AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.	1. CONTRACT ID CODE	PAGE 1 OF PAGES 8

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NUMBER	5. PROJECT NUMBER (if applicable)
0002	08/11/2026		None

6. ISSUED BY CODE 19ACQ

Department of Veterans Affairs
VAMC
NCO 5 CONTRACTING OFFICE (19 ACQ)
939 Elkridge Landing Road, Suite 300
Linthicum, MD 21090
Paschal L. Dawson, Contracting Officer
NCO 5 Healthcare Resources Team

7. ADMINISTERED BY (If other than Item 6) CODE 19ACQ

Department of Veterans Affairs
VAMC
Paschal L. Dawson, Contracting Officer
939 Elkridge Landing Road, Suite 300
Linthicum, MD 21090

8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code)

To all Offerors/Bidders

CODE | FACILITY CODE

(X)	
	9A. AMENDMENT OF SOLICITATION NUMBER: 36C24526R0009
X	9B. DATED (SEE ITEM 11)
☐	10A. MODIFICATION OF CONTRACT/ORDER NUMBER
	10B. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[X] The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers [X] is extended, [ ] is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning 01 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. ** HOUR & DATE for Receipt of Offers is EXTENDED to: 08-20-2026 1000 EDT

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
☐	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
☐	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.212-4(c)Changes
☐	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor [ ] is not, [X] is required to sign this document and return 01 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose this amendment is (1) to provide responses to vendors' questions related to the RFP 36C24526R0009 Radiation Oncology Physicians Services, and (2) to extend prospective offerors' proposals due date from 08/14/2026 to 08/20/2026.

Offerors' proposals are due on Thursday, 08 August 2026 at 1000 EST.

Please see responses to offerors' questions on pages 2 – 8 of this amendment.

All other terms and conditions of this solicitation remain unchanged.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		PASCHAL L. DAWSON, FAC-C (PROFESSIONAL) NCO 5 HEALTHCARE RESOURCES TEAM	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED

Vendor Questions:

1. The solicitation states that the estimated level of effort is "0.25 FTE up to 1.0 FTE as needed." Can the Government provide its anticipated initial level of effort at contract award (e.g., 0.25, 0.5, 0.75, or 1.0 FTE), or otherwise provide an estimate of the anticipated annual hours during the base period? **Anticipated FTE is 0.75 up to 1.0 FTE.**

2. Does the Government anticipate that the required level of effort will remain relatively consistent throughout the contract, or is it expected to fluctuate based on patient volume or other operational needs? **Expected to fluctuate between 0.75 and 1.0 FTE, fluctuation may occur based on patient volume or other operational needs.**

3. Can the Government provide historical annual workload metrics for the Radiation Oncology Service over the past 12 months, including the total number of patient consultations, treatment courses, follow-up visits, and annual physician hours associated with this requirement? **During 2025, the service replaced the linear accelerator and CT SIM. The following are historical workload metrics from 2024 to be more in alignment with real data:**

- **Consultations: 284**
- **Treatments: 2490**
- **Follow Ups (to include F2F T-phone and VVC): 1148**
- **Annual Physician hours: 2080 x 1.5 physicians= 3120**

4. Is there an incumbent contractor currently performing these services? **No.** If so, will the Government identify the incumbent contractor and the current level of effort being provided? **No current incumbent.**

5. Can the Government clarify whether it anticipates a single physician fulfilling the ordered level of effort, or whether multiple qualified physicians may be utilized to collectively satisfy the required hours while maintaining continuity of care? **The prospective contractor needs to ensure that adequate coverage is provided in the event a primary contractor's provider is unable to provide services.**

6. The solicitation references contractor participation in the on-call schedule. Can the Government clarify the expected on-call responsibilities at each anticipated FTE level (e.g., 0.25, 0.5, 0.75, and 1.0 FTE)? The amendment requirement is for 0.75 FTE. **On call is only when the contractor provider is presented to the medical center to provide services.**

7. Can the Government provide the anticipated timeline for physician credentialing and privileging following contract award? **Anticipated credentialing and background check usually take ~3-4 weeks but is dependent on the contractor completing paperwork and scheduling appointments expeditiously**.

8. Given the September 1, 2026 start date, does the Government anticipate a transition period to allow for credentialing and onboarding before clinical services begin? **Yes, a transition period is expected since credential and background check commences once contract is signed.**

9. Does the Government anticipate issuing task orders for fixed levels of effort (e.g., 0.25 FTE, 0.5 FTE, etc.), or will hours be ordered incrementally based on operational needs? **The requirement is for an IDIQ contract; therefore, the hours fluctuate between 0.75 FTE and 1.0 FTE. The minimum guaranteed hours are based on 0.75 FTE and the maximum hours that can be received but not guaranteed is the 1.0 FTE.**

10. Can the Government identify the radiation oncology equipment, treatment planning system, record-and-verify system, and electronic medical record currently utilized by the Baltimore VA Medical Center? **Please review PWS 2.4.1. Experience, p. 13. Also, review p. 109 under Specific Personnel Qualifications and Experience. Varian Edge Linear Accelerator with Identify, Siemens SOMATOM go.Open Pro CT Simulator, Eclipse treatment planning system, ARIA record & verify system, Electronic Medical Record: CPRS (Computerized Patient Record System).**

11. Is all performance required to be performed on-site, or are any activities (e.g., treatment planning, contouring, chart review, multidisciplinary conferences, or follow-up visits) permitted remotely? **Onsite.**

12. Are dosimetry, physics, radiation therapy, nursing, and other ancillary support services provided by Government personnel, or is the contractor expected to coordinate with contractor personnel in these areas? **Both government and contractor personnel.**

13. Can the Government confirm whether the contractor physician will work alongside Government-employed radiation oncologists or will function as the sole radiation oncologist during scheduled coverage? **Work alongside government-employed radiation oncologists**.

14. Are there any anticipated changes to the Radiation Oncology Service, equipment, patient volume, staffing model, or clinical operations during the base or option periods that offerors should consider when preparing their proposals? **Please adhere to Addendum to FAR 52.212-1 Instructions to Offerors on pages 106 through 111 when preparing your proposal. Furthermore, please ensure you have read the entire RFP for other specifics not mentioned on the above pages. There are no anticipated changes.**

15. Can the Government clarify whether there is a minimum guaranteed level of effort or number of annual hours under the IDIQ contract? **0.75 FTE.**

16. Is there a target award date for this procurement? **09/01/2026**

17. Can the Government confirm whether past performance submitted by a major subcontractor that is responsible for physician recruiting, credentialing support, staffing continuity, and physician management will be evaluated as part of the offeror's overall past performance? **Please review requirement under Volume III: Factor 4: Past Performance. If provided in the response, it will be evaluated as part of the offeror's overall past performance.**

18. Can the Government confirm whether proposed backup physicians or alternate physicians may be identified in the proposal to ensure continuity of services during vacations, illness, or other planned absences? **Yes, but the 0.75 FTE up to 1.0 FTE must be kept front and centered. This is a set parameter. Backup physicians or alternate physicians may be identified to ensure continuity of services.**

19. Does the Government anticipate any overlap or transition support from the incumbent provider to facilitate continuity of patient care? **There is no incumbent for this service**

20. Are there any known recruitment or retention challenges associated with this position that the Government believes offerors should be aware of? No

21. Can the Government provide the annual number of treatment plans generated, including IMRT, SBRT/SRS, brachytherapy, and other specialized radiation oncology procedures performed over the past 12 months? **During 2025, the service replaced the linear accelerator and CT SIM. The following are historical workload metrics from 2024 to be more in alignment with real data:**

- **IMRT/VMAT: 72**
- **SBRT: 26**
- **3-D: 32**
- **Electron: 2**
- **We do not perform brachytherapy**

22. If the Government initially orders less than 1.0 FTE, does it anticipate increasing the level of effort through a contract modification or by issuing additional task orders under the IDIQ? **The parameter of effort is set for 0.75 FTE up to 1.0 FTE. Again, this is an IDIQ contract.**

23. The PWS requires replacement physician coverage within two (2) hours if a scheduled physician cannot complete an assigned shift. Can the Government confirm whether all proposed backup or alternate physicians must be fully credentialed and privileged prior to contract performance in order to satisfy this requirement? **Yes, must be fully credentialed and privileged.**

24. Must every physician included in the proposal provide a letter of commitment or other confirmation of availability? **Yes.**

25. Should all available candidates be identified and separately priced as key personnel, or only the primary physician and designated backups? **Regardless whether the primary physician or designate backup, only provide a rate per hour. This is an IDIQ requirement with an hourly rate. The minimum guaranteed is 0.75 FTE and the maximum a contractor can get is an 1.0 FTE. Only the primary physician and designated backups should be identified and priced at same rate as this is for the same position with same requirements.**

26. The solicitation requests malpractice and medical-liability certificates for key personnel. Will evidence of the contractor's applicable professional-liability coverage be sufficient with the proposal, with physician-specific documentation provided after award? **Please provide insurance certificates as stated on pg. 108 as specifically noted.**

27. Section 2.9 requires a DEA registration in the state where services will be performed. Must the physician have a Maryland-specific DEA registration at proposal submission, prior to credentialing, or before beginning clinical services? **At proposal.**

28. The PPQ attachment references projects completed within five years and lists a July 17 submission deadline, while Volume III limits past performance to the previous three years and states that PPQs are due with the proposal. Can the Government confirm the applicable recency period and correct PPQ deadline? **The previous three years and PPQs are due with the proposal. Please adhere to page 110 – 111.**

29. Volume III appears to permit up to three past-performance projects for the prime and an additional three for a teaming partner. Can the Government confirm whether three projects may be submitted for each party or whether three is the maximum combined total? **Page 110 states "Documentation outlining the offeror's past performance with contracts, as a prime or major subcontractor, which is the same or similar in size, scope, and complexity to the services being procured under this Solicitation." The RFP further states "The submittal must clearly identify the past performance is for a subcontractor/teaming partner and specifically articulate the roles and responsibilities they would have on the current project. To be recent, the effort must be ongoing or must have been performed during the past three (3) years from the date of issuance of this solicitation." If prime, please provide 3 projects. If teaming relationship, please provide 3 projects.**

30. The solicitation instructs offerors to provide a Unit Price for each proposed key person. Should offerors propose a separate hourly rate for each proposed physician, or should a single hourly rate be proposed regardless of which physician ultimately performs the services? **A single hourly rate.**

31. If multiple physicians are proposed, will the Government evaluate each proposed hourly rate independently, or will only one proposed physician be used for price evaluation purposes? **This is an IDIQ contract; please provide an hourly rate.**

32. Can the Government clarify whether the estimated annual quantity of 520–2,080 hours is provided solely for evaluation purposes, or whether task orders will specify a defined level of effort (e.g., 0.25, 0.5, 0.75, or 1.0 FTE) for each ordering period? **Please see amendment that was issued on Sam.gov noting a 0.75 FTE up to a 1.0 FTE.**

33. For price evaluation purposes, should offerors assume the Government will evaluate pricing using the maximum estimated quantity of 2,080 hours per ordering period, or will another estimated quantity be used? **Yes, the maximum estimate quantity (1.0 FTE).**

34. If the Government initially orders less than 1.0 FTE, does it anticipate increasing the level of effort through subsequent task orders or modifications during the period of performance? This is an IDIQ contract. **Per annual year, there is a minimum of 0.75 FTE hours up to 1.0 FTE hours per year. No new task orders have to be issued through the performance period unless the 1.0 FTE is exceeded. That happens only with the CO's authorization. Minimal guaranteed initial level of effort at contract award is 0.75 FTE, as this is an IDIQ solicitation, fluctuation may occur based on patient volume or other operational needs.**

35. If multiple qualified physicians are proposed and credentialed, may the contractor utilize any of the proposed physicians during contract performance, provided all Government credentialing and approval requirements have been satisfied? **All key personnel must be listed and provided to the Contracting Officer with proposal. These key personnel will be listed within the contract. If they are cleared and meet the specifics of the requirement, the proposed physician can be utilized.**

36. Should offerors include all anticipated costs associated with physician recruiting, credentialing, onboarding, replacement staffing, malpractice insurance, and contract administration within the proposed hourly labor rate? **You can provide the aforementioned. However, the Government will evaluate to determine if such costs are allowable or unallowable. Credentialing and privileging are usually handled by the Government.**

37. If the Government orders fewer hours than the estimated quantity, will the contractor be compensated only for the actual hours ordered and performed, or is there a minimum guaranteed level of effort under each ordering period? **The minimum guaranteed FTE is 0.75.**

38. Can the Government confirm whether the contract is intended to be priced as a fixed hourly-rate IDIQ, with payment based on actual hours ordered and performed? **Priced as a fixed hourly-rate IDIQ.**

39. The Past Performance Questionnaire (PPQ) instructions state that completed questionnaires "must be submitted by the exact date and time specified for receipt of quotes, that is, 17 July 2026 at 1000 EST." This date appears to conflict with the solicitation's proposal due date. Please confirm the correct due date and time for submission of the PPQs and whether they must be received by the proposal due date. **PPQs are due by proposal due date.**

40. Is it a firm requirement for each radiation oncologist to be Board Certified? **Yes.**

41. Regarding travel, lodging, and other related fixed expenses, can we include a line for these in our pricing model? Are we able to get reimbursed for the cost? **No additional line item. Please provide hourly rate. You can provide specifics that make up the hourly rate. The Government's Price Analyst will analyze and determine price fair and reasonableness.**

42. Can the Government provide the average weekly volume of new patient consultations, follow-up visits, and new radiation treatment starts over the past 12 months? **Consults: 6-15/week, Follow ups: 30-50/week, RT New Starts: 4-8/week**

43. Can the Government provide a general breakdown of the complexity of treatments performed, including the approximate percentage of IMRT, VMAT, SBRT/SRS, 3D conformal radiation therapy, and any brachytherapy procedures? **IMRT/VMAT/Hypo-Frac Txs: 80%, SBRT: 10%, 3-D: 10%.**

44. Can the Government describe the current composition of the Radiation Oncology team, including the number of radiation therapists, dosimetrists, medical physicists, nurses, and other clinical support personnel assigned to the service? **The Radiation Oncology Department has the current staffing on board:**

- **Radiation Therapists (RTT): 1 Chief RTT, 4 Staff RTT**
- **Dosimetrists: 1**
- **Medical Physicist: 1 Chief Physicist, 1 Staff Physicist**

- **Nurses: 1 Supervisor Nurse, 2 Staff Nurses, 1 CAN**
- **Admin: 1 Front desk admin**

45. Is the contractor physician expected to participate in peer review, tumor boards, quality assurance activities, and multidisciplinary conferences? **Please see PWS 4.5.1 p. 24.**

46. Can the Government confirm whether the contractor physician will have access to dedicated on-site dosimetry and medical physics support throughout the period of performance? **Yes, they will have access to both.**

47. If a contractor is required to replace a physician during contract performance (e.g., resignation, retirement, or long-term illness), will the Government permit the replacement physician to undergo credentialing and privileging after identification, or is the contractor expected to maintain additional fully credentialed and privileged physicians throughout the period of performance? **Per the contract, the contractor expected to maintain additionally fully credentialed and privileged physicians throughout the period of performance.**

48. The solicitation states that physician services are "inclusive of on-call," that time spent carrying the pager may not be billed, and that a four-hour minimum may be invoiced when the physician is required to report onsite. Given the significant on-call obligations described in the Performance Work Statement, can the Government please confirm whether offerors should incorporate the cost of routine pager/on-call coverage into their proposed hourly labor rate, with only onsite call-back time billed separately, or whether the Government anticipates a separate mechanism for compensating routine on-call coverage? **No additional line item. Please provide one hourly rate. You can provide specifics that make up the hourly rate. The Government's Price Analyst will analyze and determine price fair and reasonableness.**

49. Please clarify how the VA anticipates scheduling the 0.75 FTEE requirement. Will the contractor physician be assigned a fixed, recurring weekly schedule—such as set days and hours each week—or will the physician provide variable or as-needed coverage to supplement or cover an existing VA radiation oncologist? If a fixed schedule is anticipated, please identify the expected days and hours of coverage. This requirement is for a position ranging from 0.75 FTEE to 1.0 FTEE. The government will make every effort to establish a fixed, recurring schedule; however, the schedule may be subject to periodic adjustments to supplement the VA's radiation oncologists as needed. At this time, the government has not determined the expected days of coverage.

50. Is the amended 0.75 FTEE/1,560-hour level a guaranteed minimum quantity that the VA will order annually, or is it an estimated annual workload? **Yes, this will be the guaranteed annual minimum quantity.**

51. Please clarify how the contractor will be compensated for on-call services performed outside scheduled clinic hours. When a contractor physician is carrying the pager and actively responding to telephone calls or consultations but is not called on site, is that time separately billable? If not, should offerors include the cost of these services in their proposed hourly rate?

On-call services will be compensated only when the contractor is required to be onsite to provide services. No additional line items shall be created for carrying the pager. The contractor is requested to provide a single hourly rate, which may include specifics that comprise the hourly rate. The Government's Price Analyst will review and determine price fairness and reasonableness.

52. Approximately how many on-call cases does the contractor physician handle annually? Please distinguish between telephone consultations handled remotely and callbacks requiring the physician to report on site. Historically, the government receives ~12-15 on-call cases annually. Most often, these are cases that can be deferred until business hours resume the next business day. On-call services will be compensated only when the contractor is required to be onsite to provide services.