

Question and Answer RFP 03410-150-15  
Medicaid Optical Eyeglasses Provider

**1. Rate Sheet (Page 31)**

**If completion is required, please confirm that responding to the Proposed Rate with “see Price Sheets” is a sufficient response.**

**Answer:** The form is required. It will be sufficient to refer the State to the Price Sheets, but the State can request additional information from vendors on how their prices are calculated if it will help determine an apparently successful bidder.

**2. Summary of Funds (Page 34)**

**If completion is required, please confirm that the State is requesting information only related to funds paid to the vendor by the State of Vermont.**

**Answer:** Completion is required. We are requesting any and all disclosure of funds that the vendor is able to provide.

**3. Schedule A: Summary of Costs (Page 37)**

**If completion is required, please explain how any of the required information is related to the provision of products and services to be supplied by the Medicaid Optical Products Provider under a contract from the resulting RFP.**

**Answer:** Please fill out the Summary of Costs forms if applicable to your pricing structure. If it does not conform to your pricing structure, you do not need to fill out the form. However, list the reasoning in your response to this RFP in lieu of providing Schedule A. The State may request additional information if necessary.

**4. Attachment B: Price Sheets**

**Answer:** Please confirm that bidders should ignore the “PAC 3” provided in each line item on pages 2 through 4 or advise what PAC 3 means. Yes, please ignore “PAC 3”.

**5. Attachment C: Standard State Provisions for Contracts and Grants, Item 7 Insurance**

**Professional liability insurance is not available for wholesale ophthalmic laboratories. For this reason, please confirm that professional liability insurance is not required for this contract.**

**Answer:** At this time, the State cannot determine whether or not professional liability insurance can be waived, but it is noted that the insurance is unavailable. Please note in your proposal that there is no professional liability available for this sector.

**6. Do we need to be registered in the State of Vermont to quote on this solicitation?**

**Answer:** You do not need to be registered in the State of Vermont to quote on this solicitation. Once award is offered the vendor must be registered with the State of Vermont and enroll as a VT Medicaid provider

**7. Do you accept the 837 file for invoicing?**

**Answer:** Yes, that is the only way providers can submit claims electronically.

**8. Who has the current contract?**

**Answer:** The current contract is held by Classic Optical.

**9. What is your current frame selection and sizes?**

**Answer:** We currently have a selection of 79 frames in a variety of styles, sizes and colors.

**10. Approximately, how many frames are specifically for children with Down Syndrome?**

**Answer:** There are approximately 14 frames for children with Down Syndrome.

**11. Pages 8-9, item 1.9.3: Please clarify how a bidder should make a conflict of interest certification prior to submitting a proposal. For example, is the State looking for a letter from bidders before the bid closing date. Similarly, please advise where a bidder might find the Template C referenced on page 9 of this same section.**

**Answer:** Please include a sheet within your proposal packet that either certifies that your organization does not have any conflicts of interest as described in Section 1.9 or submit a sheet within your proposal packet that clearly lists any conflicts. Please sign this sheet. This can be included in your submission packet, and it is not necessary for bidders to send a letter prior to their bid submission. Please disregard the reference to Template C. This reference will be removed from the RFP.