SB 8-75-S5

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 20 May 2013

Effective until rescinded or superseded

REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

If you find any mistakes in this publication, or know a way to improve it, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the US Army Medical Materiel Agency, ATTN: MCMR-MMF-C, Fort Detrick, MD 21702-5001. If you prefer using email, please address it to **usammacrm@amedd.army.mil.**

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SPECIAL NOTICE

This Supply Bulletin is dedicated entirely to the information of the US Army Medical Materiel Agency, Program Management Office, Integrated Clinical Systems and supersedes the previous edition of DA SB 8-75-S5

CHAPTER 1. GENERAL INFORMATION

1-1. INTRODUCTION

a. The mission of the US Army Medical Materiel Agency (USAMMA), Program Management Office (PMO), Integrated Clinical Systems (ICS) is to serve as the US Army Medical Department's (USAMEDD) acquisition and total life cycle logistician for all imaging, image management, and major clinical systems which integrate with the Department of Defense (DOD) Electronic Medical Record (EMR).

b. Responsibilities include the following:

- Management of Picture Archiving and Communication Systems (PACS) and image management program initiatives
- Management of imaging and clinical technology program initiatives
- Management of telehealth program initiatives
- Execution of the Technology Assessment and Requirements Analysis (TARA) Program
- Management of Information Assurance (IA) requirements for assigned medical devices

1-2. PROGRAM MANAGEMENT OFFICE INTEGRATED CLINICAL SYSTEMS ALIGNMENT

a. The ICS (MCMR-MMP-I) structure incorporates two functional product manager teams:

(1) Image Management Systems (IMS) centrally manages the PACS, Teleradiology, and Telehealth systems within the Army Medical Department (AMEDD) and is a corporate level coordination, execution, and policy-making body.

(2) Clinical Technologies (CT) manages all diagnostic imaging, radiotherapy, urology, endoscopy, patient monitoring, nurse call, sterilization, laser, pharmacy robotics, and other major medical systems that fall within the Super Capital Equipment Expense Program (SuperCEEP) and Medical Care Support Equipment (MEDCASE) funding levels at Army Medical Treatment Facilities (MTF).

b. For their respective products, ICS is responsible for serving as the life cycle program manager for all developmental and commercial off-the-shelf (COTS) medical devices.

c. ICS manages the AMEDD's MEDCASE and SuperCEEP funding. Also, ICS generates the *Supply Bulletin (SB) 8-75-MEDCASE,* which outlines the guidelines of Department of the Army (DA)-level acquisition procedures for AMEDD health care treatment facilities utilizing the MEDCASE or SuperCEEP funding.

1-3. PURPOSE AND APPLICABILITY

This *SB 8-75-S5* issue outlines the policies and procedures utilized by ICS for managing the acquisition of their respective products.

CHAPTER 2. SUPPORTABILITY ANALYSIS

2-1. INTRODUCTION

The ICS office conducts a supportability analysis to describe the support strategy and planning necessary to influence a system's design from conception to disposal (see Flow Diagram in *Appendix A, FLOWCHART COTS/NONDEVELOPMENTAL ITEMS [NDI] SUPPORTABILITY ANALYSIS).*

a. The support strategy summarizes the results of the logistics analysis, planning, and acquisition.

b. The support strategy addresses the responsibilities of the materiel developer and other organizations to maintain appropriate oversight of the fielded system.

c. Oversight includes identification of, and response to the following:

- Performance
- Readiness
- Ownership cost
- Support and sustainment issues
- Technology insertion

d. ICS considers Operational Readiness Floats (ORFs), Contractor Logistics Support (CLS), Forward-Repair Activities (FRAs), and Original Equipment Manufacturer (OEM) maintenance as part of the overall strategy.

2-2. SUPPORT STRATEGY

a. An acquisition strategy summary is included in the support strategy to identify the probable contract vehicle for procurement, basis of issue (BOI), estimated unit cost, total Army cost to the AMEDD BOI, and expected life of the item.

b. A clinical application summary is included for reference and to identify capabilities that are complimentary or overlapping.

c. The following logistics support elements are addressed:

- Maintenance planning
- Support and test equipment
- Training and training support
- Manpower and personnel
- Supply support
- Technical data
- Computer resources support
- Facilities
- Packaging, handling, storage and transportation
- Design interfaces

d. A materiel summary is included detailing cataloging, depot stock, and central management and procurement procedures.

2-3. LOGISTICS SUPPORT ELEMENTS

a. Maintenance Planning

(1) *Title 10 USC § 2464, Core Logistics Capability* requires organic core maintenance capabilities. Such capabilities provide effective and timely response to surge demands, ensure

competitive capabilities, and sustain institutional expertise. Within statutory limitations, support concepts for new and modified systems shall maximize the use of contractor-provided, long-term, total lifecycle logistics support that combines depot-level maintenance for non-core-related workload along with wholesale and selected retail materiel management functions. Maximizing the use of contractor-provided support is not a mandate, merely a suggestion for consideration.

(2) Best value over the lifecycle of the system and use of existing contractor capabilities, particularly while the system is in production, shall be considered a key determinant in the development of the strategy. Long-term access to data is required for competitive sourcing of systems support throughout the lifecycle.

(3) The following items address the maintenance portion of the support strategy:

- Actions and support necessary to ensure the system attains the specified system readiness objectives with the minimum lifecycle cost
- Specific criteria for repair, including built-in test (BIT)
- Inspection procedures and tools
- 10/20 standards, including identification of specific maintenance tasks to be performed by the operator and maintainer
- Maintenance Allocation Charts
- Test, Measurement, and Diagnostic Equipment (TMDE) requirements
- Medical ORF recommendations
- Repair and Spare Parts listing
- Man-hour requirements

b. Support and Test Equipment

(1) ICS evaluates all equipment (mobile or fixed) required to support the operation and maintenance of a materiel system. This includes associated multi-use support items, ground-handling and maintenance equipment, tools, meteorology and calibration equipment, and manual/automatic test equipment (M/ATE).

(2) ICS develops the selection of support and test equipment based on the size, weight and complexity of the equipment, the likelihood of need, and the ability of the user to utilize it effectively.

(3) ICS defines and evaluates a System Support Package (SSP) during testing for large, complex systems. This package consists of spare and repair parts, manuals, training package, special tools and TMDE, and unique software. The SSP is flexible and is tailored to system-peculiar requirements.

c. Training and Training Support

(1) ICS shall address and identify training initiatives that enhance the user and maintainer capabilities, improve readiness, or reduce individual and collective training costs. Planned training shall maximize the use of new learning techniques, simulation technology, embedded training, and multimedia training to reduce the costs.

(2) The USAMMA works with the training community to develop options for individual, collective, and joint training for personnel who will operate, maintain, support, and provide training for the system. These options may include factory, resident, or new equipment training.

d. Manpower and Personnel

(1) ICS identifies how to address changes to manpower requirements or Military Occupational Specialties (MOS) for system operators, maintainers, or support personnel.

(2) ICS identifies actions to modify or establish new military occupational specialties or additional skill indicators, and issues relating to hard-to-fill occupations.

(3) ICS considers both Human Factors Engineering (HFE) and man-machine interfaces for both operator and maintainer personnel.

e. Supply Support

(1) The support strategy identifies the source of supply support, including support management functions, that maximizes service to the user, while minimizing cost.

(2) Organic supply sources of support are selected when they offer the best value. Particular attention is given to prime vendor and electronic catalog contracts for consumables and parts support.

f. Technical Data

(1) Technical data, scientific or technical information recorded in any form or medium (such as manuals, drawings, and computer software documentation) necessary to operate and maintain the system are identified and procured if economically feasible.

(2) Manufacturers' literature is available in both Portable Document Format (PDF) and Interactive Electronic Technical Manual (IETMs). These resources are also available for the maintainer and may be ordered under "Medical Equipment Literature CDs" from the USAMMA's website at: http://www.usamma.army.mil

g. Computer Resources Support

(1) The support strategy documents all computer resources support involving facilities, hardware, software, documentation, manpower, and personnel needed to operate and support computer systems. In addition, this analysis evaluates the BIT systems, all computer resources that interface with the test system and all off-equipment computer resources.

(2) Consideration of computer resources support ensures that computer resources are integrated, supportable, and cost effective.

h. Facilities

(1) The support strategy evaluates the impact on facilities and includes:

- Permanent, semi-permanent, or temporary real property assets required to operate and support the materiel system. These assets include conducting studies to define types of facilities or facility improvements, locations, space needs, utilities, environmental requirements, real estate requirements, and equipment.
- Most medical equipment does not require changes to any facility.

(2) If new facilities are required or require modifications, military construction (MILCON) may be budgeted and coordinated dependent upon the size and cost and other system factors identified.

i. Packaging, Handling, Storage, and Transportation

(1) Identification and documentation of the resources, processes, procedures, design considerations, and methods must occur to ensure all system, equipment, and support items are preserved, packaged, handled, and transported properly. This includes environmental considerations, equipment preservations requirements for short-and long-term storage and transportability.

(2) The support strategy addresses the ability of the system to satisfy the rigors of transportation and storage utilizing testing. Adherence to applicable Military Standards (MIL-STDs), Army Regulations (ARs), and the American Society of Testing and Materials (ASTM) are documented. The following items are considered:

- System constraints (design specifications, item configuration, safety precautions)
- Geographic and environmental restrictions
- Special handling equipment and procedures
- Impact on spare or repair parts storage requirements
- Environmental impacts and constraints

i. Design Interfaces

Design interface is considered within the scope of operational readiness and support resource requirements. Consideration is given to standardization, interoperability, safety, security, environmental and hazardous materials, and legal requirements.

CHAPTER 3. EQUIPMENT ITEMS SUPPORT AND CONSUMABLES HANDBOOKS

3-1. INTRODUCTION

The ICS has developed handbooks to aid units in identifying start-up and re-supply consumable packages required to operate medical devices.

3-2. SUPPORT AND CONSUMABLES HANDBOOK COMPONENTS

a. The consumables handbooks issued by the USAMMA contain the following items:

- National Stock Number (NSN)
- Nomenclature
- Part number
- Quantity
- Unit of issue
- Unit price
- Total price
- Manufacturer
- Shelf life
- Refrigerated item
- Ship time
- System description
- Point of contact

b. The handbooks can be utilized to quickly identify shortage items at time of issue, during unit inventory, and to re-supply the consumables. At the end of the handbook, repair part information can be found containing Part Name, Part Number and NSN for some major end-item pieces of equipment within that set.

3-3. LIST OF MEDICAL EQUIPMENT ITEMS SUPPORT AND CONSUMABLES HANDBOOKS

Handbook Number	Support and Consumables Handbooks	Last Reviewed
262A	MES X-RAY FLD LWT2005	16 Jan 13
270A	DES X-RAY FIELD-2005	29 Jan 13
N305	MMS X-RAY DEPMEDS-2004	16 Jan 13
N334	MMS X-RAY LOWCAP 2005	16 Jan 13
N432	MMS RADIO COMP-2005	26 Feb 13
N433	MMS COMPUTERIZED TOMO	24 Sep 12

3-4. OBTAINING THE SUPPORT AND CONSUMABLES HANDBOOKS

The current versions of the consumables handbooks are available on the USAMMA website at **http://www.usamma.amedd.army.mil**. On the USAMMA homepage left side tool bar, click on "Equipment" to navigate to the USAMMA Equipment web page. All available equipment handbooks are listed; select the desired handbook. On the USAMMA Equipment web page, the "Medical Maintenance Information" second bullet entry, "Equipment Handbooks", denotes each equipment item currently referenced in the handbooks and in which handbook(s) they are located.

CHAPTER 4. UNIT ASSEMBLAGE (UA) INFORMATION

4-1. UPDATING OF UNIT ASSEMBLAGES (UAs)

a. Unit Assemblages (UAs), known as medical sets, kits, and outfits (SKOs), are clinically reviewed and revised by the Directorate of Combat and Doctrine Development (DCDD), Army Medical Department Center & School (AMEDDC&S), Fort Sam Houston, TX, in coordination with USAMMA. The UAs contain multiple components that make up the set. These lists of components are also known as bills of material (BOM). The revised UAs are published after the new versions are approved and identified with a new NSN assigned to the set for procurement and fielding purposes.

b. Once the new non-hospital sets versions are approved, they are published on the USAMMA website: **http://www.usamma.amedd.army.mil**. UA information can be obtained by clicking on the "Unit Assemblages" hyperlink tab located on the USAMMA homepage website page (upper right corner). The set component data contains the most current catalog data for each UA as well as any maintenance changes to the set, such as deleted or replacement NSNs.

c. The new versions are unique to the year they are approved and the year is identified in the set nomenclature. While the Line Item Number (LIN) for a particular set should remain the same from year-to-year, the NSN of the set changes each time the UA is reviewed. However, maintenance changes, such as replacing a non-procurable item with a procurable item, occur daily. For the most accurate UA results, search for the UA listing using the NSN listed on the unit's property book listing. The *AR 40-61, Medical Logistics Policies, Chapter 10, Section II, Medical Equipment Sets*, identifies medical equipment sets, also known as level 1 and 2 non-hospital sets, with a numeric or alpha-numeric UA Code (UAC). Due to potential annual UAC changes, as well as the NSN of the new set version, units need to identify the sets they are authorized by the LIN, NSN, and UAC. The set nomenclature also displays the year of the update.

d. The hospital sets, known as the Deployable Medical Systems (DEPMEDS) sets, are also published on the USAMMA website and the units must maintain these sets based on the documentation the USAMMA provided during their fielding of the hospital sets (reference *AR 40-61, Chapter 10, Section III, Medical Materiel Sets*). These hospital sets, known as Level 3 sets, are identified with a four-character UA number, with the first character of the UA code being an alpha character. The Combat Support Hospitals (CSHs) are not required to update their hospital sets until the USAMMA upgrades them with a new version, identified with a new NSN and UAC, based on a USAMMA-established fielding schedule.

e. Request electronic copies of the UA listings, if not available on the web or if web access unavailable. A request should be submitted in writing identifying the set NSN and the LIN to the USAMMA Customer Relationships Management addresses shown below.

MAIL:
Commander, USAMMA
ATTN: Customer Relationships Management
693 Neiman Street
Fort Detrick MD 21702-5001

E-MAIL:
usarmy.detrick.medcom-usamma.mbx.customer-relations-mgt@mail.mil

TELEPHONE:
USAMMA's Customer Relationship Management
DSN 343-4301/1288 or Commercial 301-619-4301/1288

4-2. CHANGE TO UA CODES FOR NON-HOSPITAL SETS

a. The USAMMA, in coordination with the AMEDDC&S Combat Developer, is initiating a change to the numbering convention for the non-hospitals sets. This change is in support of the new UAC assignment requirement when a set is clinically reviewed by the AMEDDC&S Combat Developer and the USAMMA.

b. The USAMMA ICS has coordinated this UAC change with the Combat Developers at DCDD, Fort Sam Houston, TX. The UAC will remain as a 4-digit code, but will have an alpha character in the last position of the UAC.

c. When requesting a supply catalog or updated listing for your unit, continue to reference your LIN and set National Item Identification Number (NIIN). The codes below are used only to reference the set listings on the USAMMA Medical Services Information Logistics System (MEDSILS) webpage. MEDSILS information can be obtained by clicking on the "MEDSILS" hyperlink tab located on the USAMMA homepage website page (upper right corner).

d. No changes to authorization documents are required since authorizations use the LIN and NIIN as documentation.

NOTE: A list of the new UA codes is provided for your information:

Old UA Code	New UA Code	NIIN	Nomenclature	LIN
4262	262A	01-521-6673	MES, X-RAY FIELD LTWT 2005	M45613
4720	270A	01-529-4443	DES, XRAY FLD 2005	D39478

4-3. INSTRUCTIONS FOR OBTAINING SUPPLY CATALOGS (SCs) AND SUPPLY BULLETINS (SBs)

a. The USAMMA is the proponent for the medical SCs; however, requests for printed medical SCs 5180-8 and 6545-8 series and SBs (SB 8-75 series) are not filled from or by the USAMMA.

b. Effective 1 September 2009, medical SC are available from LOGSA/Logistic Information Warehouse (LIW) website, https://liw.logsa.army.mil For users without access to LIW, reference their website and request access by completing a System Access Request (SAR). **The Publications tab, located on the left side of the USAMMA home webpage, provides additional information on Medical Supply Catalogs.**

c. **Effective 01 January 2011, the SB 8-75 issues will be available through Electronic Media Only (EMO) via Army Knowledge Online (AKO). Hard copies will no longer be printed; therefore, all subscribers should access the AKO for copies. The Publications tab, located on the left side of the USAMMA home webpage, provides a hyperlink to the AKO SB 8-75 Series.**

4-4. MEDICAL ASSEMBLAGES FOR THE ICS

A current ICS assemblages listing is provided within this SB in *Appendix B, UNIT ASSEMBLAGE LISTINGS SPECIFIC TO INTEGRATED CLINCIAL SYSTEMS*. This listing is maintained and updated as new sets are established or old sets are no longer authorized.

4-5. MEDICAL HOSPITAL SET COMPONENT LISTINGS AND FUNCTIONAL DESCRIPTIONS NOW AVAILABLE ON USAMMA WEBSITE

a. USAMMA has added the display and download capability of the Medical Materiel Hospital Sets to the USAMMA website. These component listings reflect the most current version for the hospital sets, the sets with an "N" in the first position of the UAC. Activities authorized hospital sets will follow the same guidance provided for the non-hospital sets. The users will manage their sets based on the NSN. Archived versions, the sets with an "M" in the first position of the UAC, are also provided on the website.

b. The USAMMA website added another enhancement for sets with the addition of the functional descriptions to assist users. The functional description is a valuable document that identifies the mission capability of the set by LIN.

c. This information is displayed by clicking on the graphic (LIN description) legend button that appears on the set NSN (when accessing the individual component listings by either set NSN or LIN). The website also provides a dropdown list by LIN for the functional descriptions. They can be opened and viewed through the complete dropdown list provided under the "Functional Descriptions" search link (option 5) that appears at the bottom of the second screen for unit assemblage queries.

4-6. MEDICAL EQUIPMENT/INSTRUMENT ILLUSTRATED CATALOG

a. The USAMMA is responsible for identifying illustrations for newly developed medical items included in medical UAs. These illustrations help the AMEDD community to identify medical instrument/equipment components within their Unit's UA inventories.

b. The illustration library is maintained within the USAMMA and provided for publication to the following sites or organizations:

(1) The USAMMA "MEDSILS" webpage. Illustrated items on MEDSILS are viewable when an icon appears next to the NSN on the screen. Click on the icon to view the image.

(2) The Web Federal Logistics Information Service (WEBFLIS) webpage http://www.dlis.dla.mil/webflis/ provides essential information about supply items including the NSN, the item name, manufacturers and suppliers (including part numbers), through a web interface connected to Federal Logistics Information System (FLIS) data. This information will be primarily used by Defense Logistics Agency (DLA), military services, and US Government sponsored contractors conducting business with the US Government. WEBFLIS provides the following three access options to obtain logistics data:

- **Public search** –used primarily to match part numbers to stock numbers. Assists small businesses in research for government contracts, encouraging competition
- **Restricted search**– access to all FLIS data except Limited Rights Characteristics and full query capabilities. User ID/password is required for first time access, then Common Access Card (CAC) is required.
- **Enterprise Business System (EBS) search** – provides information on items in DLA EBS.

(3) The USAMMA Unit Assemblage **webpage through the** UA **c**omponent query option. For any UA query that results in a component list, a yellow legend button appears beside any illustrated component. The illustration will open by clicking the yellow legend button.

c. The illustrations are captured in a variety of forms, including the following:

- Sketch/line drawing
- Black and white photos
- Color photos

4-7. ONLINE CAPABILITY TO REQUEST NSN ASSIGNMENT

a. The request for NSN assignment is now processed through the Defense Medical Logistics Item Identification System (DMLIIS) and serves medical readiness needs by providing the following:

(1) Automated workflow and collaboration among the Services (Army, Navy, Air Force, and Marine Corps), the Defense Medical Materiel Program Office (DMMPO) [formerly the Defense Medical Standardization Board (DMSB)], Defense Supply Center Philadelphia (DSCP), and Defense Logistics Information System (DLIS) in the creation of new item medical NSN, Joint Control Number (JCN), and non-Medical NSN requests.

(2) NSN creation and maintenance requests enter the system through a secure, authenticated, web-based application. The DMLIIS application is utilized by personnel located throughout the world who are affiliated with field and service medical logistics, military services, the DMMPO, and DSCP. A new item action may involve NSN or JCN. Once created, the item will traverse through a defined workflow. Collaboration between defined, interested parties is fostered throughout the process. Once the item reaches the last reviewer within DMLIIS, it is queued and sent forward; if applicable, to external source authority. The resulting information will complete the item life cycle (or remand the item for additional processing back in DMLIIS). The users are also able to search the system, ascribe service interest to other service items, and generate report metrics/status of requests.

(3) Automated collaboration between those same entities for maintenance, updating, termination and deletion (when required) of NSN data in FLIS. This propagates the corrected NSN information to downstream systems, including the MEDSILS, Medical Electronic Customer Assistance (MECA), and the Universal Data Repository (UDR), Business System Modernization (BSM), and Commercial And Government Entity (CAGE) Central Contractor Registration (CCR).

b. The Services, DMMPO, and DSCP use DMLIIS to create and maintain medical logistics item identification elements such as NSNs and JCNs.

c. Before an item is submitted for NSN assignment, it must be researched in one or more of the following: UDR on CD-ROM; Federal Logistics Record (FEDLOG) on CD-ROM; and/or DLIS on-line.

d. Provide all item information on the appropriate sections of the form. Reference the assigned request number on the literature sent. The following information is mandatory:

- Item name
- Item description
- Source of supply - name, address, and phone number
- Part number, National Drug Code (NDC), trade name, or Universal Product Number (UPN)
- Unit of issue
- Unit price
- Weight and cube
- Airworthiness
- Product literature or supporting documentation (how it will be sent)
- A vendor’s website is preferred — provide the URL on the form

The common name and UA (unit assemblage that the item will be a component of or associated with) information is preferred but not mandatory. Send literature to USAMMA Customer Relationships Management via:

E-MAIL:
usarmy.detrick.medcom-usamma.mbx.customer-relations-mgt@mail.mil

MAIL:
USAMMA
ATTN: Customer Relationships Management
693 Neiman Street
Fort Detrick MD 21702-5001

FAX: DSN 343-2938 or commercial 301-619-2938

e. Click on "Products and Services" and select "DOD Standard Item Request/NSN Assignment." Review the narrative instruction data first and then click on the hyperlink at the bottom of the page to DMMOnline. DMMOnline is a suite of applications managed by DSCP.

f. For new requesters, register by clicking on the "Site Login" hyperlink located in the DMMOnline homepage upper right corner and then click on "New User Registration". The "New User Registration" will request "a valid e-mail address that "can be checked quickly." An e-mail will immediately be sent to the e-mail address provided during "New User Registration" with a hyperlink to verify e-mail and to fill out basic user information. Upon completion of registration please allow 3-5 business days for validation and approval.

g. If there are any questions about submitting a request, please contact the service analysts at DSN 343-4312/4321/4426 or commercial 301-619-4312/4321/4426.

4-8. RECOMMENDING IMPROVEMENTS AND REPORTING MEDICAL SKOs ERRORS

a. The DCDD, AMEDDC&S, is responsible for the requirements of Medical UAs (MUAs). They are also responsible for the clinical review and update of these medical MUAs. To make suggestions or report problems on requirements of MUAs, please complete *DA Form 2028, Recommend Changes to Publications and Blank Forms* and mail to:

Commandant
AMEDD Center & School
Directorate of Combat Doctrine Development
ATTN: HSMC-FCM-M
Fort Sam Houston TX 78234-6100

b. As stated in *AR 40-61*, Medical Logistics Policies, the USAMMA is responsible for the maintenance and management of the UAs, as well as responsible for the distribution and publication of this data. To make suggestions or report problems on the maintenance and management of the UAs, complete DA Form 2028 and mail to:

USAMMA
Integrated Logistics Support Manager
ATTN: MCMR-MMP-M
693 Neiman St
Fort Detrick MD 21702-9218

4-9. WEB-ACCESSIBLE UA PRODUCTS

a. The UA products listed below are available on the USAMMA website.

b. Select the "Unit Assemblages" hyperlink block on the upper right section of the USAMMA homepage website. Both Army divisional sets and hospital sets are currently available through the website. On the initial UAs screen, the following four search options are available to obtain information:

(1) UAs – Searches the UAs (sets). After the UA is located, click to view components. The menu option for UAs contains five search criteria unique to the set:

- UA Code – Searches UA code
- NSN – Searches NSN of the set
- LIN – Searches LIN of the set
- SUPPLY CATALOG CODE (SCC) – Searches SCC
- NOMENCLATURE (NOMEN) – Searches the specific name of the set

(2) Components – Searches for all sets that contain this component. Allows navigation to the UA to view all its components. The menu options for "Components" contain six search criteria:

- NSN – Searches NSN to find all UA lists containing the specific component
- Therapeutic Index Number (TIN) – Searches TIN to find a list of all components with the specific TIN
- LIN – Searches LIN to find a list of all components with specific LIN
- CAGE code number – Searches to find a list of all components with the specific CAGE code/manufacturer number
- NDC – Searches to find a list of all components with the specific NDC
- NOMENCLATURE – Searches to find a list of all components with specific nomenclature

(3) Relationships – Searches for "W" to "J" or "J" to "W" relationships. If "W" NSN is entered, all of the associated "Ws" will be returned. Search options for "Relationships" identifies the AAC "W" & "J" NSNs.

(4) Consumable/Support Items Report - This query provides a list of all medical equipment reviewed by the USAMMA. The USAMMA has identified consumable/ support items required to keep the equipment functional. This report is resourceful for customers who may have the equipment and need requisition consumable NSNs in order for the equipment's continued operation. Customers can download this information into a spreadsheet format.

c. The following additional detailed UA background and instructions are provided for guidance:

- Medical Service Unique UAs
- Current Medical Unit Assemblage Listings
- Download UA Information to PC
- Shelf Life Codes
- Instructions for Obtaining SCs and SBs
- Phrase Code Information

d. The USAMMA Customer Relations Management Branch e-mail link usarmy.detrick.medcom-usamma.mbx.customer-relations-mgt@mail.mil will address feedback or any assistance needed.

4-10. CONSUMABLE/SUPPORT ITEMS FOR MEDICAL EQUIPMENT UNIQUE TO A SET ARE IDENTIFIED IN PUBLISHED SUPPLY CATALOGS, SECTION IV, UA LISTINGS

a. Medical equipment items that may be a component of a medical SKO (or separately authorized for use with sets) could require consumable/support items to remain operational. Examples of consumable items include paper, fluid, or tubing.

b. The USAMMA maintains a cross-reference of medical equipment to their consumable/support items when identified through specific equipment manufacturers. This information is make/model specific and is continually updated based on research and communication with the manufacturers (especially if consumable/support items are manufacturer specific).

c. Consumable/Support Items Report reflects consumable/support items identified to the equipment NSN. This downloadable report is available on the "Unit Assemblages" section on the USAMMA website. Currently, the report is provided when a UA is downloaded from the website to the computer hard drive. The report can either be printed or opened onto the screen via "NOTEPAD" or "WORDPAD." Only UA reports for non-hospital sets are available on the USAMMA website.

d. The consumable/support items are also available on a dropdown view of the equipment through the USAMMA "MEDSILS" webpage when the medical equipment NSN is queried. The query needs to be submitted by the NIIN; the NIIN is the last nine digits of the NSN.

CHAPTER 5. DATA MANAGEMENT - INFORMATION AND PRODUCTS

5-1. ACQUISITION ADVICE CODES (AACs) OF "W" & "J" AND HOW THEY ARE USED

a. AACs indicate how and under what restrictions an item is to be acquired. The AAC will reflect applications of three basic methods (see *DOD 4100.32-M*, Volume 10):

- Requisition
- By fabrication
- Assembly

b. By local purchase Acquisition Advice Code (AAC) 'W' and 'J' Relationships

(1) NSNs with an AAC 'W' are assigned to generic end items of equipment that are initially identified for use. This process provides a method to develop authorization documents, (e.g., modified table of organization and equipment [MTOE] and UA reports), and for procurement planning (development of essential characteristics). AAC "Ws" are rarely being used in UAs, but may be inserted for new technology requirements where a specific make and model have yet to be selected. **NOTE:** On-hand stocks should never be recorded against AAC "W" NSNs.

(2) As manufacturers are identified, contracts awarded, and items developed, each contracted item is assigned a new NSN with AAC "J." The new AAC "J" item is linked to the originally described AAC "W" item with a phrase code that designates the relationship between the NSNs. Data plates and container markings reflect the specific NSN for that manufacturer.

(3) DOD Army Logistics Systems/publications further identify AAC "W/J" relationships through the use of phrase codes "3" and "S":

- The phrase code "3" is assigned to the actual item manufactured (AAC "J")
- The phrase code "S" is assigned to the generic NSN (AAC "W")

(4) *AR 40-61* (28 January 2005), Chapter 5, Section IV, paragraph 5-23 (page 30), provides additional requisitioning instructions and information on provisioned medical equipment. Regular updates to *SB 700-20* (Army Adopted/Other Items Selected for Authorization/List of Reportable Items) and the Army Master Data File (AMDF) reflect specific and current items of production data (AAC "J") as authorized substitutes for the generic end item (AAC "W") reflected on the authorization document of the requisitioner.

(5) An NSN assigned an AAC "J" is an Integrated Materiel Manager (IMM)/service centrally-managed item but not a stocked item. Procurement will be initiated only after receipt of a requisition.

CODE	TERM AND EXPLANATION
W	RESTRICTED REQUISITIONING-SPECIAL INSTRUCTIONS APPLY; NON-STOCKED ITEM
J	NOT STOCKED; CENTRALLY PROCURED NON-STOCKED ITEMS

5-2. AAC RESOURCES AVAILABLE

The DLA Customer Assistance Handbook is an excellent source of information and explanation of the supply codes. The FOR OFFICIAL USE ONLY handbook may be obtained at the DLA website: https://headquarters.dla.mil/DLA_Customer/Operations/Publications.aspx.

a. AAC “W” & “J” listings are available via the USAMMA MEDSILS database website: http://www.usamma.amedd.army.mil/assets/apps/Medsils/wmedsils_wj_relationships.cfm

b. For additional information on AAC “W” & “J” relationships, contact the USAMMA Customer Relations Management via:

E-MAIL: usarmy.detrick.medcom-usamma.mbx.customer-relations-mgt@mail.mil

MAIL:
Commander, USAMMA
ATTN: Customer Relationships Management
693 Neiman Street
FORT DETRICK MD 21702-5001

TELEPHONE: DSN 343-4301/1288 or commercial 301-619-4301/1288

5-3. FEDERAL LOGISTICS (FED LOG) DATA ON PORTABLE MEDIA

a. The FED LOG is available on a Digital Versatile Disc (DVD) or as Compact Disc-Read only Memory (CD-ROM) Set. The current version is Version 9. The DVD is all-inclusive. Each disc is now integrated with all data due to file compression. Each month the data on the disc may vary. The CD Set contains 5-discs. The Army data is on Disc 3.

(1) Disc 1: Index Data.
(2) Disc 2: FLIS Data.
(3) Disc 3: Service Data.
(4) Disc 4: FLIS Characteristics Data.
(5) Disc 5: Characteristics Search/Drawings.

b. The FED LOG is produced and completely replicated monthly by DLA Logistics Information Service from data resident in the FLIS (in 2010, DLIS was renamed to 'DLA Logistics Information Service' or “DLA Log Info Service” for short).

c. FED LOG contains logistics data used by engineering, technical research, provisioning, procurement/contracting, supply, cataloging, maintenance, distribution, storage, transportation, quality assurance and disposal personnel to retrieve management, part/reference number, supplier, CAGE, freight, Interchangeability and Substitutability (I&S) and characteristics information recorded against NSNs. FED LOG also provides service unique data for additional search capabilities.

d. The FED LOG can be installed and operated on Windows, DOS command line, and UNIX systems. However, the FED LOG DVD must be installed and operated in a 32 bit (Windows 95) or greater operating environment. The FED LOG has the Auto Run feature for installation execution and is capable of operating on a local area network (LAN).

e. The FED LOG provides four levels of a help available to the user:

- Manual Tutorial
- System Help
- Screen Level Help
- Coded Data help

Once installed there is a manual tutorial accessible through the Help feature for screen navigation, search capabilities and valid combinations. The FED LOG Help desk 1-877-352-2255 is available to trouble shoot problems and provides technical support. The Coded Data help is available from any search result screen where the data elements are hyperlinked. The FED LOG User can click on the coded data element and receive the identification and definition.

f. FLIS Interactive Query is menu-driven and provides the search capability on one of the following data elements:

- NSN/NIIN
- CAGE Code
- Part Number
- Company Name
- Item Name
- INC (Item Name Code)
- FSC (Federal Supply Class)
- SOS (Source of Supply)
- End Item Name

d. The Army System searches can be conducted under the Army Tab, with the combination of FLIS, and/or the LIN or the LIN Nomenclature. If using the CD-Set, the pertinent FED LOG CD must be accessible to perform this search and the following searches. Other search options include but are not limited to:

(1) The wildcard search uses the asterisk (*) and is valid on some of the data elements indicated above. Partial Part Number search can be performed by entering one or more characters followed by an asterisk (*) wildcard. Company Name search can be entered using the first word on the name (i.e. Smith* = list of company name starting with Smith).

(2) A NIIN search is of the last 9 digits of the NSN, the leading zeros can be omitted for the NIIN search (i.e., 7520-00-0000123 = NIIN search123).

(3) For an Item Name Keyword search, enter up to three (3) Item Name Keywords with the noun first, then the modifiers.

(4) For a Part Number/CAGE Code combination search, enter Part Number and a five-digit numeric or alpha numeric CAGE Code. The wildcard partial Part Number search is also valid in this combination.

(5) Company or Supplier's Name/Part Number combination is a valid search, enter a Company's Name and Part Number.

(6) CAGE Code search that will retrieve a Part Number/NSN pick list.

(7) CAGE Code search, Company Only will retrieve the CAGE/Company identification and information.

(8) Characteristics Search can be performed by entering the major Characteristics data.

e. The US Army Materiel Command (USAMC) Logistics Support Activity in Huntsville, AL, maintains the distribution list for all the Army. The FED LOG is available as either the Digital Versatile Disc (DVD) or a CD-ROM 5-disc set. All Army may order by contacting (NOTE: USAMC only distributes the FED LOG DVD/CD-ROMs and is not the POC for FED LOG data contained on the discs):

Mail:
Commander
FED LOG DVD USAMC Logistics Support Activity
ATTN: AMXLS-MD Building 5307
Redstone Arsenal AL 35898-7466

Telephone and/or FAX:
Commercial (256) 955-9820 DSN 645-9820
FAX: Commercial (256) 955-0659 DSN 645-0659

Email:
usarmy.redstone.logsa.mbx.fedlog@mail.mil

5-4. MEDSILS

a. MEDSILS is an integrated logistics database that supports the medical logistics data for the Air Force, Army, Navy, and the DMMPO. It supports the Secondary Inventory Control Activity (SICA) function through the generation, receipt, transmission, validation, storage, control, and dissemination of logistics data. MEDSILS is a central source for medical and non-medical logistics data required to support the Services' healthcare missions.

b. The USAMMA is the executive agent for MEDSILS and used by all Services. MEDSILS data is distributed daily to the FLIS and is disseminated worldwide. MEDSILS is also available on the web for cataloging queries. The USAMMA MEDSILS web address is: https://app.usamma.amedd.army.mil/medsils/index.cfm.

5-5. MILITARY ITEM DISPOSAL INSTRUCTIONS (MIDI)

a. The MIDI aids in the proper disposal of outdated and excess items used within the DOD. The guidance within the MIDI database is based on Federal laws and regulations. Users should in addition consult their state environmental regulations to ensure full compliance.

b. Disposal information may also be accessed through the internet at: http://usaphcapps.amedd.army.mil/MIDI. Query the live database by noun/synonym, Chemical Abstracts Service (CAS) number, NSN, NDC, and Manufacturer.

c. To request disposal guidance on items not yet in MIDI or if you have a question regarding the information within the database, contact a MIDI Project Officer via:

FOR GUIDANCE:	**FOR DISTRIBUTION**:
Mail: US Public Health Command ATTN: MIDI PROJECT OFFICER 5158 Blackhawk Rd, Building E 1677 Aberdeen Proving Ground MD 21010-5403 **Telephone and/or FAX:** DSN 584-3651/Commercial: 410-436-3651 or 1-800-276-MIDI / FAX: 410-436-5237 **E-Mail:** usarmy.apg.medcom-phc.mbx.midi@mail.mil	**Mail:** Spawar System Center Charleston, Norfolk Office (SSC CHAS NORF OFC) **Telephone and/or FAX:** DSN 565-9191 / Commercial: 757-445-9191 FAX: 757-444-2835

5-6. *SB 700-20* LINs

a. The *SB 700-20* (*Army Adopted Items of Materiel and List of Reportable Items*) is a system that reflects LIN assignments of items that are required in authorization documents. The USAMMA has the responsibility for obtaining LIN assignments for medical equipment that is authorized in the table of organization and equipment (TOE). Normally, these items have high-visibility, high-dollar value, and must be accounted for on the property book. The *SB 700-20* Records Listing may be viewed on the website: http://www.apd.army.mil/pdffiles/p708_3.pdf.

b. The information contains current file of medical and non-medical LINs listed in MEDSILS. Search methods consist of viewing by NIIN, LIN, Routing Identifier Code (RIC), view all

SB 700-20 records listing by LIN, and view all *SB 700-20* records by NIIN. By clicking on the associated LIN NSN highlighted in blue, it will take you into the MEDSILS.

c. The *SB 700-20* Records Listing is updated twice a year in June and December.

5-7. MEDICAL MASTER CATALOG (MMC)

a. The Medical Master Catalog (MMC) is the authoritative catalog within the Defense Medical Logistics Enterprise, serving as the repository for all Medical Items available for immediate sourcing to our customers at government contracted prices. The MMC integrates and synchronizes daily product and price-related data updates from multiple sources and delivers that actionable information to the customer. This information empowers customers to make best-value purchasing decisions through a range of DLA-Troop Support (TS) purchasing options. These include DLA-TS's Ecommerce programs: Prime Vendor and Electronic Cataloging System (ECAT).

b. Defense Medical Logistics Standard Support – Wholesale (DMLSS-W) is the wholesale component of Defense Medical Logistics Standard Support (DMLSS) responsible for ensuring the supply of medical materiel to DOD and Federal agencies in a timely and cost-effective manner, as well as providing information pertaining to the materiel to enable the agencies to purchase and order as needed.

c. Defense Medical Logistics Standard Support – Retail (DMLSS-R), the other component of DMLSS, has the primary responsibilities of providing information systems support to customers in the areas of material management, ordering, inventory and asset and financial accountability at the individual customer sites.

d. DMLSS-W supplies information pertaining to medical and pharmaceutical products to DMLSS-R. The information includes items, their classification and their equivalents, item prices, Distribution and Pricing Agreements (DAPA) and Veteran Affairs Federal Supply Schedule (VA/FSS) contract details, Prime Vendor information, etc. DMLSS-R has a contract with the DLA Logistics Information Service to process this information and make it available to the individual customers.

e. The main conduit for information flow from the DMLSS-W system of applications to the DMLSS-R system is the DLA-TS Medical Master Catalog (MMC). DMLSS-W and DMLSS-R have worked together to design a new data model to support the Generation IV Prime Vendor contract requirements. The Prime Vendor Generation IV requirements ensure that the enhancements to the DOD logistics automation information systems (DMLSS-R, Theater Enterprise-Wide Logistics System [TEWLS], DMLSS-W, Enterprise Business Systems [EBS] and the Universal Data Repository [UDR]) meet the business objectives.

f. The MMC system is built using the new data model to support and provide the following data on daily basis:

(1) Enhanced Prime Vendor Catalog.

- Includes Distribution and Pricing Agreements (DAPAs) with Medical-Surgical (MEDSURG) and Pharmaceutical item and pricing information
- VA/FSS contracts with pharmaceutical item and pricing information
- Commercial Product item identifiers
- Prime Vendor Order Numbers

(2) ECAT item and pricing information.

(3) National Stock Number (NSN) information.

(4) Commercial equivalency classification information will also be provided for the MEDSURG, Pharmaceutical and NSN items to select equivalent available products.

(5) MMC provides robust customer based item sourcing information.

(6) Contract Customer and Trading Partner Information.

g. The output from MMC is subsumed into the UDR hosted by DLA Logistics Information Service. The UDR functions as a single source for common medical catalog data providing product and pricing data primarily for medical personnel in the Military Health Service System (MHSS). The UDR consolidates data from many sources including the Services' Field Operating Agencies (FOAs), Federal Logistics Information System (FLIS) and some approved non-DOD customers.

h. Data from the UDR is delivered to the individual DMLSS sites.

i. For more information about DLA-TS Medical and the prime vendor program, visit the Defense Medical Materiel Online site at https://www.medical.dla.mil/Portal/.

5-8. UNIVERSAL DATA REPOSITORY (UDR)

a. The UDR Delta is a Tri-service product that is updated daily by DLA Log Info Service and distributed via a web service to DMLSS-R applications.

b. The UDR provides the user with executable data for the MEDSURG Prime Vendor and ECAT programs, the Pharmaceutical Prime Vendor Program as well as a host of other data to include:

- Service Assemblage Data
- Theater Lead Agent for Medical Materiel (TLAMM) Product (Purchasing History) and Pricing Catalogs
- Equipment Maintenance and Readiness Data

c. Army hospital sets are not included in the UDR.

d. For additional information on UDR, contact UDR@DLA.MIL.

CHAPTER 6. PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS) AND TELERADIOLOGY SYSTEMS

6-1. INTRODUCTION

a. The Picture Archiving And Communication System **(**PACS) and teleradiology systems are centrally-managed items executed by the IMS, which falls within ICS. The ICS is a corporate level coordination, execution, and policy-making body that crosses functional elements of the AMEDD.

b. The creation of this program reflects the Office of the Surgeon General's (OTSG) direction to ensure the AMEDD PACS program is effectively managed and that PACS requirements are appropriately defined against the clinical need and supporting business case, prioritized and embedded throughout the AMEDD.

c. The ICS mission is to develop the Army's strategic vision for PACS and other medical imaging management systems as they evolve. The ICS is responsible for executing the Army's PACS and teleradiology program to ensure successful and coherent planning, deployment, integration, sustainment, and life cycle management to the Army's greatest clinical and financial benefits.

6-2. ICS RESPONSIBILITIES

The ICS is responsible for the following:

a. Conduct program and acquisition management to plan, organize, direct, and control the proliferation and life cycle management of the AMEDD PACS and teleradiology systems.

b. Assess PACS and teleradiology systems as part of the TARA program in support of the AMEDD.

c. Develop and sustain a business plan for AMEDD PACS with applicable consultants, AMEDDC&S, and the Army Service Component Command (ASCC). Build and manage the program objective memorandum (POM) for AMEDD PACS and teleradiology.

d. Continuously assess the state of fielded PACS systems within the AMEDD.

e. Manage pre-deployment, project management, implementation, acceptance testing activities, and sustainment for newly procured PACS and major PACS upgrades.

f. Manage configuration control, ensure successful integration and interoperability, and champion life-cycle management of PACS by building Integrated Process Team (IPT) partnerships with other AMEDD organizations.

g. Coordinate and ensure PACS and teleradiology acquisitions are synchronized for Table of Distribution and Allowances (TDA) and TOE.

h. Coordinate with USAMEDCOM Assistant Chief of Staff for Facilities (ACSFAC), and Assistant Chief of Staff for Information Management to identify site preparation and network augmentation requirements.

i. Coordinate with the Military Health System Cyber infrastructure Services (MCiS) to identify MTF network infrastructure requirements in support of PACS and teleradiology.

j. Ensure the AMEDD PACS vision and associated requirements are continually updated, integrated with other AMEDD and DoD health systems, medical information systems

and built into the acquisition process so fielded equipment is efficiently and effectively operational, maintainable, and supportable.

k. Ensure that necessary policy, plans and controls are in place and updated when required. Ensure appropriate organizations are capable of executing PACS initiatives in a manner consistent with the clinical business practices defined by the OTSG radiology consultant and regional radiology leadership.

6-3. PROGRAMMING AND FUNDING

a. Each year the ICS refines the PACS/teleradiology strategic plan and out-year-budget estimate. The OTSG Radiology Consultant will review and offer advice toward this final plan/requirement.

b. The ICS prepares a briefing of the finalized plan for presentation to the Strategic Technology Clinical Policy Council (STCPC). The STCPC reviews the plan and recommends the appropriate level of Other Procurement (OP) and Operations and Maintenance (OM) funding for PACS and teleradiology in the next fiscal year (FY) program. ICS participates in senior executive briefings as necessary to support the STCPC approval process, or if requested by the OTSG, ICS briefs the senior executives on the status of the program and related funding levels. The consultant should be a part of this briefing team or available to demonstrate functional and programmatic concurrence(s) to the decision makers.

c. Once senior executives grant approval, USAMEDCOM provides funding to the ICS for the program.

(1) MEDCASE-funded requirements are prepared by the ICS and entered into the Web MEDCASE Requirements and Execution (WebMRE) system by the USAMMA. USAMMA faxes the requirements to the OTSG radiology consultant. The ICS obtains document numbers from sites targeted in the funded plan and the USAMMA submits requisitions to the DLA-Troop Support (DLA-TS).

(2) For OM-funded requirements, ICS will prepare and forward funding for procurement to the DLA-TS. The ICS will obtain document numbers from individual sites.

d. ICS coordinates clinical/network assessment site visits as necessary with the regions and provides the opportunity to the radiology consultant to discuss enterprise business processes with the applicable regional radiology chair.

e. The regional radiology consultant reviews their respective regional radiology business strategy and reaches consensus with the ICS on the capability which can be achieved with available funding. This plan serves as the baseline requirement for all system acquisitions within the region.

f. The ICS works with the DLA-TS, or other contracting agencies, to negotiate best life cycle pricing, to reach contract award with the most appropriate vendors, to monitor contract execution, and to field and accept the systems.

6-4. PLANNING AND ASSESSMENTS

a. Planning and assessments are a continuous process that begins long before projects are funded.

b. PACS are medical systems that traverse an MTF's enterprise both clinically and physically. In some larger sites, these complex systems are composed of hundreds of devices that must be placed on the site's property book. Establishing a site cross-functional project team to organize and focus the efforts onsite is essential to the successful

implementation and/or modernization of a PACS in a facility. The site project team consists of key stakeholders, often including representatives from the following:

- Senior management
- Radiology
- Information management (IM)
- Logistics
- Facilities management
- Nursing

c. The team assists in all aspects of system rollout, including planning, implementation, government testing, and training. In addition, establishing a medical center or Regional Medical Command (RMC)-level executive project team prior to a new installation or a major system upgrade has proven to be an effective tool in facilitating the project-planning process.

d. When a site initially implements PACS, identifying the site PACS System Administrator (SA) early in the planning process is essential. Ideally, there is a PACS SA from radiology to administer the day-to-day clinical operations of PACS throughout the enterprise, and a PACS SA from IM to administer the PACS servers and related internal and external telecommunications. To ensure efficient operations of the PACS, the local command must provide sufficient time, dependent on the size of the MTF, for each SA to perform their daily duties.

e. The ICS assigns a project manager to advise the region and sites in getting organized into project teams of the proper functional types, and preparing for the clinical and network assessments to follow.

f. Initial site visits are conducted by the ICS as part of the planning phase to educate as well as gain a greater understanding of the environment and requirement. These site visits focus on the following two areas:

(1) The clinical assessment focuses on analyzing the workflow and identifying clinical requirements such as the quantity and types of PACS workstations necessary. This assessment is performed by the clinical component of the ICS office, the ICS network engineer, and the appropriate site project team personnel.

(2) The network assessment focuses on the data transfer aspects of either installing a new system or modernizing an existing system. Areas assessed are the following:

- current network infrastructure capacity to support the proposed PACS components in the required locations
- existing cabling and if any additional cabling is required
- existing Uninterruptible Power Supply (UPS) capacity, emergency generator power capability
- physical space in the data center for the core PACS hardware

The team also documents existing networking hardware, performs an assessment of network security, and documents the existing capacity of all pertinent wide-area network (WAN) connections. The network assessment is performed by the network engineering component of the ICS, and the appropriate site project team personnel.

g. The clinical/network assessment results in a detailed report to include the following:

- listing of current equipment to be integrated, including locations and status
- proposed locations for new equipment
- workflow issues or problems that may benefit by the implementation of PACS
- networking, security, or bandwidth issues with recommended resolutions
- high-level site preparation or cabling requirements

6-5. SITE/REGIONAL PROJECT TEAM ACTIVITIES — ASSESSMENTS AND IMPLEMENTATIONS

a. A site project team consisting of the ICS regional project manager, the RMC project manager, site project manager, and site participation from the diagnostic imaging, IM/IT, medical maintenance, logistics, and facilities sections is essential for the smooth and efficient implementation of PACS. For each site survey and implementation, the project team is responsible for the following tasks:

(1) Identifying all imaging modalities and printers to be integrated into the PACS.

(2) Identifying the number, type and location of workstations to be installed or upgraded, as balanced against available funding. What is minimally required?

(3) Reviewing alternative timelines for implementation and training, and ensuring that timelines for installations/upgrades do not interfere with MTF clinical operations.

(4) Identifying and developing an approach for information assurance documentation, required facility renovations, and training schedules.

b. Typically the USAMEDCOM and MCiS are responsible for all network infrastructures at MTFs in support of PACS and teleradiology. However, when the PACS network assessment is conducted, if there are significant PACS-focused networking and security issues that cannot be resolved quickly through the USAMEDCOM, the ICS seeks additional funding to augment the infrastructure for optimum performance of PACS. This may be done at the expense of the regional PACS budget, so all efforts are made to have the USAMEDCOM appropriately support this area through their IM/IT budgets.

c. Site preparation requirements for PACS implementation are jointly developed by the site and the ICS clinical survey team. While the ICS can help identify the requirements, the site is ultimately responsible for programming/requesting site preparation funds.

d. Specific requirements

(1) Computer room/data center — many computer rooms do not have adequate space for the placement of PACS storage devices and associated PACS equipment.

(2) Radiologist viewing/reading rooms — inadequate viewing areas; transitioning from film to soft-copy requires physical changes to the viewing environment (e.g., UPS and ambient light reduction).

e. The ICS with the USAMMA identifies requirements for modality integration — seamless modality integration using standard digital imaging communication in medicine (DICOM) protocols. The cost of upgrading modalities to provide the minimum-required DICOM functionality for interoperability is borne by the MTF/region as an operating expense, unless the upgrade qualifies for MEDCASE funding.

f. A Composite Health Care System (CHCS) interface is required to promulgate patient-demographic information to the PACS. The CHCS interface is currently unidirectional; however, future requirements call for a bi-directional interface.

6-6. VENDOR SELECTION

a. For large, new system procurements or major modernization projects, the ICS, in conjunction with the regional or site project team, develops a request for information (RFI) or a request for proposal (RFP) on a regional or site basis. The intent is to optimize sustainment and minimize cost through regional or site standardization of PACS configurations. The

RFI/RFP clearly defines regional or site PACS requirements within the system life cycle and "locks in" acquisition and sustainment costs for that region over a 9-year period as permitted under the DIN-PACS systems contract.

b. The ICS, with participation and assistance by the regional or site project team, recommends a vendor selection for the region to the DLA-TS. Vendor selection is based on clinical preference and overall cost of ownership for the life of the product.

(1) The ICS project manager and some staff, along with selected members of the regional or site project team, comprise the evaluation panel, the source selection board (SSB). The SSB reviews the vendor technical proposals and evaluates clinical fit, past performance, life cycle cost, and delivery. The SSB summarizes their findings and provides a recommendation of the optimal solution to the ICS project manager.

(2) The ICS project manager considers the recommendation of the evaluation panel and may either approve as is or request further due diligence and supporting rationale for the vendor selection. The ICS project manager makes the final award recommendation to the DLA-TS. If the site disagrees with the selection, the Principal Assistant for Acquisition (PAA), USAMRMC, is the final authority for award recommendation.

c. After a vendor has been selected, the ICS works with the DLA-TS to issue a delivery order against the DIN-PACS III contract.

d. For smaller system procurements typically valued at less than $500,000, the ICS works directly with the regional or site project team to fine-tune the requirement and negotiate with vendors to obtain best pricing.

6-7. ACCEPTANCE TESTING

a. The USAMMA is responsible for managing the acceptance testing (AT) program for PACS throughout the AMEDD and has matrixed personnel within the ICS for this purpose. ICS will rely on site resources to assist in and receive input on the AT process. Final acceptance of the installation is made by the DLA-TS based on the results of AT, which is coordinated through ICS as the central-decision authority for PACS and teleradiology programs.

b. System acceptance inspection testing shall include complete inspection and verification of functional operation of the DIN-PACS, including all ancillary components and turnkey installation. The acceptance test verifies that the system and the turnkey installation comply with the DIN-PACS III contract requirements as well as the contractor's published specifications. If the contractor's specifications furnished with his technical proposal exceed the Government's requirements, the Government tests and accepts the system on the contractor's specifications. In all other cases, in the event of any other conflict between the contractor's published literature and the requirements of the specification, the requirements of the specification shall take precedence. Noncompliance with any specified requirements or presence of one or more defects may constitute cause for rejection.

c. Upon all equipment and systems software (comprising the system) installation completion (as defined in the site specific delivery order and turnkey installation), the contractor furnishes a written notice of readiness to inspection (NRTI) of the system (and turnkey installation) to DSCP. With this notice, the contractor certifies in writing the following:

(1) The particular system is installed.

(2) The system is ready for acceptance testing.

(3) The system complies with the manufacturer's specifications and with all the DIN-PACS III contract specification requirements.

d. The contractor makes its best effort to provide an estimate of expected date of readiness and NRTI to the DLA-TS roughly 2 to 3 weeks in advance (the contractor will not be bound by this estimate). This timeframe allows both the government and contractor additional time to plan personnel schedules.

e. The acceptance inspection test shall be conducted only on a complete, integrated system. The acceptance inspection test consists of a series of validation steps for each requirement in the DIN-PACS III contract and includes tests to validate both component performance and system integration performance.

(1) Testing is conducted in accordance with the most current version of the government's AT protocol available at the time of acceptance testing.

(2) The Government first conducts a basic level of testing as defined in the AT protocol. The AT inspection will normally be conducted during a single, continuous testing period. The vendor is responsible for connecting test equipment and operating the system during inspection testing. Minor discrepancies that may be corrected during the inspection shall not be cause for rejection.

(3) If acceptance inspection testing has not commenced within 30 calendar days from contractor's NRTI receipt date, the government shall accept the system and subsequently set final acceptance of the system as the date of NRTI.

(4) If the system is rejected as a result of the AT inspection, the contractor shall be advised via letter from the DLA-TS as to deficiencies which caused the rejection. It is the contractor's responsibility to correct reported deficiencies and notify DSCP in writing when all corrections have been made and equipment is ready for re-inspection. Re-inspection shall be performed by the US Government with all costs incurred chargeable to the PACS vendor.

(5) If deficiencies found at the time of AT inspection are corrected within 30 calendar days after receipt of the contracting officer's deficiency letter, final acceptance will be issued on validation of deficiency correction by the government. The start date for the warranty shall be backdated to the date of the deficiency corrections.

f. Other systems or equipment items purchased with the PACS and not covered under the AT protocol may also be tested during the system acceptance test. Systems will be tested per the manufacturer's protocols for commercial testing unless an appropriate government-testing protocol is available.

6-8. SUSTAINMENT

a. The ICS is the corporate champion for the PACS maintenance and sustainment IPT. The team has a multi-functional mix of clinical, medical maintenance, IM/IT, and project management personnel. Their primary focus is on the product's medical mission support and the overall costs of its sustainment. The IPT is responsible for recommending ways to minimize the sustainment costs for PACS while, at the same time, balancing cost reductions with maximizing the clinical availability of this mission-critical medical system.

b. The approach of the IPT includes the following:

(1) Define the requirements for maintenance by identifying maintenance intensive items.

(2) Assess operational and clinical availability in terms of up-time performance.

(3) Analyze the derived benefit gained through contracted service programs.

(4) Improve maintenance efficacy through training and modified service contracts.

(5) Control the maintenance program by continuously evaluating organizational needs (clinical and operational).

c. It is important to identify ownership and management of these medical systems. Medical device tracking and management is paramount to successful inspections by The Joint Commission (TJC). However, many AMEDD MTFs erroneously consider these systems to be IT systems, which do not require the same level of accountability and management as medical devices. This places the AMEDD at risk due to lack of historical documentation and understanding. All systems and subsystems approved or cleared by the Food and Drug Administration (FDA) must be listed in the site's property book with all product maintenance and changes tracked in the appropriate device history record.

d. In addition to the asset management requirements to support these systems, facilities must recognize that local support resources must be trained and made available across a number of functional areas within each facility to realize the clinical efficiencies associated with these systems. The functional areas impacted most heavily by the installation of PACS are the following:

(1) Radiology Department - Provides clinical systems administration support.

(2) IM/IT Department - Provides technical systems support for distributed devices, networks, and core PACS equipment located within the facility data center. Protects all medical devices from attack or non-vendor modification through the use of firewalls and network security policies.

(3) Logistics/Clinical Engineering Division - The Property Accountability Branch manages device history records. They perform scheduled and unscheduled services on distributed medical devices/systems, as well as managing service contracts on the systems. At publication, a decision is pending whether medical maintenance or IM/IT provides support for medical workstations. Monitor calibration falls under the medical maintenance purview and networking falls under IM/IT. Most likely, the vendor will maintain the clinical application software for workstations and servers.

6-9. PROPERTY ACCOUNTABILITY AND MAINTENANCE MANAGEMENT OF DIN-PACS

a. The USAMEDCOM maintenance activities ensure the DIN-PACS system and all components are properly accounted for in the Defense Medical Logistics Standard Support (DMLSS) system. Device tracking is a requirement of TJC.

b. Documentation of scheduled and unscheduled maintenance within the maintenance module of DMLSS is critical for proper accountability. Furthermore, it provides data necessary to categorize cost drivers and identify tasks performed as part of a comprehensive government program to reduce costs associated with DIN-PACS. Accurate property accountability also assists activities when making corporate decisions regarding requisite skills or training to sustain DIN-PACS.

c. Each year, the ICS requests maintenance quotes for all regions from the PACS vendors. These quotes are used by the ICS to develop the PACS and teleradiology maintenance funding requirements for the next fiscal year. On or about 1 October of each year, ICS forwards a funded requisition to the DLA-TS for the next year's maintenance service contract citing the fenced dollars in the resource summary for that FY. The DLA-TS then issues annual service contracts for the period 1 Dec to 31 Nov of the given year. Medical Maintenance at each MTF is responsible for tracking performance against the

contract. They shall notify the ICS and the DLA-TS of any uptime requirements breaches or performance issues related to the annual service contract.

6-10. TELERADIOLOGY FUNCTIONALITY

a. Teleradiology is essentially distributed radiology. It is a means of electronically transmitting radiographic patient images and consultative text from one location to another. The original purpose was to provide primary interpretation capability for radiology exams acquired at MTFs without assigned radiologists and to provide additional radiologist support for those sites temporary or permanent basis understaffed. Current planning includes the exporting of radiological exams to remote sites for interpretation by underused radiologists, thus expanding the options for achieving maximum use of radiology personnel resources. For image acquisition, specially configured teleradiology equipment may be used or the same equipment at primary PACS sites may be used. The concept allows for staffed radiologists at central-reading MTFs (hubs) to read digital images transmitted via communications links from satellite MTFs. Also, when radiologists are deployed, transmitting home site workload to them on a global basis, if the operations tempo is slow, can sustain their skills and continue supporting their home MTFs.

b. Either commercial or Government-Furnished communications links can be used for teleradiology as long as they are secure and available for clinical use. Sites can use a variety of secure communications links including dedicated terrestrial or satellite-based T-1, Integrated Services Digital Network circuits, fractional T-1 (dial-up switched-56K service), digital subscriber line (DSL), asymmetric digital subscriber line (ADSL), or cable modems where available. World-wide electronic transmission, using bit preserving (lossless) data compression and encryption, can be real time or scheduled for after normal working hours to help utilize limited communication circuits. The transmission method chosen and the bandwidth of the transmission path affect the throughput from the hub to the spoke. Factors such as image size, volume, and acceptable turnaround time will determine the bandwidth requirement. Full bit depth of the original acquired image data set will be transmitted for full diagnostic capability. Thus, while transmission compression is permitted, it must be lossless and fully reversible. Unattended batch-mode transmission would normally be used for routine clinical workload and real-time immediate mode would be used to support emergency medicine.

c. An additional ICS goal is to provide at-home, secure teleradiology capability; thereby, extending the radiologists' office into their home, when they are on call. This will be accomplished using a locally-procured (Government-Furnished Equipment [GFE]) personal computer (PC)-based workstation that is either transportable to the physician's home or via a modular upgrade that can be applied to an existing home PC. The at-home PC would typically receive radiological exams via a high-speed commercial internet service provider using DSL, ADSL, or cable modem technology. The radiologist would report findings back to the hospital CHCS directly or by an e-mail-type program.

CHAPTER 7. TECHNOLOGY ASSESSMENT AND REQUIREMENTS ANALYSIS (TARA) PROGRAM

7-1. INTRODUCTION

a. The Technology Assessment and Requirements Analysis (TARA) program establishes a standardized methodology for assessing, planning, and pursuing the acquisition of capital investment technology within the AMEDD.

b. The TARA provides an unbiased assessment for senior decision makers on the clinical and technological resources required to accomplish their mission and to develop acquisition strategies that ensure optimal clinical outcomes.

c. The mission is to ensure that medical technology within the AMEDD assessed under the TARA process remains on the established technology curve. Although state-of-the-art technology is expensive, benefits generally exceed the acquisition cost over the long run.

d. The program originated in 1992 to evaluate commercial capabilities for technology assessment and capital equipment asset management. With the OTSG radiology consultant concurrence, the TARA became an in-house program initially evaluating the modalities of diagnostic imaging and laboratory. The Army's STCPC formally adopted the TARA program in 1995, directing full integration of clinical consultants and requiring a TARA visit to every medical activity and medical center on a 3-year basis. After the initial round of site visits, the medical centers remained on a 3-year review cycle frequency while the other MTFs are on a 4 to 5 year cycle. In March of 2007, the TARA Team expanded to cover additional modalities: pharmacy robotics, physiological monitors, fetal monitors, nurse call systems, sterilizers, lasers, endoscopy, microscopy, and clinical information systems. In January 2008, the Army reorganized certain programs under a new centrally ICSPMO within USAMMA. ICS has responsibility for the TARA Program.

e. The TARA program has implemented process improvements for requirements generation and delivery of services, expedited medical device modernization, leveraged technology by standardization, group buy initiatives, and generated cost avoidance. To continue TARA program success, value-added processes are developed and refined.

f. The Combat Command (COCOM) TARA program operates on a reimbursement payment status only. The program was established to perform as the medical device life cycle manager in theater. The COCOM TARA conducts on-site visits to help establish the medical device formulary for theater standardization. The team also assists MTF commanders and the COCOM Surgeon in determining the correct type and density of medical device available for current missions. The COCOM TARA reviews and ensures staffing is aligned with the type and density of medical systems. The analysis is used while validating medical device procurement packages. The COCOM TARA also supports Theater Provided Equipment (TPE) Reset and Retrograde operations.

7-2. THE TARA PROCESS

a. The TARA is performed by the OTSG radiology, pharmacy, nuclear medicine, nursing and laboratory consultants and other OTSG consultants as required, or their representatives, in addition to personnel within ICS and USAMMA. The purpose of the site visit is to interview departmental staff, observe scheduling and patient-flow patterns, and evaluate quality of service and the condition, utilization and workload of existing medical devices.

b. The Out-of-Cycle TARA is conducted at the direction of the USAMEDCOM/STCPC or at the request of a site to serve a specific function not addressed by the routine TARA. The assessment results are provided to the USAMEDCOM/STCPC and the activity, respectively.

c. The TARA assessment, if required, shall also include medical device space analysis, relocation requirements to include buildings (i.e., magnetic resonance imaging [MRI] trailers), offsite care and/or support locations, facility funding requirements, additions or alterations to existing footprint requiring new or renovation construction and utilities. The space analysis shall be performed by a matrixed member from the assistant chief of staff for facilities or regional facilities staff.

d. The TARA site visit consists of the following four major components:

(1) Assessment of clinical operations. The assessment is a review by OTSG specialty consultants, TARA Team members, and senior clinicians. The review focuses on staffing, customer service, quality and risk management, patient management, and integration with other care areas. This review incorporates clinical input from the assessed facility and compares the operation to accepted models. The evaluation also addresses leader development, training, and other military-relevant management issues.

(2) Assessment of operations. This assessment includes an evaluation of procedural mix, staffing, work schedule, patient flow and throughput. The assessment also includes the quality assurance and risk management to the extent that these factors apply to the acceptability and appropriate use of existing medical devices.

(3) Assessment of requirements. This assessment includes commercial, for-profit equipment utilization factors tempered by contingency issues unique to military hospitals applied to the facility's workload to determine how the MTF compares with commercial counterparts. This comparison does not imply that the MTF should be held to commercial standards. However, these utilization factors provide the TARA Team with benchmarks to begin the evaluation process.

(4) Assessment of medical devices. This evaluation assesses whether the facility's existing medical device uses abandoned or obsolete technology and whether the equipment meets standards for acceptability. The assessment includes a market survey of current technology, a comprehensive evaluation of existing medical devices, an evaluation of trends and developments affecting medical device requirements at the MTF, maintenance support concerns and contract information if applicable.

e. A TARA provides a snapshot of the facility's processes during the site survey period. However, the TARA is not intended as a substitute for the facility's own routine evaluation of their operations. Because changes in a facility’s strategic vision could alter requirements, the MTF should periodically reevaluate requirements, especially in the event of a major change in mission.

f. The following information related to the TARA-reviewed medical devices is requested and required prior to the site visit:

(1) CHCS data for the number and type of procedures performed annually, including workload data for the last 1 year showing trends, and patient numbers for each modality. The TARA CHCS AD HOC query, programmed into the MTF by CHCS subject-matter-expert (SME), results in query containing 38 related fields of information per exam performed on each patient. NOTE: No private information is disclosed, all data is Protected Health Information (PHI).

(2) CHCS data interfaced with the Military Health System (MHS) into a large Clinical Data Repository (CDR) and Defense Medical Human Resources System Internet (DMHRSi) information that produces the Expense Assignment System (EAS IV) in determining

a “cost per test” analysis to assist the OTSG Consultants to program staffing requirements.

(3) Joint Medical Asset Repository (JMAR) for historical maintenance record of scheduled and unscheduled service, costs and parts for each repair, date in service, make, and model.

(4) M2, a MHS system component, management analysis tool captures 5-years historical data, plus current year, to determine the number and type of study by Clinical Procedural Terminology (CPT) code, total cost and patient demographic referred out by the MTF. Data provides OTSG Consultants a clearer picture of funding requirements.

(5) DMLSS property listing and maintenance histories for all TARA-reviewed medical devices.

(6) Sterile Processing Department (SPD) data on the total number of sterilizer loads per month for the last year by type of sterilizer (steam, plasma, or washer).

(7) A table on physiological monitoring systems including the number of beds and medical devices description by facility unit.

(8) Information related to network support and connectivity between clinics on base or in remote locations will be required.

(9) Business plans, strategic plans, and initiatives, addressing services currently provided and services to be initiated or discontinued.

(10) Facility master plan and department floor plan including the laboratory layout.

(11) Demographics for all patients in catchment area.

(12) Staffing information including authorized positions and actual staff numbers, the TDA by department, and an organizational chart.

(13) Capital Equipment Expense Program (CEEP) replacement list.

(14) Cost data for major laboratory medical devices, including whether the equipment is cost per test, leased, or purchased.

(15) Cost data for medical device supplies and consumables by month and year.

(16) A copy of the facility’s laboratory manual.

(17) Medical Expense Performance and Reporting System (MEPRS) reports for the past Fiscal Year.

g. Combining all the above information allows the TARA Team to perform a more accurate equipment assessment. Also, the above information allows the TARA Team to formulate a reliable 5-year replacement plan for the MEDCASE and SuperCEEP programs.

7-3. TEAM APPROACH FOR TARA

a. The team approach is necessary given the large amount of information that must be collected, organized, and analyzed. During the in-brief, the hospital commander discusses the current hospital mission and any foreseen future changes in a facility’s strategic vision/mission. Also, the commander may discuss concerns or problem areas in the facility requiring additional attention.

b. The preliminary analysis presented to the commander during the out-brief addresses concerns discussed in the in-brief along with any concerns discovered during the TARA Team assessment. A formal report follows within 4 months.

c. The maintenance portion of the TARA is necessary to evaluate the MTF's medical devices. In addition to older technology, new medical devices with extensive unscheduled maintenance must be considered for replacement. The goal is to maximize the availability of TARA-reviewed equipment, so that it may be used by the clinician. Assessment of the maintenance support of those medical devices is extremely critical to achieving that goal.

d. The engineering component provides expertise in the area of medical device evaluation, and is also responsible for the developing acquisition strategies for new and emerging medical systems within their sub-specialty.

e. The clinical assessment is performed by the OTSG Clinical Consultants or their TARA Team representatives. They provide clinical guidance with respect to clinical acceptability of medical devices and clinical procedures within the departments. The team works closely to evaluate new and emerging medical systems. The clinical consultant also assesses the staffing requirements for both clinicians and support personnel (e.g., technologists or administrative assistants).

f. The TARA Team analyzes and validates modality workload utilizing the extracted CHCS ADHOC data and discusses data with MTF staff that are actually performing and reading the studies. These comparisons are helpful in detecting trends, potential shortfalls, and maintaining the standardization of exam records across the AMEDD.

7-4. TARA SCHEDULE

a. If an MTF Command feels that TARA assistance is needed between scheduled site visits, then a memorandum should be submitted to the Commander, USAMMA, requesting out-of-cycle assistance. The memorandum should include the reason assistance is requested and whether the requesting Command will provide temporary duty (TDY) funding. If the TARA is at the request of the activity, the activity may have to fund the team travel cost. The memo should justify the need for TARA assistance versus performing a business case analysis (BCA) and military pay record (MPR).

b. ICS will review the out-of-cycle request by ICS and support may depend on funding and current mission requirements/OPTEMPO. The TARA schedule is located at: http://www.usamma.amedd.army.mil/PM_ICS.cfm

7-5. REQUIREMENTS FOR OPERATIONS AND EQUIPMENT

a. For radiology equipment, the TARA Team uses commercial equipment utilization factors, tempered by contingency issues unique to military hospitals. These utilization factors are applied to the facility's workload to determine how the hospital or clinic compares with commercial counterparts. This comparison does not imply that the hospital or clinic should be held to commercial standards. However, these utilization factors provide the TARA Team benchmarks with which to begin the evaluation process. The utilization factor represents the number of systems needed to handle the patient workload at the facility. These factors are only guidelines and can change from facility to facility, based on types of studies, mission, and the catchment area.

b. The TARA Team uses equipment utilization calculations for diagnostic imaging medical devices. Some calculations are based upon the number of studies per year or peak workload during the busiest 4 hour period within 24 hours. The following example is a method to determine the ideal utilization (*U*) factor for a section of the radiology department:

$$U = \text{current MTF studies/year} \div (\text{expected MTF hours/year} \times \text{studies/hour})$$

c. For linear accelerators and simulators, patient treatments per year are used. Also, TARA considers the procedural complexity in the utilization calculation.

d. For laboratory medical devices, TARA considers the test menu configuration and the make and models of instruments in use to determine the recommended number and type of medical devices. The TARA also considers laboratory equipment that is predominant within the region, and medical devices identified by the laboratory manager.

e. The TARA also evaluates workload for clinical systems other than diagnostic imaging and laboratory systems which are not radiology and laboratory related, but does not use it to determine medical device requirements. The recommended number of systems and requirements are based on clinical need.

7-6. CONFIDENTIALITY

The confidential data obtained during a TARA will not be discussed during the allocation of resources, nor will a facility's requirement be approved or disapproved based solely on the data obtained during a TARA. If a significant safety or risk management problem is discovered during the course of a TARA, the information will be provided to the USAMEDCOM at the discretion of the TARA Team chief. Specific data from activity requested TARAs will remain confidential. Command-wide trends may be discovered that affect the approval process for specific types or classes of capital medical devices.

7-7. TARA CYCLE REVIEW

a. MTFs are responsible for patient funding costs of exams referred to outside facilities. The TARA Team evaluates the types and costs of exams sent out for patient care. The TARA Team recommends ways to recapture these studies or helps justify why it is cost beneficial to send patients out of the network.

b. Requirements should not be approved based solely on the fact that a facility is replacing an existing system.

c. Workload, maintenance, and facility considerations change periodically and should always be evaluated in the approval process. In addition, staffing, facilities, and maintenance services are an integral part of any system and materially affect the facility’s requirement.

d. The TARA program is subject to periodic review and modification by the STCPC.

7-8. TARA PROGRAM BENEFITS

The TARA program has resulted in process improvements for requirements generation for new medical devices and delivery of services, expedited modernization of medical devices, leveraged-technology and industry by standardization and group buy initiatives, and generated a cost avoidance of approximately $282 million since 1994 (Table 7-1). The TARA process yields a cost avoidance based on the removal of technology no longer required or reutilization of equipment at another MTF. Benefits are also gained when the TARA recommends replacement of medical devices with lower cost technology more appropriate for the clinical requirements and workload at the MTF.

7-9. TARA PROGRAM CHART

Table 7-1 reflects the TARA Program Cost Avoidance information.

Table 7-1. TARA PROGRAM COST AVOIDANCE TO DATE

Fiscal Year	Cost Avoidance	Savings (Maintenance)	Savings Standardization (Group Buys)	Cost Avoidance Laboratory
1994	$10,975,000	$1,097,500	--	--
1995	$14,553,250	$1,455,325	--	--
1996	$11,455,700	$1,145,570	--	--
1997	$3,289,000	$328,900	--	--
1998	$3,959,000	$395,900	--	$1,677,750
1999	$4,059,100	$405,910	--	$688,000
2000	$3,123,800	$312,380	$722,000	$117,000
2001	$6,285,000	$628,500	--	--
2002	$425,000	$42,500	$857,563	--
2003	$4,530,000	$453,000	$3,162,775	--
2004	$3,204,000	$320,400	--	--
2005	$8,286,000	$828,600	$2,050,252	--
2006	$16,992,000	$1,699,200	$7,009,344	--
2007	$5,280,000	$528,000	$9,424,116	--
2008	$46,621,000	$4,662,100	$2,135,759	--
2009	$18,338,000	$1,833,800	$8,320,514	--
2010	$25,969,500	$2,596,950	$1,000,000	--
2011	$15,088,102	$1,508,810	$7,690,878	--
2012	$8,656,684	$6,099,000	$99,964	
Totals	**$211,090,136**	**$ 26,342,345**	**$42,473,166**	**$2,482,750**
Total TARA Program Cost Avoidance/Savings:				**$282,388,397**

CHAPTER 8. MEDICAL CARE AND SUPPORT EQUIPMENT (MEDCASE) PROGRAM / SUPER CAPITAL EXPENSE EQUIPMENT PROGRAM (SUPERCEEP)

8-1. INTRODUCTION

a. The MEDCASE/SuperCEEP Programs centrally fund the capital investment equipment required to support Army healthcare activities at fixed MTFs throughout the world. Equipment requirements originate at the activity level and are centrally generated by the TARA team. Requirements generated at the MTF are reviewed and approved at the activity, the RMC, the USAMMA, and the AMEDD consultants to the OTSG. Approved and disapproved requirements are recorded in the AMEDD central database (the WebMRE System) maintained by USAMMA.

b. USAMMA receives MEDCASE/SuperCEEP funds from the USAMEDCOM that are managed and controlled in the WebMRE system for participating RMCs and Major Subordinate Commands (MSCs). To review the entire MEDCASE/SuperCEEP program in detail, refer to the DA *SB-8-75-MEDCASE* within the DA Supply Bulletin *SB 8-75 Series*.

8-2. THE MEDCASE / SUPERCEEP PROCESS

a. All MEDCASE/SuperCEEP medical device requirements $100,000 and greater, regardless of Budget Line Item Code (BLIC), are centrally managed by the USAMEDCOM. ICS is responsible for the coordination of this program. This ensures consistency of application and compliance with AMEDD strategic plans.

b. At the direction of the USAMEDCOM, ICS has developed and implemented a process to centrally generate MEDCASE/SuperCEEP requirements identified during a TARA visit. Using the data collected from site visits and MEDCASE/SuperCEEP program requirements (see Appendix C for MEDCASE/SuperCEEP process flowchart), all MEDCASE/SuperCEEP requirements from the TARA are loaded into the WebMRE for routine replacement of TARA reviewed systems. This reduces clinician and logistician administrative workload and eliminates duplication of effort.

(1) These requirements have an Asset Control Number (ACN) with a 900-series (950 -959 is for Initial Outfitting) sequence number assigned by the USAMMA. The WebMRE system is preloaded with these requirements and initially has an approved code of “5M”.

(2) ICS prepares the MEDCASE/SuperCEEP transmittal outlining those requirements identified during the last TARA visit, and sends the transmittal through the MTF and the RMC for staffing and concurrence purposes. At this time, the approval code is changed to “4T”. The RMCs and MTFs should follow their own internal review procedures in determining whether or not to concur with the requirement:

- Chiefs of Medical Maintenance
- Facilities Logistics
- Radiology
- the Deputy Chief for Administration [DCA]
- Commander

After the MTF and the RMC decide to concur or non-concur, the RMC MEDCASE/SuperCEEP manager must return the documentation showing concurrence or non-concurrence to the USAMMA. The activity MEDCASE/SuperCEEP manager establishes the requirement in the DMLSS when the TARA transmittal is received. On receipt of concurrence from the RMC and MTF, ICS converts the requirement to approved “1A” status in the WebMRE system.

(3) The “1A” requirement in the WebMRE database validates the requirement but does not signify the requirement is funded. These requirements are used to support the AMEDD’s equipment funding budget in the coming FYs. Neither centrally-generated requirements nor MTF-generated requirements receive priority for funding; both are reviewed equally by USAMEDCOM.

(4) The USAMEDCOM is responsible for funding all items. BLIC replacement and modernization funding is allocated from USAMEDCOM at two levels:

- MEDCASE requirements (greater than $250,000)
- SuperCEEP requirements (equal or greater than $100,000 but less than $250,000)

(5) Once the equipment is funded, the MTF must submit the following to ICS for final approval:

- A *DD Form 1348-6, DOD Single Line Item Requisition System Document*

- The USAMMA/DLA Requisition Checklist (*see SB 8-75-MEDCASE, Appendix D2*)

- Customer Best Value Determination Form

- Chief Information Officer/Information Assurance Officer MEDCASE/SuperCEEP Requisition/1348-6 Review form, if medical device can connect to network.

- Current itemized price quote with IA language (see *SB 8-75-MEDCASE, Appendix D*)

- If site prep is required:

(a) Site Preparation Package
(b) Clinical and Technical Acceptability and Price Reasonableness Determination for Extended Installation Form
(c) Turnkey quotes, if applicable (See SB 8-75-MEDCASE, Appendix I)

(6) Once the USAMMA concurs with the quoted system, the ICS sends the requisition package to the DLA-TS or the US Army Medical Research Acquisition Activity (USAMRAA) for purchase or a Letter of Authority back to the site for them to go through their local contracting.

8-3. MTF-GENERATED MEDCASE PROGRAM REQUIREMENT

a. MTFs may continue to generate and submit requirements at their discretion. In addition, MPRs submitted for changing mission requirements or expanded business opportunities still require the facility to submit a MEDCASE/SuperCEEP requirement.

b. The justification must include, at a minimum, the following information:

(1) What is the item requested to be used for?
(2) Why is the item needed?
(3) How will the item be used with other equipment?
(4) What are the advantages of the requested item compared with equipment currently in use or available?
(5) Why are these advantages needed?
(6) Have specific details been presented regarding cost-benefits, personnel savings or productivity, the enhancement or curtailment of services, frequency, or duration of breakdown, or other specific factors that may be relevant

(7) What will be the impact upon mission accomplishment if the requested item is not acquired?

(8) Is the anticipated workload provided?

(9) Has consideration been given to the use of available excess assets to satisfy this requirement?

8-4. USAMMA MEDCASE/SUPERCEEP MANAGER POC

a. POC is as follows:

USAMMA
ATTN: MCMR-MMP-I
693 Neiman Street
Fort Detrick MD 21702-5001

b. Telephone for both CONUS and OCONUS activities is DSN 343-6984 or commercial 301-619-6984. Telefax number is DSN 343-9032 or commercial 301-619-9032.

CHAPTER 9. INFORMATION ASSURANCE AND CERTIFICATION & ACCREDITATION REQUIREMENTS FOR MEDICAL DEVICES AND SYSTEMS

9-1. INTRODUCTION

a. All DOD medical devices must have adequate safeguards, both technical and procedural, to ensure the security of the medical system, the patient data processed, and the DOD network.

b. The FDA review process is focused on ensuring the safety and effectiveness of medical devices. The biomedical engineering department maintains and repairs these devices with minimal concern over typical information assurance IA/IS issues and safeguards. Medical device manufacturers may claim their devices are secure. However, end-users must check these claims to verify the device meets Certification and Accreditation (C&A) security requirements for, as a minimum, “Platform IT” (PIT) as prescribed by *AR 25-2* and MEDCOM Guidance.

c. Security and integrity of information systems are necessary to ensure that medical devices and their associated modalities continue to:

- provide quality healthcare
- meet standards and requirements for medical system security
- protect electronic patient data, without risking patient safety
- enhance quality of healthcare

d. The DOD aims for the IA requirements to identify the following:

- interoperability
- connectivity
- compatibility
- implementation efforts
- mitigating controls to successfully implement, secure, and protect the enclave, perimeter, computing environment, and medical devices that are interconnected on the DOD Global Information Grid.

9-2. ICS IA RESPONSIBILITIES

a. The ICS IA cell is responsible for the following:

(1) Coordinate with the MEDCOM Chief Information Officer (CIO), MEDCOM Chief Technology Officer (CTO), MEDCOM Regional CIOs, and MTF CIOs to ensure compliance with DOD, DA and MEDCOM IA requirements.

(2) Ensure required IA and Health Insurance Portability and Accountability Act (HIPAA) of 1996 language is incorporated into all contracts overseen by this organization. The following documents (included in this SB) from DOD or MEDCOM provide contract requirements:

- Appendix D -DOD Standard Contract Clause for Business Associates Agreement
- Appendix E - MEDCOM Virtual Private Network Agreement (Business to Business – B2B)
- Appendix F - MEDCOM IA and HIPAA Standard Contract Language

(3) Manage IA related pre-deployment, project management, implementation, and acceptance testing activities for medical systems and devices under the ICS charter.

(4) Manage and ensure C&A processing occurs for all centrally-controlled group buys for MEDCOM standard systems/devices.

b. Definitions for Group, Volume and Site Buys are the following:

(1) Group Buy: a MEDCOM/STCPC approved initiative in which ICS performs Full and Open Competition and convenes a source selection board (SSB) to select a single vendor to meet AMEDD requirements. This process typically takes most of a FY to execute. In the end, ICS makes the final selection based on the SSB recommendation. ICS is responsible for IA for these buys and the respective ICS Modality Manager has general oversight.

(2) Volume Buy: this type of buy occurs when individual sites select a product/vendor. If a large number of the same systems are requested, ICS assists the sites by attempting to pool the purchase and request a "Volume" discount. The difference between this and a “group buy”: ICS does not select the product/vendor. The site has already selected the product. ICS attempts to leverage volume for a discount. In this case, the C&A requirements are the responsibility of the individual purchasing sites. This type of buy can be MEDCOM/STCPC approved (but unnecessary).

(3) Site Buy: this type of buy occurs when an individual site selects the product/vendor and initiates the procurement process. ICS is not directly involved in the procurement and the C&A requirements are the responsibility of the individual purchasing site.

9-3. UNITED STATES ARMY MEDICAL INFORMATION TECHNOLOGY CENTER (USAMITC)/MEDCOM IA RESPONSIBILITIES

USAMITC is responsible for the following:

a. Oversight and final processing of C&A for all medical systems/devices.

b. Maintaining a user accessible C&A status and processing database.

c. Coordinating with MEDCOM CIO/CTO and the Regional CIO for award planning, review, and specific comment.

9-4. LOCAL/FACILITY CIO RESPONSIBILITIES

For all purchases non-centrally managed group buys, the Local Facility or Regional CIO is responsible for the following:

a. Review medical system/device to determine network and connectivity requirements, to include appropriate enclave/defense in depth protection.

b. Coordinate with USAMITC, ICS and the Regional CIO to ensure compliance with DOD, DA and MEDCOM IA requirements.

c. Ensure required IA and HIPAA language is incorporated into all contracts initiated by their organization (see Appendix D, E, and F). Manage IA related pre-deployment, project management, implementation, and acceptance testing activities for medical systems and devices.

d. Initiate and manage C&A processing for all medical systems/devices falling into the “Site Buy” category.

CHAPTER 10. DIGITAL IMAGING AND THE DIGITAL IMAGING COMMUNICATION IN MEDICINE (DICOM) STANDARD

10-1. INTRODUCTION

a. Digital imaging has streamlined processes within the radiology department. Most of the related film production, transcription, and filing tasks have been replaced with the acquisition and storage of data on-line. To support digital imaging and the re-engineering of the radiology department, all new purchases and upgrades will support the Digital Imaging Communication In Medicine (DICOM) 3.0 standard. All diagnostic imaging modalities will ultimately conform to DICOM standards. Currently, focused purchases of DICOM-conformant systems will facilitate the integration of acquisition devices to a hospital or radiology information system (HIS/RIS), an image management system, or a PACS.

b. The American College of Radiology (ACR) and the National Electrical Manufacturers Association (NEMA) jointly developed the DICOM Standard to facilitate interoperability of medical imaging equipment, regardless of the device manufacturer. The DICOM standard facilitates interoperability of medical imaging equipment by specifying the protocols to be followed by devices claiming conformance to the standard, the syntax and semantics of the information exchanged using these protocols. The DICOM standard supports operation in a networked environment using industry standard networking protocols such as transmission control protocol/internet protocol (TCP/IP). Provision of the applicable DICOM Service-Object Pairs (SOP) classes is ultimately required for integration with a PACS.

c. Specifications cited are required to satisfy the following general functions:

(1) provide basic functionality.
(2) accommodate workflow and data integrity.

10-2. DICOM BASIC FUNCTIONALITY

a. The DICOM standard relates an object (image) to a service (action) to be performed on that object. These relationships are defined within the DICOM standard as SOP.

(1) To exchange image data, each modality should support the DICOM 3.0 image storage SOP class for that modality as shown in Table 10-1. For example, a CT system should comply with the CT image storage SOP class and an ultrasound system with the ultrasound SOP class.

(2) To send or receive DICOM objects, such as images, support to a DICOM SOP class can be as a service class user (SCU), a service class provider (SCP), or both. At a minimum, the modality must support the image storage SOP class as an SCU.

b. Besides conforming to the individual modality image storage SOP classes, all acquisition devices should support the DICOM 3.0 verification, query/retrieve, modality performed procedure step, modality work list management, and the print management SOP classes (Table 10-1). In addition, for CT and MRI and possible other future modalities, query/retrieve should be supported.

c. DICOM verification allows one DICOM-conformant system to “ping” or request a communication transaction with another DICOM-conformant system to verify the systems can talk to each other.

d. DICOM query/retrieve conformance allows the modality-specific post-processing workstation to interactively retrieve images from other acquisition or storage devices, soft-copy display workstations, teleradiology spokes/hubs, and other PACS. Query/retrieve

conformance is not required for devices intended to function solely as a modality operator console, except for CT, MRI, and possibly digital mammography.

e. The modality performed procedure step SOP class allows a modality to inform the PACS and the modality work list manager that an exam has been completed.

f. Conformance to the modality work list information model find SOP class as a SCU allows patient demographic and scheduling data from the RIS/HIS to be retrieved from an acquisition modality console. Also, it allows the technologist to select the patient information from a “pick list” or using an accession number or patient identification number, rather than retyping the patient information. This capability enhances the efficiency and overall productivity of the technologist and reduces errors in patient demographic data that might result in exams not matched with the original order or other study components. The result should improve workflow and efficiency because data errors typically have to be corrected by a PACS system administrator.

g. DICOM print management conformance facilitates networking of image printers using standardized protocols. This should eliminate the added expense of procuring individual interfaces for each acquisition device and printer.

10-3. WORKFLOW AND DATA INTEGRITY

a. In addition to the requirements listed in Table 10-1, the modality provides conformance to other DICOM 3.0 SOP classes.

b. The storage commitment push model SOP class ensures safe storage of the image data by the PACS before the data is deleted from local storage at the acquisition device (modality). This ability is important when sending images to a remote location, because the sender can rely on the receiver to take responsibility for the data.

c. Grayscale Softcopy Presentation State Storage SOP Class allows a modality to specify the intended image presentation state of the exam.

d. Grayscale Display and Print SOP Classes will allow all display stations and all printers supporting the associated SOP class to reproduce that image with uniform grayscale. Thus, all images will look similar regardless of where they are reproduced.

e. The Basic Annotation Box and Image Overlay Box SOP Classes allow text and graphic annotations to be appended to the image data set without permanently overwriting the original image data. These SOP classes also provide a mechanism to output pertinent demographic, management and graphic information to hard-copy print devices without overwriting the original image data.

f. The acquisition device must have the capability to transfer information to removable media. The device must conform to the DICOM media exchange application profiles as specified for that modality (e.g., CT, MRI, x-ray angiography, ultrasound, or general purpose radiography) using CD-R or magneto-optical disk to allow file exchange between workstations/facilities and to support failover operations in the event the network or PACS is down.

Table 10-1. REQUIRED MODALITY DICOM SERVICE OBJECT PAIR CLASSES

SOP Class Name	SOP Class UID	Role
MRI Image Storage	1.2.840.10008.5.1.4.1.1.4	SCU
CT Image Storage	1.2.840.10008.5.1.4.1.1.2	SCU
Computed Radiography Image Storage (Note 1*)	1.2.840.10008.5.1.4.1.1.1	SCU
Nuclear Medicine Image Storage	1.2.840.10008.5.1.4.1.1.20	SCU
Secondary Capture Image Storage (Note 2**)	1.2.840.10008.5.1.4.1.1.7	SCU
Ultrasound Multiframe Image Storage	1.2.840.10008.5.1.4.1.1.3.1	SCU
Ultrasound Image Storage	1.2.840.10008.5.1.4.1.1.6.1	SCU
X-Ray Angiographic Image Storage	1.2.840.10008.5.1.4.1.1.12.1	SCU
X-Ray Radiofluoroscopic Image Storage	1.2.840.10008.5.1.4.1.1.12.2	SCU
Digital X-Ray Image Storage - For Presentation (DR)	1.2.840.10008.5.1.4.1.1.1.1	SCU
Positron Emission Tomography Image Storage	1.2.840.10008.5.1.4.1.1.128	SCU
Digital Mammography Image Storage – For Presentation	1.2.840.10008.5.1.4.1.1.1.2	SCU
Digital Intra-oral X-Ray Image Storage – For Presentation	1.2.840.10008.5.1.4.1.1.1.3	SCU
Mammography CAD SR	1.2.940.10008.5.1.4.1.1.88.50	SCU
Verification	1.2.840.10008.1.1	SCU/SCP
Patient Root Query/Retrieve Information model-FIND (Note 3***)	1.2.840.10008.5.1.4.1.2.1.1	SCU/SCP
Patient Root Query/Retrieve Information model-MOVE (Note 3***)	1.2.840.10008.5.1.4.1.2.1.2	SCU/SCP
Study Root Query/Retrieve Information model-FIND (Note 3***)	1.2.840.10008.5.1.4.1.2.2.1	SCU/SCP
Study Root Query/Retrieve Information model-MOVE (Note 3***)	1.2.840.10008.5.1.4.1.2.2.2	SCU/SCP
Modality Performed Procedure Step	1.2.840.10008.3.1.2.3.3	SCU
Modality Work list Information Model-FIND	1.2.840.10008.5.1.4.31	SCU
Basic Grayscale Print Management Meta SOP Class	1.2.840.10008.5.1.1.9	SCU
Basic Color Print Management Meta SOP Class	1.2.840.10008.5.1.1.18	SCU

*, **, *** **NOTES** referencing information in this Table are located on the next page.

*Note 1: As an alternative, computed-radiography devices can support digital x-ray image storage - for presentation SOP class.

**Note 2: Secondary capture image storage is required for x-ray film digitizers and any devices which capture and convert print output from legacy modalities to provide a DICOM interface.

***Note 3: Query/retrieve is required for modality-specific post-processing workstations but not required for devices intended to function solely as an operator console. It may be desired for the operator consoles of certain modalities, such as CT or MRI, where the operator may wish to have specific knowledge of the images acquired in a previous study.

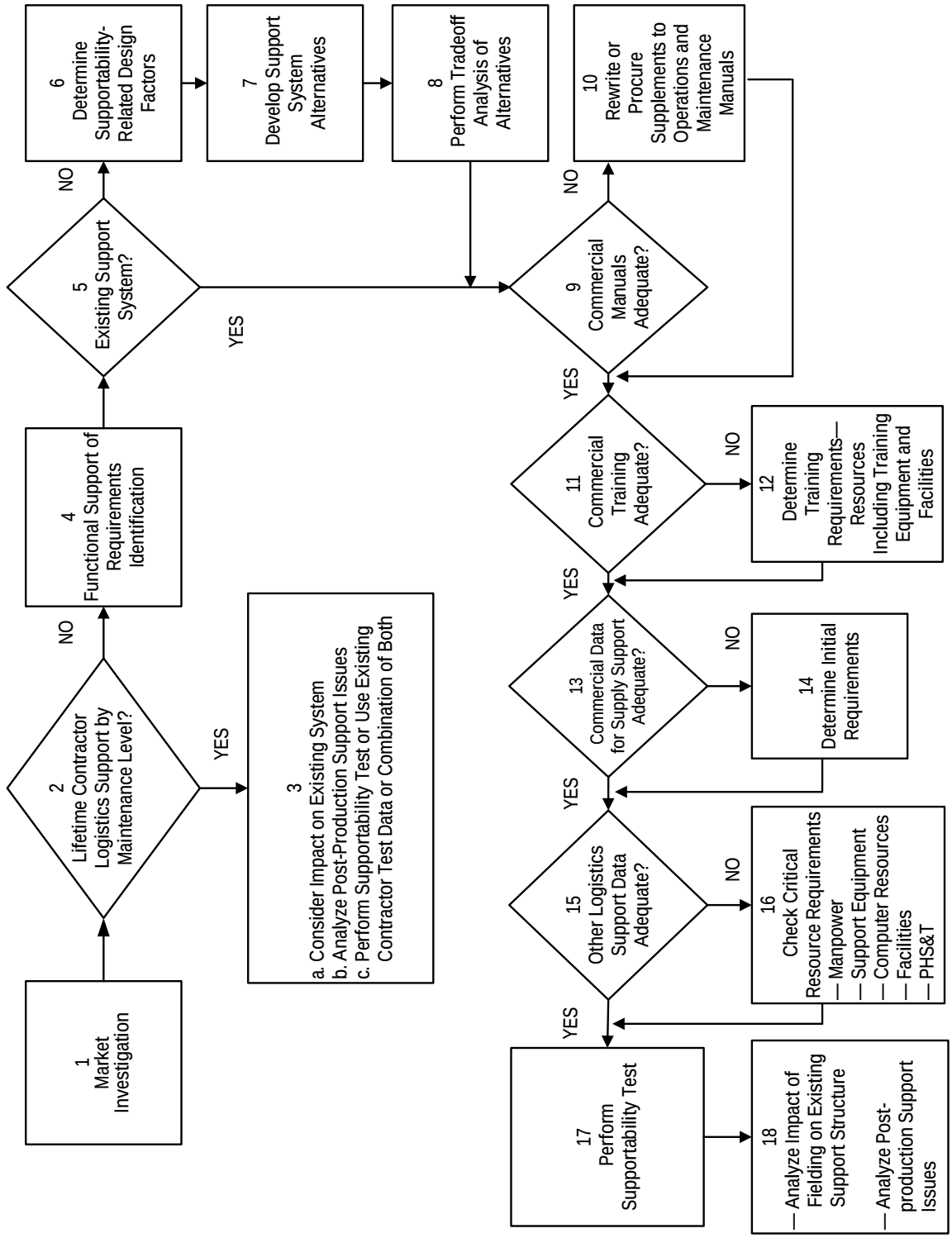
10-4. OBJECTIVE IS IMPROVED ACCESS TO RADIOLOGY

The objective is to support business process changes throughout the military health system especially within the practice of military radiology. The vision for radiology is to create a seamless radiology department by eliminating the constraints that may be created by having multiple places where diagnostic imaging is conducted within and between Army and other DOD MTFs.

APPENDIX A.

FLOWCHART COTS/NDI SUPPORTABILITY ANALYSIS

APPENDIX A. FLOWCHART COTS/NDI SUPPORTABILITY ANALYSIS



APPENDIX B. UNIT ASSEMBLAGE LISTINGS SPECIFIC TO INTEGRATED CLINICAL SYSTEMS

UAC	NIIN	Nomenclature	LIN
262A	01-521-6673	MES X-RAY FLD LWT2005	M45613
270A	01-529-4443	DES X-RAY FIELD-2005	D39478
N305	01-522-9741	MMS X-RAY DEPMED-2004	M86675
N334	01-529-3904	MMS X-RAY LOWCAP 2005	M73175
N432	01-529-3911	MMS RADIO COMP-2005	M09826
N433	01-568-2633	MMS COMPUTERIZED TOMO	M09826

Repair Parts for the Brilliance CT Scanner 01-560-1408		
Assigned NSN	**Phillips Part Number**	**Part Description**
6525015712457	453567012841	Rotor Optical Transmitter
6525015712451	453567110321	Ghost Assembly
6525015711845	453567011214	4 Channel Gantry Audio Brd
6525015712061	453566502391	Tilt Drive Processor
6525015712421	453567010351	Gantry Motion Processor
6525015712430	453566502751	Dual Tilt Interface
6525015714448	453567133801	Power Brush Block
6525015713945	453567012031	Signal Brush Blocks
6525015713961	453567449761	Power Supply Single Output
6525015714440	453567080282	Power Supply Single Output
6525015715385	453567017751	Rhost Assy
6525015713971	453567012851	Optical Stator Module
6525015713993	453567080292	Triple Output Power Supply
6525015714306	453567141931	Wave Guide Assy
6525015715373	455012003032	DMP Assy
6525015716263	455012004232	CDMP
6525015715368	455012003023	SG164 DMC-16
6525015715354	455012003332	R Com Assy
6525015711414	453566457352	Couch Control Board
6525015715422	453566492551	Servo Controller (Spindleblock)
6525015714423	453567055341	Exhaust Fan
6525015714990	453567055351	Air Filter
6525015714517	453567032051	Tape Switch 17"
6525015714445	453567032881	Laser Source Block Assembly (prisms)
6525015715352	453566495401	DMS Fans
6525015715389	455013020721	Hard Drive
6525015714691	453566147251	Safety Switch
6525015711098	453567006161	Zero Flag Assembly
6525015714525	453566420731	E-Stop Switch, DPDT, Plunger
6525015163326	453567001111	E-Stop Jumper Kit
6525015711823	453567399891	Jtag Kit Now called FPGA DOWNLOAD KIT
6525015715352	453566495401	DMS Fans
6525015717197	453567061821	Laser Glasses
6525015717198	453567069641	Laser Glasses fit over eye glasses
6525015712421	4535-6701-0351	GMP (Used on SN 8240, 8247 & higher)
6525015711823	453567012901	Jtag Kit

Repair Parts for the MX8000 CT Scanner 01-511-7357		
Assigned NSN	**Phillips Part Number**	**Part Description**
6525015711654	455014003081	Temperature Sense Card
6525015711659	453566501741	Fuse LPJ-20SP 600V 20A
6525015711090	453567026041	ACS Software Tool Kit
6525015711637	453566146692	Fuses, 3A, 250V, SB Glass
6525015711093	453567033091	Fuse/Circuit Breaker
6525015711620	453566495151	Wave Guide Assy
6525015715816	453566489441	CH/*9.1 GB MO INT Drive 5.25"
6525015711810	453566503121	F354, F355, F356 20A/600V Fuses
6525015714455	453567041721	Encoder Belt
6525015711098	453567006161	Zero Pos. Interruptor Assy
6525015713615	453566077822	Switch, Tilt/Vert. Hard Limit
6525015715419	453567045792	Exp/Brilliance Fuse Kit 80
6525015715831	453566502451	DMP
6525015715864	4550-1400-3171	DMC for SGL
6525015711414	453566457352	Couch Control Board
6525015715880	4535-6702-9521	R Host
6525015715891	453567110341	G Host
6525015712421	4535-6701-0351	GMP (Used on SN 8240, 8247 & higher)
6525015714963	4535-6646-0131	MDP
6525015714904	4535-6649-4931	Fiber-Optic Cable
6525015714880	4535-6650-1811	7-Cable Fiber-Optic
6525015715328	453567139462	ACS Controller
6525015716250	453566494211	Power Brush Block
6525015714868	453567029941	Signal Brush Blocks
6525015715420	453566502901	TCU (2EA) Thermal Control Unit
6525015715422	453566492551	Spindle Block
6525015714575	453566501821	Prisms
6525015715929	453566494241	RSLI
6525015716113	453566494231	SSLI
6525015714571	453566499052	Vicor Power Supply
6525015715352	453566495401	DMS Fans
6525015711823	453567399891	Jtag Kit Now Called FPGA Download Kit
6525015163326	453567001111	E-Stop Jumper Kit
6525015717197	453567061821	Laser Glasses
6525015717198	453567069641	Laser Glasses fit over eye glasses

Repair Parts for the Bucky TH 01-514-9962		
Assigned NSN	**Phillips Part Number**	**Part Description**
6525015723369	989000085831	Tubehead Assembly
6525015723533	989601022161	Collimator
6525015723541	451220400153	Converter Q Assembly
6525015722006	451210807509	Bucky Controller PCB
6525015722082	451211430192	Bucky Controller Firmware
6525015723567	452216610244	PSCCAN and CANCO Board
6525015723575	452216704021	SIFLCO Board
7025015723581	452230024741	Upgrade Kit

Repair Parts for the Computed Radiography (CR) System 01-564-5639		
Assigned NSN	**Phillips Part Number**	**Part Description**
6525015744791	500-0162-01	Scan Head Assembly
6525015744176	100-0749-01	Scan Head Base
6525015744178	500-0193-01	Bezel Assembly
6525015744184	100-0772-01	PMT Cover
6525015744802	900-0030	Motor Controller
6525015744808	100-0330-04	PMT Gasket
6525015744811	040-0031-0001	Galvo Signal, Cable Harness
6525015744837	900-0041-01	Power Module, VertX
6525015744841	100-0691-05	Lead Screw to Pillow Block Angle
6525015744844	100-0977-02	Machined Bezel Angle Mount
6525015744847	900-0029	Eraser Power Supply
6525015744850	500-0161-01	Long Mirror Assembly (complete)
6525015744853	900-0192-01	Cambridge Galvo & Controller
6525015744856	100-0769-04	Galvo Side Cover
6525015744860	100-0676-01	Electronics Plate
6525015744862	100-0774-03	Return Mirror Side Cover
6525015745569	900-0028	Quad Power Supply
6525015747136	040-0006-0005	Power Harness
6525015745421	100-0873-01	Angle Extrusion Stiffener
6525015745433	016-7026-0000	Motor Controller Data Cable
6525015745475	500-0034-02	Power Distribution Board
6525015745480	040-0028-0001	Main Scan Head Output Harness
6525015745489	500-0181-02	Back Brush Assembly
6525015745500	040-0027-0001	LED Power Status, Cable Harness
6525015745509	500-0189-01	Motor Assembly
6525015745515	900-0061-02	Fan Filter Cover Assembly, 60x60
6525015745561	500-0052-01	Eraser Board
6525015750047	900-0168-04	1m USB Cable
6525015749158	040-0013-0001	Reed Switch, Cable Harness
6525015747144	100-0952-01	USB Adapter Mount
6525015747251	900-0061-01	Fan, 60x60
6525015747162	040-0014-0011	LED Harness
6525015747563	500-0158-01	Turning Mirror Assembly
6525015747169	040-0030-0001	Jitter Signal, Cable Harness
6525015747582	100-0975-01	Bezel Edge Molding
6525015747208	900-0060-02	Brush Kit
6525015747712	100-0976-01	Bezel Overlay
6525015747219	900-0078-04	3/8" Caterpillar Brush

(continued on the next page)

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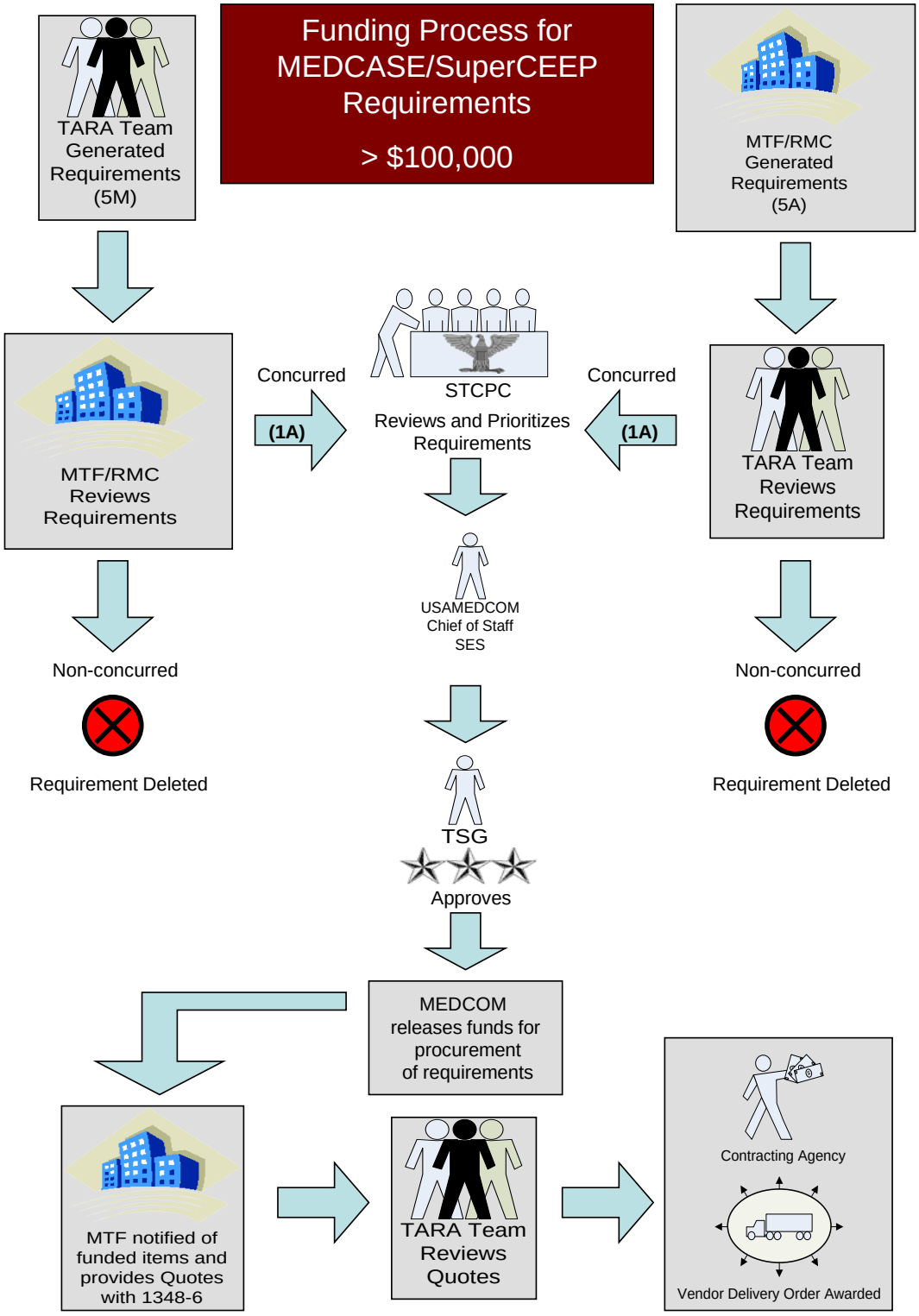
Repair Parts for the Computed Radiography (CR) System 01-564-5639		
Assigned NSN	**Phillips Part Number**	**Part Description**
6525015749180	040-0029-001	Laser Power Cable
6525015750001	500-0159-01	Small Stationary Mirror Assembly
6525015749981	100-0824-03	Anti Jitter Bracket
6525015750019	900-0236-03	Velcro Cable Baffle
6525015747275	900-0168-01	USB Cable - USB A to USB B-Mini
6525015750053	500-0188-01	Bearing Mount Assembly
6525015750111	900-0061-03	Fan Filter, 60 x 60
6525015752943	500-0190-01	Push Rod Assembly
6525015750144	100-0802-02	Return Mirror
6525015749114	500-0114-01	USB Board
6525015750182	500-0045-01	LED Status PCBA
6525015749740	100-0877-03	USB Light Gasket
6525015750673	100-0877-01	Foam Gasket, Dust Cover Assembly
6525015750680	100-0807-01	Adjustable Mirror Base
6525015750688	500-0051-01	Anti Jitter Board
6525015750742	100-0974-01	Bezel Blocks
6525015748659	100-0804-02	3mm Small Mirror
6525015749725	100-0682-03	Magnet Switch Bracket
6525015748663	900-0258-01	Caterpillar Brush Light Seal
6525015750752	900-0062-02	Reed Switch
6525015749329	900-0283-01	Power Module Fuse

APPENDIX C.

FLOWCHART OF APPROVAL AND FUNDING PROCESS FOR MEDCASE AND SUPERCEEP REQUIREMENTS

APPENDIX C. FLOWCHART OF APPROVAL AND FUNDING PROCESS FOR MEDCASE AND SUPERCEEP REQUIREMENTS



APPENDIX D.

MILITARY HEALTH SYSTEM DOD BUSINESS ASSOCIATE AGREEMENT

March 11, 2008

Department of Defense
Standard Contract Clause for Business Associates

COPY EVERYTHING BELOW THIS LINE AND PASTE THE APPROPRIATE PARAGRAPHS WITHIN THE CONTRACT

Introduction

In accordance with DoD 6025.18-R "Department of Defense Health Information Privacy Regulation," January 24, 2003, the Contractor meets the definition of Business Associate. Therefore, a Business Associate Agreement is required to comply with both the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security regulations. This clause serves as that agreement whereby the Contractor agrees to abide by all applicable HIPAA Privacy and Security requirements regarding health information as defined in this clause, and in DoD 6025.18-R and DoD 8580.02-R, as amended. Additional requirements will be addressed when implemented.

(a) **Definitions**. As used in this clause generally refer to the Code of Federal Regulations (CFR) definition unless a more specific provision exists in DoD 6025.18-R or DoD 8580.02-R.

Individual has the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Protected Health Information has the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by the Contractor from or on behalf of the Government pursuant to the Contract.

Electronic Protected Health Information has the same meaning as the term "electronic protected health information" in 45 CFR 160.103.

Required by Law has the same meaning as the term "required by law" in 45 CFR 164.103.

Secretary means the Secretary of the Department of Health and Human Services or his/her designee.

Security Rule means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C.

Terms used, but not otherwise defined, in this Clause shall have the same meaning as those terms in 45 CFR 160.103, 160.502, 164.103, 164.304, and 164.501.

(b) The Contractor shall not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

(c) The Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

(d) The Contractor agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.

(e) The Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Clause.

(f) The Contractor shall report to the Government any security incident involving protected health information of which it becomes aware.

(g) The Contractor shall report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract of which the Contractor becomes aware.

(h) The Contractor shall ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor, on behalf of the Government, agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.

(i) The Contractor shall ensure that any agent, including a subcontractor, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it.

(j) The Contractor shall provide access, at the request of the Government, and in the time and manner reasonably designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.

(k) The Contractor shall make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government, and in the time and manner reasonably designated by the Government.

(l) The Contractor shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor, on behalf of the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner reasonably designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.

(m) The Contractor shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(n) The Contractor shall provide to the Government or an Individual, in time and manner reasonably designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

General Use and Disclosure Provisions

Except as otherwise limited in this Clause, the Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for treatment, payment, or healthcare operations purposes, in accordance with the specific use and disclosure provisions below, if such use or

disclosure of Protected Health Information would not violate the HIPAA Privacy Rule, the HIPAA Security Rule, DoD 6025.18-R or DoD 8580.02-R if done by the Government.

Specific Use and Disclosure Provisions

(a) Except as otherwise limited in this Clause, the Contractor may use Protected Health Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.

(b) Except as otherwise limited in this Clause, the Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Clause, the Contractor may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).

(d) Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

Obligations of the Government

Provisions for the Government to Inform the Contractor of Privacy Practices and Restrictions

(a) The Government shall provide the Contractor with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520.

(b) The Government shall provide the Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Contractor’s permitted or required uses and disclosures.

(c) The Government shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

Permissible Requests by the Government

The Government shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Privacy Rule, the HIPAA Security Rule, or any applicable Government regulations (including without limitation, DOD 6025.18-R and DoD 8580.02-R) if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Contractor as otherwise permitted by this clause.

Termination

(a) Termination. A breach by the Contractor of this clause, may subject the Contractor to termination under any applicable default or termination provision of this Contract.

(b) Effect of Termination.

(1) If this contract has records management requirements, the records subject to the Clause should be handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (2) and (3) below

(2) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this Contract, for any reason, the Contractor shall return or destroy all Protected Health Information received from the Government, or created or received by the Contractor on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. The Contractor shall retain no copies of the Protected Health Information.

(3) If this contract does not have records management provisions and the Contractor determines that returning or destroying the Protected Health Information is infeasible, the Contractor shall provide to the Government notification of the conditions that make return or destruction infeasible. Upon

mutual agreement of the Government and the Contractor that return or destruction of Protected Health Information is infeasible, the Contractor shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such Protected Health Information.

Miscellaneous

(a) Regulatory References. A reference in this Clause to a section in DOD 6025.18-R, DoD 8580.02-R, Privacy Rule or Security Rule means the section currently in effect or as amended, and for which compliance is required.

(b) Survival. The respective rights and obligations of Business Associate under the “Effect of Termination” provision of this Clause shall survive the termination of this Contract.

(c) Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with DoD 6025.18-R, DOD 8580.02-R, the HIPAA Privacy Rule or the HIPAA Security Rule.

APPENDIX E.

MEDCOM VIRTUAL PRIVATE NETWORK AGREEMENT

(BUSINESS-TO-BUSINESS IA)

DEPARTMENT OF THE ARMY
PROGRAM LOCATION

REPLY TO
ATTENTION OF

MEMORANDUM OF AGREEMENT
BETWEEN
CLINIC
AND
VENDOR

SUBJECT: Memorandum of Agreement for a Virtual Private Network

1. References.

a. DOD Regulation 8580.02 Health Information Security Regulation.

b. DOD 6025.18-R Health Insurance Portability and Accountability Act (HIPAA) and Security Regulation (the DOD implementation of the HIPAA Law).

c. AR 25-2, Information Assurance.

2. Purpose. To establish a Virtual Private Network (VPN) tunnel to facilitate encryption of electronic Protected Health Information (e-PHI) through which ***<insert the reason for the VPN, e.g. conduct remote maintenance between <the clinic> and < The Contractor >, transmit or access data, etc via the (application, etc).***

3. Problem. ***Define the problem, e.g. The (Clinic) authorized providers and personnel working in administrative areas that support patient care require access to (The Contractor) inpatient medical records for the purposes of monitoring and updating inpatient records for surgical and other inpatient admissions and retrieving emergency room and other patient care and workload reporting documentation to support the administrative areas supporting patient care such as but not limited to Patient Administration, Medical Records, Patient Liaison, Managed Care, and Referrals office activity.*** This involves the transmission and access of e-PHI, which in accordance with (IAW) references a and b requires a secure method to accommodate the outbound transmission from Government Furnished Equipment (GFE) devices on the ***Clinic***'s internal network.

4. General Security Requirements. ***The Contractor*** shall establish appropriate administrative, technical, and physical safeguards to protect any and all government

data to ensure the confidentiality, integrity, and availability of the encrypted tunnel for this data to traverse. At a minimum, this shall include provisions for personnel security for network personnel, electronic security and physical security as listed in the sections that follow.

5. Personnel Security.

a. ***The Contractor*** responsibilities for ensuring personnel security for any and all network personnel who have access to ***the Contractor***'s firewall and VPN equipment include, but are not limited to, meeting the following requirements:

(1) Follow the Army guidelines for submittal of Information Technology (IT) security background checks and ensure all contractor personnel are designated as IT-I, IT-II, or IT-III where their duties meet the criteria of the position sensitivity designations. Contact the ***<type in Activity's name>*** for guidance on the appropriate IT levels for personnel on the contract.

(2) Initiate, maintain, and document personnel security investigations appropriate to the individual's network responsibilities and required access to information systems within the logical boundaries of the (Vendor) facility local area network (LAN).

(3) Immediately report to the ***<type in Activity's name>*** and deny access to any automated information system (AIS), network, or MEDCOM SI information if a contractor employee filling a sensitive position receives an unfavorable adjudication, if information that would result in an unfavorable adjudication becomes available, or if directed to do so by the appropriate Army representative for security reasons.

(4) Ensure that all contractor personnel receive appropriate information assurance (IA) training before being granted access to the firewall/VPN equipment that supports this Army AIS/network device and data transmission function.

6. Electronic Security.

a. Contractor Information Systems (IS)/networks that are involved in the operation of or are part of this VPN in support of the ***Clinic-Vendor*** BPN tunnel shall operate in accordance with controlling laws, regulations, DOD, Army, and local policy.

b. ***The Contractor*** shall agree to safeguard their point of presence for this for this VPN tunnel and provide a comprehensive evaluation of the technical and non-technical security features and countermeasures employed for their system/network configuration.

c. ***The Contractor*** must confirm that their IS/networks are locked down prior to initiate testing.

(1) Confirmation of system lock down shall be agreed upon during the definition of the VPN boundary and be signed and documented as part of the testing implementation.

(2) Locking down the system means that there shall be no changes made to the configuration of the VPN tunnel system without the approval from ***Clinic*** Information Assurance Security Officer and/or the Information Assurance Manager and with appropriate testing.

d. Any reconfiguration or change in the system during the initial or subsequent testing process will require a re-base lining of the system and documentation of system changes.

e. Information assurance mitigation strategies include security updates, service packs, and changes to operating procedures as physical and cyber vulnerabilities are detected. Operating system, routers, firewall and VPN equipment shall be in compliance with all known applicable Army Computer Emergency Response Team (ACERT) Alert, Bulletin, and Technical Advisory Notices published during the past 36 months.

f. Disposing of Electronic Media. Contractor will be required to follow the DOD standards, procedures and use approved products to dispose of unclassified hard drives and other electronic media, as appropriate, in accordance with DOD Memorandum “Disposition of Unclassified Computer Hard Drives,” June 4, 2001. Contracts are required to follow DOD guidance on sanitization of other internal and external media components in DODI 8500.2 “Information Assurance (IA) Implementation,” 6 Feb 2003 (see PECS-1 in enclosure 4 attachment 5 and DOD 5220.22-M “Industrial Security Program Operating Manual 9NISPOM),” (Chapter 8).

7. Information Systems (IS)/Networks Physical Security. ***The contractor*** shall employ physical security safeguards for IS/Networks involved in processing or transmission of government data to prevent the unauthorized access, disclosure, modification, destruction, use, etc., and to otherwise protect the confidentiality and ensure use conforms with Army, MEDCOM and HIPAA regulations. In addition, ***the contractor*** will support a Physical Security Audit performed by the government of ***the contractor***’s internal information management infrastructure. ***The contractor*** shall correct any deficiencies identified by the government of ***the contractor***’s physical security posture.

8. Special Requirements for PHI. Since this agreement centers on the ability of government providers to access PHI on government beneficiaries whose data is stored in ***the Contractor***’s medical systems, the ***Clinic*** specifies that ***the Contractor*** monitor, regulate, and limit the number of and extent to which their staff have access to this VPN and /or the data traffic passing through it. Any deviation to the above agreement will need to be communicated to the ***Clinic*** Information Assurance Security Officer and/or the Information Assurance Manager and additional baselines will need to be reestablished.

9. Department of Defense Business Associate Agreement.

a. Introduction. In accordance with DO-D 6025.18-R "Department of Defense Health Information Privacy Regulation," January 24, 2003, ***the Contractor*** meets the definition of Business Associate. Therefore, a Business Associate Agreement is required to comply with both the HIPAA Privacy and Security regulations. This clause serves as that agreement whereby ***the Contractor*** agrees to abide by all applicable HIPAA Privacy and Security requirements regarding health information as defined in this clause, and in DOD 6025.18-R and DOD 8580.02-R, as amended. Additional requirements will be addressed when implemented.

(1) ***Definitions***. As used in this clause generally refer to the Code of Federal Regulations (CFR) definition unless a more specific provision exists in DOD 6025.18-R or DOD 8580.02-R.

Individual has the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Protected Health Information has the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by the Contractor from or on behalf of the Government pursuant to the Contract.

Electronic Protected Health Information has the same meaning as the term "electronic protected health information" in 45 CFR 160.103.

Required by Law has the same meaning as the term "required by law" in 45 CFR 164.103.

Secretary means the Secretary of the Department of Health and Human Services or his/her designee.

Security Rule means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C.

Terms used, but not otherwise defined, in this Clause shall have the same meaning as those terms in 45 CFR 160.103, 160.502, 164.103, 164.304, and 164.501.

(2) ***The Contractor*** shall not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

(3) ***The Contractor*** shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

(4) ***The Contractor*** agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.

(5) ***The Contractor*** agrees to mitigate, to the extent practicable, any harmful effect that is known to ***the Contractor*** of a use or disclosure of Protected Health Information by ***the Contractor*** in violation of the requirements of this Clause.

(6) ***The Contractor*** shall report to the Government any security incident involving protected health information of which it becomes aware.

(7) ***The Contractor*** shall report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract of which the Contractor becomes aware.

(8) ***The Contractor*** shall ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor, on behalf of the Government, agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.

(9) ***The Contractor*** shall ensure that any agent, including a subcontractor, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it.

(10***) The Contractor*** shall provide access, at the request of the Government, and in the time and manner reasonably designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.

(11) ***The Contractor*** shall make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government, and in the time and manner reasonably designated by the Government.

(12) ***The Contractor*** shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor, on behalf of the Government, available to the Government, or at the request of the Government to the Secretary, in a time and

manner reasonably designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.

(13) ***The Contractor*** shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(14) ***The Contractor*** shall provide to the Government or an Individual, in time and manner reasonably designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

b. General Use and Disclosure Provisions. Except as otherwise limited in this Clause, ***the Contractor*** may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for treatment, payment, or healthcare operations purposes, in accordance with the specific use and disclosure provisions below, if such use or disclosure of Protected Health Information would not violate the HIPAA Privacy Rule, the HIPAA Security Rule, DOD 6025.18-R or DOD 8580.02-R if done by the Government.

c. Specific Use and Disclosure Provisions.

(1) Except as otherwise limited in this Clause, ***the Contractor*** may use Protected Health Information for the proper management and administration of ***the Contractor*** or to carry out the legal responsibilities of **the Contractor**.

(2) Except as otherwise limited in this Clause, ***the Contractor*** may disclose Protected Health Information for the proper management and administration of ***the Contractor***, provided that disclosures are required by law, or ***the Contractor*** obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies ***the Contractor*** of any instances of which it is aware in which the confidentiality of the information has been breached.

(3) Except as otherwise limited in this Clause, ***the Contractor*** may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).

(4) Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

d. Obligations of the Government. Provisions for the Government to Inform ***the Contractor*** of Privacy Practices and Restrictions

(1) The Government shall provide ***the Contractor*** with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520.

(2) The Government shall provide ***the Contractor*** with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect ***the Contractor***'s permitted or required uses and disclosures.

(3) The Government shall notify ***the Contractor*** of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

e. Permissible Requests by the Government. The Government shall not request ***the Contractor*** to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Privacy Rule, the HIPAA Security Rule, or any applicable Government regulations (including without limitation, DOD 6025.18-R and DOD 8580.02-R) if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of ***the Contractor*** as otherwise permitted by this clause.

f. Termination

(1) Termination. A breach by ***the Contractor*** of this clause, may subject ***the Contractor*** to termination under any applicable default or termination provision of this Contract.

(2). Effect of Termination.

(a) If this contract has records management requirements, the records subject to the Clause should be handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (b) and (c) below

(b) If this contract does not have records management requirements, except as provided in paragraph (c) of this section, upon termination of this Contract, for any reason, ***the Contractor*** shall return or destroy all Protected Health Information received from the Government, or created or received by ***the Contractor*** on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of ***the Contractor***. ***The Contractor*** shall retain no copies of the Protected Health Information.

(c) If this contract does not have records management provisions and ***the Contractor*** determines that returning or destroying the Protected Health Information is infeasible, ***the Contractor*** shall provide to the Government notification of

the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and ***the Contractor*** that return or destruction of Protected Health Information is infeasible, ***the Contractor*** shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as ***the Contractor*** maintains such Protected Health Information.

g. Miscellaneous

(1) Regulatory References. A reference in this Clause to a section in DOD 6025.18-R, DOD 8580.02-R, Privacy Rule or Security Rule means the section currently in effect or as amended, and for which compliance is required.

(2) Survival. The respective rights and obligations of Business Associate under the “Effect of Termination” provision of this Clause shall survive the termination of this Contract.

(3) Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with DOD 6025.18-R, DOD 8580.02-R, the HIPAA Privacy Rule.

APPENDIX F.

MEDCOM IA AND HIPAA STANDARD CONTRACT LANGUAGE

New Development Standard Contract Language and Instructions for All Government Data Including Protected Health Information

1. General Government Oversight Instructions

a. Program/Project Managers will follow the policies and procedures identified in the contract language. Specifically, Program/Project Managers will ensure compliance by periodically auditing for compliance. Examples of audits for this purpose include:
b. Auditing invoices submitted by contractors to verify that only those personnel who have been processed for an appropriate background check are being billed against the contract (Personnel Security).
c. Performing periodic audits of Vendor sites to ensure Vendor compliance to the requirements of the Physical Security Audit Matrix. Army personnel will monitor and re-inspect to check for resolution of identified deficiencies (Physical Security).
d. Ensuring vendors acquire, develop, and maintain the Certification & Accreditation (C&A) documentation to ensure both initial and continued compliance with C&A requirements as specified by Army Information Assurance requirements for all contractor systems/networks that receive, process, store, display, or transmit Army data, or has a physical or logical connections to an Army certified network (Electronic Security). All contractor systems/networks that receive, process, maintain, store, or transmit Protected Health Information (PHI) will also have to comply with all C&A requirements (Electronic Security).
e. Auditing all new systems at delivery to ensure all applicable electronic patches are installed on the system before the Army accepts the product (Electronic Security).
f. Random security auditing of any Vendor sites where PHI files are collected, used, or stored. Prior to accessing PHI all Vendors must have an approved Business Associates Agreement (BAA). The audit will ensure the vendor has complied with all terms stated in the BAA regarding physical, personnel and electronic security measures as reflected in the Privacy Act (5 U.S.C. 55a et seq), HIPAA Privacy Rule (PL 104-191), and DOD Health Information Regulation Privacy Regulation (6025.18-R) (Protected Health Information Security).

2. Information Assurance Standard Contract Language

a. **General Security Requirements.** The contractor shall establish appropriate administrative, technical, and physical safeguards to protect any and all Army data, to ensure the confidentiality, integrity, and availability of Army data. As a minimum, this shall include provisions for personnel security, electronic security and physical security as listed in the sections that follow:
b. **Health Insurance Portability and Accountability Act (HIPAA).** Health Insurance Portability and Accountability Act of 1996 (HIPAA) Requirement. The HIPAA standard contract language is mandatory whenever a business associate, (i.e., outside person or agency) creates, receives, maintains, or transmits electronic protected health information (PHI) on behalf of a covered entity. This contract or agreement requires the business associate to:

i. Implement administrative, physical, and technical safeguards that will protect the confidentiality, integrity, and availability of the PHI
ii. Ensure all agents or subcontractors to whom the business associate provides PHI will also implement reasonable and appropriate safeguards to protect the information.
iii. Report all security incidents.
iv. Authorize termination of the contract if the organization finds that the business associate has violated the terms of the contract.

c. The standard HIPAA standard contract language is available at: http://www.tricare.mil/tma/privacy/downloads/Business%20Associate%20Agreement.doc

d. Additional guidance can be found in DOD 8580.02 –R, Health Information Security Regulation

3. Personnel Security

a. The contractor shall comply with Army Regulation 25–2, "Information Assurance" (IA), Army Regulation 25–1, "Army Knowledge Management and Information Technology," and " DOD Health Information Privacy Regulation."

b. Contractor responsibilities for ensuring personnel security include, but are not limited to, meeting the following requirements:

i. Follow the Army guidelines for submittal of Information Technology (IT) security background checks and ensure all contractor personnel are designated as IT-I, IT-II, or IT-III where their duties meet the criteria of the position sensitivity designations. Contact the ***<type in Activity's name>*** for guidance on the appropriate IT levels for personnel on the contract.
ii. Initiate, maintain, and document personnel security investigations appropriate to the individual's responsibilities and required access to MEDCOM Sensitive Information (SI).
iii. Immediately report to the ***<type in Activity's name>*** and deny access to any automated information system (AIS), network, or MEDCOM SI information if a contractor employee filling a sensitive position receives an unfavorable adjudication, if information that would result in an unfavorable adjudication becomes available, or if directed to do so by the appropriate Army representative for security reasons.
iv. Ensure that all contractor personnel receive information assurance (IA) training before being granted access to Army AISs/networks, and/or MEDCOM SI information.

4. Electronic Security.

a. Contractor Information Systems (IS)/networks that are involved in the operation of systems in support of the Army's Health System shall operate in accordance with controlling laws, regulations, and Army policy.

b. Certification & Accreditation (C&A) requirements apply to all Army and contractor's IS/networks that receive, process, display, store or transmit Army information. The contractor shall comply with the C&A process for safeguarding SI. Certification is the determination of the appropriate level of protection required for IS/networks. Certification also includes a comprehensive evaluation of the technical and non-technical security features and countermeasures required for each system/network.

c. Accreditation is the formal approval by the Army to operate the contractor's IS/networks in a particular security mode using a prescribed set of safeguards at an acceptable level of risk. In addition, accreditation allows IS/networks to operate within the given operational environment with stated interconnections; and with appropriate level of protection for the specified period.

d. The contractor shall comply with C&A requirements, as specified by the Army that meet appropriate Army Information Assurance requirements. The C&A requirements shall be met before the contractor's system is authorized to access Army data or interconnect with any Army IS/network that receives, processes, stores, displays or transmits Army data. The contractor shall initiate the C&A process by providing the Contracting Officer, within 60 days following contract award, the required documentation necessary to receive an Approval to Operate (ATO). The contractor shall make their IS/networks available for testing, and initiate the C&A testing four months (120 days) in advance of accessing Army data or interconnecting with Army IS/networks. The contractor shall ensure the proper contractor support staff is available to participate in all phases of the C&A process. They include, but are not limited to:
i) Attending and supporting C&A meetings with the Army
ii) Supporting/conducting the vulnerability mitigation process

iii) Supporting the C&A Team during system security testing

e. Contractors must confirm that their IS/networks are locked down prior to initiating testing.

f. Conformation of system lock down shall be agreed upon during the definition of the C&A boundary and be signed and documented as part of the Department of Defense Information Assurance Certification and Accreditation Process (DIACAP).

g. Locking down the system means that there shall be no changes made to the configuration of the system (within the C&A boundary) during the C&A process

h. Any re-configuration or change in the system during the C&A testing process will require a re-baselining of the system and documentation of system changes.

i. Vulnerabilities that have been identified by the Army as "must-fix" issues during C&A process must be mitigated according to the timeline identified by the Army Representative. C&A Checklists are provided for complying Army C&A requirements. Reference material and C&A tools may be obtained at the USAMITC IA Document Library (Portal): https://mitc.amedd.army.mil

j. A request for a waiver to the C&A requirements may be submitted for temporary testing and other usual circumstances. A waiver request must be submitted, in writing, to the Designated Approving Authority (DAA). The request must include mitigation strategies that ensure adequate protection measures and security controls are in place (for example: air gapping a testing network).

k. Information Assurance Vulnerability Management (IAVM). The contractor shall implement an information assurance vulnerability management program. The Army IAVM program provides electronic security protections against known threats and vulnerabilities. The IAVM program requires the registration of AIS system assets, which then allows for the timely dissemination of critical vulnerability information. It also assists in the documentation and tracking of compliance, providing increased electronic security to MEDCOM systems. As part of the program, the contractor shall provide a primary and secondary point of contact in the Asset & Vulnerability Tracking Resource (A&VTR). The point of contact shall provide, upon receipt of a vulnerability message, an acknowledgment of receipt via the A&VTR. The contactor shall thoroughly test all mitigations for the vulnerability, and upon applying the mitigation to the system, report compliance in the A&VTR. Receipt and compliance messages to the Army shall occur within the stipulated time window, as stated in the vulnerability message or in the A&VTR.

l. The contractor shall ensure AIS assets that are under development are registered in the A&VTR and have all applicable electronic patches installed for the system (1) when the system is delivered to MEDCOM, or (2) if the AIS assets are used to store or process Army data prior to delivery (such as when being used in testing and development).

m. Guidance regarding the requirement for IAVM is contained in the Army Regulation 25–2, "Information Assurance" and Army Regulation 25–1, “Army Knowledge Management and Information Technology.” An asset is defined as any hardware device, such as a router, firewall, server, or an operating system image accessed by more than one user. Primary servers and the workstations that they support are assets that must be registered in the A&VTR. The “Army IAVM Community” website: https://www.us.army.mil/suite/group/16822 is used to disseminate IAVAs, Information Assurance Vulnerability Bulletins (IAVBs), and Information Assurance Technical Advisories down to the System Administrator (SA) and applicable personnel throughout the chain of command.

n. The contractor shall maintain any development environments in accordance with MEDCOM Information Assurance (IA) best practices and operational requirements. During product development for the Army, the contractor shall ensure that all IA mitigation strategies have been applied to the development environment prior to any Army data being loaded onto any assets or software for testing or delivery.

o. IA mitigation strategies include security updates, service packs, and changes to operating procedures as physical and cyber vulnerabilities are detected. Operating system, routers, servers, development platforms and the application being delivered to the Army shall be in compliance with all known applicable Army Computer Emergency Response Team (ACERT) Alert, Bulletin, and Technical Advisory Notices published during the past 36 months.

p. Disposing of Electronic Media. Vendors shall follow the Army standards, procedures, and use approved products to dispose of unclassified hard drives and other electronic media, as appropriate, in accordance with Army Regulation 25–2, "Information Assurance" and Army Best Business Practices (BBP), "Reuse of Computer Hard Drives."

q. Ports Protocols and Services. Vendors shall follow all current Army standards and requirements for acceptable Ports, Protocols, and Services. Any requests for exception to using the current Army Ports, Protocols, and Services standards requires an request for exception sent through the Program Manager to the DAA.

r. Public Key Infrastructure and Encryption. Vendors shall follow the Army standards, policies, and procedures related to the use of Public Key Infrastructure (PKI) certificates and biometrics for positive authentication. Where interoperable PKI is required for the exchange of unclassified information between the Army and its vendors and contractors, industry partners shall obtain all necessary certificates. Vendors must turn over to the Army all encryption keys for deployed systems, backdoor algorithms, and procedures for their use in remote support. The Vendor must provide a written report detailing all of the above, prior to task order expiration, regardless of modifications or extensions.

5. Information Systems (IS)/Networks Physical Security.

a. The contractor shall employ physical security safeguards for IS/Networks involved in processing or storage of Army Data to prevent the unauthorized access, disclosure, modification, destruction, use, etc., and to otherwise protect the confidentiality and ensure use conforms with Army regulations. In addition, the contractor will support a Physical Security Audit performed by the Army of the contractor's internal information management infrastructure. The MHS Physical Security Audit Matrix is available at: http://www.health.mil/Libraries/ia-files/2012-IA-026-MHS-Imp-Guide-05-Physical-Security-20120222.pdf

b. The contractor shall correct any deficiencies identified by the Army of the contractor's physical security posture. The contractor shall be required to follow all requirements in the Army's Information Assurance Policy. New Army policies will be posted to the following website: http://www.apd.army.mil/

c. The contractor shall ensure that data which contains PHI is continuously protected from unauthorized access, use, modification, or disclosure. The contractor shall comply with all previously stated requirements for HIPAA, Personnel Security, Electronic Security, and Physical Security.

GLOSSARY

2013 GLOSSARY FOR SB 8-75-S5

A&VTR	Asset & Vulnerability Tracking Resource
AAC	Acquisition Advice Code
ACERT	Army Computer Emergency Response Team (Alert/Bulletin/Technical Advisory Notices, etc.)
ACN	Asset Control Number
ACR	American College of Radiology
ACSFAC	Assistant Chief of Staff for Facilities
AIS	automated information system
AKO	Army Knowledge Online
AMDF	Army Master Data File
AMEDD	Army Medical Department
AMEDDC&S	Army Medical Department Center and School
AR	Army Regulation
ASDL	asymmetric digital subscriber line
ASCC	Army Service Component Command
ASTM	American Society of Testing and Materials
AT	Acceptance Testing
ATO	approval to operate
ATE	automatic test equipment
B2B	Business to Business
BBP	best business practices
BCA	business case analysis
BIT	built-in test
BLIC	Budget Line Item Code
BOI	basis of issue
BOM	bill of material
BPR	business process reengineering
BSM	Business System Modernization
C&A	Certification & Accreditation
CAGE	Commercial And Government Entity
CAC	common access card
CAS	Chemical Abstracts Service
CCR	Central Contractor Registration
CD-ROM	compact disc-read only memory
CEEP	Capital Equipment Expense Program
CFR	Code of Federal Regulations
CHCS	Composite Health Care System
CIO	Chief Information Officer
CLS	contractor logistics support
CMS	Central Materiel Supply
COCOM	Combatant Command Technology Assessment and Requirements Analysis
CONUS	Continental United States
COTS	commercial off-the-shelf
CS	Clinical Systems
CSH	Combat Support Hospital
CT	Clinical Technologies or computed tomography
CTO	Chief Technology Officer

DA	Department of the Army
DAPA	Distribution and Pricing Agreements
DBPA	Defense Blanket Purchase Agreement
DCA	Deputy Chief for Administration
DCDD	Directorate of Combat and Doctrine Development
DEPMEDS	Deployable Medical Systems
DIACAP	(Department of) Defense Information Assurance Certification and Accreditation Process
DICOM	digital imaging communication in medicine
DIN	Digital Imaging Network
DLA	Defense Logistics Agency
DLA-TS	Defense Logistic Agency-Troop Support
DLIS	Defense Logistics Information System
DLSC	Defense Logistics Service Center
DMLIIS	Defense Medical Logistics Item Identification System
DMLSS	Defense Medical Logistics Standard Support
DMLSS-R	Defense Medical Logistics Standard Support-Retail
DMLSS-W	Defense Medical Logistics Standard Support-Wholesale
DMMPO	Defense Medical Materiel Program Office
DMSB	Defense Medical Standardization Board
DOD	Department of Defense
DSCP	Defense Supply Center Philadelphia
DSL	digital subscriber line
DVD	Digital Versatile Disc
EBS	Enterprise Business Systems
ECAT	Electronic Cataloging System
EMO	electronic media only
EBS	Enterprise Business System
EMR	electronic medical record
e-PHI	electronic Protected Health Information
FDA	Food and Drug Administration
FED LOG	Federal Logistics
FLIS	Federal Logistics Information System
FOA	Field Operating Agencies
FRA	forward-repair activities
FSC	Federal Supply Class
FY	Fiscal Year
GFE	Government-Furnished Equipment
HFE	human factors engineering
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIS	hospital information system
IA	Information Assurance
IAVB(s)	Information Assurance Vulnerability Bulletin(s)
IAVM	Information Assurance Vulnerability Management
IAW	In Accordance With
ICS	Integrated Clinical Systems
IETM	interactive electronic technical manual

IM	information management
IMM	integrated materiel manager
IMS	Image Management Systems
INC	Item Name Code
IP	Internet Protocol
IPT	Integrated Process Team
IS	Imaging Systems
I&S	Interchangeability and Substitutability
IT	information technology
JCN	joint control number
JHMET	Joint Healthcare Management Engineering Team
LAN	local area network
LIN	Line Item Number
LIW	Logistics Information Warehouse
M/ATE	manual/automatic testing equipment
MCiS	Military Health System Cyber infrastructure Services
MCMR-MMP-I	Integrated Clinical Systems
MCN	management control number
MECA	medical electronic customer assistance
MEDCASE	Medical Care Support Equipment
MEDASM	medical assemblages management
MEDCEN	Medical Center
MEDCOM	Medical Command
MEDSURG	Medical-Surgical
MEDSILS	Medical Services Information Logistics System
MEIS	military environmental information source
MEPRS	Medical Expense Performance and Reporting System
MHSS	Military Health Service System
MIDI	Military Item Disposal Instructions
MILCON	military construction
MIL-STD	Military Standard
MMC	Medical Master Catalog
MMO-AT	ICS MEDCASE Manager
MOS	Military Occupational Specialty
MPR	military pay record
MRI	magnetic resonance imaging
MSC	Major Subordinate Commands
MTF	Medical Treatment Facilities
MTOE	Modified Table of Organization and Equipment
MUA	Medical Unit Assemblages
NDC	National Drug Code
NDI	Nondevelopmental Items
NEMA	National Electrical Manufacturers Association
NIIN	National Item Identification Number
NOMEN	nomenclature
NRTI	notice for readiness to inspect
NSN	National Stock Number
OCONUS	Outside the Continental United States
OEM	original equipment manufacturer
OM	operations and maintenance
OP	other procurement

ORF	operational readiness floats
OTSG	Office of the Surgeon General
PAA	Principal Assistant for Acquisition
PACS	Picture Archiving and Communication Systems
PC	personal computer
PDF	portable document format
PIT	Platform Information Technology
PKI	Public Key Infrastructure
PMO	Program Management Office
POC	Point Of Contact
POM	program objective memorandum
RIS	radiology information system
RFI	Request for Information
RFP	Request for Proposal
RIC	Routing Identifier Code
RIS	Radiology Information System
RMC	Regional Medical Command
SA	System Administrator
SAR	System Access Request
SB	Supply Bulletin
SC	Supply Catalog
SCC	supply catalog code
SCP	service class provider
SCU	service class user
SICA	secondary inventory control activity
SKO	sets, kits, and outfits
SOP	standard operating procedure or service object pairs
SOS	Source of Supply
SOW	Statement Of Work
SSB	source selection board
SSP	system support package
STCPC	Strategic Technology Clinical Policies Council
SuperCEEP	Super Capital Equipment Expense Program
TAMMIS	Theater Army Medical Management Information System
TARA	Technology Assessment and Requirements Analysis
TCP/IP	transmission control protocol/internet protocol
TDA	Table of Distribution and Allowances
TDY	temporary duty
TEWLS	Theater Enterprise-Wide Logistics System
TIMPO	Tri-service Infrastructure Management Program Office
TIN	therapeutic index number
TJC	(The) Joint Commission
TLAMM	Theater Lead Agent for Medical Materiel
TMDE	test, measurement, and diagnostic equipment
TOE	Table of Organization and Equipment
TPE	Theater Provided Equipment
TSG	The Surgeon General

U	Utilization
UA	unit assemblage
UAC	unit assemblage code
UDR	Universal Data Repository
UPN	Universal Product Number
UPS	Uninterruptable Power Supply
USACHPPM	US Army Center for Health Promotion and Preventive Medicine
USAMC	US Army Materiel Command
USAMEDCOM	US Army Medical Command
USAMEDD	US Army Medical Department
USAMITC	US Army Medical Information Technology Center
USAMMA	US Army Medical Materiel Agency
USAMRAA	US Army Medical Research Acquisition Activity
USAMRMC	US Army Medical Research and Materiel Command
USAPD	US Army Publishing Directorate
USC	US Codes
VA/FSS	Veteran Affairs Federal Supply Schedule
VPN	virtual private network
WAN	Wide-Area Network
WebMRE System	Web MEDCASE Requirements and Execution System

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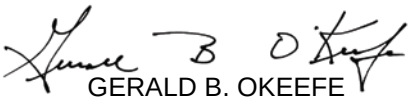
By Order of the Secretary of the Army:

RAYMOND T. ODIERNO
General, United States Army
Chief of Staff

Official:



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