

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		BPA NO.		1. CONTRACT ID CODE		PAGE 1		OF PAGES 16	
2. AMENDMENT/MODIFICATION NUMBER A00004		3. EFFECTIVE DATE 10-13-2017		4. REQUISITION/PURCHASE REQ. NUMBER		5. PROJECT NUMBER (if applicable) NONE			
6. ISSUED BY Department of Veterans Affairs Network Contracting Office (NCO) 10 6150 Oak Tree Blvd., Suite 300 Independence OH 44131		CODE 36C250		7. ADMINISTERED BY (If other than Item 6) Department of Veterans Affairs Network Contracting Office (NCO) 10 6150 Oak Tree Blvd., Suite 300 Independence OH 44131		CODE 36C250			
8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders				(X)		9A. AMENDMENT OF SOLICITATION NUMBER VA250-17-R-0451			
				X		9B. DATED (SEE ITEM 11) 10-13-2017			
						10A. MODIFICATION OF CONTRACT/ORDER NUMBER			
						10B. DATED (SEE ITEM 13)			
CODE		FACILITY CODE							
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS									
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. 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: (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 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.									
12. ACCOUNTING AND APPROPRIATION DATA (If required)									
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.									
CHECK ONE									
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.									
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).									
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:									
D. OTHER (Specify type of modification and authority)									
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.									
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this amendment is to: 1) Provide answers to questions received. 2) Provide an updated Price schedule. 3) Section 3, Proposal Format, of the Evaluation Factors and Submission Instructions attachment increased the Not to Exceed page limits. No other changes are incorporated to the solicitation as a result of this amendment. 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 (Type or print)					16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ALEX DANIEL NCO 10 Branch Chief				
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)			16C. DATE SIGNED		

CONTINUATION PAGE

1. **Delivery Time-Frames**

☐ 2.3 Delivery of Medical Equipment

o A. "The Contractor shall deliver and set up in the patient's residence all equipment and supplies ordered. This contract is a full-service contract. Services are required to be provided 24 hours a day, seven (7) days a week, including holidays, including all emergency service calls."

☐ 3.3 Initial Set-Ups

o A. "Initial set-ups shall be completed within 8 hours of request."

☐ 3.7 Emergency Services

o E. "The Contractor shall be prepared to provide services on an emergency basis. Contractor shall provide initial setups and emergency services seven (7) days a week, twenty-four (24) hours a day, this includes holidays. For example, patient discharges requiring initial setups after 7:00 pm shall be completed that same day (within four (4) hours)."

Clarification Question:

1. Based on the information provided within sections 2.3, 3.3 and 3.7, the initial setup time-frame does not seem consistent for O2 setups. May you please clarify if an initial setup is required within 4 hours or 8 hours of receipt of the order?

A. Government Response:

Initial set-ups are services provided to those patients who have not been provided a VA authorized oxygen therapy delivery system in the residence or nursing home on a previous occasion, or have not used such a system continuously for the past 60 days. Initial set-up time is (8) hours. For Delivery of medical equipment, "The Contractor shall deliver portable oxygen equipment to previously established and new patients being discharged to their home from non-VA facilities and other facilities as requested by VA Staff per the needs of the Veteran. Equipment shall be delivered within 4 hours of the request."

2. May the Government please clarify the setup timeframe requirement for Ventilator patients?

A. Government Response:

Ventilator equipment would fall under the same 2.3 Delivery for Medical Equipment (4 hours of request) and if it's an initial set up, under the 3.3 for Initial Set-ups it would require 8 hours of request.

2. **Locations – Section 1.2**

☐ 1.2 Locations

o "The listing of these counties does not exclude other counties. This includes Patients who reside near bordering states catchment areas but prefer to be seen in."

☐ 5.9 Contractor's Facility

o "The Contractor shall maintain service location(s) that is (are) physically located within the geographic area covered by the area of responsibility/jurisdiction that the Contractor shall provide home oxygen services (specifically for performance of emergency service requirements)."

Clarification Question:

1. Is it the Government's intent for the contractor to have facilities throughout the U.S. to provide services to patients who are outside of the geographical areas stipulated within the PWS?

A. Government Response:

Refer to section 1.2 "Area of responsibility/jurisdiction for each VA facility includes the counties identified as applicable to the area of responsibility/jurisdiction."

2. May the Government please clarify the process for patients who reside outside of the geographical areas stipulated within the PWS, but prefer to be seen at a specific VAMC facility, and the contracted vendor not having a location within the area?

A. Government Response:

More information is needed to understand the question.

3. Traveling Patients – Section 3.9

- A. "The Contractor shall be responsible for coordinating all home oxygen for patients who travel both within and outside their respective contracted area of responsibility/jurisdiction, unless otherwise indicated."

Clarification Question:

1. May you please confirm if travel is only approved for travel completed within the Continental U.S?

A. Government Response:

Home oxygen travel outside of the United States is the responsibility of the patient.

2. May you please confirm if it is the Governments intent to also allow a patient to utilize a concentrator, LOX or portable cylinders for travel purposes?

A. Government Response:

Patient's shall be provided with a Federal Aviation Administration (FAA) approved portable concentrator for travel purposes.

4. Traveling Patients – Section 3.9

- C. "Invoices for travel patients are to be provided to the VA within seven (7) days of patient return from travel destination."

Clarification Question:

1. May you please clarify if travel invoices will be paid on a per invoice basis, or will the invoices be paid with the monthly invoice?

A. Government Response:

It is added to the monthly invoice.

5. Traveling Patients – Section 3.9

- D. "Patients traveling within contracted areas of responsibility/jurisdiction covered under other VISN 10 contracts for home oxygen, but not within the Contractor's area of responsibility/jurisdiction, shall be provided all required oxygen services at whatever contract rate that applies to the area the patient is traveling. The Contractor currently providing home oxygen shall notify and arrange for home oxygen with the contractor whose area the patient is traveling."

Clarification Question:

1. May you please advise the facilities covered within other VISN 10 contracts and their respective Home Oxygen contractors?

A. Government Response:
Refer to section 1.2 of the PWS.

2. It is not a common practice for Home Oxygen contractors to release/provide their contracted rates to other Home Oxygen vendors. May you please advise if the five (5) facilities included within this solicitation have experienced this practice previously, where contracted vendors provide their contracted pricing to outside vendors?

A. Government Response:
The stipulation was entered in the event of a multiple award but this has not happened recently.

6. Equipment Specifications for Oxygen Concentrators – Section 4.16

B. “All electrically powered equipment used in performance of this contract shall be UL approved and shall be the most recently developed in the field at the time of use and not more than three (3) years old.”

Clarification Question:

1. May the Government please clarify if its intent is for the contracted vendor to provide new concentrators at the time of setup, and every three (3) years thereafter?

A. Government Response:
At the time of contract award, they cannot be older than three (3) year old technology. The Government is not requiring updated equipment every (3) years.

2. If new concentrators are required to be provided every three (3) years, may the Government please clarify if a concentrator is purchased (i.e. 1/1/18), and is not placed on a patient until a later date (i.e. 2/1/18), will the concentrator exchange be required on the anniversary of the purchase date, or the date physically placed on a patient?

A. Government Response:
The Government will not require updated equipment to be exchanged. The Government requires that the equipment used at the time of the contract award cannot be older than three (3) year technology.

3. May the Government please clarify if the requirement of equipment being no more than three (3) years is only applicable to concentrators, or all equipment provided within the PWS?

A. Government Response:
The Government requires that the equipment used at the time of the contract award cannot be older than three (3) year technology.

7. Ventilator – Section 4.5

H. “Contractor responsibility for ventilator usage is as follows:”

- “2. Contractor shall provide in-facility (hospital, extended care facility) ventilator training to patient’s caregiver prior to patient discharge from facility to the home.”
- “5. Provide thorough education to patient and caregiver in proper ventilator usage, ventilator function and operation including control knobs, power sources, adding oxygen, troubleshooting the ventilator and alarms, the remote alarm, checking tidal volume, ventilator tubing change, talking devices, cleaning of tubing and humidifier, back pressure with Jackson trach tube (if applicable), bagging with AMBU bag, and supplies. When clinical

respiratory services are provided to ventilator patients, education on trach changes, airway care and suctioning shall also be provided.”

Clarification Question:

1. Is it the Government’s intent for the contractor to provide education only on the safe use and operation of the equipment being provided?

A. Government Response:

It is the Government’s intent for the contractor to provide thorough education to patient and caregiver in proper ventilator usage, ventilator function, and operation.

2. Is it the Government’s intent for the contractor to provide trach changes, airway care and/or perform suctioning in the patient’s home?

A. Government Response:

It is the Contractor Respiratory Therapist responsibilities shall include *education* on trach changes, airway care, and suctioning.

8. Air Compressors – Section 4.6

B. “All subsequent supplies and disposables for air compressors to include large bore tubing, large volume nebulizers and masks shall be provided by the Contractor and included in the monthly rental price of the unit.”

Clarification Question:

1. Is it the Government’s intent for a heated humidifier (i.e. Aquatherm, Thermagard, etc.), when deemed medically necessary, to be provided as part of the monthly rental of the air compressor?

A. Government Response:

No

9. Portable Oxygen Concentrators – Section 4.9

“Contractor shall provide at no additional cost to the VAMC and Outpatient Clinics a portable oxygen concentrator, so patients can be titrated on actual unit before he/she goes home. Devices shall then be billed at monthly rental charge.”

Clarification Question:

1. May the Government please provide a listing of all facilities requiring a POC to be provided at no additional cost?

A. Government Response:

The list of facilities is provided in the PWS section 1.2 per 1.3.

10. Concentrator with Portable Gaseous Oxygen System – Section 4.19

- “A. Oxygen concentrator with home compressor used to fill portable oxygen cylinders. Home compressor feature may be integrated into the stationary concentrator or may be a separate component. Oxygen concentrator to deliver flow rates of either up to 5 LPM or up to 10 LPM (low flow or high flow concentrator). System shall include the following accessories: 1. Portable containers”
- “Contractor shall provide at no additional cost to the VAMC and Outpatient Clinics a home-fill system so patients can be titrated on actual unit before he/she goes home. Devices shall then be billed at monthly rental charge.”

Clarification Question:

1. May the Government please provide a listing of all facilities requiring a home-fill system to be provided at no additional cost?

A. Government Response:

The list of facilities is provided in the PWS section 1.2.

11. Organizational Performance Reports – Section 6.2

- C. “Twice yearly, the Contractor shall visit the patient to inspect equipment, checking for proper functioning and prompting patients to replace disposables, such as filters, tubing and nasal cannula as needed.”
- G. “Infection Control/Communicable Diseases – report must include data related to the Contractor’s ongoing Infection Control Program, shall include the following items: 1. Number of patients stating past respiratory infection the past-30 days or since last Contractor quarterly visit.”

Clarification Question:

1. May the Government please clarify if follow-up visits are required on a quarterly or semi-annual basis?

A. Government Response:

Semi-annual.

12. Loss or Damaged Equipment – Section 4.27

“The VA shall not pay for the Contractor’s lost or damaged equipment provided under this contract except for contractor equipment that is stored at the VAMC and may be lost or damaged by VA employees within the scope of their official duties. Accordingly, this is considered to be the cost of doing business, and is the requirement of the Contractor to pay for this type of equipment.”

Clarification Question:

1. 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?

A. Government Response:

The VA shall not pay for the Contractor’s lost or damaged equipment provided under this contract.

2. In a case where the patient/caregiver refuses to return the contractor owned equipment, may the contractor bill the VA?

A. Government Response:

Billing of services ends at the time of VA-issued notification to discontinue order or prescribed duration of therapy.

3. Should the VA not approve to pay for the equipment not returned, may the contractor bill the patient directly?

A. Government Response:

The VAMC will not compensate for the Contractor’s lost (including Veteran/family refusal to return) or damaged equipment provided under this contract. Accordingly, this is considered to be the cost of doing business. The Veteran and or caregiver signs for the equipment and the Contractor may pursue recovery of equipment/cost reimbursement from the Veteran/family as deemed appropriate and standard business practice.

13. Home Visits – Section 3.2

The contractor shall visit patients residences for regularly scheduled maintenance visits, two (2) times per year, in performance of this contract by appointment only; between the hours of 7:00am and 7:00pm.

Clarification Question:

1. May the Government please clarify if home visits for portable gaseous refills should also be completed between 7:00am and 7:00pm?

A. Government Response:

With the exception of emergency situations, the Contractor shall complete home visits for portable gaseous refills between the hours of 7am and 7pm.

14. Summary Report of Services Rendered – Section 6.4

H. List of all patients with oxygen concentrators in use for at least 20 days, detailing hours of use since last visit. Provide actual use and daily average. Note exception when concentrator is exchanged.

Clarification Question:

1. May the Government please clarify if the reporting is for 100% of the VA population?

A. Government Response:

When reporting concentrator usage, this is 100% of the VA population that have concentrators in use.

2. If so, will this be a phone call to all patients to determine whether they are using their concentrator and obtaining hours of use?

A. Government Response:

The Contractor shall make a visit to the patient's home to provide actual hours of use and daily average. Note exception when concentrator is exchanged.

3. Or is the report to reflect only patients seen within 20 days for their biannual visit?

A. Government Response:

The Contractor shall submit a summary report of services rendered with each monthly submission of an invoice.

15. In-Home Nocturnal Continuous Pulse Oximetry test – Section 4.10

- Procedure shall include delivery, setup, and pickup of rented oximeter.
- Data from the oximeter shall be downloaded and a written report be furnished to VAMC Clinical Coordinator or designee within 48 hrs of pickup.

Clarification Question:

1. May the Government please clarify if the delivery, setup and pickup must be completed in person by a Respiratory Therapist to the patient's place of residency?

A. Government Response:

No. The individual does not require to be a certified Respiratory Therapist. The RT is only required per the PWS when the patient is on a ventilator.

2. May the Government please clarify if the written report should consist of the contractor obtaining medical interpretation of the downloaded report?

A. Government Response:

The Government will provide medical interpretation for the Nocturnal Continuous Pulse Oximetry test results provided by the Contractor.

3. If so, may the Government clarify if the 48 hrs is to be completed after the receipt of the medical interpretation?

A. Government Response:

The Government will be responsible for interpretation of the Nocturnal pulse oximetry test results.

16. In the most recent VISN 10 Home Oxygen Services solicitation document from 2014, Solicitation Number VA 250-14-R-0096:

- There were **NO** line items in the Schedule of Services / Supplies addressing **Rental Concentrators with Portable Gaseous Oxygen (Self-Fill) Systems**.
- There were significant estimated quantities for liquid oxygen systems:
 - **309 Liquid Bases**

- 642 Liquid Portable Units
 - 60,680 LBS Liquid Oxygen Refills / Month
- In the current solicitation, the following are estimated quantities for liquid oxygen systems:
- 11 Liquid Bases & Portable Units are combined in the same line item
 - Only 12 LBS Liquid Oxygen Refills / Month

Clarification Question:

Assuming that VISN 10 is transitioning Liquid Oxygen patients and patients that previously used stationary concentrators to Rental Concentrators with Portable Gaseous Oxygen (Self-Fill) Systems as its primary oxygen delivery system? Please advise.

A. Government Response:

Yes, we are transitioning away from liquid oxygen to the home-fill system.

17. On Page 163, under B.6 Performance Work Statement, 1.1 Veterans Served, it states ***“The Department of Veterans Affairs (VA) Medical Centers in Chillicothe, OH, Cincinnati, OH, and Cleveland, OH, Dayton, OH and Columbus, OH currently serves estimated 5,500 oxygen-using patients.”***

Clarification Question:

The projections in the Schedule of Services / Supplies section do not add up to this estimate of 5,500 oxygen using patients. Please advise.

A. Government Response:

The volumes or amounts shown in the solicitation are estimates only. The contract shall be for the actual requirements of the VA as ordered by the VA during the life of the contract.

18. Will there be any Government owned equipment used for this contract?

A. Government Response:

No.

19. On Page 180, under B.6 Performance Work Statement, 4.16 Equipment Specifications for Oxygen Concentrators B. states ***“All electrically powered equipment used in performance of this contract shall be UL approved and shall be the most recently developed in the field at the time of use and NOT MORE THAN THREE (3) YEARS OLD.”***

Clarification Question:

Does this imply that all electrically powered equipment must be replaced every three (3) years?

A. Government Response:

No, at the time of contract award, the equipment cannot be older than 3 years.

20. On **September 30, 2016**, a bid award was made for VISN 10 Home Oxygen Contract Services to **First Community Care, LLC**, for Base Year + Four (4) Option Years in a posting on **FedBizzOps** on **October 3, 2016**. The Solicitation Number was **VA 250-14-R-0096** and the Contract Award Number was **VA 250-16-D-0004**. The vendor listed above was **not** awarded this contract? Please explain.

A. Government Response:

The subject contract, VA250-16-D-0004, was awarded to FCC, LLC. However, the VA received several timely protests after award. The resulting investigation into the protest concerns by VA Contracting Officers and VA Office of General Counsel recommended corrective action. As a result, the awarded contract was ended via a no-cost settlement and the cause of the protests eliminated, resulting in dismissal.

21. On Page 171, under B.6 Performance Work Statement, 4.1 Equipment Maintenance states ***“Twice yearly, the contractor shall visit the patient to inspect the equipment, checking for proper functioning and prompting patients to replace disposables, such as filters, tubing and nasal cannulas as needed. During the home visit, the Contractor shall also reassess equipment compliance, provide educational needs, and perform an environmental survey.”***

Clarification Question:

If a patient is found to be non-compliant, the Contractor will be required to visit the patient more frequently than twice yearly to reeducate and insure compliance. If the Contractor is required to do so, there is no line item for reimbursement for that scenario? Please advise.

A. Government Response:

Contractor shall notify the COR or PSAS staff if there are non-compliance issues. The determination for additional visits will be up to the government.

22. On Pages 172-173, under Performance Work Statement, 4.5 Ventilator Service, Section H. Contractor responsibility for ventilator usage is as follows, ***“3. Perform home visits (continuous patients shall be visited monthly and nocturnal/intermittent ventilation patients visited quarterly).”***

Clarification Question:

If a patient/caregiver requires more training initially than a monthly visit, is there a mechanism in place to allow for reimbursement for the therapists visit to teach the patient/ caregiver how to operate the ventilator? Usually upon discharge, the patient/caregiver requires much more attention and training so a Contractor may be making visits every day in some circumstances until a comfort level is reached with the patient/caregiver. There is no line item for reimbursement for additional Clinical (RT) Visits? Please advise.

A. Government Response:

Contractor shall abide the PWS requirements. The determination for additional visits will be up to the government.

23. On Page 179, under Performance Work Statement, 4.14 Cough Stimulating Device, Section C states ***“Once the initial setup has been completed, the Contractor shall develop a regular delivery schedule for all disposables and/or consumable supplies.”***

Clarification Question:

In the Price Schedule for this item it specifically identifies MONTHLY. Is the Contractor at liberty to see these patients quarterly rather than monthly? Please advise.

A. Government Response:

The monthly charge is for rental fees, and not trips.

24. Negative Pressure Ventilators.

Clarification Question:

The Statement of Work makes no mention of Negative Pressure Ventilators. No requirements and no visit schedule are referenced. Are there Negative Pressure Ventilators being used with this contract? What type of negative pressure ventilator is required? Are negative pressure flow vests being used with this contract and the term "Negative Pressure Ventilator" used to describe the flow vest, which is also not referenced in the Statement of Work? Please advise.

A. Government Response:

Contractor shall abide the PWS requirements.

25. Can the VA provide a breakout of the volume of oxygen patients at each VAMC listed in Section 1.2?

A. Government Response:

These are estimates.

26. Option Year One of the Schedule of Services/Supplies is missing line items for B1001(a), C1001(a), D1001(a) and E1001(a). Is this an error?

- Option Year Two of the Schedule of Services/Supplies is missing line items for B2001(a), C2001(a), D2001(a) and E2001(a). Is this an error?
- Option Year Three of the Schedule of Services/Supplies is missing line items for B3001(a), C3001(a), D3001(a) and E3001(a). Is this an error?
- Option Year Four of the Schedule of Services/Supplies is missing line items for C4001(a), D4001(a) and E4001(a). Is this an error?

A. Government Response:

An updated price schedule has been included with this amendment to include - 0001(a) for all CLINS B, C, D and E for base year and options years.

27. Does the VA intend to make a single award or multiple awards?

A. Government Response:

The Government intends to make a single award.

28. Do you anticipate any extensions to the deadline of 10/13/2017 – 17:00EST to accommodate the time necessary to address responses to questions and/or updates to the Solicitation?

A. Government Response:

Yes, the RFP has been extended to October 20, 2017 at 1:00PM EST.

29. Per page 172, section 4.5, *Ventilator Service*, section D states:

- a. The patient shall always have two (2) ventilators on hand.*

Is the Department of Veterans Affairs reimbursing the vendor for two (2) ventilators to be placed in all patient households?

A. Government Response:

No.

30. Per page 174, section 4.52, **Closed Suction Catheters**, it states:
- a. *Contractor shall provide four (4) closed suction catheters to each ventilator patient each month. Patients shall have a replacement catheter each week. Catheters shall be replaced as needed during monthly visit by contractor RT. **This item is to be provided to ventilator patients only.***

Currently, there are various closed suction catheter systems on the market that manufacturers recommend to change every 24-72 hours for infection control reasons to reduce the instances of Ventilator Acquired Pneumonia. Should the vendor be required to supply > 4 per month to the veterans?

A. Government Response:

The VA does not want to break the patient's closed system more than once a week. Breaking the circuit could become an increased infection risk.

31. Per page 180, section 4.16, **Equipment Specification for Oxygen Concentrators**, section B states:

- a. *All electrically powered equipment used in performance of this contract shall be UL approved and shall be the most recently developed in the field at the time of use and not more than three (3) years old.*

Since self-fill systems are being requested, the most recently developed self-fill model is the Respironics Ultra Fill 3000 system. This system uses a specialized cylinder capable of being filled to 3000 psi, instead of all other systems that fill cylinders to 2000 psi. Is this the oxygen system required for the proposal?

A. Government Response:

In this proposal, the equipment being used cannot be older than (3) three years by the time the contract is awarded.

32. Page 9, CLIN A0002 - Would VA please confirm if gas contents are included or billable with the initial delivery?

A. Government Response:

Gas Contents included.

33. Page 9, CLIN A0003 - HCPC Code E0441 would appear to better follow the contents/refill coding structure due to large tank. Would VA please confirm that E0443 is correct for CLIN A0003?

A. Government Response:

Change HCPC to E0441.

34. Page 10, CLIN A0004 - Would VA please confirm if gas contents included or billable with the initial delivery?

A. Government Response:

Gas contents included.

35. Page 11, CLIN A0010 - Appears to be a conservation device for portable gas or liquid systems included for all applicable equipment. Would VA please clarify what CLIN A0010 is meant to itemize/represent?

A. Government Response:

How many conserving devices that would be needed each month that are also included in the monthly price. These are already included in the monthly rental fee. This is just to represent how many are needed.

36. Page 11, CLIN A0014 – Would VA please clarify if HCPC Code E1392 is to always be billed with E1390, or alone as the only source of oxygen?
- A. **Government Response:**
Separate charge.
37. Page 12, CLIN A0015 – Would VA please clarify if oximeter probes (HCPC Code A4606) are billable or included?
- A. **Government Response:**
Oximeter probes are included.
38. Page 12, CLIN A0018 – HCPC Code E0460 is no longer a valid code. Would VA please confirm current coding for negative pressure ventilator?
- A. **Government Response:**
The correct code is E0465.
39. Page 12, CLIN A0019 – HCPC Code E0463 is no longer a valid code. Would VA please confirm current coding for Pressure support ventilator with volume control mode?
- A. **Government Response:**
The correct code is E0465.
40. Page 12, CLIN A0021 - Would VA please confirm that standard, non-closed suction catheters are never to be provided?
- A. **Government Response:**
Non-close suction catheters are to be provided as part of tracheostomy supplies.
41. Page 13, CLIN A0027 - Would VA please confirm coding for these Refillable-type Oxygen Cylinders?
- A. **Government Response:**
The correct code is E0443.
42. Page 196, Section 8.2 - Would VA please confirm what VA information or VA information systems (as those terms are defined by the VA) will the contractors be accessing in connection with this award?
- A. **Government Response:**
When the Contractor is required access to VA information and VA information systems, the awardee will be notified of that information during post-award.
43. Page 198, Section 8.4.A - Would VA please confirm if contractor employees are required to access VA sensitive information (as that term is defined by the VA) in connection with this award? If so, what risk level would be associated?
- A. **Government Response:**
Currently, the Contractor will not access VA sensitive information, but if it occurs, the risk level is designated as Low Risk. This information is stated in section 8.4, B.
44. Per page 173, section 4.5, **Ventilator Service**, section H, item 5 states:
- i. *Provide thorough education to patient and caregiver in proper ventilator usage, ventilator function and operation including control knobs, power sources, adding oxygen, troubleshooting the ventilator and alarms, the remote alarm, checking tidal volume, ventilator tubing change, talking devices, cleaning of tubing and humidifier, back pressure with Jackson trach tube (if applicable), bagging with AMBU bag, and supplies. When clinical*

respiratory services are provided to ventilator patients, education on trach changes, airway care and suctioning shall also be provided.

Will the contract require CSS clinicians to change tracheostomy tubes in patient homes?

A. Government Response:

No, when clinical respiratory services are provided to ventilator patients, education on trach changes, airway care and suctioning shall also be provided.

45. Price schedule:

Chillicothe has CLIN A0001(a) Rental of Concentrator up to 5LPM but it seems as though the other stations price schedules start at CLIN B-E0001(b). This would be the same for all Option years as well. **Was CLIN B-E0001 (a) inadvertently left off the price schedules?**

A. Government Response:

This is an error. An updated price schedule is attached to this amendment.

46. In section 1.2 LOCATIONS of the solicitation, it states “Area of responsibility/jurisdiction for each VA facility includes the counties identified as applicable to the area of responsibility/jurisdiction. In each of the following locations where servicing counties are listed it states “The listing of these counties does not exclude other counties”. **How will a contractor know what additional counties to service per location?**

A. Government Response:

This includes patients who reside near bordering states catchment areas. The geographical location is determined on the location of the VAMCs and the surrounding VA Community Based Outpatient Clinics (CBOCs).

47. In section 1.2 CONTRACTOR OWNED EQUIPMENT AT VA MEDICAL CENTERS it states “A stock of at least ten (10) of each item of portable cylinders, regulators and O₂ carriers shall be continuously maintained by the contractor at the VA Medical Facilities located in Chillicothe, Cincinnati, Cleveland, Dayton, and Columbus Ohio. These cylinders shall be used only to accommodate Home Oxygen beneficiaries who are visiting VA or being discharged and require a tank of oxygen to go home. This service shall be provided at no additional cost to the Government. **Will these cylinders be able to be charged to the patient via monthly invoice if it is given to a veteran to get to their residence upon discharge from a VA facility?**

A. Government Response:

There is no extra charge, this service shall be provided at no additional cost to the Government.

48. In section 3.5 PATIENT EDUCATION REQUIREMENTS it states “The written material shall be in English as well as the foreign language of the patient, should the patient not speak English. In the case of such an occurrence the Contractor is to advise the VA facility to facilitate adequate instructions. **Does this mean the VA is responsible for providing the contractor with foreign language materials to provide to the patient?**

A. Government Response:

No, the contractor is responsible for providing materials.

49. In section 4.6 AIR COMPRESSORS it states “Supplies and disposables shall be replaced according to infection control policy of the VAMC”. **Will you provide a copy**

of this policy prior to solicitation due date in order for solicitor to properly price this item?

A. Government Response:

Yes, the VAMC will provide the Infection Control Policy after contract award.

50. In section 4.16 EQUIPMENT SPECIFICATIONS FOR OXYGEN CONCENTRATORS it states "There shall be a battery operated audible alarm to indicate a power failure" for the oxygen concentrator. **Most new oxygen concentrators are equipped with a Battery Free Power Loss Alarm. Is this acceptable?**

A. Government Response:

Yes, this is acceptable.

51. In the price tables, there is only a cylinder charge for CLIN A0004, Portable system ONLY when the prescription does not include concentrator. **If this is not a recurring rental price, what is the intention of this CLIN if the cylinders and their refills are billable under CLIN A0005 through CLIN A0008? Is this intended to be a delivery charge when the empty tanks are replaced with a full cylinder?**

A. Government Response:

Charges will only incur when an empty cylinder is replaced with a full cylinder.

52. CLIN A0004, Portable System Only states Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices should be include in the Monthly Rental price for all applicable equipment. It also states that this is not a recurring rental price. **If these items are included in the monthly rental price, what CLIN would the monthly rental be billed as?**

A. Government Response:

These items will be included in the monthly price for the equipment that is being utilized, for example, see CLIN A0001 (c) and / or CLIN A0001(d).

53. CLIN A0005 through A0008 state cylinders for Item A0004 above which is for Portable system ONLY. **If a patient has a concentrator CLIN0001a or CLIN0001b with portability, are CLIN A0005 through A0008 billable for the tanks and replacement tanks?**

A. Government Response:

This shall be invoiced per cylinder provided to the patient. This is not a recurring rental price, charges will only incur when an empty cylinder is replaced with a full cylinder.

54. In section 3.2 HOME VISITS it states "The Contractor shall visit patients' residences for regularly scheduled maintenance visits, two (2) times per year, in performance of this contract by appointment only; between the hours of 7:00 a.m. and 7:00 p.m." There is no mention of monthly visits for cylinder replacements for patients not using a homefill oxygen system. **Is the intent of this contract that there will be no monthly visit for cylinder replacement?**

A. Government Response:

In section, 2.3 Delivery of Medical Equipment:

This contract is a full-service contract. Services are required to be provided 24 hours a day, seven (7) days a week, including holidays, including all emergency service calls. Contract prices are all-inclusive.

55. CLIN A0010 asks for pricing for ESTIMATED MONTHLY Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse. CLINs A0001 (a-d), A0002, A0003, A0004, A0005, A0006, A0007, and A0008 all have state "Conserving devices shall be included in the monthly rental price. **What is the intent of having a separate line item for conservers?**
- A. Government Response:**
The conserving is a specialty separate item and if this item is prescribed it will be included in the monthly rental price.
56. CLIN A0020 requests pricing for 300 Oxygen Thermal Fuse (Fire Safe Cannula) per year yet the number of Oxygen systems that require the Oxygen Thermal Fuse per year is 660 in CLINs A0001 (a thru d). Section 4.12 OXYGEN THERMAL FUSE states "Two (2) each oxygen thermal fuses shall be issued for each Veteran on home oxygen". **Will CLIN A0020 be updated to reflect the correct number of Oxygen Thermal Fuse (Fire Safe Cannula) required per year? *NOTE* This question applies to all Oxygen Thermal Fuse CLINs.**
- A. Government Response:**
They are billed as a pair. The CLIN is an estimated quantity based on it being billed as a pair.
57. CLIN A0020 Oxygen Thermal Fuse-Section 4.12 Oxygen Thermal Fuse states Two each thermal fuses shall be issued for each Veteran on Home Oxygen. **Is the intention for the Thermal Fuses to be billed as a pair or is each thermal fuse billed separately?**
- A. Government Response:**
They are billed as a pair.
58. Section 4.12B, Oxygen Thermal Fuse, states that they shall be replaced according to the manufacturer's recommended schedule. **There will be times that the veteran accidentally throws out the thermal fuses when they replace their tubings, damages the fuses or the fuses are activated. Is CLIN A0020 billable for the replacement of the thermal fuses in the above situations?**
- A. Government Response:**
Contractor should make sure the Veteran is educated to not throw away the fuse, but in the case, that one is damaged from misuse it would be a billable cost.
59. A0001-just want to clarify that the rental concentrator pricing should include all the items in the special note?
- A. Government Response:**
Yes.
60. A0010-just want to clarify that the volume demand pulse conserver device is for a standalone purchase?
- A. Government Response:**
It would be a monthly rental, if it is prescribed.
61. Do I need to send acknowledgement of the amendments 1 & 2 to you prior to submitting the bid proposal?
- A. Government Response:**
All amendments will need to be acknowledged before and after submission of the proposal.

62. Can the protest delay the commencement of the contract starting January 1, 2018?

A. Government Response:

Potentially yes, please refer to FAR 33.

Evaluation Factor Questions:

63. "Offerors shall include supporting documentation (i.e. resumes, staff matrix, descriptive literature and facilities schematics) as part of the 190-page technical proposal."

Clarification Question:

1. May the Government please clarify if the resumes and staff matrix required to be submitted within the technical proposal should only include the contractor's staff entering the patient homes?

A. Government Response:

It includes all staff.

64. On Page 1, Evaluation Factors and Submission Instructions, under 3. Proposal Format, it states the Price Proposal is Not to Exceed (NTE) 30 Pages.

Clarification Question:

1. B.5 Schedule of Services Supplies goes from Page 6 to Page 163 which will exceed the 30 Page limit significantly. Please advise.

A. Government Response:

This information has been updated. The Not to Exceed (NTE) limit for the price proposal is now 177 pages. The updated price schedule is attached to amendment 00004.

65. Instructions to Offerors: If we are to provide the documentation you are requesting on personnel (i.e. resumes, staff matrix, descriptive literature and facilities schematics) we will exceed the 190-page limitation. Will the VA reconsider the page limitation so that we can submit a complete response?

A. Government Response:

This information has been updated. The Not to Exceed (NTE) limit for the Technical proposal and QAP is now 300 pages.

- See attached document: "UPDATED PRICE Schedule 10.13.2017".
- See attached document: "Evaluation Factors and Submission Instructions VISN 10 Ohio Home O2 Services - 10.13.2017".