

#	Final RFP Section	Final RFP Sub-Section	Subject/Title	Page Number	Question/Comment	DOE Answer
90	H	H.40	Business and Contracts Manager Education Requirements	H-38	There are many qualified individuals that work in acquisitions who may not have a college degree but have suitable work and/or military experience that would apply and be of value. Would the Government consider revising the key personnel educational experience (degree) to allow for a substitution of years of experience with DOE and/or the military to meet this requirement?	No change to the Final RFP. DOE will evaluate Key Personnel in accordance with Section M criteria, as revised by Amendment 1 of the RFP.
91	H	H.40 (b)	SOMD	38	Section b.2 indicates that education/certification across multiple areas of expertise (including OEM, AM or PM) qualifies, while section b.1 only references three years of oversight and management experience specifically for Occupational Medical Programs. This is extremely limiting to promote competition. Is the DOE willing to consider one year of oversight and management experience with OEM, AM and/or PM experience also as qualifying for b.1?	The qualification in Section H states that the SOMD shall be certified in OEM, AM, OR PM. DOE does not require certification in all three. Any of these meets the material requirement of the RFP in Section H. The quantity of experience remains unchanged at three years. However, the beginning of the clause was revised to allow CO approval for equivalent qualifications.
92	H	H.40(b) (1) (2)	Qualifications of Key Personnel	H-37-39	The required board certifications for the SOMD combined with the requirement for a Washington State medical license limits the candidate pool tremendously. When this is combined with the additional requirement for 3 years of experience in oversight and management of occupational medical programs similar to the work at the Hanford facility, this requirement gives an unfair advantage to the incumbent key staff/contactor. Would the DOE consider modifying the requirement to any related board certification rather than those currently indicated in Section H?	In Amendment #2 to the RFP, DOE revised the requirement to require that the SOMD either be certified or be eligible to be certified, with a path toward certification within one year. The requirement for experience in the oversight and management of occupational medical programs similar in complexity and type to the services described in Section C will not be revised.
93	H	H.40(b) (1) (2)	Qualifications of Key Personnel	H-37-39	The required board certifications for the SOMD combined with the requirement for a Washington State medical license limits the candidate pool tremendously. When this is combined with the additional requirement for 3 years of experience in oversight and management of occupational medical programs similar to the work at the Hanford facility, this requirement gives an unfair advantage to the incumbent key staff/contactor. Would the DOE consider changing the requirement to change the years of experience to one year instead of three to open up competition?	No change to the Final RFP. The requirement is for experience similar in complexity and type to the services described in Section C. The SOMD is not required to have DOE or Hanford experience.
94	H	H.40(b) (1) (2)	Qualifications of Key Personnel	H-37-39	The current requirement for the SOMD staff position to have experience in occupational medical programs similar in complexity, scope, and services combined with the requirement to be a licensed physician in Washington State nearly limits the candidate pool to the incumbent SOMD. As Hanford is considered Federal Property, would the DOE modify the requirement to allow for SOMD to be licensed in any of the 50 states or territories, instead of limiting to the state of Washington.	In Amendment #2 to the RFP, DOE revised the requirement to require that the SOMD either be certified or be eligible to be certified, with a path toward certification within one year.
95	Section C	C.3.2.1.3	Employee Assistance and Wellness Programs	C-7	Recommend the Government expand upon and delineate the specific requirements and deliverables associated with the Employee Assistance and Wellness Program elements and how the Government expects this program to be administered. Additionally, it would be beneficial for offerors to understand if and how the Government's EHR solution will collect and provide data so Offerors understand how it is to be administered. (e.g. Does the Government Furnished EHR solution contain an EAP module?)	The Government-Furnished EHR system does not contain an EAP module, with the exception of the EAP functions that behavioral health services performs. The behavior health services data are segregated from the Occ Med side of the clinic, and only behavior health personnel have access to that information.
96	Section C	C.3.2.2.4.2	Medical Surveillance Data Reporting	C-16	The draft RFP requires that Offeror provide reports to include: Workers Compensation, Epidemiological Reports, Medical Surveillance, and Employee Assistance and Wellness Program reports. It is unclear if the Government furnished EHR system will provide all of the necessary data to produce the required reporting specified in the Draft RFP documents.  We recommend the Government provide additional details and further clarify how Offerors will receive this information or be provided access to this information.	Documents are not available for offerors to review as historical information.  Regarding how Offerors will receive this information during performance: multiple systems are used to synthesize data to provide in reports (PeopleCore, for example). Data can be gathered from multiple sources including site data systems outside of EHR. The contractor will have to work with Other Hanford Contractors to access necessary information.
97	Section L.13	Factor 1 - Key Personnel	L.13 Proposal Preparation Instructions, Volume II – Key Personnel	L-12	The key personnel requirements, including but not limited to experience with DoE, the on-site presence at the Hanford location and letter of commitment, limit the qualified pool of candidates to support this effort and thus limits the pool of offeror's to respond to this proposal as Prime or as Subcontractor. Without being able to secure the key incumbent personnel performing the work today, who are most knowledgeable, have the most recent DoE and relevant experience (per evaluation criteria) and are already located in Hanford, seems to indicate securing incumbent key personnel is essential to a positive evaluation score by the Government. Further, the Government's solicitation is solely relying upon key personnel oral interviews to evaluate the capability of a company to perform the work under this program given a technical response is not required.  Would the Government consider adjusting its requirements and related evaluation criteria to permit a broader pool of acceptable candidates?	DOE has revised some terms of its evaluation criteria and Section H Qualifications of Key Personnel clause. Please see revisions in Amendments #1 and #2 for details. Also note that DOE is not relying solely upon key personnel oral interviews to evaluate the capability of a company to perform this work; instead, DOE's technical and management evaluation will consider the entire Key Personnel and Past Performance evaluation factors.
98	Section L, Attachment L-6, Price Proposal Workbook	Section L, Attachment L-6, Price Proposal Workbook	Worker Compensation		Annual dollar amount spent on Workers Compensation claims, per site?	DOE cannot provide the annual dollar amount of Worker Compensation claim payouts by site.
99	H.40 H.41 J.11	H.40 H.41 J.11	H.40 Qualifications of Medical Personnel – Key Personnel H.41 Qualifications of Medical Personnel – Non-Key Personnel Attachment J-11: Minimum Essential Staffing Levels	H-37 to H-41	<b>Comment:</b> H.40 requires a Nursing Director as Key Personnel. H.41 requires a Clinic Director who, "who has operational responsibility for the provision of all medical services". Typically, operational responsibility for the provision of all medical services includes nursing. It is not standard practice in an ambulatory setting to have both positions, especially if the nursing director is considered key, and the clinic director is not. For the size of the clinic operations, both positions may not even be necessary. The current requirements lend themselves to significant overlap of responsibilities and potential for conflict.  <b>Questions:</b> Will the Government please revise the Nursing Director and Clinical Director requirements? Will the Government consider a non-key Nursing Manager in lieu of the Nursing Director, if both positions are required? As an alternative, will the Government please consider removing one of these positions as a requirement?	The Clinic Director has operational responsibility for medical services, and the Nursing Director has direct supervisory responsibility for medical services. Just because a position is designated as Key, the designation doesn't dictate the organizational structure of the OccMed contractor. No change to the Final RFP.

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100	C3.2.4.4	C3.2.4.4.1(d)	Personal Property and Materials Management Program – wall-to-wall physical inventory	C-25	<p><b>Comment:</b> The RFP provides that the Offeror shall conduct a complete wall-to-wall Physical Inventory, including bar coding and tagging as applicable, and provide a report to DOE within 90 days after completion of transition.</p> <p><b>Question:</b> Is the contractor responsible for Hanford Site Personal Property Management program providing barcodes and scanners or is that the offerors responsibility?</p>	Hanford Mission Integration Solutions (HMIS), the contractor for the Hanford Mission Essential Services Contract, can provide barcoding equipment for use by the Hanford OccMed contractor to complete required wall-to-wall Physical Inventory.
101	H	H.40	SOMD Qualifications	H-38	The RFP requires that the SOMD be board-certified in OEM, AM, or PM. Would the Government consider broadening this requirement to allow consideration of other types of board-certified medical professionals?	No change. Only certain certifications are allowed to meet specific CFR requirements. 10 CFR 1046 provides additional details.
102	Section L, Attachment L-6, Price Proposal Workbook	Tab PWS 3.4	Consolidated Rate	Tab 5, Attachment L-6	Does this template require an hourly rate be input into the 'fully burdened rates' column or should this be multiplied by the estimated quantity (1000 hrs)?	DOE is revising Attachment L-6 to remove Tab 3.4 in Amendment 2 to the Final RFP. Offerors are advised to use the new price proposal workbook.
103	H	H.5; L-6	Benefit Plans		Section H.5 provides that pension plans maintained by the Contractor are cost reimbursable and a cost line is included in the L-6 pricing worksheet. How does this provision apply to teaming partner subcontractors?	The Defined Benefits pension plan is a closed plan, and therefore, would not be open to new entrants.
104	H	H.5	Benefit Plans: Pension and Post-Retirement Benefits	H-2	Please confirm if the prospective contractor will assume the defined benefit plan for post-retirement and if so, please provide the data for the number of former employees impacted and benefits expected.	<p>It is anticipated that the prospective contractor would assume the post-retirement benefits plan. The post-retirement benefits plan currently has 68 participants (including eligible spouses) for medical benefits. The annual contribution amount provided is \$4,342 per qualifying retiree and \$4,342 for each qualifying spouse of a retiree, with no Cost of Living Adjustment provision. All participants are over 65.</p> <p>The Life Insurance component has 39 participants with a payout of \$10,000 each.</p>
105	Historical Reference Data		Historical Reference Data spreadsheet released 2/17/23		<b>Questions:</b> Has the Beryllium Fairness and Testing Act already been adopted by DOE and at Hanford? Have workload indicators been adjusted to account for changes as a result of this legislation?	No, the Beryllium Fairness and Testing Act is not federal law at this time.