

General Discussion Questions and Answers for All Offerors

TECHNICAL:

1. Can we assume that we can use the allotted pages that were not used in the original response?
The FPR has revised page limits and those are controlling.
2. Please specify the source VA is utilizing to identify, or otherwise explain how VA is identifying, the number of available Urgent Walk-In Care clinics within each VA Facility service area against which adequacy is being measured.
VA used and plans to reevaluate using available Medicare / Medicaid data bases for place of service 17 and 20.
3. Please define “negative outcomes.” Is this different from adverse events, sentinel events, close calls, PSIs, or ISIs?
“Negative outcomes” are synonymous with “adverse events, sentinel events, close calls, PSIs, or ISIs” for the purposes of this acquisition.
4. How is the VA evaluating network adequacy? The VA is evaluating network adequacy as described in Section L.6.2.
The Offeror shall describe its approach to building and maintain a comprehensive network to meet and monitor availability, drive time and access standards for supporting medial, CIHS, dental, and pharmacy network requirements at the VA facility level.
5. Is the VA comparing past referrals as the basis for evaluating adequacy?
No, it is not being evaluated against this criterion.
6. Is the VA comparing the addresses of its current membership/enrollees to the offeror’s network to evaluate adequacy?
No, it is not being evaluated against this criterion.
7. Is the VA comparing based purely on provider counts?
No, it is not being evaluated against this criterion.
8. How does the VA factor in different specialty descriptions and rollups from each bidder?
The VA is utilizing the provider file to evaluate against the Offeror’s proposed network adequacy approach to building and maintaining a comprehensive network as requested in Section L.6.2.1.
9. Please confirm that, in the event that a provider practices in multiple locations, the provider file should include all locations associated with that provider.
In accordance with Section L.6.2.1.1., the Offeror shall provide 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.

10. Please confirm that if the provider has multiple specialties, the provider file should include all specialties associated with that provider.

In accordance with Section L.6.2.1.1., the Offeror shall provide 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. All specialties should be identified.

11. If not, what is the purpose of assigning a provider to a station when the relationship of counties/zip codes to VAMC catchment areas is not 1:1?

The VA is utilizing the provider file to evaluate against the Offeror's proposed network adequacy approach to building and maintaining a comprehensive network as requested in Section L.6.2.1.

PRICING:

1. Is 100% a valid price for this CLIN? Please refer to RFP Section B – Supplies or Services.
The RFP CLIN description states "The Contractor may, in Highly Rural Care Areas, exceed Medicare rate but will not exceed the Contractor's stated maximum percentage above the locality adjusted Medicare rate in this CLIN." This description does not include a prohibition on proposing 100%.
2. Please confirm that the Evaluated Sample Price is based on the submitted price for the listed CPT's and multiplied by the sample frequency provided in the letter.
Yes, that is correct. Note that the proposed pricing was normalized to FY2019 dollars.
3. Will VA evaluate the same CPTs in the final proposal evaluation?
Yes, it will be evaluated the same as the sample CPT. Approaches employed in the initial proposal evaluation will be used in the final proposal evaluation.
4. Is the price of zero (0) a valid value for any given CLIN or tier?
The RFP does not prohibit pricing a line item at \$0.00.
5. What was the assumption, calculation or factor used to "normalize to FY19\$"? Did it include the removal of an inflation rate, if so, what is this rate?
In response to the inflation factor used for normalization, IAW the discussion letter dtd 15 February 2019, "No questions outside of the discussion points will be entertained and discussions will not exceed the designated time frame."
6. What Transition Out and Implementation period did VA use in order to derive the Offered Price?
For the purposes of evaluation, implementation was recognized in Fiscal Year 2019 and transition out was recognized in Fiscal Year 2026.
7. Is this a simple average for all tiers and years or is this a weighted average by some active veteran count?

The Government's volume assumption, derived from the RFP attachments, for all years of the period of performance, is used for evaluation purposes.

8. How did you calculate the price for CLIN x011A?
- a. Is this a simple average for all tiers and years or is this a weighted average by some active veteran count?
 - b. If this is a weighted average based on the active veteran volumes?
 - i. See question 2 above. If so, what volumes were used?
 - ii. What month during BY did you assume active vets would begin?
 - c. What inflation factor / discount factor was used to normalize the rates to FY2019 numbers? 2.95%?

The Offeror should refer to Section (L.X.X.) for further guidance. The RFP does not prohibit pricing a line item at \$0.00.

9. For CLIN x017BA, how did the Government calculate the average unit price.
- a. Did the Government normalize the proposed unit prices for FY2019 numbers similar to CLIN x011A? If so, what discount/inflation factor was used?
 - b. Did the Government calculate the average unit price over an 8-year period or 7-year period? (NOTE: The pricing template didn't allow for a price to be submitted for BY).

The proposed unit price was normalized to FY2019 dollars. The average included the Option to Extend, as indicated on page 252 of the RFP.

10. Will price be evaluated against assumptions made in the technical volume to determine whether or not the price is fair and reasonable in accordance with the assumptions made?
- The Offeror must ensure all pricing information is contained in the pricing volume and narrative (which may include references to the technical volume).**