

MEMORANDUM FOR RECORD

SUBJECT: Summary of Preproposal Conference (PPC) for DADA10-03-R-0039,
Patient Appointment Services

1. A preproposal conference for subject solicitation was held at Evans Auditorium, Fort Sam Houston, Texas, on 13 November 2003 at 9:00 AM. Bruce Strauch, Contracting Officer, chaired the meeting. Mr. Strauch said a summary of this meeting along with the over 300 questions we received prior to the conference and questions asked during the conference and answers will be posted to the website. Mr. Strauch stated that nothing said or discussed during this conference would change the solicitation. Any change to the solicitation will be only by written amendment. Any amendment will be posted on FedBizOps and the CHCC website. After a brief welcome and review of the agenda, Mr. Strauch introduced some of the government representatives: Ms. Cynthia Jelen, Lead Contract Specialist; Ms. Margaret Walker, Contract Specialist; Ms. Mary Price, Capt Mark Meersman and Ms. Gwen Kearney, representing the three services. A list of registered business concerns is included at the end of this summary.

2. Ms. Cynthia Jelen, Contract Specialist welcomed everyone and explained the logistics of the building and need to vacate the building by 12:00 noon. Ms. Jelen explained there were three sign-in sheets by the door - one for today's meeting, one for partnering opportunities, and one for the McChord site visit. Ms. Jelen explained that for security reasons she must submit a list of everyone planning to attend a site visit 5 days in advance of the site visit. She said for the McChord site visit scheduled for 18 November, quite a few had already registered, but she would accept registrations until 4:00 pm central standard time, 13 November 2003. Registration could be on the sign-in sheet by the door or by email to CPT Davis or herself. Since Fort Sam Houston is in the process of changing email locations, she requested emails be sent to her or CPT Davis at the us.army.mil addresses: (cynthia.jelen@us.army.mil willie.davis5@us.army.mil) to ensure they are received. She asked that all emails be sent to both CPT Davis and herself since one of them may be out of the office. Ms. Jelen introduced CPT Willie Davis, Contract Specialist on this project; the Chief of Center for Health Care Contracting, Ms. Wendy Despres; Mr. Albert Jacob, Chief of Staff for Health Care Acquisition Activity; and Mr. Dan Shackelford, Associate Director for Small Business for the MEDCOM. Ms. Jelen stated that at the conclusion of the solicitation review, there would be a 10-minute break and then questions would be taken from the floor. She asked everyone to hold their questions until then, with the exception of after Mr. Shackelford's presentation.

3. Mr. Albert Jacob, Chief of Staff for LTC Stephens at the MEDCOM Health Care Acquisition Activity was the next speaker. He explained that MEDOCM contracting is organized in a center and satellite concept. The Center of Health Care Contracting is the

center and there are 6 regional contracting offices associated with major assets throughout the country and the world. Mr. Jacob presented a brief history and background information regarding the progression of patient appointing services to where we are now. Going back to the late 1980s and before when there was OCHAMPUS, basically a fiscal intermediary similar to Medicaid where the government was fiscally responsible for services provided by the private sector. Then there was managed care support contracting, when during the Clinton administration, there was a big push on to federalize health care. Most of that fell by the wayside, but the military infrastructure that surrounded that did not. The military had central health care provision, regionally based, by some very large and full service contractors. The T-Nex environment recognizes that health care is very much a locally based enterprise. The military is getting away, to a certain extent, from the all encompassing one contractor provides one service in one region and going to a much more centrifugal and in some sense, a much more complex delivery of health care. Part of that is this appointment services contract. When asked by Tricare Management Activity (TMA) over a year ago, MEDCOM agreed to do an appointment services contract in conjunction with T-NEX. This is a very diffuse and complicated requirement. TMA said they wanted this requirement to be maximum choice with maximum flexibility from a customer perspective. If a medical treatment facility commander wants to use this contract to establish a patient appointment system at their facility or in league with another facility, or not at all, they can. It is very convenient and nice from a customer's perspective and very difficult from a contracting and the vendor base perspective. The good news is that there is a very robust, capable and strong vendor base in this arena. We look forward to working with all of you in the formulation of the contract. It has been sort of an odyssey so far, as Mr. Strauch and Ms. Jelen can attest. This is a component of T-NEX and has visibility at the very highest level in DOD. This is not an effort that is localized without any support. Although it is an Army initiative, the other services will be participating and that is essential in developing a very good product. Mr. Jacob looks forward to working with everyone.

4. Mr. Dan Shackelford, Associate Director for Small Disadvantaged Business for MEDCOM was the next speaker. Mr. Shackelford stated the only thing attendees needed to remember is that when it comes to small business and the Medical Command, he is the senior official; the person on the spot to answer questions. He has a small staff dedicated to small businesses and will be happy to answer any questions. Partnering and teaming arrangements vary considerably depending on how they are structured and what arrangements are made. The benefits gained from the types of arrangements vary also depending on the type of partnering/teaming arrangement. Those details are left up to the contractors. Mr. Shackelford's office is compiling a list of contractors interested in partnering/teaming. The list will be provided to everyone on the list on a regular basis. This is a way for companies to get in touch with each other for partnering and networking. Mr. Shackelford does not have to staff to do any matching, but will provide company names, addresses and points of contact to other companies on the list. It will be up to the companies after that. After companies have contacted each other and would like to request assistance from Mr. Shackelford's office, feel free to do so. The solicitation identifies how get in touch with Mr. Shackelford. For additional information,

Mr. Shackelford's website address is sb.amedd.army.mil. Mr. Shackelford stated he would take questions after the conference is over.

5. Ms. Jelen then began the review of the solicitation. Comments by Ms. Jelen included:

- a. The first page of the solicitation is the Standard Form 1449. Block 7 shows Ms. Jelen and her phone number as the POC for information regarding the solicitation. Block 8 states the time and date proposals are due. Any changes to this date will reference Block 8 and will be by written amendment. Block 30 is another important Block. The proposal must be signed by a person authorized to bind the company for it to be considered.
- b. On page 2, the Program Summary provides a short history of the requirement. The intent is to make multiple awards of fixed price task order contracts. These contracts will be used for award of task orders. The term will be from date of award through 30 September 2004; four 1-year options; and an option of approximately 5 months for a total contract period of 5 years.
- c. Next are the line items referred to as CLINS. All CLINS are firm fixed price and are on pages 2-20. The first CLIN is for information only; the next CLIN (ending in AA) is for the transition period; the CLIN ending in AB is for the patient appointing service; and CLIN ending in AC is for Telephony requirements. The next two CLINS are patient appointing clerks. These CLINS are not included in any of task orders in the solicitation. These CLINS will be used for future task orders if an MTF only needs clerks for their patient appointing requirements.
- d. The performance work statement starts on page 20. Section one describes the patient appointing program.
- e. Section 2 is Definitions/Acronyms.
- f. Section 3 identifies where services may be required and what types and standards of services may be required. It also identifies various procedures to be followed. Task orders will identify specific requirements for a particular MTF.
- g. Section 4 identifies various performance reports that will be required along with the frequency that they are required.
- h. Section 5 details security requirements for personnel and equipment.
- i. Section 6 identifies government furnished information and equipment.
- j. Section 7 is contractor furnished equipment.

- k. Section 8 is a list of compliance and reference documents.
 - l. Section 9 lists PWS attachments 1 through 5.
 - m. The next section of the solicitation is the clauses incorporated by reference as required by the Federal Acquisition Regulation.
 - n. The next section is clauses incorporated in full text. The first is 52.212-3, Offeror Representations and Certifications. These must be completed and returned with your proposal.
 - o. The Contract Terms and Conditions Required to Implement Statutes or Executive Orders is 52.212-5. The clauses annotated with an “X” are applicable to this contract.
 - p. Other clauses are incorporated in full text. If you have any questions, you may ask them at the conclusion of these presentations. Please make sure it is not a question that has already been asked and included in the list of questions handed out.
 - q. On page 46, 52.237-1, Site Visit. The site visits are not mandatory but failure to attend is not grounds for a claim after contract award.
 - r. Each task order award will have a contracting officer’s representative (COR). There may sometimes (usually Air Force) also be a contracting officer’s technical representative (COTR). Each task order will have one COR. There may be other government POCs, but the COR will always be the contractor’s main point of contact.
 - s. 52.212-7001, Contract Terms and Conditions Required to Implement Statutes or Executive Orders Applicable to Defense Acquisitions of Commercial Items. The clauses annotated by an “X” are the ones that apply.
6. Ms. Walker went over the requirements in 52.212-1 and 52.212-2. Ms. Walker’s comments included:
- a. Ms. Walker explained that 52.212-1 tells what we expect to see in proposals and 52.212-2 tells how we plan to evaluate the proposals.
 - b. Beginning on page 49, the NAICS code and size standard were identified. All changes to the solicitation will be posted on Army Single Face to Industry and FedBizOps. Points of contact are Ms. Jelen and CPT Davis.
 - c. Ms. Walker reviewed the requirements in Section II Information.

- (1) Proposals are to be submitted on CDs; however, any documents such as annual reports that cannot be submitted electronically will be exempt from this requirement. Do not use compressed file formats. Submissions shall be virus free. Separate CDs per topic are acceptable or past performance information, financial information, and subcontracting plan may be on the same CD. All information relating to pricing must be on a separate CD. Include a document list as stated in paragraph 1c.
 - (2) Provide five hardcopies of all submissions unless otherwise stated. If there are discrepancies between the paper and electronic versions, we will defer to the paper copy. We will need only one copy of the SF 1449 and the Representations and Certifications.
 - (3) Proposals are limited to – 40 pages - that will be changed to 75 pages by amendment. The only submissions included in the 75-page count are the Quality Control Plan, Continuity of Services Plan, Transition Plan for each task order and the IM/IT Telephony Plan for each task order.
- d. Ms. Walker reviewed the requirements in Section III Instructions for Preparation of the Proposals:
- (1) Written proposals shall be prepared in five separate sections as shown on page 51. The oral presentation consists of two parts, Experience (Management Approach, Geographic Capabilities, and Scope of appointment services) and Technical Capabilities (Staffing Plan and Customer Service and Satisfaction of Appointment Services Plan).
 - (2) Part 1 – Administrative requires a maximum 2-page cover letter identifying the offeror and providing contact information including all persons authorized to negotiate for the offeror.
 - (3) Offerors are not to price the line items on pages 2-20. Prices should be submitted on the charts included with each task order.
 - (4) Submit one copy of the SF 1449 and the representations and certifications.
 - (5) Ms. Walker cautioned that proposals must be received not later than the time and date in Block 8 of the SF 1449.
 - (6) Financial information is to include information for each company that makes up any type of teaming arrangement for the proposal.
 - (7) Part II Present and Past Performance. A PPER Attachment should be completed by the offeror identifying to whom a past performance evaluation questionnaire was sent and completing the other information identified on the form. One form should be completed for each PPEQ sent. Include a narrative explaining why the services are similar to the requirements of the solicitation. Offerors are to send the PPEQ to each of their references for them to evaluate the offeror's performance using the adjective ratings included with the PPEQ. The evaluator will then send the completed PPEQ directly to address

shown at the top of the page without going back through the offeror. Including correct names and addresses is the offeror's responsibility. The government will not try to locate someone if the information is wrong.

- (8) The PPER asks for any corrective actions taken to resolve problems. That refers to any contracts you provide for references, not just patient appointment services.
- (9) If an offeror has no past performance history in government or private sector requirements relating to the solicitation, or no past performance history exists, then the offer will not be rated favorable or unfavorable and a neutral rating will be given for this factor.
- (10) Part III Subcontracting Plan. If the offeror is not a small business concern, a subcontracting plan that documents clear, detailed, logical and realistic approaches for the establishment, oversight, and quality control of subcontracts is required. The goals are listed. If the offeror is a small business, no subcontracting plan is required; however, all subcontractors must be identified or a statement that no subcontracting is planned is required to be submitted.
- (11) Part IV Technical Capabilities. The Quality Control Plan and Continuity of Services Plan pertain to the whole contract, not specific task orders. The Quality Control Plan should address quality assurance issues as it relates to patient appointing service. The continuity of Service Plan shall describe the offeror's plan to maintain service at acceptable performance levels and telephone standards.
- (12) The solicitation identifies minimum standards. What is stated in the solicitation must be submitted; however, offerors were encouraged to present what they can offer, what are the best commercial practices, etc.
- (13) Part IV Task Orders. Technical capabilities subfactors D3 and D4 must be submitted for each task order.
- (14) Part V Pricing. Each task order has a form for pricing. All CLINS are firm fixed price. There are no cost reimbursable line items. All transition costs must be included in the firm fixed price line item. Pricing must be submitted for all task orders. Also, a price breakdown for each task order as described in the solicitation shall be included.
- (15) Oral Presentation. There are no constraints on the type of media an offeror may use. Power point will be available. If the offeror chooses to use something else, equipment must be set up within 10 minutes. Oral presentations will be scheduled to begin approximately 10 working days after the closing date for receipt of proposals. The offeror may not audio or video tape their presentation. The government will videotape presentations, but they will not become part of the contract. Only what is actually presented during the oral presentation will be considered. Even if additional information was provided in writing, if it is not presented, it will not be considered. At the conclusion of the oral presentation, government personnel will

caucus and determine if any clarifications are required. These will be clarifications and not discussions. The offeror will be required to respond to the clarification questions; the government will not present the questions in writing for the offeror to answer later. Five paper copies are required to be submitted in a sealed envelope. Once they are submitted, no changes are allowed. The envelope will be opened at the beginning of the oral presentation. Details of what must be included in the proposal are spelled out in the solicitation. Everyone was encouraged to read the solicitation thoroughly and make sure all required submissions are included in their proposals.

- (16) Ms. Walker reviewed the evaluation process. She stated awards will be based on best value to the government. Multiple contract awards will be made. Then one award will be made for each task order. It is possible that a company may receive a contract award for future requirements, but not receive an award for any of the initial task orders included in the solicitation.
- a. Factor A. Present and Past Performance. Your references will complete the performance questionnaires using the adjective rating included in the PPEQ attachment. Then the government will consider these ratings along with any other information it may have and do a risk assessment. The definitions of the risk ratings are explained in the attachment on page 67. Evaluation of present and past performance will be a subjective evaluation considering Commitment to Customer Service, Currency of Information; Relevancy of Information; General Trends in Contract Performance; and Compliance with Previous Subcontracting Plans. As the definitions explain, if you have no past performance, you will not be penalized. You will be given a Neutral rating.
 - b. The Subcontracting Plan will be rated Satisfactory or Unsatisfactory in accordance with the adjectival rating definitions in Attachment 3 on page 68.
 - c. Quality Control Plan and Continuity of Services plan are for the overall contract. Those are written submissions and are sub factors D1 and D2. The other written submissions for factor D are sub factors D3 and D4 and pertain to each task order. You will need to submit a separate D3 and D4 for each task order. Factor D5 and D6 are oral presentations. Each sub factor will be rated and, based on those ratings; an overall rating will be given for Factor D. The same is true for Factor C. Each sub factor will be rated and based on those ratings; an overall rating will be assigned to Factor C. The adjective ratings shown on pages 67 and 68 will be used for evaluating Factors C and D. Task order pricing will be evaluated for price realism and

reasonableness. Ms. Walker again encouraged attendees to read the solicitation and make sure everything required is included in the proposal.

7. Ms. Jelen went over of the addenda to 52.212-4, Terms and Conditions that begins on page 68.
 - a. 52.212-2(t) Invoicing and Payment by Government Purchase Card. Each task order will state the method of payment. We are moving toward the new paperless invoicing procedure called Wide Area Work Flow. Some of you may already be using it. The contractors we have talked to that are using it are very pleased with it and so is the government. The instructions will be included in the contract by modification when we are ready to fully implement the Wide Area Work Flow.
 - b. 52.212-4(u) is a list of federal holidays. Some task order will not require work on federal holidays, others will.
 - c. Contract administration. Once the contract is awarded, the contract number will be placed in the area indicated in the address. Contract administration for the basic contract will be out of the Center for Health Care Contracting.
 - d. Past performance reporting information. The ordering officer will prepare the past performance assessments. The past performance assessments will be put in the DoD database for all contracting offices to consider when making award decisions.
 - e. Ordering procedures are for future task orders. They are not applicable to what we are doing now in the solicitation. Task orders 1 through 7 will be amended to 6 task orders. Fort Lee will be combined with Tidewater. Changes will be made by written amendment and posted on the CHCC website, Army Single Face to Industry and FedBizOps.
 - f. Unilateral modifications. In commercial contracts, modifications are usually bilateral. We have included this addendum to allow for unilateral modifications for deobligating funds and miscellaneous administrative changes to the contract. Sometimes to implement what we need to do because of contracting software, modifications to the contract are required, and these will be unilateral. What excess funds we expect to deobligate is addressed in the questions and answers in the handout.
 - g. Task order closeout will be by the administrative contracting officer. Contractors are expected to cooperate and provide required information.
 - h. The Quarterly Program Status Report is to let us know what orders you have received during the quarter. Number 2, major accomplishments and milestone achievements is you opportunity to tell us anything you feel we need to know – major accomplishments; milestones; problems you are having; something that is going well.
 - i. The Privacy of Health Information clause pertains to the HIPPA requirements. Particularly note the last paragraph - DoD rules are also applicable.

8. Ms. Jelen explained the PWS attachments:

- a. Attachment 1 is a mini registration form.
- b. Attachment 2 is a satisfaction survey that is in a pdf file.
- c. Attachment 3 is an unbooked appointment request report form.
- d. Attachment 4 is a physical security audit matrix.
- e. Attachment 5 is an information paper regarding the Composite Health Care System Appointing Transactions Ad Hoc Report, which is background of how we pulled the data out.

9. Ms. Jelen stated:

- a. Task Order 1 is for Womack Army Medical Center at Fort Bragg, North Carolina. Fort Bragg will share the site visit with Pope AFB; Bragg in the morning and Pope in the afternoon. Attachments go along with each task order.
- b. Fort Lee will be combined with Tidewater, so there is no site visit scheduled for Fort Lee. An amendment will be issued adding Fort Lee to the Tidewater PWS.

10. Ms. Jelen stated we received close to 300 questions for clarification prior to this meeting. Ms. Jelen is still coordinating and formulating answers. Most answers have to be coordinated with all three services (Army, Navy and Air Force). If an answer is "Pending," it recognizes receipt of the question, and the answer will be provided as soon as possible, and all questions and answers, including those received today, will be posted on the Center of Health Care Contracting (CHCC) website (<http://www.cs.army.mil/chcc>). Ms. Jelen encouraged all to submit any questions they may have. No questions will be considered after 4 Dec 03. That will give everyone time to ask any questions they have from the site visits and allow the government time to answer prior to receipt of proposals. Ms. Jelen went over a few of the written questions in the handout. After a 10-minute break, Mr. Strauch asked for questions from the floor.

QUESTIONS ASKED AT THE PREPROPOSAL CONFERENCE:

1. Q: How receptive are the services to this non-mandatory contract?

A: The services (representatives from the Army, Navy and Air Force) have been working very closely with the MEDCOM in generating these requirements. While it is not a mandatory contract, there is great acceptance within the Military Health Services (MHS) for using this contract because it provides several benefits. One – it has a performance work statement that is standardized and concurred by all three Services and includes TRICARE Regulations and Operations Guide and the Commanders Guide to Access to Success which includes program guidance as far as the metrics and appointing services in general. The program also allows for fairly quick and easy issuance of task orders and award of task orders by the MTF commander or Regional Market Manager, so there is an expedited process for getting a task order in place. Also, we are providing overall program assistance in initiating task orders as far as some of the program guidance, COR training, quality assurance surveillance plans, and things of that nature. While we are responsible for the initial contract, we are also creating an overall program that can be used with the contract as well that will ease their ability and concerns in using the contract. While it is not mandatory, we believe it will be used in a significant manner by the Military Health Services.

2. Q: What is the average length of a task order?

A: There is no historical record, but it is anticipated that task orders will be written for a base period plus all the option periods that are available.

3. Q: The PWS listed services performed as a small percent of the overall. How will we know how much work to expect? How will we get agencies to use our contract?

A: One of the driving forces is to afford them a good, useful contract. And that is what we are trying to do. They do have alternatives. They can go out and contract for their services only. Again, looking at all that entails versus using an existing contract, it is more beneficial to use an existing contract and go out and for quotes and issue a task order than go through the complete acquisition process of writing a new contract. That is one of the incentives. Again, looking at the overall program support we will provide is another incentive. If you look at the Information Paper (PWS Attachment 5), the transactions are defined to include the historical record of what is applicable for the Patient Appointment Services.

4. Q: Some MTFs have reports that break down further product information. Can we get 2 months worth of current data on these task orders?

A: The requested information is not available. The information is proprietary to the incumbent and we do not have access to it.

5. Q: What is the “surge time” for Patient Appointing Services?

A: Surge time is based on a multitude of variables and factors to include redeployments; seasonal; residency rotations; time of day; time of week; etc.

6. Q: Can work be sole source with a prime contractor who has an 8(a) firm as a subcontractor.

A: No. This requirement is based on full and open competition. There will be no set-asides. However, in accordance with FAR 52.219-4, an evaluation preference for HUBZone small business concerns is applicable.

7. Q: Telephony support reports. Some switches don't provide capability to obtain all the information required. How will the information be obtained?

A: If equipment doesn't allow, we don't require. Requirements will vary by task order.

8. Q: Reference 3.12, Transition. When will contractors have access to the MTF Business Plan?

A: Possibly sections of it, but not the MTF Business Plan in its entirety. Amendment forthcoming to 3.12. to change “...detailed in the MTF Business Plan...” to “...detailed in “individual task orders””.

9. Q: Will all questions be answered prior to or after 4 Dec?

A: We will provide the answers as soon as we get them.

10. Q: Can questions be asked at the site visits?

A: Some questions may be asked at the time of the site visit. Please pose questions in writing after the site visit. Any questions answered on site will be posted on the website.

11. Q: The solicitation seems restrictive. Based on the current market, can offerors propose other solutions?

A: Yes. The solicitation states the minimum requirements of the government. Under commercial practices, you may offer alternative solutions and we will evaluate in accordance with the solicitation.

12. Q: If as a result of our marketing, an MTF decides to use this contract, can the task order be awarded on a sole source basis?

A: No. Task orders will be awarded on a best value basis.

13. Q. If an organization needs 3 or 4 years of service, will options be awarded to the same contractor or will they be re-bid?

A. If there are options on a task order, they will not be re-competed unless the performance is unsatisfactory.

14. Q. How many awards do you anticipate making?

A. That has not been determined. It will depend on the number and quality of proposals received.

15. Q. What are the numbers of incumbents for the entire DoD?

A. That is unknown. The number varies throughout the regions.

16. Q. Has any analysis been done on the number of incumbents providing Patient Appointment Services?

A. No. The three services and TMA did not provide that information. We have no information to release regarding the number of incumbents providing Patient Appointment Services.

17. Is the measure of customer satisfaction only on the survey?

A. Offerors can identify other methods in their proposals. See Addendum to 52.212-1 C. Proposal: Oral Presentations 7 (Technical Quality) d. Part II: Technical Capabilities: Factor D (2) Customer Service and Satisfaction of Appointing Services Plan and Addendum to 52. 212-2 (a) 9 Evaluations Factor D. Technical capabilities (Oral Presentation D5 and D6) sub factor D6. Customer Satisfaction of Appointing Plan.

18. Q. Who will make the best value decision? Will the MTFs participate in the decision?

A. The contracting officer will make the best value decision for the contracts and initial task orders. A source selection evaluation board made up of representatives from all three services, will evaluate oral and written proposals and provide the results to the contracting officer for his consideration in making the best value decision on contracts and the initial task orders. For subsequent task orders, the administrative contracting officer will make the best value decision. The administrative contracting officer may have a local evaluation board evaluate sub factors D3 and D4.

19. Q. Can we get a copy of the training manual for CHCS and CHCSII?

A. Yes.

20. Q. When will the Pending answers be published? They are needed to prepare proposals.

A. No specific date. They will be posted to the website as soon as they are available.

21. Q. If someone has experience in providing patient appointment services in only one location, how will past performance be evaluated?

A. For past performance, we will evaluate all past performance references even if they are not patient appointing. We will make a risk assessment considering the areas noted on page 63. For experience, if you do not have the required experience, describe in the sub factors under C your plan for how you will be able to provide the services, and that will be evaluated.

There were no more questions and the conference adjourned at approximately 11:00 AM.

//Signed//
BRUCE STRAUCH
Contracting Officer

LIST OF REGISTERED BUSINESS CONCERNS

Accenture
ACS Federal Healthcare
Anteon Corporation
A&T Systems
BearingPoint
CACI
CentralCare, Inc.
CSBS Business Services, LLC
DSS Services
GEO-CENTERS
Health Net Federal Services
HTSI Corp
Humana MHS
InteliDyne LLC
Jacer Corp
Johnson Controls
Kimball Consulting Services, Inc.
KMR, LLC
Magnum Opus Technologies
Market Strategies, Inc.
Martin & Associates
MAXIMUS
Med-National, Inc.
Milliman USA
MindLeaf Technologies
Murrell Consulting
National Industries for the Blind
NiteLines USA
Oak Branch Staffing Services
PARSONS Advanced Technologies
PEC Solutions
PlanetGov
Professional Performance Development Group, Inc.
Recana Solutions, LLC
Ruchman and Associates
SAIC
SAR Corp
S4 Inc.
Sierra Military Health Services, Inc.
SpecPro, Inc.
Spectrum Healthcare Resources, Inc.
Star Mountain, Inc.
TerraHealth Inc.
TriWest Healthcare Alliance
TriCorp
Worldwide Industries
Sphinx Consultants