DSS Infusion Therapy Manager Solicitation 36C10B26R0039
Question and Government Response in RED.

1. On the combined synopsis document it references to see the delivery schedule locations in Section B8 of the solicitation, however, no locations are listed.
    a. Will VA provide this list?

    Government Response: Delivery locations will be identified in each specific Task Order. As per Product Description section 1.1, locations may be at any VA Medical Center across the United States.

2. In the instructions to offerors for Volume II Past Performance Factor- its states "Offerors shall submit a list of **all** contracts..." As the manufacturer of the software, DSS has well over 25 contracts that are relevant to be listed in this volume. It will be impossible to provide all the required information with a 5-page limit.
    a. Will the government provide a minimum requirement for the number of relevant contracts to list for this volume, i.e. 3-5 max relevant contracts?

    Government Response: As per Section E.12(ii) Volume II "Offerors shall submit a list of **all** contracts, as well as all proposed major subcontractors (including Federal, State, and local government and private) (prime contracts, task/delivery orders, and/or major subcontracts) in performance at any point during the three (3) years immediately prior to the proposal submission date, which are relevant to the efforts required by this solicitation."

    b. If all contracts are required to be listed in this volume, will the government consider an excel spreadsheet list for "Section 1 Contract Descriptions" and then require Sections 2-4 of Volume II as a PDF with the 5-page limit?

    Government Response: See amendment 0002. Section 1 contract descriptions may be provided in excel and will not be included as a part of the 5 page limitation.

3. As the Infusion Therapy Manager (ITM) and VistA Chemotherapy Manager software manufacturer, DSS has extensive experience implementing these products across VA Medical Centers. The clinical complexity of infusion therapy workflows, spanning chemotherapy protocols, drug ordering, nursing administration, and oncology coordination demands more than technical deployment. It requires a dedicated clinical resource who can assess site-specific workflows, identify adoption gaps, and ensure the software is configured to deliver real clinical value. DSS addresses this through its Clinical Systems Analysts (CSAs) credentialed clinical professionals who serve as the direct link between VA end-users and the DSS product team across the full implementation lifecycle, from pre-implementation through annual renewal.
    a. DSS is requesting the government adds an additional CLIN as follows to allow for this service.

i. Part number: DSS-CSA-CWSE. Description: “Customer Workflow Support Engagements Per Hour”

Government response: The Government will not be adding CLIN DSS-CSA-CWSE. For a new site implementation quantity is 24 hours per site, covering pre-implementation workflow assessment, go-live clinical support, and post go-live adoption review. By adding the quantity for this CLIN, the government can reduce the EMRTRN CLIN by the same quantity.

Government response: The Government will not be adding CLIN DSS-CSA-CWSE. See updated quantities per Amendment 0002.

ii. Part Numbers in each ordering period, CLIN “DSS-PROD-SVC" would require an additional 16 hours per site renewing.

Government response: See updated quantities per Amendment 0002.

4. In the ordering period 1 price schedule, the maximum amount of implementation services seems sufficient. However, in ordering period 2 it seems to be limited to only 12 possible new sites and then even further reductions in the following ordering periods.
   a. What are the options if many of the sites who may be expected to purchase in ordering period one are unable to do so and look to purchase in ordering period two? There may not be enough implementation services available. Is there flexibility to increase those quantities in outlying ordering periods if needed?

Government response: See updated quantities per Amendment 0002.