# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

| BPA NO. | 1. CONTRACT ID CODE | PAGE 1 OF PAGES 6 |
|---|---|---|
| | | |

| 2. AMENDMENT/MODIFICATION NUMBER | 3. EFFECTIVE DATE | 4. REQUISITION/PURCHASE REQ. NUMBER | 5. PROJECT NUMBER (if applicable) |
|---|---|---|---|
| 0004 | 08-02-2026 | | MSO-2026-COM-0003 |

6. ISSUED BY CODE 36C257

Department of Veterans Affairs
VHA RPO West - NCO 17
Health Care Resources Branch
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El Paso TX 79936-1372
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7. ADMINISTERED BY (If other than Item 6) CODE 36C257

See block 6

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 36C25726R0018 |
| X | 9B. DATED (SEE ITEM 11) 06-29-2026 |
| ☐ | 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 [ ] is extended, [X] 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 1 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.

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). |
| ☐ | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| ☐ | D. OTHER (Specify type of modification and authority) |

**E. IMPORTANT:** Contractor [ ] is not, [X] is required to sign this document and return 1 copies to the issuing office.

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

The purpose for this amendment is to post questions and answers.
a. See continuation page for questions and answers.
b. All other terms and conditions remain in full for and effect.

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) | |
|---|---|---|---|
| | | Carlos Jaquez<br>Contracting Officer | |
| 15B. CONTRACTOR/OFFEROR<br>(Signature of person authorized to sign) | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA<br>(Signature of Contracting Officer) | 16C. DATE SIGNED |

CONTINUATION PAGE

Q101. For a newly established joint venture that does not yet have its own performance record, may the joint venture submit relevant past performance performed individually by each joint venture member?
If so, please confirm:
a. Whether the Government will attribute a member's past performance to the joint venture when the proposal explains the member's role in the joint venture and its proposed role on the Sherman contract;
b. Whether past performance of proposed major subcontractors or other teaming partners will be evaluated differently from past performance of joint venture members.

A101.
a. Yes, the Government will attribute a Joint-Venture member's relevant past performance to the Joint Venture (JV) when the proposal (a) clearly explains the member's role within the joint venture and (b) describes the specific responsibilities the member will perform on the contract.
b. Yes, past performance of proposed major subcontractors or other teaming partners will be evaluated differently from that of Joint-Venture members. JV member past performance may be directly attributed to the Joint-Venture when properly documented, whereas subcontractor or teaming-partner past performance is considered separately and is not automatically attributed to the JV.

Q102. Question:
Please confirm that the Sherman contractor is required to provide onsite plain-film X-ray services. If so, please identify:
a. The required number and type of X-ray units;
b. Whether the contractor or VA will furnish the X-ray equipment;
c. Which party is responsible for installation, maintenance, calibration, inspection, licensing, physicist support, supplies, and replacement;
d. Which party will provide PACS and VA-network connectivity;
e. The current monthly or annual number of plain-film studies, including the principal study types; and
f. Whether one full-time radiologic technologist and qualified backup coverage are expected throughout all standard clinic operating hours.

A102.
a. One general diagnostic imaging machine is required.
b. The contractor will furnish the x-ray equipment.
c. The contractor is responsible for installation, maintenance, calibration, inspection, licensing, physicist support, supplies, and replacement.
d. The VA will provide the PACS and VA network connectivity.
e. The VA does not track radiology workload performed by the contractor's staff.
f. The contractor is expected to provide x-rays throughout all the standard clinic operating hours. Back up for the full-time radiology technician may be provided by a variety of ways including but not limited to a prn radiology technician, or a contract with a local facility to provide back up for diagnostic imaging at no cost to the Veteran.

Q103. PWS 5.3 states that the contractor will provide all medications administered to patients in the clinic, including vaccines consistent with current and future ACIP/CDC recommendations. To support accurate staffing, storage, equipment, and PMPM pricing, please provide:
a. The current clinic medication and ward-stock list;
b. The types and annual quantities of vaccines administered;
c. The types and annual quantities of injectable, emergency, point-of-care, or other clinic-administered medications;
d. Historical medication wastage or replacement requirements, if available;
e. Required pharmaceutical-grade refrigerator and freezer capacity; and
f. Identification of any medications, vaccines, administration supplies, or emergency stock that the VA will furnish or separately reimburse.

A103.

a. See A99.
b. The VA does not track medications purchased by the contractor.
c. See provided medication list for types of injectables, emergency, point-of-care, or other clinic administered medications. The VA does not track medications purchased by the contractor.
d. The VA does not track medication wastage of replacement requirements.
e. The refrigerator and freezer should have the capacity to store all medications on the VANTHCS PACT Medication List that are required to be refrigerated or frozen.
f. The VA will not furnish or separately reimburse for any medications, vaccines, or administration supplies.

Q104. Please confirm that all contractor-furnished medications, vaccines, and associated supplies are to be included in the Primary Care PMPM rate.

A104. All contractor-furnished medications, vaccines, and associated supplies are to be included in the Primary Care PMPM rate.

Q105. The PWS states that approximately 4,500 patients will be assigned to the Sherman site at contract start, while the Base Year pricing schedule identifies an estimated monthly PMPM quantity of 4,305. Please explain the difference and confirm which figure should be used for staffing, facility planning, and pricing. To place all offerors on a common basis, please also provide the most recent 12 months of available Sherman clinic workload, including:

a. Primary care encounters;
b. Unassigned or unenrolled Veteran encounters;
c. Same-day and walk-in encounters;
d. Telephone and virtual encounters;
e. Nurse-only encounters;
f. Phlebotomy draws and point-of-care tests;
g. Plain-film X-ray studies;
h. Women's health encounters;
i. Telehealth encounters;
j. Shared medical or group appointments;
k. Specialty consults initiated or coordinated;
l. Mental Health and PCMHI encounters;
m. No-shows and cancellations; and
n. Average monthly active and billable rosters.

A105.

a. Primary care encounters – 13,956
b. Unassigned or unenrolled Veteran encounters – 17
c. Same day appointments with PCP – 150
d. Telephone encounters – 2711 VVC encounters – 2987
e. Nurse only encounters - 2344
f. VA does not track contractor phlebotomy draws and point-of-care tests.
g. VA does not track contractor plain film x-ray studies.
h. Women's Health encounters – 1564
i. Telehealth encounters – 589
j. Shared medical or group appointments – 112
k. Consults are not tracked by point of origin. VA North Texas Health Care System processed specialty consults
l. Combined Mental Health and PCMHI – 3494
m. No shows – 942 and Cancellations – 3702
n. The most current billable roster includes 4466 active enrollees.

Q106. PWS Section 5.1 – Primary Care Enrollment - Will the Government provide historical Primary Care enrollment data to assist with validating projected capacity requirements? Specifically, will the Government provide the monthly active / billable Primary Care Veteran counts for the past 12 months (e.g., June 2026, May 2026, April 2026, etc.)?

A106.

| Month | Billable Roster |
|---|---|
| June 2026 | 4466 |
| May 2026 | 4434 |
| April 2026 | 4424 |
| March 2026 | 4403 |
| February 2026 | 4380 |
| January 2026 | 4377 |
| December 2025 | 4324 |
| November 2025 | 4319 |
| October 2025 | 4330 |
| September 2025 | 4241 |
| August 2025 | 4241 |
| July 2025 | 4193 |

Q107. PWS Section 5.1 – Primary Care Enrollment - Will the Government provide historical Primary Care enrollment data to assist with validating projected capacity requirements? Specifically, will the Government provide the annual average number of active/billable Primary Care Veterans for each of the last five years (2021–2025)?

A107.

| Fiscal Year (FY) | Billables |
|---|---|
| FY 2021 (10-01-2020 to 09-30-2021) | 3660 |
| FY 2022 (10-01-2021 to 09-30-2022) | 3592 |
| FY 2023 (10-01-2022 to 09-30-2023) | 3673 |
| FY 2024 (10-01-2023 to 09-30-2024) | 3728 |
| FY 2025 (10-01-2024 to 09-30-2025) | 4103 |

Q108. PWS Section 5.2 – Women's Health Enrollment - Will the Government provide the current number of enrolled female Veterans at the clinic to support planning for necessary supplies, equipment, and space requirements?

A108. There are 867 enrolled female Veterans.

Q109. PWS Section 5.3 – Prescription fulfillment - indicates that the contractor will provide all medications to be administered to patients in the clinic. Will the Government confirm contractor is only responsible for medications within their scope of practice, this would exclude mental health and other specialty care injectables?

A109. Mental health injectables as noted on the VANTHCS PACT Medication list provided are the contractor's responsibility.

Q110. Attachment D.17. - Service Contract Act Wage Determinations - The attached WD (2015-5255) was updated to revision 29 on 13 May 2026. Will the Government update the attachment?

A110. See updated Attachment D.17 with the latest wage determination.

Q111. Section E.8 – Past Performance - If an offeror is organized as a joint venture, will the Government evaluate relevant corporate experience based primarily on the experience of the joint venture entity itself, or may experience of the individual venturers be relied upon equally regardless of which partner will perform the work, or will the SDVOSB partner's past performance carry more weight than the LB partner?

A111. The Government will evaluate the experience of a Joint Venture (JV) by considering both the JV entity (if applicable) and the experience of each JV partner. The SDVOSB partner's experience is not automatically weighted more heavily than that of the other partner.

Q112. Please confirm whether the required on-site x-ray solution is intended to be a fixed-room digital radiography system, or whether alternative configurations such as portable x-ray or radiography/fluoroscopy are acceptable.

A112. The required on-site x-ray solution is intended to be a fixed-room digital radiography system.

Q113. Please confirm whether the radiography system must include an overhead/ceiling-mounted tube configuration, or whether a floor-mounted tube configuration is acceptable.

A113. The radiology system may be either an overhead/ceiling-mounted or floor-mounted tube configuration.

Q114. Please provide any minimum or preferred generator size requirement for the radiography system.

A114. Volume of the generator required is based on room-size and generally ranges from 40-150kV. Please check with the manufacturer of your selected system to determine the best size of generator for your room.

Q115. Please confirm the required detector configuration and quantity, including whether one wireless digital detector is acceptable or whether a second detector in the wall bucky is required.

A115. A second detector is required in the wall bucky. Typically, at least one 17x17 and one 14x17 detector grid is required.

Q116. Please confirm whether the system must support long bone and/or scoliosis examinations, including image stitching/pasting capability.

A116. Long bone and/or scoliosis examinations, including image stitching/pasting capability.

Q117. Please confirm whether any advanced clinical software, AI-enabled features, or other optional imaging software packages are required to meet the Government's clinical or operational needs, or whether a base solution that meets the solicitation requirements is acceptable.

A117. A base solution that meets the solicitation requirements is acceptable.

Q118. If applicable to the proposed location, please confirm whether existing x-ray equipment is present and whether the contractor or equipment vendor will be responsible for removal, trade-in, or disposal coordination. If existing equipment is present, please provide the vendor/model, year manufactured, serial number, and general working conditions.

A118. The current radiology equipment is owned by the incumbent and they declined to provide the requested information for their equipment. The incumbent will be responsible for removal, trade-in, or disposal coordination for their equipment.

Q119. Please confirm whether full automation/robotic positioning is required, or whether a system with motorized movements and technologist positioning is acceptable.

A119. A system with motorized movements and technologist positioning is acceptable.

Q120. Please confirm whether the x-ray room is intended for general diagnostic radiography only, or whether any specialized examinations or clinical use cases should be anticipated in the equipment configuration.

A120. The x-ray room is intended for general diagnostic radiography only.

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