AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.	1. CONTRACT ID CODE	PAGE 1 OF PAGES 12

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NUMBER	5. PROJECT NUMBER (if applicable)
0002	07-20-2026		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 [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 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. ** HOUR & DATE for Receipt of Offers is EXTENDED to: 08-31-2026 5:00 PM 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).
☐	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 extend the solicitation due date, post questions and answers, and incorporate VAAR Provision 852.273-71.
a. The due date has been changed from 07-31-2026 to 08-31-2026 at 5:00 PM ET.
b. See continuation page for questions and answers.
c. See continuation page for incorporated VAAR Provision 852.273-71 Alternative Negotiation Techniques.
d. 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

Q4. Will the VA confirm whether the clinic must be designed using an Onstage/Offstage layout?

A4. Section 11. Space Requirements, bullet point 25, page 55, states an on-stage, off-state design is required.

Q5. Will the VA identify all VA-staffed positions expected to be onsite at the clinic and the anticipated days per week each position will be present?

A5. VA staffed disciplines expected to be on-site include mental health, social worker, dietician, clinical pharmacist, and telehealth technician. 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. It is suggested that all consulting rooms be plumbed to allow flexibility to be converted to an exam room if indicated over the life of the contract.

Q6. Are exam tables required in all telehealth rooms?

A6. An exam table is only required in the global/general telehealth room.

Q7. Does the Government intend to conduct site visits prior to award and what is the anticipated notice period?

A7. VA North Texas may conduct site visits prior to contract award. A minimum of two weeks' notice will be provided.

Q8. Section 2.2 Primary Care Teamlet Staffing on page 13 states that there shall be no more than two mid-level providers per physician. Will the VA clarify whether the physician counted toward this ratio must be dedicated at 1.0 FTE, or whether a physician assigned at less than 1.0 FTE may satisfy the requirement?

A8. Physicians will be 1.0 full time equivalent (FTE).

Q9. Section 2.5 Ancillary Support Services Staffing on page 16 states, 1 FTE technologist per x-ray machine per 8-hour time period with backup required during times of planned and unplanned staff absences. For back up during times of planned and unplanned staff absences, is it acceptable to utilize the local hospital as a backup?

A9. It is acceptable for the offeror to have an agreement with a local facility to provide radiology back up at no cost to the Veteran.

Q10. In section 2.6 General and Specialty Mental Health Staffing on page 17 of the RFP it states, the contractor will provide adequate space and support staff for VA staff to deliver care on-site, virtually, or a combination of these methodologies. It also states, current minimum standard is 1.0 FTE administrative staff per 1000 Veterans receiving General and Specialty MH services. Is the contractor responsible for providing administrative support staff and if so, how many Veterans are receiving General and Specialty MH services in the Sherman CBOC?

A10. The offeror is required to provide clerical support services for mental health as outlined in section 5.5. Mental Health Services, page 40, in the paragraph titled Mental Health Support Services. To estimate the number of enrollees receiving general and specialty services, please refer to section 5.5 Mental Health Services, Estimated Mental Health Workload, on page 37.

Q11. In section 2.8 License and Accreditation on page 18 of the RFP states, a copy of licenses shall be provided with offer and will be updated annually. Where in the proposal would the VA like to see these licenses included?

A11. The offeror is not required to submit copies of licenses with their offer.

Q12. In section 2.11 Training (VA Mandatory/ACLS/BLS) on page 19 states Contractor staff shall complete VA mandatory training as requested and complete ACLS/BLS training and keep ACLS/BLS certifications current throughout the life of the contract. It also states, copies of current certifications shall be provided to the COR. Will the VA confirm whether copies of current ACLS/BLS certifications for proposed staff are required at proposal submission or may be submitted post-award?

A12. Proof of certification may be submitted post award.

Q13. In Section 2.24 Ryan Haight Act on page 22 of the RFP references contractor being required to apply for DEA registration if this option is available under staff law. Will the VA clarify whether the Contractor entity must obtain a separate DEA registration for the clinic if available under state law, or whether compliance may be satisfied through DEA-registered individual providers being present during applicable telehealth visits involving controlled substance prescriptions?

A13. Compliance may be satisfied through DEA-registered individual providers being present during applicable telehealth visits involving controlled substance prescriptions.

Q14. In section 3.2 on page 22 of the RFP states, Extended Hours: VANTHCS Leadership, as communicated to the contractor through the CO/COR, may require the hours of operation to be extended before and/or after the required business hours of operation as necessary to expand access to Veterans based on VA access initiatives and access standards. How many extended hours will be required and how many days a week?

A14. VHA Directive 1231(4) – Outpatient Clinic Practice Management, requires any VA facility treating 10,000 or more unique Primary Care–enrolled Veterans per fiscal year to offer extended hours. The minimum bookable extended hours for primary care and mental health must be 4 hours per week with an additional hour per week for women's health. As noted in section 3. Hours of Operation, page 22, the VA may require extended and/or weekend hours in facilities treating less than 10,000 uniques per year as necessary to expand access based on current VA assess standards and initiatives. The amount of extended hours, how many days per week, and the implementation timeline will be determined with input from the offeror.

Q15. Will the VA clarify the Contractor's responsibilities for anticoagulation management under Section 5.3 Pharmacy Services on page 34 of the RFP, given that the VA is providing the Discipline Specific PACT Team? Specifically, will the VA identify which anticoagulation management tasks, if any, are expected to be performed by the Contractor versus VA staff?

A15. Attachment D. 4. VANTHCS Memorandum No. 119- 18 Anticoagulation Policy - Inpatient and Outpatient, page 15 outlines the role of the Primary Care Provider in anticoagulation therapy.

Q16. On page 38 of the RFP states: Mental Health Same Day Access Requirements: The contractor shall provide same day MH access and same day MH evaluation. Any Veteran reporting or identified as being in crisis (including suicidality), will receive an immediate crisis response. The RFP states that the VAMC will be providing mental health services, by what mechanism will the contractor be expected to provide same day MH access if the MH providers are not contractor staff?

A16. Same day mental health access and evaluations for any Veteran that presents to the clinic will be coordinated by the offeror's staff with VA MH and PCMHI. If no VA mental health provider is on site, virtual modalities will be utilized for a VA mental health provider to evaluate the Veteran and determine appropriate disposition.

Q17. On page 39 of the RFP states, NOTE: Contractor sites with 5,000 or more patients shall provide care for MST-related health conditions on-site. Contractor shall ensure that there are a sufficient number of clinicians able to provide specialized mental health care for conditions related to MST to adequately meet the demand for care. The RFP states that the VAMC will be providing mental health services, by what mechanism will the contractor be expected to provide specialized mental health care for conditions related to MST MH if the MH providers are not contractor staff?

A17. VA provides the MST Coordinator. The offeror will fulfil their responsibility related to MST by ensuring their team members complete the mandatory national VA MST screening clinical reminder accurately and timely .
Q18. On page 45 section 5.7 Telehealth Space Requirements of the RFP states, the following rooms have been designated for telehealth services at this site: teleretinal, telespirometry, telemental health, and global telehealth exam room. However, on page 55 section 11 Space Requirements, it does not specify a global telehealth exam room. Is one of the rooms identified in section 11. Space Requirements also the global telehealth exam room?

A18. Yes. The telehealth global exam room in Section 11 is referred to as a telehealth general exam room in section 5.7.

Q19. In section 12. Environment of Care (EOC) on page 60 of the RFP it states, Contractor shall meet VHA standards regarding EOC and shall provide EOC management plans addressing safety, security, hazardous materials, hazardous waste, emergency preparedness, life safety, medical equipment, infection control, and utility systems with the submission of their proposal and within 15 calendar days after contract award. Does the VA want the EOC management plans submitted with the proposal or within 15 calendar days after contract award?

A19. Submission of the EOC Management Plans within 15 days after contract award is acceptable.

Q20. In the Instructions to Offerors under format on page 96 of the RFP there is Part I and Part II. Then under General Instructions for Proposal Submission Evaluation Factors and Criteria on page 97 there is Factor 1 Technical Capability, Factor 2 - Past Performance and Factor 3 - Price. Is Part I Administrative one electronic file, Part II Factor 1 - Technical Capability a separate electronic file, Part II Factor 2 Past Performance a separate electronic file, and Part II Factor III Price a separate electronic file for a total of four separate electronic files?

A20. Offerors may submit their proposals as one Part I file and Part II as one or multiple separate files, at the offeror's discretion.

To be explicit:
Part I – Administrative
• Submit as one electronic attachment/file.
Part II – Technical Capability, Past Performance, Price
• Offerors may submit Factor 1, Factor 2, and Factor 3 either:
– Combined into one Part II attachment, or
– Separated into multiple attachments (e.g., Factor 1 file, Factor 2 file, Factor 3 file).

The Government does **not require** three separate files for Factors 1 through 3, but allows offerors to separate them if preferred. The Price Proposal may be submitted within Part II or as its own Part II file, as long as Part I and Part II remain distinct.

Q21. In the General Instructions for Proposal Submission on page 97 of the RFP it states the offerors shall complete Attachment D.21 Past Performance Questionnaire Worksheet - RFP 36C25726R0018 - Sherman CBOC. How many Past Performance Questionnaire Worksheets would the VA like the contractor to provide on Past Performance experience?

A21. Offerors may submit as many Past Performance Questionnaire Worksheets (Attachment D.21) as they need in order to adequately demonstrate relevant past performance. The VA does not specify a minimum or maximum number. Offerors should provide a sufficient number of questionnaires to meaningfully support their Past Performance factor, consistent with the relevance criteria outlined in the RFP.

Q22. On page 97 of the RFP states that all questions regarding this solicitation must be submitted by 5pm ET on July 24, 2026. Was it the VA's intention to have questions due one week before the proposal is due? If so, will the VA extend the due date to allow bidders time to address the Q&As in their proposal?

A22. Yes. It was the VA's intention to have questions due one (1) week before the proposal's due date. To ensure offerors have sufficient time to incorporate the Government's responses into their proposals, the VA will extend the proposal due date accordingly. The updated proposal due date will be issued in an amendment.

Q23. Are there any file size limitations for email submissions of proposal files? If so, please identify the maximum allowable email size and any alternative submission procedures to prevent proposal files from being bouncing back.

A23. There are no file size limitations for email submission of proposal files for this solicitation. However, to help ensure smooth transmission and prevent large files from bouncing back, the VA recommends the following best practices:
• Compress large documents into ZIP files to reduce size and keep materials organized.
• Submit the proposal in multiple emails, if necessary, clearly labeling each email (e.g., "Part 1 of 3").
• Confirm successful transmission and acceptance with the Contracting Officer to ensure all files have been received.

Q24. Does the VA intend on conducting a price realism analysis in accordance with FAR 15.404-1(d)?

A24. Since this acquisition is being conducted under VAAR 873 and the VA will not perform a price realism analysis, price will typically be evaluated using the following approach:
• Price Reasonableness, the VA will determine whether the proposed prices are fair and reasonable based on market research, historical pricing, competition, independent Government cost estimates, or other price-analysis techniques allowed under VAAR 873.
• Completeness of Pricing, the VA will verify that all required LINs and pricing elements listed in the solicitation are fully priced and mathematically accurate.
• Total Evaluated Price, the VA may evaluate the total price for all required periods including base and option years and all mandatory LINs to determine the overall evaluated cost to the Government.
• Internal Consistency, the VA may review the offeror's price proposal for internal consistency across LINs and periods to ensure the pricing structure aligns with the requirements (without assessing realism).
• Unbalanced Pricing Review (if applicable), the VA may check for unbalanced pricing to ensure that no line items are priced significantly higher or lower than others in a way that could pose performance or cost risk.

Q25. In Section E.2 52.252-1 Solicitation Provisions Incorporated by Reference on page 98 of the RFP it states, This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):
https://www.acquisition.gov/far-overhaul/far-part-deviation-guide/far-overhaul-part-52#FAR_52_252_1 (FAR) (FAR) and http://www.va.gov/oal/library/vaar/index.asp (VAAR). Will the VA provide the full text of those provisions and a list of the provisions that contain blocks where the offeror must complete and submit with the proposal?

A25. Offerors shall complete and submit the following clauses and provisions with their proposal:
a. FAR 52.209-7, Information Regarding Responsibility Matters (OCT 2018) (DEVIATION NOV 2025)
b. FAR 52.219-1, Small Business Program Representations (FEB 2024) (DEVIATION NOV 2025)
c. FAR 52.229-11, Tax on Certain Foreign Procurements – Notice and Representation (JUN 2020) (DEVIATION SEP 2025)
d. VAAR 852.219-75, VA Notice of Limitations on Subcontracting – Certificate of Compliance for Services and Construction (JAN 2023) (DEVIATION)

FAR provisions 52.209-7 and 52.219-1 are provided in full text in the solicitation. FAR provision 52.229-11 and VAAR provision 852.219-75 are incorporated by reference. Offerors may obtain their full text at the following official regulatory websites:
• https://www.acquisition.gov/far-overhaul/far-part-deviation-guide/far-overhaul-part-52#FAR_52_252_1 (FAR)
• http://www.va.gov/oal/library/vaar/index.asp (VAAR)

These links provide access to all incorporated FAR and VAAR provisions, including those containing fill-in blocks that must be completed and submitted with the proposal.

Q26. In Section 11. Space Requirements on pages 56-57 of the RFP, states: one (1) Mental Health Counseling room per PACT teamlet and two (2) PCMHI Counseling rooms embedded in the PACT area. Is the VA requiring two additional Counseling rooms for PCHMI on top of the required one Counseling rooms per PACT teamlet?

A26. Yes. The PCMHI consult rooms embedded in the PACT are in addition to the required one Mental Health consult room per PACT teamlet.

Q27. The PWS sets a minimum of two full-time phlebotomists and 1 FTE x-ray tech "per x-ray machine per 8-hour period." Are these firm floors even at the start-up panel size, and how many x-ray machines/shifts does VA anticipate? Also, does "backup required" for the x-ray tech mean a second on-site FTE or on-call coverage?

A27. Yes, the stated minimum staffing for phlebotomists and the radiology technician is required at clinic start up. One x-ray machine is required. The technician should be available to perform x-rays during normal hours of operations. The required radiology technician back up coverage may be provided by a variety of methods. Two examples include on-call coverage or an agreement with another local facility to provide x-rays at no cost to the Veteran when the offeror's technician is not available to provide coverage during normal hours of operation. Veterans shall not be referred to a VA facility for services the offeror is required to provide.

Q28. The RFP states, a copy of licenses shall be provided with offer and will be updated annually. However, in the Instructions to Offeror, there is no mention of providing the staff or licenses. Is the contractor to provide the proposed staff and their licenses with the proposal submission? And if so, in what section should this be provided?

A28. The offeror is not required to provide proposed staff and their licenses with their proposal submission.

Q29. VA "may require" extended and/or weekend hours. Should offerors staff and price for extended/weekend operations in the base proposal, or are those separately ordered/funded when directed? Without a baseline, staffing plans and pricing aren't comparable across offerors.

A29. Offerors should not include extended or weekend hours in their base proposal pricing or staffing. These hours will be separately ordered and funded if and when VA directs them. If extended and/or weekend hours are required, the contractor will be given a 30-day notice and the contract will be modified to account for these changes.

Q30. Section 3 states that both extended hours and weekend hours may be required. How much advance notice will be provided in the event that extended or weekend hours are required?

A30. As noted in section 3. Hours of Operation, page 22, the VA may require extended and/or weekend hours in facilities as necessary to expand access based on current VA assess standards and initiatives. The amount of extended hours, how many days per week, and the implementation timeline will be determined with input from the offeror.

Q31. Regarding Section 5.2, would the VA be willing to provide Well Women's Health Services Supplies, including Thin Prep Pap Test, Pap Smear Collection Kits, Cytobrushes, as well as the IFOBT kits? In our experience, these supplies are difficult for the contractor to procure.

A31. VA will provide the supplies for Well Women's Health Services including Thin Prep Pap Test, Pap Smear Collection Kits, Cytobrushes, as well as the IFOBT kits.

Q32. The RFP says, The contractor will provide all medications that are to be administered to patients in the clinic (including vaccines in accordance with current and future Advisory Committee on Immunization Practices (ACIP)/CDC recommendations and guidance. How does the Government expect the contractor to know how to estimate quantities and pricing for "future" vaccines or medications that are not part of the current formulary?

A32. The offeror should use their expert knowledge and experience with outpatient clinic operations to determine reasonable cost estimates for medications, including vaccines, that are to be administered to Veterans in the clinic.

Q33. The RFP states: The contractor will provide all medications that are to be administered to patients in the clinic (including vaccines in accordance with current and future Advisory Committee on Immunization Practices (ACIP)/CDC recommendations and guidance). Will the VA provide a complete list of medications and vaccines to include all injectable medications that the Contractor is expected to provide? And, will the VA provide historical monthly and annual usage at the Sherman CBOC for the previous years?

A33. The inventory of medications required to support quality patient care of the enrolled Veterans may vary depending on the unique needs of the population serve. However, a copy of the current VANTHCS PACT Medication list is attached for reference. The VA does not track monthly or annual usage of medications purchased and admistered by the contract CBOCs.

Q34. The RFP states, "all contractor sites shall designate at least one outreach specalist, usually a clinical social worker, to provide services to homeless Veterans." What FTE of clinical social worker shall the contractor provide? If the FTE fluctulates with the enrollment estimate, please specify by year.

A34. The VA will provide an outreach specialist.

Q35. The RFP states, "all contractor sites shall designate at least one outreach specialist, usually a clinical social worker, to provide services to homeless Veterans." Page 17 states, "Discipline-specific team members... will be provided by VA." Please confirm that the VA intends to provide a clinical social worker to provide services to homeless Veterans.

A35. The VA will provide an outreach specialist.

Q36. The RFP states that the Contractor shall make provisions for toll free telephone care, twenty-four (24) hours a day, seven (7) days a week, including evenings, weekends, and holidays for all Veterans, in accordance with VHA Directive 1090, Telephone Access for Clinical Care. Can the Contractors use the VA's after care line to satisfy this requirement?

A36. Yes, offerors may use the VA's after-care line to satisfy this requirement.

Q37. In Section 11, there is a requirement for "1 mental health exam room (telemental health equipped)" and for "1 mental health telehealth room". Are these two separate room requirements?

A37. Yes, these are two separate room requirements.

Q38. Please confirm that all spaces required for VA staff are listed on page 55.

A38. Yes, all spaces for VA staff are listed on page 55.

Q39. Does the current VA clinic meet the required square footage based on the RFP?

A39. No, the current VA clinic does not have the space to accommodate the projected growth over the life of the contract.

Q40. The RFP states there will be 2 women's health exam rooms with ensuite toilets. Will the VA allow these exam rooms to count towards the 3 exam rooms per teamlet requirement?

A40. Yes, the women's health exam rooms may count towards the required three (3) exam rooms per teamlet.

Q41. The PWS requires the Contractor to develop and maintain an Operations & Maintenance (O&M) Plan; however, Section E.1 (Proposal Instructions) does not identify the O&M Plan as a required proposal submission. Please clarify whether offerors are required to submit an O&M Plan with their proposal or whether it is a post-award deliverable.

A41. The Operations & Maintenance Plan may be submitted as a post-award deliverable no later than six weeks prior to the clinic opening for patient care.

Q42. The solicitation states that the Contractor "shall provide EOC management plans with the submission of their proposal and within 15 calendar days after contract award." We would appreciate confirmation that the complete EOC management plans must be included with the proposal submission.

A42. Submission of the EOC Management Plans within 15 days after contract award is acceptable.

Q43. Past Performance: Section E.1 – Instructions to Offerors identifies Factor 2 – Past Performance as an evaluation factor and references the Past Performance Questionnaire Worksheet (Attachment D.22); however, the proposal instructions do not clearly state whether offerors are required to include past performance narrative write-ups and/or completed Past Performance Questionnaires (PPQs) with the proposal submission. Please confirm whether offerors should: (1) submit past performance write-ups, (2) include completed PPQs with the proposal, or (3) rely solely on questionnaires submitted directly to the Government and other past performance sources (e.g., CPARS).

A43. Offerors shall complete and submit the Past Performance Questionnaire Worksheet (Attachment D.22) with their proposal submission. The VA may contact the identified point of contact at the referenced entity to verify the information the Offeror provides in its narrative description for each cited contract. In addition to the submitted questionnaires, the VA will also review all available past performance data in the following Government systems:
• Responsibility/Qualification records (formerly FAPIIS) in SAM.gov
• Contractor Performance Assessment Reporting System (CPARS)

These sources will be used collectively to assess the Offeror's past performance under Factor 2 – Past Performance, also see answer A21.

Q44. Could the VA please confirm the maximum email attachment size (in MB) for submissions?

A44. See answer A23.

Q45. Can the VA confirm if there is a font size and number that Contractors should adhere to?

A45. No, the VA does not prescribe a specific font type or font size that contractors must adhere to for this solicitation.

Q46. Will the Contractor be provided a list of all primary care and mental health patients on the billable roster at the time when the Contractor begins performing clinical services and be able to bill for those patients on the billable roster in the following month's invoice?

A46. Yes, the selected contractor will be provided with a list of all primary care enrollees in order to invoice for the first month care is provided.

Q47. Given that the VA is anticipating a significant growth in enrollment over the next 10 years, what's has been the historical growth of billable enrollment over the past 5 years?

A47. The billable enrollment has grown from 3,578 in June of 2021 to 4,466 in June of 2026.

Q48. Will the VA provide the historical size of the billable roster for the last 12 months?

A48. The most current billable roster for June of 2026 reflects 4,466 enrollees, which has increased by 302 enrollees as compared to June of 2025.

Q49. Does the VA intend for the Past Performance Questionnaire to be completed jointly by the Contractor and the Contracting Officer (or Contracting Officer's Representative) for each submitted project, or solely by the Contractor? Based on the wording of the questionnaire, the questions appear to be intended for the Contractor to complete.

A49. The Past Performance Questionnaire should be completed solely by the Contractor. The VA does not intend for the Contracting Officer or Contracting Officer's Representative to jointly complete the questionnaire. The questions in the form are designed for the Contractor to provide the required information. Also see A.21.

Q50. Would it be acceptable to provide turnover rates by CBOC in response to the Past Performance Questionnaire item requesting vacancy rates? Vacancy rates are not tracked at the individual CBOC level, but we can provide turnover rates by CBOC as a measure of workforce stability if that is acceptable?

A50. Yes, it would be acceptable for offerors to provide turnover rates by individual CBOC in lieu of vacancy rates when vacancy rates are not tracked at the CBOC level. Turnover rates are an appropriate alternative measure of workforce stability. To reflect this flexibility, the Past Performance Questionnaire Worksheet may be updated as follows:

9. What were the vacancy rates, combined and by individual CBOC? If vacancy rates are not available, provide turnover rates. (see updated Past Performance Questionnaire Worksheet)

This revision will allow offerors to provide the most accurate and relevant information available while maintaining consistency with the intent of the past performance evaluation.

Q51. Section E, "Format," identifies Part I and Part II, with Part II containing Factor 1, Technical Capability; Factor 2, Past Performance; and Factor 3, Price. However, the Factor 3 instructions state that the Price Proposal shall be separate from the Technical Proposal. Please confirm the required electronic proposal organization.

A51. To address Factor 3 – Price, offerors shall complete the Schedule of Services and refer to A20 for file-submission guidance.

Q52. Please confirm whether the Government has established:
a. Required file names or naming conventions;
b. Required file formats for each proposal part or factor;
c. A maximum email or individual attachment size;
d. Whether ZIP files or multiple proposal emails are permitted if the package exceeds the email limit

A52. See A23.

Q53. Section E identifies several documents for submission under Part I. Please clarify which documents must be completed, signed, or otherwise modified by the offeror, versus included or acknowledged without modification. Specifically, please confirm the required treatment of:

a. Attachment D.1, Quality Assurance Surveillance Plan;
b. Attachment D.19, Contractor Rules of Behavior;
c. Attachment D.20, Contractor Certification, Immigration and Nationality Act;
d. Attachment D.21, Organizational Conflicts of Interest;
e. Certification that key personnel were compared against the HHS OIG exclusion list; and
f. Proof of indemnification and medical liability insurance.

A53. The following documents must be completed and submitted for Part I:

i. SF 1449 and Amendments, if any
ii. Contract Administration Data
iii. D.1 Quality Assurance Surveillance Plan – Sherman CBOC
iv. D.19 Contractor Rules of Behavior
v. D.20 Contractor Certification – Immigration and Nationality Act
vi. D.21 Organizational Conflicts of Interest
vii. Certification that key-personnel has been compared to OIG list - http://oig.hhs.gov/exclusions/index.asp
viii. Proof of Indemnification and Medical Liability Insurance
ix. Clause and Provisions Information

Q54. For the insurance requirement, will evidence of the offeror's current coverage be sufficient?

A54. Yes

Q55. Amendment 0001 confirms that offerors must address every PWS section individually. Will each PWS section be considered equally important during the comparative evaluation of Technical Capability, or will greater importance be assigned to particular areas, such as clinical staffing, facility suitability, transition readiness, quality management, or patient-care methodology?

A55. Yes, each section of the Performance Work Statement (PWS) will be considered **equally important** during the comparative evaluation of **Factor 1 – Technical Capability**. No additional weight or priority will be assigned to specific areas such as clinical staffing, facility suitability, transition readiness, quality management, or patient-care methodology. All PWS sections will be evaluated with equal emphasis to ensure a balanced and comprehensive assessment of each offeror's technical approach.

Q56. Additionally, will Technical Capability receive an adjectival or risk rating, or will the Government conduct only the proposal-to-proposal comparative analysis described in VAAR 873.116(b)?

A56. No, the VA will not assign adjectival ratings or risk ratings to Technical Capability. All proposals will be evaluated using the comparative analysis method described in VAAR 873.116(b). Under this approach, proposals are directly compared against one another to determine which provides the best overall value to the Government, rather than being evaluated against a fixed rating scale.

Q57. Section E.1 B.b (page 96) lists Proof of Indemnification and Medical Liability Insurance of the offeror and all health care providers as a document that must be provided with the proposal. Section C.1 (page 82) specifies that the necessary limits of insurance are $1,000,000 per person, and $3,000,000 aggregate under VAAR 852.237-70. Because individual providers may not have been hired as of the date of submission of a proposal, please confirm that a certificate of insurance showing professional liability coverage for the contractor in the amounts of $1,000,000 per claim, and $3,000,000 annual aggregate provided with the proposal will satisfy the requirement.

A57. Yes, a certificate of insurance demonstrating that the contractor carries professional liability coverage in the required amounts $1,000,000 per claim and $3,000,000 annual aggregate will satisfy the submission requirement at the time of proposal. The VA recognizes that individual health care providers may not yet be hired at the time of proposal submission. Accordingly, providing proof of indemnification and medical liability insurance at the contractor level in the required amounts is acceptable. Individual provider coverage may be verified post-award in accordance with VAAR 852.237-70.

Q58. Section E.1 B.b (page 96) lists Proof of Indemnification and Medical Liability Insurance of the offeror and all health care providers as a document that must be provided with the proposal. Section C.1 (page 82) specifies that the necessary limits of insurance are $1,000,000 per person, and $3,000,000 aggregate under VAAR 852.237-70. VAAR 852-237.70 also requires that the contractor provide an endorsement to the insurance policy stating that any cancellation or material change adversely affecting the Government's interest shall not be effective until 30 days after the insurer or the Contractor gives written notice to the Contracting Officer. Please confirm whether such an endorsement must be provided with the proposal, or if it can be provided prior to commencement of services under the resulting contract.

A58. The endorsement required under VAAR 852.237-70 stating that any cancellation or material change adversely affecting the Government's interest will not be effective until 30 days after written notice to the Contracting Officer does not need to be provided with the proposal. This endorsement may be provided prior to commencement of services under the resulting contract. Offerors may submit proof of indemnification and medical liability insurance with the proposal and furnish the required endorsement after award but before performance begins.

E.2 52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):
https://www.acquisition.gov/far-overhaul/far-part-deviation-guide/far-overhaul-part-52#FAR_52_252_1 (FAR) (FAR) and http://www.va.gov/oal/library/vaar/index.asp (VAAR)

FAR and VAAR Number	Title	Date
52.203-11	Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions	(SEP 2024)
52.204-7	System for Award Management—Registration	(NOV 2024) (DEVIATION NOV 2025)
52.212-1	Instructions to Offerors-Commercial Products and Commercial Services	(SEP 2023) (DEVIATION OCT 2025)
52.216-27	Single or Multiple Awards	(OCT 1995)
52.217-5	Evaluation of Options	(JULY 1990) (DEVIATION NOV 2025)
52.229-11	Tax on Certain Foreign Procurements – Notice and Representation	(JUN 2020) (DEVIATION SEP 2025)
852.209-70	Organizational Conflicts of Interest	(OCT 2020)
852.233-70	Protest Content/Alternative Dispute Resolution	(OCT 2018)
852.233-71	Alternate Protest Procedure	(OCT 2018)
852.273-70	Late Offers	(NOV 2021)
852.273-71	Alternative Negotiation Techniques	(NOV 2021)
852.273-74	Award without Exchanges	(NOV 2021)

(End of Provision)

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