Question / Comment / Suggestion	Response
L.4.1.1 states that "… it's critical that Offerors conform to these directions and facilitate understanding by ensuring traceability all the way through from the original proposal and FPR-1, to FPR-3 (Note FPR-2 is not necessary as it was not evaluated). It is the Offerors responsibility to mark all changes in the manner described in this memo to indicate where revisions from your last submission to FPR-3 were made." The statement that FPR-2 is "not necessary" appears to conflict with the next sentence which states that offerors are to "mark all changes…to indicate *where revisions from your last submission to FPR-3* were made. (Emphasis added). Also, it is unclear whether the decision to track changes from FRP-2 to FPR-3 is left to the discretion of the offeror. A. Please confirm that "your last submission" means the offeror's original proposal dated November 5, 2018 or FPR-1 (whichever the Offeror considered final) and that "your last submission" does not refer to FPR-2. B. Please confirm whether or not changes made from FPR-2 to FRP-3 should be tracked, or if only changes from the offeror's original proposal dated November 5, 2018 or FPR-1 (whichever the Offeror considered final) should be tracked.	A. Confirmed last submission refers to the original submission or the response to FPR-1 as applicable and not FPR-2. B. Confirmed. Changes are tracked from the original submission to FPR-1 and them from FPR-1 to FPR-3.
L.4.1.1 states that "The electronic price proposal narrative shall be in Microsoft Word, and the price proposal calculations shall be in Excel… Submit a version of your complete Volume V in accordance with the instructions at RFP Section L.4. The pricing narrative shall be in word or pdf." A. Please confirm that a "Complete Volume V" consists of two separate files: 1. The price proposal narrative in Microsoft Word or PDF 2. The price proposal calculations in Microsoft Excel. B. Please confirm that the Government does not require that the Narrative and the Calculations (Excel Spreadsheets) to be combined and formatted into a single document (as previously done by this offeror). Offeror notes that the current pricing template for CLIN x0002 presents formidable barriers (mostly due to size and complexity) to formatting for print or PDF.	A. A complete Volume V consists of three (3) files, the narrative (word or pdf) and both Excel pricing templates as the following: - Pricing Narrative (Word or Pdf) - CCN Reg4 Pricing Template v10 05202019.xlsx (Excel) - CCN Reg4 CLIN X002 Pricing Template v2 05292019.xlsx (Excel) B. Confirmed. The submission does not have to be combined into one single document.

L.4.1.1. - The RFP states "Compliance with page limitation requirements identified below will be verified using this format, which must also conform to the text and font instructions found at RFP Section L.4.3." However, in RFP Amendment 17, Section L.4.3 is "Reserved." Can the Government confirm the following text, spacing and font instructions from RFP Amendment 13 still apply? - For Microsoft Word documents - 12-point font and Times New Roman, with 1.5 line spacing - Spacing requirements do not apply to the table of contents, illustrations, organization charts, supporting data tables, report listings, or labels on process flows. - Screen shots, tables, diagrams, graphs, graphics, and /or charts in Word documents shall be no less than 9-point font Times New Roman - Excel files (i.e., Pricing Templates) shall be no less than 9-point font Times New Roman	Confirmed. The previous paper formatting requirements apply to word and pdf documents submitted for FPR-3: - For documents - 12-point font and Times New Roman, with 1.5 line spacing - Spacing requirements do not apply to the table of contents, illustrations, organization charts, supporting data tables, report listings, or labels on process flows. - Screen shots, tables, diagrams, graphs, graphics, and /or charts in Word documents shall be no less than 9-point font Times New Roman - Excel files (i.e., Pricing Templates) shall be no less than 9-point font Times New Roman
We note that the Veteran population data listed in Attachment A is based on the state in which the Veteran resides, whereas the Authorization data listed in Attachment E is based on the state in which the VA facility is located. Furthermore, if the volume projections in Attachment L are based on the state in which the CCN network provider performs the services, then all three of these RFP attachments contain different data orientations. *Please clarify if the actual and projected Community Care Volumes of services provided for each state in Attachment L are based on the state in which the service will be provided, the state in which the Veteran resides, or the state in which the VA facility is located.*	VA provided Attachment L in Amendment 0015 as historical information for the offerors to use as they see fit. Attachment L is based on the number of unique highly rural Veterans that received an authorization for care in that State. VA will use the Amendment 0019 CLIN X002 Pricing Template v2 to determine the total evaluated price for CLIN X002. The CLIN X002 Pricing Template v2 no longer contains Veteran enrollment data. All attachments provide information to assist offeror in proposal preparation. See A0019 for updated CLIN X002 instructions and evaluation.

The Attachment L Enrolled Patient count data in Row 87 appears to be incorrect and/or different data than the data provided in Attachment AA. Specifically, the following states have identical historical data and projections in Row 87: AZ, CO, ID, NV, OR, UT, and WY. In addition, the enrolled patient totals provided for other Region 4 states do not reconcile to Attachment AA. We suspect the patient counts in Attachment L are based on provider location, while the counts in Attachment E are based on VA facility location. *Please confirm this is the case.*	The following response assumes that the Offeror is referring to Row 87 of the CCN Reg4 CLIN X002 Pricing Template. The VA has removed the patient enrollment information from these lines in the A0019 CLIN X002 Pricing Template v2. In response to the enrolled patients total. Attachment AA and other attachments. AA only reflects enrolled Veterans who received non-VA care within the past two years. Whereas other attachments such as attachment L and attachment E represent a Veteran who received non-VA care in the community. VA is providing this historical information to assist the offerors. Yes, Attachment E is based on the VA facility that issued the authorization and Attachment L is based on the number of unique highly rural Veterans that received an authorization for care.
We have also found that Attachment L Unique Enrollment and Unique Highly Rural enrollment counts do not reconcile to the data provided in Attachment A. We have tried to sum Attachment A data based on facility state location, as well as enrollee residential state, and neither matches the Attachment L FY 2018 Historical Data in rows 83 and 84. *We respectfully request that VA clarify the data sets so that proper calculations can be made.*	VA is assuming you're referencing the CLIN X002 Pricing Template because Attachment L does not have rows 83 and 84. The VA data cannot be summed by uniques. Attachments A, AA and E are historical information to aid the offeror in understanding non-VA care. The CLIN 2 Pricing Template attached to Amendment A0019 will be used to determine total evaluated price.
We understand that Veterans that reside outside of a Region 4 state, but that have care referred to a Region 4 provider, will be considered In Network for the Region 4 contractor. However, Attachment A provides the number of non-Region 4 VA facilities that have enrolled Veterans who reside inside of Region 4, but the RFP Attachments do not provide the corresponding authorization volumes for cross-jurisdictional care. *Please update Attachment E to provide the historic authorization volumes of non-Region 4 VA facilities that authorize care for services to be provided in Region 4.*	The CCN Region 4 geographic space is different than the current PC3/VCP regional boundaries. VA has not captured this data in the past and is currently unable to provide this level of information now.

a. Column G of Attachment A ("Total Enrollees Residing in County") appears to be a total of all enrollees who reside in a given county, regardless of whether they are enrolled to the specific VA facility listed in Column B for that particular row. *Please confirm that each line of Column G should be the sum of columns H, I, and J for all VA facilities that have enrollees in that county.* b. If the statement in (a) above is accurate, we note that there are several VA facilities in which the county is repeated with different enrollment counts that do not sum to the county total. Examples are as follows: i. Laramie County, WY - Facility #442 ii. Lincoln, WY - Facility #660 iii. Tenton, WY - Facility #660 iv. Uinta, WY - Facility #660 v. Fremont, WY - Facility #666 vi. Sheridan, WY - Facility #666 vii. Washakie, WY - Facility #666 *Please identify which row for any duplicate VA facilities is correct.*	No, each line of column G should not be the sum of columns , H, I and J. For attachment A, the offeror should refer to the intro tab, which states: "In some counties, enrollees are split between two or more nearest SC sites. Those counties appear two or more times in the County FIPS and County of Residence columns. For split counties, the number of urban, rural, and highly rural enrollees (Columns H-J) for a single row do not add up to the Total Enrollees Residing in County (Column G). The remaining enrollees who reside in that county are reported in the row(s) for the second (third, . . .) SC site(s). For example, enrollees in Apache County, AZ (FIPS = 04001) are split between Station Number 501 (Albuquerque VAMC), Station Number 575 (Grand Junction VAMC), and Station Number 644 (Phoenix VAMC). The value reported in column G is the sum of all urban, rural, and highly rural enrollees regardless of which facility is closest". No further correlation will be provided. All attachments provide information to assist offeror in proposal preparation. Attachment A has been updated in Amendment A0019 to remove duplicates. The pricing templates and Section M include the volumes being proposed to.
According to RFP Section B, each SubCLIN under CLIN X002 - Reimbursement for Highly Rural Care Areas and Scarce Medical Services still has one and only one corresponding CLIN (i.e. Arizona is SubCLIN X002AA). However, the revised pricing template requires that rates be provided separately for inpatient and outpatient. If more than one different percent of Medicare is proposed per state (i.e. one for inpatient and one for outpatient), which rate should the contractor to use to populate that state's CLIN for each option year?	VA updated Section B SubCLIN X002 to reflect both inpatient and outpatient by State in Amendment A0019. The CLIN X002 Pricing template service line and distribution are being used for evaluation purposes only. An updated version of the pricing template is provided to clarify the manner in which the VA will apply Offeror proposals to the service line volume and pricing data.

In the new CCN Reg4 CLIN X002 Pricing Template v1, VA has provided the opportunity for offerors to enter different rates for each service line. Is it VA's intention that offerors propose potentially more than 50 different rates per state and option year?	Yes, the offeror is required to propose CLIN X002 rates for Inpatient care and Outpatient care, which will be incorporated into the contract and evaluated to determine total evaluated price. As stated in L.4, offerors shall submit complete pricing templates. Note that an updated version of the Pricing Template is provided in Amendment A0019 which automatically applies the proposed inpatient and outpatient rates to the corresponding service lines, in order to assist offerors with determining their proposal.
The Government's methodology has moved to a TEP method, however, CLIN X0010 still references usage of an IGCE reference rate. Please clarify if CLIN X0010 will also use a TEP calculation.	CLIN X010 in Amendment 0017 does not reference a reference rate for CLIN X010. A Total Evaluated Price for CLIN X010 will be calculated and used in the evaluation. The Total Evaluated Price will be based on combining the Offerors' proposed unit rates with the volumes provided in Section M (frequency by sample CDT codes).
Why is it permissible to treat dialysis differently than other health care providers in the subcontracting calculations ? The pricing template attachment to Amendment 0017, for the first time provided offerors with historical and projected volume data for dialysis and related services, but with no requirement to actually use that data.	VA, has revised the Socio-economic instructions and evaluation criteria in Sections L and M to remove dialysis from subcontracting plan and goal requirements.