



STATE OF TENNESSEE
TENNESSEE STATE VETERANS' HOMES BOARD

**REQUEST FOR PROPOSALS # 32399-01317-EO
AMENDMENT # 1
FOR PORTABLE X-RAY SERVICES**

DATE: April 6, 2017

RFP # 32399-01317-EO IS AMENDED AS FOLLOWS:

1. **This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.**

EVENT	TIME (central time zone)	DATE	
1. RFP Issued		March 23, 2017	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	March 28, 2017	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	March 29, 2017	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	April 3, 2017	Confirmed
5. State Response to Written "Questions & Comments"		April 6, 2017	Confirmed
6. Response Deadline	2:00 p.m.	April 13, 2017	Confirmed
7. State Completion of Technical Response Evaluations		April 19, 2017	Confirmed
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	April 20, 2017	Confirmed
9. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	April 21, 2017	Confirmed
10. End of Open File Period		April 28, 2017	Confirmed
11. State sends contract to Contractor for signature		May 1, 2017	Confirmed
12. Contractor Signature Deadline	2:00 p.m.	May 3, 2017	Confirmed

2. **State responses to questions and comments in the table below amend and clarify this RFP.** Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT	STATE RESPONSE
1. How many X-ray and ultrasound exams are done at each facility?	<p>The number of X-ray and ultrasound exams performed varies depending on census, resident diagnosis and acuity. The following numbers reflect the number of X-ray and ultrasound exams performed in each TSVH facility during calendar year 2016, including those billed to third party payors:</p> <p>Murfreesboro TSVH: 459 X-ray, 75 ultrasound Humboldt TSVH: 342 X-ray, 102 ultrasound Knoxville TSVH: 173 X-ray, 36 ultrasound Clarksville TSVH: 42 X-ray, 7 ultrasound</p> <p>The Clarksville TSVH is a new facility that accepted its first resident in December 2015 and currently has 68 residents.</p>
2. Is the \$800,000.00 for each facility? Also is the \$800,000.00 per year or the entire length of the contract?	The maximum liability of \$800,000.00 reflects the total estimated cost for all four TSVHB facilities for the five year term of the contract.
3. Is our company to bill the insurance, private pay and Medicaid/Medicare or does the VA?	<p>Pro forma contract Section A.3.e. provides as follows:</p> <p>The Contractor shall be responsible for billing in a timely manner the correct payor source, including third party insurance, Medicare, Medicaid, and private pay. Compensation rendered by these agencies or individuals will be considered as payment in full. For residents with service-connected disabilities of seventy percent (70%) or greater and residents covered by Medicare Part A for their care, the Contractor will provide Facility, by the second business day of each month, with a detailed invoice for services categorized by resident for services performed in the immediately preceding month in accordance with Section C.5.</p>
4. Is there to be a separate rate for stat exams?	The RFP is being amended to include a rate for stat exams.
5. Is there a designated X-ray room at each facility?	No.
6. Are we to provide ultrasound services as well?	Yes.
7. Are we able to ask more questions in response to your answers to these questions?	This is the only official, formal opportunity to ask questions concerning this RFP. As provided in RFP Section 1.4.3., only the State's official, written responses and communications with Respondents are binding with regard to this RFP. Oral communications between a State official and one or more Respondents are unofficial and non-binding. Subject to this provision, RFP Section 1.4.2.

QUESTION / COMMENT	STATE RESPONSE
	requires prospective Respondents to this RFP to direct any communications to the designated Solicitation Coordinator; contact with any other employee or official of the State of Tennessee concerning this RFP may result in disqualification from consideration under this procurement process.

3. Delete RFP Attachment 6.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

RFP ATTACHMENT 6.3.

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), “The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.”

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual’s authority to legally bind the Respondent.

RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:	TENNESSEE STATE VETERANS’ HOME (MURFREESBORO)		
Cost Item Description	Proposed Cost (A)	State Use Only	
		Evaluation Factor (B)	Evaluation Cost (100-(A X 100)) X B

RESPONDENT LEGAL ENTITY NAME:	TENNESSEE STATE VETERANS' HOME (MURFREESBORO)		
Cost Item Description	Proposed Cost (A)	State Use Only	
		Evaluation Factor (B)	Evaluation Cost (100-(A X 100)) X B
Radiological equipment set-up fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	
Radiological equipment transportation fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	0.5	
Radiological test/ Interpretation of test results fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	

RESPONDENT LEGAL ENTITY NAME:	TENNESSEE STATE VETERANS' HOME (MURFREESBORO)		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)
Stat fee(as referenced in pro forma contract section A.3.c.)	\$ AMOUNT/ Trip	0.1	
Employee radiological test fee	\$ AMOUNT/ Test	0.1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from <u>all</u> proposals <hr/> evaluation cost amount being evaluated		x 30 (maximum section score)	= SCORE:
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>			

RESPONDENT LEGAL ENTITY NAME:	TENNESSEE STATE VETERANS' HOME (MURFREESBORO)		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)

RESPONDENT SIGNATURE:	
PRINTED NAME & TITLE:	
DATE:	

RESPONDENT LEGAL ENTITY NAME:	W.D. "BILL" MANNING TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost (A)	State Use Only	
		Evaluation Factor (B)	Evaluation Cost (100-(A X 100)) X B
Radiological equipment set-up fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	
Radiological equipment transportation fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	0.5	
Radiological test/ Interpretation of test results fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	

RESPONDENT LEGAL ENTITY NAME:	W.D. "BILL" MANNING TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)

RESPONDENT LEGAL ENTITY NAME:	W.D. "BILL" MANNING TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)
Stat fee(as referenced in pro forma contract section A.3.c.)	\$ AMOUNT/ Trip	0.1	
Employee radiological test fee	\$ AMOUNT/ Test	0.1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from <u>all proposals</u> <hr/> evaluation cost amount being evaluated		x 30 (maximum section score)	= SCORE:
State Use – Solicitation Coordinator Signature, Printed Name & Date:			

RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:	SENATOR BEN ATCHLEY TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost (A)	State Use Only	
		Evaluation Factor (B)	Evaluation Cost (100-(A X 100)) X B
Radiological equipment set-up fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	

RESPONDENT LEGAL ENTITY NAME:	SENATOR BEN ATCHLEY TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost (A)	State Use Only	
		Evaluation Factor (B)	Evaluation Cost (100-(A X 100)) X B
Radiological equipment transportation fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	0.5	
Radiological test/ Interpretation of test results fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	

RESPONDENT LEGAL ENTITY NAME:	SENATOR BEN ATCHLEY TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)
Stat fee(as referenced in pro forma contract section A.3.c.)	\$ AMOUNT/ Trip	0.1	
Employee radiological test fee	\$ AMOUNT/ Test	0.1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from all proposals <hr/> evaluation cost amount being evaluated			$\frac{\text{lowest evaluation cost amount from all proposals}}{\text{evaluation cost amount being evaluated}} \times 30 \text{ (maximum section score)} = \text{SCORE}$
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>			

RESPONDENT SIGNATURE:	
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PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:	BRIGADIER GENERAL WENDELL H. GILBERT TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost (A)	State Use Only	
		Evaluation Factor (B)	Evaluation Cost (100-(A X 100)) X B
Radiological equipment set-up fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	
Radiological equipment transportation fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	0.5	
Radiological test/ Interpretation of test results fee	NUMBER % of Medicare Part B Fee Schedule Rate (effective at time of performance) %	1	

RESPONDENT LEGAL ENTITY NAME:	BRIGADIER GENERAL WENDELL H. GILBERT TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)
Stat fee (as referenced in pro forma contract section A.3.c.)	\$ AMOUNT/ Trip	0.1	
Employee radiological test fee	\$ AMOUNT/ Test	0.1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from <u>all</u> proposals		x 30 (maximum section	= SCORE:

RESPONDENT LEGAL ENTITY NAME:	BRIGADIER GENERAL WENDELL H. GILBERT TENNESSEE STATE VETERANS' HOME		
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (Cost X Factor)
evaluation cost amount being evaluated		score)	
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>			

4. **Delete pro forma contract section C.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.
- a. The Contractor’s compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.
 - b. The Contractor shall be compensated based upon the following payment methodology::

Service Description	Amount (per compensable increment)
Radiological test/interpretation of test results fee	___ % of Medicare Part B Fee Schedule Rate (effective at time of performance)
Radiological equipment set-up fee	___ % of Medicare Part B Fee Schedule Rate (effective at time of performance)
Radiological equipment transportation fee	___ % of Medicare Part B Fee Schedule Rate (effective at time of performance)
Stat fee	\$ _____ per Trip
Employee X-Ray fee	\$ _____ per Test

5. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.