

2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE July 11, 2011	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY Medicare Payment Advisory Commission 601 New Jersey Avenue, NW, Suite 9000 Washington, DC 20001		7. ADMINISTERED BY (If other than Item 6) CODE	

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) Prospective Offerors	(X)	9A. AMENDMENT OF SOLICITATION NO. MEDPAC-11-R-0011
	<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11)
	<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.
		10B. DATED (SEE ITEM 13)
CODE	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
 (a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;
 or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
NA

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)


E. IMPORTANT: Contractor is not, is required to sign this document and return copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible).

- The purpose of this amendment is to provide Government responses to Questions submitted in response to Request for Proposal (RFP) MEDPAC-11-R-0011.
- This amendment is hereby incorporated and made part of the Request for Proposal identified in block 9 above.

SEE ATTACHED CONTINUATION PAGES

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) James E. Mathews, Deputy Director
15B. CONTRACTOR/OFFEROR <i>(Signature of person authorized to sign)</i>	15C. DATE SIGNED
	16B. UNITED STATES OF AMERICA  <i>(Signature of Contracting Officer)</i>
	16C. DATE SIGNED 11 JULY 2011

3. Offerors proposal submittal date has not changed. Proposals shall be submitted no later than Noon, local time on July 22, 2011.

4. The following are questions submitted to the Government by prospective offerors in accordance with Medicare Payment Advisory Commission's (MedPAC) Request for Proposal Number MEDPAC-11-R-0011. For purposes of clarity and consistency, we have consolidated similar or identical questions received from multiple prospective offerors.

1. General questions

Many potential offerors asked whether there were instructions for Section 6.0 (Organizational Qualifications and Past Performance). The following paragraph has been inserted on page 39 of the RFP:

6. Section 6.0 - Organizational Qualifications and Past Performance

This section shall describe the offeror's organizational experience with the skills and techniques and substantive areas required to successfully complete the work described in this RFP. The offeror should also discuss their recent past performance with other government-related projects. General background, experience, qualifications, and past performance of the offeror shall be furnished. In particular, examples of previous relevant experience, especially that involving the offeror's staff who would be involved in performing work under MedPAC task orders, shall be furnished to demonstrate the offeror's capacity to fulfill the objectives of the Statement of Work. Projects similar in scope and content to the proposed projects should be highlighted. This information shall include the names, addresses and phone numbers of contract and technical supervision officers. Experience may have been with federal or state government, commercial and/or nonprofit organizations. Computer hardware and facilities to be used in fulfilling this contract should be described. If the offeror proposes to use facilities under a contractual arrangement, the terms of that arrangement should be specified.

This section shall not exceed 10 pages.

Question 1.1: We would like to confirm that Section 2.0 Proposed personnel qualifications does not have a specific page limit.

Answer: This is correct; MedPAC has not specified a page limit for Section 2.0.

Question 1.2: Could you please clarify what the page limits are for Sections 6.0, 7.0, and 8.0, and whether there is an overall page limit for the Technical Proposal?

Answer: The page limit for Section 6.0 is 10 pages. Sections 7.0 and 8.0 do not have page limits.

Question 1.3: The previous solicitation (MedPAC-11-R-0002) had a cover letter with the following instructions, "In addition to the above, the following documents must be submitted with your proposal: An executed Standard Form (SF) 1449 with blocks 30a, 30b and 30c completed. Also complete Block 10, indicating small business status and Block 25 with TIN and DUNS numbers." Can you confirm whether SF 1449 with those blocks should or should not be filled out?

Answer: Yes, the SF 1449 should be filled out per previous instructions.

Question 1.4: Standard Form 1449 – Box 28 (p. 1) requests contractors to sign the SF 1449. How many copies are contractors expected to return? Also, are contractors expected to fill box 17(a)?

Answer: Offeror should submit one signed original of Form 1449, and 6 copies. The offeror should fill out box 17(a).

Question 1.5: In the earlier RFP (MedPAC-11_R-0002) you included section 9.0 Proposal Content. It appears the statement that was included in this section was moved into a different section in this version of the RFP, and now, no section 9.0 is required for submission. We would like to confirm that this wasn't an accidental omission. Please confirm.

Answer: You are correct, no separate Section 9.0 is required for submission.

Question 1.6: Attachment B – General Instructions (p. 32) requests the business management and cost/price proposal to be in separate sealed envelopes or other packaging. Can you confirm whether this means the original and each copy shall be sealed individually?

Answer: Proposals should be packaged in such a way that MedPAC staff evaluating the proposals can examine the offeror's technical proposal without having seen the content of the business / cost proposal. This could be achieved either by having each individual copy of the technical proposal and each individual copy of the business / cost proposal in a separate sealed envelope (14 envelopes, total), or by having all copies of the technical proposal in a single envelope and all copies of the business / cost proposal in a separate sealed envelope (two envelopes, total).

2. Questions related to incumbents, awards, and selection

Question 2.1: Please clarify the process by which individual task orders will be awarded to holders of the IDIQ. Will there be a competition among qualified contractors or will MedPAC simply pick the contractor with the best qualifications without any formal competition?

Answer: In general, MedPAC prefers to compete tasks where possible. In instances where multiple IDIQ contractors have the capacity and capability to perform a task, MedPAC may compete the task among qualified contractors. In other instances, where we know a given contractor has specific knowledge, expertise, or capabilities applicable to a task, MedPAC will issue the task directly to that contractor on a sole-source basis as warranted.

Question 2.2: The IDIQ anticipates firm fixed priced task order assignments, and if conditions warrant, task orders may be issued on the basis of cost-plus-fixed fee. Provisions of the Solicitation, C.3(a) also provides that no fee or profit is to be applied to Other Direct Costs including materials, travel and per diem costs. Will MedPAC consider deleting this restriction of fee or profit on Other Direct Costs?

Answer: No.

3. Questions related to tasks (Section 2.5)

Question 3.1: Could you describe how in person interviews listed under Section 2.5.7 (page 9) differ from structured interviews (Section 2.5.2 – page 6)?

Answer: In-person interviews considered under small surveys (p.9) refers to quick surveys of a convenient sample (e.g., at a senior center). Questions would tend to be multiple choice or yes/no. Emphasis would be on getting as large a sample as possible answering a few discrete questions. Structured interviews (p.6) refer to qualitative in-depth interviews of key personnel (e.g., state Medicaid directors) on a specific topic of interest.

Question 3.2: Regarding site visit travel, please clarify number of people and approximate destination

required for each site visit.

Answer: Typically, site visit travel entails 2-4 MedPAC staff, and 1-2 contractor staff at most. Travel can be required to any destination in the country necessary to evaluate an issue firsthand. In instances where a task requires multiple site visits, MedPAC will attempt to arrange for visits to providers or other entities that reflect a variety of geographic areas, subject to resource constraints.

4. Questions related to the hypothetical task (Attachment B, Section 5.0)

Question 4.1: On page 39 of the solicitation, in the description of the small scale survey it states, "The offeror would describe how it would ensure that respondents were nationally representative, including those who counsel rural beneficiaries." Does this indicate that MedPAC wants to survey care coordinators, or could the contractor instead survey beneficiaries or providers?

Answer: The offeror is free to design a small-scale survey of any group of respondents who can best inform the question of access to care by dual-eligible beneficiaries. The survey as described in the hypothetical task need not be limited to care coordinators.

Question 4.2: Does MedPAC plan to award a task order based on an offeror's response to the hypothetical task on Dual Eligibles, in addition to awarding the IDIQ?

Answer: MedPAC has no plans to award a task order based on an offeror's response to the hypothetical task at this point in time.

Question 4.3: Please clarify how many project types Section 5.0 of our proposal (Hypothetical Project Proposal) must address. In Section 3.0 of our proposal (Technical Approach), we plan to propose to provide six project types under the IDIQ contract. Given this, how many abbreviated proposals, each representing a different project type, must be included in our Section 5.0 (Hypothetical Project Proposal)? The instructions on page 35 of the RFP state "up to three project types" should be included in Section 5.0, but can only one or two project types be included in our Section 5.0 even if our Section 3.0 describes six project types?

Answer: The offeror may choose to bid on as many project types listed in Section 2.5 as it chooses. Its proposal in response to the hypothetical task in Section 5.0 may include up to three of the project types for which the offeror is competing, but may include fewer (e.g., only one or two).

5. Questions related to labor (categories, wage rates) and Attachment A

Question 5.1: Page 3 lists various staff, from 1 to 11. There is no number 3. Is there a staff category for number 3, or is the numbering off?

Answer: The numbering is off.

Question 5.2: Regarding 1.3 Rate/Price Schedule for Base and Option Periods and C.3 Pricing Information--MedPAC requests fully-loaded hourly rates for all personnel potentially assigned to tasks under this contract. Will MedPAC accept, for IDIQ proposal evaluation, a range of unloaded hourly rates (salary range from low to high) for each labor classification the Contractor uses in the proposal? Will MedPAC accept, for the Hypothetical Project Proposal, actual salary for named staff within the range of unloaded hourly rates of the labor classifications the Contractor uses in the proposal? This will allow actual salary of individually named staff to be used within the range specified in the IDIQ as well as pricing the Hypothetical Project Proposal (and individual Request for Task Order Proposals issued under

the resulting IDIQ). This will also work to the advantage of MedPAC by allowing actual salaries within the specified range for each labor classification rather than Contractor having to utilize fully burdened fixed rates for each labor classification. Using the fully burdened fixed rate for each labor classification forces the Contractor to propose rates covering the most senior staff for each labor classification when in actuality less senior staff may be proposed and utilized for individual Request for Task Order Proposals. Additionally, should Contractor fringe or indirect rates change over the anticipated 5-year IDIQ (reduce or increase), future Request for Task Order Proposals will utilize the most current rates rather than fixed rates proposed at this time.

Answer. We understand the rationale behind the offeror's request to use a range of actual unloaded hourly rates in lieu of fully loaded rates. However, in order to ensure that we have the ability to consistently compare labor costs across offerors who submit qualifying technical proposals, we do require offerors to report fully-loaded rates by labor classification category. If the offeror is selected as one of the IDIQ task order contractors under this solicitation, we would expect that their staffing structures and corresponding wages enumerated in proposals submitted in response to specific RFPs would more directly reflect the actual staff resources they would apply to a given task.

5. Offeror shall provide a copy of this amendment with their proposal submittal in accordance with Section 11 of this Standard Form 30 above.

6. All other terms and conditions of the RFP shall remain unchanged.