ITEM	RFP SECTION	RFP SUBSECTION	RFP PAGE NUMBER (Number Identified at the bottom page of PDF)	RFP CATEGORY	COMMENT/RECOMMENDATION/FEEDBACK	GOVERNMENT RESPONSE
1	PWS Section 1.2	1.2 Background	22	1.0 GENERAL INFORMATION	A. Background references 26 reimbursement contracts with AK Tribal Health Programs and that VA intends to maintain those existing agreements. B. Need to specify that the agreements represent the entirety of the THP obligations to VA and that other factors imposed by this contract do not supersede or overlay the existing contract requirements outlined in those agreements. C. We recommend VA clarify that by joining the CCN, additional requirements will not be placed upon tribal providers beyond what is already contained in their agreements with the VA. For example, the rates of reimbursement, fee schedule, applicable quality measures, or additional training requirements. D. In addition, VA should make clear that the CCN Agreement will not supersede, supplant or negatively impact the tribal agreements in anyway and tribal providers have the option to remain out of network.	A. Correct. The VA intends to maintain the existing reimbursement agreements with Alaska Tribal Health Programs. B. The existing reimbursement agreements with Alaska Tribal Health Programs will remain stand alone agreements. The CCN contract is a separate contract vehicle for VA to acquire care in the community, and will not supersede or overlay the existing contract requirements outlined in those agreements. IF a referral is submitted under the CCN contract to a participating tribal provider or a facility then the CCN contract terms and conditions apply. If a referral under the tribal agreements is submitted to a tribal provider or facility then the tribal agreement terms and conditions apply. C. The requirements in the CCN contract provide specific exceptions for Tribal Health providers and facilities providing care under the CCN contract. See Sections 2.6 Accreditation, PWS Section 3.7.1 Credentialing, PWS Section 15.1 and Section B.5 for the Schedule of Services. Any modifications to the CCN contract requirements will be coordinated between the CCN Contracting Officer and the CCN contractor throughout the life of the contract. D. The VA intends to maximize the use of the CCN contract for care in the community. Tribal providers have the option to join CCN and/or continue to provide care under through the Tribal Agreements.
2	PWS Section 2.2	2.2.1 Implementation Strategy	22	2.0 PROJECT MANAGEMENT	We recommend the VA consider the geographic size of Alaska in the requirement that HCD requirements be delivered six (6) months from contract award.	Thank you for your recommendation. VA considered the size among other variables to include the number of current VA Facilities within Alaska when determining the HCD timeframe. This is the requirement.
3	PWS Section 2.2	2.2.1 Implementation Strategy	22	2.0 PROJECT MANAGEMENT	We cannot locate Section F, DELIVERIES OR PERFORMANCE. Is this the same as B. 4. Schedule of Deliverables?	Section F Deliveries or Performance is the same as B.4 Schedule of Deliverables. The PWS will be corrected accordingly.
4	PWS Section 3.2	3.2.1 CCN Complementary and Integrative Healthcare Services Network	35	3.0 HIGH PERFORMING NETWORK	Not all of these services are available in Alaska, or they are only available in certain geographies. Does this mean that the VA would reimburse for a patient to travel to obtain services? Or is the intent that the benefit is only available locally? From our perspective it would be unlikely all geographic locations would have contracted providers to support these services.	Travel is not authorized under the contract. Any travel for Veterans will be coordinated between the VA and the Veteran. PWS Section 3.1 provides the access standards. If the Contractor can't meet those standards, it should follow the Waiver instructions in PWS Section 3.1.1 and B.4 Schedule of Deliverables (Waivers due after contract award).
5	PWS Section 3.2	3.2 Provider Networks	34	3.0 HIGH PERFORMING	Will the contractor be permitted to use the existing VA network for a defined period of time? Does this apply to	No. It is the responsibility of the Contractor to establish a contract with providers.
6	PWS Section 3.2	3.2 Provider Networks	34	3.0 HIGH PERFORMING NETWORK	The patient home should be a billable location.	Yes, only if the provider renders care at the patients home. For telehealth, the patients home can't be used as a billable location.
7	PWS Section 3.2	3.2.3 Telemedicine	36	3.0 HIGH PERFORMING NETWORK	We would propose defining telehealth services and consultations through live videoconferencing, secure store and forward technology, and secure patient applications.	VA is revising the RFP "Attachment 1 - PWS Terms and Definitions" to include the following definition of Telehealth: "The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."
8	PWS Section 3.2	3.2.3 Telemedicine	36	3.0 HIGH PERFORMING NETWORK	Telehealth is a means of service delivery not a service in and of itself and as such all services should be available through telehealth at the same fee structure as in person care.	The Contractor will be reimbursed the same for healthcare services whether in person or through telehealth. For Telehealth services the Contractor can bill separately for the originating facility fee. See The revised B.5 Schedule of Services for Telehealth.
9	PWS Section 3.2	3.2.3 Telemedicine	36	3.0 HIGH PERFORMING NETWORK	Why have requirements for Telehealth services been reduced to Neuropsychology and Rheumatology from the earlier requirement for Primary care, Mental health and Specialty care services. It will literally be impossible to provide care throughout Alaska to our veterans without relying on Telehealth for a much broader range of services.	VA has identified the minimum requirements in PWS Section 3.2.3 as Neuropsychology and Rheumatology. The Contractor shall meet the access standards in PWS Section 3.1. If the Contractor can't meet these access standards, the Contractor shall submit a waiver in accordance with PWS Section 3.1.1 and B.4 Schedule of Deliverables (Waivers due after contract award).
10	PWS Section 3.2	3.2.3 Telemedicine	36	3.0 HIGH PERFORMING NETWORK	Why is an Alaska license required to practice telemedicine? Federal law permits providers in the tribal health system to operate with licenses from other states, and this provision may block some current providers from engaging in telehealth. This contradicts the provisions for THP to follow	The Alaska State Medical Board requires all telehealth providers to have an AK Medical License. If a provider is properly credentialed by the Tribal Health System, they are exempt from this requirement. See revised PWS Section 3.2.3.
11	PWS Section 3.2	3.2.3 Telemedicine	36	3.0 HIGH PERFORMING NETWORK	Will the VA have a fee schedule for the telehealth originating site facility fee (HCPCS Code Q3014)? This is critical to covering the expenses encumbered by remote sites that participate in presenting a patient to be seen over	Telehealth originating site facility fee will be reimbursed. See revised Section B.5 Schedule of Services which includes a new Firm Fixed Price CLIN XY24 for the Telehealth originating site facility fee.
12	PWS Section 3.5	3.5 CCN Region	37	3.0 HIGH PERFORMING NETWORK	In support of Locum Tenens Coverage – VA will need to consider how providers will be reimbursed. We suggest some type of cost+ based reimbursement to cover a	There is no requirement to provide Locum Tenens coverage and therefore the VA will not create a reimbursement methodology.
13	PWS Section 3.6	3.3 Network Adequacy Mgmt.	38	3.0 HIGH PERFORMING NETWORK	Paragraph 2 states "network adequacy is measured independently for urban, rural and highly rural locations." This is contradicted in section 3.1 which outlines metrics by subspecialty.	The access standards outline in PWS Section 3.1 apply to the entire CCN Region 5. To measure the Contractor's performance against those standards, VA will measure the network adequacy for Urban areas, Rural, and Highly Rural areas independently to ensure the access standards are being met across the Region as outlined in the QASP (Attachments B-A and B-T).
14	PWS Section 3.7	3.7.1 Credentialing	41	3.0 HIGH PERFORMING	Final paragraph on page 41 has two commas in sequence and appears to be missing some verbiage. Please review	No verbiage is missing and is a typographical error. PWS Section 3.7.1 paragraph has been corrected.
15	PWS Section 4.1	4.1 CCN Healthcare Services	42	4.0 CCN HEALTH BENEFIT PACKAGE	If Travel is excluded needs to be clear how it will be coordinated with the CCN.	The Contractor is not responsible for coordinating VA travel which is also an exclusion from the CCN contract. The Veteran will be directed to VA Beneficiary Travel Office for eligibility and reimbursement requirements.
16	PWS Section 4.1	4.4.4 CCN Healthcare Service Exceptions	44	3.0 HIGH PERFORMING NETWORK	Beneficiary Travel is listed as a service exception but on page 35 the statement "the Contractor has contracted with other providers/facilities that may be located beyond the limits in the time and distance criteria, but who are actually the currently available providers/facilities most accessible	See VA Response to question #15
17	PWS Section 4.2	4.2 CCN Complementary and Integrative Healthcare Services	44	4.0 CCN HEALTH BENEFIT PACKAGE	Not all of these services are available in Alaska, or they are only available in certain geographies. Does this mean that the VA would reimburse for a patient to travel to obtain services? Or is the intent that the benefit is only available locally? From our perspective it would be unlikely all	See VA Response to question #15

18	PWS Section 4.4	4.4 CCN Assisted Reproductive Technology Services	45	4.0 CCN HEALTH BENEFIT PACKAGE	These services are extremely limited and may not be available in the State of Alaska. If these services aren't available in AK, and are referred by the VA to another VA region does that become the responsibility of that region?	The Contractor is responsible for building and maintaining a network for the services identified in PWS Section 4.0 unless the Contractor has a VA approved waiver in accordance with PWS Section 3.1.1. If the VA determines it will provide care by other means, VA is responsible for coordinating those services.
19	PWS Section 4.4	4.4 CCN Assisted Reproductive	45	4.0 CCN HEALTH BENEFIT	Need to consider not just ART but for other specialties. Shouldn't establish a provider network for low volume	See VA response to question #18
20	PWS Section 4.4	E.1 Pharmacy Prescriptions	46	4.0 CCN HEALTH BENEFIT PACKAGE	Will Contractor be responsible for ensuring compliance with VHA Handbook 1108.05 relating to **urgent/emergent medications** dispensed by a network retail pharmacy? We recommend this verbiage enhanced to clarify that network	PWS Section 4.4 has been revised to focus strictly on ART services. Any related, prescribed medications for ART services my be dispensed in accordance with PWS Section 15, if applicable, or by VA pharmacies.
21	PWS Section 4.4	E.2 Pharmacy Prescriptions	46	4.0 CCN HEALTH BENEFIT PACKAGE	Is it acceptable for claims to process at point of service without halting to ensure collaboration between prescribers and VA medical facility care? We recommend that Formulary medications be able to process without halting to	See VA response to question 20.
22	PWS Section 4.4	E.3 Pharmacy Prescriptions	46	4.0 CCN HEALTH BENEFIT PACKAGE	Our interpretation of this subsection is that a prescription can be filled under a non-VA provider's name so long as that non-VA provider is a VA-authorized provider. Please confirm this is the correct interpretation.	Please refer to PWS Section 15.0 Pharmacy. "The Pharmacy component shall provide pharmacy benefits to Veterans through use of a Pharmacy Benefits Management (PBM) function that has a retail pharmacy network to provide prescription fulfillment services for urgent\emergent prescriptions from CCN providers (non-VA provider) and VA providers." VA revised the PWS to ensure consistency with CCN providers versus non-VA providers.
23		7.0 REFERRALS	52	7.0 REFERRALS	Care is provided in Alaska especially in rural areas by Community Health aides, Behavioral Health Aides and Dental Health Aides through Tribal Sharing Agreements. This should meet the access requirements for primary care services.	The Contractor's performance to meet access standards will be measured under PWS Section 3.1 and PWS Tribal Health Community Health aides, Behavioral Health Aides and Dental Health Aides need to be participating members of the CCN in order to meet access standards. VA is revising PWS Section 3.1 to address Dental access standards.
24	PWS Section 7.1	7.1 Notification of Emergent Health Care	54	7.0 REFERRALS	Participation in Direct Trust system will be important to secure messaging between EHRs.	The VA has provided requirements for data exchange in PWS Sections 18 and 19. VA also participates in the Direct Trust Network for direct exchange of secure health information.
25	PWS Section 10.1	10.1.Training Plan	61	10.0TRAINING – CONTRACTOR	Do these training requirements apply to dental providers?	Yes, the Contractor is required to meet all the training requirements as outlined in PWS Section 10.
26	PWS Section 10.1	Military Culture and Key Issues in Providing Care to a	66	10.0TRAINING – CONTRACTOR PROCESSES,	Do these training requirements apply to dental providers?	Duplicate questions submission. See Government response to question 25 above.
27		12.0 Claims	72	12.0 CLAIMS PROCESSING AND ADJUDICATION	Will Q3014 be used for the originating CPT for Telemedicine visit and will they prior auth?	Yes, Q3014 may be used for the originating CPT for a telemedicine visit. The originating location claim must contain the referral number when the episode of care is preauthorized.
28	PWS Section 15.1	15.0 Pharmacy	85	15.0 PHARMACY	Will the VA send a daily file, in a mutually agreed upon format, detailing additions or deletions of VA providers from the network? Provider changes being communicated frequently and in a defined file format will ensure the	Yes, in accordance with PWS Section 18.15.2.," VA will provide a copy of the detailed provider data daily as identified in Attachment U, "Data Specification" (tab 16-Master Provider File 2018).
29	PWS Section 15.1	15.0 Pharmacy	85	15.0 PHARMACY	How are routine/maintenance medications defined?	A routine/maintenance medication is defined as any drug that is part of medicinal treatment ~~b~~ that is not urgent or emergent. PWS Section 15.3.
30	PWS Section 15.1	15.1 Urgent/Emergent	85	15.0 PHARMACY	Please confirm that the PBM function will not be needed for prescriptions filled by VA pharmacies.	Correct. Medications filled by VA Pharmacy will not require the CCN contractor's PBM involvement.
31	PWS Section 15.1	15.1 Urgent/Emergent Prescriptions	85	15.0 PHARMACY	Which pharmacy(is) will be allowed to fill prescriptions for Specialty drugs?	Depending on the circumstances for each unique specialty drug, VA PBM will work with the Contractor to determine how to best service our Veterans when it comes to specialty drugs.
32	PWS Section 15.1	15.1	85	15.0 PHARMACY	Will VA pharmacies provide mail order services?	Yes, for all routine/maintenance medications.
33	PWS Section 15.1	15.0 Pharmacy	86	15.0 PHARMACY	In identifying which medications are defined as urgent/emergent, aside from the "VA Urgent Emergent National Formulary," are there any exceptions (e.g., established maintenance therapy for which the member is out of medication)? If considerations are made for circumstances beyond this established formulary, are these claims expected to halt at point of service to evaluate the	Per the PWS, the CCN provider determines "urgent/emergent" and can make exceptions based on clinical judgement. If the medication is not on the Urgent/Emergent Formulary, the contractor's PBM, through its retail pharmacist, must verify with the CCN provider that the medication prescribed is truly "urgent/emergent."
34	PWS Section 15.1	15.0 Pharmacy	87	15.0 PHARMACY	Is the intent to halt urgent/emergent claims at point of service to ensure it was determined "medically appropriate" with an "approved referral?" A review would delay the dispensing of the medication while an authorization is processed.	The Contractor's PBM must have an approach to determine Veteran's eligibility, if the medication prescribed is needed urgently/emergently, and whether the medication should be adjudicated through the process that requires an approved referral or should go through the Mission Act Urgent Care process.
35	PWS Section 15.1	15.1 Urgent/Emergent Prescriptions	87	15.0 PHARMACY	How will the Contractor be notified of changes to the VA Urgent Emergent National Formulary and National Formulary to ensure provider compliance?	The Contractor will be notified of changes to both formularies on a monthly basis and most likely through a spreadsheet format.
36	PWS Section 15.1	15.1 Urgent/Emergent Prescriptions	87	15.0 PHARMACY	It is stated that the Network PBM will develop and utilize a Prior Authorization process for non-formulary medications. Please confirm that this process must use the VA's CFU for Prior Authorization reviews, **not** PBM developed criteria.	The Prior Authorization process will use the VA's criteria for use (CFU) whenever one is available. There will be non-formulary medications that will not have CFU's. In those circumstances, a generic Prior Authorization must be used following FDA indications for the medication. VA PBM will work with the Contractor and the Contractor's PBM to develop a process for un-labeled use.
37	PWS Section 15.1	15.1 Urgent/Emergent Prescriptions	88	15.0 PHARMACY	Confirm that the PBM can authorize a second 14-day urgent/emergent supply based on clinical reasoning (option 2 "justification" for "Urgent/Emergent Need for Continuation of Therapy as Determined by Network PBM"). Is clinical reasoning determined by the PBM or are there VA CFU for those situations?	A second 14-day urgent/emergent supply is only authorized for circumstances like antibiotic/antiviral therapy. The urgent/emergent use of opioids will be restricted to 7 days' supply with a second 7 days' supply authorized based on the CCN provider's clinical judgement. If state law is more restrictive in days' supply of opioid then the contractor's PBM should follow state law.
38	PWS Section 15.1	15.1 Urgent/Emergent	88	15.0 PHARMACY	Can pharmacies, when they submit claims to a PBM, provide the appropriate VISN, Facility ID, and Referral	VA PBM requires all fields as indicated in the Pharmacy deliverables identified in PWS Section 15.1.
39	PWS Section 15.1	15.1 Urgent/Emergent Prescriptions	88	15.0 PHARMACY	Can the VA provide Veteran census data for Alaska, in order for the PBM to determine whether its pharmacy network meets the Network Pharmacy Minimum Access Standards? Or does meeting these standards apply only to the residences of the Veterans who receive Urgent/Emergent prescriptions through the PBM's pharmacy network?	Attachment A contains the Urban/Rural/Highly Rural (URH) summaries by facility and county which are based on Census-based definitions for Urban, Rural, and Highly Rural. Additionally, Attachment AA provides census data for Alaska by all ruralities (excluding Insular Islands) and all locations. This information should be sufficient for the PBM to determine whether its pharmacy network meets the minimum access standards. Please see revised PWS Section 15.
40	PWS Section 15.1	15.1 Urgent/Emergent Prescriptions	88	15.0 PHARMACY	Please provide Section F, DELIVERIES OR PERFORMANCE. Section 15.1 makes reference to Section F related to monthly reports for urgent/emergent prescription, prior authorization, and opioid reports. Is this	Section F Deliveries or Performance is the same as B.4 Schedule of Deliverables. The PWS will be corrected accordingly.
41	PWS Section 15.2	15.2.1 Urgent/Emergent Prescription Performance	89	15.0 PHARMACY	Please provide Section F, DELIVERIES OR PERFORMANCE. Section 15.2.1 makes reference to Section F related to monthly reports for urgent/emergent prescription performance metrics. Is this the same as B.4	Section F Deliveries or Performance is the same as B.4 Schedule of Deliverables. The PWS will be corrected accordingly.

42	PWS Section 15.2	15.2.1 Urgent/Emergent Prescription Performance Metrics	89	15.0 PHARMACY	Please confirm if performance metrics and goals are considered performance guarantees. If considered guarantees, what are the penalties?	The performance metrics in the PWS and the QASP will be monitored through the performance of the contract and will inform future contracting decisions. VA has included Attachment B-A and B-T which outlines incentives and disincentives.
43	PWS Section 15.3	15.3 Routine/Maintenance Prescriptions	90	15.0 PHARMACY	Confirm that flu vaccinations, as well as vaccinations included on the SEOC listing can be given/dispensed without authorization, and that **all** others require prior authorization. Ideally, Veterans would be permitted to	As stated in the PWS, only seasonal flu vaccination is exempt from requiring an approved referral. All other vaccinations must be prescribed and administered under an approved referral.
44	PWS Section 15.4	15.4 Contingency Plan for Disaster Response	90	15.0 PHARMACY	Please provide Section F, DELIVERIES OR PERFORMANCE. Section 15.4 makes reference to Section F related to reports for electronic disaster response	Section F Deliveries or Performance is the same as B.4 Schedule of Deliverables. The PWS will be corrected accordingly.
45		17.0 Dental	92	17.0 DENTAL	Please confirm and/ or clarify that the referenced outpatient dental care includes urgent and emergent care **and** is not	Dental care is not limited to only urgent and emergent care.
46	PWS Section 17.1	17.1 Dental Network Adequacy	93	17.0 DENTAL	There is a reference to section 3.1. The time/travel requirements in 3.1, Table 1 are reasonable for the lower 48 but we would request consideration for them to be revised to reflect the geographical challenges in Alaska.	It is the responsibility of the Contractor to provide its solution to achieve the travel time requirements and if necessary submit a waiver See PWS Section 3.1.1 for Waiver instructions and B.4 Schedule of Deliverables (Waivers due after contract award).
47	PWS Section 17.2	17.2 Dental Network Provider Credentialing	93	17.0 DENTAL	There is a requirement that network providers have an Alaskan license. Dentists can practice in native corporation clinics legally with a current license from any state. Could the licensure requirement be amended to allow contracting with dentists practicing in these locations?	The Dentist who operate in native corporation clinics must adhere to Alaska Tribal Health Programs licensure.
48	PWS Section 17.4	17.4 Dental Care Referrals	93	17.0 DENTAL	It states, "The Contractor shall have a referral for all dental services to be provided under the contract in advance of the treatment." In order to submit a treatment plan for consideration, certain services are necessary- for example an exam and radiographs. What treatment is the member able to receive without a referral? Can they have	As stated in PWS Section 17.4 all dental care must have an approved referral prior to all dental services.
49	PWS Section 17.5	17.5 Return of Dental Records	93	17.0 DENTAL	It states that providers are required to return dental records of completed care to the VA within 45 days. How is the "dental record" defined? In this context is it simply the clinical treatment notes and applicable images/radiographs?	As stated in PWS Section 17.5, the Contractor shall educate its CCN Dental Network providers to return dental records of completed care, including supplemental images/ radiographs, to VA within forty-five (45) days upon completion of the dental treatment plan.
50		18.0 Technology	94	18.0TECHNOLOGY	We would propose language that the EHR used to document care by the CCN provider must meet the Meaningful Use Stage 3 requirements rather than the contractor. Contractor would be responsible to ensure that their provider network can meet these requirements with EHR technologies.	The Contractor must meet Meaningful Use Stage 3 requirements. The VA will be interacting with the Contractor and not the individual providers. Much of the current implementation involves contractor rolling up data across providers and populations to provide to the VA, and contractor is responsible for providing continuity of experience across providers via a patient portal, etc.
51	PWS Section 18.3	18.13 Submission of Medical Documentation	99	18.0TECHNOLOGY	Will the VA support the submission of CCDA and CDA documents being submitted over Direct Messaging from EHRS that participate in the Direct trust bundle? Are there specific restrictions that will impact the ability for modern	Yes, the VA will support CCDA and CDA documents being submitted over Direct Messaging from EHRs that participating in the Direct trust bundle.
52	PWS Section 3.2	PWS Section 3.2	19	1.0 GENERAL INFORMATION	The VA notes that there are 26 reimbursement agreements with THP's. What, if any, communications, encouragements, or inducements will VA make directed to the THPs to encourage their ongoing participation?	There has been on going communications with the THPs. The Alaska Native Tribal Health Consortium participated in Industry Day, one on one discussions with VA and VA leadership met with Tribal leaders during their Tribal Self Governance Summit in Traverse City, Michigan this past April.
53	PWS Section 3.2	PWS Section 3.2	20	1.0 GENERAL INFORMATION	The Contractor is intended to provide exemplary customer service. Will the Contractor be allowed to measure Veteran satisfaction? If VA retains this responsibility, how does VA	VA will provide the content and format for Veteran satisfaction surveys. VA does not expect the Contractor to survey Veterans. See revised PWS Section 1.3.
54	PWS Section 3.2	PWS Section 3.2	22	2.0 PROJECT MANAGEMENT	The Implementation strategy includes a requirement to transition dialysis services from expiring VA contracts. What is the status of VA's dialysis contracts which would be	VA National contracts only cover the facility. VA dialysis contracts were recently awarded in March 2019 and are annual contracts.
55	PWS Section 3.2	PWS Section 3.2	31	3.0 HIGH PERFORMING NETWORK	The Network Access Waiver Request process requires a response from VA. What is the expected processing time once received from VA?	The VA will work as quickly as possible to review and adjudicate waivers. The VA's response time is dependent on the complexity and volume of the waiver requests. See revised section B.4 Schedule of Deliverables.
56	PWS Section 3.2	PWS Section 3.2	34	3.0 HIGH PERFORMING NETWORK	Urgent Care section stated "For locations that can provide urgent care services but normally bill with a different POS code (i.e. a physician's office with a POS code of 11), the Contractor can request VA approval for these types of locations to be a part of the urgent care network as long as the locations meet the payment criteria". Please clarify	VA has a process and criteria in place for evaluating requests for POS 11 locations. Request for approval must be approved prior to the provider being added to the network and entered into PPMS.
57	PWS Section 3.7	PWS Section 3.7	40	3.0 HIGH PERFORMING NETWORK	The RFP states that "THPs provide significant healthcare to Veterans in AK, especially in the highly rural, lower population density areas. The THPs have established accreditation and credentialing standards established by the Indian Health Service (IHS) which are acceptable within the scope of this contract for CCN participation and Veteran care. The Contractor is encouraged to include	The IHS provider accreditation and credentialing standards are available on Indian Health Services website www.ihs.gov. The credentialing standards are applicable to Licensed Independent Practitioners, and community health, social behavioral health and dental health aides employed by the THPs.
58	PWS Section 4.1	PWS Section 3.2.3	43 and 36	4.0 CCN HEALTH BENEFIT	Please confirm that the Health Benefit Package as it relates to Telemedicine is limited to Neuropsychology and	See the response to Question #9.
59	PWS Section 6.2	N/A	48	6.0 CUSTOMER	Does the VA intend for a separate phone number / call tree	No. Refer to PWS Section 5.0 and 6.2 (Item 7)
60	B.5 PRICE/COST SCHEDULE	N/A	115		Please confirm that the VA does not intend to include the Optional Services that were included in all other CCN RFP's issued to date (e.g. Care Coordination, Case	That is correct. Optional tasks for care coordination, case management and disease management are not part of the Region 5 CCN contract.
61	E.8 ADDENDUM 52.212-2 EVALUATION FACTORS	3.2	174	SECTION E - SOLICITATION PROVISIONS	"3.2 VOLUME II – TECHNICAL" in the middle of this page appears not belong here. Please confirm.	See revised paragraph E.3.2.
62	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	5.3	153-154	SECTION E - SOLICITATION PROVISIONS	Paragraph numbering appears off starting on the bottom of page 153 – "5. 3 The Government is not responsible...". There is another 5.3 paragraph on page 153 and a second 5.4 paragraph on page 154.	See revised paragraphed numbering beginning with E.5.3.
63	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	5.4.2	154	SECTION E - SOLICITATION PROVISIONS	Para. 5.4.2 Stated "Page size shall be no greater than 8 1/2" x 11" with printing on one side, only". Para. 5.4.6 Hard Copies stated "Hard copy proposals shall be printed double-sided with sequential page numbers at the bottom of each printed page". These two paragraphs appear conflicted with each other - please clarify whether the hard copy proposals should be printed single- or double-sided.	The hard copy proposal shall be printed double sided. See revised paragraph E.5.4.2.
64	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	5.4.2	154 and 162	SECTION E - SOLICITATION PROVISIONS	Para 5.4.2 on page 154 states "All files will be submitted as either a Microsoft Excel (.XLS) file or an Acrobat (PDF) file or compatible as indicated in the table" while page 162, Para. 6.4.1 for volume IV stated "The electronic price proposal narrative shall be in Microsoft Word, and the price proposal calculations shall be in Excel". Please confirm that the electronic price proposal narrative	Yes. The narrative for the price proposal shall be submitted in Acrobat (PDF) format. See Revised paragraph E.6.4.1.

65	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	5.4.5	155	SECTION E - SOLICITATION PROVISIONS	Para. 5.4.5 stated "No part of a Volume shall incorporate by reference portions of other Volumes of the proposal (e.g., Volume IV, Price Proposal, shall not be referenced in Volume I, Technical Proposal)" – Volume I, Technical Proposal here appears to be a typo.	See revised paragraph E.5.4.5.	
66	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.1.6	157	SECTION E - SOLICITATION PROVISIONS	In section 6.1.6, VA requires inclusion of a cover page in Volume VI. However, section 6.1 pertains to Volume I. Will VA clarify that the cover page with the offeror's POC is intended to be included in Volume I?	A cover page with offeror's POC is intended for all Volumes. See revised paragraph E.6.1.6.	
67	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.1.6	157	SECTION E - SOLICITATION PROVISIONS	Para 6.1.6 stated "The Offeror shall include a cover page in Volume VI, identifying the Offeror's point of contact (POC) authorized to communicate throughout the solicitation process and who has full authority to bind the company. The Offeror shall provide the following POC information: Full name, title, e-mail address, phone number, fax number, and level of authority" – Please clarify whether the	A cover page with offeror's POC is intended for all Volumes. See revised paragraph E.6.1.6.	
68	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.1.8	157	SECTION E - SOLICITATION PROVISIONS	In section 6.1.8, VA requires submission of wage determinations in Volume IV. However, section 6.1 pertains to Volume I. Will VA clarify that the wage determinations are intended to be included in Volume I?	Submission of wage determinations are in Volume 1. See revised paragraph E.6.1.8.	
69	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.2.2.6	159	SECTION E - SOLICITATION PROVISIONS	In section 6.2.2.6 VA is requiring a Provider Addendum with panel participation information. Is it VA's intent that offerors survey all network providers to identify a number of available appointments? The offeror cautions that community providers will be unwilling to make what may seem like a panel commitment, and any responses gained cannot be guaranteed by the network providers and are subject to change based on their availability at the time an	Yes we understand the panel participation does not mean a commitment by the provider. However VA intends on evaluating the Contractor's provider file. See the revised Instructions to Offerors 4.2.2.1. VA is providing the Contractor with predicted healthcare delivery by categories of care in Attachment 10 - Addendum Provider Data.	
70	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.2.2.6	160	SECTION E - SOLICITATION PROVISIONS	Section 6.2.2.6 specifies that provider NPIs will be listed with their specialty designation, but the Addendum template in Attachment 10 contains a list of Categories of Care. In the final RFP will VA clarify that Categories of Care are not provider specialties, and offerors will need to develop a "mapping" from provider specialty to the "best match" Category of Care?	Please see revised Template Attachment 10 – Addendum Provider Data.	
71	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.4.1	162	SECTION E - SOLICITATION PROVISIONS	Para. 6.4.1 stated "Offerors shall submit their prices in Attachment 9: "CCN Reg5 Pricing Template " ("Pricing Template" or "Schedule of Services". Attachment 9 is the Table Mapping document. Is the "CCN Reg5 Pricing Template actually Attachment 8?	Yes, Attachment 8 is the Reg 5 Pricing Template. See revised paragraph 6.4.1.	
72	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	6.4.2	164	SECTION E - SOLICITATION PROVISIONS	CLINs XY12AA-AD are not referenced in Table 2: Pricing Group Definitions. Will VA clarify in which group these CLINs will be evaluated?	All CLIN XY12 sub-CLINs are part of Group B. See revised Table 2: Pricing Group Definitions.	
73	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS		164	SECTION E - SOLICITATION PROVISIONS	CLIN Group table on the top of the page for CLIN Group A listed "XY04B" and CLIN Group B didn't list CLIN XY12AA, XY12AB, XY12AC and XY12AD – shall "XY04B" be "XY04AB" instead? Shall CLIN XY12AA, XY12AB, XY12AC and XY12AD be added to Group B?	Yes XY04B was a typo and should of said XY04AB. See revised CLIN Group table. Note for simplicity the subCLINs are no longer listed, just the parent. CLINs. VA intends to make a far and reasonableness determination at the CLIN level and not the subCLIN level. One item that allowed for the simplification was the deletion of sub CLINs 9AD and 21AD. Tribal pharmacies can continue to bill at actual cost using the existing manual VA processing or they can become a CCN pharmacy provider and bill at a percent of AWP. Since % of AWP allows for profit we suspect that most Tribal pharmacy that are capable of EDI will transition to becoming CCN pharmacy providers.	
74	Attachment 8 - CCN Reg5 Pricing Template	Pricing Sheet (CLIN XY20)	Attachment		The list of ART codes to be priced includes two codes that do not exist (70145 and 76844). Does VA intend to correct these codes to 71045 and 76811?	Yes. See revised Attachment 8 - CCN Reg 5 Pricing Template	
75	Attachment B-T - Incentives Disincentives Factor Summary		Attachment		Please confirm that the Maximum Incentive Annual Value is also the Maximum Disincentive for each IDF.	See revised Attachment B-T, Table 3 for maximum incentives and disincentives.	
76	Attachment F - Projected Active Veterans		Attachment		Will VA provide the escalation logic used to project active Veterans into future months? The escalation rates appear to vary by year.	No. VA will provide the Volumes which will be evaluated.	
1	PWS Section 4.0	Section 4.1	Page 39	4.0 CCN HEALTH BENEFIT PACKAGE	The 38 C.F.R. § 17.38 can be used to provide details pertaining to medical benefit details however, we are not seeing details or references for dental benefit details - should we assume that these will be pursuant to 38 C.F.R. § 17.169 for dental benefits?	Yes, however, the requirements in PWS Section 17.1 requires, "The dental network shall include both general and specialized dental care. Specialized dental services include all recognized American Dental Association (ADA) specialties except for pediatric dentistry." This could be broader than what is detailed in 38 C.F.R. § 17.169. See Revised RFP.	RFP amended
2	PWS Section 17.3	Section 17.3 - Dental Network	Page 91	17.0 Dental	Can the VA supply a list of dental providers they are currently partnered with in Alaska?	VA will share the list of providers once the contract is awarded.	
3	PWS Section 3.6	Section 3.6 - Network Adequacy	Page 34	3.0 HIGH PERFORMING	Can the VA supply a list of medical providers they are currently partnered with in Alaska?	VA will share the list of providers once the contract is awarded.	
4	PWS Section 3.7	3.7.1	36-37	3.0 HIGH PERFORMING NETWORK	Section 3.7.1 states that "The Contractor is encouraged to include providers employed by THPs." The Government's response to Question 1 in Attachment 3 - Question Submission Format with Government Responses" states that The VA intends to maintain the existing reimbursement agreements with Alaska Tribal Health Programs. The existing reimbursement agreements with Alaska Tribal Health Programs will remain stand alone agreements. The CCN contract is a separate contract vehicle for VA to acquire care in the community, and will not supersede or overlay the existing contract requirements outlined in those agreements."	1. No the Contractor will not be expected to contract with the same Tribal Health Programs, however, "The Contractor is encouraged to include providers employed by THPs." The requirement is written to support the utilization of the THPs. 2. The Contractor is expected to build and maintain a network and maintain adequacy standards in Alaska, regardless if the VA has a tribal agreement in those areas.	
5	PWS Section 9.8	9.8	55-56	9.0 MEDICAL DOCUMENTATION	The Contractor's is not responsible for obtaining medical documentation from CCN providers in this RFP. The Contractor's responsibility will be to deliver a Medical Documentation Submission Plan and educate the CCN providers on the Government's expectations for medical documentation return. Please clarify the objectives and	The scope of the Audit includes the requirements of PWS Section 9.0. The VA's objectives is to assess how the Contractor is educating its providers regarding returning medical documentation and to assess which providers are returning documentation to ensure continuity of care.	

6	B.5 PRICE/COST SCHEDULE	CLIN XY24	121		Please confirm that CLIN XY24 is considered an administrative fee.	No, CLIN XY24 is not an administrative fee as defined in CLIN XY11. CLIN XY24 will be reimbursed per HCPCS Q3014 for telehealth originating sites facility fee and your MAC should be billed separately per encounter for it. CLIN XY24 is Not Separately Priced - please see revised RFP.	RFP amended
7	SECTION E	4.2.2.2 Technical Subfactor 2	158	SECTION E - SOLICITATION PROVISIONS	This requirement references Table 19. However, Table 19 is noted as "Reserved" (Section 17.1, pg. 90). Will VA be publishing Table 19 in an upcoming amendment or should	The table should be labeled Table 18. Please see revised RFP.	RFP amended
8	Attachment B-T - Incentives Disincentives Factor Summary	QASP Annual Calculated Value	Att. B-T, pg. 13		The values in table 6 are described as maximum incentive values. Please confirm that the inverse value is also considered the maximum disincentive.	No, the inverse of the maximum estimated incentive values are not the disincentives. Please see the revised Attachments B-A and B-T for the estimated disincentive values and updated estimated incentive values.	RFP amended
9	Attachment B-T - Incentives Disincentives Factor Summary	QASP Annual Calculated Value	Att. B-T, pg. 2 and 12		Section 1 states that the Incentive Plan "will not apply to the base performance period and the initial option period". However, section 6 then describes the values provided as being for "Option Year One". Please confirm that no	The Incentive Plan will apply to the Option Period. See Revised Attachment B-T of the RFP.	RFP amended
10	PWS Section 17.1		90	17.0 DENTAL	The RFP states, "The Dental Network shall always be composed of a comprehensive network of practitioners and meet the minimum network adequacy standards for each VA Facility service area set forth in PWS Tables 1 and 2 of PWS Section 3.1." Please confirm that Dental Network	The note regarding mapping dental care to Specialty care is removed. Dental Network must meet the minimum standards in PWS Section 3.1 Tables 1 and 2. See Revised RFP.	RFP amended
11	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	Table 1	154	SECTION E - SOLICITATION PROVISIONS	Please confirm the Volume II page limit is 120 pages.	Yes the Volume II page limit is 120.	
12	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.2.2.1	158	SECTION E - SOLICITATION PROVISIONS	Please confirm that the completed Attachment 10 does not count toward the page limit.	The completed Attachment 10 Addendum does not count towards the page limit. Please see revised RFP Table 6.	RFP amended
13	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.2.2.1	158	SECTION E - SOLICITATION PROVISIONS	Please confirm that Offerors should submit the completed Attachment 10 in electronic (email) and CD only.	Yes, Offerors should submit the completed Attachment 10 Addendum in electronic (email) and CD only.	
14	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.2.2.2	158	SECTION E - SOLICITATION PROVISIONS	Please confirm that the reference to "PWS Section 15.2, Table 19" should be "PWS Section 15.2, Table 18."	The table should be labeled Table 18. Please see revised RFP.	RFP amended
15	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.2.2.2	158	SECTION E - SOLICITATION PROVISIONS	Please confirm if Offeror should also address PWS Section 17.1 Dental Network Adequacy" in their response.	Yes. See Section 4.2.2.2 of the RFP that requires the Offeror to provide its approach to building a network to include Dental and Section 4.2.3.1 of the RFP that requires the Offeror to provide its approach to maintaining network adequacy and access standards to include Dental.	
16	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.2.3.1	159	SECTION E - SOLICITATION PROVISIONS	Please confirm that the reference to "PWS Section 15.2, Table 19" should be "PWS Section 15.2, Table 18."	Duplicate question submission. See Government response to question 14 above.	
17	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.2.3.1	159	SECTION E - SOLICITATION PROVISIONS	Please confirm if Offeror should also address PWS Section 17.1 Dental Network Adequacy" in their response.	Duplicate question submission. See Government response to question 15 above.	
18	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.3.1	160	SECTION E - SOLICITATION PROVISIONS	Please confirm that Offerors may submit up to five contracts and are not required to submit five contracts.	Yes, that is correct. Offerors may submit up to five Past Performance references.	
19	E.1 ADDENDUM to FAR 52.212-1 INSTRUCTIONS TO OFFERORS—COMMERCIAL ITEMS	4.3.3	160-161	SECTION E - SOLICITATION PROVISIONS	Please confirm that Offeror's are not required to solicit Past Performance Questionnaires (PPQs) from references they list in Attachment 7.	Yes, that is correct. Offerors are not required to solicit Past Performance Questionnaires (PPQs) from references they list in Attachment 7.	
20	Attachment AL – Community Care Network (CCN) Stakeholders List	SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR			The document in the FBO posted RFP package titled "Attachment AL - Community Care Network (CCN) Stakeholders List" is a duplicate of "Attachment AS - Wavier Request Template". Please confirm that the	Yes. See updated Attachment AL.	
21	Attachment 10 Community Care Network (CCN) Addendum Provider Data	Issued Upon Request to Offeror			Could you please clarify what the VA requires within the Sample Addendum Format tab, specifically: • Recent Adjudicated Claim – we are assuming this is claim volume but does the VA require monthly claim volume? Or yearly claim volume?	The VA requires monthly claim volume from the existing provider network, including DD/MM/YR of last claim paid.	
22	Attachment 10 Community Care Network (CCN) Addendum Provider Data	Issued Upon Request to Offeror			Could you please clarify what the VA requires within the Sample Addendum Format tab, specifically: • Existing Monthly Panel Availability – What does this refer to?	The Existing Monthly Panel Availability refers to the appointments within a provider's schedule that will be made available to the VA.	RFP amended