

## Questions & Responses

#	SOW Reference	Question	Answer
1	VA256-15-4-0798-101, B.1, Line Item 0008 and 0009 (Page 6 of 36)	Price Schedule and Statement of Objectives (Page 6 of 36) B.1 Price Schedule For item 0008 and 0009: 52" TV Specification 2.2.2.3.17 requires all TVs to be minimum hospital grade. We cannot find a manufacture making a hospital grade TV in a 52" size. Is it acceptable to offer a 52" commercial TV?	The 52" TVs are in non-clinical care areas, so the government is willing to consider commercial grade TVs in these areas.
2	VA256-15-4-0798-101, B.1, Line Item 0011 (Page 6 of 36)	Price Schedule and Statement of Objectives (Page 6 of 36) B.1 Price Schedule For item 0011 IPTV Set Top Box Only: Is there integration involved? Is it a drop ship item?	It is expected that the selected contractor install the set top boxes. This will involve coordination with the AV contractor.
3	VA256-15-4-0798-101, B.1, Line Item 0014 (Page 6 of 36)	Price Schedule and Statement of Objectives (Page 6 of 36) B.1 Price Schedule Item 0014 Cabling and Installation Is it permissible to enter the total as indicated and add sub-rows such as: 0014A – Administrative Building Floors 1,2.3 & 5 (Building 9) 0014B – Inpatient (Building 1) Etc.	Offeror may propose an alternative CLIN Schedule based on proposed solution. Please note variance to current schedule should be minimal and expressly stated.
4	VA256-15-R-0798-007, Attachment A: IPTV Locations and Quantities	Attachment A: IPTV Locations and Quantities Ceiling mount locations Please indicate the infrastructure that will be available to the contractor Will there be a surface mount duplex power outlet and data jack in the ceiling tile? Will there be a pole mount from the deck provided by others?	There should be a pole mount and electrical at the TV locations. Please refer to the attached info pulled from the construction drawings as a reference. The electrical may be above the ceiling, not surface mounted. Also, it is up the vendor to verify the structural load from the TV size on the pole.
5	VA256-15-4-0798-101, Item 2.7.3.2 Phasing Schedule (Page 11 of 36)	Item 2.7.3.2 Phasing Schedule (Page 11 of 36) Do the estimated dates indicate when physical work such as cabling and installation of equipment begins?	Yes. Please refer to the installation schedule (2.7.3.1) and the phasing schedule (2.7.3.2) for dates.
6	VA256-15-4-0798-101, Item 8 Maintenance Requirements (page 12 of 36)	Item 8 Maintenance Requirements (page 12 of 36) Item 8.1.1 – The first sentence indicates what the contractor shall provide during the warranty period (three years per specification 11 Warranty (page 13 of 36).	The contractor shall provide their recommendation based on past experience.

	36)	<p>“The Contractor shall provide, for the duration of the warranty period, all computer software, access keys or codes, or external devices required for the operation, calibration, or repair of the equipment purchased. Any such items not listed on the price proposal and required for maintenance of the system, shall be taken as included with the purchase of the system.”</p> <p>Do you want application support during the warranty duration?</p> <p>Do you want application ongoing web-based training during the warranty duration?</p>	
7	VA256-15-4-0798-101, Item 8 Maintenance Requirements (page 12 of 36)	<p>Item 8 Maintenance Requirements (page 12 of 36)</p> <p>Item 8.3 Patient Education &amp; Entertainment Updates</p> <p>Item 8.3.1 Patient Education content updates shall be provided to the medical center at no additional charge.</p> <p>How many education titles do you want as part of this project?</p> <p>How many years would you like to have content updates at no additional charge?</p>	The contractor shall provide their recommendation based on past experience.
8	2.2.2.2	<p>2.2.2.2 – Confirm the desired interfaces are:</p> <ul style="list-style-type: none"> <li>a. ADT – Outbound from Vista/CPRS</li> <li>b. ORM – Orders outbound from Vista/CPRS</li> <li>c. ORU – Results outbound from Hospedia to Vista/CPRS for purposes of: <ul style="list-style-type: none"> <li>i. Validation of educational content comprehension</li> <li>ii. Validation of pharmacy educational content comprehension</li> </ul> </li> <li>d. RDE – Outbound from Vista/CPRS Pharmacy System</li> </ul>	The contractor shall provide all interfaces capable. Please use your past experience to recommend the interfaces. Ideally, the government would like to be able to push and pull data from vista relating to ADT, education, nutrition, etc.
9	2.2.2.3	Please define what is meant by “integrate with the Nurse Call system”. Does this simply mean the replacement pillow speakers, if determined to be the correct approach to system control, must work with that system, or is there additional functionality within that system (such as nurse scheduling information) that must also be integrated?	The pillow speakers must be compatible with the nurse call system. Any “remote control” option in patient care areas must be capable of interfacing with the nurse call to enable the patient to page the nurse, etc.
10	2.2.2.3.4	<p>What method will be used for ordering discharge medications?</p> <ul style="list-style-type: none"> <li>a. Is there a specific application with which integration is required, or</li> <li>b. The presentation of a web portal or access to a pharmacy ordering system, or</li> <li>c. A reminder message to the patient they can call the pharmacy (or ask their nurse) to have their discharge medications filled prior to</li> </ul>	This has not yet been determined. The contractor shall provide their solution based on past experience.

		discharge d. Some other method not listed above?	
11	2.2.2.3.5	Please identify if the desired educational content (other than internally VA produced) is from Milner-Fenwick... or will be provided by the VA under an existing licensing agreement.	Pending Research. Answer provided at next Amendment.
12	2.2.2.3.8	– Please identify the source of the medication teaching information. Is it a data set provided by the pharmacy system or pharmacist, or is it to be procured by the selected IPTV vendor?	Pending Research. Answer provided at next Amendment.
13	2.2.2.3.9	Cable provider on-demand sources such as Netflix? Any consideration to bandwidth requirements or bandwidth availability at site? Also conflict with 2.2.2.3.26 that states Netflix, Hulu not required.	The government does not want OTT services on this contract. There shall be no outside Internet connection available to the patients.
14	2.2.2.3.18	What is the source of the caregiver information and how is it to be dynamically sent to Hospedia for display?	Pending Research. Answer provided at next Amendment.
15	8.2	Please clarify what is intended by “There shall be no licensing limit to the number of monitors viewing any content simultaneously.” Does this mean the system has the capacity (bandwidth) to support all beds simultaneously streaming the same movie, or does it mean the facility can continue to add additional beds not listed under the contract and those beds can have access to the movies without additional licensing cost to the VA? NOTE: If bandwidth, this is beyond the scope of Hospedia other than to provide guidance as to the amount of bandwidth that would be required to accomplish the objective. If licenses, we will need to know a maximum number, as the content providers license on a per bed per year basis and additional licenses will have to be procured.	The system shall have the bandwidth capacity for every bed to stream the same movie. The government is requesting an enterprise-wide license for the software (from the awarded vendor) that will allow for the flexibility of adding extra monitors at no additional software cost. We are aware that the cable movie content will be additional costs for added monitors.
16	2.5.1/2.2.2.3	Please confirm Ethernet, Nursecall, Power, and Lighting Control cabling will be provided by the VA at all IPTS locations prior to the installation.	The vendor is responsible for the wiring from the TV to the nurse call box in patient areas. This is to enable your pillow speaker to control the TV.
17	2.2.2.3.21	Confirm RF cabling headend is existing	No, there is currently no headend from the cable provider.
18	2.2.2.3.21	- Please provide an approximate length of the fiber run between PanAm Building (1st Fl) to Main Computer Room (D&T 4th Fl) using existing pathway.	Pending Research. Answer provided at next Amendment.
19	2.2.2.3.21	Please provide further details on the requirements for the RF demarc extension - fiber	Pending Research. Answer provided at next Amendment.

		type (MM or SM), connectors (SC, LC, ST, APC), additional equipment (converters), etc.	
20	5	Will a staging area be provided for storage of equipment?	There may be temporary staging areas just before installation, but do not assume they will be available. There will be no long term staging/storage for any equipment. It is the vendor's responsibility for arranging storage and coordinating staging.
21	2.7.3	Main Computer Room not available until March 26, 2016 - Can endpoint equipment begin prior to the Servers being operational? (i.e. Building 1 available December 2015)	Pending Research. Answer provided at next Amendment.
22	Paragraph 4.4 (page 29 of 36)	The Government has indicated a Proposal due date and time of August 14, 2015, 10:00 local time. Given the complex nature of this solicitation, the Fixed Price contract type, and the requirement for hardcopy and CD submission, necessitating extra proposal production time and travel/delivery, would the Government consider extending the proposal due date at least one week, to August 21, 2015?	Extending to 8/18/15.
23		If the Government does not offer an extension, will it consider removing the hardcopy/CD submission to be email submission?	Hard and CD are required
24	Section 4, Proposal Submittals (Page 29 of 36)	4.1 refers to proposals either hand-delivered or mailed, with Attention to Roselyn Bailey. Would it be acceptable for an Offeror to use a common-carrier service such as Federal Express? If so, as such services generally require a phone number for the recipient, would the Government provide the appropriate phone number?	504-558-1428
25	2.5.1/2.2.2.3	Please confirm Ethernet, Nursecall (from headwall to footwall with 1/4" TRS receptacle at footwall), Power, and Lighting Control cabling will be provided by the VA at all IPTS locations prior to the installation.	See Question #16.
26	2.2.2.3.21	Confirm RF cabling headend (currently located in the PanAm Building 1st Fl) is existing.	See Question #17.
27	2.2.2.3.21	Please provide an approximate length of the fiber run between PanAm Building (1st Fl) to Main Computer Room (D&T 4th Fl) using existing pathway.	See Question #18
28	2.2.2.3.21	Please provide further details on the requirements for the RF demarc extension - fiber type (MM or SM), connectors (SC, LC, ST, APC), additional equipment (converters), etc.	See Question #19
29	5.	Will a staging area be provided for storage of equipment?	See Question #20
30	2.7.3	Main Computer Room not available until March 26, 2016 - Can endpoint equipment begin prior to the Servers being operational? (i.e. Building 1	See Question #21

		available December 2015)	
31	12.	Please provide more information about what is required for the Performance Requirements Summary. Is there a template that can be provided?	No specific format is required. PRS must address the below: ✓ <input type="checkbox"/> Performance Standard ✓ <input type="checkbox"/> PWS Paragraph ✓ <input type="checkbox"/> Acceptable Performance Levels ✓ <input type="checkbox"/> Method of Inspection ✓ <input type="checkbox"/> Frequency
32	2.7.3	How many beds will be available for installation per day?	The contractor shall provide an estimated schedule. This shall include your proposal on how many beds/rooms can be completed in a day.
33	17.	What weight will be given as it relates Service-Disabled Veteran-Owned and Veteran-Owned Small Business Evaluation Factors 852.215-70 (a), (b), and (c)?	See Section E, 52.212-2 Addendum para 4.1.2 for factor weights
34	Section A.1 of the Solicitation (page 2)	Please clarify what is meant by the phrase “across the continuum” in the following sentence: “This procurement is for the purchase of all equipment, labor, material, and supplies necessary to provide a fully functional interactive patient television system, across the continuum, to the VA Health Care System located in New Orleans, Louisiana...” (emphasis added). Interactive Patient Care “across the continuum” typically means inpatient, outpatient, and home settings. Please confirm that the Government is looking for an offeror that has the capability and experience to deliver Interactive Patient Care in all 3 of these care settings.	
35	Section A.1 of the Solicitation (page 2)	Is the Government requiring that the offerors provide an Interactive Patient Television PWS solely in the inpatient setting as indicated in the Statement of Objectives (SOO), or is the Government requiring the offerors to also demonstrate the ability to provide a patient experience in the outpatient and/or at home settings in the future, consistent with the reference in Section A.1 of the Solicitation (page 2) to satisfying future needs across the patient care continuum?	At this time, the government is looking only for a solution available in the physical campus setting. The government will consider all options. If the vendor feels it is an advantage to have the home capability, please consider including it in the PWS.
36	REF: Section A.19.1 of the Solicitation (page 4)	This section states that “[a] breakdown of the FFP may be requested to determine price reasonableness.” Since the Government intends to make the award based upon the offerors’ initial proposals, when is it anticipated that this breakdown would be requested?	If further price reasonableness determination is necessary. Discussions are not anticipated.
37	REF: Sections A.20.3 and A.20.5 of the Solicitation	This section states that “[a]fter release of the solicitation, the contracting officer must be the focal point of any exchange with potential Offerors; therefore, the meetings will be	The one time pre-proposal conference and site visit. Any additional exchanges would be conducted per FAR 15.201 and 15.304.

	(page 4)	conducted in an informal but regulated environment for interaction between the government and the Offerors” (emphasis added). Section A.20.5 (page 4) indicates that there will be a “one-time pre-Proposal conference and site visit” for all offerors. What meetings are being referred to in Section A.20.3? The Pre-Proposal Conference and/or the Site Visits, or other contemplated meetings?	
38	REF: Section A.20.3 (page 4)	Consistent with the Government’s intention to conduct meetings with the offerors as referenced in Section A.20.3 of the Solicitation, we strongly recommend that the Government engage in demonstrations of the offerors’ proposed products, at the offerors’ expense, as part of the proposal submission and evaluation process. The interactive patient care industry consists of offerors with a wide range of experience and capabilities. Given the general nature of the SOO and the Government’s request for the offerors to submit a PWS in response to the SOO, it will be extremely difficult for the Government to effectively assess and evaluate differences in the capabilities being offered based solely on the offerors’ written responses. Such written responses may not fully portray and highlight the potentially significant differences in the attributes of the products being offered, the offerors’ ability to timely deliver a high quality product, and the offerors’ ability to seamlessly enhance the product’s capabilities in the future. It is, therefore, respectfully requested that the Government conduct a one-hour demonstration by each offeror in order to enable the Government to more fully understand and validate the offerors’ written proposals and PWSs, as well as their ability to meet each of the SOO requirements.	The government is not conducting One-on-One exchanges with offerors prior to Solicitation. Written proposals will suffice for evaluation.
39	REF: Section A.21.1 of the Solicitation (page 5)	This section states, with respect to the submission of questions related to the Solicitation that those “[q]uestions will be accepted up to 2:00 p.m. August 10, 2015. All questions and answers will be published via amendment to the solicitation.” Since the closing date is scheduled for August 14, 2015, based upon August 10 <sup>th</sup> as the suspense date for the submission of the offerors’ questions, and recognizing the time that the Government will require to analyze and respond to those questions, it is respectfully requested that the Government extend the closing date to ensure	See Question #22

		that the offerors have a reasonable amount of time to react to and address any substantive changes or clarifications that result from the publication of those answers.	
40	REF: Section E.2 of the Solicitation (page 27)	This section states that “[a]ward will be based on an all or none basis,” however, paragraph 8 in the Evaluation Section of the Solicitation (page 36) states that “the Government may accept an offer (or part of an offer) (emphasis added).” Please clarify this apparent inconsistency.	[a]ward will be based on an all or none basis – only one contractor will receive an award.  Standard FAR 52.212-2 verbiage. The government has the right to accept a partial offer from the apparent awardee.
41	REF: Paragraph 4.2 of the Instructions for Written Submittals Section of the Solicitation (page 29)	This section states that offerors shall “carefully review the entire RFP package including the PWS, all other solicitation attachments, and the instructions included herein and respond with a written proposal. Offerors must demonstrate their capability to satisfy the entire breadth and scope of the PWS” (emphasis added). Should these references to the “PWS” instead be to the Statement of Objectives (SOO)? (See also paragraph 7 (page 30).)	SOO and Subsequent PWS.
42	REF: Paragraph 8.4 of the Instructions for Written Submittals Section of the Solicitation (page 30)	Please verify that any “pullout drawings, tables, diagrams, charts, annexes, indices, and tables” as well as “photographs and organizational charts” are in addition to and will not be considered to be part of the 100 page limitation on the size of the offerors’ Technical Proposals.	Please see Section E, 52.212-1 Addendum, Paragraph 8.4 for technical proposals requirement.
43	REF: Paragraph 4.1.2 of the Evaluation Section of the Solicitation (page 32)	This section states that Factor 4 (3 <sup>rd</sup> Level) is “slightly less important than 1st and 2nd Levels combined.” Since the 2 <sup>nd</sup> Level is slightly less important than the 1 <sup>st</sup> Level it would appear that the 3 <sup>rd</sup> Level would be more important than the 2 <sup>nd</sup> Level individually. Please clarify the relative importance of Factors 3 and 4 individually. Should the language in Factor 4 instead state that the 3 <sup>rd</sup> Level is “slightly less important than the 2nd Level”?	Descending order of importance per level.
44	REF: Paragraph 5.1 of the Evaluation Section of the Solicitation (page 32)	This section states that “[t]he SSEB shall use the order of importance definitions and technical merit ratings described earlier in this section of the solicitation...” (emphasis added), however, the technical merit ratings do not appear to have been included in the Solicitation. Please provide that information.	Referenced removed

45	REF: Paragraph 5.2 of the Evaluation Section of the Solicitation (page 33)	This section states that “[p]ricing will be independently evaluated to determine reasonableness and to aid in the determination of the firm’s understanding of the work and ability to perform the contract” (emphasis added). Please explain how and in conjunction with which Factor/Criterion this evaluation will be conducted and the offerors’ proposals will be rated.	General understanding of requirement. No price realism is conducted.
46	REF: Paragraph 7.2.2.1 of the Evaluation Section of the Solicitation (page 36)	This section states that “[f]ailure to address significant portions of the technical proposal in the price proposal may constitute an incomplete price submission and may result in rejection of the proposal.” How will the Government determine such a failure? Will it be due to the offeror’s failure to enter pricing for one or more of the required CLINs (i.e., 0001 - 0018)? The Government’s evaluation of the dollar value of the prices for those CLINs?	Failure to address CLINs per requirements.
47	REF: Paragraph 2.2.2.3.12 of the SOO (page 9)	This section states that “[t]his system shall be 508 compliant.” Our understanding is that this means the system must have screen reader technology and braille keyboard options for blind patients and sip and puff controllers for spinal cord injury patients. Please confirm that this functionality is required and that the offerors must reflect these capabilities in their submissions in order to meet the 508 compliance requirement.	Pending Research. Answer provided at next Amendment.
48	REF: Paragraph 2.2.2.3.12 of the SOO	Will any of the locations be used by spinal cord injury patients that would require sip and puff controllers? Typically, a sip and puff controller package would include sip and puff controller with bed mount, Hygienic Sticks/Hydrophobic Filters, Q-Filters, and Line Luer Kits. If needed, how many of these packages should be included in the proposal?	Pending Research. Answer provided at next Amendment.
49	REF: Section B.1 Price Schedule, Line Item 0013 (page 6)	This section includes a requirement for “Software Lifetime Licensing (entire facility).” Please clarify what is intended by the reference to a “Lifetime” license. Within the software industry, there are two recognized software licensing models: a) Perpetual License Model: Customer pays a high one-time license fee and is required to pay annual software maintenance fees in order to	Pending Research. Answer provided at next Amendment.

		<p>receive patches and updates. If you own a perpetual license, you can keep it forever but if you fail to pay annual maintenance fees, the patches and updates stop and the software becomes outdated within a period of a few years based on the rate of technology advancements. Perpetual licenses have a very high up front cost with lower annual maintenance costs.</p> <p>b) Annual License Model: Customer pays an annual license that includes all patches and updates. Annual License Models have a consistent license fee and are the industry standard for Interactive Patient Care/Television Systems both commercially and within the VA.</p> <p>Please confirm whether it is acceptable to propose the Interactive Patient Care/Television System industry standard Annual License Model for this Line Item.</p>	
50	REF: Section A.23.1 of the Solicitation (page 5) and paragraph 4 of the Instructions for Written Submittals (page 29)	These sections indicate that the offerors' proposals (hard copies and a CD) must be mailed or hand-delivered. Is FedEx an acceptable delivery alternative for this Solicitation and if so, should the package be delivered to the address in paragraph 4.3 (page 29)?	See Question #24
51		Although the specifications document does give a brief functionality description of each of the rooms, the drawings are basically a floor plan of the building. Typically we would be provided a set of A/V design drawings with schematic diagrams, elevations, and floor plans that specifically notes the type of equipment (i.e. manufacturer and model numbers) and specific locations and mounting details. Do you know if this required documentation will be provided at a later date as an addendum?	Pending Research. Answer provided at next Amendment.
52	VA256-15-4-0798-101, B. PRICE SCHEDULE AND STATEMENT OF OBJECTIVES; CLIN 0014 (Page 6 of	<p>B. PRICE SCHEDULE AND STATEMENT OF OBJECTIVES; CLIN 0014 (Page 6 of 36):</p> <p>Can you clarify the purpose of the unit being "mth (month)" and the quantity being "18". Is the spirit of intent for this line item to subdivide cabling &amp; installation over 18 months and likewise have monthly billing (not to exceed the total price column)?</p>	Cabling & Installation will be priced on a flat monthly rate for the estimated 18 mths installation time.

	36):		
53	E. Instructions to Offerors, 4.4 Due Date	Since the questions are due August 10, 2015, will the VA consider extending the due date of August 14, 2015?	See Question #22
54	Evaluation Factors, 6.3 Past Performance	Regarding evaluation of the past performance, would the VA prefer references be specific to the Federal Government or more closely related to the project itself?	Your determination of what provide for relevant Past Performance
55	E. Instructions to Offerors, 8.1, Proposal Format	RFP states we are to provide 3 separate 3 ring binders (volumes) consisting of: 1 original, 1 copy and 1 CD of each volume. Please confirm that there are no other submission requirements.	Per 8.1 Hard copies: Original and 1 copy Electronic copies: 1 copy
56	3.1 Period of Performance	The Period of Performance for delivery and installation is given as September 11 2015 to November 18, 2015. However Section 5.6 refers to a pre-delivery meeting 60 days prior to initial delivery date. Would the Government please confirm that there would be sufficient time for 60 day advance meeting before first delivery and installation? Section 6.2.1, Factor 2 Schedule (page 34 of 36) further references an installation begin date of September 11, 2015.	See paragraph 2.7.3.2 for estimated phasing.  Section 6.2.1, Factor 2 Schedule - For purposes of the proposal submittal, assume an installation begin date of September 11, 2015.
57	Section 18.1 (page 4 of 36) VAAR 852.219-9 (page 18 of 36)	FAR 52.212-9 and VAAR 852.219-9 state that Small Business Subcontracting Plans are not applicable to small businesses. If a contractor is a small business under NAICS 334220, as defined by the SBA, then is the Contractor exempt from submitting a Small Business Subcontracting Plan for this opportunity even though the contractor is not registered in the Vendor Information Pages as a VOSB or SDVOSB?	FAR 52.219-9 does not apply to small business concerns. See FAR 2.101 for definition of small business concern.
58	VAAR 852.215-70 (page 28 of 36)	In order to meet the requirements of VAAR 852.215-70 (c), is there a specific format that contractors should use when they include their proposed VOSB and SDVOSB subcontractors if the contractor is a small business? (assuming that a small business is not required to submit a small business subcontracting plan)	No specific format. See 6.4 Factor 4 Participation of Small Business in the Performance of This Contract
59	FACTOR 4 (page 35 of 36)	Dose Factor 4 contain the same requirement as VAAR 852.215-70, when it states that "Offerors must identify the extent and approach for Small Businesses (SBs) categories to be utilized in the performance of this proposed contract." And "Offeror must provide the names of Veteran Owned (VOSB) or Service-Disabled Veteran Owned (SDVOSB) small business with who intend to subcontract and approximate dollar value of subcontracts." ? Is there a required format for this response?	See Question #58
60	Price Schedule	Line Item #0017 references "Clinical Practice Design" but this is not described in the SOO.	Pending Research. Answer provided at next Amendment.

	0017	Typically Clinical Practice Design (CPD) is a process of hardwiring Interactive Patient Care as a new care delivery model. This process is led by a vendor's clinical team that takes a hospital through a process of defining Interactive Patient Care (IPC) for the facility, developing clinical workflows that include patients in the workflows through the use of the IPC technology, , and develop a change management process with hospital staff and leadership. Please confirm the government's definition of Clinical Practice Design.	
61	2.2.1	Section 2.2.1 references, "comprehensive turn-key solution that enables SLVHCS to enhance the patient's experience by offering patient education and entertainment in patient rooms, digital signage, and conference rooms." Please confirm that only the patient bed locations should have the full interactive content with education, entertainment and VistA interfaces while the ancillary areas (digital signage and conference rooms) are only required to receive a television and television channels.	Pending Research. Answer provided at next Amendment.
62	1.2	Section 1.2 only references pillow speakers to be provided for use with the Interactive Patient Television system. Wireless keyboards are also typically included for Interactive Patient Television systems for patients to provide feedback, access the internet, type comments, provide staff recognition (Daisy Program), register for myHealtheVet, etc. Please confirm that keyboards are a requirement in addition the pillow speaker control devices.	Pending Research. Answer provided at next Amendment.
63	1.2 and 2.2.2.1	Section 1.2 states to "provide a pillow speaker for all monitors" and section 2.2.2.1 references "all required Set Top Box (STB) and interface devices." Neither section allocates any spare equipment to be provided. Typically for 466 beds we would recommend the amount below for future replacement: Keyboards:46 (10%) Pillow speakers: 46 (10%) Nettop devices: 23 (5%) Please confirm whether the vendors should provide quantities listed here or if the government prefers to order exact quantities as currently written and potentially be without a pillow speaker if a single one fails.	Pending Research. Answer provided at next Amendment.
64	1.2 and 2.2.2.3.12	Section 1.2 only references pillow speakers to be provided for use with the Interactive Patient Television system and Section 2.2.2.3.12 requires	Pending Research. Answer provided at next Amendment.

		the system to be 508 compliant. Are there any Spinal Cord Injury (SCI) beds or patients that will require Sip and Puff control devices? Typically a sip and puff controller package would include sip and puff controller with bed mount, Hygienic Sticks/Hydrophobic Filters, Q-Filters, and Line Luer Kits. If needed, how many of these packages should be included in the proposal?	
65	2.2.2	In the patient rooms is it the government's preference to use a fixed wall mount or a mount with an articulating arm?	Pending Research. Answer provided at next Amendment.
66	2.2.2	In rooms that will be utilizing a ceiling mount, will there be a pipe or equivalent mounting structure to affix a ceiling mount, or is the contractor to provide this.	Pending Research. Answer provided at next Amendment.
67	2.2.2	In the rooms that will be utilizing a ceiling mount, will the government be providing duplex 110v power receptacles on or near the TV mounting structure?	Pending Research. Answer provided at next Amendment.
68	2.2.2	Will all locations that require Interactive Patient Television Station have at minimum 1 Ethernet cable and 1 Coax, RG6 Cable TV connection in the proposed install location of the Set top box? If not, will the government make this additional work a part of the solicitation?	Pending Research. Answer provided at next Amendment.
69	2.2.2	Will all areas that require Interactive Patient Television Station service have duplex 110v power available at the proposed install location of the set top box?	Pending Research. Answer provided at next Amendment.
70	2.2.2.3.4	Section 2.2.2.3.4 references meal ordering. Should the vendor provide and demonstrate the ability to integrate with a meal ordering system that dynamically displays a patient's specific meal based on the diet in a meal ordering system? Will the government be separately contracting for a dietary system (such as Computrition) and if so, will the government be procuring the appropriate dietary system's module to allow for meal ordering through the Interactive Patient Television system (e.g. Computrition's Touch Point Dining Module)?	See Question #10
71	2.2.2.3.5	Section 2.2.2.3.5 states "contractor provided educational content." Typically the VA requires the Interactive Patient Television vendor to provide the VA approved Milner-Fenwick Health Clips package (over 500 titles) as part of the IPTS	See Question #11

		license. Please confirm that the vendor is to provide Milner-Fenwick Health Clips package (over 500 titles) license as part of their proposal.	
72	2.2.2.3.9	Section 2.2.2.3.9 states “Patient Entertainment: TV Programming and Movies.” Typically, Interactive Patient Television vendors provide at least 30 entertainment movies (rotated quarterly) in their annual Interactive Patient Television license. Please confirm the amount of movies the government desires to be available.	Pending Research. Answer provided at next Amendment.
73	2.2.2.3.12	Section 2.2.2.3.12 states “This system shall be 508 Compliant.” Can the government confirm that 508 compliance requires IPC system providers have the capabilities for a screen reader for patients with low vision disabilities and sip and puff device integration for patients that cannot use a keyboard or remote?	The contractor shall provide their recommendation based on past experience.
74	2.2.2.3.13	Section 2.2.2.3.13 states that “the system shall have the capability to operate in “English, Spanish, French, and Vietnamese.” Having installed in VA’s across the country typically only English and Spanish content are required in the VA. Does the New Orleans VA specifically need French and Vietnamese (and the extra cost associated with additional language configuration) or is the typical VA standard or English and Spanish all that is required?	Pending Research. Answer provided at next Amendment.
75	2.2.2.3.19	Will the government be supplying the rack in the main computer room as well as rack space in the closets for switches?	Pending Research. Answer provided at next Amendment.
76	2.2.2.3.19	Can you clarify the terminology for the word encoder and decoder?	Pending Research. Answer provided at next Amendment.
77	2.2.2.3.21	Is the government providing the Cable or Satellite Television service for the hospital? Who will be the provider for the TV services (e.g. Comcast, DirectTV, Dish Network, etc.)?	Pending Research. Answer provided at next Amendment.
78	2.2.2.3.21	Will the cable TV service be provided via standard NTSC, ATSC or QAM digital signals?	Pending Research. Answer provided at next Amendment.
79	2.2.2.3.21	<p>The acronym used to describe this SOO, Interactive Patient Television (IPTV) is not accurate and actually confusing 2 different technologies.</p> <p>In the television industry, IPTV stands for Internet Protocol Television and is a television signal distribution method that replaces the coax cabling in commercial buildings (including hospitals).</p> <ul style="list-style-type: none"> <li>Internet Protocol television (IPTV) allows the television signal (cable or satellite provider content) to be distributed to</li> </ul>	Pending Research. Answer provided at next Amendment.

		<p>end points (televisions) via fiber/Ethernet cabling.</p> <ul style="list-style-type: none"> <li>Internet Protocol Television (IPTV) does not have anything to do with interactive menus, patient education, or systems capable of interfacing with Vista.</li> </ul> <p>The two different technologies are typically differentiated by referring to Interactive Patient Care (IPC) Systems and Internet Protocol Television (IPTV).</p> <p>We explain this in order to ask:</p> <ul style="list-style-type: none"> <li>Will the television content (Satellite or Cable) be delivered via IPTV (Internet Protocol Television)?</li> <li>If so how many streams (channels) are expected?</li> <li>If the television content is to be delivered by Internet Protocol Television, who is the anticipated provider of the service?</li> <li>If not, how will the television content be delivered to the television locations? Coax or a Zband solution?</li> </ul>	
80	2.2.2.3.21	Can you provide the overall distance of the needed cable run from the Cable TV provider demark from the Pan Am Building 1 <sup>st</sup> floor to the Main Computer room located in the Diagnostic & Treatment building 4 <sup>th</sup> floor?	See Question #18
81	2.2.2.3.27	<p>Section 2.2.2.3.27 references patients accessing the internet through a VA provided internet connection. VA OIT policy does not permit patients to access the internet over the VA network.</p> <ul style="list-style-type: none"> <li>Please confirm whether the VA provided internet connection will be outside the VA network and a public-routable IP address or whether the vendor should provide the internet connection. <ul style="list-style-type: none"> <li>The following language is recommended: <i>Provide an Interactive Patient Television system developed and implemented according to the NIST Risk Management Framework, enterprise management framework, VHA Handbook 6500 and OI&amp;T Technical Reference Model with an authorized ATO, BAA, MOU/ISA, SEDR, and TRM that allows the Interactive Patient Television to securely integrate with</i></li> </ul> </li> </ul>	Pending Research. Answer provided at next Amendment.

		<p><i>clinical and non-clinical IT systems such as Vista/CPRS, Computrition, LDAP, SMTP and integrated phone platforms using a segmented network remotely supported by the vendor reducing the VA total cost of ownership (TCO) and allowing patients to also access the internet. The vendor provided internet connection should be a public-routable, unfiltered Internet connection with minimum speeds of 10mbps down and 2mbps up per 200 beds.</i></p>	
82	2.5.1	<p>Section 2.5.1 indicates the vendor's solution is to be installed on a government provided/managed Layer 3 VLAN. VA OIT and Information Security have never before allowed this type of connection for an Interactive Patient Television system and have always required an air-gapped solution for any system that allows patients to access the internet. In addition, a layer 3 VLAN would indicate that the government would be providing and managing the network switches. We recommend that the vendor provide the network switches and manage the network outside the VA network in order to be able to meet all of the other requirements in this solicitation while also complying with VA OIT and IS standards. Please indicate whether the requirements will be changed in accordance with VA OIT and IS standards.</p>	<p>Pending Research. Answer provided at next Amendment.</p>
83	2.5.1	<p>Section 2.5.1 indicates the contractor is to provide the cabling from the headwall to the footwall for the pillow speaker control of the television. Please confirm that the nurse call vendor will be responsible for the termination of the footwall to headwall cable in the nurse call communication box (recommended for nurse call warranty and patient safety purposes).</p>	<p>See Question #16</p>
84	2.7.2.4	<p>Section 2.7.2.4 states " All required equipment shall be fully installed by the Contractor, to include painting and patching of walls penetrated by the Contractor." In an effort to ensure contractors are using the correct paint type and color, will the government be providing the paint for any repairs?</p>	<p>Pending Research. Answer provided at next Amendment.</p>
85	6.1	<p>Section 6.1 indicates the contractor shall provide a proposed network design to be approved by the COR. Should this be submitted with our proposal in order for the government to confirm that the proposed network design meets all VA OIT standards prior to award?</p>	<p>See 2.7.3 INSTALLATION SCHEDULE for Installation and Phasing Schedule</p>

86	8.2.1	Section 8.2.1 is not clear. Please confirm that section 8.2.1 is only referring to unlimited simultaneous content viewing (meaning multiple TV's can be watching the same education or entertainment video from the Video on Demand server).	Pending Research. Answer provided at next Amendment.
87	9.3	Section 9.3 indicates that the contractor will be responsible for security of the areas in which work is being performed. Please indicate what level of security is expected and required.	Pending Research. Answer provided at next Amendment.
88	10.1	How many SLVHS representatives will be available to act as escorts?	Pending Research. Answer provided at next Amendment.
89	10.1	Will the government be sponsoring contractor members for clearance and to receive PIV cards?	Pending Research. Answer provided at next Amendment.
90	12.1	Please provide the format for the Performance Requirements Summary (PRS).	See Question #31
91	Page 16	Service Data Manuals (Nov 1984) – Software industry standard is to provide electronic instructions. Please confirm that electronic manuals are acceptable.	Pending Research. Answer provided at next Amendment.
92	Various	4.2 (page 29) and 9.4.1 (page 31) both reference the PWS as being included in the RFP package that was provided to vendors. 9.4.3 (page 31) and 6.1.1 (page 33) both indicate that the vendors should create and include a PWS in their technical proposal. Please clarify this discrepancy.	Only SOO is provided. Offeror to provide subsequent PWS.  Removed 4.2 reference
93	Page 32	#3 indicates "Offerors will be evaluated on the basis of two criteria, Technical and Price." However, the charts in #4 reference 4 non-price factors in addition to the price factor. Please clarify this discrepancy.	Non-Price = Technical
94	Page 33	Discussions: Marketing led written proposals do not allow the government to validate the true capabilities of a vendor. We strongly recommend demonstrations from vendors be held at the vendor's expense to fully understand Interactive Patient Television vendor capabilities for a Best Value Interactive Patient Television solicitation that fully meets the government's mission and objectives. Please confirm whether the government will include this industry standard due diligence and require vendor demonstrations.	See Question #38
95	2.5.1	Does category cabling have to be Belden 10GX?	Pending Research. Answer provided at next Amendment.
96		Do subcontractors need to sign an exclusive teaming agreement with the prime? Or can a subcontractor sign teaming agreements with more than one prime?	Only formal, legal, individualized Teaming Agreements will be accepted per FAR 9.601(1) and SBA requirements.  Government does not have privity of contract between Prime and Sub

97		What fiber connectivity is required or preferred? LC, SC, or ST.	Pending Research. Answer provided at next Amendment.
98		Will there be a CATV system already in place or is that included in the cabling and instillation for this RFP?	Pending Research. Answer provided at next Amendment.