

Questions and Answers  
VA244-14-R-0020  
Wilkes-Barre, PA VAMC Home Oxygen Program

- 1) Currently the VA has government furnished property (GFP) in the patients houses, will they be ordering all new ones to be put into the patients' homes to start the new contract? If so, what do we do with the old ones?

**A. No. New GFP will not be purchased for new contract.**

- 2) Page 8, Item 5 says deliver within 24 hours then goes on to say before 2PM deliver same day, after 2 PM standard billing protocol for after hours? Please clarify

**A. If the hospital discharge is dependent on oxygen set-up, the oxygen will be set up same day and no extra charges will be applied if vendor gets notice prior to 2pm. They can assess a charge if they are not notified prior to 2pm.**

- 3) Page 24, Item 0015 VA will pay for cost of sending back units, how is this billed?

**A. On the monthly invoice.**

- 4) Page 24, item 0016 travel occurrence; is this the price to set up the VA beneficiary to his travel location, not the cost of the equipment used in travel correct?

**A. No, this is under return of units. A flat rate will need to be billed to VA to go to veterans home and pick up the unit. When a Veteran travels, the vendor makes the arrangements and gets paid a flat fee for making the arrangements. The VA is billed for the cost of the travel oxygen.**

- 5) I understand that all tanks are included in the price of equipment on line item 001. Is there any way we can get an approximate number of each size of tank that the patients use in a month? This will help in setting up inventory/equipment need for bid.

**A. Unable to tell you as we don't have that information available. We can only tell you how many veterans use portable tanks.**

6) Do we supply the nebulizer sets/mask for nebulizer patients also?

**A. No**

7) Page 6 item A states we will receive \$1.00 dollar per day if the VA rents one of our concentrators do we also get the price from line item 001 included in this?

**A. No**

8) Just to clarify, all O2 patients and Cpap / Bipap patients are seen every 180 days, by an RT?

**A. False. The RT goes out on initial instruction and if there needs to be more instruction, there will be a purchase order for a RT visit if it is deemed that the education provided at set-up was adequate**

9) Can new O2 patients be set up by a O2 tech, then followed up by an RT in 24-48 hrs.?

**A. Yes**

10) Will the new contractor be supplied the dates of the last RT visits to all the patients or will we start up with our own records and set the time line up from there?

**A. Yes**

11) Monthly invoices are expected to be paid by Government Purchase Card. To avoid credit card processing charges, could the option of EFT / ACH payments be explored?

**A. No, this is not an option. Since this procurement falls underneath the authority of Prosthetics, the only available method of payment is through the Prosthetics Government Credit Card.**

12) Page 8, item 5 regarding setup timeframes...one clause states that setups are to be performed within 24 hours of request. Another clause states that same day setup is expected if orders are received prior to 2pm and the emergency fee applies if orders received after 2pm. Under what circumstances are setups to be done within 24 hours and what circumstances would require same day setup?

**A. If the hospital discharge is dependent on oxygen set-up, the oxygen will be set up same day and no extra charges will be applied if vendor gets notice prior to 2pm. They can assess a charge if they are not notified prior to 2pm.**

13) Page 8, item 6 regarding switchouts...is the new vendor expected to maintain the 6-month PMI schedule that the outgoing vendor had maintained regardless of the switchout date? Or, will the 6 month PMI schedule on an existing patient begin anew on the day of switchout regardless of when a PMI visit would have been due by the outgoing vendor?

**A. Yes, they are to maintain same 6 month PMI schedule.**

14) Is the COR aware of any current liquid patients that have more than one liquid reservoir and/or more than one liquid portable? And, if any patients have more than one reservoir and/or portable, will we be able to bill double or triple the monthly rate for each of those patients?

**A. Yes, but unable to say how many. No, there will be no double or triple billing.**

15) Can the COR offer any estimate of the number of patients currently using a conserving device?

**A. No**

16) Can the delivery and instruction of a portable concentrator be performed by a technician?

**A. Yes, as long as there is a competency stating the technician is competent.**

17) Current patient volumes are given on page 6. However, in the Schedule of Supplies / Services, there are no projected volumes for items 0002 – 0005, 0007 - 0016, and item 0018. Based upon the last few months of activity, can you provide any data on how many of any of these items have been occurring on a monthly basis? How many CPAP setups? Neb setups? Ordered RT visits?

**A. No**

18) Item 0008 in the Schedule of Supplies / Services under Suction Patients reads “RT visits for six months for education and equipment check”. Does that mean you want a price for one visit by our RT made 6 months after the initial setup? Or, does it mean that all existing suction patients get an RT visit every 6 months? Or, does it mean that a suction patient is seen every month by an RT for the first 6 months after setup? Please clarify what is meant by this item.

**A. Yes, suction patients should have a visit to ensure comprehension every six months.**

19) Item 0017 for O2 Equipment Transitions repeats in each of the option years. Is that correct?

**A. No. That pricing just needs to be for the base year, it’s incorrectly repeated for the option years. Please list N/A is line item 17 for the option years.**

20) Could you please provide a listing of Counties serviced by this contract?

**A. Tioga NY, Bradford, PA, Lycoming, PA, Monroe, PA, Pike, PA, Sullivan, PA, Susquehanna, PA, Union, PA, Wayne, PA, Snyder, PA, Luzerne, PA, Lackawanna, PA, Montour, PA, Northumberland, PA, Wyoming, PA, Carbon, PA, Lehigh, PA, Northampton, PA, Mifflin, PA.**

21) Re: Item 17 in the schedule of supplies...O2 Equipment Transitions

If the incumbent contractor intends to bid on this RFP and considers that no patient transitions would be necessary if they retain the contract, will the incumbent contractor's bid have an unfair price advantage if they were to submit their bid with a \$0 price for item #17? We realize that this transition item would just be a one-time charge per veteran for any new contractor but will any submitted price for this item make any other bidder's proposal appear more costly?

**A. That will be taken into consideration during proposal evaluation. Additionally, price is the least important evaluation factor for this RFP with technical being of the utmost important.**

22) Re: B.2 Statement of work

1.a. If the vendor provides a CPAP mask due to quicker turnaround time, the vendor will be reimbursed for the mask.

**Question:** At what rate will the vendor issued mask be reimbursed at?

**A. Cost of mask**

23) Re: 3.h. Contractor will provide fire safe valves/pressure relief valves on all concentrators

**Question:** What is the frequency of change out of the Fire Safe Valve? What is a pressure relief valve on a concentrator that needs to be provided?

**A. What is the manufacturer recommendation? The pressure relief valve goes between the CPAP tubing and CPAP machine only on units that have oxygen bled into them.**

24) Re: B.3 CLIN 1015 CPAP/BIPAP /Concentrator to mfg. this includes the most-economical delivery method, plus any and all vendor administrative charges

**Question:** products being returned to the manufacturer will vary in size and weight depending on the piece of equipment as will the associated charges for the return. Should we list one charge for the return incl. the admin charge or list the shipping charge plus a percentage representing the admin charge?

**A. One charge for the return including the administration charge.**

25) The pricing structure is predominantly (or all) “product” based. Both professional and non-professional services are required to implement the services, tasks, or other. Those professional and non-professional labor costs seem not to be considered in the pricing.

**A. The pricing structure and line items are all inclusive and take all necessary tasks, services, labor, etc. into consideration. Further, it is anticipated that an Indefinite Delivery, Requirements contract will result from this solicitation which will provide for filling all actual purchase requirements for supplies and services during the contract period.**

26) The pricing structure provides many “referenced paragraphs”. Most of the referenced paragraphs are not cited in the solicitation; therefore, a clarification is requested, including providing supplemental information supporting “reference paragraphs” to adequately explain the tasks/services essential.

**A. All of the reference paragraphs are derived from Section B, Statement of Work. All of the referenced paragraphs refer back to the specific paragraphs in the statement of work where the tasks/services are explained and are clearly stated in the schedule of supplies/services.**

27) Section D of the Solicitation cites D.1 Quality Assurance Plan and D.2 Department of Labor Wage Determination 2005-2453 Revision Number: 13. These contract documents or attachments are missing. These attachments are needed to arrive at an effective price structure.

**A. Attached**

28) Solicitation Table of Contents - There are at least two errors identified in the TOC, as follows: "Error! Bookmark Not Defined"

**A. These were system errors when posting. There are a total of four of these errors. These refer to the page numbers in the table of contents. Section A and A.1 are page 1, Section B and B.1 are page 4.**

29) Are we able to find out the patient census by county in order to see where these 2000 patients reside?

**A. No**

30) As per page 63 of solicitation re: Submission of offers, is the bid submitted via hard copy without anything having to be submitted electronically regarding the bid? If not, then how should the bid be submitted?

**A. All proposals and corresponding documentation are to be sent via email to [Mark.Knorr@va.gov](mailto:Mark.Knorr@va.gov). No hard copies will be accepted.**

31) Does FAR 52.212-3 have to be completed electronically or can it be manually completed and submitted via hard copy along with the bid? Does a separate FAR 52.212-3 have to be completed for each separate tax ID #?

**A. Electronically. The Offeror Representations and Certifications (ORCA) needs to be a part of the System for Award Management registration. Only one ORCA needs to be completed for each entity or DUNS number.**

32) Can a contractor have any 1099 Independent Contractors working on the VA bid or must all involved staff be W-2 employees? This question is being asked under the assumption that any 1099 IC would have all necessary qualifying documentation such as background checks, etc.

**A. As long as the employee is qualified to perform the work and the vendor has a satisfactory background check on the employee, they can be either or. We will not be putting the contractor employees through the VA background investigation**

**process, but the expectation is for the contractor to conduct their own investigation on their employees and be able to provide to the Wilkes-Barre, PA VAMC documentation if asked.**

33) Page 14 # 17. Follow-Up: Please clarify the time frames because it says within 48 hours of a completed RT visit, contractor will email or fax to RT office and that these forms will be submitted weekly? So do we send the info within 48 hours of the visit or weekly? Are all Pap patients supposed to be seen weekly? Or if not, according to what schedule? What about other types of equipment, is there a set follow-up schedule that the VA issues?

**A. We want notification within 48 hours that the Veteran was set up. This can just be a fax that states Mr. Jones and Mr. Smith were set up today... The formal paperwork should come weekly.**

34) Do you have specifics of the geographic coverage area (i.e. counties, zip codes)?

**A. Please see the answer to question 20 for a list of counties.**

35) Reference page 6 :

- a. In the breakdown of the veteran's with oxygen, does the 24 hours per day category include veterans who receive a portable gas system as well or do these veterans only have a concentrator with back up? The 24 hours per day includes veterans who receive portable gas system.**
- b. How often are loaner concentrators provided? Rare, if ever are loaner concentrators provided.**
- c. It states "contractors", so is this not a single supplier award? Yes, this is a single supplier award, should read just as contractor.**



36) Reference page 7:

- a. Does it have to be prefilled humidifiers? **Yes**
- b. Do all new veterans with oxygen get set up with a humidifier? **No**
- c. If not, does the VA have criteria on which veteran's get a humidifier (i.e.  $\geq 4$  lpm)? **All veterans >3lpm will get one and also when requested by the Veteran.**

37) Do any of the veterans have Homefills? If so, how many?

**A. Not at this time.**

38) What is the criterion used when deciding what type of oxygen system (concentrator or Liquid) the veteran is set up on?

- a. Historically, how many new veterans with concentrators are set up per month?
- b. Historically, how many new veterans with liquid oxygen are set up per month?

**A. Whatever is requested by the Pulmonologist.**

39) Do you have an average number of RT visits per month, including all applicable line items?

**A. No**

40) In reference to line item number 0001:

- a. What is the average cylinder or liquid deliveries per month for ambulatory patients? **That will be up to the contractor to determine how to do this to ensure the veteran has an adequate supply.**
- b. What is the VA's policy on the frequency of changing the Fire safety valves? **As per manufacturer instruction.**

41) In reference to line item number 0002:

- a. Is it the RTs responsibility to set up all oxygen, with the exception of liquid or can a service technician set it up and the RT does a follow up within 48hours? **Service technician can set up, with a follow-up by RT.**
- b. What is the average number of new oxygen set ups per month? **Unable to determine**

42) In Reference to line item 0003:

- a. Does “pick- up” in this line item mean pick up at the VA or does the contractor warehouse this item? This is in reference to travel concentrators. **When a veteran needs to travel, the contractor will deliver and instruct and then pick up upon veterans return.**
- b. Once veteran is finished with concentrator, does it have to be returned to VA or does the contractor keep at the location? **Keeps at contractor location.**

43) In reference to line item 0004:

- a. On an average, how many subsequent visits are ordered per month?

**A. Unable to determine**

44) In reference to line item 0005:

- a. Who is responsible for cleaning and maintenance of VA owned equipment? **The contractor.**
- b. If this is the contractor’s responsibility, once cleaned and checked does it go back to the VA or is it kept and contractor’s location? **Kept at contractors locations.**

45) In reference to line item 0007:

- a. What is the average new CPAP set ups per month?
- b. What is the average new nebulizer set ups per month?
- c. What is the average new suction machine set ups per month?
- d. When trying to put a cost to this item, it is difficult. Supplies must be provided for suction and nebulizers, but not CPAP. Without knowing the individual totals for each item it is hard to come up with our cost unless we assume all veterans are a suction or nebulizer. Shouldn’t CPAP/BiPAP have a separate line item?

**A. Unable to determine. CPAP/BIPAP and nebulizer has supplies provided by the VA. The only item for suction that would be needed is just for the initial set up.**

46) In reference to line item 0001 and 0012:

- a. What is the difference between service calls in these two line items?
- b. Does 0012 only refer to emergency after hours calls?

**A. Emergency calls for oxygen are included in the cost per patient per month. If there is a call for CPAP/BIPAP is what is covered on 0012. The only emergencies in this case are if there is a Veteran on a ventilator or BIPAP for respiratory failure.**

47) In reference to line item 0013 and 0014:

- a. What ventilator supplies are to be included?
- b. What is the VA's recommended frequency of circuit changes?
- c. Does the VA use Heat Moisture Exchangers (HME) and if so what is the frequency of change?
- d. Do these line items also include tracheostomy supplies?
  - i. i.e. trach care kits, suction catheters, tube holders, spare trach tubes, etc.

**A. All will be provided by the vendor**

**B. Weekly**

**C. HME as needed.**

**D. Trach care kits, suction catheters, trach tubes are a pharmacy item. All other supplies are vendor responsibility.**

48) In reference to line item 0015:

- a. Once the repaired unit is received back from the manufacturer, does it have to be returned to the VA, to the veteran, or is it housed at the contractor's location?

**A. No, equipment is kept at the vendor's location.**

49) In reference to line item 0017:

- a. Is this code used by the outgoing contractor? **Please see the answer to question 21 for this.**
- b. Why does the old contractor have to provide 6 months of supplies as stated in 0017 and the new supplier will also provide 6 months of supplies according to 0002? **This is only if necessary and will be part of the transition if applicable.**

50) Would the contractor bill 0002, followed by 0001 the next month or would they bill 0001 and 0006 depending on the supplies needed?

**A. 0006 is for the PMI's. What this is saying that when a PMI is done, the veteran will be provided with 6 months of supplies.**

**(End of Questions and Answers)**