

1. Can we include infrastructure support in the master contract? We are planning to have at least three participating IDS's in our proposal and each will have a point person to coordinate activities at his or her organization. Can we include funding for some portion of the salary in our proposal? The RFP does not discuss what is appropriate for systems support.

Answer: We do not anticipate obligating funds under the master contract. However, infrastructure support may be included in either the offeror's indirect rates or, if applicable, in salary rates for individuals listed in Classes I-VI of the RFP (See Section L.10).

2. We will need to bring some of the provider group practices up to date on RVU technology. About one-third of 100 group practices that will be included in our proposal do not have RVU technology. Most are the small eight to ten physician practices. Can we include funds to install that technology in those practices?

Answer: No, if the meaning of "RVU technology" is software that calculates relative value units which are based on HCFA's Resource-Based Relative Value Scale (RBRVS). Only if a piece of equipment or software is required to complete a particular task order would the Agency consider paying for installation.

3. We plan to publish the experiments sponsored by the collaborating systems. While these experiments are being paid for by those organizations, we need funds to write them up and get them distributed. Can we include funds in our budget to pay for these translation costs?

Answer: Awardees will only get paid to publish "experiments" that were responsive to, or supported by, a task order.

4. Can additional subcontracting arrangements with IDS's that are not part of the original Master TOC proposal be established in response to a subsequent RFP for an individual task within the Master Task Order Contract?

Answer: Yes, on a case by case basis per task order only with approval of the Contracting Officer.

5. Can IDS participate in more than one consortium that is **responsive** to this solicitation?

Answer: Yes.

6. Reference L.10 2 b (1) IDS Data & Information Systems, Quality: the RFP requests “To demonstrate the comprehensiveness and completeness of the IDS data, offerors should describe the range of variables collected and maintained, particularly those most useful for health services research generally.”

For each provider, clinical databases contain hundreds of variables which could be considered relevant to health services research. Producing an exhaustive list of variables relevant for health service research together with descriptive statistics for each collaborating system would be an enormous undertaking and require thousands of pages of detailed print out. If this provision requires us to provide means and frequencies on every relevant variable from every relevant data set at every collaborating IDS’s, it seriously discourages the formation of networks that assemble data from multiple sources. Is it the Agency’s intent to receive this exhaustive listing of every variable, or would it be preferable for relevant data to be provided on a select set of variables?

Answer: It is preferable for relevant data to be provided on a select set of variables. However, the offeror should provide a rationale for selecting the variables. In addition, the Agency encourages offerors to provide a copy of the IDS data dictionary.

7. Reference L10 2 b (3) IDS Data & Information Systems, Size and Diversity: the RFP states “Offerors shall demonstrate that they collect and maintain data on diverse populations demographically, clinically, and payer types.”

A listing of every clinical condition treated by our collaborative partners would be quite extensive with very low frequencies for rare conditions, given the breadth and scope of their treatment settings. Would the Agency perhaps be more interested in receiving frequencies on a select set of chronic and acute conditions?

Answer: Yes, the agency would be more interested in receiving frequencies on a select set of chronic and acute conditions. In particular, major chronic conditions (e.g., asthma, congestive heart failure, diabetes, depression, etc.) and a list indicating the diversity of conditions and populations treated. For example, the top 100 Diagnosis-Related Groups (DRGs) seen in the inpatient setting or the most frequent conditions treated in an outpatient setting.

8. In subsequent Task Orders, will invoicing the government be done according to each individual’s own labor rate, or according to an average labor rate for each class?

Answer: As a cost reimbursement contract, invoices should be done according to each individual’s actual labor rate within the range of rates designated in the contract per Class Level. **All offerors should provide ranges in rates for each Class Level.** The Note at the top of Section B.3 is revised to read as follows:

“Note: The following labor rates are NOT loaded rates. (**Ranges in rates shall be provided for each Class Level**)

9. Reference B.4 (10) Items Unallowable Unless Otherwise Provided.

Would AHRQ consider raising the consultant rate, even to \$500/day? At the moment, it is lower than the unloaded rate for some senior people who would be bid within Class I (\$50/hour), and thus may preclude using the most senior and experienced individuals as consultants. Alternatively, for experts who have established a consulting rate in excess of \$400/day, will the government waive that ceiling for persons who can document their existing consulting rate?

Answer: The consultant rate is hereby raised to **\$800/day**. Proposed rates in excess of this amount may be approved by the contracting officer per task order.

10. Does AHRQ contemplate awarding any small management Task Order at the outset of the award to cover the contractors' costs of all the work for managing RFTOs and coordinating the IDS consortium and small business subcontracting, which will be very burdensome otherwise?

Answer: See response to #1 above.

11. Does AHRQ require labor rates for 3 years (allowing us to submit new rates before the possible 2 year extension) or for the full 5 years?

Answer: For the full 5 years.

12. Section G.1 seems to be contradictory with respect to timing.

Does AHRQ want us to name all potential Key Personnel at the time of submitting this proposal, or will Key Personnel be named only at the time a given TO is awarded, or both?

Answer: All individuals named in class Levels I-III are considered key personnel for purposes of this solicitation. During negotiations, those in the competitive range will have an opportunity to indicate which individuals they would designate as key personnel should they be awarded a contract. These individuals will be named in Section G.1 of the contract as well as in individual task orders.

13. Section L.10, 2 a. Key Personnel: The RFP asks for resumes of “all key personnel (those included in Class levels I, II, III)...”.

Would AHRQ please clarify these directions? Are we to interpret this as meaning that ALL individuals named in class Levels I-III are, by default, Key Personnel, or only such individuals, within each class, as we deem appropriate to name Key Personnel?

Answer: See response to #12 above.

14. Does this procurement require that the prime contractor be an Integrated Delivery System or related provider group? In the event that an IDS may team with a research firm as a partner, can that organization be considered as a prime contractor?

Answer: No, this procurement does not require the prime contractor to be an Integrated Delivery System (IDS). The prime contractor can be a research firm partnering with an IDS.

15. Is there a suggested format for the small business subcontracting plan?

Answer: See Attachment 3 to the RFP.

16. How will small business goals be evaluated and monitored for the proposed contract?

Answer: For purposes of the contract, contractors are expected to propose subcontracting with small businesses, etc. in accordance with the designated goals in the RFP. Contractors will be monitored by submitting SF-294's, SF-295's and the Small Disadvantaged Business Participation Report in accordance with Section F.3.

17. If a small business submits a proposal as a prime contractor, is it required to include a subcontracting plan for small disadvantaged and women owned businesses? (Page 87 suggests no.) If not, how will evaluation criteria (Section M) be adjusted to reflect the 5 points provided for SDB participation?

Answer: Small businesses need not submit a subcontracting plan. However, the SDP Participation Plan is separate and distinct from the subcontracting plan and must be submitted by all offerors regardless of size.

18. On Page 2 (Item 2) and 86 (Item A.2) of the RFP it states that the cost proposal should include certified documents indicating that the offeror has a cost accounting system in place which allows for the collection, tracking and reporting of all costs under a cost reimbursement-type contract. What would AHRQ consider certified documentation? Is certified documentation required if offeror is a small business?

Answer: The certified requirement can be met by signing the Certificate of Current

Cost or Pricing Data in Section K.19 of the RFP and submitting it with the offeror's proposal.

19. Since the nature of this procurement encourages collaborations between service delivery and research organizations which entails extra steps in the preparations of a proposal, would AHRQ considering extending the due date at least two weeks?

Answer: AHRQ believes that the 60 days allowed for preparation of the proposal is sufficient and does not intend to extend the proposal due date beyond May 8, 2000.

20. Sections B.2, second paragraph states that the Contractor shall be reimbursed on a "cost reimbursement basis" in the first sentence and "for labor based on the following hourly rates" in the second sentence. Is this truly a CPFF contract where labor costs would be reimbursed on a cost incurred in accordance with G.5, or is it a fixed rate (T&M?) contract?

Answer: See response to #8 above.

21. Sections B.4.b is assumed to apply to non-profit institution only. Will Contractors be able to invoice for travel in accordance with their accounting practices and indirect cost rate agreements?

Answer: Section B.4.b is hereby revised to read as follows:

- b. This contract is subject to the provisions of Public Law (P.L.) 99-234 which amends the Office of Federal Procurement Policy Act to provide that contractor costs for travel, including lodging, other subsistence, and incidental expenses, shall be allowable only to the extent that they do not exceed the amount allowed for Federal employees.

The Contractor, therefore, shall invoice and be reimbursed for all travel costs in accordance with Federal Acquisition Regulations (FAR) 31.205-46.

22. Section I.5 requires CO approval to divert Key Personnel from this program to other programs. Is this requirement consistent with Section C 1.2, wherein the minimum order for the 3 years is one task order between \$250K and \$500K, since such Key Personnel must necessarily be diverted to other programs in that 3 year period if not fully funded by this program?

Answer: The minimum total amount to be awarded to each contractor over the 3 year Base Period and 2 year Option Period is \$100,000. The average total cost per task order is expected to range between \$250,000 and \$500,000 (See B.2 and

C.1.2). The requirement in Section I.5 is consistent with Section C.1.2.

23. p.77 Organizational/Corporate Experience

Since the prospective offeror conducts the described tasks internally and not necessarily through contracts or grants, would it be appropriate to describe the internal studies the prospective offeror conducts as part of its own research, which are not grant and contract funded? These studies range from being used for management for decision making to studies related to manuscripts submitted for publication.

Answer: The goal of the research conducted under this contract is the publication and dissemination of results meeting the highest scientific standards and peer review. Successfully competing for contracts or grants is a signal of experience in this regard, as is the preparation and subsequent publication of manuscripts. Offerors should highlight internal studies that have resulted in manuscript submission and/or describe briefly internal processes used to assess the reliability and validity of research studies listed.

24. p. 85 Small Disadvantaged Business Participation Plan

The prospective offeror provides a variety of services not necessarily directly related to the research arm, although all services could be evaluated by the research arm of the prospective offeror. One of the services is to provide premium subsidies to small businesses (2-50 employees) that are minority and woman owned. Funding for these subsidies is being provided through a grant from a grantee. Should this be included as SDB participation?

Answer: Only SDB's proposed or anticipated for this contract should be included in the SDB Participation Plan.

Also, as an IDS should the prospective offeror include any contractual arrangement throughout the system that is with SDB, even if not directly related to research?

Answer: The SDB need not be doing the research but must be directly related to the contract such as by providing supplies, etc. for purposes of this contract.

25. p.83 Management Plan a.

Since the prospective offeror is an IDS that would also be the offeror under this proposal, should this section focus on the internal structures and processes that facilitate collaboration?

Answer: Yes. If the offeror is an IDS, they should describe the internal structures and processes that are in place to facilitate collaboration between researchers and system leaders.

26. p.84 Past Performance Information

Since physicians and other research staff at the prospective offeror work on various projects and grant, should we include experience of those at the prospective offeror who we expect to be participants in completion of task orders only?

Answer: We will be evaluating the past performance of an offeror in general (See Attachment 2 to the RFP). Offerors should include all relevant past performance in accordance with the instructions in the RFP.

If so, would the Past Performance Questionnaire and Contractor Performance Form be sent to grantors and contractors of the individual physician/staff at the prospective offeror who would be expected to participate?

Answer: See L.11(4) for the answer.

27. AHRQ's standards for assessing an IDS's data capabilities, listed on pages 83 and 84 of the RFP, are rigorous. It is not likely that any IDS maintains complete documentation of this level and quality on a continuously updated basis. Does AHRQ expect offerors to respond (with copies of data dictionaries, file layouts, descriptive statistics, etc.) within the specified 125-page limit. Does AHRQ have in mind priorities in its list of data requirements, or some idea of minimum requirements that would make a prospective IDS data base acceptable?

Answer: No. AHRQ expects offerors to include such information (data dictionaries, file layouts, descriptive statistics, etc.) primarily as appendices. AHRQ's priorities are those data elements minimally necessary to complete the general types of tasks and activities described. Offerors should describe and discuss the minimum data that would be capable of achieving this AHRQ objective. Offerors are also encouraged to provide example(s) of how they have previously used IDS data to address similar types of research questions.

28. Should the offeror's Past Performance information (pages 86, 87, section L.11) be bound with the proposal or submitted separately?

Answer: Past performance information other than that to be provided by contracting organizations submitting the Contractor Performance Form should be provided with the proposal. Completed Contractor Performance Forms should be submitted to AHRQ in accordance with the instructions in Section L.11(4) by May 8,

2000.

29. Is there a minimum number of projects for which the offeror needs to obtain completed Past Performance Questionnaires and Contract Performance Forms?

Answer: No

30. Is it correct to assume that the Small Disadvantaged Business Participation Plan (L.12) is separate from the Small Business Subcontracting Plan (L.13B)?

Answer: They are separate and distinct documents.

31. Section L.10.1 Organization/Corporate Experience

Can the demonstration of broad-based experience, ability to do research in a timely fashion, work with research and clinical experts, and experience with Integrated Delivery Systems and System leaders include experience prior to 1-1-97?

Answer: Yes, as long as it was not completed prior to January 1, 1997. However, since organizations, research staff, and data systems often change, more recent experience is most relevant. Demonstration of broad-based research experience should only include research completed over the last 3 years (since January 1, 1997) or currently in process.

32. Section L.10.2 Key Personnel

If both brief resumes and CV's are included, does either of them count toward page limit?

Answer: No

33. Section L.11 Past Performance

Are grants and contracts entered into with private non-profit foundations considered eligible for past performance evaluation?

Answer: Yes

Is previous work done by an offeror under a contract with an organization that is proposed to be a subcontractor to the offeror for this proposal eligible for past performance evaluations of the offeror?

Answer: Yes

34. Consulting Cost Limitations:

a) We are already experiencing difficulty soliciting letters of intent from key consulting parties because of their concern about the \$400/day limit for subcontracted professional services. Technical consultants who can turnaround high quality work on tight project schedules tend to cost more in the ballpark of \$1000/day and up.

i) Will exceptions be made for task orders that involve significant technical development.

ii) If not, can you make recommendations for structuring work with subcontractors to allow for technical development.

Answer: See response to #9 above.

35. Hardware

a) Please confirm that computer hardware will be an allowable cost when appropriate to a task order contract. Two specific examples would be:

i) Analytic PC workstation for project analyst.

ii) Additional server components such as disk drives (direct access storage device– DASD) needed to establish master provider and master patient identifiers.

Answer: See Section L.13.C(3) of the RFP.

36. Ownership

a) Scenario: One strategy to integrate disparate data resources is to use fuzzy logic matching tools to build “crosswalks”. A crosswalk is just a reference table that provides the various system identifiers for an individual. Suppose an AHRQ task order is issued to test the feasibility of crosswalks to integrate disparate IDS data sources. We research the market and find a cheap but adequate fuzzy logic tool and we build a weekly procedure that creates the crosswalks. The crosswalk databases are big and require additional server hardware. Still, the crosswalks enable cross-network analyses that were not possible before.

i) Who owns the additional server hardware?

ii) Who owns the databases that are stored on the additional hardware?

iii) Who owns the analytics that were subsequently developed to used the crosswalks?

Answer: Ownership rights shall be in accordance with the data rights clauses in the contract (See Section H and I of the RFP for clauses detailing data rights which may be included in the resulting contract).

37. Can a given HMO be part of two successful applications?

Answer: Yes.

38. Please provide definitions for the “types of Contracts/Grants (Attachment 2, page 5) below.

Type of Contract/Grant: FP, FPI, FP-EPA, Award Fee, CPFF-Completion, CPFF-Term, CPIF, CPAF, IO/IQ BOA, Requirements, Labor-Hour, T&M, SBSA, , 8(a), SBIR, Sealed Bid, Negotiated, Competitive, Non-Competitive

Answer: Definitions for types of contracts are in Part 16 of the Federal Acquisition Regulation (FAR). SBSA stands for Small Business Set-Aside. SBIR stands for Small Business Innovative Research Program. This is a government contract and as such is in accordance with the FAR.

39. Many of the HMO responding with us have over a 100 projects that are considered relevant to the RFP. Please provide us with suggestions on how to decrease this number, or are you interested in all of them?

Answer: Offerors may want to consider organizing projects by task related categories (e.g., needs assessment, research of various types, demonstrations, and evaluations) and selecting the projects most relevant within each category. This demonstrates offerors’ abilities across the general task types and may eliminate some projects.

40. Which is the preferred respondent when there is a task order that is managed by a “middle-management” company but the funder project officer is also “involved” (E.g. ACHP has project managers and their funder; the CDC has project officers).

Answer: If by “preferred respondent” it is meant who should serve as a reference when there are several organizations involved, the funder of the project should be listed.

41. If a project officer is no longer with the funding agency who do you suggest we use for a reference?

Answer: Provide the name of the Center, Office, or Department of the Agency in which the project officer worked.

42. Please clarify what is meant by “Description of Requirement” (Attachment 2, page 2). Do you mean the project abstract for grants and deliverables for contracts?

Answer: Yes or a brief summary of the contract/grant.

43. Cost/Price Proposal:

A. We are assuming that #1-3 are needed for the primary and all subcontractors. Is this correct?

Answer: Offerors only need to respond to #'s 1-3 with documentation and rate information relative to the prime contractor. However, subcontractor labor rates will be reviewed prior to issuing individual task orders.

B. What is the appropriate SIC code for this acquisition? (For Reps and Certs)

Answer: 8733

C. Please define “certified, unloaded rates and loaded rates”.

Answer: The certified requirement can be met by signing the Certificate of Current Cost or Pricing Data in Section K.19 of the RFP and submitting it with the offeror’s proposal.

44. Small Business Subcontracting Plan:

A. We are planning to submit a Small Business subcontracting plan based on historical data because there are no specific numbers to work with at this point. Is this the expectation? Also, we are assuming this requirement is for the primary and all subcontractors. Is this correct?

Answer: Yes

45. Will AHRQ consider proposals from the public sector?

Answer: As the RFP states the Agency is particularly interested in working with safety-net providers and those serving priority populations. Some of these organizations may be run-by, or affiliated with, state or local governments and we welcome proposals from such entities. The Agency may collaborate on this

initiative with other federal agencies as well, but this RFP is not intended as a primary mechanism for contracting with integrated delivery systems run by or affiliated with them as there are other mechanisms available to the Agency for achieving this objective.

46. Please confirm that labor costs are the only cost information required at this time. It is our understanding that proposals for each research task would indicate specific personnel needs, including new hires, to complete the project.

Answer: The cost proposal should be submitted in accordance with Section L.13 A. Offerors should only propose individuals they anticipate will be working on task orders.

47. Will research tasks include collaborations amongst the selected contractors?

Answer: Yes, potentially. The same task order may be awarded to more than one contractor and some collaborative activity required. The nature and scope of such collaborative activity will be clearly indicated in the task order RFP and the resources required to participate included in the task order cost estimates.

48. Will negotiation of the small business subcontracting plan allow for the pre-existence of subcontractors for major tasks? Can a description of the overall stated government goals related to inclusion of small business and women owned enterprises constitute part of all of a subcontracting plan?

Answer: Yes to the first question. No, the subcontracting plan should be prepared in accordance with Attachment 3.

49. On page 55 of the RFP, what is the “standard classification (SIC code) for this acquisition”?

Answer: The SIC code for this acquisition is 8733.

50. On page 55 of the RFP, what is “the small business size standard”?

Answer: The small business size standard is \$5.0 million.

51. On page 86 (sub-paragraph 6), the RFP mentions “Targets expressed in dollars and percentages of total contract value for each participating SDB.” This provision would seem more pertinent to proposals submitted in response to a specific Task Order. How is this provision to be addressed in the current proposal?

Answer: The targets and associated percentages should be treated the same as

the targets and associated percentages for the subcontracting plan, as a percentage of total contract value for the base period.