AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.	1. CONTRACT ID CODE	PAGE 1 OF PAGES 10

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NUMBER	5. PROJECT NUMBER (if applicable)
0003	07-28-2026		MSO-2026-COM-0003

6. ISSUED BY CODE 36C257

Department of Veterans Affairs
VHA RPO West - NCO 17
Health Care Resources Branch
11495 Turner Road
El Paso TX 79936-1372
Carlos Jaquez - 915-341-4575
carlos.jaquez@va.gov

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 Contracting Officer	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED

CONTINUATION PAGE

Q59. The schedule of services shows the patient population increasing significantly each year. However, recent solicitations for similar services have estimated declining veteran populations. Could the VA provide what information was used to show that this patient population will grow so significantly over the performance period?

A59. The projected Veteran enrollment and patient growth is based on the VA Enrollee Health Care Projection Model (EHCPM). The EHCPM projects demand for VA health care services over a 21-year period by estimating the number of Veterans expected to enroll in VA health care while identifying their anticipated health care needs and determining the portion of care expected to be received through VA rather than from other health care providers.

Historical enrollment as of the end of the model's base year is the starting point for the projections. Enrollment data is derived from monthly extracts provided by the VA Health Eligibility Center. Because deceased enrollees are periodically removed from those extracts, VA also uses the Master Enrollment File to maintain historical snapshots of the enrolled Veteran population and relevant demographic characteristics over time.

The Master Enrollment File includes Veterans with any period of enrollment in the VA health care system dating back to October 1998. It also includes certain Veterans who use VA facilities but are not formally enrolled, commonly referred to as "cost-only" enrollees. These historical enrollment and demographic data are used to evaluate trends and support long-term projections of enrollment and health care demand.

For the Sherman CBOC service area, the model would use the applicable geographic enrollment population and associated historical trends to estimate year-over-year enrollment and patient demand. Factors include the size and demographic composition of the Veteran population, historical enrollment patterns, mortality and population changes, anticipated health care needs, prior VA utilization, and the proportion of care expected to be obtained from VA versus community/non-VA providers.

The patient-population estimates in the schedule of services were based on VA enrollee projections for Sector 17-b-4-A, the service area that includes the Sherman VA Clinic and counties such as Bryan County, Oklahoma, and Fannin, Grayson, Hunt, and Rockwall Counties in Texas. These projections were developed by Guidehouse as part of VA's MISSION ACT. The assessments evaluated projected Veteran enrollment, demand for health-care services, access to care, geographic distribution, rurality, and the capacity of VA and community health-care facilities.

The projected growth in enrollees was used as the basis for the increasing patient-population estimates shown during the performance period. The estimates reflect projected enrollment and anticipated demand within the Sherman service area rather than a general projection of the total Veteran population. This distinction may explain why other solicitations have shown declining Veteran population while this requirement shows increasing demand in the Sherman market. Additional factors considered included the high percentage of enrollees living in rural or highly rural areas and the availability of community health-care capacity. For example, FY 2025 data showed that approximately 46% of Grayson County enrollees and 100% of enrollees in Bryan, Hunt, and Fannin Counties lived in areas classified as rural or highly rural under USDA Rural-Urban Commuting Area codes. MAHSO study also reported an occupancy rate of approximately 14.83% at AHS Sherman Medical Center (formerly Wilson N. Jones Regional Medical Center).

Another factor considered to estimate growth was the ongoing population growth in the Dallas Metroplex and North Texas. This area remains one of the top three locations for growth in the United States. The growth is spreading north of the Metroplex and is expected to affect the Sherman service area during the contract period of performance.

Q60. The PWS requires contractors to implement contingency plans for staffing shortages and turnover while the QASP establishes a requirement that 100% of contractor primary care teams maintain a core teamlet staffing ratio of 3 or greater. Please clarify how temporary vacancies resulting from employee turnover, onboarding, or approved leave will be evaluated for purposes of this QASP measure when required contingency plans have been implemented.

A60. If an employee leaves, is onboarding, or on approved leave, the QASP should verify that the contractor promptly activated its contingency plan (e.g., float pools, cross-trained staff, overtime, contract labor) to maintain the core ratio of ≥3. Under FAR Part 46, the QASP evaluates whether contractors perform per contract requirements, including invoking contingency measures when needed.

Q61. Paragraph 2.7 states "The VA will provide the telehealth services clinical staff. The contractor will ensure their staff is trained to serve as backup for telehealth services." While section 5.7 states "The contractor will ensure telehealth staff or the designated back up will be available Monday through Friday from 8:00 a.m. to 4:30 p.m. Central Time." Please clarify whose responsibility it is to provide telehealth staff. For the backup provider, what is the anticipated length and frequency anticipated for backup telehealth services?

A61. The VA provides one telehealth technician at the Sherman CBOC. The VA generally has backup available for the technician's scheduled and unscheduled leave. The contractor's staff may need to provide coverage until the VA backup technician arrives or on the days that VA back up is not available. It is estimated the most this might occur is one (1) or two (2) times per quarter.

Q62. The CLINs indicate projected enrollment for the Sherman CBOC to increase from 4,305 enrollees in the Base Year to 6,678 enrollees in OP9. Will the VA provide the VA's rationale, data source, and assumptions used to support the projected enrollment growth over the full contract period? Additionally, please clarify whether the projected increase is based on historical utilization trends, anticipated veteran population growth, or another methodology.

A62. See A59.

Q63. Will the VA provide detailed room size and space requirements for the tele physical therapy?

A63. The tele physical therapy room should be 200 square feet and include storage for mobility devices such as walkers and crutches.

Q64. Please clarify whether Women's Health Exam Rooms may be counted toward the required general exam room inventory or whether they must be dedicated spaces used exclusively for Women's Health services.

A64. The women's health exam rooms may be counted toward the required general exam room inventory.

Q65. Please provide the current number of enrolled female Veterans assigned to the Sherman CBOC and any projected growth assumptions used by the Government.

A65. The Sherman CBOC has 430 female Veterans enrollees.

Q66. Please provide the number of Women's Health encounters performed during the most recent 12-month period.

A66. Female Veterans account for 844 encounters for FY 2026 to date.

Q67. Does the incumbent facility currently meet all facility, security, Women's Health, radiology, telehealth, telecommunications, and IT requirements contained within this solicitation? If not, please identify known deficiencies.

A67. Yes, the current Sherman facility meets all the requirements for facility, security, women's health, radiology, telecommunications, and IT.

Q68. Of the clinical and ancillary services required under this solicitation, please identify which services are new requirements that are not currently being performed at the Sherman CBOC

A68. There are no new clinical or ancillary services required under this solicitation.

Q69. Please identify any services that are currently performed through referral, Community Care, telehealth, or other means that will be transitioned to contractor performance under this solicitation.
A69. There is no planned transition of services that are currently performed through referral, community care, telehealth, or other means that will be transitioned to the contractor.

Q70. Please identify any services currently provided by VA staff that the Government expects the successful contractor to perform directly under this solicitation.

A70. No services currently provided by VA staff are expected to be transitioned to the contractor.

Q71. Please provide annual radiology volumes for the most recent 12-month period, including total examinations by modality.

A71. The VA does not track annual radiology volumes at the contract CBOCs.

Q72. Please clarify the scope of contractor-provided imaging services. Is the contractor only required to provide general diagnostic radiography (plain film X-ray), or are additional imaging modalities required?

A72. Only general diagnostic radiography (plain film X-ray) is required.

Q73. The PWS requires contractor-furnished digital radiography equipment and references DICOM, and HL7 specifications contained in the attachments. Can the Government identify any currently supported, preferred, or previously approved radiography equipment manufacturers and models, or confirm that any FDA-approved system meeting the referenced DICOM and HL7 requirements is acceptable?

A73. The Government does not mandate a specific make or model of digital radiography equipment, provided the offered system is FDA-approved and fully meets the referenced DICOM and HL7 interoperability requirements described in the PWS and attachments.

To clarify:

- DICOM (Digital Imaging and Communications in Medicine) is the industry standard for handling, storing, and transmitting medical imaging information and ensures images and associated data can be transferred and viewed between systems.
- HL7 (Health Level Seven) is a set of international standards for the exchange, integration, sharing, and retrieval of electronic health information (e.g., patient orders, reports).

Our organizational standard for radiography systems is General Electric (GE), and we strive for continuity throughout our network by preferring GE equipment. However, we also have experience working with systems from Siemens, Philips, Carestream, and Samsung. Please note, we have a history of technical and support issues with Dell-branded radiography systems and prefer not to receive proposals based on Dell hardware.

Any FDA-approved digital radiography system that fully complies with DICOM (for imaging) and HL7 (for text/data integration) is acceptable, but preference will be given to GE as this aligns with our existing infrastructure. Siemens, Philips, Carestream, and Samsung are also considered compatible options based on past performance and support, whereas Dell equipment is discouraged due to negative experience.

Q74. Can the Government provide the DICOM and HL7 technical specification attachments referenced in the PWS if they were not included in the solicitation package or are otherwise unavailable to offerors?

A74. DICOM and HL7 are standard protocols for medical imaging and health data exchange, respectively. The primary requirement is that equipment can communicate via DICOM (for images) and HL7 (for text/data) with the VA network. There are not VA-specific technical modifications beyond using these standards. Selecting equipment that has an Enterprise Risk Assessment (ERA) clearance as mentioned in the response to Q75 ensures that the DICOM and HL7 communication methods are compatible with the VA environment.

Q75. The PWS states that VANTHCS Biomedical approval must be obtained prior to purchasing radiology equipment. Can the Government clarify the Biomedical review and approval process, including required documentation, anticipated review criteria, and timing of approval?

A75. Before purchasing radiology equipment, VANTHCS Biomedical approval is required to ensure compatibility, safety, and security within the VA network.

Key steps in the process are as follows:

1. Enterprise Risk Assessment (ERA) Clearance (Prerequisite):
   - All equipment proposed for purchase must have completed and been granted ERA clearance—a mandatory cybersecurity and risk assessment approval for connecting medical devices to the VA network.
   - ERA clearance ensures the equipment meets VA's technical and security standards for integration.
2. Pre-Purchase Verification:
   - Vendors must verify if a specific equipment make/model has ERA clearance before purchase.
   - To request verification, vendors should contact the Biomedical Engineering team at ntxbiomedicalengineers@va.gov. The team will confirm ERA status and provide official guidance.
3. Consequences of Non-Approved Purchases:
   - Should equipment without ERA clearance be purchased and delivered, it cannot be connected or deployed on the VA network. The equipment must be returned to the vendor and new equipment purchased that has a passed VHA ERA approval memo.
4. Required Documentation:
   - Vendors may be asked to supply technical documentation, cybersecurity certifications, SD2, 6550, ports and protocol listings, network diagrams, software inventory lists, FDA approval details, and specification sheets as part of the Biomedical Engineering review.
5. Additional Biomedical Criteria:
   - Beyond cybersecurity, Biomedical review may include evaluation of:
     - Clinical suitability and technical compatibility
     - Electrical safety and regulatory compliance (e.g., FDA listing)
     - Serviceability and training requirements
     - Vendor support and warranty coverage
     - Vendor service availability
6. Timing of Approval:
   - For equipment with existing ERA clearance, Biomedical response/approval is generally prompt (within several business days).

Summary Guidance:
Prior to purchase, vendors must:

- Email ntxbiomedicalengineers@va.gov to confirm ERA clearance status.
- Only proceed with purchases once Biomedical/ERA approval has been received, to avoid significant delays.

Please reach out to the Biomedical Engineering team with specific system information to confirm approval status or request further guidance.

Q76. For proposal pricing purposes, may offerors base pricing on commercially available digital radiography systems that meet the solicitation requirements, with final equipment selection subject to VANTHCS Biomedical approval after contract award?

A76. Yes, for proposal pricing purposes, offerors may base their pricing on commercially available digital radiography systems that meet the solicitation requirements. Final equipment selection will be subject to VANTHCS Biomedical approval including confirmation of Enterprise Risk Assessment (ERA) clearance following contract award and prior to purchase or installation. Offerors are strongly encouraged to propose systems that either currently possess ERA approval or are likely to be approved, to avoid delays in deployment. For verification of ERA approval status or additional guidance, please contact ntxbiomedicalengineers@va.gov.

Q77. Please provide annual laboratory volumes and phlebotomy encounters for the previous fiscal year.

A77. The VA does not track laboratory volumes and phlebotomy encounters at the contact CBOCs.

Q78. Please identify any laboratory testing expected to be performed onsite versus tests referred to the VA Core Laboratory.

A78. Section 5.4, Ancillary Support Services, page 36, under Ancillary Point of Care, and Waived Testing Services states mandated POC testing includes dipstick urine analysis, rapid strep, blood glucose (glucometer tested fingerstick), rapid influenza A and B, and rapid COVID 19. Point-of-care qualitative urine pregnancy testing is also required.

Q79. Please confirm whether additional same-day courier runs are required for STAT or urgent testing beyond the required daily courier pickup.

A79. If urgent or stat lab work is ordered while the Veteran is at the clinic, it is the contractor's responsibility to have a mechanism in place to ensure the results are available in the time frame needed for the provider to urgently make care decisions for the Veteran.

Q80. Please provide the current assigned Veteran population and historical enrollment trends.

A80. See A47.

Q81. Please provide annual enrollment growth for the past three fiscal years.

A81. Enrollment grew from 3626 at the beginning of FY23 to 4241 by the end of FY25, for a growth rate of 17% over the three-year period.

Q82. The solicitation references projected Veteran population growth and/or anticipated workload increases. Can the Government provide the methodology, assumptions, data sources, and time period used to calculate projected Veteran enrollment and patient growth year over year for the Sherman CBOC service area? Please include any demographic, utilization, market, or strategic planning factors that were considered in developing these projections.

A82. See A59.

Q83. Please provide incumbent staffing by labor category and FTE count.

A83. The incumbent provides staff consistent with the staffing requirements outlined in Section 2. Staffing and Qualifications, which starts on page 12 of the solicitation.

Q84. Please identify any currently vacant incumbent positions.

A84. The Sherman CBOC is currently fully staffed.

Q85. Please clarify the expected number of VA-provided discipline-specific staff that will require workspace within the contractor facility.

A85. The space requirements for VA staff are included in Section 11. Space Requirements, page 55, bullet points 6 - 14. It should be assumed that these spaces will be utilized full time by the VA.

Q86. Please identify which VA-provided discipline-specific staff are expected to routinely provide services onsite, virtually, or through a hybrid model.

A86. VA-provided discipline-specific staff expected to routinely provide services onsite, virtually, or through a hybrid model include mental health, social work, dietician, clinical pharmacist, and telehealth technician.

Q87. Please identify the number of VA telehealth personnel expected to routinely work onsite.

A87. VA provides one full-time telehealth technician.

Q88. Please provide historical telehealth encounter volumes by service type for the most recent 12-month period.

A88. Sherman performed 613 telehealth encounters from July 2025 to June 2026.

Q89. Please identify all Government-furnished IT equipment anticipated at the clinic beyond items specifically identified in the solicitation.

A89. In addition to the items specially identified in the solicitation, the VA will supply the lab label printer, multifunction devices that print, copy, scan, and fax, and a Muse EKG machine.

Q90. Please confirm whether the contractor is responsible for any recurring voice circuit charges beyond the Government-provided primary voice and data circuits.

A90. The contractor is responsible for all items related to installing and maintaining the clinic phone system (telephone system, telephones, and any necessary telecommunication lines). The telephone system must have the ability to produce data for the elements required in section 5. 8. located on page 46 of the solicitation.

Q91. Please clarify whether monitoring services for CCTV, intrusion detection systems, and panic alarm systems are contractor responsibilities.

A91. Monitoring services for CCTV, intrusion detection systems, and panic alarm systems are the responsibility of the contractor.

Q92. Please provide the number of Community Care/Mission Act referrals generated by Primary Care during the most recent 12-month period.

A92. Although the VA does not track Community Care/Mission Act referrals by originating service, VA North Texas Health Care System processed 5057 referrals for community care primary care, 19,000 referrals for mental health, and 193,000 referrals for specialty care in fiscal year 2025.

Q93. Please provide a list of the medications the contractor is responsible for through the Sherman CBOC during the most recent 12-month period.

A93. See A33.

Q94. Please clarify responsibility for procurement and payment of emergency, bridge, or temporary medication fills prior to fulfillment by VA Pharmacy.

A94. The VA provides a network of local pharmacies under contract to supply emergency, bridge, or temporary medications to Veterans prior to fulfillment by the VA Pharmacy. There is no cost to the contractor for this service.

Q95. Please clarify what postage or mailing costs, if any, the contractor is expected to cover under this solicitation, including but not limited to patient correspondence, medical records, laboratory-related shipments, or other required mailings.

A95. Section 13. Equipment, Office Supplies, and Technical Support, states on page 61, bullet point 7, that the contractor is responsible for all office supplies to facilitate operation of the clinic. This includes patient correspondence, medical records, laboratory-related shipments, or other required mailings.

Q96. The solicitation identifies Sherman, Texas as the required place of performance. Would the Government consider allowing offerors to provide services from a facility located in Denison, Texas, provided all access, staffing, quality, space, and performance requirements of the solicitation are fully met?

A96. Sherman, Texas is the required place of performance.

Q97. Given the complexity of the requirement, the need for coordination with equipment vendors and subcontractors, and the importance of receiving and incorporating Government responses to offeror questions, would the Government consider extending the proposal due date by an additional two weeks, or up to 30 calendar days? Such an extension would provide offerors sufficient time to evaluate the Government's responses, finalize technical and pricing submissions, and ensure proposals accurately reflect all solicitation requirements.

A97. Proposal due date has been updated to August 31, 2026.

Q98. Does the VA require that the exam rooms having sliding doors? If so, are both doors required to slide?

A98. Per the PACT Space Module Design Guide, exam rooms should have surface mounted sliding doors for both sides.

Q99. Could the Government please provide the referenced medication list?

A99.

ACETAMINOPHEN 325MG TAB
ALBUTEROL 3/IPRATROP 0.5MG/3ML INHL 3ML
amLODIPine BESYLATE 10MG TAB
ARIPiprazole 1064MG/3.9ML SA INJ SUSP
ARIPiprazole 300MG/KIT SA INJ SUSP
ARIPiprazole 400MG/KIT INJ SUSP SA
ARIPiprazole 441MG/1.6ML SA INJ SUSP
ARIPiprazole 662MG/2.4ML SA INJ SUSP
ARIPiprazole 675MG/2.4ML SA INJ STARTER
ARIPiprazole 882MG/3.2ML SA INJ SUSP
ASPIRIN CHEWABLE 81MG TAB
ASPIRIN 325MG EC TAB
CEFTRIAXONE INJ 250MG VIAL
cefTRIAXone NA VIAL 1GM INJ
cloNIDine HCL 0.1MG TAB

cloNIDine HCL 0.2MG TAB
CYANOCOBALAMIN INJ 1000MCG/ML, 1ML
dexameTHASONE INJ 4MG/1ML 1ML INJ
DEXTROSE 15GM/37.5GM SQUEEZE TUBE
DEXTROSE SQUEEZE 24GM/32.2ML 32.2ML GEL
diphenhydrAMINE 50MG/1ML 1ML INJ
Diphenhydramine Cap 25mg
DIPHTH, PERTUSS (ACELL), TET 2-2.5 0.5
EPI (EQV-ADRENACLICK) 0.3MG/0.3MLINJC
fluPHENAZine DECANOATE 125MG/5ML 5ML INJ
GLUCAGON 1MG/VIL INJ EMERGENCY
GLUCOSE 4GM CHEW TAB
GLUCOSE ORAL GEL DEXTROSE 15GM/37.5GM SQUEEZE TUBE
HAEMOPHILUS B TETANUS TOX CONJ V
HALOPERIDOL DECANOATE 100MG/ML 1ML INJ
HALOPERIDOL DECANOATE 50MG/ML 1ML INJ
HEPATITIS A 1440ELU/1ML 1ML SYR
HEPATITIS A&B (720/20) VACCINE 1ML INJ
HEPATITIS B VACC (REC)(ENGERIX-B)
hydrALAZINE HCL 25MG TAB
hydroCHLOROthiazide 25MG TAB
HYDROCORTISONE 1% UD CREAM
HydrOXYzine HCL 10MG TAB
IBUPROFEN 400MG TAB
INFLUENZA VACCINE, (PF) 0.5ML SYR
INFLUENZA VAC, HIGH-DOSE SYR 0.7M
INSULIN HUMAN 70/30 (NPH/REG) INJ
INSULIN NPH HUMAN 100 UNIT/ML
INSULIN REG HUMAN 100UNIT/ML INJ
IPRATROPIUM BROMIDE 0.02% 2.5ML INH SOL
KETOROLAC 30MG/1ML 1ML INJ VI
KETOROLAC 30MG/1ML 1ML INJ VI
LEVONORGESTREL (EQV-PLAN B) 1.5MG PKG 1
LIDOCAINE 1% INJ PF VIAL
LIDOCAINE HCL 2% TOP GEL
LISINOPRIL 20MG TAB
MEASLES/MUMPS/RUBELLA VIRUS VACC
MedroxyPROGESTERONE ACETATE 150MG/1ML 1ML INJ SUS
MENINGOCOCCAL B (BEXSERO) INJ SYR 0.5ML
MENINGOCOCCAL (MENVEO 1-VIAL) INJ,SOL
MethylPREDNISolone ACETATE SUSP 80MG/1ML 1ML INJ
MethylPREDNISolone SUCC 40MG/1ML 1ML VIAL
MethylPREDNISolone Succinate 125MG INJ
metoPROlol TARTRATE 50MG TAB
NALOXONE HCL 4MG SPRAY/NASAL SPRAY
NALTREXONE HCL 380MG/1VI 1VI INJ,SUS

NEOMY, POLY, BACI OINT UNIT DOSE PK
NITROGLYCERIN 0.4MG SL TAB
NITROGLYCERIN 2% OINT 1GM UD
OLANZapine RAPID DISINTEGRATING 10MG TAB
ONDANSETRON HCL INJ 2MG/1ML 2ML INJ
PALIPERIDONE KIT (3 MONTH) 273MG SA INJ
PALIPERIDONE PALMITATE ER 117MG/KIT INJ
PALIPERIDONE PALMITATE ER 156MG IN
PALIPERIDONE PALMITATE ER 234MG/KIT INJ
PALIPERIDONE PALMITATE ER 39MG/KIT INJ
PALIPERIDONE PALMITATE ER 410MG IN
PALIPERIDONE PALMITATE ER 546MG/KIT INJ
PALIPERIDONE PALMITATE ER 78MG/KIT INJ
PALIPERIDONE PALMITATE SA 819MG INJ
Papillomavirus 9-Valent Vacc 0.5ml Syr
PEN G BENZAT/PROCA SUS,600,000UNT/ML,2ML
PNEUMO 20-VALENT CONJUGATE VACCINE 0.5ML SYR
POTASSIUM CHLORIDE SA 10MEQ TAB
POTASSIUM CHLORIDE SA 20MEQ TAB
risperiDONE MICROSPHERE 25MG/2ML 2ML SYRINGE
risperiDONE SA 12.5MG/2ML 2ML SYRINGE
risperiDONE SA 37.5MG/2ML 2ML SYRINGE
risperiDONE SA 50MG/2ML 2ML SYRINGE
RSV VACCINE LYPHL INJ SYR KIT
SOD POLYSTYRENE SULFON 15GM/60ML 60ML SUSP
SODIUM CHLORIDE 0.9% INHL 3ML INH
SPACE-INHALER
TETANUS/DIPHTH TOXOID, ADULT 0.5ML SYRINGE
Triamcinolone 40mg/ml 1ml
TUBERCULIN (10 TESTS) 5TU/0.1ML 1ML INJ
TYPHIM VI VACCINE INJ SYR 0.5ML SYRINGE
WATER FOR INJECTION WO/PRES 10ML VI
ZOSTER VACCINE,RECOMBINANT INJ

Q100. Section E states that build-out and start-up costs, if needed, shall be calculated into LIN 0001. Please confirm that offerors may propose a separate construction CLIN, progress-payment structure, alternate build-out price, or other method of recovering those costs outside the Base Year PMPM rate.

A100. Offerors are reminded that proposals must conform to all terms and conditions of the solicitation. This requirement is being solicited as a fixed-price indefinite-delivery, indefinite-quantity (IDIQ) contract. Any construction, build-out, startup, or other associated costs must be incorporated into the Base Year PMPM rate. Separate CLINs or alternative cost-recovery structures will not be permitted.

End of Document