APSIS SOLUTIONS — FEDERAL HEALTH IT RESOURCES

Federal Health IT Contracting Guide

Teaming Readiness · NAICS Alignment · Agency Landscape · Contract Vehicles · Documentation

A practitioner's guide to the $9.3B federal health IT market — written for primes seeking healthcare IT subcontractors and small businesses ready to pursue federal contracts.

The federal government is the largest single healthcare IT buyer in the United States. The VA is modernizing a healthcare IT infrastructure serving 9 million veterans. The Defense Health Agency manages TRICARE for over 9 million active duty personnel, retirees, and dependents. CMS administers Medicare and Medicaid data systems covering 160 million beneficiaries. The Indian Health Service is expanding digital health capabilities across 574 federally recognized tribes. HHS runs the broadest portfolio of health IT programs in the country, from NIH research systems to CDC disease surveillance infrastructure.

Deltek estimates federal spending on contractor-supplied health IT products and services at $9.3 billion in FY2024. HHS small business contract awards rose 26% year-over-year from FY2024 to FY2025. The Indian Health Service increased its IT spending by 9% in FY2025 and requested an 13% increase for FY2026. This is not a contracting backwater. It is one of the most active and specialized IT procurement markets in the federal government — and one where healthcare domain expertise is a genuine differentiator rather than a nice-to-have.

This guide was written for two audiences: small and mid-size healthcare IT firms navigating federal contracting for the first time, and prime contractors who need a qualified healthcare IT subcontractor with clinical domain depth, federal compliance experience, and a documented past performance record. It covers the agency landscape, the contract vehicles that matter, what it takes to be a credible teaming partner, and the documentation that determines whether an organization wins or loses when an evaluation board opens the proposal.

$9.3B
federal health IT contractor spending, FY2024
Deltek Federal Health IT Market Report

+26%
HHS small business award growth FY24→FY25
Deltek; peak SB levels at HHS

$50B
NIH CIO-SP4 ceiling over 10 years
Primary vehicle for federal health IT

9M+
Veterans served by VA healthcare system
VA EHR modernization ongoing with Oracle Health

CHAPTER 1 THE FEDERAL HEALTH IT AGENCY LANDSCAPE

Who buys, what they buy, and where the opportunities actually concentrate

Understanding the Buyer Before Pursuing the Contract

Federal health IT is not a monolithic market. The VA buys differently from CMS. CMS buys differently from DHA. IHS buys differently from NIH. Each agency has different compliance requirements, different procurement preferences, different incumbent landscapes, and different definitions of what qualifies as relevant past performance. Organizations that treat all federal health IT opportunities as interchangeable are pursuing the wrong strategy.

The five agencies that account for the majority of federal health IT contract activity are VA, HHS (including its components: CMS, NIH, CDC, HRSA, SAMHSA, IHS), DHA, and TRICARE Regional Offices. Understanding the procurement posture of each one is prerequisite to a rational pursuit strategy.

AGENCY	FY SPEND	PRIMARY VEHICLES	ACTIVE HEALTHCARE IT PRIORITIES	APSIS CAPABILITY FIT
Department of Veterans Affairs (VA) *Healthcare for 9M+ veterans*	**High**	T4NG2, VECTOR (SDVOSB), VA SAC, GSA MAS	Oracle Health EHR modernization reset — 164 sites still pending deployment. Azure Government cloud migration. Cybersecurity (VA Directive 6500). Telehealth expansion. Data analytics for veteran outcomes.	**Epic/Oracle Health clinical analysts, EHR data migration expertise, FISMA-compliant IT staffing, Clarity/Caboodle analytics for clinical quality reporting across VA Oracle Health sites**
Dept. of Health & Human Services (HHS Components) *CMS, NIH, CDC, HRSA, SAMHSA, IHS*	**Very High**	CIO-SP4, 8(a) STARS III, GSA MAS, agency BPAs	CMS: Medicare/Medicaid data platform modernization, MARS-E 2.2 compliance, value-based care analytics. NIH: research computing, clinical informatics. IHS: EHR expansion and digital health for tribal nations (+9% FY25 spend).	**Healthcare IT staffing for CMS analytics programs, HIPAA/FISMA compliance documentation, clinical informatics for IHS EHR programs, managed database services for HHS data platforms**
Defense Health Agency (DHA) *TRICARE: 9M+ DoD beneficiaries*	**High**	DISA vehicles, DHHC IDIQ, CIO-SP4, MHS Genesis support	MHS Genesis (Oracle Health) implementation and optimization across 50+ military treatment facilities. TRICARE data analytics. Interoperability between DoD and VA systems. Cybersecurity for clinical systems under CMMC.	**Oracle Health clinical expertise (same platform as VA), military healthcare workflow knowledge, FISMA/CMMC compliance support, clinical analyst staffing for DoD facility deployments**
Indian Health Service (IHS) *574 federally recognized tribes; 2.6M AI/AN patients*	**Growing**	GSA MAS, 8(a) STARS III, IHS-specific solicitations, agency BPAs	EHR modernization (transitioning from legacy RPMS to commercial platforms). Telehealth for rural/remote tribal communities. Data analytics for population health. Tribal consultation requirements apply to all major IT acquisitions.	**EHR implementation analysts familiar with underserved population health workflows, analytics for chronic disease management (diabetes, substance use disorder), tribal community health data governance**
GSA / Governmentwide *Procurement infrastructure for all agencies*	**Enabling**	Alliant 3, OASIS+, MAS IT Schedule, 8(a) STARS III	Not a health IT buyer itself, but administers the GWACs and schedule contracts through which most federal health IT is procured. GSA MAS is	**GSA MAS registration under SIN 54151S (IT Professional Services) and 541611 (Management Consulting) is the foundation for all APSIS federal contracting activity**

			the baseline access vehicle for federal IT contracting.	

The VA Oracle Health Reset: The Largest Active Federal Health IT Program

The VA's Electronic Health Record Modernization program is the most complex, most watched, and most politically scrutinized health IT program in the federal government. After a troubled initial deployment that included patient safety concerns at early sites, the VA announced a "reset" of the program in 2023 — slowing new site deployments to focus on stabilizing the six sites already live, optimizing the Oracle Health build, and addressing workflow issues that were affecting clinical operations.

The reset created a contractor opportunity landscape that differs from what most people expect. The prime contract is held by Oracle Health. But the ecosystem of support services around EHRM — integration, change management, training, data analytics, clinical informatics support — is open to the broader contractor market through GWAC vehicles. Accenture Federal Services received a $7.7 million delivery order under Alliant 2 in late 2025 specifically for systems integration support across EHRM's 164 planned site migrations through 2031.

For healthcare IT contractors with Oracle Health expertise, clinical workflow knowledge, and FISMA compliance credentials, the VA EHRM ecosystem represents a sustained multi-year opportunity. The VA announced its second option period with Oracle Health in July 2024 with an eleven-month continuation, and the reset process means the full deployment schedule extends well past 2030.

The Oracle Health / Cerner overlap with VA
Oracle Health and Epic are different EHR platforms, but they share significant analytical infrastructure: both use SQL Server-based reporting databases, both have Clarity-equivalent reporting layers, and clinicians who understand healthcare workflow in one system adapt meaningfully faster to the other than those without clinical IT background. APSIS's Epic expertise translates to VA Oracle Health engagements in clinical informatics, data migration, training, and change management — the largest staffing category in EHRM support contracts.

CHAPTER 2 CONTRACT VEHICLES THAT MATTER FOR FEDERAL HEALTH IT

The GWACs, IDIQs, and schedule contracts through which federal health IT gets procured

Why the Vehicle Strategy Precedes the Opportunity Strategy

Federal health IT contracting has a structural requirement that catches organizations off-guard when they pursue it for the first time: most major task orders and delivery orders are competed among firms that are already on the GWAC or IDIQ that the agency is using for that procurement. If you are not on the vehicle, you cannot compete for the task order. If you are not on the vehicle, the most effective path to the work is as a subcontractor to a prime that is.

This creates two distinct strategic tracks that need to run simultaneously. Track One: get on the right contract vehicles to position for direct prime work. Track Two: identify primes that are on the right vehicles and position APSIS as their preferred healthcare IT subcontractor. Both tracks require the same foundation: documented past performance, current registrations, NAICS alignment, and a capabilities package that a contracting officer can evaluate.

VEHICLE	CEILING	SCOPE	SMALL BUSINESS PATH	APSIS STRATEGY
NIH CIO-SP4 *NITAAC*	**$50B**	Health IT, scientific computing,	Separate small business pools. SB	**Target for APSIS sub-teaming under CIO-SP4**

		cybersecurity, AI/ML, enterprise IT support for all federal agencies. Used extensively by HHS components and VA.	firms compete for SB-reserved task orders. This is the primary vehicle for federal health IT.	**prime holders. APSIS brings clinical domain depth that IT-generalist primes lack for health-specific task areas.**
VA T4NG2 *VA*	**$60.7B**	VA's primary IT services vehicle. Covers IT infrastructure, system engineering, application development, cybersecurity for VA systems.	Competed from the prime level; VA has separate SDVOSB-focused vehicle (VECTOR) for veteran-owned businesses.	**APSIS targets T4NG2 prime holders as subcontracting partners for Oracle Health clinical analytics, EHR staffing, and data migration work.**
GSA Alliant 3 *GSA*	**$75B (no ceiling)**	Unrestricted enterprise GWAC. Any IT services category. Focus on emerging tech, performance-based contracting. 76 prime contract awards; first 43 selected in February 2026.	Subcontracting credit at task order level; small businesses participate as subs to Alliant 3 primes. GSA will likely open additional on-ramps.	**Identify Alliant 3 prime holders with healthcare IT task orders and position APSIS as sub. Alliant 3's focus on emerging tech aligns with APSIS analytics and AI capabilities.**
8(a) STARS III *GSA*	**$50B**	IT services GWAC restricted to SBA 8(a) certified small disadvantaged businesses. Strong for smaller health IT task orders across all federal agencies.	Only 8(a)-certified firms can prime. Other small businesses participate as subcontractors.	**If APSIS pursues 8(a) certification: direct prime path. Currently: team with 8(a) STARS III holders as a healthcare IT sub with clinical credentials.**
GSA MAS (SIN 54151S / 541611) *GSA*	**Open**	Multiple Award Schedule for IT Professional Services and Management Consulting. Broadest accessible vehicle for federal IT contracting. Required baseline for most federal IT engagement.	Open to businesses of all sizes. GSA Schedule is the starting point for federal IT contracting — not the ceiling.	**APSIS should maintain active GSA MAS registration under SIN 54151S (IT Professional Services) and 541611 (Management Consulting) as foundation for all federal contracting activity.**
OASIS+ *GSA*	**Open**	Complex professional services GWAC. Multiple pools including Total Small Business, 8(a), SDVOSB, WOSB, HUBZone. Covers management consulting, scientific, and technical services.	Separate small business pools available. OASIS+ SB pool specifically for small businesses.	**OASIS+ SB pool aligns with APSIS health IT program management and advisory services. Target for prime pursuit as APSIS federal practice grows.**

The SAM.gov and NAICS Foundation

Every conversation about federal contracting starts and ends with SAM.gov. The System for Award Management is the federal contractor registration database, the place where NAICS codes are declared, where certifications are self-reported, and where your registration status determines whether you can even receive a federal contract. An expired SAM.gov registration does not just inconvenience procurement — it disqualifies the organization from award.

NAICS code selection in SAM.gov is not administrative trivia. It determines which set-aside opportunities you are eligible for, which pool you compete in on certain GWACs, and which agency small business offices you appear in when contracting officers search for qualified vendors. The codes you list should reflect your actual primary capability areas, not every code that might someday apply.

NAICS CODE	DESCRIPTION — FEDERAL APPLICATION	APSIS CAPABILITY ALIGNMENT
541511	Custom Computer Programming Services Most frequently used code for EHR build, configuration, and customization work in federal health IT. VA EHRM support contracts use this code extensively.	**Epic/Oracle Health build, EHR module configuration, clinical system customization for federal agency deployments**
541512	Computer Systems Design Services Broad IT systems design and architecture. Used for federal IT modernization planning, cloud migration design, and integration architecture.	**Federal health IT systems integration, EHR architecture consulting, cloud migration design for health agencies**
541519	Other Computer Related Services Covers managed IT services, IT support, and database management. Used for ongoing IT operations support contracts.	**Managed database services (Epic Clarity/Caboodle), IT help desk, EHR technical support under federal managed services contracts**
541611	Administrative Management and General Management Consulting Program management, change management, and organizational consulting for federal health programs.	**Federal health IT program management, change management for EHR deployments, workforce planning for federal health agencies**
621999	All Other Ambulatory Health Care Services Enables contracting for clinical informatics work that blurs the line between IT services and clinical advisory.	**Clinical informatics consulting, clinical workflow design, population health analytics with clinical advisory component**
561320	Temporary Staffing Services For federal contracts where the primary deliverable is supplying qualified healthcare IT personnel on a time-and-materials basis.	**Federal healthcare IT staff augmentation: Epic analysts, Oracle Health consultants, HIPAA specialists, health IT project managers on T&M task orders**

CHAPTER 3 TEAMING READINESS

What it takes to be a credible federal teaming partner — from the prime's perspective

What Prime Contractors Actually Evaluate in a Potential Sub

Healthcare IT prime contractors in the federal space — firms like Accenture Federal Services, Leidos, SAIC, Booz Allen Hamilton, and Maximus — receive subcontractor proposals regularly. The ones they advance to teaming agreements are not the ones with the most impressive marketing language. They are the ones that solve a specific gap in the prime's capability set, document that capability in a form that survives a source selection, and can demonstrate past performance in a similar federal health IT context.

The conversation a prime contractor has internally about a potential sub is simple: “Does this firm reduce our risk or increase it? Does their past performance hold up under evaluation? Is their NAICS alignment correct for the labor categories we’re billing? Will their personnel clear the appropriate backgrounds? Can they scale fast enough to meet the staffing plan?” A teaming agreement is not a courtesy. It is a risk management decision.

The Five Questions Every Potential Sub Must Answer Before Approaching a Prime

#	THE PRIME’S QUESTION	WHY IT MATTERS IN FEDERAL HEALTH IT	APSIS ANSWER
1	**What specific capability gap do you fill that we don’t have in-house?**	Primes pursue subs to win, not to be generous. If a sub’s capability overlaps heavily with the prime’s own staff, the prime has no reason to bring them on — and the FAR’s ostensible subcontractor rule may flag it as a compliance issue if the sub is doing the primary work.	**Clinical domain expertise in Epic and Oracle Health environments that IT-generalist primes lack. Certified healthcare IT bench deployable in 24–48 hours for surge staffing. Clarity/Caboodle analytics specialized capability.**
2	**Does your past performance map to what we’re proposing?**	Source selection evaluators will scrutinize the past performance volumes. Healthcare IT work in a commercial health system environment is relevant but not equivalent to federal agency work. GSA Schedule work counts; a hospital EHR implementation counts less without a federal analog.	**Healthcare IT consulting and staffing engagements with documentation ready for PPQ format: project title, contract value, period of performance, customer POC, and a performance summary that maps to the solicitation’s requirements.**
3	**Are your personnel clearable for this work?**	VA, DHA, and DoD health IT contracts require personnel background checks ranging from NACI/Tier 1 (low-risk positions) to TS/SCI (sensitive positions). Personnel who cannot clear within the contract’s required timeline create a performance risk the prime cannot accept.	**Background screening and OIG exclusion check as standard pre-placement process. Personnel documentation ready. APSIS has no organizational bar to required clearances — initiation timelines are realistic for the work category.**
4	**Can you scale to the staffing plan without breaking your quality standard?**	Federal health IT contracts frequently have surge requirements — go-live support, implementation sprints, emergency response staffing. A sub that can place 3 analysts but is needed for 15 is a liability in the proposal even if the 3 are excellent.	**Active bench of pre-verified consultants with 24–48 hour deployment capability. Demonstrated surge capacity through prior go-live engagements. Tier 1 pipeline creating certified consultant supply independent of market availability.**
5	**What does your teaming documentation look like, and is it CPARS-ready?**	Teaming arrangements require a written agreement disclosing each partner’s role, work share, and responsibility. That disclosure appears in the proposal and is evaluated. Post-award, subcontract performance is tracked in CPARS. Poorly structured teaming documents create compliance exposure for the prime.	**Teaming agreement template aligned with SBA December 2024 rule changes. Clear work share delineation. Performance tracking documentation format ready for CPARS reporting. No history of performance issues on prior engagements.**

The 2025 SBA Rule Changes That Affect Teaming Structures

The SBA's December 2024 final rule (effective January 16, 2025) made several changes that directly affect how healthcare IT teaming arrangements are structured. Organizations that have not reviewed their teaming documentation against the updated rules are carrying compliance risk into their next proposal.

- **If a subcontractor performs the vital requirements of the contract or if the prime is unusually reliant on the subcontractor, the arrangement may be ineligible for small business set-asides. This is particularly relevant for healthcare IT teaming where a clinical IT sub might be performing the primary technical work while a small business prime holds the vehicle. The updated language tightened enforcement clarity. Work share allocations and teaming agreements need to reflect genuine prime responsibility for primary performance.** Ostensible subcontractor rule tightening (13 CFR 121.103(h)):
- **Small businesses can now formally request CPARS ratings from their primes for subcontract performance. This is a significant opportunity to build the past performance record that GWAC eligibility requires. APSIS should document subcontract work comprehensively and request formal CPARS entries from all qualifying prime engagements.** Subcontractor CPARS requests:
- **Organizations that have been acquired or have made acquisitions need to verify their small business size status against applicable NAICS codes. Affiliation analysis triggered by close financial or operational relationships can strip small business status for specific procurements.** Size recertification after M&A events:

The ostensible subcontractor trap in federal healthcare IT

The most common teaming structure that triggers ostensible subcontractor findings in health IT: a small business prime holds a set-aside contract vehicle, and the healthcare IT sub (often a larger firm) is actually performing the primary clinical or technical work while the prime manages the contract administration. The rule does not prohibit using specialized subs — it prohibits arrangements where the sub is doing the work the prime is representing it can do. APSIS's role in any teaming arrangement must be clearly scoped as a specific sub-set of the work, with the prime genuinely responsible for primary performance and management.

CHAPTER 4 PAST PERFORMANCE & CONTRACT DOCUMENTATION

The documentation that wins proposals and survives CPARS evaluation

Why Past Performance Is the Most Important Evaluation Factor in Federal Health IT

Federal source selection regulations require past performance evaluation on most competitive acquisitions above the simplified acquisition threshold. For health IT contracts, where the consequences of contractor underperformance extend to patient safety, past performance is frequently the most heavily weighted technical evaluation factor.

The past performance evaluation process works like this: the proposal includes a past performance volume with narrative descriptions of recent and relevant contracts. The contracting officer pulls CPARS data for those contracts. The evaluation panel scores both the breadth of relevance and the quality of performance as documented in CPARS. Organizations with thin past performance records, or with CPARS entries that show average or below-average ratings, are fighting uphill against competitors with stronger records.

For small businesses and new federal entrants, the past performance challenge is the primary strategic constraint. You cannot win contracts without past performance, and you cannot get past performance without winning contracts. The break-in strategies that work in federal health IT are: subcontracting under primes with GWAC access, pursuing small-dollar GSA Schedule orders where past performance expectations are lower, and executing commercial healthcare IT work in a way that can be documented in a format compatible with federal past performance evaluation standards.

The Past Performance Package: Documents That Determine Proposal Outcomes

DOCUMENT	PURPOSE IN PROPOSAL	WHAT EVALUATORS LOOK FOR	WHEN NEEDED	APSIS STATUS / ACTION
Past Performance Questionnaire (PPQ)	Provides evaluators with third-party verification of contract performance. Customer POC fills out and submits directly to the evaluation team.	*Quality of service ratings (Outstanding, Very Good, Satisfactory, Marginal, Unsatisfactory), adherence to schedule, cost control, management of personnel, responsiveness to issues.*	Required in virtually every competitive federal proposal. Should be requested from all qualifying prime and commercial customers.	**Build a PPQ template aligned to federal evaluation criteria. Identify 3–5 qualifying engagements. Request PPQs from customer POCs proactively — before any proposal is due.**
CPARS Extracts	Official government source for past performance ratings on prior federal contracts. Automatically queried by contracting officers during evaluation.	*Consistency between CPARS entries and proposal narrative. Ratings at Satisfactory or above. No significant negative findings. For subs: request CPARS ratings from primes under the new 2025 SBA rule.*	For all federal contracts above the simplified acquisition threshold. The primary past performance source for evaluation panels.	**Request CPARS entries from all prime contractors where APSIS has performed qualifying subcontract work. Document the request and maintain records of received ratings.**
Contract Summary Sheets	Concise single-page summaries of qualifying past performance contracts formatted for inclusion in proposal past performance volumes.	*Contract value, period of performance, customer agency/organization, NAICS code, specific deliverables and outcomes, and a performance paragraph that maps directly to the solicitation's requirements.*	Included in every proposal past performance volume. Format varies by agency; many agencies provide a standard format in the RFP.	**Maintain current contract summary sheets for every qualifying engagement. Update quarterly. Store in a format that can be quickly tailored to a specific solicitation's required format.**
Capability Statement — Federal Version	One-to-two page summary of organizational capabilities, past performance highlights, and differentiators formatted for federal procurement audiences.	*NAICS alignment to the solicitation, certifications and registrations, specific healthcare IT capabilities named in terms that match federal health agency priorities, past performance highlights with federal-relevant framing.*	Required for capability briefings, sources sought responses, RFI responses, and as a leave-behind for agency BD meetings. Should be federal-tailored, not a commercial marketing document.	**APSIS capability statement should have a federal-specific version that emphasizes NAICS codes, federal past performance, compliance credentials (FISMA, HIPAA BAA), and healthcare domain expertise in language federal contracting officers use.**
Teaming Agreement	Written arrangement between prime and sub governing roles, work share, exclusivity provisions, and performance responsibilities for a specific opportunity.	*Clear delineation of prime vs. sub responsibilities. Work share allocation that passes ostensible subcontractor test. Disclosure of relationship in proposal. Non-disclosure provisions for shared proprietary information.*	Required for any subcontracting arrangement. Must be in place before proposal submission. Reviewed by agency legal and contracting teams in some competitive procurements.	**Maintain a teaming agreement template updated for December 2024 SBA rule changes. Execute formal agreements for all federal pursuit teaming arrangements — not just a handshake.**

SAM.gov Registration (Active)	Required for all federal contract awards. Declares NAICS codes, certifications, size status, and banking information. Must be renewed annually.	*Active registration status. Accurate NAICS codes. Current representations and certifications. No disqualifications or exclusions. Entity unique ID correctly reflected.*	Required before any federal contract award. Must be active at time of proposal and at time of award. Lapsed registration disqualifies from award.	**Verify SAM.gov registration active status quarterly. Set calendar reminders for annual renewal — typically requires renewal before the one-year expiration date. Verify NAICS codes match current capabilities and target opportunities.**

CHAPTER 5 FEDERAL HEALTH IT COMPLIANCE REQUIREMENTS

FISMA, HIPAA in the federal context, CUI, and what clearances actually require

How Federal Health IT Compliance Differs From Commercial

Healthcare IT contractors who have worked exclusively in commercial health system environments know HIPAA well. Federal healthcare IT work layers additional compliance requirements on top of HIPAA that commercial practitioners are not always familiar with: FISMA, FedRAMP for cloud systems, CUI (Controlled Unclassified Information) handling requirements, agency-specific security directives (VA Directive 6500, VA Handbook 6500.6 for contractors), and for DHA work, elements of CMMC.

The good news for APSIS is that HIPAA compliance expertise translates meaningfully. The HIPAA Security Rule's safeguard requirements — risk analysis, access controls, audit controls, transmission security, incident procedures — are the foundation of FISMA's NIST SP 800-53 control baseline. Organizations with strong HIPAA programs already have the majority of the administrative and operational infrastructure that FISMA requires. The delta is primarily documentation format and the specific federal reporting structures.

Key Compliance Requirements by Agency

- **all contractors with access to VA systems must comply with the VA's information security requirements, which align with NIST SP 800-53 and FISMA. Personnel processing requires a minimum National Agency Check with Written Inquiries (NACI/Tier 1) investigation. Contractors accessing patient data require Position Sensitivity Designation before system access is granted.** VA (VA Directive 6500, VA Handbook 6500.6):
- **CMS Acceptable Risk Safeguards 5.1 governs CMS-operated systems. MARS-E 2.2 (Minimum Acceptable Risk Standards for Exchanges) governs contractor systems that handle non-CMS exchange data. Organizations processing federal tax information on behalf of CMS must also comply with IRS Publication 1075.** CMS (MARS-E 2.2, ARS 5.1):
- **Defense Health Agency work requires compliance with DoD information security requirements, which for some contract types includes Cybersecurity Maturity Model Certification (CMMC) Level 1 or 2. Defense health contracts that involve CUI require CMMC Level 2 certification with a third-party assessment.** DHA / DoD components (FISMA + CMMC elements):
- **Federal Information Security Modernization Act requires all federal IT systems and their contractor operators to implement security controls from NIST SP 800-53, conduct annual security assessments, maintain an Authority to Operate (ATO), and report security incidents to US-CERT within defined timeframes.** All federal health IT (FISMA baseline):
- **any cloud service used to process, store, or transmit federal health IT data must have a FedRAMP authorization. Contractors recommending or implementing cloud solutions for federal health agencies must verify the specific service's FedRAMP status and authorization boundary before deployment.** FedRAMP for cloud services:

The OIG Exclusion Requirement in Federal Health IT

The OIG List of Excluded Individuals/Entities (LEIE) check is a compliance requirement for participation in federally funded healthcare programs — and it applies to contractors and their personnel, not just direct healthcare providers. Organizations deploying personnel under federal health IT contracts must screen against the OIG LEIE before any individual begins work on an engagement that involves any federally funded healthcare program.

This is not optional and it is not the same as a background check

A standard background check does not include OIG LEIE screening. The LEIE must be checked separately through the HHS exclusion database at oig.hhs.gov/exclusions. Organizations that place an excluded individual in a role that involves participation in a federally funded healthcare program face civil monetary penalties of $10,000 to $50,000 per day per violation — in addition to the contract termination and reputational consequences. APSIS screens all personnel against the OIG LEIE as a standard pre-placement step.

CHAPTER 6 FEDERAL HEALTH IT READINESS CHECKLIST

The specific actions that determine whether an organization can win federal health IT work

This checklist applies both to APSIS's own federal contracting readiness and to organizations evaluating whether APSIS is a capable subcontracting partner. Every item maps to a specific evaluation criterion, compliance requirement, or operational capability that federal source selection determines. Work through it honestly. An item marked as a gap is not a disqualifier — it is a work item with a timeline.

☐ **01** **Active SAM.gov registration with correct NAICS codes and current representations** — CRITICAL

SAM.gov registration must be active at the time of proposal submission and at the time of contract award. All NAICS codes should reflect actual primary capabilities. Representations and certifications must be accurate and current. Registration must be renewed before the annual expiration date.

☐ **02** **DUNS / Unique Entity ID confirmed and active in SAM.gov** — CRITICAL

The SAM.gov UEI (Unique Entity Identifier) replaced DUNS numbers in 2022. The UEI must be confirmed as active and must match the legal entity name on any federal contract or proposal submission. Mismatches cause award delays and payment processing failures.

☐ **03** **Past performance package: minimum 3 qualifying contracts with PPQ-ready documentation** — CRITICAL

Each past performance entry needs: contract number or reference (or commercial analog), customer organization and POC with current contact information, period of performance, contract value, and a performance summary that maps to the solicitation requirements. Commercial healthcare IT engagements qualify as relevant past performance for most federal health IT solicitations when properly framed.

☐ **04** **CPARS entries requested from all qualifying prime contractors** — HIGH

Under the 2025 SBA rule changes, small businesses performing subcontract work may now formally request CPARS ratings from their prime contractors. This builds the official past performance record that GWAC eligibility and competitive proposals require. Request entries from every qualifying engagement proactively.

☐ 05 **Capability statement: federal-version tailored to agency priorities and NAICS alignment — HIGH**
The commercial APSIS capability statement is a starting point. The federal version must emphasize NAICS codes, compliance credentials (FISMA, HIPAA, OIG exclusion screening), specific certifications (Epic, Oracle Health, CPHIMS, CISSP), and past performance framed in federal contracting language.

☐ 06 **Teaming agreement template updated for December 2024 SBA rule changes — HIGH**
Standard teaming agreement language needs to reflect the updated ostensible subcontractor rule clarity in 13 CFR 121.103(h). Work share allocations must demonstrate genuine prime responsibility for primary performance. Exclusivity provisions, IP ownership, and NDA terms should be reviewed by legal counsel familiar with federal contracting.

☐ 07 **Personnel background screening process documented and OIG exclusion check standard — HIGH**
Document the organizational process for pre-placement personnel screening. Confirm OIG LEIE check is performed before any personnel begin work on federally funded healthcare programs. Confirm that background check process can meet VA NACI/Tier 1 requirements within typical contract timelines.

☐ 08 **GSA MAS registration under SIN 54151S and/or 541611 active or in process — HIGH**
GSA Multiple Award Schedule registration is the baseline for most federal IT contracting. It is not sufficient by itself for major GWACs, but it opens the door to 80%+ of federal IT contract opportunities and provides a path to initial federal past performance without competing against large businesses. Application is open; typical processing time is 4–6 months.

☐ 09 **Sources sought and RFI response discipline: monitoring SAM.gov for pre-solicitation opportunities — MEDIUM**
Sources sought notices and Requests for Information are pre-solicitation market research tools that agencies use before issuing a formal solicitation. Responding to sources sought with a tailored capability summary and NAICS alignment statement puts APSIS on the contracting officer's radar and may influence how the solicitation is structured. SAM.gov search should be run weekly for relevant NAICS codes and agency health IT keywords.

☐ 10 **Agency OSDBU engagement: small business office relationships at target agencies — MEDIUM**
Every major federal agency has an Office of Small and Disadvantaged Business Utilization (OSDBU) whose function is to connect small business contractors with prime contractors who have subcontracting plan requirements. OSDBU relationships are a legitimate and effective path to prime teaming arrangements. Target VA, HHS, and DHA OSDBUs for engagement.

☐ 11 **FISMA baseline compliance posture documented for IT systems that will support federal work — MEDIUM**
For engagements where APSIS personnel access federal IT systems or where APSIS operates systems that store or process federal health data, a documented FISMA baseline compliance posture is required. This includes: security policies aligned to NIST SP 800-53, incident response plan referencing US-CERT reporting requirements, and an active risk assessment covering systems in scope for federal work.

☐ 12 **Federal pricing strategy: loaded labor rates for common healthcare IT labor categories** — MEDIUM

Federal proposal pricing requires fully loaded labor rates for each labor category being proposed. Loaded rates include salary, fringe benefits, overhead, G&A, and profit. Federal pricing differs meaningfully from commercial project pricing. Having pre-calculated labor rate structures for core APSIS healthcare IT labor categories (Epic analyst, health IT PM, HIPAA specialist, Clarity analyst) enables faster, more accurate proposal responses.

The federal health IT market rewards clinical domain expertise above technical breadth

The large integrators — Accenture Federal Services, Leidos, SAIC, Booz Allen — can build and manage federal IT infrastructure. They win on scale. What they consistently look for in healthcare IT subs is the thing they are organizationally hard to build: clinical domain depth. Someone who understands how a charge nurse uses Epic and why a Caboodle ETL failure at 2 AM affects clinical decision-making the next morning.

That is not a generic IT capability. It is specific, demonstrable, and scarce in the federal healthcare IT market. It is the differentiator that puts APSIS in teaming conversations that other small healthcare IT firms cannot access. The federal market is large, the vehicles are accessible, and the opportunity is real — for organizations that can document clinical domain expertise in the format that federal evaluation requires.

About Apsis Solutions Inc.

Apsis Solutions Inc. is a Tampa-based healthcare IT consulting firm serving health systems, academic medical centers, federal agencies, and prime contractors as a capable prime vendor, strategic subcontractor, and managed services partner. Our federal health IT practice includes Epic and Oracle Health clinical analytics, FISMA-aligned cybersecurity compliance, IT workforce staffing for federal agency deployments, and federal contracting support documentation. We bring clinical domain expertise into federal engagements where most IT contractors bring only technical breadth. The agility of a boutique firm. The capability of a prime. — apsisinc.com | 813-999-4853 | info@apsisinc.com | NAICS: 541511 · 541512 · 541519 · 541611 · 621999 · 561320