

DEPARTMENT OF VETERANS AFFAIRS

**Justification and Approval (J&A)
For
Other Than Full and Open Competition (>\$150K)**

IDC CON MOD ID: VA701-14-D-0009 P00010

1. Contracting Activity:

Department of Veterans Affairs, VHA Office Analytics and Business Intelligence (OABI) is the headquarters for the Veterans Health Administration's (VHA) Survey of Healthcare Experiences of Patients (SHEP) program purchase request 776-18-1-4862-0003

2. Nature and/or Description of the Action Being Processed:

This request is for approval to raise the current single award Indefinite Delivery Indefinite Quantity (IDIQ) VA701-14-D-0009 ceiling limit by 1,989,109.20 via supplemental agreement under Modification P00010. The requirement will provide mail-out administration of veteran patient experience surveys and related services to veterans receiving specified types of care at or through each Medical Center and approximately 1,000 Outpatient Clinics of the Veterans Health Administration (VHA). This includes Puerto Rico and surrounding coverage area, and the Philippines, unless otherwise specified. The principal patient populations to be surveyed are recently discharged inpatients and patients receiving healthcare as outpatients. The three core surveys include recently discharged inpatients, patient centered medical home (PCHM), and care in the community. The prices on the IDIQ are firm-priced pre-priced CLIN(s).

3. Description of Supplies/Services Required to Meet the Agency's Needs:

The contractor shall provide all resources necessary to accomplish the deliverables. The contractor shall provide mail-out administration of veteran patient experience surveys and related services to veterans receiving specified types of care at or through each Medical Center and approximately 1,000 Outpatient Clinics of the Veterans Health Administration (VHA). This includes Puerto Rico and surrounding coverage area, and the Philippines, unless otherwise specified. The principal patient populations to be surveyed are recently discharged inpatients and patients receiving healthcare as outpatients. However, surveys for other populations may be developed and fielded, as necessary. Provisional or full certification must be maintained or improved upon, (e.g. provisional HCAHPS to full HCAHPS certification), and maintained for the life of the contract.

In support of transparency efforts and to be able to benchmark performance against non-VHA healthcare the VHA uses the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey for the recently discharged inpatient population, with some customized VA questions, and both the Patient Centered Medical Home (PCMH) and a modified Health Plan/Clinician and Group CAHPS survey for the ambulatory care patients.

Each of the five surveys will be conducted monthly in an ongoing basis. The estimated total number of core surveys is currently approximately 449,925 for this performance period. The Survey Preparation phase will involve intense collaboration between the OABI and the contractor as questionnaires are designed, all materials for their mailing are set-up and proofed, samples are drawn, bad addresses are eliminated, and final sample sizes are determined. Completing active data collection, providing regular reports of progress, and delivery of accurate final data sets, results reports, and related files will be the prime. Specifically, the data shall be collected as follows:

Data Collection Methodology

Surveys shall be sent via first class mail using a carefully timed mailing sequence in accordance with CAHPS requirements, where applicable, designed to produce the highest possible response rates.

a. Inpatient:

The Inpatient sampling, survey administration and data collection protocols will be fully compliant with the latest HCAHPS Quality Assurance Guidelines (currently V11.0). .

b. Ambulatory Care/PCMH/VA Care in the Community:

The mailing sequence shall be a multiple step process consisting of at least a pre-notification letter, a first survey and cover letter, and a thank you/reminder postcard.

IPSOS shall provide an option for veterans to complete the Ambulatory Care/PCMH survey (not PCMH Long Form) on-line by providing the web address in the pre-notification letter and by contacting the veteran via email. The PCMH Long Form will be mail out mail back only. It is estimated that OABI can obtain email addresses for an estimated 25% of the population; however the ongoing accuracy of the email addresses is estimated.

The current timing sequence of the mailings in each study is as follows:

Week 1-Email invitations go out and Pre-notification letter mails
Week 2-First survey with cover letter mails
Week 3 -Thank you / reminder postcard mails and email sent
Week 5 -Close of data collection

c. VA Specialty Care (note difference from above):

The current timing sequence of the mailings in each study is as follows:

Week 1-Email invitations go out and Pre-notification letter mails
Week 3-Purge web responders, survey with cover letter mails
Week 4 -Thank you / reminder postcard mails and email sent
Week 6 -Close of data collection

IPSOS will be responsible for performing all tasks necessary to field the Ambulatory Care/PCMH survey; draw eligible patient samples, produce survey materials based on input from OABI, construct survey website that complies with VA's security policy, field surveys, receive returns,

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retrieve and collect data, process white-mail, analyze results, and produce results reports.

Sampling, survey administration, and data collection and reporting protocols may change depending on the needs of the organization. Any surveys or specific item sets developed by Agency for Healthcare Research & Quality (AHRQ), National Committee for Quality Assurance (NCQA), or other such agency may be incorporated into VHA versions of the survey(s).

Estimated period of performance for this requirement is three (3) months. Total dollar value \$1,989,109.20. Exact quantities and costs are identified in the table below.

CLIN	Description	Estimated Volume (Annual; ranges represent running total throughout period)	Unit Cost per Survey	Estimated Quantity	
					Total Cost
	Current TO#15	VOLUME PRICING CORE BUSINESS-		3 months	
0001A	Recently Discharged Inpatient Survey (Estimated Volume: 14,500 per month) Vendor to propose volume pricing discount.	1-157,500	5.4900	27,000	148,230.00
0001B	Recently Discharged Inpatient Survey	157,501-165,000	5.3000	7,500	39,750.00
0001C	Recently Discharged Inpatient Survey	165,001-172,500	5.1900	7,500	38,925.00
0001D	Recently Discharged Inpatient Survey	172,501 plus	4.9100	1,500	7,365.00
				CLIN 0001 Total	234,270.00
0002A	Patient Centered Medical Home (PCMH) (Estimated Volume 60,375 per month) Vendor to propose volume pricing discount	1-460,000	4.3600	0	0.00
0002B	Patient Centered Medical Home (PCMH)	460,001-482,000	4.1900	0	0.00
0002C	Patient Centered Medical Home (PCMH)	482,001-504,000	4.0600	0	0.00
0002D	Patient Centered Medical Home (PCMH)	504,001 plus	3.9300	181,125	711,821.25
				CLIN 0002 Total	711,821.25

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0003	Ambulatory Care (PCMH) Long Form (Estimated 5,100 per month)	61,200	5.7500	15,300	87,975.00
	Current TO#12			CLIN 0003 Total	87,975.00
0004A	VA Specialty Care (Estimated Volume 60,000 per month). Vendor to propose volume pricing discount	1-460,000	4.1860	180,000	753,480.00
	Current TO#14			CLIN 0004 Total	753,480.00
0005A	Care in the Community (Estimated Volume 10,000 per month). Vendor to propose volume pricing discount	1-120,000	6.3016	30,000	189,048.00
	Current TO#9			CLIN 0005 Total	189,048.00
0006	Daily Reporting Monthly Fee	3	4171.6500		12,514.95
				Total	1,989,109.20

4. Statutory Authority Permitting Other than Full and Open Competition:

- (X) (1) Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements per FAR 6.302-1;
 () (2) Unusual and Compelling Urgency per FAR 6.302-2;
 () (3) Industrial Mobilization, Engineering, Developmental or Research Capability or Expert Services per FAR 6.302-3;
 () (4) International Agreement per FAR 6.302-4
 () (5) Authorized or Required by Statute FAR 6.302-5;
 () (6) National Security per FAR 6.302-6;
 () (7) Public Interest per FAR 6.302-7;

5. Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition Requires the Use of the Authority Cited Above (applicability of authority):

The Department of Veterans Affairs (VA) employs the Survey of Healthcare Experiences of Patients (SHEP) program to fulfill multiple legislative and executive requirements relating to the collection and reporting of patient/customer experiences. If the SHEP program is unable to continue to collect and report survey data, VA will become non-compliant with the federal laws and executive orders cited below.

- Veterans Access, Choice, and Accountability Act (Public Law 113-146) ("[Choice Act](#)")
 - Sec. 205 "Improved Performance Metrics For Health Care Provided By Department Of Veterans Affairs"

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- Sec. 206 "Improved Transparency Concerning Health Care Provided By Department Of Veterans Affairs"
- The [GPRA Modernization Act of 2010](#)
 - Sec. 6. Quarterly priority progress reviews and use of performance information.
 - Sec. 7. Transparency of Federal Government programs, priority goals, and results.
- [Executive Order 12862](#) "Setting Customer Service Standards"
 - Sec. 1. Develop Customer Service Standards
 - Sec. 2. Report on Customer Service Standards
- [Executive Order 13571](#) "Streamlining Service Delivery and Improving Customer Service"
 - Sec. 2 Agency Customer Service Plans and Activities

In addition to the statutory requirements listed above, the SHEP program has been used to remedy deficiencies cited in several oversight reports, including:

- [Commission on Care](#)
 - Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector
- [VHA Directive 1229](#)
 - Sec. f to provide feedback to the VISNs on outpatient sites of care performance annually with regard to clinical indicators such as: patient satisfaction surveys, preventive care, and clinical guidelines.
- [GAO Report on VA Health Care Quality](#)
 - VA should improve the information it publicly reports on the quality of care at its medical facilities

The SHEP program uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys as the industry standard approach to measuring and reporting patient experiences, to support the goal of benchmarking VHA performance against private sector healthcare. The SHEP program metrics are used to foster transparency and are publically reported on various websites including:

- [Satisfaction With Care](#)
- [Patient Experience Compare Data](#)
- [CMS Hospital Compare](#)
- [Why Not the Best VA.](#)

The VA is required to initiate contact for all sampled patients within 42 days of discharge. Public reporting of the HVAPS Results at hospital levels are publicly reported on the Hospital Compare Web site (<https://www.medicare.gov/hospitalcompare>). This web site was created through the efforts of CMS, along with the Hospital Quality Alliance (HQA). Hospitals must have 25 completed surveys in the 12-month reporting period for HCAHPS results to be publicly reported on the Hospital Compare Web site.

Non-compliance with HCAHPS protocols including program requirements, timely submission of the QAP as requested, and participation and cooperation in oversight activities, may result in sanctions being applied to a hospital and/or its survey vendor including: application of the appropriate

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footnote(s) to HCAHPS Survey results reported on the Hospital Compare Web site, adjustment to publicly reported scores, as needed, increased oversight activities, loss of approved status to administer the HCAHPS Survey, withholding of HCAHPS Survey results from public reporting, which could affect the hospital's Annual Payment Update (APU), and other sanctions as deemed appropriate by CMS

Note: Hospitals that contract with a survey vendor or self-administer the HCAHPS Survey should be aware that non-compliance by either hospitals or survey vendors could result in these, or other, sanctions as listed above.

The current award of the Replacement IDIQ is currently under a protective order protest with an expected decision from the Government Accountability Office (GAO) January 08, 2018. Therefore, there is not enough time to establish a new contractor and new Business Associate Agreement (BAA) due to the Protective Health Information in order to meet the requirements established for reporting to HCAPS. Therefore, a need exists to increase the dollar ceiling of the existing IDIQ in order to continue to obtain the requisite services while the protest is being resolved by GAO. Please see required timelines below:

FY2018 OUTPATIENT															
Protocol	Patient Visit Month	VHA Pull Date	VHA Data File Delivery	Prenote / Email Invite	Cutoff Date Online Completion	Reminder Email	Survey	Postcard	Close Date Collection	Deliver Datasets	Deliver Ravel / Olevel Reports	Deliver Quarterly / Pharmacy Reports	Deliver Rolling 4 Quarters Reports	Estimated Mail Outgo	Estimated Email Outgo
SC12	Sep	10/10/17	10/10/17	10/19/17	10/26/17	10/26/17	11/02/17	11/09/17	11/30/17	12/12/17	12/19/17	12/27/17	12/29/17	60,000	17,000
SC01	Oct	11/07/17	11/08/17	11/16/17	11/23/17	11/23/17	11/30/17	12/07/17	12/28/17	01/09/18	01/16/18			60,000	17,000
SC02	Nov	12/05/17	12/06/17	12/14/17	12/21/17	12/21/17	12/28/17	01/04/18	01/25/18	02/06/18	02/13/18			60,000	17,000
SC03	Dec	01/09/18	01/10/18	01/18/18	01/25/18	01/25/18	02/01/18	02/08/18	03/01/18	03/13/18	03/20/18	03/27/18	03/30/18	60,000	17,000
PCMH(L)12	Sep	10/10/17	10/11/17	10/25/17		11/01/17	11/01/17	11/08/17	11/29/17	12/08/17	12/15/17	12/27/17	12/29/17	65,475**	19,000*
PCMH(L)01	Oct	11/08/17	11/09/17	11/22/17		11/29/17	11/29/17	12/06/17	12/27/17	01/09/18	01/16/18			65,475**	19,000*
PCMH(L)02	Nov	12/06/17	12/07/17	12/20/17		12/27/17	12/27/17	01/03/18	01/24/18	02/02/18	02/13/18			65,475**	19,000*
PCMH(L)03	Dec	01/10/18	01/11/18	01/24/18		01/31/18	01/31/18	02/07/18	02/28/18	03/09/18	03/20/18	03/27/18	03/30/18	65,475**	19,000*
CC12	Sep	10/16/17	10/17/17	10/24/17		10/31/17	10/31/17	11/07/17	11/28/17	12/07/17	12/15/17	tbd	tbd	10,000	3,200
CC01	Oct	11/13/17	11/14/17	11/21/17		11/28/17	11/28/17	12/05/17	12/26/17	01/09/18	01/16/18			10,000	3,200
CC02	Nov	12/18/17	12/19/17	12/27/17		01/03/18	01/03/18	01/10/18	01/31/18	02/08/18	02/13/18			10,000	3,200
CC03	Dec	01/16/18	01/16/18	01/23/18		01/30/18	01/30/18	02/06/18	02/27/18	03/08/18	03/20/18	tbd	tbd	30,000	9,300
SCXX = Specialty Care Survey; PCMH0X = PCMH Short; PCMH0X = PCMH Long; CC0X = Community Care; IP0XA = Inpatient Survey Cohort A; IP0XB = Inpatient Survey Cohort B															
*PCMH-L does not have an online component															
**The estimated mail outgo for PCMH Short is 60,375 and 5,100 for PCMH Long															
FY2018 INPATIENT															
Protocol (IP_B Includes Psych)	Patient Visit Month	VHA Pull Date	VHA Data File Delivery	Survey (1st survey)	Cutoff Date 1st Survey Returns	Survey (2nd Survey)	Close Date Collection	Deliver Datasets	Deliver Ravel / Olevel Reports	Update Staging Site IP DOC Reports	Deliver Quarterly / Semiannual Reports	Deliver Rolling 4 Quarters / PMA Reports	Update Live Site DOC Reports	Internal HCAHPS Data Submission Dates	HCAHPS Official Data Submission Dates
IP01A	Oct	10/23/17	10/24/17	11/07/17	11/21/17	11/28/17	12/19/17	01/11/18	01/16/18	01/23/18			01/26/18		
IP01B	Oct	11/06/17	11/07/17	11/21/17	12/05/17	12/12/17	01/02/18	01/11/18	01/16/18	01/23/18			01/26/18	01/23/18	
IP02A	Nov	11/20/17	11/21/17	12/06/17	12/20/17	12/27/17	01/17/18	02/08/18	02/13/18	02/20/18			02/23/18		
IP02B	Nov	12/04/17	12/05/17	12/19/17	01/02/18	01/09/18	01/30/18	02/08/18	02/13/18	02/20/18			02/23/18	02/20/18	
IP03A	Dec	12/26/17	12/26/17	01/09/18	01/23/18	01/30/18	02/20/18	03/15/18	03/20/18	03/27/18	03/27/18	03/30/18	03/30/18	03/27/18	
IP03B	Dec	01/09/18	01/09/18	01/23/18	02/06/18	02/13/18	03/06/18	03/15/18	03/20/18	03/27/18	03/27/18	03/30/18	03/30/18	03/27/18	04/04/18

6. Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:

The pre-solicitation notice for Request for Proposal (RFP) VA701-17-R-0047 was published to FedBizOpps on January 31st, 2017. The published notice provided a brief description of the requirement, as well as details for the planned release of the solicitation.

RFP VA701-17-R-0047 was issued on April 6th, 2017. The solicitation was for the provision of services for the Survey of Health Experiences of Patients (SHEP) Program. The RFP was issued as an open market competitive solicitation for the award of a Firm-Fixed-Price Indefinite Delivery/Indefinite Quantity (ID/IQ) contract with a twelve (12) month period of performance for the base year, with four (4) twelve (12) month option years. In addition, two amendments to the solicitation were issued. Amendment A00001 was issued on April 21st, 2017 and provided answers to questions submitted by vendors as well as an updated PWS and Price Schedule. Two (2) offers were received.

Indefinite Quantity/Indefinite Delivery (ID/IQ) Contract VA701-17-D-0021 was awarded to Ipsos Public Affairs, LLC, 2020 K Street NW, Suite 410, Washington DC 20006-1806 on September 19th, 2017. The contract maximum is \$100,000,000.00.

September 29, 2017 the unsuccessful offeror filed a protective order protest. A suspension of work notice was issued to the awardee October 2, 2017.

7. Determination by the CO that the Anticipated Cost to the Government will be Fair and Reasonable:

The anticipated cost is considered fair and reasonable. All CLIN(s) are pre-priced firm- fixed priced competed at the IDIQ level and found fair reasonable at time of award.

8. Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:

In accordance with FAR Part 10, market research was conducted for this acquisition prior to the award of IDIQ VA701-14-D-0009. In accordance with the Veterans First Contracting Program (VFCP 2016) VAAR Deviation, the VetBiz database was queried to re-examine the marketplace for all Veteran-Owned Small Business (VOSB) concerns for this procurement.

Based upon the Sources Sought responses received for IDIQ VA701-17-D-0021, it was determined that there were three (3) other than small businesses capable of meeting the requirements, and one (1) small businesses found capable of meeting the requirements.

Solicitation VA701-17-R-0047 was issued as an unrestricted, open market solicitation. Three (3) proposals were received in response. All three responses were submitted by "Other than Small" Businesses.

9. Any Other Facts Supporting the Use of Other than Full and Open Competition:

As stated in paragraph 5 above, the VA is required to initiate contact for all sampled patients within 42 days of discharge. Public reporting of the HCAPS Results at hospital levels are publicly reported on the Hospital Compare Web site (<https://www.medicare.gov/hospitalcompare>). Non-compliance

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with HCAHPS protocols including program requirements, timely submission of the QAP as requested, and participation and cooperation in oversight activities, may result in sanctions being applied to a hospital and/or its survey vendor. The first pull for patient surveys is required by October 20, 2017. Additionally, establishment of the BAA for protected health information can not be accomplished within the required timeline stated by HCAPS protocols.

All vendors must be provisionally or fully HCAPS certified in order to participate in the survey distribution.

10. Listing of Sources that Expressed, in Writing, an Interest in the Acquisition:

Offerors submitting proposals are as follows: IPSOS Public Affairs, Press Ganey, and National Research Corporation.

11. A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required:

Competition was sought and awarded in strict accordance with the evaluation criteria. The requirement was suspended due to a protective order protest by the unsuccessful offeror.

12. Requirements Certification: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge and belief.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

13. Approvals in accordance with the [VHAPM Part 806.3 OFOC SOP](#): This part if filled out by Contracting Staff as part of the Justification

a. Contracting Officer or Designee's Certification (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

- b. One Level Above the Contracting Officer (Required over \$150K but not exceeding \$700K): I certify the justification meets requirements for other than full and open competition.

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

- c. Director of Contracting/Designee: I certify the justification meets requirements for other than full and open competition.

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

- d. VHA SAO HCA Review and Approval: I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and recommend approval (if over \$68 million) or approve (\$700K to \$68 million) for other than full and open competition.

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]