

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?	Amendment 0004 remedied this conflict. Amendment 0005 extended the due date to 05-November- 2018. The Government does not anticipate further extensions, however, all vendors should monitor FBO for updates to the proposal due date.
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?	Questions are answered under Amendment 0003 and 0006. The Government will no longer address any future questions per Amendment 0005.
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"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> </ul>	The latest Amendment extends SHCD to 6 months after award and HCD to 12 months after award.
38	PWS Section 2.2	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.	The latest Amendment extends SHCD to 6 months after award and HCD to 12 months after award.
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 &amp; 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>	The latest Amendment extends SHCD to 6 months after award and HCD to 12 months after award.
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 to reflect the extension of SHCD to 6 months after award and the extension of HCD to 12 months after award.
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 10.1.1 and 10.2 to reflect the extension of SHCD to 6 months after award and the extension of HCD to 12 months after award.
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?	Amendment 0005 extended the due date to 05-November- 2018. The Government does not anticipate further extensions, however, all vendors should monitor FBO for updates to the proposal due date.

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198	M.4	<p>Amend. 003 RFP Section M.4.3.4. Factor 4 - Price states that "The CLINS that will be evaluated are: CLINs/SubCLINs X002AA, X002AB, X002AC, X002AD, X002AE, X002AF, X002AG, X002AH, X002AI, X002AJ, X002AK, X002AL, X002AM, X005, X008, X009AA, X009AB, X009AC, X010, X011Ax, X011Bx, X011CA, X011DA, X012AA, X012BA, X014, X016AA, X016BA, X016Cx, X017AA, X017BA, X018AA, X018Bx, X019AA, X019Bx, and X020."</p> <p>However, CLINs X002, X008, X014 and X020 are not listed in Table 26 or in the "Offeror's Total Price".</p> <p>(1) Please confirm that CLINs X002, X008, X0014 and X020 will not be assigned a weight. (2) Please confirm that CLINs X002, X008, X0014 and X020 will not be evaluated. (3) Please also confirm that CLINs X002, X008, X0014 and X020 will not be included in the Offeror's total evaluated price.</p>	<p>All CLINs, and associated sub CLINs, will be evaluated for price fair and reasonableness.</p> <p>1) CLINs X002, X008, X0014 and X020 will not be assigned a weight.</p> <p>2) CLINs X002, X008, X0014 and X020 will be evaluated for Fair and Reasonableness.</p> <p>3) CLINs X002, X008, X0014 and X020 will not be included in the Offeror's total evaluated price. Amendment 003 removed the phrase "total evaluated price."</p>
199	I.9	<p>Amend. 003 RFP Section L.9.1 states "...the price proposal calculations shall be in Excel....Submitted files shall contain all formulas, calculations, and worksheet/workbook links used to compute the proposed amounts. The formulas, calculations, and links shall not be hidden for the Government to verify the accuracy of the data."</p> <p>The Pricing templates (i.e., "CCN Reg4 Pricing Template v3") is only requesting per unit commercial prices. The template does not contain unit quantities nor does it require that the per unit commercial prices be extended by an unit quantity. Accordingly, we do not believe there are any formulas required to complete this template. Is this requirement applicable to this Pricing Template? Please confirm that this requirement is not applicable or clarify what formulas are required.</p>	Formulas are only required if an offeror is submitting backup spreadsheets as part of their basis of estimate.
200		<p>Section L.9.2.2. (page 236) provides instruction for the completion of the Pricing Template for CLIN X010. Included in the explanation is the following statement:</p> <p>"Offerors shall provide pricing for the base year and all option periods, to include pricing under Clause 52.217-8, for all non-pre-priced CLINs in Region 4."</p> <p>Could the Government please clarify the following:</p> <p>A. Are offerors expected to include pricing for the "Option to Extend Services" section of the pricing template. If so, will the Govt please provide an updated pricing template to allow for input of proposed prices.</p> <p>B. Could the Government please provide clarification of what a "non-pre-priced CLIN" is.</p>	<p>A. The RFP will be amended so that the proposed price for option period 7 will be used to determine the price for the Option to Extend Services. An amendment to this effect will be forthcoming.</p> <p>B. "Non-pre-priced CLINs" are those CLINs for which CMS, VA Fee Schedule or 38 CFR 17.55/CFR 17.56 prices do not exist.</p>
201		<p>I was recently reviewing the Amendment to the CCN Region 4 solicitation posted on September 18th. I noticed that the VA indicated in a response to a question (#92) that a contractor's "health network accreditation will not meet both requirements for Health Network and the Credentialing process".</p> <p>I wanted to follow-up as I believe there may be some confusion as least as it relates to URAC accreditation. URAC considers an organization that has achieved our Health Network Accreditation to also be compliant with our standards addressing the credentialing process. We believe that our Health Network Accreditation does satisfy the VA's requirement that the contractor's credentialing process.</p> <p>URAC's Health Network Accreditation addresses both the management of provider networks and the credentialing process. This accreditation is meant to accommodate businesses that perform both functions under one roof. In fact, the standards that comprise our Credentials Verification Organization Accreditation are also included in our Health Network Accreditation.</p> <p>I believe the issue may be the result of different terminology being used. I've attached for your reference a summary outlining all the elements addressed by URAC's Health Network Accreditation. I'd be happy to speak with you in more detail about URAC's accreditation.</p>	Contractors are required to primary source verify only elements required by their National Network Accreditation body (e.g URAC, NCQA), and be specified in their credentialing plan. If Contractors use a third party for credentialing, or purchased/rented Networks, they should clearly articulate their oversight in the credentialing plan submitted to VA.

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202	L.6	The evaluation criteria provided in L.6 do not reference specific PWS requirement section or subsection numbers requiring response. For example, L.6.2.1 simply states "The Offeror shall describe its approach to building and maintaining a comprehensive network to meet and monitor availability, drive time and access standards for supporting medical, CIHS, dental and pharmacy network requirements at the VA facility level." Prior experience has demonstrated that VHA anticipates a confirmatory response and management approach to every requirement for which it anticipates seeing a response. For example, this would include confirming for the government our understanding of each network adequacy requirement, by type. With the current page count limitations, it would not be possible to respond to every single PWS requirement in this way. To keep the offeror's response focused on the requirements that require a response, and avoid any inadvertent omissions, it would be helpful if the Government were to provide a cross-walk, identifying specific PWS sections requiring response for each item, similar to the references provided in E.2.8 of Solicitation VA791-16-R-0086.	The Government does not intend on providing PWS references to the requirements that are being evaluated in Section L.6. It is expected that the Offeror review the PWS in its entirety and respond accordingly.
203	Attachments F & AH	Attachments F & AH: Tab 1 (FY17 Projected Active Veterans) contain the following footnote: "Projected Active Veterans = Active Veterans FY16 * 2017 CPI for Medical Care of 3.9% to project the increase in active veterans for the subsequent years." Please clarify for the offeror: What is the relationship between the CPI and number of active veterans' growth in economic terms?	There is no implied relationship between the CPI and the number of active Veterans.
204		VHA's response to Item #1 of the Q&A states that the submission date will be extended to October 29, 2018. However, the cover page of Amendment 3 states that the due date is October 26, 2018. Please confirm which due date is the correct one.	Amendment 0004 remedied this conflict. Amendment 0005 extended the due date to 05-November- 2018. The Government does not anticipate further extensions, however, all vendors should monitor FBO for updates to the proposal due date
205	PWS Section 4.1	Are midwives covered in Region 4? What about birthing centers that use midwives? CCN Regions 1-3 identified "deliveries by direct entry midwives also known as lay midwives or certified professional midwives" as an exception. Region 4 does not.	Midwives and birthing centers are covered in states where they are licensed and appropriate credentialing requirements would apply.
206	PWS Section 4.0	We understand that "VA covers care to newborns for the first seven days after birth" and that "VA covers pregnancy care through arrangements with community providers. VA can pay for prenatal care, delivery, and postnatal care for eligible women Veterans, as well as care to newborns for the first seven days after birth for all eligible women Veterans." *** Will CCN providers be providing this care, and if so, which pediatric specialties will be required to be provided in network by the offeror?  ** <a href="https://www.womenshealth.va.gov/WOMENSHEALTH/docs/FAQ_041912_FINAL.pdf">https://www.womenshealth.va.gov/WOMENSHEALTH/docs/FAQ_041912_FINAL.pdf</a>	Yes. CCN providers would be providing newborn care that is covered by VA for the first seven days after birth; and we would expect the pediatric specialties appropriate to provide newborn care for the first seven days would be included in the network.
207	Attachment U	Regarding Fields in Attachment U Tab 16: Several of these tabs are marked optional. Could the VHA please explain what it means by "optional"? For example, the NPI field is marked optional but is required under HIPAA.	VA will provide the network provider file format during the kickoff meeting. Refer to RFP section 18.15.2.
208	Pricing	CMS has a specific reimbursement based on cost for critical access hospitals. Please confirm that for Critical Access hospitals, "100% of Medicare" rate means the reimbursement will mirror what CMS currently reimburses critical access hospitals.	Yes. For Critical Access hospitals, "100% of Medicare" rate means the reimbursement will mirror what CMS currently reimburses critical access hospitals.
209	Pricing	Regarding reimbursement for Rural Health Clinics (RHCs): Under CMS today, RHCs receive an "Encounter fee" that is payment for a bundle of services, and anything performed outside that bundle is paid on FFS basis. Is this how RHCs would be reimbursed under the CCN?	As a basis for our payments, we generally use the CMS rate structure and default to subsequent payment methodologies are outline in the CLIN's.
210	Attachment T	Attachment T: The plan states in the Introduction Section 1.0 —"The plan is not applicable for the Base Year period and the first Option Period." However, paragraph 6.4.2 states, "Option Year 1 potential disincentive price ceiling (typo) for IDF2 is variable as described in 6.2.3 (total value of non-network providers claims multiplied by 2%)." Please explain this inconsistency.	The incentive/disincentive plan does not apply to the Base Year period and the first Option Period. Attachment T, Section 6.4.2 has been revised.
211	L.4.2	L.4.2 states "Electronic copies. One electronic copy per volume for a total of five (5) electronic copies shall be submitted to email add the CCN4@VA.gov. The electronic copies shall be submitted on virus free CD-ROMs...." The insertion of email-related information appears to be in error. Please confirm that electronic submissions are to be made on CD-ROM and NOT via email.	The submission for CD Rom was removed in its entirety. Please refer to Amendment 0005.
212	L.4.8	L.4.8 Organization Chart: The section states that "The offeror shall submit its anticipated organizational structure and shall include the prime contractor and first tier subcontractors....The organizational structure shall include addresses and phone numbers." Please clarify the purpose of including phone numbers in this organizational chart. Is it to provide a specific point of contact to answer to CCN-related queries or is the purpose to simply confirm corporate legitimacy and location? The Offeror wants to provide the proper type of contact to VHA.	Section L.4.8, The Organization Chart was revised to remove the telephone number. The organizational structure shall include 1) name, 2) title, and 3) function.

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213	L.7.2	The narrative requirement states that "The offeror shall provide its corporate experience for Pharmacy, Dental and Medical including claims processing and adjudication experience to include total monthly...." (1) Please identify the window of time for which this claims processing data is to be provided. For example, is this information needed for calendar years 2015, 2016 and 2017? Or for federal fiscal years 2015, 2016, 2017? Or some other window of time? (2) Please clarify whether "monthly" means that VHA wants (A) a month-by-month listing (i.e. 12 data points) for each year of data provided, or if wants (B) a single data point (i.e. a 12 month average) for each year of data provided.	According to Section L.7.2. corporate experience for Pharmacy, Dental, and Medical including claims processing and adjudication experience to include total monthly claims volume processed, total monthly dollar amount paid for claims, average monthly percentage of claims processed within 30 days of receipt, percentage of monthly rejected claims, percentage of monthly provider reconsiderations processed, and percentage of claims auto-adjudicated (first pass percentage rate) as referenced in the PWS. Information is required for fiscal year 2015, 2016, and 2017.
214	L.2.7	<p>As amended, L.2.7 states that "To obtain access to the AcquiServe Vendor Portal, (<a href="https://vendors.acquicenter.noblis.org/VA/CCNR4">https://vendors.acquicenter.noblis.org/VA/CCNR4</a>), an Offeror must acquire a U.S. Government External Certificate Authority (ECA) Medium Assurance Certificate. You may purchase an ECA through IdenTrust (<a href="https://www.identrust.com/certificates/dodeca-programs">https://www.identrust.com/certificates/dodeca-programs</a>) or Operational Research Consultants (<a href="https://eca.orc.com">https://eca.orc.com</a>).</p> <p>In order for the offeror to obtain the ECA, it must first register with IdenTrust, which requires that notarized documents (requiring review of organizational representative's original birth certificate or passport in addition to driver's license) be mailed to Utah, where IdenTrust notes that such documents require 3-5 days to process. Step 6 of ORC's instructions also states that documents must be mailed in, although this offeror has not completed the registration process with ORC to determine the precise timeline outlined by ORC.</p> <p>The VHA's instructions in L.2.7 also say "Please allow up to 48 hours for the AcquiServe Vendor Portal team to complete your account setup and notify you." Given the need to mail in notarized documents, it is assumed that this setup by the Vendor Portal team cannot be done until the aforementioned notarized documents are mailed and processed.</p> <p>Given the late issuance of this amendment and the fact that our nationwide staff have traveled to work on this proposal in a centralized location, there simply isn't enough time to ensure that the proper documents (birth certificate - which must be overnighted to our location) will be reviewed and signed by a notary, mailed to Utah, be received and processed and still allow 48 additional hours for the vendor portal team to complete account setup and notify the Offeror with sufficient time before the submission deadline of October 26th 2018. Please clarify if there is some element of this process that this offeror not understanding which might expedite the registration. Barring an incorrect understanding of the process on the part of the offeror, would the government please extend the deadline to prevent this registration from becoming a potential barrier to submission?</p>	<p>The registration is required for each individual using the AcquiServe Vendor Portal.</p> <p>The ECA Forms Packet is how the individual proves their identity to IdenTrust. The completion, submission, and approval of the ECA Forms Packet is required to obtain the certificate. Once IdenTrust has verified and approved the application, the requestor will receive an email to download their certificate. Requesters do not have to wait for a return package in the mail to move forward.</p> <p>An amendment was issued to provide Offerors an option for Noblis certificate support under Amendment 0005. Also the submission due date was extended.</p>
215	L.2.7	As amended, L.2.7 states that one of the required submission methods is to "mail hard copy proposals." Please clarify whether or not in-hand submission is permitted.	No, hand delivered submissions are not permitted.
216	Pricing Template	<p>Included in the VA CCN Region 4 Pricing Template ("CCN Reg4 Pricing Template v3") on the 'Main Pricing sheet' tab, CLIN x016C's Unit/Directions (cell C56) states that CLIN x016C should be priced as follows:</p> <p>"\$ Price per Unique Approved referral for each of the tiers of a PoP."</p> <p>However, Page 40 of the Solicitation (Section B) under CLIN x016C states:</p> <p>"VA will pay the monthly firm fixed price for the tier ordered. When the quantity of unique Approved Referrals that contain CLIN X016Cx exceeds a tier, the subsequent tier may be ordered."</p> <p>Please clarify whether CLIN x016C should be priced "per unique referral" or a "fixed monthly charge" for each of the five tiers specified</p>	The statement for the CLIN description assumes that the contractor will bill on a monthly basis in accordance with the per unit price (fixed price) which is consistent with the content and direction provided in Sections L and M and associated Pricing Sheet.
217	L.2.7	Amendment 4 requested proposal submission via four methods, one of which is email. The full proposal will be too large to submit via regular email exchange but can be emailed through our secure file sharing system referred to as Move It, which will be received via an email notice but the documents will be accessed through a link to the file sharing account. Is this acceptable?	Yes, that is acceptable.
218	L.7.2	<p>L.7.2 states under Summary Description, "For itself to include its first-tier Subcontractors, the Offeror shall identify three contracts they believe are most relevant in accordance with Section M.4.3.2." L.7.2 also states, under Narrative: "The narrative shall include the following: The Offeror is required to explain the scope of services as it relates to the requirements for this solicitation."</p> <p>Please confirm that the narrative requirement also applies to the offeror and their first-tier subcontractors.</p>	<p>Section L.7.2 was revised to state the following:</p> <p>"All proposals must include a brief summary description and narrative detailing up to three (3) contracts (for the prime Contractor and/or first-tier Subcontractor(s)) performing work within fiscal year 2015, 2016, and 2017, which are relevant to the efforts required by the RFP, as indicated below:"</p>

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219	L.10	Section L.10 requires the offeror to submit table mapping with Volumes I and Volume II. Please confirm that 1) the Volume I table mapping should only map the Section L.5 requirements to the Volume I proposal response and 2) the Volume II table mapping should only map the Section L.6 requirements to the Volume II proposal response.	Section L.10 requires that all of Section L. (L.1 - L.10) be included in the table mapping. Offerors shall include a copy of the table mapping in Volumes I and II.
220	L.7.5	The revised Past Performance Questionnaire (v3) contains no signature line. L.7.5 states "The submitted questionnaires shall include the signature, name and title of the person completing the questionnaire." Please identify where the Government would like the signature to be placed on the questionnaire.	The Government requires that the past performance questionnaire is signed once completed by the requester. The signature can be on any page as long as its clear and legible.
221		The proposal due date and posted answers to questions are not in agreement. Can the VA deconflict?	Amendment 0004 remedied this conflict. Amendment 0005 extended the due date to 05-November- 2018. The Government does not anticipate further extensions, however, all vendors should monitor FBO for updates to the proposal due date.
222	Section L	The VA should confirm that the second paragraph of L.7.1 applies to the term "Offeror" in L.7.2. to clarify that wherever the RFP calls for past performance information to be provided in an Offeror's proposal, the language from L.7.1. applies to permit past performance from an Offeror's affiliate(s) or parent organization.	VA Intends to amend L.7.1 as follows: "Wherever the Offeror is required to provide past performance information, the Offeror may submit past performance of its joint venture partner's (or partners') or an Offeror's affiliate's (or affiliates')/parent organization (or parent organizations') contracts if the information provided shows that the workforce, management, facilities or other resources of the JV partners(s), affiliate(s)/parent organization(s) will bear on the likelihood of successful performance by the Offeror."
223	L.7.1.3	Vendor requested PPQ questionnaires be permitted on commercial contracts.	VA intends to modify L.7.1.3 to permit submission related to commercial contracts.
224	Section L	Vendor request removal of phrase "per region" from L.7.1.3	VA intends to remove "per region" from L.7.3
225	Section L	Vendor points out potential grammatical error in L.7.4 which affects meaning of paragraph.	VA intends to remove the phrase from Section L.7.4 "The terms affiliate and entity refers to the degree of ownership that a parent company holds in another company."
226	Section L	Vendor questioned qualifiers in section L.7.4	VA Intends to amend L.7.1 as follows: "Wherever the Offeror is required to provide past performance information, the Offeror may submit past performance of its joint venture partner's (or partners') or an Offeror's affiliate's (or affiliates')/parent organization (or parent organizations') contracts if the information provided shows that the workforce, management, facilities or other resources of the JV partners(s), affiliate(s)/parent organization(s) will bear on the likelihood of successful performance by the Offeror."
227	Section L	Vendor stated Q&A Item #83 remains unresolved, as VA's response indicated that "Section L.7.3. was revised to clarify.	(f) Section L.7.3. was deleted in its entirety and is now "Reserved". To provide clarity for L.4.8 Organization Chart, the following sentence is removed from Section L.7.2 and L.7.5.:  "The Offeror shall not include contracts between it and its own subsidiaries, or other team members in the organization chart."
228	Section M	Vendor requests a potential disconnect between instructions in L.7.6 and M.4.3.2 be resolved.	M.4.3.2 will be revised to: 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. For this procurement and resulting contracts, network providers are not considered Subcontractors. The Government is not required to contact any references provided by the Offeror although it may choose to do so. Other pertinent sources or references (other than those identified by the Offeror) may also be used by the Government to obtain additional information that will be used in the evaluation of the Offeror's past performance.
230		Vendor request clarity on "relevant".	The RFP language regarding the definitions of "relevant" past performance is clear as written.
231		Vendor requests clarity regarding the Past Performance Volume page limitations, in that "[i]f requested by VA, the revised conformed Past Performance Volume is extended 2 pages beyond the past performance narrative limitations and the summary description of each contract limitation of L.7.2	(i) The following paragraph is deleted from Section M.4.3.2: "If requested by VA, the revised conformed Past Performance Volume is extended 2 pages beyond the past performance narrative limitations and the summary description of each contract limitation of L.7.2

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232		Vendor requests clarity on when and under what conditions an Offeror must submit PPQs for its first tier contracts.	<p>The VA intends to amend L.7.2 and L.7.5 as follows: "L.7.2. Past Performance Summary Description and Narrative.</p> <p>All proposals must include a brief summary description and narrative detailing up to three (3) contracts (for the prime Contractor and/or first-tier Subcontractor(s)) performing work within fiscal year 2015, 2016, and 2017, which are relevant to the efforts required by the RFP, as indicated below:</p> <p>Summary Description. For itself to include its first-tier Subcontractors, the Offeror shall identify three contracts they believe are most relevant in accordance with Section M.4.3.2. The Offeror shall state if it and/or its first-tier Subcontractor has fewer than three contracts that are relevant to this solicitation. The Government shall not be bound by an Offeror's assertion that its past performance is relevant to the requirements contained within this RFP."</p> <p>"L.7.5. A completed past performance questionnaire is required for each of the contracts required in L.7.2 (See Section J, Past Performance Questionnaire v3). It is the Offeror's responsibility to have the questionnaire completed by the most cognizant officer of the contract or, if it is a Government contract, the Contracting Officer or COR. If these instructions are not followed, VA will not consider the information and the Offeror will be found unresponsive. The Offeror shall ensure that the evaluator/reference submits the completed questionnaires directly to CCN4@va.gov to VA ANY TIME BEFORE THE DUE DATE FOR PROPOSALS. Questionnaires are limited to two per contract reference. Past Performance Questionnaires returned by the Offeror, and not by the evaluator/reference, will not be evaluated. The submitted questionnaires shall include the signature, name</p>
233		Do Section L Para. L.8.3.5 Table 23 conflict with M.4.3.3. Factor 3 criteria?	Table 23 does not conflict with Section M.4.3.3 in that the percentages stated are those required to receive "Partial" or "Minor Credit". In other words, the Section L percentages represent VA's subcontracting goals, and the Section M percentages are criteria against which Offerors will be <u>evaluated to determine the level of credit assigned</u> .
234	L.8	Why is there socio economic criteria in past performance when you have a socio-economic business concern section?	This criterion concerns the Offeror's success in reaching small business participation goals in the past and not how or if the Offeror will meet established goals on the future contracts. Therefore, it is rightfully aligned with "Past Performance"
235	L.8.3	Vendor questions making a dialysis distinction in submission requirements under Section L.8.3 Socioeconomic Business Concerns	Section L.8.3.1 requires "The subcontracting plan must include a section that details the Offerors plan to subcontract dialysis services to small businesses." and Section L.8.3.2 requires that "The Offerors shall provide 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. Delineate the socioeconomic status (e.g., SDVOSB, VOSB, small business, HubZone) of each".
236	L.8.4	Vendor identifies that Section L.8.4 was referenced in the answer to previous question 91. and is not present.	The correct reference for the missing L.8.4 is currently L.8.3.2.

Item	Relevant Section	Question / Comment / Suggestion	Response
237	L.4.8	Vendor requests clarity on level of detail required by Section L.4.8	<p>To provide clarity for L.4.8 Organization Chart, the following sentence was removed from Section L.7.2 and L.7.5.:</p> <p>"The Offeror shall not include contracts between it and its own subsidiaries, or other team members in the organization chart."</p> <p>The Offeror shall submit their first-tier subcontractors respective organizational chart along with their own organizational chart.</p> <p>L.4.8 references for the Organizational Chart will be revised in Amendment 0006 for clarity. The Organization Chart is for the Offeror to provide details regarding their business structure and their First Tier Subcontractor's business structure to include 1) name, 2) title, and 3) function relevant to the requirement. The address and telephone number was removed. Sections L.7.2 and L.7.5 are for the Offeror to provide information regarding their Past Performance References. Both areas are two separate and distinct information points.</p>
238	CLIN	Vendor requests clarity on CLIN x016C. Should it be priced "per unit referral" or a "fixed monthly charge" for each of the five tiers specified.	The statement for the CLIN description assumes that the contractor will bill monthly in accordance with the per unit price (fixed price) which is consistent with the content and direction provided in Sections L and M and the associated Pricing Sheet.
239	Implementation	Vendor questioned the Region 4 implementation schedule and draws a comparison to regions 1-3.	The VA has adjusted the implementation schedule to be consistent with Regions 1-3.
240	M.4.3.4	M.4.3.4 indicates that "[t]he CLINS that will be evaluated are: CLINs/SubCLINs X002AA, X002AB, X002AC, X002AD, X002AE, X002AF, X002AG, X002AH, X002AI, X002AJ, X002AK, X002AL, X002AM. . . ." None of those SubCLINs, however, are included in Table 26 (Weights). Thus, the RFP is not clear regarding whether those X002 SubCLINs will, in fact, be evaluated, and, if so, what weight will be assigned to them.	VA concurs with industry concern. Section M.4.3.4 was revised to provide clarity and changes were made to the Table titled "Weights". The Table number was changed from 26 to 30.
241	M.4.3.4	While § M.4.3.4 refers to "X016AA, X016BA, X016Cx," Table 26 does not contain those SubCLINs, but rather lists just CLIN X016AA, CLIN X016AB, and CLIN X016AC. The Table 26 listings appear erroneous in light of the CLIN descriptions in Section B. In particular, on Page 40 of the RFP, there is an unnumbered table delineating "[t]he regional tiers . . . for Sub CLIN X016Cx." It is unclear why these tiers are described as "regional" when they correspond to the "Number of Unique Approved Referrals for a Period of Performance" solely within Region 4. In any event, the five such tiers are specified in CLIN X016CA (Tier 1), CLIN X016CB (Tier 2), CLIN X016CC (Tier 3), CLIN X016CD (Tier 4), and CLIN X016CE (Tier 5).	VA concurs with industry concern. Section M.4.3.4 was revised to provide clarity and changes were made to the Table titled "Weights". The Table number was changed from 26 to 30.
242	M.4.3.4	Accordingly, assuming the unnumbered table from RFP page 40 is correct, Table 26 must be updated to include the correct SubCLINs – along with corresponding weights for each tier – just as the agency did for Regions 1-3. In the absence of specific weighting assigned to each such tier, the RFP will be impermissibly vague...	For price analysis purposes, weights will not be provided for individual tiers because the expected volume(s) will serve as weights; however, certain CLINs and SubCLINs are weighted as reflected in Table 30 referenced previously as Table 26.