

Item	Relevant Section	Question / Comment / Suggestion	Response
1	G.10	Given seven calendar days for composing questions and providing a 30 calendar day response period for drafting a proposal response, the timelines associated with this RFP appear expedited . However, the government also indicates that it does not intend to make an award until March 2019. Are these timelines correct? If so, why does the government appear to be expediting Industry's response to a complex RFP in such a manner?	The submission date of proposals will be extended to October 29, 2018.
2	M.4.3.2	Do evaluators complete, sign and return the Past Performance Questionnaire to the Offeror who then includes the completed and signed Questionnaire in its Past Performance Volume or do the evaluators complete and sign the Past Performance Questionnaire and return the completed and signed document directly to the CO? It seems there is conflicting language in the RFP in this regard.	Yes, evaluators will complete, sign, and return the Past Performance Questionnaire directly to email address CCN4@VA.gov. Section M.4.3.2 is revised to reflect these changes.
3	M.4.3.2	Is the Past Performance contract submission requirement 3 contracts for the procurement, or 3 contracts per each qualified entity? The offeror assumes that the qualified entity is either the Offeror as a JV, or single Prime entity and its first tier Subcontractors performing claims processing, call center, or managing or directing dental care services. In the case of a JV, can each owner in the JV submit three contracts that are relevant, or is the JV only able to submit 3 contracts in total plus 3 contracts for each of its first tier subcontractors who meet the cited eligibility criteria above?	Refer to L.7.4 and M.4.3.2 for further clarification.
4	Attachment A	Attachment A: VAMC Catchment area by CCN Region (Dated 8-3-18 v2) cites a total number of Region 4 enrollees as 4,803,612. Is that an accurate assessment of enrollees? The offeror notes that prior estimates of enrollees in Region 4 have been significantly less. For example, the Community Care Network Operations Manual (Nov 2015) lists 2,650,694 enrollees in Region 4.	Refer to modified Attachment A v3. The offeror should only be using the Attachments included with this solicitation.
5	I.22	(I.22) In the draft version of the Region 4 RFP, the maximum contract value was given as \$27,960,092,095.00 Upon review of the Final RFP, the requirements for appear to be substantially the same, but the maximum value is listed as 50,792,999.00. If these numbers are accurate, please explain the reason that the maximum contract value was lowered.	The maximum contract value for the base and all option periods is \$27,960,092,095.00. Section I.22 is updated to reflect this change.
6	I.22	(I.22) Please explain this paragraph. Is the government stating that it plans to pay no more than \$50,792,999.00 for the base and all option periods for all CLINS listed in Section B of the RFP? If this max amount is for specific clins covering specific option periods, please provide that information.	The maximum contract value for the base and all option periods is \$27,960,092,095.00.

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7	PWS Section 3.4	Attachment G, "CCN Healthcare Services Network Quality and Performance Criteria Template v2" is not included in the attachments (zip file) . Attachment G that is included is named "Past Performance Questionnaire v2". Please post the CCN Healthcare Services Network Quality and Performance Criteria Template v2	Attachment G is "CCN Healthcare Services Network Quality and Performance Criteria Template v3." This attachment will be included under Amendment 0003. Past Performance Questionnaire attachment was revised and renamed to "Past Performance Questionnaire v3."
8	PWS Section 14.1	The CCN Quality and Patient Safety Measure Specifications Manual was not included as an attachment as noted in answer to item #13 in the questions answered. Please provide the CCN Quality and Patient Safety Measure Specifications Manual.	The RFP is being amended (PWS Section 14.1) to address this question.
9	PWS Section 14.1	Attachment PQR - [CPSADD] - ADD025 – Data Routing Service: The link is not working for this citation. The error code received is: " <i>Cannot locate the Internet server or proxy server.</i> " Please provide updated link.	The links included in the document are for VA reference only. The document includes all necessary information.
10	PWS Section 14.1	Attachment PQR - [DCGADD] - ADD010 - DAS Client Gateway: The link is not working for this citation. The error code received is: "Cannot locate the Internet server or proxy server." Please provide updated link.	The links included in the document are for VA reference only. The document includes all necessary information.
11	PWS Section 14.1	Please provide the VHA OCC Quality & Patient Safety Improvement Program Description that the CQMP must align to, as referenced on page 136 of the RFP.	The RFP will be amended, Section 14.1 to address this question.
12	PWS Section 3.2	<p>Regarding Walk - in Care services (page 85): Place of Service Code 17 = A Walk in Retail Health Clinic.</p> <p>This is CMS definition from CMS.gov: A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010)</p> <p>What are the walk in clinics located in Pharmacies considered? Are these considered POS code 17?</p> <p>Is the Contractor responsible for credentialing providers in POS 17 locations?</p> <p>Are these locations (POS 17) to be considered when calculating Network Adequacy?</p>	Walk-in clinics with a recognized Place of Service Code 17, located in pharmacies, are included. Yes, the contractor is responsible for credentialing providers . RFP is amended to provide Network Adequacy for Walk-In care.

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13	PWS Section 4.2	<p>The Draft RFP for Region 4 had indicated that it intended to change the CIHS requirements by noting that Tai Chi and Native American Healing were exceptions to the Veteran's benefit. In the Final RFP for Region 4, the categories of services included under the heading of CIHS appear unchanged. Please confirm that VHA has decided not to eliminate the categories of Tai Chi and Native American Healing from the services required for the CCN CIHS Network in Region 4.</p> <p>Please Provide the CIHS Directive list 2 so that the offeror has the complete list of exceptions.</p>	Yes, VHA will still include Tai Chi and Native American Healing as referenced in Section C.4.2 Table 7. RFP is amended to include the CIHS Directive List 2.
14	L.5.3., L.9., L.9.1.	L.5.3. states: "The Offeror shall include its Small Business Subcontracting Plan in Volume I." VOLUME V - SOCIOECONOMIC CONCERN states: "All proposals must include a Socioeconomic Concerns Volume to be considered for award" . Is it the Governments intent to have the Small Business Plan in both Volume I and Volume V?	Socioeconomic Business Concerns was moved to Volume IV, Section L.8. Submission of the Subcontracting Plan is required for only Volume IV.
15	PWS Section 3.7	<p>3.7.1 (page 90) states that "VA will recognize and accept the credentials and qualification of VA current Third-Party Administrator's Patient Centered Community Care (PC3) providers to allow for a seamless transition between contracts." VA will send a list of those eligible providers to the awardee. (1) Please clarify whether or not this recognition and acceptance is only for providers previously credentialed by the awardee, or if the awardee is able to accept a different/previous contractors' credentialing as recognized and accepted by VHA? (2) Will additional onboarding be required for those providers that are transitioning from PC3?</p>	<p>1) This references only providers included in the current PC3 Network for which VA will send a list of providers for. Although the credentials will be recognized by the VA for the specified times, we do not claim that it will meet your network accreditation requirement. That research and documentation must be performed by the awardee.</p> <p>2) Acceptance of credentialing does not preclude other boarding efforts or other requirements required in the contract (to included obtaining needed provider listing data elements).</p> <p>Review amended Section 7.3.1</p>
16	PWS Section 3.7	<p>3.7.1 (page 91) states that "The Contractor shall confirm that the CCN provider network does not include providers identified by VA who have had a previous relationship with VA and were determined to be unsuitable to treat Veterans."</p> <p>Is the expectation that we will include these providers in our monthly sanction monitoring or initial credentialing process?</p> <p>Could the VHA please provide more information on what is included with the information provided to the contractor and how that information will be accessed?</p>	<p>The contractor should ensure these excluded providers are not a part of the network.</p> <p>VA will identify providers who have been determined to be unsuitable to treat Veterans through the VA provider data. At a minimum VA will provide the provider NPI number for positive identification. Refer to amended section 3.7.1.</p>

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17	PWS Section 18.5	18.15.1 (page 153) states that "VA will share the Network Provider File and their demographics with other Federal agencies." Provider networks generally have a proprietary concern with the sharing of provider data files. Will the sharing of provider data files with other Federal agencies be disclosed with specifics regarding with whom the file was shared and when? Provider contracts and credentialing information usually limit the use of provider and credentialing information. It would be helpful to understand how the VA plans to share this information and how the information will be used.	VA will make every attempt to notify CCN when provider and credentialing information is shared with other Federal agencies.
18	PWS Section 18.5	18.15.2 (page 154) Is the provider data provided specific to prescribing VA providers only, or will there be data shared on all VA providers?	Yes, the VA will provide all provider data and distinguishing providers by the associated DEA number in accordance with attachment U (Tab 16 Master Provider File).
19	L.4.3	<p>L.4.3 States "The font for both CD ROM and paper submissions shall be no less than 12-point font and Times New Roman, with 1.5 line spacing." It later goes on to say that "Double-spacing does not apply to the table of contents, illustrations, organization charts, supporting data tables, report listings, or labels on process flows." Finally, it says "Graphics shall be clear and legible for all documents and all content."</p> <p>Please confirm our interpretation of the requirements for illustrations, organization charts, supporting data tables, report listings and labels on process flows.</p> <p>Based on the single exclusion made for 1.5 line spacing, we interpret the direction to be that these items must be done in 12pt font and Times New Roman.</p> <p>Please note that 12 point font and Times New Roman are not the industry standard for graphics. For example, a sans serif type like Ariel is generally preferred for purposes of legibility. Likewise, requiring all graphics to be in 12 point font removes any advantage that graphic presentation may present to the reader in terms of prioritizing information within a diagram or chart.</p> <p>Furthermore, we interpret "illustrations, organization charts, supporting data tables, report listings or process flows (and their accompanying labels) to fall under the definition of "graphics." Please confirm or correct our understanding.</p>	Section L.4.3 was revised to provide clarity.

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20	L.4.3	Please provide direction regarding the use of screenshots within the context of the CCN proposal. When capturing examples of our interfaces, and those of our subcontractors, the offeror has little to no control over the font type and spacing actually used in the application. The offeror would like to demonstrate for the government how those interfaces would appear to the user, but may not be able to do so if the content of screenshots is limited to a specific font type and spacing. In those cases, would the offeror be permitted to follow the guideline that "Graphics shall be clear and legible for all documents and all content."	Section L.4.3 was revised to provide clarity.
21	Attachment E	Attachment E: Summary Demand Data V2 refers to 911,542 VACAA-eligible Veterans in FY 16. In FY 17, that total falls to 244,960 VACAA-eligible Veterans. Even when changes in regional alignment are considered, this is a significant drop. In previous RFPs, the data provided for FY15 indicates total eligibility to be approximately 700,000. Can the VA please explain the change in these numbers and clarify whether, and how, any change in definition or calculation has impacted VA's estimates.	The Offeror should only be using the Attachments included with this solicitation.
22	M.4.3.4	Section M.4.3.4 states that "The weighted value of the Offeror's Score is based on a set of weights determined by the VA for each CLIN and Sub-CLIN being evaluated". Will the government provide the set of weights it will use to evaluate each CLIN and Sub-CLIN? The contractor has been unable to locate these weights within the RFP.	VA will revise the RFP to include the weighted value.
23	PWS Section 7.1	Page 102: Section C.7 Referrals & Prior Authorization PWS REQ: The Approved Referrals or Prior Authorizations may include SEOC for both the Veteran and spouses . These spouses are referred to as collateral spouses. Bidder's Question: Does this apply to ART & IVF only or are do spouses qualify for additional services as outlined in attachment I?	Yes, it does apply to ART & IVF. VA will make determinations for any other eligibility and refer care appropriately using an approved referral.
24	G.3	G.3.3 Page 77 If an Electronic Healthcare Network Accreditation Commission (EHNAC) certification has been obtained, provide the assigned certification number. If a Federal Government Authority to Operate (ATO) has been obtained within the past three years, provide a copy of the ATO obtained, and the agency issuing the ATO). Question: If a contractor can provide an EHNAC or ATO, how does that simplify our compliance requirements?	VA has revised the evaluation question in L.6.3.4 that the offeror must provide their approach to meet G.3.3 Information Technology Security.

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25	PWS Section 15.1	<p>PWS 15.5 Page 144 Bidders Questions regarding 15.5: As a result of a Walk-In visit, a Veteran may receive an Urgent/Emergent prescription(s) for fulfillment. The Urgent/Emergent formulary will address pharmaceutical needs for Eligible Veterans receiving Walk-In care. Non-Urgent/Emergent prescriptions can be faxed/e-prescribe to VA's pharmacy for fulfillment.</p> <p>Question: Currently the PBM contractor is required to have an active referral to fill all urgent emergent prescriptions. As a result of a walk-in visit and should a veteran require an urgent/emergent medication/prescription, would there ever be an exception where a veteran would not require a referral to fill the prescription at a retail CCN pharmacy? If so, please explain the process to be followed for an authorized walk-in prescription.</p>	VA modified 15.5 and 12.1.1.
26		Does VA intend to hold an Industry Day for this solicitation?	No.
27		When will VA issue answers to RFP questions? Will VA hold all questions until all answers are complete or issue questions and answers in batches?	The VA anticipates responding to all Q&A within Amendment 0003.
28	B	Would VA please provide historical and/or projected claims processing volumes to assist offerors' develop their administrative pricing estimates?	No additional information to offer at this time. The offeror should project their claims volume based on the availability of their network and claims processing volume.
29	B	Would VA please provide historical and/or projected healthcare expenditure by CLIN to assist offerors' develop their administrative pricing estimates?	VA will not provide additional information at this time.
30	PWS Section 1.1	The last sentence of this paragraph reads, "CCNs are the preferred method of obtaining care for CCN providers." Since "CCN" is previously identified in this section as "Community Care Network" the last sentence is unclear. In addition, this solicitation is for a single CCN. Please clarify the last sentence should read, "The CCN is the preferred method of obtaining care from Non-VA providers in the community."	Amendment contains modified language that the CCNs are the preferred method of obtaining community care for Veterans.

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31	PWS Section 1.1	Please describe the circumstances that would result in VA to not use the CCN as the preferred method of care from community providers.	VA intends for this contract to be the preferred method for purchasing care in the community; however, situations may arise that require VA to purchase care through other authorized processes.
32	PWS Section 1.2	Please provide a list of the services under the VA Community Care program that the government has determined are "inherently governmental."	As indicated in Section 1.2 inherently governmental functions are defined by Federal Acquisition Regulation (FAR) 7.503 or personal services as defined by FAR 37.104.
33	PWS Section 1.3	Please clarify the language in 1.3 that states, "The Contractor must establish and maintain a network of high performing licensed healthcare providers as well as healthcare practitioners capable of delivering patient-centered care." (emphasis added). The words "as well as" seem to imply that the government has a different definition of "high performing licensed healthcare providers" and those "practitioners capable of delivering patient-centered care." We believe a high performing licensed healthcare providers are also capable of delivering patient-centered care. Please explain.	No, the words "as well as" does not imply that VA has a different definition of high performing licensed healthcare providers. The requirement is that licensed healthcare providers and practioners must provide high quality patient-centered care. Reference section C.3.0.
34	PWS Section 2.1	In the last paragraph of page 73 of 275 in PWS Section 2.1.1, the first line states, "Contracting Officer (Contracting Officer)." Should the parenthetical content be an acronym or it is intended to refer to something else? Please clarify.	VA intended that to be acronym (CO) for Contracting Officer.
35	PWS Section 2.2	Please clarify and confirm that the Project Plan under 2.2 covers the Implementation and Deployment periods only and does not apply to the full contract operations after HCD. The statement, "...to capture all elements of managing the CCN." is confusing. Should this be edited to read, "... to capture all of the elements of managing the implementation and deployment of the CCN."?	The requirement of the project plan under 2.2 includes the implementation and deployment periods as well as the continuing operations after HCD.
36	PWS Section 2.2	Please define the term "initial Project Plan." What does this include? When is it due to the government?	Project Management Plan (Project Plan) will be delivered in accordance of section F Deliveries or Performance. The initial plan will be provided at kick off.

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37	PWS Section 2.2	<p>The CCN for Region 4 includes coverage for 13 states. The requirement that, "The Offeror must meet HCD requirements no later than six (6) months after the contract award date "unfairly limits competition to those companies who already have a network of providers delivering services to Veterans under the PC3 and Choice program contracts. For an Offeror not currently delivering under PC3/Choice, building an adequate network to be fully operational across the 13 state geographic area within six months, while possible, will be costly and could result in an smaller network that would not meet Congressional direction to provide Veterans ample choice of providers. Given the trade-off between time, contract costs and Veteran choice, please provide an explanation of VA's implementation period. Specifically:</p> <ul style="list-style-type: none"> - Please provide a separate sub-CLIN for the provider network build costs associated with a six-month implementation timeframe to allow the government to have better visibility into the cost implications of such a timeframe. - Please consider adding a requirement for a two-phased network development process that allows Offerors to build a small network that delivers minimum access within six months, plus an additional phase two of six months of network development that would allow offerors to continue to build and develop their provider networks to deliver better choice and access to Veterans across Region 4. - Please provide the number of network providers by specialty/type currently delivering under the PC3/Choice TPAs for each of the 13 states. Congressional testimony would imply, in several cases, that the provider networks under PC3/Choice are inadequate and are not providing Veteran care within the timelines required. Without the current provider information, Offerors are at a significant disadvantage given the six month implementation period. 	<p>See amended PWS section 2.2, Health Care Delivery (HCD) changed to nine (9) months after award. SHCD remains as 90 days.</p>
38	PWS Section 2.2	<p>As a lesson learned from the expedited implementation of the Veteran's Choice Program, would VA consider a tiered approach for Implementation. For example: 25% of Region 4 adequate and HCD in 120 days; 50% adequate and HCD in 180 days; 75% adequate and HCD in 240 days and 100% adequate and HCD in 300 days.</p>	<p>No, see amended section 2.2 for HCD modification.</p>

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39	PWS Section 2.2	In Section 2.2.1, the list of Implementation Strategy elements includes "Transitioning dialysis services from expiring VA contracts." To plan for level of effort to contract with dialysis providers, and allow Veterans to continue to see an existing provider, when would VA provide the list of dialysis providers? Would VA be willing to provide the count of providers during proposal submission phase, so that the Offerors can plan/budget appropriately for contracting efforts?	VA will provide a list of available dialysis providers, that are not considered proprietary information, at contract award. VA is currently using approximately 1,530 outpatient dialysis facilities in Region 4.
40	PWS Section 2.6	Accreditation states the following components or programs need accreditation: "Provider Network or Health Network." Would VA consider adding Health Plan Accreditation as an alternate to either of these two since it includes network management as a component of the Health Plan Accreditation?	The language in PWS Section 2.6 allows for the proposed approach. See PWS Section 2.6 for details.
41	PWS Section 2.6	Accreditation states the following components or programs need accreditation: "Credentialing Process." In Q&A from the current solicitation used for Regions 1-3, VA clarified that "VA is not seeking separate credentialing accreditation so long as this is part of overall Plan accreditation. Refer to PWS Section 3.7.1 Credentialing." Since all standards and requirements within credentialing accreditation are included in the Provider Network accreditation, would VA agree that this is the same guidance for Region 4's requirement to achieve accreditation, per PWS 2.6 and 3.7.1?	Yes, this same guidance will apply to Region 4, VA is not seeking separate credentialing accreditation so long as this is part of the overall plan accreditation.
42	PWS Section 3.1	Would VA please further define non-urgent neurosurgery as it pertains the excluded providers from Drive Time standards?	Non urgent visits, in relation to exclusions of drive time standards referenced in Section C.3.1, are those which do not meet clinically indicated standards of emergent (within 24 hours) or urgent (within 48 hours) care.
43	PWS Section 3.7	Please provide the approximate number of providers, by state, that VA believes will be eligible for interim credentialing.	VA will provide a list of providers upon contract award. Offeror should reference Section 3.7.1 for requirements.
44	PWS Section 3.7	Is there a statute of limitations for providers that have been determined to be unsuitable to treat Veterans? Will the recurring listing be all inclusive or only include new providers?	Due to the nature of the exclusion list, there is not a statute of limitations. The recurring listing will be all inclusive.

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45	PWS Section 5.0	The paragraph references 18.5 "Provider Data Transfer." Section 18.5 is "Veteran Demographic and Administrative Data;" Section 18.15 is "Provider Data Transfer." Which is the correct reference?	The correct reference should be 18.5 Veteran Demographic and Administrative Data.
46	PWS Section 7.1	What fields/elements will be included in the copy of the referral and authorization data that VA sends to the Contractor?	The referral and authorization fields/data elements that will be transmitted are referenced in G.14.
47	PWS Section 8.0	In the original RFP, now used for Regions 1-3, section 8.0 contains "The Contractor is not responsible for scheduling appointments for Veterans under this contract, with the exception of Section 11 Optional Tasks." Would VA confirm that the exception of Section 11 also applies to this RFP?	VA will modify the RFP to indicate that the Contractor is not responsible for scheduling appointments for Veterans under this contract, with the exception of Section 11 Optional Tasks.
48	PWS Section 9.1	Will VA CCN field operations staff require training?	All Contractor training for VA staff is identified in section 10.1.3.
49	PWS Section 9.7	The title of the section is Chronic Dialysis, and the text is about transplant candidates. Would VA clarify the intent of this section?	VA will modify the RFP section heading 9.7 from Chronic Dialysis to Identification and Documentation of Transplant Candidates.
50	PWS Section 12.13	RFP Section 12.13 (Federal Codes and Regulations) provides that "The Contractor shall ensure the Claims processing system and any associated business rules and processes incorporate and maintain VA statutory and regulatory authorities, including any subsequent changes thereto." This requirement is unduly ambiguous and vague. What particular "statutory and regulatory" provisions does the Agency intend to incorporate by reference with this Section?	The requirement is that the Contractor will follow the pricing and payment methodology as stated in Section B.
51	PWS Section 17.1	In the original standards, the drive time for General Dentists in Highly Rural areas was 90 minutes, however the in the Region 4 RFP, this changed to 60 minutes. We would suggest to have the Highly Rural drive time reevaluated and increased at least back to the 90 minutes or are we to adhere to the change to 60 minutes?	The RFP will be amended to reflect Dental Highly Rural drive time as 90 minutes.

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52	PWS Section 18.1	<p>In PWS Section 18 introduction there is a statement that says “The Contractor shall keep its systems in line with evolving industry standards and the Contractor shall plan future system enhancements, as appropriate, to support CMS and the Office of the National Coordinator (ONC) Electronic Health Record (EHR) Meaningful Use Stage 3, and related 2015 EHR certification criteria providing consistent, standards-based workflow, and building on open specifications including health Level 7’s Fast Healthcare Interoperability Resources (FHIR), the Data Access Framework (DAF), OAuth, and other VA approved specifications, such as those developed under the Argonaut project.” Would like confirmation that there is no requirement for contractor to be Electronic Health Record (EHR) Meaningful Use Stage 3 and Level 7’s Fast Healthcare Interoperability Resources (FHIR) compliant. Assuming this statement means that contractor will assist CMS and ONC in achieving these compliance objectives.</p>	<p>There is no contractual requirement as this time.</p>
53	F	<p>Per Section F, Table 20, Deliverables 7 and 8 we will be required to submit a monthly update to the Risk Management Plan (RMP) and an as needed update to the Risk Register. It would seem that the RMP should not have monthly updates, as the approach to managing risks should stay consistent. The Risk Register will have monthly updates as we track and mitigate risks. Would VA consider reversing the update schedule for these?</p>	<p>VA will modify Section F, for Deliverables 7 and 8 so the Risk Management Plan will be updated as needed, and the Risk Register will be updated monthly.</p>

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54	G.3	<p>In Attachment O (Memo of Understanding and Interconnection Security Agreement) Section 3.2.5 (Sensitivity Categorization) it states the following -"The sensitivity categorization of information/data exchanged between VLER DAS and [Organization 2] is High, based on FIPS 199, Sensitivity Categorization of Federal Systems, and the guidance in NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories". In addition in PWS section G3.3 (Information Security) it states 3 ways to attest to security compliance (summary) 1) EHNAC certification, 2) ATO less than 3 years 3) or a synopsis of their security controls assessment as part of their proposal. Upon award completion of the CSCA (Contractor Security Control Assessment) within 30 days. The question we have is whether the FISMA High sensitivity categorization of data exchange between VLER DAS, stated in the attachment O, and contractors by default require the contractor to adhere to FISMA High (NIST 800-53rx) security controls within contractor's security boundaries, or does the requirement under PWS section G3.3 (Information Security) take precedence?</p>	<p>Section G.3, 3. Information Security. The CCN Contractor must attest that they are capable of protecting the Government Furnished Information in accordance with the HIPAA Security Rules, (or the FISMA equivalent) as it applies to the contractor's legal standing (Covered Entity or Business Associate under HIPAA. Upon contract award the CCN Contractor must always complete, and provide to the VA COR, a Contractor Security Control Assessment (CSCA) within 30 days of contract award and on a yearly basis thereafter.</p>
55	G.3	<p>RFP Section G.3 (IT CONTRACT SECURITY) provides that "If the CCN Contractor has neither" an Electronic Healthcare Network Accreditation Commission (EHNAC) or a Federal Government Authority to Operate (ATO) "the Contractor must provide a synopsis of their network security controls environment as part of their proposal." Please clarify whether this is indeed intended to be a proposal requirement or whether this is a post-award submittal, and, if the former, please specify in which proposal volume the referenced synopsis should be included.</p>	<p>There are two separate requirements, the Contractor must provide either an EHNAC, an ATO, or a synopsis of their network security controls environment as part of their proposal, and then 30 days after contract award, the CCN Contractor shall complete a Contractor Security Control Assessment (CSCA).</p> <p>VA has revised the evaluation question in L.6.3.4 that the offeror must provide their approach to meet G.3.3 Information Technology Security.</p>

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56	G.3	Section G.3 (IT Contract Security), ¶4.c provides that "The Contractor shall adhere to their applicable law whether HIPAA Breach Notifications Rule, 5 CFR §1640400-414 or and Federal Trade Commission FTC section 13407 of the HITECH Act." Please correct the reference to the HIPAA provision. It appears to contain a typographical error and should be 45 CFR §§ 164.400-414. In addition, the FTC regulations do not appear to be applicable to this contract. See https://www.ftc.gov/tips-advice/business-center/guidance/health-breach-notification-rule ("The FTC's Health Breach Notification Rule applies only to health information that is not secured through technologies specified by the Department of Health and Human Services. Also, the FTC's Rule does not apply to businesses or organizations covered by the Health Insurance Portability & Accountability Act (HIPAA). In case of a security breach, entities covered by HIPAA must comply with HHS' breach notification rule."). Please clarify whether HHS HIPAA or HITECH FTC regulations apply here. In that regard, we note that VA beneficiaries will not be a contractor's legal customers, although our mission is certainly to provide them with the service and care they richly deserve.	VA will amend the RFP to reference 45 CFR § 164.400-414. The requirement is that the breach will need to be reported either through FTC or HIPAA, which ever applies.
57	I.22	Please confirm that the \$50,792,999.00 maximum contract value for the base and all option periods that is identified in RFP Section I.22 is per period rather than a cumulative contract value.	The maximum contract value for the base and all option periods is \$27,960,092,095.00 and I.22 was updated.
58	I.8	Please clarify proposal instruction L.8.2.1. which currently reads The Offerors shall provide a Basis of Estimate CLINs (e.g., X002, X005, X012)". Should the word "for" be included between "Estimate" and "CLINs"?	Pricing was moved to Volume V, Section L.9. See Revised Section L.9.
59	J	Section PWS 3.4 references Attachment G, "CCN Healthcare Services Network Quality and Performance Criteria Template v2." Attachment G is the Past Performance Questionnaire, and there is no "CCN Healthcare Services Network Quality and Performance Criteria Template v2" listed elsewhere. When will this be made available?	Attachment G is "CCN Healthcare Services Network Quality and Performance Criteria Template v3." This attachment will be included under Amendment 0003. Past Performance Questionnaire attachment was revised and renamed to "Past Performance Questionnaire v3."
60	J	Please define "clinical documentation" as included in Attachment T, paragraph 1.0. That term does not appear in the PWS.	There is no reference to "clinical documentation" in Attachment T. However, VA did identify a reference to Clinical Information which VA will amend Attachment T to remove.
61	J	Please confirm that "non-network providers" as used in this definition does not include any providers with which VA has a direct contracting arrangement.	The use of non-network providers would indicate a provider that is not within the awardee's CCN.

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62		In Section L.2.1.2, the requirement states offerors are to "review the PWS and Attachments contained... for further insights into the areas that must be addressed." This statement is confusing. Presumably, all areas of the PWS and Attachments will provide "further insights" so please clarify this requirement with more specific language.	This concern is addressed in Section L.2.1.1 versus L.2.1.2. Offerors shall review the PWS and attachments to obtain clear understanding of requirements.
63		In Section L.3.1, this requirement states, "The CO has assigned a Contract Specialist to coordinate with Offerors for solicitation questions, receive past performance questionnaires..." L.7.5 states, "The Offeror shall submit the completed questionnaires in its Volume III." Please clarify this discrepancy.	Past Performance Questionnaire shall be submitted to email address CCN4@VA.gov. Section L.3.1 has been revised for clarity.
64		In Section L.4.8 , please clarify if the Organization Chart required under this requirement should include owners/shareholders (i.e., for an organization owned by one or more other entities).	Section L.4.8 states, "In the case of a joint venture or other business structure the Offeror shall provide a clear description of the organizational relationships".
65		In Section L.4.8 , please clarify if the Organization Chart required under this requirement should include the entities and/or individuals providing the financial resources as required under L.5.6.	No, it is not required. Section L.4.8 states, "In the case of a joint venture or other business structure the Offeror shall provide a clear description of the organizational relationships."
66		In Section L.5.3.1, please clarify that an explanation is only required if an Offeror proposes subcontracting goals that are "less than" those identified in the Solicitation. The use of the word "differ" implies an offeror has to include an explanation for exceeding subcontracting goals.	Section L.5.3.1 was modified. An explanation is only required if an Offeror proposes subcontracting goals that are "less than" those identified in the Solicitation.
67		In Section L.5.6.1 , please confirm that the requirement to submit information on "any recent or prospective significant merger candidates" only applies if that merger has an impact on the proposed operation of the CCN.	Section L.5.6.1 is removed.
68		In Section L.5.6.4 , under this requirement are Offerors similarly obligated to disclose any investigation and/or adverse findings by the VA Office of the Inspector General (OIG)?	Yes, you should disclose adverse findings. No, you are not obligated to disclose investigations by the VA OIG.
69		Section L.6.3.4, this requirement states, "The Offeror shall describe its approach to meet the Authority to Operate (ATO) and HIPAA requirements..." The only mention of ATO is in Section G.3. Since G.3 is not considered part of the PWS, should the requirements regarding ATO and HIPAA also be included in the PWS?	No, the Contractor shall adhere to the security requirements in G.3.

Item	Relevant Section	Question / Comment / Suggestion	Response
70		<p>In Section L.6.4, Sub-factor 3 is titled, "Clinical Quality Improvement." That term only appears three places within the RFP, in L.6.4, M.4.3.1 and in item number 1 in 14.1. The latter states, "1. A description of the quality monitoring activities for patient safety, clinical quality assurance, clinical quality improvement, and clinical quality peer review"</p> <p>Given that "clinical quality improvement is only part of one sentence in one section of the larger requirement to provide a "14.1 Clinical Quality Monitoring Plan" please provide additional clarity on what, specifically, the government wants offerors to include in Sub-factor 3.</p>	The VA does not intend to dictate the Offeror's process, and the offeror should describe their proposed solutions to meet discriminators referenced in L.6.4.
71		In section L.6.4.2 , please provide additional clarity and explain the difference between the "clinical quality monitoring processes" as stated in L.6.4.2 and the Clinical Quality Monitoring Plan as describe in 14.1.	The VA does not intend to dictate or restrict the Offeror's process; clinical quality processes are meant to delineate and define the Clinical Quality Monitoring plan.
72		<p>In section L.6.4.3, this requirement states, "The Offeror shall provide its approach to collaboratively work with the Veteran, provider and VA relationships..." This requirement seems to be part of the scope included in PWS Section 14.1, including, "3. A description of the process to educate providers regarding VHA clinical practice guidelines", "4. A description of the process to work with the VHA Office of Community Care (OCC) to align clinical quality monitoring activities with the VHA OCC Quality and Patient Safety Improvement Program Description" and "6. Identification of authorized Quality and Patient Safety representatives aligned to each VISN be available to participate in established VHA VISN Quality and Patient Safety Meetings." However, there are several other requirements within this section that don't seem to apply to the requirement at L.6.4.3.</p> <p>To ensure offerors respond appropriately, please provide additional clarity regarding which specific PWS requirements the government associates with L.6.4.3.</p>	The Offeror shall reference Section C.14.0 "Clinical Quality and Patient Safety Monitoring" to meet the discriminator referenced in L.6.4.3.
73		In section 6.5.7, please provide the RFP reference and requirements that describes the quality assurance requirements associated with the process of invoicing VA. The only reference to invoicing is on the SF33 in box 25 which refers to Section B.3, which does not appear in the solicitation.	The SF33 will be updated to reflect the correct invoicing section G.15. L.6.5.7 instructions refer to the offerors approach to quality assurance in meeting the requirements in G.15.

Item	Relevant Section	Question / Comment / Suggestion	Response
74		RFP Section L.7.1 provides that a first-tier subcontractor includes "a subcontractor who performs claims processing, operates a call center or has a direct responsibility for managing or directing the dental care services." Does the definition include an offeror's affiliated entities that are not subcontractors per se?	Section L.7.1 was revised to clarify. Also, PWS Attachment 1 - PWS Terms and Definitions v3 was updated under Amendment 0003.
75		<p>RFP Section L.7.2. (Past Performance Narrative) instructs that "The Offeror shall provide a past performance narrative describing its past performance that the prime Contractor and first-tier Subcontractor(s) have in performing work that is relevant to this solicitation."</p> <p>Please clarify that consistent with Section L.7.2.1 and Section L.7.4, the required narrative may encompass past performance of a "parent corporation" or "affiliate" so long as the offeror demonstrates the "the amount of involvement the parent, affiliate, or individual entity/entities will have in the operations of the Offeror." See also RFP Section M.4.3.2 ("The Government may consider an Offeror's joint venture partner's (or partners') or an Offeror's affiliate's (or affiliates')/parent organization's (or parent organizations') contracts in the past performance evaluation if the information provided shows that the workforce, management, facilities or other resources of the JV partner(s), affiliate(s)/parent organization(s) will bear on the likelihood of successful performance by the Offeror.").</p>	Section M.4.3.2 was revised and is consistent with Section L.7.2.1 and Section L.7.4.
76		In section L.7.2 , please clarify that the "entire period of performance" includes any timeframe covered by the contract reference even if that timeframe it outside of three years.	As long as the period of performance covers any portion of the last (3) years of the issuance of the CCN solicitation. Section L.7.2 was revised to clarify past performance.
77		<p>In section L.7.2, there appears to be some discrepancy between the statements included. For example, the RFP states, "All relevant past performance should be addressed," then goes on to state, "what aspects of its past performance it deems relevant," then goes on to state, "The narrative shall specifically address any past performance..."</p> <p>Please provide additional clarity regarding the instructions under L.7.2.</p>	Section L.7.2 was revised to clarify past performance.

Item	Relevant Section	Question / Comment / Suggestion	Response
78		In section L.7.2 the RFP states, "The Offeror shall provide its company's total number..." This statement is unclear. If the government wants offerors to provide its own information the word "company's" is unnecessary. If the government wants offerors to provide its parent company's information then the word "parent" is missing. Please clarify.	Section L.7.2 was revised to clarify past performance.
79		Section L.7.2.1 , please define "newly formed company."	This section was revised under Amendment 0003.
80		Section L.7.2.2 , please clarify this requirement only applies to the contract references included as part of an offeror's past performance volume.	This section was removed under L.7.2.2.
81		Section L.7.2.3 , please describe the process the government will use to interpret an offeror's assertion? Will the government make its own interpretation? If so, based on what information?	Yes, the Government will determine what Past Performance information is relevant. Information is identified under Section M of the RFP.
82		Section L.7.2.3 in the RFP states, "The Government shall not be bound by an Offeror's assertion that its past performance is relevant to the requirements contained in the RFP." Please provide further clarity on the process the government will use should it invoke the statement contained in this paragraph. Will the Offeror be notified? Will the Offeror have an opportunity to rebut the government's decision?	The Government will conduct past performance evaluations in accordance with Section M of the RFP.
83		RFP Section L.7.3 provides that "The Offeror shall not include contracts from its own subsidiaries, or other team members in the organization chart." Please clarify that the intent of this restriction is to disallow as past performance contract references those contracts that are between related entities, but that contracts of such affiliated entities – i.e., between a parent or affiliated entity and an otherwise un-related third-party are permissible references, consistent with Section L.7.2.1, Section L.7.4, and Section M.4.3.2.	Section L.7.3 was revised to clarify.
84		Section L.7.3 , please define "scope."	See section M.4.3.2 to see how the Government will evaluate.
85		Section L.7.3 , Please define "magnitude."	See section M.4.3.2 to see how the Government will evaluate.
86		Section L.7.3 , please define "complexity."	See section M.4.3.2 to see how the Government will evaluate.
87		Section L.7.3 , please define "management approaches" as included in bullet #7 of L.7.3. That term does not appear elsewhere in the RFP.	Section L.7.3 was revised to clarify.
88		Section L.7.3 , bullet #8 appears to be a continuation of bullet #7. Please correct.	Section L.7.3 was revised to clarify.

Item	Relevant Section	Question / Comment / Suggestion	Response
89		For RFP Section L.7.4., please clarify that an offeror without past performance may rely on the past performance of a "parent corporation" or "affiliate" so long as the offeror demonstrates the "the amount of involvement the parent, affiliate, or individual entity/entities will have in the operations of the Offeror" even if the offeror was not specifically formed or re-organized for the purpose of proposing on this solicitation, consistent with RFP Section M.4.3.2.	Refer to L.7.4 and M.4.3.2 for further clarification.
90		Section L.7.4 , please describe what VA considers "evidence" as appears in the Note paragraph of L.7.4.	Section L.7.4 was revised to clarify.
91		RFP Section L.9.4. requires offerors to "[p]rovide the names, DUNS, and addresses of specific small business firms that will be providing the proposed range of services and supplies under any resulting contract." Please confirm that, consistent with the RFP for Regions 1-3, we are not required to provide the specific names and information of every single small business dialysis provider.	Socioeconomic Business Concerns was moved to Volume IV, Section L.8. Offerors are required to submit the information as stated in Section L.8.4.
92		Table 23 in RFP Section L.9.7 lists the VA Socioeconomic Subcontracting Goals. The stated total small business goal is 17.5%. The RFP for CCN Regions 1-3, however, require a small business goal of 17%. Please explain the reason behind this difference.	Socioeconomic Business Concerns was moved to Volume IV, Section L.8. The goal is correct as listed under Table 23, Section L.8.7.
93		Section L.10 , where shall the offeror include the table as required in L.10? This could be a sizable table, so please confirm this table is not counted in the page count.	The table shall be included under Volume I and Volume II. Confirmed, this submission does not count against the page limitation. See revision under Table 21.
94	M.4	RFP Section M.4.3.3 indicates the level of small business participation offerors must meet in order to attain full, partial, and minor credit for purposes of socioeconomic concerns rating. In order to attain minor credit, non-verified VOSB and SDVOSB offerors are required to meet a total small business participation goal of 28%, and to attain partial credit, these offerors must meet a goal of 12% for VOSBs, and 10% for SDVOSBs. Table 23 under L.9.7, however, lists the small business goal as 17.5%, VOSB as 7.0%, and SDVOSB as 5%. Please clarify which set of goals you expect offerors to meet, and their corresponding ratings levels.	Socioeconomic Business Concerns was moved to Volume IV, Section L.8. VA expects Offerors to meet the Subcontracting Goals under Table 23, Section L.8.7.

Item	Relevant Section	Question / Comment / Suggestion	Response
95	M.4	<p>RFP Section M.4.3.2, in the first paragraph, states that "[t]he Government will evaluate the extent to which the Offeror attained applicable goals for small business participation for fiscal year 2016, 2017 and 2018. In addition to the Past Performance Questionnaires received, the Government may also use any relevant information in its possession or in the public domain, including, but not limited to information available in the Government databases, and the Past Performance Information Retrieval System (PPIRS). If the Offeror has no relevant and recent past performance, this factor will receive a rating that is neither favorable nor unfavorable. "</p> <p>The RFP for Regions 1-3, however, was recently amended in response to a pre-award agency level protest, to allow the government to consider for past performance credit the small business goal attainment of offeror affiliates, a parent company, or joint venture partners, stating in amended Section E.2.9.5 that "[t]he Government may consider a narrative that demonstrates the extent to which an offeror's joint venture partner(s) or an offeror's affiliate(s) / parent organization(s) attained applicable goals for small business participation under Federal contracts that required subcontracting plans for fiscal year 2014, 2015 and 2016 if the narrative provided shows that the workforce, management facilities or other resources of the JV partner(s), affiliate(s) / parent organization(s) will bear on the likelihood of successful performance by the offeror."</p> <p>We respectfully request that the agency provide clarification as to whether it intends for Region 4 to be the only CCN region that does not allow offerors to show past performance for small business goal attainment using joint venture partner, affiliate, and parent company past performance, despite the fact that it appears to be acceptable for other aspects of past performance.</p>	See updated changes to Section M.4.3.2 for clarification.
96	M.4	Will VA please provide the price evaluation weights for CLINs and Sub-CLINs include in VA's price evaluation?	RFP will be modified to include the Weights.
97	M.4	RFP Section M.4.3.2. (Factor 2 – Past Performance) appears to contain further proposal instructions that should be included in Section L. We respectfully request that Section M be revised to remove any proposal instructions and/or that any such instructions be moved to Section L, so as to eliminate any ambiguities or contradictions that may be inadvertently created between Section L and Section M.	See updated changes to Section M.4.3.2 for clarification.
98	M.4	L.6.2.1.1 referenced in Element 2 does not exist. Should this refer to L.6.2.2?	See Section L.6.2 for update.
99	M.4	L.6.2.2 referenced in Element 3 is the requirement to submit the addendum of the provider data. Should this credentialing reference be L.6.2.3?	See Section L.6.2 for update.

Item	Relevant Section	Question / Comment / Suggestion	Response
100	M.4	Elements 2-5 reference sections that are not in the RFP or pertain to a different element. Should these be L.6.5.2, L.6.5.3, L.6.5.4, L.6.5.5, L.6.5.6, and L.6.5.7, respectively?	See Section L.6.2 for update.
101	M.4	In M.4.3.1, Subfactor 1, the evaluation criteria under Element 2 does not state, or imply, there will be any quantitative measure or evaluation regarding the number of providers listed in the requirement Addendum. Please clarify if the government will consider a larger "number of current unique providers" as more advantageous to the government. Will the government compare the number of current unique providers between offerors and give the offeror with the greatest number of current unique providers a strength? Does a larger number of current unique providers result in a higher feasibility rating? Does a larger number of current unique providers result in a higher completeness rating? What number of providers is the baseline number to which the government will use to compare to each offeror's number of current unique providers?	The current provider data that the Offeror submits will be one of 3 elements used to evaluate M.4.3.1 Sub Factor 1 - Building and Maintaining the Network. The Offeror will be evaluated for understanding of the requirement, feasibility, and completeness to meet the requirements of L.6.2.1.1.
102	M.4	<p>In section M.4.3.1, the RFP states, "Proposals will be evaluated to determine the extent to which it demonstrates a clear understanding of all features involved in fulfilling the requirements in the PWS and meeting and/or exceeding the requirements presented in the solicitation and the extent to which uncertainties are identified and resolutions proposed." The PWS alone has a greater number of pages than allotted for the entirety of the technical proposal. The solicitation itself is 275 pages and the attachments add significantly more papers. Given the page limitation of 80 pages for the Technical proposal in L.4.4 along with the statement in L.2.3 that states the "Offeror should not simply rephrase or restate the Government's requirements" and further states, "The Offeror shall provide a clear explanation that addresses how the Offeror intends to meet the requirements."</p> <p>It is not possible for Offerors to "not simply rephrase or restate" and to "provide a clear explanation that address how" for "all features involved in fulfilling the requirements in the PWS and meeting and/or exceeding the requirements presented in the solicitation" in fewer pages than the information that is required to be described.</p> <p>Please associate the specific PWS reference the government wants offerors to address with each of the proposal instructions as identified in L.6.2, L.6.3, L.6.4 and L.6.5 (including a separate and specific PWS requirement for each of the subsections associated therein).</p>	The page limit for Technical Approach has been revised to 120 pages. Section L references have been updated accordingly.

Item	Relevant Section	Question / Comment / Suggestion	Response
103	M.4	In section M.4.3.1, please define "workable" under this requirement and describe the information the government will use to determine what is, or is not "workable."	Section M.4.3.1 was revised for clarity.
104	M.4	In section M.4.3.1, please provide additional clarity regarding completeness as it relates to the statement, "The proposal will be evaluated to determine the extent to which each requirement has been addressed..." What requirements are included in "each?"	Section M.4.3.1 was revised for clarity.
105	M.4	In section M.4.3.1, the RFP states, "Sub-factor 2 - Business Operations - The Program Management approach..." The term Program Management does not appear in the solicitation. Please define the governments expectations regarding what is included in Program Management.	VA is requesting the Offeror describe their management approach.
106	M.4	Section M.4.3.2 , please describe what information VA will use to evaluate "business relations."	The Government intends to evaluate in accordance with L.7.
107	M.4	Section M.4.3.2 , please describe what information VA will use to evaluate "customer satisfaction."	The Government intends to evaluate in accordance with L.7.
108	M.4	Section M.4.3.2 , where should offerors provide "the information" that "shows that the workforce, management, facilities or other resources...?"	The Government intends to evaluate in accordance with L.7.
109	M.4	Section M.4.3.1, are VA OIG investigations during a contract used as a reference under this solicitation considered adverse? Can the government consider a corrective action "implemented" if final results of the OIG investigation are not yet complete? Will the occurrence of an OIG investigation result in a lower confidence rating?	No to all 3 questions.
110	PWS Section 1.1	Although the RFI for CCN region 4 excluded dialysis, the final RFP for CCN region 4 includes it as an allowable service. Concurrently, VA issued a pre-solicitation (#36C79118Q9209), which sets the stage for VA to contract directly for dialysis services nationwide. 1) With the presence of two contracting vehicles for dialysis services, what will be the guidance to VA Medical Centers on the referral hierarchy when presented with either CCN or the direct national dialysis contracts that VA will have in place?	The CCN contract will not replace all other existing methods for VHA to purchase care in the community. VA intends to use the CCN contracts as the primary tool to purchase healthcare in the community.

Item	Relevant Section	Question / Comment / Suggestion	Response
111	PWS Section 1.1	<p>VA responded to Question #94 from the Q&As for CCN region 4 RFI as follows: "#36C79118Q9209 is a Sources Sought for commercial items and is applicable to Regions 1 -3 but not Region 4. The bundling requirement still stands, however Region 4 is excluded."</p> <p>1) Please clarify whether pre-solicitation #36C79118Q9209 is for national dialysis services or is only limited to corresponding CCN regions 1-3 as VA stated above.</p> <p>2) Although dialysis was excluded from CCN Region 4 RFI, it now is included. What is the rationale for its inclusion in the final RFP for CCN region 4?</p>	<p>The POC for Regions 1-3 is David Little. He can be reached at david.little@va.gov. Dialysis was included in Region 4 RFP based upon direction of VA Leadership.</p>
112	Attachment AB and Attachment E	Please clarify the difference between the 14-day fills reported in Attachment AB and the prescriptions reported in Attachment E. The 14-day fill volumes are at most just over 3,500, whereas the prescription volumes are over 23,000. Which represents the volume of pharmacy benefit the contractor will be facilitating?	Attachment AB reflects Choice prescriptions filled in the community for Region 4. Attachment E reflects prescriptions filled at VA pharmacy. Refer to Attachment A v3 for revisions.
113	Attachment E	In the R4 Draft RFP question 89 response (and the final RFP CLIN schedule implies the same), VA indicates the contractor should expect to receive Mill Bill volume. However, it appears Mill Bill volume was not included in Attachment E referral volume. Will VA provide historical Mill Bill volume?	VA will not provide Mill Bill Volume at this point.
114	Attachment T	Section 6.2.2 Incentive Plan prescribes a series of positive and negative disincentives. However, in some cases the disincentive is far larger than the positive incentive. In the case of IDF it essentially becomes unlimited due to a different calculational basis. Further, the positive incentives have an established ceiling while no such ceiling exists for the disincentives. Is that the government's intention? If not, are, for example, the incentives and disincentives intended to be matched of some fraction of each other?	The percentages for incentives and disincentives are fixed.
115	B	The narrative for CLIN X011 (page 67) provides an example for PMPM pricing for 74,999 Active Veterans in a month. This is inconsistent with the table (0-94,999). Please clarify if 74,999 is accurate or a typo.	VA will update the narrative for CLIN X011 to be 94,999.
116	B	(OPTIONAL) CLIN X016AA (page 68) states: "The Contractor can earn only one implementation payment per VA Facility during the entire contract." Does the government intend to continue these services for the remainder of the contract once this CLIN is exercised for a particular facility or if services are stopped and then reengaged will there be a second fee for the task of implementing a second time?	VA will pay only one implementation fee for each VA Facility throughout the PoP. VA will follow the ordering instructions per CLIN X016Cx.
117	B	For the CLIN's where there are Tiers (such as X011), is intended that all volume is paid for at the rate represented by the Tier containing the total volume number or that the price for the volume specified in the first Tier is priced at the first Tier, the volume specified in the second Tier is priced at the second Tier, etc?	Please see the example in Section B, CLIN description of X011, in the RFP.

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118	B	Item Numbers 1012, 2012, 3012, 4012, 5012, and 6012 refer to CLIN 7012 and are described as Implementation. 7012 is for the period following the last option year and is described as Transition Out. Please confirm that the VA's intent is a single price (7012) which would be used for Transition Out related services and that this price would be used regardless of which year the Transition Out might be exercised.	Please refer to amended RFP. Interested parties will submit Transition Out price for each option year.
119	B	Under CLIN X015 (page 68) , MILLBILL, it reads that "Care authorized by VA under the authority of 38 U.S.C. 1725, will be annotated by VA as such and paid by the Contractor at the 70th percentile of CMS rates." Will U.S.C. 1725 be flowed down to the Contractor in order for the Contractor to have legal authority to use this reference and pay at 70%?	The Contractor should site Care authorized by VA under the authority of 38 U.S.C. 1725, will be annotated by VA as such and paid by the Contractor at the 70th percentile of CMS rates. The contractor is required to follow the requirements outlined on PWS Section 13.0 VETERAN CLAIM APPEALS AND PROVIDER RECONSIDERATIONS
120	B	VA states the pricing for CLIN XXX2 should be "Total estimated cost for each year of the POP." Please verify the price for CLIN XXX2 should reflect a percentage of Medicare rather than an annual lump-sum or per-unit price.	Please see amended RFP. The Contractor may, in Highly Rural Care Areas, exceed Medicare rate but shall not exceed the Contractors stated maximum percentage above the locality adjusted Medicare rate in this CLIN. Provide the maximum % of the locality adjusted Medicare rate for each state for each year of the PoP. In addition, provide a Basis of Estimate.
121	B	Will VA provide a cap on Tier 5 volume for the appointing CLINs X016CE?	Yes, see the amended RFP.
122	C.12.14.6	The RFP states that "The Contractor must provide VA a complete listing of all invoices requiring adjustment in order to ensure all errors have been identified and corrected at the end of the sixty (60) day period in order to ensure that VA receives a credit for all overpayments." The RFP then requires that "Contractor shall adjust each Claim subject to the identified error and submit as a corrected invoice." However, it later states that the Contractor is required to "reimburse VA for the projection of improper payments". If the Contractor is adjusting each individual claim, why would there also be an extrapolation?	An update to the RFP will be made to modify language relating to how over payments are corrected and reimbursed to VA.
123	C.12.14.6	The RFP states that "Contractor shall adjust each Claim subject to the identified error and submit as a corrected invoice." In the case of a claim overpaid to the provider, passed thru to VA, and then overpaid by VA. Please confirm that the VA has no expectation of repayment until such time as the Contractor receives reimbursement from the provider.	VA expects the Contractor to adhere to the contractual terms of a payment of healthcare services regardless of it's relationship with its Network Providers. Refer to Section G.15.
124	C.2.8.2	Transition Out indicates that "The services required to transition-Out will only be exercised in the event of a need for an actual transition (e.g. the incumbent is not the successful Offeror for the follow-on contract)." Please confirm that the incumbent Contractor, if successful in a future contract award, will have certain Transition Out responsibilities and therefore a reduced Transition Out CLIN would be negotiated, in consideration of changes such as geography, contract inclusions, functions, etc.	No, not at this time.

Item	Relevant Section	Question / Comment / Suggestion	Response
125	CCN Reg4 Pricing Template v3	In the pricing template, VA provides a list of 28 CDT codes to be priced for CLIN XX10 and indicates additional codes may be negotiated post-award. Does VA anticipate utilization of any codes beyond the 28? Should offerors submit proposed rates for the remaining CDT codes with their proposal, or wait until post-award negotiations?	VA will modify the CCN Reg4 Pricing Template to remove any reference to non-evaluated codes. Do not submit additional codes. VA has indicated the codes that will be utilized at this time.
126	F	Table 20. Schedule of Deliverables: Item number 14 indicates delivery due date for the initial SOC reports NLT July 31st of the first year of performance. It also states that the report must cover a minimum of nine (9) months. Please provide instructions on how the government will handle this requirement in the event the contract is awarded after a point in the year in which the contractor is able to include 9 months of performance.	As stated in Section 2.7.2, any deviation to the initial report minimum must be approved by VA.
127	I.22	The RFP indicates that the maximum contract value is \$50,792,999 for the entire life of the contract. Yet, Attachment T, which defines the Maximum Incentives by Year (along with applicable percentages) implies an annual maximum of \$70M+. Is it possible that the \$50M maximum cited for the life of the contract inaccurate? If so, what is the maximum contract value?	RFP modified, see revisions to I.22 and Attachment T.
128	I.3	The clause 52.219-29 (page 204) indicating Notice of Set-Aside for, or Sole Source Award to, Economically Disadvantaged Women-Owned Small Business Concerns is checked. Is this correct?	52.212.5 paragraph 23, 52.219-29 has been unchecked.
129	L.10	Please confirm the Government wishes this table mapping to be completed for Volume II only.	The table shall be included under Volume I and Volume II. Confirmed, this submission does not count against the page limitation. See revision under Table 21.
130	L.4	Table 21 requires both a "Past Performance Summary (L.7.3)" and "Summary of Description of Each Contract (L.7.3)" be contained in Volume III. Please confirm the Government desires only one Past Performance Summary placed in order following the Past Performance Narrative.	Table 21. was updated for clarity.
131	L.4	Table 22 indicates the Socioeconomic Concern - Volume V page limit is 20 pages. Section L.9.1 indicates the page limit is 12 pages. Please confirm the page limit.	Socioeconomic Business Concerns was moved to Section L.8 and Volume IV. Table 22, Section L.8 Socioeconomic Business Concerns- Volume IV is limited to 20 pages.
132	L.4.4	Table 22 (page 253): Page Limits lists L.4.8 Org chart (copy in each volume) has no page limits. Section L.4.8 (page 254) states "The organization chart shall not exceed 4 pages and will not count against any of the other page limitations indicated in L.4.4." Please provide the page limit.	L.4.8 was revised for clarity.
133	L.6.2.2	The required addendum is being requested in "Excel format." Does the government want this file in hard copy within the physically printed volume?	VA does not require a hard copy of the addendum referenced in L.6.2.1.1.

Item	Relevant Section	Question / Comment / Suggestion	Response
134	M.4	M.4.3.1 states, "Element 2 (L.6.2.1.1) The Offeror shall provide an Addendum to the Technical Volume in Excel format. Submit an Excel file that contains the current provider data. Include in the Technical Volume the number of current unique providers within your network by CCN Region, by State, by county by VA VISN, by VA Station Number and each NPI with specialty designation." Please confirm the Section L reference should be L.6.2.2.	The Section L reference for M.4.3.1. is L.6.2.1.1.
135	M.4	M.4.3.1 states, "Element 3 (L.6.2.2) The Offeror shall describe in detail its approach to credentialing to ensuring its providers are credentialed to include delegation of credentialing and if providers are not credentialed under an accredited credentialing process." Please confirm the Section L reference should be L.6.2.3.	See Section L.6.2 for update.
136	M.4	Section M.4.3.2 - Factor 2 - Past Performance states "Past Performance Questionnaires returned by the Offeror, and not by the reference, will not be evaluated." However, Section L.7.5 states "The Offeror shall submit the completed questionnaires in its Volume III, Past Performance Proposal." Please clarify whether the government wants to ONLY receive questionnaires from those who fill them out directly; or if the government wants both.	L.7.5 was revised for clarity.
137	M.4	Section M.4.3.1 - Please provide definitions the government plans to use for Strengths, Weaknesses, Significant Weaknesses and Deficiencies?	The Government will not be providing the definitions.
138	M.4	Section M.4.3.1 - Please provide the definitions the government plans to use for Price Evaluation such as High, Very High or Unawardable?	Section M.4.3.4 addresses Factor 4 - Price. The Government will not use adjectival ratings. See Section M.4.3.4.
139	PWS Section 3.1	VA states the contractor must build a network to satisfy "minimum standards for each VA Facility Catchment Area". Does this mean the contractor should utilize Attachment A as the authoritative list of VAMCs they should expect to receive care volume from, including VAMC sub-stations as applicable?	The contractor must ensure the CCN is always customized for each VA Facility Catchment Area per Attachment A as stated in 3.6 Network Management.
140	B	CLINs 0020, 0020UF, 0020UM, 0020VF, and 0020VM have been added to accommodate the unique aspects of IVF / ART specialty services. Given that this specialty has significant contracting complexity, can the VA provide the reimbursement methodology and current IVF / ART providers pre-award?	VA has amended the RFP Section B, L and M and CCN Reg4 Pricing Template. VA will not provide current IVF/ART providers pre-award.
141	B	Given that dialysis has significant contracting complexity, can the VA provide the reimbursement methodology and current dialysis providers pre-award? Would the VA consider a separate CLIN structure for dialysis services?	Refer to Section B Supplies and Services paragraph 6, for reimbursement methodology. VA will not provide dialysis providers pre-award.

Item	Relevant Section	Question / Comment / Suggestion	Response
142	PWS Section 2.2	<p>This section states "the Implementation Strategy must contain a high-level phased implementation schedule to achieve full HCD within the six (6) months after contract award. Contractor must achieve SHCD within ninety (90) days of contract award."</p> <p>Based on this accelerated timeline, there will be several downstream impacts requiring the Master Provider File, Call Center Testing, Functional Data Repository, and Provider & VA Training all to be due 60 days prior to SHCD - which is around project kick-off (30 days post contract award). In order to increase the competitive responses for this procurement, would the VA consider extending the timeline to achieving SHCD within 6 months and full HCD within 12 months, same as the prior drafts for Region 4?</p>	No.
143	PWS Section 2.2	<p>This section states "the Implementation Strategy must contain a high-level phased implementation schedule to achieve full HCD within the six (6) months after contract award. Contractor must achieve SHCD within ninety (90) days of contract award."</p> <p>In order to meet required timelines, offerors would need to begin contracting (e.g., discussions, contract signatures, loading, etc.) with providers pre-award. This would also require access to the current VA fee schedule and contractor provider list. Would VA allow offerors to begin contracting discussions pre-award with providers and will VA provide the requested schedules / provider lists?</p>	The VA will not dictate whether or not Offerors begin contracting discussions with providers. VA will provide fee schedules and provider lists after contract award.
144	PWS Section 3.1	<p>This section states "where access is inadequate (Drive Time or Appointment Availability) as determined by VA, the Contractor will be required to recruit providers and practitioners currently practicing in that area to participate in the CCN."</p> <p>These drive time standards will be challenging for highly rural / rural areas. Will there be flexibility in drive time standards? Would the VA provide approval exceptions for specialties that have a zero demographic ability?</p>	No, please reference Section C.3.1 for drive time standards. The Offeror should reference the process as described in Section C.3.0 for requesting deviation from minimum standards.
145	PWS Section 3.1	<p>This section states "Services from the following providers are excluded from Drive Time standards: telehealth, non-urgent neurosurgery, and cardiothoracic surgery, rheumatology, and dermatology. Contractor shall assure availability of these excluded services within each state of Region 4."</p> <p>What is the VA's reasoning behind excluding these specific specialties from drive time standards? Can the VA clarify if there must be 1 provider in each state or does that mean availability for the member?</p>	<p>The requirement is that the availability is provided in each state.</p> <p>Appointment availability and other requirements in Section C.3.0 and specifically Section C.3.6. (Network Adequacy Management) must be met.</p>

Item	Relevant Section	Question / Comment / Suggestion	Response
146	PWS Section 3.1	<p>In order to assure availability of services that are on the excluded Drive Time Standard list (e.g., neurosurgery, dermatology, etc.), would VA allow the use of telehealth services to provide specialty services? If yes, is there a limit to specific specialties.</p> <p>What are the contractor's security requirements to operate telehealth services?</p> <p>What is the criteria used to determine telehealth approval?</p>	<p>All requests to use telehealth capabilities to meet these standards, must always be requested in writing by the Contractor and submitted to the COR. Approval for specific specialties will be done on a case by case basis.</p> <p>The Government is not providing Government Furnished Equipment (GFE) under this contract, therefore VA security requirements do not apply.</p> <p>Written requests shall include a detailed explanation of the circumstances that justify a deviation as referenced Section C.3.1.</p>
147	PWS Section 3.1	<p>This section states "<i>Eligible Veterans are authorized to receive Walk-In care services from CCN providers. Walk-In-Services include episodic care and will not include longitudinal management of conditions, therefore will not be continuous interaction between the Walk-In-Services provider and the Eligible Veteran. Walk-In care services encompass services provided at Centers of Medicare and Medicaid Services (CMS) Place of Service code 17 and 20.</i>"</p> <p>Can the VA please clarify how you define the need for walk-in services (e.g., what are the parameters)?</p>	<p>Walk-in care as referenced in Section C.3.2 includes episodic care and will not include longitudinal management of conditions, therefore there will not be continuous interaction between the Walk-In-Services provider and the Eligible Veteran.</p>
148	PWS Section 3.1	<p>Attachment AN (Region 4 Walk In Volumes) has examples of walk-in services that are not typical of walk in services (i.e.: radiation/Hyperbaric therapy, PT, adult day care, dialysis, HHA, Hematology/Oncology).</p> <p>Can the VA please confirm the services listed in this attachment are true walk-in services?</p>	<p>The VA will modify the example of walk-in care services listed in Attachment AN. Walk-in care is a new benefit and VA is in the process of determining the extent of the benefits to be provided.</p>
149	PWS Section 3.1 / PWS Section 7.1	<p>Current referral requirements note "The Contractor shall educate its behavioral health providers, emergency care providers and Urgent Care providers to notify VA within 72 hours of the Veteran's self-presenting to an in-network Urgent Care clinic, emergency department, or behavioral health CCN provider. The Contractor must notify VA within seven (7) calendar days of admitting a Veteran to a hospital for routine care, treatment, or procedure, within the course of the SEOC."</p> <p>With the addition of the walk-in clinic requirement, what guidance can VA provide on how the referral/retro active referral process will work for these services?</p>	<p>Veteran's who meet the eligibility criteria of Walk-In care benefit, are eligible to receive Walk-In or Urgent care at facilities that bill POS 17 or 20. Providers of services to those Veteran's are eligible to have their claims paid.</p>
150	PWS Section 3.1 / PWS Section 15.5	<p>If a prescription is needed as a result of a Walk-In care visit, is a referral required for prescription fulfillment?</p>	<p>For Walk-In Care visits, the Offeror should reference modified Section 15.5</p>

Item	Relevant Section	Question / Comment / Suggestion	Response
151	PWS Section 3.2	<p>This section states "The Contractor shall make every reasonable attempt to include Tribal Health Services (THS), Academic Teaching Facilities and Federally Qualified Healthcare Centers (FQHC) as part of the CCN Healthcare Services Network. VA will provide a list of THS and Academic Affiliate organizations to the Contractor within thirty (30) days after award. The Contractor must annotate THS, Academic Affiliates, and FQHC on their provider listing?"</p> <p>This information will be helpful in allowing Offerors to make informed decisions if able to include these services as part of our proposal. Would the VA consider making this list available publicly prior to proposal submission?</p>	The VA will provide this list within 30 days after contract award.
152	PWS Section 3.2	<p>In the Draft PWS Q&A file for Region 4, QA Item # 5 notes that a date will be established at the kickoff meeting for when FY18 utilization data will be available.</p> <p>Would the VA consider providing FY18 utilization data prior to the kick-off / contract award so Offers can best plan to meet the accelerated SHCD time?</p>	VA will make every attempt to provide this data after contract award prior to Kick Off - subject to data availability.
153	PWS Section 3.4	In the Draft PWS Q&A file for Region 4, QA Item #78 suggests the designation of high performing provider include Healthcare Services Network, Dental, Pharmacy, and CIHS networks. Section 3.4 limits the designation to Healthcare Services Network only. Please advise which is accurate. We recommend limiting this requirement to Healthcare Services Network.	The designation of high performing providers includes Healthcare Services Network, Dental, Pharmacy, and CIHS network components/requirements.
154	PWS Section 3.4	<p>This section states "Attachment G, "CCN Healthcare Services Network Quality and Performance Criteria Template v2" references quality and performance metrics VA has prioritized;..."</p> <p>Attachment G in the zip file available on www.FBO.gov is the Past Performance Questionnaire and there is no attachment that seems to contain the Network Quality and Performance Criteria.</p> <p>Will you please provide the CCN Healthcare Services Network Quality and Performance Criteria Template V2.?</p>	VA updated Attachment G "CCN Healthcare Services Network Quality and Performance Criteria Template v3".
155	PWS Section 3.6	The Network Adequacy Plan (Deliverable 22) is due at kick off. This timeline would be challenging for any offeror besides the current incumbent to deliver due to the time it will take after contract award to finalize contracts. Would the VA consider extending the due date for this deliverable?	No, at this time the VA does not intend to change the requirement as stated in the PWS.

Item	Relevant Section	Question / Comment / Suggestion	Response
156	PWS Section 3.6	<p>Due to market conditions in this region, 90% adequacy may not be achievable for certain specialties in certain areas. For those specialties, what is the criteria for approval of the deviation of network access standards?</p> <p>For those specialties noted, how will incentives / disincentives be adjusted.</p>	<p>Any deviations from these standards, shall be requested in writing by the Contractor and submitted to the COR.</p> <p>Please refer to Attachment BA (QASP calculations) and Attachment T.</p>
157	PWS Section 3.7	<p>This section states "VA will recognize and accept the credentials and qualification of VA current Third-Party Administrator's Patient Centered Community Care (PC3) providers to allow for a seamless transition between contracts. After the lesser of "Start Health Care Delivery (up to 180 days from contract award) or if their license expires or are excluded onto the List of Excluded Individuals and Entities (LEIE)."</p> <p>This information is needed now for Offerors to develop their solution. Would the VA provide the list of PC3 providers and excluded (LEIE) now to assess contracted providers?</p>	<p>No, the LEIE list is a publicly available document that can be readily accessed by the Offeror at any time. After award, VA will provide the list of PC3 providers.</p>
158	PWS Section 3.7	<p>If a VA CCN bidder who is not involved in PC3 today adds a PC3 provider to their team, will the VA's temporary acceptance of those credentials (lessor of SHCD or license expiration) apply to the new bidder?</p>	<p>Yes the credentials would apply, on an interim basis, if the provider is in the offeror's network as defined in the RFP. Please note, the awardee is fully responsible for credentialing throughout the period of performance.</p>
159	PWS Section 3.7	<p>This section states "<i>VA will recognize and accept the credentials and qualification of VA current Third-Party Administrator's Patient Centered Community Care (PC3) providers to allow for a seamless transition between contracts. After the lesser of "Start Health Care Delivery (up to 180 days from contract award) or if their license expires or are excluded onto the List of Excluded Individuals and Entities (LEIE)."</i></p> <p>With the change in SHCD to 90 days - should this section be updated?</p>	<p>See amended RFP section 3.7.1</p>
160	PWS Section 4.0	<p>In the Draft PWS Q&A file for Region 4, QA Item # 113 identified that transplant services are part of the benefits package; however, it is unclear in the final RFP if transplant is a covered benefit. Would the VA please clarify?</p>	<p>Transplants are a covered benefit in the RFP.</p>
161	PWS Section 6.1	<p>This section states that "VA Community Care Contact Center staff will address Adverse Credit Reporting (ACR) for CCN Region 4.". Can the VA please elaborate on what this activity entails?</p>	<p>VA is responsible for supporting Veterans on the adverse reporting. The Contractor is responsible for assisting VA staff when inquiries are made.</p>

Item	Relevant Section	Question / Comment / Suggestion	Response
162	PWS Section 6.1	<p>This section states that "The Contractor must have call center capabilities available for initial testing by VA no later than sixty (60) days prior to the SHCD and demonstrate, at a minimum,...".</p> <p>With the updated duration of SHCD to 90 days, is the VA's expectation a call center will be available for initial testing within 30 days of award (around the time of kick-off)?</p>	VA will be amending 6.1 and 6.2 due to the accelerated implementation timeline.
163	PWS Section 6.4	All specific requirements for adherence to VA6500 were removed from the current version of the RFP. Does this section intend to invoke VA6500 as a requirement, because VA6102 requires adherence to VA6500?	Yes, please reference VA6102 that requires compliance with other policies, such as VA6500.
164	PWS Section 7	<p>This section states "The Contractor shall direct all Veteran or CCN provider Referral Requests that it receives for referrals, including Urgent Care/Emergent Care and behavioral health self-referrals or Prior Authorizations, to VA for appropriate disposition."</p> <p>Are these referrals after the fact the provider will send to the Contractor to send to VA or direct the referral directly to the VA?</p>	The Contractor shall follow the procedures outlined in Table 11, 12, 13, 14, and 15 when directing Veteran or CCN provider Referral Requests that it receives for referrals, including Urgent Care/Emergent Care and behavioral health self-referrals or Prior Authorizations, to VA for appropriate disposition. RFP will be clarified to reflect language stated here.
165	PWS Section 7.1	<p>This section states "The Contractor shall instruct out-of-network emergency providers to submit healthcare Claims directly to VA following VA Claims submission procedures."</p> <p>Recommend adding "Upon receipt of an out-of-network claim" to the beginning of this requirement for clarity.</p>	VA will modify section 7.1 of the RFP as requested.
166	PWS Section 7.1	In the Draft PWS Q&A file for Region 4, QA Item # 141 states "CCN providers will obtain Veteran eligibility information through VA-issued Approved Referrals." Can the VA please confirm that verification of enrollment in VA healthcare system is not required prior to being included in contract.	The verification of enrollment is outlined in Section 12.1.1. The RFP will be amended to clarify Contractor's requirement.

Item	Relevant Section	Question / Comment / Suggestion	Response
167	PWS Section 7.2	<p>In the Draft PWS Q&A file for Region 4, QA Item # 118 states "VA expects to have a 278 companion guide available by Start of Healthcare Delivery, and will make it available to the Contractor at that time."</p> <p>When will VA provide their 278 5010 X12 A-N 217 (referral/Prior authorization response) Interface Control document which specifies the interface requirements, data exchange format, segments, data elements with specific values and protocols for the exchange? We would suggest that the VA have the Interface Control Document well in advance prior to Start of Healthcare Delivery for interested offerors so that we can map against the standard 278 EDI implementation guide accordingly. This is a critical component to ensure a successful delivery of the contract requirement.</p>	VA will provide the requested information after award with sufficient time for implementation.
168	PWS Section 10.1	Section 10.1.2 - Subsection #1: Provider Only Training: How do we obtain copies of the clinical care plans/protocols, as supplied by VA, for areas where VA has special expertise (e.g. post-traumatic stress disorder, military sexual trauma-related conditions, and traumatic brain injuries)?	As referenced in Section C.10.3, VA will provide the Contractor appropriate user guides and orientation material to facilitate the use of VA web-based systems. Required courses within these systems will be outlined to the Contractor upon kick off.
169	PWS Section 10.1	Section 10.1.2 - Subsection #1: Provider Only Training: How do we obtain a copy of the network participation requirements (e.g. compliance with VA Opioid Safety Initiative supplied by VA)?	The VA will provide upon kick off.
170	PWS Section 10.2	<p>Training Materials (Deliverable #34) are due to the VA 30 days after kickoff, which must be within 30 days of contract award. After delivery, "The Contractor shall obtain VA approval of all Training Materials prior to the execution of the Training Sessions...". However, In Section 10.1.1 it states that "The Contractor must provide training at least sixty (60) days prior to the SHCD..." Based on the fact that SHCD is scheduled for 90 days post award, training would have to begin before the kickoff meeting, and 30 days before the training materials are submitted to the VA for review.</p> <p>Can the VA please clarify training requirements / expectations?</p>	VA will be amending the RFP for the deliverable timelines in 10.1.1 and 10.2 due to the accelerated implementation.
171	PWS Section 11.1	<p>The volume of No-shows noted in Attachment AC represent approximately 10% of the Veteran population.</p> <p>Will the VA allow Providers to collect payment for No-Shows?</p>	CCN Providers are prohibited from charging Veterans for No Shows (Section 10.1.1 and 12.1.1)

Item	Relevant Section	Question / Comment / Suggestion	Response
172	PWS Section 11.1	<p>This section notes "When a Veteran no-shows or cancels their appointment, the Contractor shall attempt to contact the Veteran to reschedule. If after 10 business days the Contractor is unable to contact the Veteran, the Contractor shall return the Approved Referral using the appropriate return reason code."</p> <p>Is the VA requiring the contractor to reschedule when a Veteran No-Shows?</p>	As per section 11.1 the Contractor shall attempt to reschedule the Veteran up to business day 11.
173	PWS Section 14.1	<p>The section states the CQMP must include "9. A description of the process to comply with the performance reporting schedule described in the CCN Quality and Patient Safety Measure Specifications Manual". The manual is not included within the RFP nor as an attachment.</p> <p>The Q&A response document on the Region 4 Draft PWS (Item #13) states "VA has provided the CCN Quality and Patient Safety Measure Specifications Manual as an Attachment since it is required for the Contractor to submit a CQMP to include compliance of the CCM Quality and Patient Safety Measure Spec Manual".</p> <p>Will the VA please include the said attachment? This will delay our ability to respond to the proposal.</p>	The RFP is being amended (PWS Section 14.1) to address this question.
174	PWS Section 14.2	<p>This section states "The Contractor shall adhere to processes identified in VA Guidance (e.g. VHA OCC Patient Safety Guidebook, VHA Patient Safety Handbook 1050.01)."</p> <p>The VHA Patient Safety Handbook 1050.01 4. DEFINITIONS, a. Adverse Events (2) states "All adverse events require reporting and documentation in the VHA Patient Safety Information System (PSIS), using the "WebSPOT" software application...."</p> <p>Is the Contractor expected to use and document adverse events in the PSIS?</p>	No, the Contractor will not be expected to use and document adverse events in the PSIS.
175	PWS Section 17.1	The Minimum Network Standard for Access to General Dentistry for Highly Rural Locations is 60 minutes. This is contrary to the 90 minute standard utilized in the other VACCN Regions. Would the Government adjust to mirror the standard in the other Regions?	The RFP will be amended to reflect Dental Highly Rural drive time as 90 minutes.

Item	Relevant Section	Question / Comment / Suggestion	Response
176	PWS Section 18.15	<p>This section states "The Contractor must provide the following information at the kickoff meeting:</p> <ol style="list-style-type: none"> 1. Provider Name 2. Provider NPI 3. Specialty (if multiple, list each on a separate row) 4. Group Name (if part of a provider group)" <p>Given kick-off is within 30 days - this timeline will not be feasible for Offerors not currently delivering these services in Region 4, as Providers will not be contracted within 30 days. Will the VA consider extending the deliverable date for the Master Provider File?</p>	VA's intent of the Network Provider File provided at Kick off is that it is an initial version, and the Network Provider Change File is to be submitted for updates to the provider file.
177	PWS Section 18.4	<p>All specific requirements for adherence to VA6500 were removed from the current version of the RFP.</p> <p>Does this Section intend to invoke VA6500 as a requirement, because the ISA/MOU template requires VA6500, SSP, and an ATO?</p> <p>Will the CSCA and Contractor's detail on its system integration with DAS suffice for the VA6500, SSP, and ATO requirement within the ISA/MOU template?</p>	As noted in VA6102 and the ISA/MOU template, the Contractor is responsible for ensuring that Internet and Intranet site server environments are secured as outlined in VA6500. Filling out the CSCA and providing information on systems does not suffice for actually meeting federally mandated system security requirements.
178	PWS Section 18.7	<p>VA Community Care Provider Portal:</p> <p>If a provider does not have a DS logon or DoD CAC is the ID.me sufficient?</p> <p>Please further clarify what/if specific registration requirements for Providers are needed to sign into the VA Community Care Portal (e.g., what information will be needed such as SSN, etc.).</p>	Yes, ID.me is sufficient as described in PWS section 18.7. ID.me will allow for various options for Community Providers to verify their identify, to include driver's license, passport, or providing identifiable data such as SSN. Please refer to ID.me (https://www.id.me/) for further details.
179	PWS Section 18.7	<p>VA Community Care Provider Portal:</p> <p>Are there alternative means for Providers to interact with the VA besides the VA Community Care Provider Portal?</p> <p>Do PC3 Providers currently use this process? If so, does it convert over?</p>	Refer to Section 7 table 12 alternate means for providers to interact with the VA. PC3 processes are not relevant to this contract.
180	L.4.2	Given the tight page count, will the Government consider reducing the font size on charts, tables, graphs, illustrations, diagrams, and graphics to 8 pt font?	L.4.3 was revised for clarity.

Item	Relevant Section	Question / Comment / Suggestion	Response
181	L.4.3	<i>L.4.3 states: "The font for both CD ROM and paper submissions shall be no less than 12-point font and Times New Roman, with 1.5 line spacing. Elaborate brochures or documentation, binding, detailed artwork, or other embellishments shall not be submitted. Proposals shall be printed double-sided, double-spaced between paragraphs, with non-duplicative, sequential page numbers at the bottom of each printed page. Double-spacing does not apply to the table of contents, illustrations, organization charts, supporting data tables, report listings, or labels on process flows." Can the Government please clarify that the line spacing is 1.5 line spacing?</i>	Yes, except between paragraphs (2.0 is required) and there are no spacing requirements for table of contents, illustrations, organization charts, supporting data tables, report listings, or labels on process flows.
182	L.4.4	L.4.4 refers to Volume I as the Offer and L.5 refers to Volume I as Compliance. Can the Government please confirm the title of Volume I?	Section L.5 was updated.
183	L.6	Can the Government confirm that PWS areas not listed in Section L Instructions (e.g., PWS 6.0 Customer Service, 7.0 Referrals and Prior Authorizations, etc.) do not need to be addressed in the proposal?	The Government expects all Offerors to review the RFP in its entirety and respond accordingly.
184	L.7.3	L.7.3 asks for a "Verified point of contact for the contract (name, title, address, phone number, email standards/requirements and functions with the Government." Can the Government clarify what "standards/requirements and functions with the Government" means?	Changes made to L.7.3 to clarify.
185	L.7.3	There are some discrepancies in the page limitations for the Past Performance Volume: * Per Table 22 (L.4.4), the Past Performance Narrative is limited to 20 pages. * L.7.2 (Past Performance Narrative) describes how the Table of Contents and tabs separating the sections do not count in page count but the Past Performance Narrative is the 4th section contained within Volume III. * L.7.3 (Summary Description of Each Contract) limits the description of each contract to 4 pages. * L.7.6 references a Past Performance Narrative attachment that is limited to 4 pages and a attachment to a Summary Description that is limited to 1 page. Can the Government please clarify the Past Performance volume page limitations?	Table 22 was revised for clarification to address all questions in this section.
186	L.9.1	L.9.1 indicates a 12 page limit for a subcontracting plan but a subcontracting plan is not included in Table 22. Can the Government please clarify the subcontracting plan page limit?	Socioeconomic Business Concerns was moved to Section L.8 and Volume IV. In accordance with L.8 Subcontracting Plan Limitation is 12; however, this Volume has allotted a total of 20 pages for any supporting documentation in relation to socio economic concern.
187	L.10	In what volume should L.10 Section L Proposal Requirements Table Mapping be placed?	Section L.10 shall be included in Volume I and Volume II. This submission does not count against the page limitation.

Item	Relevant Section	Question / Comment / Suggestion	Response
188	M.4.3.1	The L references in the Elements do not always align with the correct L reference. Can the Government please provide clarification?	See Section L.6.2 for updates.
189	M.4.3.4	Factor 4 - Price: This section states that "The weighted value of the Offeror's Score is based on a set of weights determined by the VA for each CLIN and Sub-CLIN being evaluated". Will the government provide the set of weights it will use to evaluate each CLIN and Sub-CLIN as we cannot find it in the RFP?	RFP will be modified to include the Weights.
190	SF33	On the SF33, the solicitation number in box 3 is 36C10G18R0208, but the number in the header of the document is 36C10G18R0208-1. In the SF30s issued for Amendments 1 and 2, the number is 36C10G18R0208-1. Can the Government clarify the solicitation number so offerors can submit the correct signed SF33 and SF30s upon proposal submission?	The correct solicitation is 36C10G18R0208-1.
191		Pricing Sheet (CLIN X010); General Instructions #5: Is VA asking for Offerors to submit applicable CDT codes only in Section 3 and not corresponding unit prices?	VA has modified CCN Reg4 Pricing Template.
192		Pricing Sheet (CLIN X010); General Instructions #5: If no additional CDT codes are proposed by the Offeror in Section 3, will that automatically mean VA will not consider adding any CDT codes outside of the 28 evaluated codes?	VA will modify the CCN Reg4 Pricing Template to remove any reference to non-evaluated codes. Do not submit additional codes. VA has indicated the codes that will be utilized at this time.

Item	Relevant Section	Question / Comment / Suggestion	Response
193		Given the significant changes from the draft R4 to the final, would the VA consider extending the due date, to allow offerors time to perform a bid assessment on R4 requirements?	The submission date of proposals will be extended to October 29, 2018.
194	L.7.8 / M.4.3.2	Section L.7 generally provides that the Offeror shall submit past performance information and a narrative describing its past performance while Section L.7.4 provides specifically that if an offeror was formed or re-organized for this procurement that it can submit the relevant past performance experience of parents and affiliates if they will be involved in the management or operations of the offeror and a description of the commitment of resources these entities will have in the operations of the Offeror is provided. Section M.4.3.2 provides that "[t]he Government may consider an Offeror's joint venture partner's (or partners') or an Offeror's affiliate's (or affiliates')/parent organization's (or parent organizations') contracts in the past performance evaluation if the information provided shows that the workforce, management, facilities or other resources of the JV partner(s), affiliate(s)/parent organization(s) will bear on the likelihood of successful performance by the Offeror." Please confirm that, consistent with Section M.4.3.2, that an Offeror may submit the past performance experience of parents or affiliates if the offeror shows that the workforce, management facilities or other resources of the affiliate will bear on the likelihood of successful performance by the Offeror regardless of whether the Offeror was only recently formed or reorganized to respond to this procurement.	Refer to L.7.4 and M.4.3.2 for further clarification.
195	L.7.8 / M.4.3.2	Section L.7.8 Small Business Compliance Record provides that "[i]f the Offeror is a large business, the Offeror shall submit a record of its compliance with FAR Clauses 52.219-8, Utilization of Small Business Concerns; and 52.219-9, Small Business Subcontracting Plan," Section M.4.3.2-Past Performance, provides that "[t]he Government may consider an Offeror's joint venture partner's (or partners') or an Offeror's affiliate's (or affiliates')/parent organization's (or parent organizations') contracts in the past performance evaluation if the information provided shows that the workforce, management, facilities or other resources of the JV partner(s), affiliate(s)/parent organization(s) will bear on the likelihood of successful performance by the Offeror." Please confirm that, consistent with Section M.4.3.2, that an Offeror may submit the small business compliance record of parents or affiliates if the offeror shows that the small business compliance personnel, resources and programs of the parent or affiliate will bear on the likelihood of successful attainment of small business goals of the Offeror	Yes, see revised Section M.4.3.2.

Item	Relevant Section	Question / Comment / Suggestion	Response
196	Past Performance Questionnaire	In the Past Performance Questionnaire, PART III: CORPORATE EXPERIENCE DATA appears to be out of context for the past performance questionnaire. As part of the Past Performance Questionnaire, is it the Government's intent that the corporate experience data, which is related to the offeror's global experience and not specific to the past performance contract cited, be submitted by the person giving the contract reference?	Refer to updated Past Performance Questionnaire, L.7.2, and M.4.3.2.
197	M.4.3.2. Factor 2 – Past Performance.	Please provide definitions for "scope", "magnitude of effort" and "complexities".	See updated changes to Section M.4.3.2 for clarification.