and not do. I couldn't ask them to do something they did not have the capability of doing. I think it's those kinds of lessons I learned in my football experience that I realized I could bring here.

My other thoughts are, life is way too short -- as a part of my enlisted tour, I was a casualty assistance call officer and I covered a large area of Raleigh, NC, during the early 1970s. I had an instance that I have never for-

gotten that stuck with me. People talk about when your number is up, it's up and there's not really anything you can do about it.

I was a Hospital Corpsman 2nd Class when I responded to a motorcycle accident. The investigation revealed that a young Sailor attempted to pass a truck in the rain. His front bumper got caught on the trucks back bumper, causing his motorcycle to be slung directly in the path of an oncoming car. The car hit his bike but threw him onto the left shoulder - unharmed. A few minutes later, a driver from the other direction saw the bike in the road and pulled-off to avoid the collision, but ultimately hit the kid straight-on, killing him.

So this Sailor survived a head-on motorcycle collision, just to be hit by another car on the other side of the road. I guess his number was just up.

Reflecting on other times, I remember when I broke out and went to college. Switching from my church days to this time, it was like, Wow! I'm experiencing the real world! In high school I drank beer and raced hot cars. In fact, that's all we did. But I learned as a coach that your kids are only talented to a particular level. To be successful, I needed to exploit that part of them to the maximum extent.

So those experiences helped me realize that when you go to work, people are really the same as young kids.

You gotta learn who your people are. What makes them click. What's important to them. The reason I relate the coaching story is that my coaching will never make it into the books because I don't coach sports like a lot of people coach sports because I like to have fun. I think too much pressure is put on kids and they don't get to be kids that have fun. So I like to have fun at work. That doesn't mean I don't take my work seriously. But I don't have to come to work and be so stuck-hard serious -- whereas you can't laugh and there are no jokes -- I'm just not going to do that. It is important that I get out and talk to everyone that's on my team plus as many other command personnel as possible.

Success in our directorate comes from our entire team. It's all about my people. I am only here as a director to make sure they have absolutely everything they need to support their mission. We have to support world-wide Navy, USMC and in some instances fleet assets, mainly medical treatment facilities worldwide on a 24/7 basis. That makes it a very unique job for me to have interaction with a host of different people all over the world to even include foreign nationals. That's why I think I have a phenomenal opportunity and a phenomenal job to be here.

You noticed I mentioned that I'm really not a bad person, I just have a tough job that sometimes makes me

come across as rough. When you deal in a tri-service environment where you are fighting with other services for a limited number of resources, it takes a very strong-willed person that can stand his ground. You can't be intimidated by rank, rank structure, physical attributes, or any of those kinds of things in a tri-services arena. I believe I am considered one of the best who works in that environment. I have been outnumbered many, many times by Army and Air Force colonels and lieutenant colonels. Doesn't matter to me because I have no problems rolling my sleeves up and fighting the battles no matter their rank. I'll go toe-to-toe with you all day long.

One of the things we fight for is called development hours. In a tri-service environment during the development stages for systems development, there are always a limited number of hours. You have to fight for priority in how many hours you need to have to get a particular job done.

I'm actually called Mr. DMLSS, which stands for Defense Medical Logistics Standard Support. I have been with it from day one. I'm the oldest left surviving DMLSS person within the Department of Defense.

I enjoy the conflict and the opportunity to either win my case – or to lose; and I have lost as many cases and I have won. Actually, I have won 60 percent of my battles and I have lost about 40 percent, but it's the challenge of going in and seeing if I



Robert Gladey stands by Stan Wade in anticipation of a telephone conference Nov. 20 at Naval Medical Logistic Command on Fort Detrick, in Frederick, Md. Gladey, a DMLSS Functional Support Technician, supports various operational Medical Facilities within Navy Medicine and the Department of Defense.

can come out with what I need to have that gives me the feeling of winning in the tri-service arena.

But my main focus is that we only have a job and we are only here to support the end user and that end user provides direct health care. I have made it clear to all my people and it has been my philosophy from day one that no patient will suffer from a logistics system issue— no matter what it takes. If I have to fight, I'll hand fight. If I have to debate, I'll

debate. I'll do whatever I gotta do to make sure that the wounded warrior or the beneficiary is taken care of because I will not entertain a high-level issue that a system caused a patient to not be treated.

That's my single focus and that's what I told my people. We have to always make sure that patient support is always our primary focus. **LS**

## Personality Profile

### Richard McManis, Operational Forces Biomedical Engineering Supervisor

*Richard McManis shared his personal story with Logistically speaking readers.*

I am currently employed as a senior logistics management specialist for the Operational Forces Support Directorate and the Supervisor of Biomedical Engineering at Naval Medical Logistics Command. I hold the position as the In Service Engineering Agent (ISEA) and the Technical Support Activity (TSA) for Integrated Logistics Support of Biomedical, Medical/Dental Equipment.

I'm a retired Navy Biomedical Equipment Repair Technician with 26 years of honorable service. I served on USS Barnstable County (LST 1197), USS LaMoure County (LST1194), USS Nashville (LPD 13), USS Saipan (LHA 2), USS Nassau (LHA 4), USS Tortuga (LSD 46), USS Dubuque (LPD 8), USS New Orleans (LPH 11), USS LaSalle (LPD 3), USS Iwo Jima (LPH 2) and USS Guam (LPH 9). I deployed to Guantanamo Bay Cuba during the Cuban/Haitian exodus and managed medical and dental equipment support and logistics for the TRI Service Operations. During my active service, I was assigned to SUPSHIP Pascagoula, Ms.

During my tour of duty, I pre-commissioned the LHD 4, LHD 5, LHD 6 and the majority of LHD 7.

After retiring from active naval service, I began a career working as a medical/dental engineer for OMNI

I have initiated, submitted and provided technical support for all medical and dental alterations. I



McManis demonstrates how shipboard modifications can easily be manipulated as Mike Correll considers the method.

started in the work force off shore serving as a rough neck, employed by Brown and Root Construction and from there moved to becoming a structural iron worker. Afterward, I moved to the marine

Engineering in Mississippi.

I began my Government service at the Naval Medical Logistics Command in 2000 working logistics.

During the last 11 years, I worked outfitting and fitting out for the LPD 17, LCS, DDG, SSN, SSBN, LHA, JHSV, CVN, DDG 1000 ship classes, including Coast Guard Cutters and designed a medical space for the U.S. Army LCU 2028. The SHIPMAIN Entitled Process has one Medical/Dental submitter for SCDs and I am the one BUMED submitter for the U.S. Navy.

division and became a licensed U.S. Merchant Marine. During that time, I worked on a sea-going tug, gaining worldwide travel and experience. I later joined the U.S. Army, became a Combat Medic and served for six years. After my tour with the Army, I returned to college and later joined the U.S. Navy where I served eight years as a Navy Corpsman assigned to the U.S. Marine Corps. After my successful tours of duties, I became a Biomedical Equipment Repair Technician which led to my current employment.

There are many important things throughout a person's life and the

legacy one leaves behind. One of the little things I take great personal pride in is I have never asked or required anyone to do anything that I could not do myself. People who have worked for me will tell you I worked together with them side by side and led by setting the pace and example. My greater accomplishments that support my legacy are my two sons! They are both grown men now with their own families and have given me grandchildren. To me, that is the best thing since sliced bread. While growing up, my brother was my mentor and idol — I wanted to be just like him and it was a difficult task trying to make him proud of me. He has always been a tough act to follow.

I know the SECRET and hold the keys to PARADISE! If you do not understand this statement you will sometime during your lifetime.

The Naval Medical Logistics Command has been an excellent place to be employed over the years. We have experienced many changes, some welcomed and some not so much; however we have progressed and added a greater foundation for logistics. I have the pleasure to have some dedicated, intelligent individuals work for me in the equipment side of the Operational Forces Support Directorate. We provide mostly silent logistics to the Floating Navy (by design) because logistics support from these dedicated well trained



McManis says the balance in his life comes from the working tools he earned being a 32° Scottish Rite Mason and the absolute number one thing in his life that keeps his heart beating is his best friend and wife Barbara.

and seasoned professionals do their jobs effectively, efficiently and effortlessly providing the correct equipment to the correct ship at the correct time. We are available to respond to the needs of the warfighters 24/7 in a moment's notice! My team includes Mike Correll (retired HMCS), Clifford Dunlap (retired HMC), Deniz Mackey, a multi-degreed Biomedical Engineer, Ross Mackey, a degreed Civil Engineer and experienced Biomedical engineer, and HMC (SW) John McGilvery who can all be very proud of the products and fruits of their knowledge and labor they provide to the fleet. Their contributions to support the war effort and the

Navy certainly make me very proud to even be associated with these professionals.

In closing my story, there is a hidden balance in everything I do; being a 32° Scottish Rite Mason gives me the working tools to balance my life. I have no reason to tell a lie and if I did I would not be able to remember it anyway so I just don't. I tell you what you ask me straight out and I say what I mean. What I say you can take to the bank!

Finally, the absolute number one thing in my life that keeps my heart beating is my best friend and wife Barbara. **LS**

## Personality Profile

# Patrick Finney, Code 02 Contract Specialist

***Where do you call home? Where did you attend high school or college?***

I currently live in Hedgesville, WV, just outside of Martinsburg, WV. I went to two high schools. My freshman year was at West Potomac High School in Alexandria, Va., and I finished my last three years at Clarke County High School in Berryville, Va. Many years later, I started college and went to San Francisco State University. I completed my degree with a BA in International Rela-



Finney graduates from San Francisco State University with an International Relations Degree in January 1999.

tions in January 1999. I'm currently attending Shepherd University part-time for my MBA. I have four classes left until I graduate.

***Can you briefly share how you entered the workforce, when you entered, what were your first assignments, etc?***

My first job was actually delivering papers around my neighborhood. I think I was about 11. That would have been about 1982. My second job was as a busboy when I was a sophomore in High School at a local seafood restaurant in Berryville, Va. My junior and senior years of High School, I worked at a training facility run by Xerox just outside Leesburg, Va., washing dishes in the cafeteria. I worked there until I graduated from High School and left when I joined the Navy in October 1989.

***Where were you before you came to NMLC? How long you have been here? What are your responsibilities here?***

I was hired and attended the Department of Veterans Affairs Acquisition Academy as a Contract Specialist Intern. Before that, I worked for the Department of Veterans Affairs in Oakland and Sacramento California processing Compensation and Pension claims for veterans. I have been at NMLC for over two and a half years. I work in Contract Administration responsible for Naval Medical Center San Diego, Ca., working post award issues. In contract administration (CAD), we respond to issues after a contract has been awarded. Usually, the Contracting



Officer's Representative (COR) at the Medical Treatment Facilities (MTFs) will call or email their assigned post award contract specialist when there is an issue with a contract. Typical duties include processing modifications for changes in the statement of work (SOW), deobligating money on a contract, exercising options, and a host of other issues.

***What are the most important efforts you support and please provide a brief description of your involvement, the challenges you face in accomplishing your tasks and how you overcome them.***

I think all we do here is equally important. My team keeps the contracts relevant and timely, so that Navy active duty members and their families have the medical care they need around the clock. Everyone has a specific task here and without them, the machinery would start to break down. More importantly, communicating with our customers at the MTFs, Con-

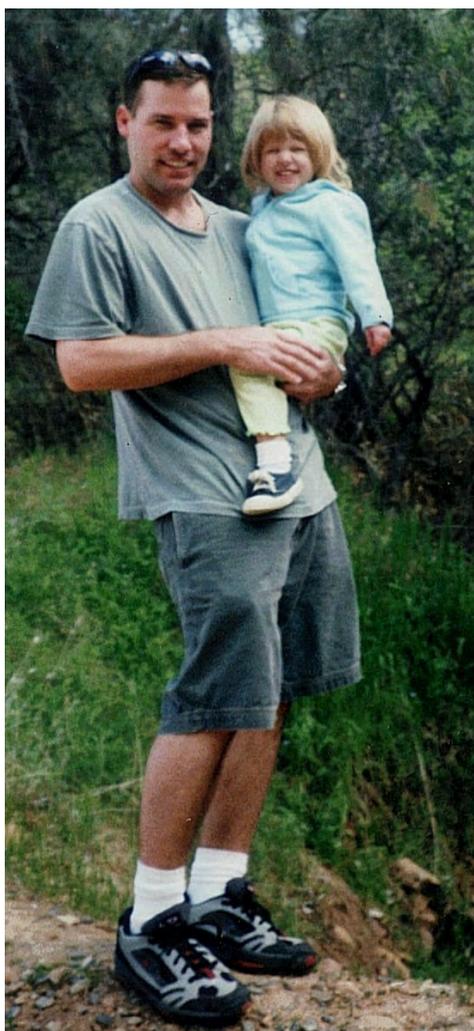
tracting Officer's Representatives (COR), and the Contractor is paramount to getting the right contract in place at the right time.

***What makes you a success here?***

I think for me, looking at the big picture and not getting lost in the weeds helps me maintain a good perspective here at NMLC.

***What do you do in your off-duty hours? Are you involved with charitable organizations?***

I usually spend time with my family on off hours. Usually in the evenings on weekdays, we walk the dogs



Finney and his daughter Gillian enjoying daddy daughter time together during a hiking trip in Placerville, Ca.

and go to the gym. On the weekends, we usually go hiking, biking or do projects around the house.

the NMLC webpage states; we keep med gear at the tip of the spear.



Finney enjoys dinner in Sardegna, Italy is with his wife, Ana. They took in the sights of Italy while on vacation there in July 2012. "We were in a restaurant just enjoying the food," he said.

***How does that involvement influence what you do here and how you support the military/federal government?***

I feel that most people, who work for the Federal Government, do so because they believe in helping others. It's not so much about making a lot of money, although sometimes, that does help...Lol...But, making a difference through public service can be very rewarding to some if not all.

***NMLC supports Warfighters through its logistical expertise. How does what you do contribute to the organization's overall mission?***

Here at NMLC and more specifically, in Contract Administration, we keep the contracts rolling smoothly at the MTFs around the world. It's like

***Are there any final thoughts you would like to share with the reading audience?***

I've really enjoyed working here at NMLC and have been learning a great deal about contracting — more specifically, personal services contract involving healthcare workers. This type of contracting is very unique and also very challenging. The contracting profession is always evolving and the learning curve keeps changing, making it a constant and fluid learning environment. **LS**



Earlier, I mentioned how I have been able to work more closely with the MSC community and have come to truly respect it. No offense Supply Corps! At the resources symposium in 2011, I had a conversation with Admiral Niemeyer's executive assistant and she mentioned to me that I should consider an active duty career or a reserve component. Fully expecting the conversation to stop when I told her about my knee, she told me not to be discouraged and said that they've gotten less stringent with certain things and to try again. She contacted someone at BUMED and the next thing I know, I'm sitting at Starbucks with a recruiter completing the paperwork. The entire process took about a year; but I told myself that if I passed the medical portion, then it was meant to be and that I would join.

I'm not one of the people who was inspired to join the service after the events of 9/11 nor am I someone who saw the military as a last resort. The military has always been ingrained in my core and I have always believed in the values of the U.S. Navy – that honor, courage, and commitment are the key tenets that build strong individual character and that those individuals come together to form an incredible, unified, elite group of warfighters. I can't tell you how much of an honor and privilege it is to join the MSC community and formally call those that I've known in my civilian capacity, comrades and shipmates. I will make you all proud.

***NMLC supports Warfighters through its logistical expertise. How does what you do contribute to the organization's overall mission?***

The contributions of the services contracts division directly impact the command's mission to provide Navy medicine with their health care services needs. Without our timely support, access to care would be immediately impacted and from a total force perspective, military and civilian resources would be spread thin from picking up the slack. We as a contracting agency are also always thinking of new acquisition approaches and solutions to stay ahead of health care industry changes, which result in better contract award decisions, higher quality health care workers and higher fill rates. **LS**



Naval Medical Logistics Command (NMLC) employee, Mrs. Janis LeBlanc, pauses after finishing the 37th Annual Marine Corps Marathon, Sunday, Oct. 28, 2012. The marathon route is from the Arlington National Cemetery, past the Lincoln Memorial, to the U.S. Capitol and back again. Pictured with LeBlanc is Lt. Rhonda Luevano, a former NMLC employee.

# LOGISTICALLY *speaking*

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