



**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH**

**ADDENDUM #2 TO THE
REQUEST FOR PROPOSAL
FOR**

PROSTHETICS & ORTHOTICS SERVICES AND EQUIPMENT

90-23-197-RFP

POSTED APRIL 17, 2023

COVER SHEET

BY SIGNING AND RETURNING THIS COVER SHEET, I CERTIFY RECEIPT OF ADDENDUM TWO (2) TO THE PROSTHETICS & ORTHOTICS SERVICES AND EQUIPMENT-RFP

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date

THE SIGNATURE PAGE OF THIS ADDENDUM TWO (2) MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL.

PROSTHETICS & ORTHOTICS SERVICES AND EQUIPMENT

90-23-197-RFP

ADDENDUM #2

The Maricopa County Special Health Care District (“District”) d.b.a. Valleywise Health is hereby issuing Addendum Two (2) to the Request for Proposals which requested proposals from qualified Proposers to provide provide Prosthetics & Orthotics Services and Equipment.

Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (1, 2), this Addendum Two (2) will make changes to the Solicitation and correct defects and ambiguities.

1.	Question. The initial term of the agreement is for 3 years with an option to extend for additional periods up to 5 maximum years. Attachment “E” Price list states that pricing will remain firm for one year. What is the process for pricing upon conclusion of the first year of the agreement?
Answer. Reference 6.0 Standard Contract Provisions, Paragraph 6.33. Adjustments to Contract Term and Price	

2.	Question. Will Price List E be the pricing for inpatient services when contractor cannot bill 3 rd party?
Answer. Price List E should be the price for any prosthetic/orthotic dispensed under this contract.	

3.	Question. ValleyWise Health Comprehensive Health Center-Peoria. It states “Valleywise Health is ordering, stocking, and sending billing/insurance information to the DME contractor so it can be invoiced to patient’s insurance.” Is Valleywise Health ordering from their GPO contact and then the Contractor is purchasing back the items fit and billed to patient’s insurance? Or, Is the DME Contractor ordering, stocking, and billing the patient’s insurance?
Answer. Valleywise Health is not ordering from their GPO contact. The DME Contractor is ordering and stocking DMR products as needed. Ordering and stocking DMR products is unrelated to billing the patient's insurance.	

4.	Question. When 40 hours of cast tech services are met at Main Medical Center and the Comprehensive Health Center Phoenix, does the contractor bill ValleyWise for the time exceeding 40 hours?
Answer. Valleywise Health does not require the Casting Technician to work more than 40 hours per week.	

5.	Question. If requested to assist with cast tech services while a ValleyWise cast tech is on site, does the contractor bill at hourly rates as provided in Price List E?
Answer. Reference 3.0 Work Statement, Paragraph 1, Scope of Work	

6.	Question. When the 2 days of cast tech services are needed at Peoria CHC, does Contractor bill at hourly rates as provided in Price List E?
Answer. Reference 3.0 Work Statement, Paragraph 1, Scope of Work	

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7.	Question. Can the inventory list of current products stocked be provided prior to RFP?
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Answer. An inventory list will not be provided.	
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8.	Question. Since ValleyWise has patients without insurance and difficult socioeconomic situations, is Contractor allowed to bill ValleyWise for products provided by Valleywise employees to outpatients without insurance? Providing products for no-charge in exchange for being selected as a business partner could be viewed as enticement and compliance issue with CMS.
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Answer. The contractor cannot bill Valleywise Health for products to outpatients without insurance. There may be an instance where it becomes necessary for Valleywise Health to pay for a prosthetic or orthotic; however, it would be a rare occurrence requiring pre-authorization from the designated Valleywise Health individual. Providing products for no charge in exchange for being selected as a business partner is not stated within this solicitation and is not a requirement of this Request for Proposal.	
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9.	Question: On the inpatient side, Medicare/Medicaid, & many commercial plans which have moved to CMS bundled payment structure, can only be billed if the 2-day rule guidelines are met. Patient must be discharged within 48 hours of delivery of device and the device must not be used post-op or rehab while patient is inpatient, and patient cannot be discharged to another part A facility. If these conditions are not met, the contractor must bill ValleyWise per CMS guidelines. Will ValleyWise accept and pay for services provided that fall outside of the 2-day rule?
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Answer. Yes	
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10.	Question: Orthotic and Prosthetic providers are considered covered entities and not business associates. The HIPAA Privacy Rule only requires BAAs for business associates. A facility may disclose PHI for the treatment activities of another health care provider [see 45 CFR 164.506(c) (2) and providing such information does not make the other health care provider a business associate of the facility. Is a BAA required of O&P Suppliers?
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Answer. Yes, a signed BAA is a requirement of this RFP	
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11.	Question: Will contractor have complete EMR access to review patient demographics, orders, and physician notes in order to effectively bill 3rd party insurance?
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Answer. No	
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12.	Can a tour of the facility be arranged prior to the deadline for the RFP to determine logistics to deliver requested services? :
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Answer. No tour will be provided	
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13.	Question: How many patients are anticipated to need O&P/DME services each day? At each location?
Answer. This information cannot be provided as the number of patients at each location fluctuates on a daily basis	

END OF ADDENDUM #2