5. PROJECT NUMBER (if applicable)

CODE

7. ADMINISTERED BY

2. AMENDMENT/MODIFICATION NUMBER

CODE

6. ISSUED BY

8. NAME AND ADDRESS OF CONTRACTOR

4. REQUISITION/PURCHASE REQ. NUMBER

3. EFFECTIVE DATE

9A. AMENDMENT OF SOLICITATION NUMBER

9B. DATED

PAGE

OF PAGES

10A. MODIFICATION OF CONTRACT/ORDER NUMBER

10B. DATED

BPA NO.

1. CONTRACT ID CODE

FACILITY CODE

CODE

 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers

**E. IMPORTANT:**

is extended,

 (a) By completing Items 8 and 15, and returning \_\_\_\_\_\_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the

 offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR

 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY

is not extended.

12. ACCOUNTING AND APPROPRIATION DATA

(REV. 11/2016)

is required to sign this document and return \_\_\_\_\_\_\_\_\_\_\_ copies to the issuing office.

is not,

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

15C. DATE SIGNED

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES

SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

 RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made

 by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received

 prior to the opening hour and date specified.

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER

BY

Contractor

16C. DATE SIGNED

14. DESCRIPTION OF AMENDMENT/MODIFICATION

16B. UNITED STATES OF AMERICA

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER

16A. NAME AND TITLE OF CONTRACTING OFFICER

15B. CONTRACTOR/OFFEROR

STANDARD FORM 30

PREVIOUS EDITION NOT USABLE

Prescribed by GSA - FAR (48 CFR) 53.243

(Type or print)

(Type or print)

(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

(Number, street, county, State and ZIP Code)

(If other than Item 6)

(Specify type of modification and authority)

(such as changes in paying office, appropriation date, etc.)

(If required)

(SEE ITEM 11)

(SEE ITEM 13)

(X)

CHECK

ONE

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS,**

**IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

(Signature of person authorized to sign)

(Signature of Contracting Officer)

1

14

A00002

08-22-2017

None

00244

Department of Veterans Affairs

Network Contracting Office 4

00244

Department of Veterans Affairs

Network Contracting Office 4

To all Offerors/Bidders

VA244-17-R-0822

X

X

X

1

10/10/2017 @ 4:00 PM EST

1. Issuance of Amendment A00002 See Continuation Page for complete details for Questions and Answers.

2. Solicitation is hereby extended, proposal due date is October 10, 2017 at 4:00 PM EST.

 3. All other terms and conditions remain unchanged.

SHAWN SMITH

CONTRACTING OFFICER

 CONTINUATION PAGE

Fayette County CBOC Solicitation VA244-17-R-0822 –Questions:

**The following questions were submitted in regard to VA244-17-R-0822 for CBOC services in Fayette County, PA.**

1. Our reading of the Schedule B on pages 5-7 is that the “quantity” provided for each year can be divided by 12 to get the estimated patient population. Could the VA please confirm that this understanding is correct, and hence that our staff model should be based on the following patient population estimates?

04/01/18 – 3/31/19 – 3048 patients

04/01/19 – 3/31/20 – 3096 patients

04/01/20 – 3/31/21 – 3144 patients

04/01/21 – 3/31/22 – 3192 patients

04/01/22 – 3/31/23 – 3240 patients

04/01/23 – 3/31/24 – 3288 patients

04/01/24 – 3/31/25 – 3336 patients

04/01/25 – 3/31/26 – 3384 patients

04/01/26 – 3/31/27 – 3432 patients

04/01/27 – 3/31/28 – 3480 patients

1. Yes the Quantity is divided by 12 to get the estimated patient population. Your numbers are correct.

2. Paragraphs 2.3.2-2.3.4 indicate that “Current standards are 1200 active patients per full time” RN/Clinical Associate/Clerical Associate. Does this mean that for Providers that have less than 1200 patients allowed on the panel (such as mid-level providers or part-time providers) the RN, Clinical Associate, and Clerical Associate can be shared as long as they are not assigned to over 1200 patients?

A. Yes

3. Paragraph 2.3.3 provides four options for Clinical Associates: LPN, LVN, MA, or HCT.

Our understanding is that Pittsburgh VA policy does not allow for MA or HCTs to perform the functions required of the Clinical Associate. Could the VA confirm that MAs or HCTs are acceptable Clinical Associates? If so, what is the clinical scope that MAs or HCTs will be allowed to provide as Clinical Associates?

1. MAs and HCTs cannot perform clinical functions.

4. Paragraph 2.5.1 indicates the following requirement for podiatrists “1.0 FTE per 950 active patients and only a single room available for services or 1 FTE per 1300 active patients with two rooms and clinical support (such as a nail technician)” Does the reference to “active patients” refer to Primary Care active patients or number of patients needing podiatry services at the CBOC?

A. It refers to the number of patients needing podiatry services at the CBOC (podiatrists panel size)

5. Paragraph 2.6 requires 2.0 Telehealth Clinical Technicians. What level of discipline is required for these positions (e.g. LPN/ LVN and CMA/RMA)?

A. Certified Medical Assistant, Health Technician, LPN or higher level provider; LPN is Preferred.

6. Paragraph 4.6.14.4 states “Equipment/services that shall be supplied by Contractor: Volume of instruments shall ensure contingency for SPS reprocessing delays. A ratio of an extra day supply at a minimum shall be available. For example if 20 patients are seen daily and the reprocessing of instruments takes two days and clinic runs daily, 60 instruments (20 for day one, 20 for day two and 20 in reserve in case day one’s instruments are not returned in an timely manner).” However, Paragraph 4.6.14.4.1 states “The VA will provide: Sufficient RME to conduct daily exchange with VA Sterile Processing. A ratio of an extra day supply at a minimum will be provided. For example if 20 patients are seen daily and the reprocessing of instruments takes two days and clinic runs daily, 60 instruments (20 for day one, 20 for day two and 20 in reserve in case day one’s instruments are not returned in an timely manner).

 Please clarify if Contractor or VA is supposed to also provide an extra day of supplies.

1. VA will provide

7. In regard to paragraph 4.6.25, will the VA provide the phone lines?

A. Correct --- VA providing Phone Lines and the phones

8. Paragraph 4.7.31 states “In accordance with VA and VHA directives, policies, and handbooks, all equipment attaching to a VA network will be owned by the VA and controlled by the VA. No other equipment will be connected to this network.” However, paragraph 4.7.31.1.9 states “ensuring hardware/software compatibility with VA approved list: the following printers have passed compatibility testing with the VISTA Encounter Form: Lexmark T642n, Lexmark T644n and Lexmark E342n or compatible; The following scanner has passed compatibility testing with the VISTA Imaging System: Fujitsu fiI-4340C Sheet Feed Scanner (Any other model used will require approval and certification for Vista Imaging)” Will the VA supply all printers and scanner as VA Policy indicate all equipment attaching to a VA network will be owned by the VA and controlled by the VA?

A. VA will provide 2 multi-function devices and lab label printers. If the contractor wants additional printers, they can provide the printers and we will connect them to the network.

9. Regarding wiring and jack specifications:

a. Does the VA IT require wire baskets or are J-hooks OK? A. Either is fine

b. Does the VA IT have any specific color combination for wiring and jacks? A. No to the wiring. For the wall jacks, we would want the voice jacks to be white and the data jacks to be blue.

c. Does VA IT want regular two post Rack or a locking cabinet rack in IT room? A. two post rack

d. Does the VA IT have any specific requirement for Brand for jacks and rack? A. no

e. What are the jack requirements per drop location? 2 data/ 2 voice or 2 data and 1 voice? A. 2 data/1voice

f. What size CAT wiring is required? A. Cat 6

g. Is there a specific color of wire needed for data and voice wiring? A. No

10. Will the VA be providing any staff members to the CBOC? Will the Contractor need to plan for space for any VA providers?

A. VA requires office space for physiatrist and audiologist and lab space for the audiologist.

11. Could the Government please confirm that the positions listed in Sections 2.3, 2.4, and 2.6 are to be provided by the Contractor (and not the VA)?

A. Correct, contractor to provide

12. Would the Government reconsider the requirement to submit letters of reference for proposed staff in the initial proposal submission and instead allow for letters of reference to be submitted with candidate credentialing packages post-award? Letters of reference can be very difficult to collect when there is not an actual job offer to be made, and therefore inclusion of letters of reference at the proposal stage creates restrictive logistical barriers for the inclusion of otherwise highly qualified staff.

A. Letters of reference can be submitted post award- See amendment P00001 for changes.

13. Would the Government reconsider the requirement to submit official transcripts for proposed staff in the initial proposal submission and instead allow for official transcripts to be submitted with candidate credentialing packages post-award? Most qualified candidates do not maintain official transcripts, and requests for transcripts can take weeks to process. Inclusion of transcripts at the proposal stage therefore creates restrictive logistical barriers for the inclusion of otherwise highly qualified staff.

A. Transcripts can be submitted post award – See amendment P00001 for changes.

14. In regard to Licensed Clinical Social Workers, page 116 states “Evidence of a minimum of one (3) years successful social work experience.” Is the experience requirement for one or three years?

A. three – this section was removed, but must meet requirement of PWS

15. In regard to Registered Dietitians, page 116 states “Evidence of a minimum of one (3) years successful social work experience.” Is the experience requirement for one or three years?

A. three – this section was removed, but must meet requirement of PWS

16. However, VHA Handbook 1101.02 was “scheduled for recertification on or before the last working date of March 2014.” It is our understanding that VHA Directive 1406 replaced VHA Handbook 1101.02 effective June 20, 2017. Accordingly, it appears that as of the date of this Solicitation, VHA Handbook 1101.02 would have been already rescinded, and VHA Directive 1406 which deals with same subject matter already issued. Please clarify and thereby resolve the ambiguity which VHA Directive, 1101.02 or 1406, is to be used for reference purposes under Paragraph 2 of each Solicitation.

A. VHA Directive 1406 replaces VHA Handbook 1101.02. Attachment will be D.26 in section D. VHA Handbook 1101.02, dated April 21, 2009, is rescinded.

1. What is the current enrollment for the Fayette County CBOC?
2. 3100
3. What is the current capitation rate(s) for the Fayette County CBOC?
4. This is confidential information
5. Will the current enrollees for each clinic “rollover” to the new contractor upon the first day of operations?
6. Yes
7. Page 5 – Price/Cost Schedule. We see that the annual increase of estimated enrollees is over one (1) percent. However, VA’s most recent study on Veteran population completed in 2014 indicates a 2% decrease in population each year through the base and option years of this contract. Can the VA please provide their justification for enrollment increases when Veteran population actually decreases throughout the life of this contract?
8. 1% increase based on historical performance of the contract. This includes increases to CBOC enrollees as well as increases to the PMPM rate.
9. 1.1.1 – “A Primary care CBOC often provides home-based primary care (HBPC) and home telehealth to the population it serves to meet the primary care and mental health needs of Veterans who have difficulty accessing clinic-based care.” – Can you please estimate how many home based primary care and home telehealth encounters are anticipated monthly?
10. N/A, current Fayette CBOC does not offer HBPC services. Home telehealth services are offered but fall under another service line’s purview and not the contracted CBOC’s. So the CBOC is not responsible for these encounters/visits and will not be reimbursed for them.
11. 1.1.1 – What is meant by stop class?
12. Decision Support System (DSS) Identifiers, also known as stop codes, are three-digit, standardized codes used to characterize services provided by VHA outpatient clinics.
13. 1.4 links for 11, 19, 24, 27, 30, 36, 37, 48 and 53 do not work. Can you please address?
14. 11 is an attachment in section D; D.19 PATIENT MEDICAL RECORDS – VA24VA10P1

<http://vaww.vhaco.va.gov/privacy/SystemofRecords.htm>

1. 19 is an attachment in section D; D.16 OUTPATIENT SCHEDULING PROCEDURE VHA DIRECTIVE 1230

[**http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\_ID=3218**](http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3218)

1. 24 – will be attached in section D as D.26 VHA Directive 2011-012

<https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3133>

1. 27 is an attachment in section D; D.17 SEXUAL ASSAULTS AND OTHER DEFINED PUBLIC SAFETY INCIDENTS – VHA DIRECTIVE 2012-02

<http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2797>

1. 30 – Will attach to section D as D.20 VHA Handbook 1004.07

<https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3059>

1. 36–VHA Directive 1406 replaces VHA Handbook 1101.02. Attachment will be D.26 in section D.

<https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5430>

1. 37- will be attached in section D as D.25 VHA Directive 1306

<https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3283>

1. 48---<https://www.gpo.gov/fdsys/pkg/CFR-2011-title38-vol1/pdf/CFR-2011-title38-vol1-sec17-106.pdf>
2. 53 is an attachment in section D; D.18 OUTPATIENT CLINIC PRACTICE MANAGEMENT – VHA DIRECTIVE 1231

<http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3296>

1. 2.3.3 – LPN and LVN Link does not work.
2. Will attach to section D as attachment D.21

<http://vaww.va.gov/OHRM/Directives-Handbooks/Documents/5005.pdf>

1. 2.4.1 – 2009-014 and 2008-043 links do not work.
2. Will attach to Section D as attachment 28 -  **RESCISSIONS:** VHA Directive 2008‐043, dated August 7, 2008, VHA Directive 2009-014, dated March 12, 2009 and VA Manual M-2, Clinical Affairs, Part VII, Chapter 12, paragraphs 12.01 – 12.06, dated October 5, 1994 are rescinded.
3. 2.5.2 – Link does not work.
4. Will be added in Section D as D.24 THERAPEUTIC RADIOLOGIC TECHNOLOGIST QUALIFICATION STANDARD

<http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=754&FType=2>

1. 4.5.6.1 – Where can we find these databases/registries?
2. VAPHS maintains these registries and can provide contractor access to these registries; because registries contain PII of patients, information is only available to company that is awarded contract
3. 4.5.6.4 – “a provider deems necessary emergency care necessary, the Contractor shall be responsible contacting a local ambulance company if an ambulance is required to transport a patient to a local hospital for emergency care” – If a Veteran needs emergency care, shouldn’t the contractor dial 911? Please clarify
4. Yes. Statement reads “if an ambulance is required”
5. 4.6.7 – Radiology Service Links do not work

A. <http://vaww.oed.portal.va.gov/applications/VistAImaging/Lists/VistA%20Imaging%20Approved%20Equipment%20List/AllItems.aspx> and <http://vaww.oed.portal.va.gov/applications/VistAImaging/Lists/Device%20Validation%20Database%20%20SharePoint%202003%20Archiv/User%20View.aspx> and HL7 communications: <http://vaww.oed.portal.va.gov/applications/VistAImaging/Lists/Approved%20Devices/Approved%20HL7%20Interfaces.aspx>.

1. 4.6.7 – Please provide specific requirements for rad room equipment including generator kilowattage and whether desires single phase/three phase equipment. Please also provide direction on whether the VA requires CR or DR for image digital processing and transmission.
2. Three phase. DR required, CR allowed. The rad room has to be shielded. For any x-ray room, they need a shielding calculation from a qualified medical physicist. Of course, the room has to be large enough to house the equipment. The equipment should be a fully mobile x-ray tube / detector to be able to perform studies requiring cross table lateral approach. Also, the big push is dose reduction and this should be seriously considered when purchasing.
3. 4.6.8 – For the GE 5500 EKG unit, does the VA desire the EKG to interface with muse over a dialup connection or via the VA’s network?
4. Wired network connection is preferred for the GE EKG unit.
5. 4.6.9 – “Urgent/Emergent medications needed will be filled via contracted local pharmacy”. Is this local pharmacy contracted through VA or is this the CBOC contractor’s responsibility?
6. VA already has a contract for this service. Currently, it’s Heritage Health but it could be another vendor come October. We’re in the process of evaluating proposals for a new contract right now.
7. 4.6.20.1 – Page 39 – “in smaller sites serving less than 10,000 this may be a collateral assignment.” Who at the CBOC normally has this responsibility?
8. Social Worker
9. 4.6.16 – “The Contractor shall provide tele-mental health services.” To whom? Other VA health care beneficiaries not enrolled in the contractor’s CBOC? Or is it implied that we should provide administrative support and space while the VA provides the professional component? Please clarify.
10. CBOC should provide administrative support and space while the VA provides the professional component
11. 4.6.32.9 – Link does not work.
12. This is in section D Attachment 16 VHA Directive 1230
13. 4.6.34.1.9 – Link does not work.
14. This will be attached in section D as attachment D.22

<https://vaww.visn4.portal.va.gov/pittsburgh/home/KC/Documents/Forms/MCMCategory.aspx>

1. 4.6.34.1.14 – “The Contractor shall make all records available at the Contractor's expense for review, audit, or evaluation by authorized federal, state, and Comptroller or VHA personnel.” What medical records would the contractor have on-site that are not available through VistA/CPRS? Please clarify.
2. If any of these parties request the information, CBOC will print or burn records to disc to make available to the party. The cost of printing/burning/mailing the records will be the CBOC’s responsibility.
3. 4.6.34.1.17 – “The Contractor must provide copies of medical records, at no charge, when requested by the VHA to support billing and/or VA mandated programs if these records are not available in CPRS or Vista Imaging.” Can you please provide a scenario when this might be required as no paper records are permitted per the contract?
4. If a patient presents to CBOC and has a simple release of information request (i.e. patient wants copy of latest lab results. CBOC should print the records and provide to patient). Another example is if patients outside providers fax records to CBOC, CBOC will then review and mail hard copy records to VAPHS for scanning into the medical record.
5. 4.6.34.1.18 – “The Contractor must retain records generated in the course of services provided under this contract for the time periods required by VHA Record Control

Schedule 10-1 and VA regulations (24 VA 136, Patient Medical Records - VA, par. Retention and Disposal). No hard copies of medical records or logbooks of any type may be maintained.” If no hard copies are permitted, then what records must we retain? Please clarify.

1. Working records (i.e. those that the CBOC have but have yet to send to VAPHS for entry into official record systems) must be retained in compliance with record control schedule.
2. 4.6.36.1 – Link does not work.
3. This is already attached in section D as attachment 12
4. 4.7.16 – “Doors for each PACT Patient Care Room should be sliding and follow the design standards outlined in the PACT Design Guide.” In our experience the “barn doors” cause an issue with auditory privacy as they are not as sound proof as traditional doors. Has this been taken into account with other VA clinics? If so, what has been the solution? Is this the only type of room in which a sliding door is needed? Please clarify.
5. Sliding barn doors within pact exam rooms on both sides of room.
6. 4.7.20 – VA IT Room – Does the VA require card key access to track entry? Does it need dedicated HVAC? Does the VA need a secure network cabinet or can it just be a rack? Are temperature and humidity sensors required and who provides and monitors?
7. No, will need for it to have two locks. It does not need a dedicated HVAC system. It can be rack. FMS will provide the sensors to monitor temperature. Someone at the CBOC will need to monitor that system, same as used for medicine storage.
8. 4.7 – Does the VA desire women’s health exam rooms with adjoining bathrooms? Please clarify.
9. Restroom must be integral/within to the women’s health examination rooms. See 4.7.17; PACT procedure rooms need ensuite bathroom
10. 4.7 – Are there any requirements for the rad room? Is a sink required?
11. The rad room has to be shielded. For any x-ray room, they need a shielding calculation from a qualified medical physicist. Of course, the room has to be large enough to house the equipment. The equipment should be a fully mobile x-ray tube / detector to be able to perform studies requiring cross table lateral approach. Also, the big push is dose reduction and this should be seriously considered when purchasing. No sink required.
12. 4.7 – Do restrooms require nurse call?
13. Yes
14. 4.7.31 – “In accordance with VA and VHA directives, policies, and handbooks, all equipment attaching to a VA network will be owned by the VA and controlled by the VA.” Does this imply that the VA will provide the Codex for the rad room? Please clarify.
15. This appears to be an incorrect statement. The VA does not own all network connected systems in existing facilities. It should not be a requirement that the VA owns all devices on the network. It is preferred the vendor provides, maintains, and owns the equipment in the rad room.
16. 4.7.31.1.5 – “or the procurement, installation and maintenance of any additional printers,

copiers, scanners, fax machines\*, not provided by VA needed to operate the equipment in

support of the facility under the specifications of this contract.” – Isn’t this prohibited per section 4.7.31? Please clarify.

1. No. If printers/scanners have hard drives that store information that was scanned/printed, then contractor will need to turn these over to VA for destruction at the end of the contract.
2. 4.7.31.1.9 - Lexmark T640n, T644n and E342n are all discontinued by the manufacturer. We ask the VA consider equipment currently being sold by the manufacturer.
3. Yes, VA will discuss alternatives upon contract award.
4. 4.7.31.1.9 Fujitsu 4340 Scanner is discontinued. We ask the VA consider a model currently being sold by the manufacturer.
5. Yes, VA will discuss alternatives upon contract award.
6. 4.7.31.1.11 – “primary telecommunication lines” Does this include voice? Is VA going to require high speed fiber access to be available? For facility planning purposes, please specify T1, MOE (Metro Optical Ethernet), etc.
7. We will provide the network connections for the PCs.
8. 4.7 – Please indicate who will be providing phones, phone system, and phone service.
9. VA will provide phones, system, and service.
10. 4.7 – Does the VA not require any office space for its own employees (psychologist?)
11. Yes, VA requires space for psychologist and audiologist
12. 4.7 - Is the current facility in Fayette County acceptable for the next contract award?
13. Contractor can determine this; space must adhere to attached 2015 PACT Design Guide
14. 4.8.6 – Link does not work.
15. Already included in section D as Attachment D. 14 Directors Performance Measures
16. 6.2.3.3 – Link does not work.
17. Will be added as Attachment D.23 VHA 10-5345
18. 6.3 – “A BAA is required due to this contractual agreement being with a staffing agency and not a health care provider.” This contract appears to be much more than a staffing contract. Please clarify.
19. BAA is required.
20. Page 109 - All proposals MUST BE SENT VIA MAIL, and are due no later than September 1, 2017 11:00 A.M. EST. We ask the VA consider revising the time limit to 5:30 EST to fully allow for delivery.
21. Fayette County Proposal due date is extended. Due Date is October 10, 2017 at 4:00 PM EST.
22. Page 112 – E.1.4 – Are the subfactors for technical capability also listed in order of importance? Please clarify.
23. Yes, The sub-factors listed under factor 1 are listed in descending order of importance.
24. Page 113 – “Provide name and address of Laboratory to be utilized under this contract for laboratory services not performed at VAPHS. Provide photocopies of College of American Pathologists (CAP) or Joint Commission accreditation, or Clinical Laboratory Improvement Amendments (CLIA), Laboratory Certificate of Compliance held and current applicable state licensing and/or Center for Disease Control (CDC) accreditation, or proof that such documents are being processed.” In our experience, most of these accreditations require they be processed through the local point of care address opposed to a corporate address. Therefore, we would not be able to begin this paperwork until after award when we take possession of the proposed CBOC site. We ask the VA to remove this requirement.
25. Proposal can include Laboratory name and address contractor plans to use; additional paperwork can be provided once contract officially awarded.
26. Attachment 8 – T21 Implementation - Links in sections 7, 18, 22, 23(under note), 70, 71 and 88 do not work.
27. 7 Will be answered in a separate Amendment/ upon further clarification from end user.
28. 18 <http://vaww.prevention.va.gov/VHEI/NPO_Toolkit.asp>
29. 22 <http://vaww.prevention.va.gov/CPS/Guidance_on_Clinical_Preventive_Services.asp>
30. 23 <http://vaww.prevention.va.gov/CPS/Guidance_on_Clinical_Preventive_Services.asp>
31. 70 <https://vssc.med.va.gov/CallCenter/>
32. 71 Will be answered in a separate Amendment/ upon further clarification from end user.
33. 88 <http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMentalHealth%2fMHSurveyStruct_Summary&rs:Command=Render>
34. Attachment 9 – Government Furnished Equipment – Lab Equipment - How much feet of counter space is needed for equipment? How much other space is needed for floor mounted equipment such as refrigerators? How many electrical outlets and data jacks?

A. No specific requirement; contractor can coordinate with their staff to determine individual staff needs and suggestions. Lab square footage requirements listed in specifications.

1. Attachment 9 – Government Furnished Equipment – Telehealth equipment indicates it requires power but no network connection. Does this equipment utilize a wireless network? If so, how many WAPs are needed in the building? Please clarify.
2. Clinical Videotelehealth (CVT) will be directly wired into the IT network located on wall outlets. Wifi will not be used for telehealth.
3. Attachment 10 – Mental Health SOP – Discusses on-site psychologist, social worker, and behavioral health lab. Contractor is under the impression that we provide social workers, but does VA provide the rest for the CBOC? Please clarify.
4. VA will provide psychologist, CBOC to provide space and social worker.
5. Attachment 11 – Lab Manual – The document only contains contact #s and a table of contents. Please make the entire lab manual available.
6. The Ancillary Testing Department will provide each ancillary testing site with a complete procedure manual for each laboratory test performed. It must be written to meet all regulatory requirements and follow the manufacturer’s instructions for maintenance and minimal requirements for quality control. An on-line version is available to all testing sites.

65. B.2 Price/Cost Schedule, Item Number 0001AA, Page 5, please confirm the units listed in the pricing tables are actually in units Per Member Per Year and not Per Month. For example, 36576 divided by 12 months equals 3048 which is close to the total estimated patients (3100) listed on page 14 of the solicitation.

1. Yes the Quantity is divided by 12 to get the estimated patient population. Your numbers are correct.

66. Schedule of Services, page 5, Is the $40,000,000 ceiling for the 10 years or for 5 years?

A. $40,000,000.00 is the ceiling for 10 years.

67. Schedule of Services, page 5, Can the government please confirm the period of performance and pricing is for ten years?

A. Yes pricing is for 10 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Question #*** | ***Page #*** | ***Section*** | ***Item*** | ***Question/comment*** |
| 68. | 8 | 1.1.1 | HBPC | Will the contractor be expected to provide support for HBPC and home telehealth?1. No; this falls under VAPHS and not the CBOC
 |
| 69. | 14 | 2 | MH staffing | What are the expectations for Mental Health staffing- providers and support staff? 1. VA will provide psychologist. CBOC will provide social worker staff as well as the psychologist office space
 |
| 70. | 17 | 2.4.2 | CPS | Can the 0.8 FTE anti-coagulation CPS fill the 0.2 FTE of the 1.2 FTE required for the PACT CPS?1. Yes
 |
| 71. | 18 | 2.5.1 | Podiatrist | Based on the ratio, requires 2.4-3.3 FTE for podiatrists. This seems excessive. Is that correct?1. Podiatrists panel sizes based on active podiatry patients, not active primary care patients (for example: a primary care panel might have 1200 patients on it. Out of those 1200, only 600 might actually need seen in a podiatry clinic)
 |
| 72. | 14 | 2 | Lab support | Says that lab testing and phlebotomy aren’t part of PACT support. Who will be expected to do it?A. These aren’t included with PACT however still required and included in contract. CBOC will provide lab space and staff as well as courier service to VAPHS to drop off specimens. VA Lab will test all specimens. |
| 73. | 31 | 4.6.2.1 | Testing | Preceding sections specify VA is providing testing supplies but not indicated for Women Veterans testing. Can you please clarify?1. Will be answered in a separate Amendment/ upon further clarification from end user.
 |
| 74. | 33 | 4.6.8 | EKG | Specifies GE 5500 with modem. Other VAs use network connection. Which is preferred?A. Wired network connection is preferred, not modem. |
| 75. | 37 | 4.6.13.2 | Phone | Specifies that Contractor provides phone but 4.6.25 specifies that VA provides the phones and phone system. Please verify that the VA provides the phones, phone system and connectivity such as PRI’s.1. VA will provide phones, Lines, and System.
 |
| 76. | 40 | 4.6.16 | Mental Health | Please explain what is meant by the “facility” and “distal end”? Is this implying that the VA will have Mental Health staff available to provide mental health services via telehealth? What Mental Health staff are the Contractor required to provide?A. Yes. VA wil provide psychologist. CBOC will provide social worker and office space for VA psychologist. For coverage purposes, VA will be able to provide mental health appointments via telehealth services.  |
| 77. | 46 | 4.6.26.1 | Teleretinal | Who provides the teleretinal equipment- not specified and not listed in Attachment 9?A.VAPHS provides this equipment. |
| 78. | 56 | 4.17.16 | Patient Care Rooms | What Contractor provided equipment is required in each room? Will there be a computer and phone in each room?1. A computer and phone will be provided in each clinical room. Contractor will provide the remaining equipment consistent with the function of the room.
 |
| 79. | 56 | 4.7.17 | Procedure Room | What Contractor provided equipment is required in the Procedure Room?1. Hi-lo exam table, cabinetry, sink, storage, wall panel including otoscope, blood pressure and related items.
 |
| 80. | 56 | 4.7.18 | Telehealth Rooms | Is one of these rooms for Teleretinal? If yes, would it still be equipped with an exam table?Please specify the use for each of the Telehealth. 3 systems are listed in Attachment 9 but 4 rooms are specified.1. The teleretinal room is to be stand-alone function. No exam table.
 |
| 81. | 57 | 4.7.19 | Group Room | What furnishings are required? Will this room be equipped with video conferencing?1. No furnishings provided by VAPHS. VAPHS provides the clinical videotelehealth units.
 |
| 82. | 57 | 4.7.20 | IT | Will the VA be providing rack mounted UPS(s) for the network and phone systems? 1. Yes
 |
| 83. | 57 | 4.7.20 | IT | 40 sq ft seems quite small. What is the expectation for the location of the patient safety and access/intrusion systems?1. Should be located in the IT closet
 |
| 84. | 57 | 4.7.21 | Audiology | Will the VA be providing equipment such as an ENT chair and cerumen removal equipment?1. Contractor provides furniture, VA will provide equipment.
 |
| 85. | 59 | 4.7.31.1.5 | IT Equipment | Our understanding is that only VA owned equipment can be on the VA network. Is this section referring to equipment that is not on the network and not used for patient identifiable information?1. Contractor can provide additional printers/scanners other than what is provided by the VA. If they have hard drives that store information that was scanned/printed, then contractor will need to turn these over to VA for destruction at the end of the contract.
 |
| 86. | 59 | 4.7.31.1.9 | IT Equipment | Same as above- only VA owned equipment on VA network. Who provides the printers? Also, the Lexmark printers listed are discontinued.A. Lexmark models that are not discontinued can be used. VA will provide 2 multi-function devices and lab label printers, if the contractor wants additional printers they can provide them and we will connect them to the VA network. |
| 87. | 59 | 4.7.31.2.6 | Phones | Phone system and phones are not listed. Please clarify1. VA will provide phones, lines, and system.
 |
| 88. | Attach 9 |  | VA provided equipment | 22 workstations seem low considering that there will be 18 just for the Patient Care Rooms and workstations for the Teamlet members.Printers, phone system and phones are not listed.A. Will be answered in a separate Amendment/ upon further clarification from end user. |
| 89. |  |  | Wireless | Will the VA provide access points and wireless devices for use by the PACT staff?A. Will be answered in a separate Amendment/ upon further clarification from end user. |
| 90. |  |  | Check-in | Will the VA provide check-in kiosks? How many?1. Yes. 2-3 depending on allowed space.
 |
| 91. |  |  |  | After reviewing both RFPs, we have found the requirements to be similar. However, we found a few attachments added with the Fayette County RFP vs. the Washington County RFP. Is this deliberate or an oversight?A. Attachments should be the same for both requirements; this will be fixed with an amendment after the pre proposal conference. |

1. Page 34, Section 4.6.9 Pharmacy Services (Prescription Fulfillment), states “the Contractor will provide all medications, including any necessary vaccines, that are to be administered to patients in the clinic. Will VA Pittsburgh provide a comprehensive list of vaccines or medications that the Contractor needs to supply? And, is there any data the VA can provide as to the volume, and cost of those items in 2016? Will the VA provide a contracted pharmacy to provide a 10-day supply of emergent medications?

A.



1. Page 66, Section 6.1.2 Contract Start Up Requirements:

With the start up being 120 days after award, please clarify if the Contractor should have the facility ready to go 83 days, or 113 days prior to commencement of operations?

1. It is 113 days.
2. Does the VA require the Contractor to employ the services of a Primary Care Social Worker, (LMSW) to support the primary care PACT teams? If so, please indicate the FTE required.
3. 1:2 ratio per PACT team
4. Will the VA be providing a VA Staff Psychologist to work at the Washington County, CBOC?
5. Yes
6. Is it VA’s preference to have administration staff located in separate area than front office to answer the majority of incoming telephone calls?
7. The Call Center and its functions cannot be at the front desk. The front desk can take internal calls only. The Call Center staff must be in a separate dedicated room. Note these staff are in addition to the clerical staff assigned to the PACTs.
8. Page 37, section 4.6.14.3 Is it the Contractors responsibility to supply the disposable burs?
9. Disposable burs are not permitted for use by the VA.

PRE-PREPOSAL QUESTIONS:

1. Will VA provide Podiatrist? What is the anticipated number of patients needing podiatry appointments? How many patients currently enrolled for podiatry?
2. Contractor will provide the Podiatrist. Fayette treated 256 unique patients in July, Washington treated 54 in July, Belmont treated 22 unique patients in July
3. What phase of radiation equipment is preferred; phase 1, 2, or 3?
4. Three phase
5. What is the current enrollment at the clinics based on the last invoice?
6. Fayette July invoice – 2,968
7. Washington July invoice – 4,299
8. Belmont – 4,761
9. What is the data on the usage of vaccines at each clinic currently?

A. Washington – 1,202 for 2015-16 flu season (August – Apr)

B. Fayette – 978 for 2015-16 flu season (August – Apr)

C. Belmont – 1,232 for 2015-16 flu season (August – Apr)

1. Define radiology equipment requirements
2. The rad room has to be shielded. For any x-ray room, they need a shielding calculation from a qualified medical physicist. Of course, the room has to be large enough to house the equipment. The equipment should be a fully mobile x-ray tube / detector to be able to perform studies requiring cross table lateral approach.  Also, the big push is dose reduction and this should be seriously considered when purchasing.
3. 4.7.21  Audiology Exam Room-Please confirm whether or not a audiology testing booth is required. If required, it will be helpful to have an example of the style you are looking for, as they can range from small portables, to self-contained with separate rooms for testing and administering. Also, can you specify the testing equipment you expect the Contractor to provide?
4. No testing booth required.
5. 4.7.21 Audiology Hearing Aid Laboratory-Can you specify the type of equipment you are looking for?
6. Modification cart
7. UltraVac
8. Hearing aid test box
9. We had proposed all equipment be purchased by the VA.
10. Audiologist lab will require a sink in a carpeted room. Does this meets local infection control standards?
11. Alternate hard surface flooring (not carpet) surrounding the sink area will meet infection control standards.
12. Also, Will the VA be providing a diagnostic-quality PACS workstation at the site for retrieval of images and studies?

A. No PACS needed. Images sent to VA using Vista Imaging and iSite.

1. Would VA consider providing women’s health thin prep test kits? Minimum order is 500 and they are not widely used. Costly to dispose of unused ones.
2. Will be answered in a separate Amendment/ upon further clarification from end user.
3. Can Proposal submission can be in 1 or 2 binders as long as the volumes are separated?
4. Yes.
5. Can alternate pricing be submitted for all 4 CBOCs?
6. If the offeror would like to submit alternate pricing for awards of multiple CBOCs it will be considered by the Government. The offerors may submit additional pricing schedules, noting on those schedules that pricing is contingent only upon award of 2, 3, or 4 of the CBOCs currently being solicited.

Additional Attachments included and incorporated into section D

D.20 Attachment 20 VHA Handbook 1004.07

D.21 Attachment 21 VA Directive 5005

D.22 Attachment 22 IN-013 Charting Guidelines

D.23 Attachment 23 VHA 10-5345 Release Medical Records Health Information

D.24 Attachment 24 VA Handbook 5005-77 Therapeutic Radiological Technologist Qualification Standard

D.25 Attachment 25 VHA Directive 1306

D.26 Attachment 26 VHA Directive 2011-012

D.27 Attachment 27 VHA Directive 1406 Patient Centered Management Module (PCMM) for Primary Care

D.28 Attachment 28 VHA Handbook 1108\_11(1)

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