

Patient Centered Community Care (PCCC)

Pre-Proposal Conference Call

January 10, 2013

January 2013

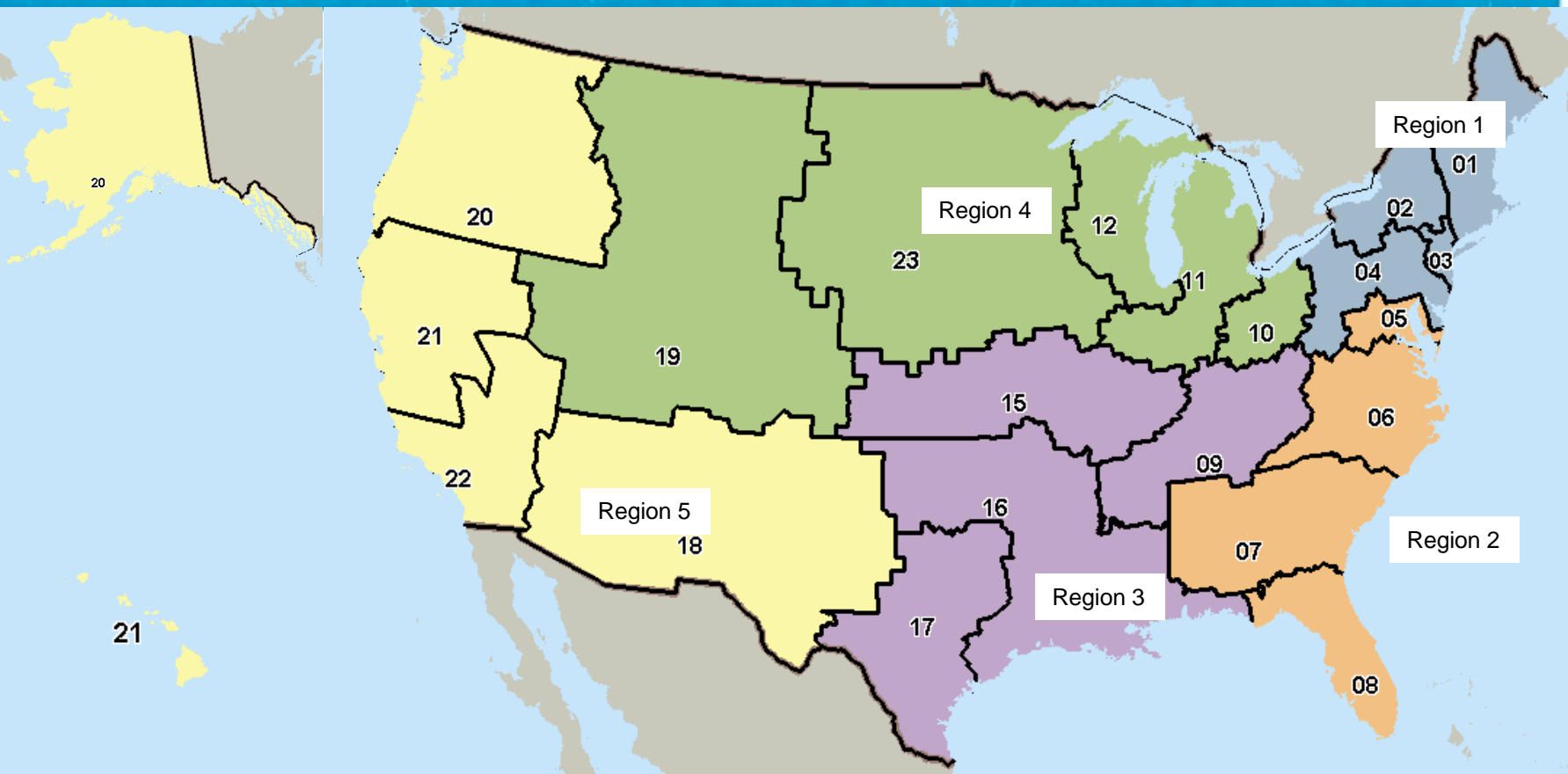


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Introduction

- Veterans Health Administration (VHA)
- Denver Acquisition & Logistic Center (DALC)
- Points of Contact
 - Contracting is the sole point of contact for this procurement
 - Email: PCCC.MED-SURG@VA.GOV
- PCCC Contracting Staff
 - Ray Blomquist, Associate Director of Acquisitions – DALC
 - Gabrielle Harris, Contracting Officer
 - Mara Wild, Alternate Contracting Officer
 - Brian Turk, Contract Specialist
- Purpose of Pre-proposal Conference
- Patient Centered Community Care
 - Inpatient and Outpatient Specialty Care
 - Exempt Services

PCCC Regional Model Encompassing the Entire VHA Network



VA Island locations not on map: American Samoa (V21) Guam (V21) Northern Mariana Islands (V21) Philippines (V21) Puerto Rico (V8)

Source: VHA Support Service Center (VSSC) Non-VA Care data cube

VETERANS HEALTH ADMINISTRATION - DENVER ACQUISITION & LOGISTIC CENTER

Partnership Opportunities

- Subcontracting
- Network Health Care Providers
- Federal Business Opportunities (FBO) – <https://www.fbo.gov/>
- Interested Party Registration under VA791-13-R-0014
 - <https://www.fbo.gov/spg/VA/VADDC791/VADDC791/VA79113R0014/listing.html>
- Register for username on FBO.gov
- Required to have a Dun & Bradstreet Number
 - <http://fedgov.dnb.com/webform/displayHomePage.do>

Notes to Offerors – Section A.2

- Reference to Instructions to Offerors and Evaluation Factors
- Questions, Comments, and Suggestions are due on January 11, 2013 by close of business.
- Include any questions generated from the pre-proposal conference
- Acknowledge Amendments

Schedule of Services – Section A.4

(Pages 9-16)

- Sets forth the amount VA pays for services
- Attachment 3, VA Purchased Care Historical Data
- Regional Pricing Schedules - Contract Line Item Numbers (CLINs)
- CLIN XXX1 Medical and Surgical Services
- CLIN XXX2 Mental Health Services
- CLIN XXX3 Inpatient Perspective Payment System Exempt
 - Amendment forthcoming
- CLIN XXX4 Durable Medical Equipment
- CLIN XXX5 Skilled Home Health
- CLIN XXX6 Non-CMS Medical and Surgical Services

Schedule of Services – Section A.4 continued

- CLIN XXX7 Non-CMS, Non-Fee Schedule Medical and Surgical Services
- CLIN XXX8 Home Infusion Therapy
- CLIN XXX9 Urgent/Emergent Medication
- CLIN XX10 Administrative Services
 - CLIN XX10AA Administrative Services Fee per Completed Authorization
 - CLIN XX10AB Incentive Fee
 - Tied together
 - Tiered based on volume
- CLIN XX11 Paper Claims Paid only when VA requests instead of EDI
- CLIN XX12 Shipping Charges

Application of Incentive Fee

- Performance based incentive fee tied to administrative fee
- Administrative Fee is Increased or decreased by maximum of three percent
- Must meet all performance objectives
- Based on previous three months of performance for QASP objectives 1, 2, and 4
- Weighted
 - Performance Objective 1 at 40%
 - Performance Objective 2 at 40%
 - Performance Objective 4 at 20%

Incentive Fee Payment

Application of payment or deduction

- QASP Objectives 1, 2, and the option years for 4:
- 3% increase for performance greater than or equal to 97.5%
- 2% increase for performance greater than or equal to 95.0% and less than 97.5%
- 1% increase for performance greater than or equal to 92.5% and less than 95.0%
- No incentive or disincentive for performance greater than 87.5% and less than 92.5%
- 1% decrease for performance greater than 85.0% and less than or equal to 87.5%
- 2% decrease for performance greater than 82.5% and less than or equal to 85.0%
- 3% decrease for performance less than or equal to 82.5%

Contract Administration Data – Section B.1

(Pages 17-19)

- Complete contractor information for proposal submission
- Healthcare claims payment
 - The claims will be processed at the local level by either the VA Medical Center or a VISN consolidated center if one exists
- Administrative Fees/Incentives/Disincentives
 - Invoices will be sent to a regional location and these will be managed, audited, and paid from the region's centralized management team versus at the VA Medical Center level
 - Incentives and Disincentives will be determined and applied at the region level and managed through the regions centralized management team
- Term of Contract
 - Base period 18 months with a six month ramp up period, 12 months of health care delivery
 - Four, 12 month option periods
 - Government maintains the right to extend the contract by an additional two and a half year period if needed

Performance Work Statement (PWS) – Section B.3

Requirement Highlights of the PCCC RFP

- Six month start/ramp-up period - Section A.4 paragraph 13.3 page 11
 - Following award, we plan for up to 6 months of working together to start use of the contracts
 - We anticipate a gradual, or rolling, approach as networks grow with capacity to meet VA purchasing needs; however, we are looking forward to hearing your solutions and approaches
- Clinical practices guidelines - Section 3 page 22
 - Section 3 Health Care Resource Network contains links throughout to clinical practice guidelines that VA uses to establish baseline criteria and should be reviewed
- Network Provider Education - Section 3.c.i page 23
 - Partnership with VA to produce and deliver educational materials
- National Data Registries - Section 3.d.vi.8 and Deliverables Section 4.e
 - RFP includes requirements such as the National Cardiovascular Data Registry
- Joint Quality and Safety Committees, Section 3.d.ix
 - Partnering with VA to form joint committees for review of quality and safety concerns

Performance Work Statement (PWS) – Section B.3

Requirement Highlights of the PC3 RFP (cont.)

- Ordering and Authorization Process – Section 3.d.x
 - VA will send an authorization form 7078/7079 as the order for care; examples of forms in attachments
 - Information that will be included on the authorization form detailed in section 3.d.x.1
 - Authorizations will have a point of contract on the form but VA will also maintain a listing of points of contact at each VA Medical Facility and provide to the contractor as a back-up
- Coordination of Inpatient Services – Section 3.d.xii
 - Partnership with VA is required for the transition of patients between a VA setting and community inpatient setting
- Emergency Health Care Services – Section 3.d.xiii
 - Procedures and processes are outlined for times when a Veteran self presents at a contracted emergency facility
- Grievance Handling - Section 3.d.4.xiv
 - To address concerns around specific providers
- Pharmacy-specific Requirements - Section 3.f.i
 - Partnership with VA needed to produce and deliver educational materials

Performance Work Statement (PWS) – Section B.3

Requirement Highlights of the PCCC RFP - continued

- Appointment Setting - Section 3.e
 - This is considered a customer service approach to assisting Veterans with appointments in the contracted network. We are interested in hearing solutions that provide efficiency, ease, and approaches that enhance the Veteran experience for care provided through the contract
- Medical Documentation Return and Sharing – Section 3.g
 - Specific definitions for urgent reporting
 - Special requirements for various types of care such as Pathology, Radiology, Surgery, Oncology, etc.
- Deliverable Schedule – Section 4.e
 - Monthly reports begin 60 days after start of work and then monthly by the 10th of each month
 - Attestation statements are auditable and contractors should anticipate audits and be prepared to support the statements

Quality Assurance Surveillance Plan (QASP)

Contract Attachment 1

- Government's tool to evaluate contractor performance
- Contains performance standards
- Services Summary
- Performance Based Incentive Fee
 - Time from receipt of authorization to appointment completion
 - Timeliness from completion of the authorized episode of care to return of clinical documentation
 - Network Adequacy

IT Contract Security – Section B.4

(pages 40-48)

- Applies to prime contractors, prime's personnel, subcontractors, and subcontractor personnel
- Does not apply to healthcare providers
 - Fingerprinting and background investigations will not apply
- Amendment forthcoming to clarify security requirements

Contract Clauses – Section C

(Pages 49-66)

- Commercial Service Contract
- Indefinite Delivery Indefinite Quantity
 - Services are ordered through orders or authorizations
 - C.4 Order Limitations
 - C.25 Contract Minimum and Maximum Dollar Value
 - Total contract value Max \$5,300,000,000 for one region, \$10,600,000,000 for two regions
 - Minimum guaranteed amount \$100,000
- Term of Contract
 - C.7 Option to Extend the Term of the Contract
 - Government's unilateral right to exercise contract options
 - Base plus four option periods
 - Total duration cannot exceed 8 years
 - Additional 2.5 years
- C.7 Commercial Advertising
- Small Business Subcontracting Plan

Solicitation Provisions – Section E

Instructions to Offerors

(Pages 68-74)

- E.1 Instructions to Offerors
 - E.2 Specific Instructions to Offerors
 - Provides instructions for proposal submission
 - Business and Technical Volumes
 - Registered in Central Contractor Registry (CCR)
 - Online Representations and Certifications (ORCA)
 - System for Award Management (SAM)
- <https://governmentcontractorregistration.org/register-now>

Solicitation Provisions – Section E

Instructions to Offerors

- Business Proposal, Volume I
 - Pricing Schedule
 - Past Performance
 - Past Performance Questionnaire, Solicitation Attachment 1
 - Socioeconomic
- Technical Proposal, Volume II
 - Management Approach
 - Implementation
 - Rural and Highly Rural Areas
 - Medical records management and sharing
 - Appointment making
- Network Development and Maintenance
- Corporate Experience/Capability

Solicitation Provisions – Section E Evaluation

(pages 75-77)

- Best Value
- Award limitations
- Exchanges
- Best Value Pool
- Tradeoffs
- Evaluation Factors – Descending order of importance
 - Technical
 - Past Performance
 - Price
 - Socioeconomic Consideration

Solicitation Provisions – Section E

Evaluation Factors

- Factor 1, Technical - 3 subfactors of equal importance
 - Management Approach
 - Network Development and Maintenance
 - Corporate Experience/Capability
- Factor 2, Past Performance
- Factor 3, Price
 - Each region subject to its own price evaluation
 - Reasonable pricing
 - Materially balanced
 - Contract Line Item Numbers (CLINs) are weighted
 - Total price evaluated on the government cumulative weighted score

Solicitation Provisions – Section E

Price Evaluation Weighted Values

CLIN	Description	Weighted Value
XXX1	Medical and Surgical Services	50.00%
XXX2	Mental Health Services	2.00%
XXX3	IPPS Exempt	10.00%
XXX4	Durable Medical Equipment	2.00%
XXX5	Skilled Home Health	2.00%
XXX6	Non-CMS Medical and Surgical Services, VA Fee Schedule	5.00%
XXX8	Home Infusion Therapy	2.00%
XX10AA	Administrative Services Fee	-----
	1 - 2400 monthly Authorizations	10.00%
	2401 - 4500 monthly Authorizations	8.00%
	4501 + monthly Authorizations	8.00%
XX11	Paper Claims	1.00%
TOTALS		100%

Solicitation Provisions – Section E

Socioeconomic Consideration

- Factor 4, Socioeconomic Consideration, descending order of importance
 - Service Disabled Veteran Owned Business
 - Veteran Owned Business
 - Small Disadvantaged Business Participation
 - Veteran-Owned Small Business and Service-Disabled Veteran-Owned Small Business Participation
 - Participation in the VA Mentor-Protégé Program
 - Subcontracting Plan

THANK YOU

- Questions due January 11, 2013 close of business
 - VA will use its discretion in considering questions submitted after this date
- Proposals due February 28, 2013, 4:30 PM Mountain Standard Time

Contact information: PCCC.MED-SURG@va.gov

Please continue to watch FBO.gov for amendments.