AMENDMENT 0001 / VENDOR Q&A SUPPLEMENT

HHCC Clinical Staffing Services

Multiple-Award Fixed-Price Indefinite-Delivery/Indefinite-Quantity (IDIQ)

Solicitation Number	RFQ-26-PHX-035
Amendment Number	0001
Amendment Issue Date	06/26/2026
Purpose of Amendment	Issue vendor questions and answers; extend the offer due date; require acknowledgement of this amendment.
Original Quotes Due	06/29/2026 @ 9 AM PDT
Revised Quotes Due	07/07/2026 @ 9 AM PDT
Set-Aside	Buy Indian Act / HHSAR Subpart 326.6 - ISBEE
NAICS	621111 - Offices of Physicians (except Mental Health Specialists); Size Standard: $16 million
PSC	Q201 - Medical: Managed Health Care
IDIQ Ceiling	$9,000,000 aggregate shared ceiling
Ordering Period	Five (5) years from date of award
Primary POC	Ashley.Velasquez@ihs.gov
Alternate POC	Dekovan.Cook@ihs.gov

AMENDMENT EFFECT

This Amendment 0001 provides vendor questions and answers for RFQ-26-PHX-035 and extends the offer due date to 07/07/2026 at 9:00 AM PDT.

This amendment and the attached Vendor Q&A Supplement are incorporated into the solicitation and are a required supplement to each offer.

Offerors shall acknowledge receipt of this amendment and submit the completed acknowledgement with Volume I - Administrative / Eligibility.

Failure to acknowledge a material amendment may render the quote ineligible for award.

Except as expressly changed by this amendment, all other terms and conditions of the RFQ and attachments remain unchanged.

OFFEROR ACKNOWLEDGEMENT / ACCEPTANCE

☐	**Offeror acknowledges receipt of Amendment 0001 and agrees to comply with the solicitation as amended.**
Authorized Signature	
Printed Name and Title	
Company Name	
Date	

RFQ-26-PHX-035 - HHCC CLINICAL STAFFING SERVICES

Consolidated Vendor Questions and Draft Answers

Formatting key: Questions are shown in red. Answers are shown in blue.

1. Q: If bidding as a team, is subcontractor past performance weighted equally with prime contractor past performance? If not, how is subcontractor past performance weighed?

A: Past performance will not be assigned a fixed mathematical weight based solely on whether the work was performed by the prime Offeror or by a subcontractor, teaming partner, affiliate, staffing partner, recruiter, or other third-party entity. The Government will evaluate past performance based on recency, relevance, quality, performance risk, and the extent to which the prior work is meaningfully connected to the entity, resources, candidate pipeline, and performance structure proposed for this requirement. The prime Offeror remains responsible for overall contract performance. Past performance of a subcontractor or team member may be considered when the Offeror clearly identifies the entity that performed the prior work, the role that entity performed on the prior effort, the role that entity will perform under this requirement, and how the prior work is relevant to the proposed performance. Past performance with no clear connection to the entity, resources, candidate pipeline, staffing approach, or performance structure proposed for this requirement may be considered less relevant or not relevant.

2. Q: Are completed Past Performance Questionnaires required? How many are required?

A: Completed Past Performance Questionnaires are not mandatory unless otherwise required by amendment. Offerors are responsible for submitting recent and relevant past performance information sufficient for the Government to evaluate performance confidence. Offerors may submit completed PPQs, CPARS evaluations, customer letters, references, or other relevant past performance information. There is no required minimum or maximum number of PPQs unless otherwise stated by amendment. The Government may also retrieve and evaluate available CPARS records and other past performance information available to the Government.

3. Q: May Offerors submit CPARS evaluations in lieu of completed PPQs?

A: Yes. CPARS evaluations may be submitted as part of the Offeror's past performance information. Because completed PPQs are not mandatory unless otherwise required by amendment, CPARS evaluations, customer letters, references, completed PPQs, or other recent and relevant past performance information may be considered. The Government may also retrieve and evaluate CPARS records independently.

4. Q: Is there a preferred or recommended number of past performance references?

A: The Government is not establishing a preferred or required number of past performance references unless otherwise stated by amendment. Offerors should submit enough recent and relevant past performance information to allow the Government to assess performance confidence. The quality, relevance, and connection of the past performance to the proposed performance structure are more important than the number of references submitted.

5. Q: Will Tribal, 638, state veterans home, and commercial hospital nursing experience be considered relevant past performance?

A: Yes. Such experience may be considered relevant if the work is similar in scope, complexity, and performance risk to the HHCC clinical staffing requirement. Relevant past performance may include physician staffing, registered nurse staffing, inpatient/hospitalist staffing, emergency department staffing, outpatient staffing, rural or remote clinician staffing, Critical Access Hospital coverage, IHS or Tribal health care staffing, limited-resource clinical care, 24/7 or hard-to-fill shift coverage, credentialing/privileging complexity, or other similar services. The Government will evaluate relevance based on the actual work performed, operating environment, staffing complexity, performance risk, and connection to the proposed requirement.

6. Q: Are formal teaming agreements or subcontract agreements required at quote submission?

A: Formal teaming agreements or subcontract agreements are not required at quote submission unless otherwise required by amendment. However, Offerors must clearly identify proposed subcontractors, teaming partners, affiliates, recruiters, staffing partners, independent contractor clinicians, or other third-party resources that will perform work, provide candidates, support recruiting, support credentialing, support scheduling, provide quality control, or whose past performance or resources are relied upon. The Offeror must describe each entity's anticipated role and explain how the prime Offeror will manage and remain responsible for contract performance. The Government may request additional information if needed to evaluate responsibility, eligibility, proposed performance structure, or Buy Indian Act compliance.

7. Q: Are Offerors required to propose all five staffing areas to be eligible for award?

A: No. Offerors are not required to propose all five staffing areas. Offerors may propose support for one, several, or all covered HHCC clinical staffing areas. The parent IDIQ is intended to establish a contractor pool for HHCC clinical staffing support. Future delivery order or task order requests will identify the specific position or staffing need, applicable PWS/QASP, schedule, period of performance, and funded requirement. IDIQ awardees may respond to a specific future order request or decline/not respond based on capability and candidate availability at that time.

8. Q: If an Offeror does not intend to support a staffing area, will failure to price or address that area make the quote noncompliant?

A: No, provided the Offeror clearly identifies which staffing areas it is proposing to support and completes the price schedule accordingly. Offerors will not be found noncompliant solely for declining to propose support for a staffing area, as long as the quote clearly identifies the staffing areas offered and does not create ambiguity in the technical or price submission. For any staffing area the Offeror proposes to support, the Offeror should provide the required technical, candidate pipeline, past performance, and pricing information sufficient for evaluation.

9. Q: Will proposals be evaluated separately by staffing area/labor category?

A: The Government will evaluate the overall quote and the Offeror's demonstrated ability to support HHCC clinical staffing needs. The Government may also consider the Offeror's capability, candidate pipeline, readiness, price, and risk as they relate to the specific staffing areas the Offeror proposes to support. The parent IDIQ award is not intended to guarantee work for any specific position or staffing area. Future delivery order or task order requests will identify the specific staffing need and applicable PWS/QASP. Responses to those future order requests will be evaluated in accordance with the ordering procedures and applicable contract terms.

10. Q: How many IDIQ awards does the Government anticipate making?

A: The Government intends to make multiple awards but is not establishing a predetermined minimum or maximum number of awards. The final number of awards will depend on the quotes received, eligibility, best value, price reasonableness, demonstrated staffing capability, performance risk, and the Government's need to maintain an adequate contractor pool for HHCC clinical staffing support.

11. Q: Does the Government anticipate a minimum number of awardees per staffing area to ensure redundancy?

A: The Government is not establishing a predetermined minimum number of awardees per staffing area. The Government may consider the need for adequate redundancy, coverage capability, price reasonableness, staffing pipeline depth, and overall contractor pool capability when making award decisions. However, the final number of awards will be based on the evaluation results and the Government's best value determination.

12. Q: Will existing physician staffing contracts remain in place, or will existing requirements transition to this IDIQ?

A: Existing contracts remain governed by their own terms and conditions unless modified or otherwise addressed by the Contracting Officer. The new IDIQ is intended to support future HHCC clinical staffing needs through delivery orders or task orders issued under the resulting contracts. The Government does not guarantee that any existing requirement will transition to the new IDIQ, nor does the IDIQ itself cancel, replace, or modify any existing contract.

13. Q: Which staffing areas are anticipated to receive task orders first after award?

A: The Government does not guarantee any initial task order sequence, staffing area, quantity of hours, or timing of orders. Initial task order activity will depend on HHCC operational need, funding availability, candidate readiness, onboarding requirements, clinical priorities, and contract administration considerations after award.

14. Q: Will future task order competitions be limited only to contractors awarded the applicable staffing category?

A: The parent IDIQ is intended to establish a contractor pool for HHCC clinical staffing support across the covered staffing areas. Future delivery order or task order requests will identify the specific position or staffing

need and applicable PWS/QASP. The Government may issue order requests to IDIQ awardees when the Government determines those awardees are eligible and reasonably capable of responding to the specific staffing need. Contractors may respond or decline/not respond based on their capability and candidate availability.

15. Q: May IDIQ awardees offer task-order-specific rates below their awarded hourly rates?

A: Yes. Task order or delivery order pricing will be based on the awarded fixed hourly rates unless a lower order-specific rate is offered by the Contractor and accepted by the Contracting Officer. A Contractor may not exceed its awarded hourly rate unless authorized by the Contracting Officer through contract modification or other written contract action.

16. Q: How should Offerors price projected coverage hours that are planning estimates only and not guaranteed minimums?

A: Offerors shall propose fixed, fully burdened hourly rates using Attachment A, Rate Schedule / Fully Burdened Hourly Rates. The Government will use the estimated weekly hours in Attachment A for price comparison and evaluation purposes. These estimated hours are not guarantees of task orders, shifts, hours, funding, staffing utilization, candidate placement, or work volume. Actual ordering will occur only through delivery orders, task orders, or other written authorization from the Contracting Officer.

17. Q: Are separate rates for day/night, weekend, holiday, overtime, call-back, urgent coverage, standby, or wait time allowed?

A: No separate rates are authorized unless expressly stated in the contract or applicable task order. Offerors shall propose fixed, fully burdened hourly rates. The fully burdened rates should include all costs necessary to perform, including any costs associated with travel, lodging, meals, per diem, local transportation, recruiting, onboarding support, scheduling, insurance, overhead, profit, and other performance costs. The Government will not separately pay travel, lodging, meals, relocation, standby, pager, call, overtime, holiday, night, weekend, wait time, premium rates, or similar costs unless expressly authorized in the contract or task order.

18. Q: Are candidate onboarding support, credentialing packet preparation, recruiter time, and replacement candidate sourcing billable?

A: No, not as separate billable items unless expressly authorized in the contract or task order. Candidate onboarding support, credentialing packet preparation, recruiter time, candidate pipeline maintenance, replacement candidate sourcing, scheduling, program management, and similar contractor-side staffing activities should be included in the Contractor's fully burdened hourly rates. The Contractor may bill only for actual hours worked, accepted by the Government, and authorized under the applicable delivery order or task order.

19. Q: Is on-site housing provided for physicians or other clinicians?

A: No. Government housing is not provided or guaranteed. The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel unless expressly stated otherwise in the contract or task order. Offeror pricing should account for HHCC's rural location and local lodging limitations.

20. Q: Must all amendments be acknowledged, and where should acknowledgement be placed?

A: Yes. Offerors shall acknowledge all solicitation amendments. Amendment acknowledgements should be included in Volume I - Administrative / Eligibility, unless otherwise instructed by amendment. Failure to acknowledge a material amendment may render a quote ineligible for award.

21. Q: May Offerors submit questions after the stated Q&A deadline if a later amendment creates new ambiguity?

A: Questions submitted after the stated question deadline may not receive a response unless the Contracting Officer determines that a response is necessary and in the Government's interest. If the Government issues an amendment or clarification that creates a new ambiguity, Offerors should submit any related questions promptly. The Government will determine whether a response, amendment, extension, or other action is necessary.

22. Q: Please confirm the anticipated base period, option periods, IDIQ ceiling, guaranteed minimum, and ordering procedures.

A: The anticipated IDIQ ordering period is five years from the effective date of award. The RFQ does not establish separate base and option periods unless amended. The aggregate shared ceiling is stated in the RFQ. The guaranteed minimum is stated in the RFQ. Ordering procedures are described in the RFQ and Attachment G. Future delivery orders or task orders will be issued only when HHCC has a requirement, funding is available, and the Contracting Officer determines that issuance is in the Government's interest.

23. Q: Is the Government extending the proposal due date?

A: The Government will consider all schedule-related requests. The proposal due date remains unchanged unless revised by solicitation amendment posted to SAM.gov. Offerors are responsible for monitoring SAM.gov for any changes to the solicitation schedule.

24. Q: What level of detail is expected for candidate pipeline submission?

A: Offerors should submit candidate and pipeline information sufficient for the Government to evaluate candidate readiness, staffing capability, and performance risk. Offerors may provide candidate names or anonymized candidate identifiers; staffing area supported; licensure, certifications, DEA status, board status, and relevant clinical experience, as applicable; availability; readiness status; credentialing, privileging, onboarding, and facility access status, as applicable; relevant rural, remote, IHS, Tribal, Critical Access Hospital, inpatient, emergency department, outpatient, or limited-resource experience; whether the candidate is employed by the Offeror, subcontracted, recruiter-provided, staffing partner-provided, or otherwise

available through a third-party relationship; and any known limitations, scheduling restrictions, or risks. Candidate resumes may be submitted if available and useful, but the Government is not requiring a full credentialing packet for every candidate at the initial quote stage unless otherwise stated by amendment.

25. Q: Does the Government expect licenses, certifications, DEA registrations, procedure logs, training certificates, references, or other credentialing documents at quote submission?

A: At the quote stage, the Government is primarily evaluating the Offeror's candidate readiness and staffing pipeline. Offerors should provide clear summary information regarding each proposed or potential candidate's qualifications, licensure, certifications, DEA status, board status, credentialing/privileging status, onboarding status, and availability, as applicable. Offerors are not required to submit complete credentialing packets, procedure logs, training certificates, or all onboarding documentation for every candidate at the initial quote stage unless the Offeror chooses to submit such documentation to support its readiness claim or unless otherwise required by amendment. Before any clinician may perform, all required security, suitability, credentialing, privileging, orientation, competency validation, badging, EHR access, facility access, and onboarding requirements must be completed.

26. Q: Are Offerors expected to propose Tier 1 candidates at quote submission?

A: No. Offerors are not required to propose only Tier 1 candidates at the time of initial quote submission. The Government recognizes that not all proposed or potential candidates will have completed all Government security, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements at the quote stage. However, candidate readiness is an evaluation consideration. Candidates with higher readiness, clearer availability, stronger qualification support, and fewer onboarding risks may reduce evaluated performance risk. Candidates that are speculative, unsupported, unavailable, or dependent on unclear third-party arrangements may be evaluated less favorably. Urgent staffing needs do not waive required security, credentialing, privileging, orientation, facility access, EHR access, or onboarding requirements.

27. Q: Are named candidates preferred, or will anonymized candidate profiles be evaluated equally?

A: The RFQ permits Offerors to identify candidates by name or by anonymized identifier if the candidate name cannot yet be released. The Government does not require candidate names at quote submission if anonymized identifiers are used. However, the submitted information must be sufficient for the Government to evaluate the candidate's qualifications, availability, readiness, relevant experience, and staffing risk. An anonymized candidate profile that provides clear, credible, and detailed readiness information may be evaluated favorably. A named candidate with little supporting information may not be more useful than a well-supported anonymized profile.

28. Q: Is there a minimum number of candidates expected per staffing area?

A: The Government is not establishing a required minimum number of candidates per staffing area for the initial quote submission. Offerors should provide enough candidate and pipeline information to demonstrate

a realistic and reliable ability to support HHCC clinical staffing needs. The Government will evaluate the depth, realism, readiness, and reliability of the proposed candidate pipeline based on the information submitted. A larger number of speculative candidates will not necessarily be evaluated more favorably than a smaller number of well-supported, qualified, available, and realistic candidates. Offerors should focus on demonstrating credible candidate availability, readiness, sourcing, onboarding support, replacement capability, and ability to respond to future delivery order or task order requests.

29. Q: What is the minimum operational coverage model needed to maintain HHCC department operations?

A: The Government's projected minimum clinical coverage model to maintain HHCC department operations is reflected in Attachment A and the applicable PWS/QASP sections. For planning and price evaluation purposes, the current weekly planning hours are: ED Physician Services - 3 x 12-hour shifts per day, or 252 weekly planning hours; IPU/Hospitalist Physician Services - 1 physician shift per day, or 84 weekly planning hours; ED Registered Nurse Services - 6 x 12-hour shifts per day, or 504 weekly planning hours; IPU Registered Nurse Services - 4 x 12-hour shifts per day, or 336 weekly planning hours; and OPD Registered Nurse Services - 1 x 8-hour shift per day, Monday through Friday, or 40 weekly planning hours. These figures represent the Government's planning estimate of the clinical coverage scope needed to maintain department operations. They are provided to help Offerors understand the scale of the requirement, candidate pipeline needs, and pricing assumptions. These figures are not guaranteed minimum order quantities and do not guarantee task orders, shifts, hours, funding, candidate placement, staffing utilization, or any particular volume of work. Actual task orders may be issued for more or fewer hours depending on HHCC need, Federal staffing, patient census, vacancies, leave, recruitment gaps, emergencies, funding availability, and facility operational requirements. Contractor performance is authorized only by an issued task order or other written authorization from the Contracting Officer.

30. Q: Are letters of commitment, letters of availability, or signed candidate acknowledgements required?

A: Such letters or acknowledgements are not required unless otherwise stated by amendment. However, Offerors may submit letters of commitment, letters of availability, or other documentation if they believe the information supports candidate availability, readiness, rural location awareness, lodging/travel understanding, or staffing pipeline realism. The Government may consider the credibility and support for candidate availability and readiness as part of the evaluation.

31. Q: Is there a required minimum number of backup candidates per staffing area?

A: The Government is not establishing a required minimum number of backup candidates per staffing area for the initial quote submission. Offerors should describe their replacement coverage approach and candidate pipeline sufficient to demonstrate their ability to respond to candidate unavailability, delays, rejection, withdrawal, removal, no-shows, or other coverage risks. The Government may evaluate the realism and reliability of the proposed replacement approach.

32. Q: Does the Government anticipate recurring long-term coverage, short-term coverage, travel nurse assignments, or a combination?

A: The Government anticipates a combination of coverage needs. Task orders may include recurring, short-term, urgent, intermittent, gap, travel-type, or longer-duration coverage depending on HHCC operational needs, Federal staffing, vacancies, leave, patient census, recruitment gaps, emergencies, funding availability, and other facility requirements. The projected coverage information is provided for planning and price comparison only and does not guarantee any specific type, duration, volume, schedule, or frequency of task orders.

33. Q: Does the Government anticipate similar onboarding timelines for Hospitalists and RNs as for ED Physicians?

A: Onboarding timelines vary based on staffing area, candidate history, security/suitability requirements, credentialing or privileging requirements, orientation needs, facility access requirements, completeness of submissions, and candidate responsiveness. For Emergency Department and Inpatient/Hospitalist physicians, onboarding may take approximately 6 to 10 weeks or longer, depending on completion of background checks, clearances, credentialing, and privileging. For Emergency Department and Inpatient Unit Registered Nurses, onboarding may take approximately 6 to 10 weeks or longer, depending on completion of background checks, clearances, orientation, competency validation, facility access, and other onboarding requirements. Prior HHCC, IHS, HHS, Federal, Tribal, or comparable experience may reduce administrative risk but does not guarantee approval, reciprocity, transferability, or start date. No clinician may perform until all applicable requirements are complete.

34. Q: Will existing HHCC-credentialed clinicians be considered higher readiness?

A: Prior HHCC, IHS, HHS, Federal, Tribal, or comparable experience may be considered for readiness planning and performance risk assessment. However, prior experience or prior HHCC credentialing does not guarantee approval, transferability, reciprocity, future order selection, or start date. Each future order will be evaluated based on the specific staffing need, candidate readiness, applicable facility requirements, and contract terms.

35. Q: Will current HHCC contract performance be considered during future task order competitions?

A: The Government may consider contractor performance history, including current or prior HHCC/IHS/HHS/Federal performance, when relevant to task order competitions, contractor pool reviews, performance risk, and contract administration. Performance information may include responsiveness, candidate readiness, coverage reliability, timesheet accuracy, invoice accuracy, quality control, replacement capability, corrective action history, and other contract administration records.

36. Q: For ED Physician Services, is Emergency Medicine board certification preferred but not mandatory if the physician meets Medical Staff requirements and has recent relevant ED experience?

A: Board certification is required in accordance with the applicable PWS and HHCC Medical Staff requirements. For Emergency Department Physician Services, acceptable board certification includes Emergency Medicine, or certification in Family Medicine, Internal Medicine, or Internal Medicine/Pediatrics when supported by recent and relevant Emergency Department experience and when accepted through HHCC Medical Staff credentialing and privileging requirements. Final approval remains subject to HHCC Medical Staff, credentialing, privileging, and facility requirements.

37. Q: Is National Board of Physicians and Surgeons certification acceptable?

A: No. Board certification must be through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), as applicable to the physician's specialty and HHCC Medical Staff requirements. National Board of Physicians and Surgeons certification is not acceptable for purposes of satisfying the board certification requirement.

38. Q: Are NRP, ALSO, or other certifications required for any physician staffing area at proposal submission, or only if needed for specific privileges or patient population?

A: Offerors should demonstrate that proposed or potential physician candidates meet the applicable minimum qualifications stated in the PWS for the staffing area proposed. Documentation supporting physician training, board certification, and other credentialing or privileging requirements is not required as a complete credentialing packet at the time of quote submission unless otherwise required by the solicitation. However, Offerors should identify the candidate's current qualifications, certifications, board status, and readiness status sufficiently for the Government to evaluate candidate readiness and staffing risk. Items identified in the PWS as required are expected to be addressed in the quote. Items identified as preferred, recommended, or conditional are not mandatory at quote submission unless required for the specific proposed role, privileges, patient population, task order, or facility requirement. Final documentation will be required during the credentialing, privileging, security, onboarding, and facility approval process before performance. Submission of a quote does not waive any credentialing, privileging, certification, or facility requirement.

39. Q: Do all RNs need two years of experience?

A: Yes. Registered Nurse candidates must meet the applicable minimum experience requirements stated in the PWS. All RNs must have a minimum of two years of experience in the applicable specialty area, such as Emergency Department, Inpatient/Medical-Surgical, or Outpatient/Ambulatory Care, as applicable to the staffing need and PWS requirements.

40. Q: Is TNCC preferred or mandatory for ED RNs?

A: TNCC is preferred for Emergency Department Registered Nurses due to HHCC's rural location and operating environment, unless otherwise required by a task order, facility policy, or specific assignment.

Offerors should identify whether proposed ED RN candidates currently hold TNCC or other relevant emergency nursing certifications.

41. Q: Are the QASP standards pass/fail, adjectivally evaluated, or used only for post-award surveillance?

A: The QASP standards are primarily used for post-award surveillance and performance monitoring. The Government may consider an Offeror's technical approach to quality control, staffing reliability, candidate readiness, documentation, timekeeping, and performance management during evaluation. However, the QASP itself is not a separate adjectival rating scheme for quote evaluation unless otherwise stated in the RFQ.

42. Q: Does the replacement plan within two business days requirement apply to all staffing areas?

A: Yes. The replacement planning requirement applies across the staffing areas when a proposed or scheduled candidate becomes unavailable, delayed, rejected, withdrawn, removed, or otherwise unable to perform. If the coverage need is urgent, the Government may require faster communication or action consistent with the task order, PWS, and contract administration requirements.

43. Q: Is there a required format for the onboarding tracker?

A: No specific onboarding tracker format is required at this time unless provided by the Government through amendment, task order, or contract administration direction. The tracker or readiness report should be clear, current, and sufficient to show candidate status, including security, suitability, credentialing, privileging, orientation, competency validation, badging, EHR access, facility access, pending items, risks, and anticipated readiness dates, as applicable.