

REQUEST FOR INFORMATION ONLY

The Network Contracting Office (NCO) 12, Great Lakes Acquisition Center (GLAC) is seeking one contractor to furnish Intraoperative Neurophysiologic Monitoring (IONM) services (also known as Neuromonitoring) at the Hines VA Hospital (VAH), 5000 South 5th Avenue, Hines, Illinois under the authority of FAR 13.5, *Simplified Procedures for Certain Commercial items*. The resultant contract will consist of a five-year ordering period with an anticipated award date of April 1, 2017. All interested parties who believe they can satisfy the solicitation requirements are invited to provide a response to this Request For Information (RFI).

STATEMENT OF WORK (SOW)

Contractor shall provide intraoperative neurophysiologic monitoring (IONM) services in support of Hines VA Hospital (VAH) surgeries. This shall include, but not be limited to, all equipment (including monitoring devices), supplies, and labor – e.g., the (on-site) qualified technician and (off-site) qualified neurologist – required to perform IONM services as specified herein.

1. DEFINITIONS

- a. **Unit Price:** All-inclusive rate for covered surgeries supported by IONM services. It includes qualified contractor technician utilizing contractor-owned and maintained IONM equipment specific to the covered surgery being supported. Contractor technician shall be teamed with remote contractor neurologist performing data evaluation in support of a VA surgeon in an Operating Room (OR) environment per the requirements, terms and conditions stated herein.
- b. **Covered Surgeries:** Any surgery for which VA surgeon requests scheduling of IONM service support. Surgeries covered under this contract include:
 - 1) Spinal
 - 2) Otolaryngeal (ENT)
 - 3) Cranial
 - 4) Vascular
 - 5) Peripheral nerve
- c. **Case:** Elements of the covered surgeries anticipated (spinal) are expressed via Current Procedural Terminology (CPT) Codes representative of a “typical case” and are delineated under **8. CPT CODES**, below. A case is estimated to be five (5) hours in duration, regardless of nature of the surgery.
- d. **Team:** One each contractor technician and neurologist assigned to a case. Teams may only consist of members that have been previously approved for performing under this contract.
- e. **Patient Monitoring Data/Documentation:** The hard copy record of real time neurological monitoring data captured throughout the surgery and printed from contractor equipment for inclusion in patient’s medical records.

2. GENERAL

The majority of services shall be provided during standard business hours Monday through Friday between 7:00 a.m. and 3:30 p.m. Surgeries requiring IONM services scheduled for later in the day may extend beyond standard business hours. In those instances, contractor shall provide IONM services through completion of the surgery. Emergency services may be required during off duty hours – Monday through Friday between 4:31 p.m. 7:59 a.m.; weekends and federal holidays.

Contractor shall support the Hines VAH Surgery Service case load and provide IONM/neuromonitoring services. Contractor shall contact the OR front desk for approval to enter the OR and Healthcare Technology Management (HTM) — previously Biomedical Engineering – for equipment check-in. “Report to” locations are offered below.

Healthcare Technology Management

Building 228, Room B1026
Phone: 708-202-8387 ext. 21167

Operating Room

Building 200, Second floor
Phone: 708-202-8387 ext. 22049

3. EQUIPMENT

Contractor furnished equipment – hardware, software, disposables, peripherals, instructions and manuals required to support monitoring equipment – shall be free from defects and maintained in optimum working condition at no additional charge to the Government. Contractor will perform all preventive maintenance, routine servicing and quality control of all IONM equipment used in performance of this contract to ensure and maintain maximum accuracy and operation. Contractor shall complete HTM incoming inspection prior to each scheduled operation. Incoming inspection for non-emergent cases must be completed the day before surgery, Monday through Friday 7:00 a.m.-3:00 p.m., or the day of surgery and brought to HTM by 7:00 a.m. Incoming inspection for emergent cases shall be upon technician's arrival at the VA facility.

On occasion, the Contractor may need to use the following VA equipment: Nerveana Nerve Locator
MANUFACTURER: NEROVISION MED PROD INC - **MODEL:** 920-01

4. MAINTENANCE

Contractor will perform all preventive maintenance and quality control of all equipment used in performance of this contract to ensure and maintain maximum accuracy and optimum performance. Proper documentation of maintenance results and corrective action taken, as necessary, must be available to the Government.

5. MEDICAL SERVICES

Contractor shall provide services that include key personnel possessing expertise in the neurophysiologic monitoring of all aspects of surgeries identified herein.

- a. One (1) qualified technician proficient in set-up, basic maintenance and use of intraoperative neurophysiologic monitoring equipment in an OR setting.
- b. One (1) qualified remote neurologist proficient in interpretation of neurologic data transmitted by on-site contractor technician and equipment.
- c. Contractor team scheduled to support any surgery under this contract shall be dedicated to the case assigned.

6. REPORTS

Contractor technician shall print two (2) copies of all patient monitoring documentation generated during surgery for inclusion in the electronic record. Prior to leaving the premises, contractor technician shall submit one (1) copy to the anesthesiologist and one (1) copy to the surgeon or the surgeon's designated resident or midlevel provider.

7. SCHEDULING/CUSTOMER SUPPORT

- a. Contractor shall provide process/protocols for scheduling IONM services defined below. Contractor shall ensure 24/7/365 (including weekends and holidays) access to KEY PERSONNEL for performance under this contract.
 - 1) Non-emergent: Contractor shall provide IONM services as requested by the facility 48 hours or more in advance of scheduled surgery(ies).
 - 2) Emergent: Contractor shall provide IONM services to support emergency surgery(ies) within four (4) hours of request by the facility.
 - 3) Concurrent: Contractor shall provide IONM services for up to three (3) concurrent cases during normal business hours.
- b. Contractor must provide written contingency plans in place to cover emergencies, unexpected events, and assigned KEY PERSONNEL being located outside a 4-hour driving perimeter of Hines VAH.
- c. Contractor shall provide direct line phone numbers bypassing menus, recorded messages, etc., allowing authorized Government personnel immediate access to contractor scheduling and/or customer service personnel 24/7/365. Voice/live response to customer calls shall not exceed thirty (30) seconds.

REQUEST FOR INFORMATION ONLY

8. CPT CODES (calculated for an average 5-hour surgery)

Contractor shall, for each unit priced, provide services typically represented by the CPT Codes as described below.

<u>CPT-Code</u>	<u>Average-Surgery</u>
95940	20-(four 15-min increments = 1 hr x 5 hrs = 1 case)
95938	1
95955	1

NOTE: The majority of scheduled surgeries estimated above will be spinal surgeries. Typical surgeries require four to six (4-6) hours or an average of five (5) hours. The above CPT codes represent a typical case, however, additional CPT codes may be used depending on the nature of the surgery. Each surgery, due to length, may be represented by some CPT codes multiple times. CPT codes and descriptions are offered below.

CPT Code

Code Description

95940	<i>Continuous intraoperative neurophysiology monitoring in the operating room, one-on-one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)</i>
92585	<i>Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</i>
95822	<i>Electroencephalogram (EEG); recording in coma or sleep only</i>
95829	<i>Electrocorticogram at surgery (separate procedure)</i>
95870	<i>Needle electromyography; limited study of muscles in one extremity or nonlimb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters</i>
95925	<i>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs</i>
95926	<i>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs</i>
95927	<i>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head</i>
95928	<i>Central motor evoked potential study (transcranial motor stimulation); upper limbs</i>
95929	<i>Central motor evoked potential study (transcranial motor stimulation); lower limbs</i>
95955	<i>Electroencephalogram (EEG) during nonintracranial surgery (e.g., carotid Surgery)</i>
95961	<i>Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance</i>
95962	<i>Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance</i> <i>(List separately in addition to code for primary procedure)</i>

REQUEST FOR INFORMATION ONLY

95970	<i>Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse</i>
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[End of Statement of Work]

QUALIFICATIONS OF PERSONNEL

Personnel assigned by the contractor to perform the services covered by this contract must meet basic minimum criteria/qualifications of contractor as well as the requirements identified below. The qualification of such personnel shall also be subject to review by the VA Chief of Staff and approved by the VA Facility Director. Provider candidates must possess minimum qualifications specified below.

a. **Neurologists** –

- 1) Board certified or Board eligible in Neurology with full and unrestricted licensure/certification in a State, Territory, or Commonwealth of the United States or the District of Columbia.
- 2) A subspecialty in neurophysiologic monitoring, fellowship in clinical neurophysiology and dedicated training in IONM.
- 3) Five (5) years of recent clinical experience.

b. **Medical Instrument Technician (MIT)**:

- 1) MITs assigned by the contractor to perform the services covered by this contract shall have successfully completed a formal program associated for Bachelor of Science (B.S.) or Bachelor of Arts (B.A.) degree with a life science emphasis from an accredited college or university.
- 2) Recognition for Certification for Neurophysiological Intraoperative Monitoring (CNIM) from the American Board of Electroencephalographic and Evoked Potential Technologists (ABRET) or Diplomate of the American Board of Neurophysiological Monitoring (D.ABNIM) certification is preferred.
- 3) Competency for/certification on equipment proposed by contractor for performance under this contract.
- 4) Two (2) years of recent clinical experience.

c. **Neurologist & MIT**:

- 1) Fluency in written and spoken English (38 USC 7402).
- 2) Current certifications in Cardio-Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) are required. Certification in Advanced Life Support (ALS) is desirable.
- 3) Current Certificate of Liability Insurance for each provider submitted for performance under this contract.
- 4) Certification of successful completion of annual Privacy/HIPAA training. Training may be provided by contractor and validated by contractor written statement submitted to the Contracting Officer Representative (COR).
- 5) Timely completion of any new requirements for mandatory education and/or competency reassessment, which occur during the contract performance period.

REQUEST FOR INFORMATION ONLY

Estimated contract line item (CLIN) pricing shall be provided and will be used as market research. Pricing must be all inclusive (travel, lodging, per diem, etc.).

Year I:

CLIN	Description	Estimated Quantity	Unit	Unit Price
0001	Intraoperative Neurophysiologic Monitoring Services	120	CASE	\$

Year II:

CLIN	Description	Estimated Quantity	Unit	Unit Price
1001	Intraoperative Neurophysiologic Monitoring Services	120	CASE	\$

Year III:

CLIN	Description	Estimated Quantity	Unit	Unit Price
2001	Intraoperative Neurophysiologic Monitoring Services	120	CASE	\$

Year IV:

CLIN	Description	Estimated Quantity	Unit	Unit Price
3001	Intraoperative Neurophysiologic Monitoring Services	120	CASE	\$

Year V:

CLIN	Description	Estimated Quantity	Unit	Unit Price
4001	Intraoperative Neurophysiologic Monitoring Services	120	CASE	\$

The VA attempts to be as accurate as possible when providing estimated quantities; however, actual quantities may vary from quantities as listed above.

All qualified firms who believe they can provide the required services are encouraged to respond to this RFI. The following information is necessary in order for the Contracting Officer to adequately conduct market research. All interested parties must provide a written response to all of the following items:

- Describe the firm's background and experience in providing IONM services.
- Are the services provided solely by the firm or are the services provided through a sub-contractor?
- If a sub-contractor is utilized, provide the name and address of the sub-contractor.
- Does the firm/sub-contractor have qualified staff as detailed above?
- Is the firm located in Illinois? If not, how long would it take for the firm to become operational in order to provide these services?
- SDVOSBs or VOSBs shall include proof of verification in the VIP database at www.vetbiz.gov.
- Firms shall include proof of registration in the System for Award Management (SAM) system (www.SAM.gov).

Responses to this RFI must be received by the Contracting Officer (CO), Patrice Bond at Patrice.Bond@va.gov no later than Noon Central Time on Friday, March 3, 2017.