

Q: As there are significant differences in the numbers of Home Oxygen Patients listed by VAMC (Item 6 – Work Load Data page 8), compared to the quantities listed in the CLINS, i.e. Houston reports 24,492 total Oxygen Patients per year in the Work Load Data and CLINs show 2436 annual concentrator months (combined items 7001 & 7002). Please clarify CLIN quantities to reflect actual expected usage to provide bidders with best data with which to calculate Capital expenses and operations costs, so to provide best pricing for the Government.

A: CLIN quantities on the price schedule were updated as part of amendment A00001. Please refer to the revised price schedule for correct estimated quantities.

Q: Paragraph 10, “Ventilator” pg. 19 states “e) All new requests for ventilator set-ups shall be completed within 24 hours, unless otherwise indicated by the VA clinician.” Does setup equate to discharge? If so, this does not allow sufficient time for pt. to adjust to vent, assess residence, caregivers, and perform training required.

A: Patient’s and delivery locations will be specified on the ventilator order. Timing concerns will be addressed on a patient by patient basis as each clinical requirement is unique.

Q: Is this a new requirement, or is there an incumbent contractor?

A: This is not a new requirement. Currently Rotech Healthcare, Inc. and SS Medical, Inc. have contracts covering the stations in VISN 16.

Q. If existing, can you provide me the contractor and award amount?

A: The contract with SS Medical is VA256-13-D-0006 and had an estimated value of \$15,327,510.00 for the base and all options. The contract with Rotech Healthcare, Inc. is VA256-13-D-0007 and had an estimated value of \$68,300,732.76 for the base and all options.

Q: Page 1, Standard form 1449, box 10. This acquisition is: NAICS: 621610(Home Health Care Services) /Size Standard: \$15.0 Million. We request the NAICS code for VA256-17-R-0994 be changed to more properly reflect the nature of this RENTAL Home Oxygen Contract: NAICS 532291 (Home Health Equipment Rental)/Size Standard: \$32.5 Million. Additionally, 532291 is the more common NAICS code used throughout the VHA for VISN level Home Oxygen Contracts.

A: Prior to the issuance of this solicitation, it went through an extensive technical and legal review. One of the findings of that review was that recent case law, and SBA opinion, have argued that the NAICS 621610 is more appropriate for Home O2 services. Based on the information provided to the Contracting Officer, he made that change. As part of that change, he revisited the market research to determine if that change would necessitate a change in the set-aside decision or any other portion of the solicitation.

Q: B.3 PERFORMANCE WORK STATEMENT(PWS): Pages 11 & 12 #14 – The area of service shall be all patients services by VISN 16, regardless of where patient resides. ...Contractors shall have sufficient facilities or resources physical located in the geographic area in which they shall provide service to be able to meet the timeliness requires in this performance work statement.” This is in accordance with paragraph 5. Does this mean if we are awarded Shreveport, LA but the patient lives in Fort Walton, FL that we would have to provide the service

and setup? Would it be the VISN's intent to have us provide discharging service and the vendor covering Fort Walton perform the actual setup and quarterly services?

A: No it is intended to cover the areas adjacent to each of the listed station's counties. If a patient resides in an area that is significantly outside the designated area, that will be addressed individually at the time the order is placed.

Q: Page 14, 21 – States If the patient fails to meet two (2) consecutive appointments, the contractor shall notify the COR/Representative within 24 hours of second missed appointment. Is the VA's intent for this to be initial setups, changes or standard monthly and quarterly attempts? For the setup, Is this 2 calls in 4 hours where the patient or family fail to respond? Is this two attempts to deliver to the home and the patient/caregiver fails to be present? Does this same standard apply to monthly ventilator and quarterly oxygen visit?

A: Yes, the intent covers notification for both initial setups, RX changes and standard monthly and quarterly visit attempts. In the case of setup, this would not apply as attempts are not appointments. This is related to scheduled appointments where the patient or caregiver has scheduled a delivery time and then fails to be there without proper notification. Yes, the same standard applies for monthly and quarterly visits.

Q: Page 14, 2.c) 4.& 8.– Contractor Furnished Items and Responsibilities; LIQUID OXYGEN RESERVOIR/LIQUID PORTABLE SYSTEM. Can the Liquid Oxygen setup and service be sub-contracted to a third party provider?

A: The method and manner of how the contractor provides service is up to the contractor. However, please note the self-performance requirements in the solicitation.

Q: Page 19, 10E – States All new requests for ventilator setups shall be completed within 24 hours, unless otherwise indicated by the VA Clinician.

Page 21, 19E – States The Contractor shall provide the initial setup within four(4) hours of notification for continuous flow oxygen prescriptions and ventilation therapy or any other therapy as determined by the VA clinical Staff to be urgent, to include weekends and holidays. All other requests shall be completed within 24 hours of receipt of the order to include weekends and holidays.

Page 21, 19F- states The contractor shall provide initial setup at the patient's residence the same day of discharge regardless of time the order was received.

Is the term "continuous flow oxygen prescriptions" referring to the hours of use, the type of regulator/conserver ordered or a combination of the two? Is the 4 hour window referring to Continuous Flow vs Pulse Dose regulator flows or is it referring to hours of usage 24 hours a day vs. flexible hours, PRN, Sleep or Exercise? Is the 4 hour window intended for Continuous Flow and 24 hour usage patients vs Pulse Dose Flow and 24 hour usage patients? Is the initial setup of ventilators 24 hours to setup and then changes to the vent patient's program to be completed within 4 hours?

A: The term "continuous flow oxygen prescriptions" refers to the hours of usage. The 4 hour window refers to hours of usage 24 hours a day. The 4 hour window is intended for Continuous Flow and 24 hour usage patients.

The 4 hour setup refers to all requests identified by the VA clinical staff to be urgent due to the patient's need for continuous flow of oxygen.

Q: Page 20, 22A – States Initial setups(s) for home oxygen at the patient's residence shall be performed by a CRT/RRT.

Page 21, 22G - The solicitation states that RT's must perform Quarterly Home Visits and patient assessments.

However, on page 17, section 7, line g – it states that tank patients shall be provided unlimited cylinders per month.

Is it the VA's intent that RT's are used for quarterly evaluations and oxygen/ventilator setups and Technicians perform routine services and tank deliveries?

A: Yes, RT's are to be used for initial setups and monthly/quarterly visits.

Q: Page 21, 19F – The contractor shall provide the initial setup at the patient's residence the same day of discharge regardless of what time the order was received.

Page 22, 19J – The contractor shall provide the initial setup the same day when the prescriptions is received by 3:00 PM Central to include weekend and holidays, this shall apply to service calls, critical setups as designated by the VA.

Page 22, 19K – The contractor shall provide the initial setup within 24 hours when the prescription is received after 3:00 PM Central Time to include weekends and holidays.

Can the VA please clarify its intent? There appears to be a conflict in statements. Is the VA stating these setup request orders are to be called in afterhours, nights, weekends and holidays in 19F? If so, who has the authority to call these orders into the office?

A: The intent of paragraph F is inpatients are to be setup same day of discharge regardless of time, day of week, or holiday regardless of time RX is faxed to vendor. Other set-up orders (for veterans not in an inpatient status) will be done in accordance with paragraphs 19J or 19K as appropriate. Orders are to be faxed, not verbal orders. The COR or their designee from each station will be authorized to place orders in accordance with the contract.

Q: Page 22, 23 – backup system consisting of compressed gas source and regulator with stand.

Is the VA speaking of a Continual Flow Regulator, Pulse Dose Conservation Regulator or type based upon the VA's patient prescription?

A: Regulators will be based on patient's prescription and type(s) of backup system utilized.

Q: Page 24, 27C & D - In event of after-hours emergency request, Veterans shall contact Contractor directly to coordinate travel. The following day, the Contract shall coordinate with the PSAS and/or Respiratory Therapy Services at the local facility. ... Travel is considered a travel emergency when travel occurs less than 48 hours from Veteran notification to contractor. The contractor shall notify the VA facilities with 2 hours but not to exceed 4 hours of Veteran notification. VA facility will respond to the contractor within 2-4 hours.

To clarify, Afterhours "emergency" calls are to be reported to the VA the next business day. While travel "emergencies" (during office hours) are to be reported 2 to 4 hours of notification by patient. Is this the specific difference between C & D?

A: Yes

Q: May the Government please clarify if the quantities listed on the pricing schedule reflect a daily, monthly and/or annual total?

A: The estimated quantities in the pricing schedule are annual amounts.

Q: Under equipment, the PWS lists – 14) Large Volume Nebulizer: Used for aerosolized particle delivery, 15) High Flow Humidification System: Used for high flow heated molecular humidification, and 16) Air Compressor. May the Government please clarify if line items will be created for the Large Volume Nebulizer and High Flow Humidification System? Is it the Government's intent for the contractor to provide a Large Volume Nebulizer and/or High Flow Humidification System as inclusive item(s) of the Air Compressor?

A: No, a separate CLIN will not be created for the Large Volume Nebulizer and High Flow Humidification System. It is the Government's intent that these be included with the Air Compressor/ventilator systems

Q: Under Specific Tasks in the PWS, the Government lists: a. Initial setup(s) for home oxygen at the patient's residence shall be performed by a certified respiratory therapist (CRT) or registered respiratory therapist (RRT) which is licensed in accordance with the governing standards of the location where the services are to be provided, 10) Ventilator: d) All ventilator set ups/follow-ups/education shall be performed by a trained CRT/RRT/RN, and f) The Contractor shall ensure a local CRT/RRT/RN is on-call and available to respond to a patient's home within one hour of an emergency call. May the Government please clarify if a RN may be utilized in lieu of a RRT or CRT for initial setup services rendered under this contract as (10d) and (10f) contradict (a) above?

A: References to RN in paragraphs 21(c)(10)(d) and 21(c)(10)(f) have been removed. The contractor shall use a CRT/RRT.

Q: Under Specific Tasks in the PWS, the Government lists: e. The Contractor shall provide the initial set-up within four (4) hours of notification for continuous flow oxygen prescriptions and ventilator therapy or any other therapy as determined by the VA Clinical Staff to be urgent, to include weekends and holidays. All other requests shall be completed within 24 hours of receipt of the order to include weekends and holidays. 10) Ventilator: e) All new requests for ventilator set-ups shall be completed within 24 hours, unless otherwise indicated by the VA clinician. May the Government please clarify if the initial ventilator setup is required within 4 hours or 24 hours?

A: Ventilator setups are required to be completed within 24 hours unless the request is noted to be urgent, then it would be 4 hours.

Q: Under Specific Tasks in the PWS, the Government lists: e. The Contractor shall provide the initial set-up within four (4) hours of notification for continuous flow oxygen prescriptions and ventilator therapy or any other therapy as determined by the VA

Clinical Staff to be urgent, to include weekends and holidays. All other requests shall be completed within 24 hours of receipt of the order to include weekends and holidays. f. The Contractor shall provide initial setup at the patient's residence the same day of discharge regardless of what time the order was received. May the Government please clarify its intent on the setup timeframe for discharges, as sections E and F appear to contradict each other?

A: Patient shall receive setup upon the day of discharge regardless of day of week or holiday status.

Q: Under Specific Tasks in the PWS, the Government lists: e. The Contractor shall provide the initial set-up within four (4) hours of notification for continuous flow oxygen prescriptions and ventilator therapy or any other therapy as determined by the VA Clinical Staff to be urgent, to include weekends and holidays. All other requests shall be completed within 24 hours of receipt of the order to include weekends and holidays. j. The contractor shall provide the initial set-up the same day when the prescription is received by 3:00 PM Central Time to include weekends and holidays; this shall also apply to service calls and critical setups as designated by the VA. k. The contractor shall provide initial setup within 24 hours when prescription is received after 3:00 PM Central Time to include weekends and holidays. This shall also apply to service calls and critical setups as designated by the VA. May the Government please clarify its intent on the setup timeframes, as sections E, J and K appear to contradict each other?

A: Urgent requests shall be filled within 4 hours, the rest within 24 hours of receipt to include weekends/holidays

Q: Under Specific Tasks in the PWS, the Government lists: g. Quarterly RT visits shall be performed by the RRT/CRT for all Patients that utilize home oxygen services. May the Government please clarify if a RN may be utilized in lieu of a RRT or CRT for the quarterly RT visits under this contract?

A: Quarterly visits shall be completed by a CRT/RRT in accordance with the PWS.

Q: In the Patient Travel section of the PWS, the Government states: a) The Contractor shall be responsible for arranging and coordinating all home oxygen for Veterans who travel both within and outside their respective contracted jurisdiction. The VA facility(ies) will be responsible for approving the travel, notifying the contractor of the travel dates, and what equipment are approved, no later than five (5) calendar days before travel date. Is it correct to assume the Government will provide notification to the contractor via written order, no later than five (5) calendar days before travel date?

A: Yes, for non-emergent travel

Q: In the Patient Travel section of the PWS, the Government states: b) Additional costs incurred as a result of home oxygen support for Veteran travel, temporary relocation or to support infrequent instances of home oxygen supply shall be individually discussed with the CO/COR to make a 'fair and reasonable' determination. Is it the Government's

intent for the “fair and reasonable” determination to be made prior to the patient’s travel date? May the Government clarify “support infrequent instances”? May you please confirm if it is the Governments intent to allow a patient to utilize a concentrator, portable concentrator, LOX or portable cylinders for travel purposes?

A: Yes, the determination will be made prior to travel. “Support infrequent instances” – rarely occurring – O2 for travel for transplant, etc. Yes – most economical and appropriate solution determined for patients prescription/travel.

Q: In the Patient Travel section of the PWS, the Government states: c) The Contractor shall arrange for home oxygen for Veterans requiring emergency travel. (Emergency travel is defined as any travel with 48 hours’ or less notice). The Contractor shall contact Veteran to coordinate travel within 1 hour of receipt of VA facility Travel Oxygen Approval form. In event of after-hours emergency request, Veteran shall contact Contractor directly to coordinate travel. The following business day, the Contractor shall coordinate with the Prosthetics and Sensory Aids Service (P&SAS) and/or Respiratory Therapy Services at the local VA facility. May the Government please clarify if the contractor is required to receive the approval notification from the P&SAS and/or Respiratory Therapy Services prior to coordinating the travel for the veterans contacting the contractor for emergent after hours travel? May the Government please further define “Emergent travel, 48 hours or less notice”? Would “Emergent travel” further be defined as an urgent, unexpected need (i.e. death in the family, medical necessity, or other mitigating circumstance)?

A: If the travel must commence prior to the following work day, the contractor is expected to contact the afterhours number at the medical center and receive concurrence for travel prior to arranging for travel services. If the travel will commence after the following workday begins, the contractor should follow the instructions above. In no circumstances, should an order be placed without proper authorization from the COR or designee. Emergent travel is for medical appointments, death in family, etc. – not for leisure travel that was not timely requested.

Q: In the Patient Travel section of the PWS, the Government states: e) Authorized Veteran Travel Areas: The Contractor shall be responsible for arranging and coordinating all U.S. States and U.S. territories. For travel outside a contractor’s coverage area, arrangements may be delayed, if a sub-contractor is required to be obtained. Is it the Government’s intent for the contractor to have facilities available throughout the United States and US territories? For travel outside of the contractor’s coverage area, may the Government consider an approval of no later than fourteen (14) calendar days before the travel date? May you please clarify if travel throughout the United States and US territories should be interpreted to include travel for the unincorporated US territories such as Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands and American Samoa?

A: No, contractor is not required to have services in all states and territories but could choose to sub-contract those services. Yes, services to include US Territories.

Q: In the Emergency Services and Protocol section of the PWS, the Government states: d) The Contractor shall provide a backup oxygen supply that shall last a minimum of three times the organization's maximum response time and function at the prescribed flow rate, frequency, and duration. g) As a minimum, the backup system shall provide continuing equipment function for forty-eight (48) hours. May the Government please clarify the required backup oxygen supply required, as sections D and G appear to be contradictory?

A: Backup must contain a minimum of 48-hours usage even if that amount is in excess of 3 times response time.

Q: In the Demurrage Charges section of the PWS, the government states: The VA shall not pay for the Contractor's lost or damaged equipment provided under this contract unless circumstances as reviewed by the Contracting Officer are concluded to be the results of willful negligence on behalf of Patients or VA employees. Willful negligence is defined as an intentional act by the patient or caregiver that results in damage or loss of any contractor owned equipment or failure to provide prudent care in the safeguarding of such equipment. The VA shall not be held liable for normal wear and tear of equipment. The VA shall not pay for rental on equipment used by an unauthorized individual during the performance of this contract or for equipment that is lost due to no fault of the patient or caregiver. May the Government please clarify the process to be followed, when a patient/caregiver loses or damages the contractor's equipment, may the contractor bill the VA for the loss/damage of the equipment? In a case where the patient/caregiver refuses to return the contractor owned equipment, may the contractor bill the VA? Should the VA not approve to pay for the equipment not returned, may the contractor bill the patient directly?

A: Promptly provide to the Contracting Officer a description of the circumstances of the lost/damaged equipment along with invoices and depreciated value for review. If approved by Contracting Officer, VA would reimburse depreciated value of equipment. No, VA will not pay rental for unauthorized services. Promptly notify the VA of refusal to allow pickup, so we may assist with its return. Approval for Veteran personal billing is outside the scope of this contract.