

Response to questions

MedPAC solicitation #MED21P21-001

“Advisory and assistance services in the areas of health care financing and Medicare”

1. Can MedPAC please confirm the 508 compliance requirements for this contract?

MedPAC’s response: 508-compliance is not required.

2. Are final deliverables submitted to MedPAC, such as final reports, required to be 508-compliant?

MedPAC’s response: 508-compliance is not required.

3. Are reports and other products developed under this contract subject to 508 compliance?

MedPAC’s response: 508-compliance is not required.

4. Are electronic signatures permitted?

MedPAC’s response: Electronic signatures are permitted.

5. Is there a file size limitation for the PDF, Word, and Excel formats of the proposal?

MedPAC’s response: The only file size limit (other than the specified page limits) is the maximum size of attachments for the Commission’s email system, which is 50 Mb.

6. Can MedPAC confirm the maximum file size allowed for email submission?

MedPAC’s response: The maximum size of attachments for the Commission’s email system is 50 Mb.

7. Does MedPAC permit files to be submitted in a zipped file?

MedPAC’s response: Proposals may be submitted as zipped files.

8. Can MedPAC confirm whether an unpopulated joint venture is eligible to bid?

MedPAC's response: In its proposal, the offeror must identify specific personnel it employs or specific subcontractors and their personnel who would conduct task orders under the IDIQ contract. If awarded an IDIQ contract, the offeror and subcontractor should maintain their association throughout the contract's duration.

9. Is MedPAC indicating that no fee or profit be calculated on any non-labor cost in a CPFF-style task order? Typically, the fixed fee is computed based on most if not all costs. Page 2 of the RFP file has the following text in section 1.1: Cost reimbursement for material costs associated with efforts under the materials contract line-item number(s) (CLINs) must be supported by an invoice. No fee or profit will be paid.... No fee or profit will be paid on reimbursements for travel and per diem. Page 35 of the RFP has the following text as Note 3 for the Example Business Cost Proposal Table Shell: Profit or fee is not allowed on direct costs for equipment, Government entities or cost share contracts.

MedPAC's response: For CPFF task orders, MedPAC will **not** pay fee or profit as a percentage of the following categories of other direct costs (ODCs): materials/supplies, equipment, travel, and per diem. Instead, the offeror would propose a fixed-fee dollar amount at the start of the task order. The final amount of the contract's fixed fee can be no higher than the amount in the contractor's task order proposal, i.e., the fee would not be higher if the specified ODCs ran higher than was proposed.

10. Section 1.1 Contract type: Can MedPAC confirm that when task orders are issued through CPFF reimbursement, fixed fee would be calculated on the total cost of the task order, inclusive of allowable travel?

MedPAC's response: For CPFF task orders, MedPAC will **not** pay fee or profit as a percentage of the following categories of other direct costs (ODCs): materials/supplies, equipment, travel, and per diem. Instead, the offeror would propose a fixed-fee dollar amount at the start of the task order. The final amount of the contract's fixed fee can be no higher than the amount in the contractor's task order proposal, i.e., the fee would not be higher if the specified ODCs ran higher than was proposed.

11. Please confirm the labor categories we propose can differ from those presented on Page 3 of the RFP.

MedPAC's response: Confirmed.

12. For primary data collection via interviews, focus groups, expert panels, or small scale surveys, would the contractor need to obtain OMB approval if more than nine subjects are involved? If the answer is yes, given the short timeline for much of MedPAC's work, is it typical that more than nine subjects would be involved in these project types?

MedPAC's response: OMB approval is not required.

13. Are interviews, focus groups, and surveys of greater than 9 individuals subject to OMB review?

MedPAC's response: OMB approval is not required.

14. Do primary data collection activities (i.e. interviews, surveys) conducted for MedPAC require Office of Management and Budget review under the Paperwork Reduction Act?

MedPAC's response: OMB approval is not required.

15. How many structured interviews does MedPAC anticipate the contractor conducting per project?

MedPAC's response: In general, MedPAC staff would provide guidance on the number of structured interviews required for a specific task order. For purposes of addressing the hypothetical project proposal, if the offeror chooses to use structured interviews, it should determine the quantity of interviews required and justify the decision.

16. How many focus groups does MedPAC anticipate the contractor conducting per project?

MedPAC's response: In general, MedPAC staff would provide guidance on the number of focus groups required for a specific task order. For purposes of addressing the hypothetical project proposal, if the offeror chooses to use focus groups, it should determine the quantity of required and justify the decision.

17. Is the use of incentives for focus group and interview participants and survey respondents allowed under this IDIQ?

MedPAC's response: Modest incentive payments are permitted to recruit focus group participants or for survey respondents. Generally, the Commission has not used incentive payments for participants in structured interviews.

18. How many site visits does MedPAC anticipate the contractor conducting per project?

MedPAC's response: In general, MedPAC staff would provide guidance on the number of site visits required for a specific task order. For purposes of addressing the hypothetical project proposal, if the offeror chooses to use site visits, it should determine the quantity required and justify the decision.

19. Page 7 of the RFP states that MedPAC staff will participate in site visits. Do MedPAC staff typically lead the interviews on site visits with the Contractor staff acting in a support role, the Contractor staff lead the interviews with MedPAC staff observing, or do MedPAC and Contractor staff collaborate on leading interviews?

MedPAC's response: The contractor leads the interviews and MedPAC staff typically observe.

20. Are formal meta-analyses within the scope of the literature review/research paper project type?

MedPAC's response: Yes.

21. Does "policy analysis" as MedPAC defines it involve a multi-method approach?

MedPAC's response: Yes, policy analysis can involve multiple methods.

22. Please outline the requirements around a "climate-appropriate environment". Most computer systems are kept between 50- and 90-degrees Fahrenheit (10 to 32 degrees Celsius). Is that sufficient?

MedPAC's response: Temperature and humidity controls should be consistent with the FISMA moderate designation.

23. Please confirm that the "applicable Federal information security policies" refer to FISMA and NIST?

MedPAC's response: Applicable federal information security policies refer to FISMA moderate security designation.

24. Will MedPAC contractors be provided with access to CMS claims and encounter data, e.g., through the CCW, IDR, or other CMS data streams? If so, what are the most recent data available to MedPAC contractors through these sources?

MedPAC's response: MedPAC will assist the contractor in getting access to data required for a task order and strive to make it available free of charge (contingent on a data use agreement) through the access option that is least costly. Offerors should assume that MedPAC has access to data sets as soon as they are produced by CMS (or the relevant primary data source if not Medicare data).

25. Section 2.5.7 Quantitative data analysis: Would MedPAC require an Authority to Operate (ATO) to meet the information security requirements?

MedPAC's response: MedPAC will not require its own ATO but would accept an ATO performed for another federal agency with environmental specifications similar to those of MedPAC. If an offeror does not have an ATO, MedPAC would like information about the offeror's security system protocols and other specification documents that provide an understanding of the environment in their enclave.

26. Could MedPAC provide some clarification about the specifics of the "small scale surveys" as described in section 2.5.8 on page 10? What would constitute a small scale survey (i.e., how many respondents would that entail)?

MedPAC's response: MedPAC staff would provide guidance on the number of respondents required for a specific task order. The largest survey that MedPAC has sponsored was a phone survey of about 8,000 individuals.

27. How many respondents does MedPAC anticipate the contractor surveying per small-scale survey project?

MedPAC's response: MedPAC staff would provide guidance on the number of respondents required for a specific task order. The largest survey that MedPAC has sponsored was a phone survey of about 8,000 individuals.

28. For planning and budgeting purposes, will the small-scale survey require Paperwork Reduction Act (PRA) clearance and/or Institutional Review Board (IRB) approval?

MedPAC's response: Paperwork Reduction Act and Institutional Review Board approval are not required.

29. Should the Quality Control Plan be included within the main Technical Proposal Volume I, as an appendix, or as a separate document?

MedPAC's response: The QCP should be part of the main Technical Proposal (Volume I) under section 4.0 Management Plan.

30. Should a Quality Control Plan (described in section 2.9.2 on pp. 13) be submitted along with this proposal? If so, in which volume (business or technical) should this be included, and are there any page limits?

MedPAC's response: The QCP should be submitted as part of the offeror's proposal within the main Technical Proposal (Volume I) as part of section 4.0 Management Plan. Section 4.0 should not exceed 5 pages.

31. Please clarify the process that MedPAC will use to award individual project to IDIQ contract holders. Will a subset of contractors be asked to submit proposals in response to a statement of work or will MedPAC approach an organization with a request to complete a project?

MedPAC's response: In some cases, MedPAC may award individual task order contracts using a competition among IDIQ contract holders. For those situations, all relevant IDIQ contractors or a subset of IDIQ contractors would be asked to submit proposals in response to a statement of work. In other situations, MedPAC may select one IDIQ contractor for a specific task order based on the type of project at hand and the contractor's demonstrated expertise. A contractor may refuse a project if it is unavailable to complete the tasks within the required time frame. MedPAC cannot guarantee that each individual and entity awarded an IDIQ contract will in fact be chosen to complete a project under the contract.

32. Section 5.7 Contractor Project Director and Key Personnel: This section seems to indicate that MedPAC is seeking to designate certain personnel as key personnel at the IDIQ level. Please confirm that our interpretation is accurate and which personnel would be considered key.

MedPAC's response: In Section 5.7 (p. 17 of the RFP), we refer to the Contractor Project Director and Key Personnel. Here Key Personnel refers to individuals with sufficient expertise and/or project management experience that the offeror may put them in charge of leading a task-order assignment resulting from this IDIQ contract. Key Personnel would generally fall under categories 1, 2, or 3 of the labor categories listed on p. 3 of the RFP (or equivalent categories in the offeror's own labor classification system).

MedPAC wants offerors to designate key personnel in this way so we can evaluate the qualifications of those individuals most likely to lead task-order assignments. Please note that as a condition to exercise the options under this IDIQ contract (described in Section 4.4 on pp. 14-15), the IDIQ contractor must notify MedPAC of departures or additions of personnel who fall under labor categories 1 through 3.

33. Please clarify that MedPAC wants a version of the technical proposal in Word and as a PDF, and not one or the other.

MedPAC's response: Offerors should submit a version of the technical proposal in both Word and PDF formats.

34. B.2.a. Skills matrix: This section indicates that resumes are to be included in an appendix, but it is unclear whether the skills matrix is also to be included in the appendix. Could MedPAC please clarify where the skills matrix should be located?

MedPAC's response: Offerors should put the skills matrix in an appendix along with relevant resumes.

35. The wording of the instructions is unclear about where the skills matrix should go. Should it be part of Section 2: Proposed Personnel Qualifications or part of the appendix containing resumes?

MedPAC's response: Offerors should put the skills matrix in an appendix along with relevant resumes.

36. For the proposal, can we modify the "Task-order types and key personnel with relevant experience" table on Page 27 to be in landscape orientation (so that each row represents a Staff person and the column headings represent a specific skill)?

MedPAC's response: Offerors may modify the skills matrix to be in landscape orientation.

37. The project types listed in the staffing matrix on pp. 27 do not fully align with the project types described elsewhere in the document (e.g., pp. 30 and 31). For example, "focus groups" are not included in the staffing matrix, and the terminology for other is somewhat different. Can MedPAC clarify which list of project types is more accurate?

MedPAC’s response: MedPAC unintentionally omitted a row for “Organizing and conducting focus groups” from the skills matrix. The RFP has been amended to reflect this change and offerors should include such a row within the skills matrix in their proposals.

38. The staffing matrix on pp. 27 lists six sub-types of quantitative/data analyses (e.g., Analyzing Medicare Claims, Analyzing Cost Report Data, etc.). For the purposes of Task 5, would each of these sub-types count as a distinct “project type”? Or could several quantitative analyses be grouped together into a single project type, leaving room to propose additional, non-quantitative activities?

MedPAC’s response: Offerors may group together several quantitative analyses into a single project type so that additional project types may be proposed.

39. On pp. 28 of the RFP, under section 3.0, the text states that offerors should use section 5 (hypothetical project proposals) to discuss how they would perform specific tasks related to each project type (e.g., quantitative analysis). However, in section 5.0, offerors are only permitted to describe 3 project types. If an offeror proposes to cover more than 3 project types in section 3, how should they handle presenting specific examples for project types beyond 3?

MedPAC’s response: In its technical proposal, the offeror should use the topics and/or questions posed in section 5 as the subject for which it can describe (in section 3) its general ability to perform specific tasks related to the project types. In section 3, the offeror may propose its capacity to perform one, several, or all project types. In section 5, for its hypothetical project proposal, the offeror should lay out more specificity to demonstrate its capacity to conduct an analysis.

40. Please confirm that offerors can propose to cover more than 3 project types in general (in section 3.0), even if hypothetical examples for section 5.0 are limited to three.

MedPAC’s response: Confirmed.

41. 5.0 - Hypothetical Project Proposal: Given the following language: “up to 3 pages per project type so that the entire proposal totals no more than 12 pages,” is the bidder limited to 6 pages total if writing to 2 project types?

MedPAC’s response: The offeror may submit up to 9 pages if writing to 2 project types—an overview of no more than 3 pages plus 3 pages for each of the 2 project types.

42. Section B. Technical Proposal Format, Section 5: In describing the page limits for the hypothetical project: If we propose 3 project types, is the page limit 12 pages total including the 3 page overview, or is it 15 pages total (12 plus an additional 3 page overview)?

MedPAC's response: The offeror may submit up to 12 pages if writing to 3 project types—an overview of no more than 3 pages plus 3 pages for each of the 3 project types.

43. For the hypothetical task order, do we need to come up with a task structure (e.g. Task 1 Management, Task 2 - Analysis, etc.) and provide hours by task (within a project type), or would reporting a total number of hours by staff and by project type be sufficient?

MedPAC's response: Providing the total hours by staff and by project type would be sufficient, so long as the offeror provides enough task-level detail in its technical approach for the hypothetical project to support the number of staff hours proposed.

44. What LOE does MedPAC anticipate for the Hypothetical Project?

MedPAC's response: The offeror should decide what level of effort would be sufficient to conduct its proposed hypothetical project and justify its decision.

45. Does MedPAC envision that each legislative or regulatory change considered as a hypothetical project should correspond to one project type, or would it be permissible to propose multiple project types to address a single legislative/regulatory change?

MedPAC's response: The offeror may use either approach.

46. Should the legislative or regulatory change(s) selected for the hypothetical project be framed as a cohesive project or can three distinct, unrelated changes be addressed by three different project types?

MedPAC's response: The offeror may use either approach.

47. Section 5. Technical proposals: Should all methods descriptions be part of a common research project; i.e., should methods be coordinated and addressing the same research question(s), or can separate research tasks addressing the common theme of Covid impacts be proposed?

MedPAC's response: The offeror may use either approach.

48. Does MedPAC expect to award any of the hypothetical project proposals?

MedPAC's response: It is possible that if an offeror submits a hypothetical project proposal that addresses an issue of high priority to MedPAC and the offeror wins an IDIQ contract, MedPAC may choose to award the offeror a task order contract based on its hypothetical project proposal. However, MedPAC cannot guarantee such an outcome.

49. Section 5. Technical proposal: May any task orders be issued on the basis of proposals in Task 5?

MedPAC's response: It is possible that if an offeror submits a hypothetical project proposal that addresses an issue of high priority to MedPAC and the offeror wins an IDIQ contract, MedPAC may choose to award the offeror a task order contract based on its hypothetical project proposal. However, MedPAC cannot guarantee such an outcome.

50. Page 30 of the RFP states "Offerors should assume this hypothetical contract was awarded January 4, 2021 and that a final deliverable date for your findings is no later than November 4, 2021." Should these dates be changed to January 4, 2022 and November 4, 2022?

MedPAC's response: Please assume the hypothetical contract would run over the 11-month period beginning October 1, 2021 and ending August 31, 2022. These dates would fall within the first year of the IDIQ contract. The offeror should use the fully-loaded labor rates for that year from its IDIQ proposal for purposes of developing the cost of its hypothetical project. The RFP has been amended to reflect these dates.

51. Technical Proposal – Hypothetical p. 30: The instructions state that offerors should assume a start date for the hypothetical project of January 4, 2021 to November 4, 2021. However, the IDIQ Business Management and Cost/Price Proposal (RFP p.34) requires submittal of fully loaded hourly rates for a base period of 10/1/2021 to 9/30/2022. Is it acceptable to MedPAC if the proposed rates on the hypothetical budget are different than the proposed IDIQ fully loaded labor rates?

MedPAC's response: Please assume the hypothetical contract would run over the 11-month period beginning October 1, 2021 and ending August 31, 2022. These dates would fall within the first year of the IDIQ contract. The offeror should use the fully-loaded labor rates for that year from its IDIQ proposal for purposes of developing the cost of its hypothetical project. The RFP has been amended to reflect these dates.

52. Section Attachment A, Section 7b: Key Personnel: Under the heading of Key Personnel, the RFP indicates that the offeror's proposal must contain the names of staff responsible for preparing the proposal and their expected time working under this contract. Are we correct in understanding that the staff who assist in preparing the proposal will be deemed key personnel? Additionally, given that this is an IDIQ contract – could MedPAC clarify how offerors should estimate the level of effort for these personnel?

MedPAC's response: Not all staff who assist in preparing the offeror's proposal must be deemed key personnel. However, MedPAC expects that key personnel will provide input as the offeror develops their proposal. As in Section 5.7 (p. 17 of the RFP), we refer to Key Personnel as individuals with sufficient expertise and/or project management experience that the offeror may put them in charge of leading a task-order assignment resulting from this IDIQ contract. Key Personnel would generally fall under categories 1, 2, or 3 of the labor categories listed on p. 3 of the RFP (or equivalent categories in the offeror's own labor classification system). MedPAC wants offerors to designate key personnel in this way so we can evaluate the qualifications of those individuals most likely to lead task-order assignments. MedPAC would like the offeror to propose the availability of key personnel (measured as a percentage of their work time) under the first year of an IDIQ contract. Please note that as a condition to exercise the options under this IDIQ contract (described in Section 4.4 on pp. 14-15), the IDIQ contractor must notify MedPAC of departures or additions of personnel who fall under labor categories 1 through 3.

53. Is there a maximum number of pages for “Section 7.0 – Additional Information to be Furnished” or “Section 8.0 – Summary of Deviations/Exceptions in the Technical Proposal”? If not, is there an overall page limit or do the page limits only apply to the specific sections mentioned in the RFP – that is

- Section 1 – 2 page maximum
- Section 3 – 15 page maximum
- Section 4 – 5 page maximum
- Section 5 – 12 page maximum
- Section 6 - - 10 page maximum

MedPAC's response: Offerors should limit their submissions for Section 7.0 and Section 8.0 to 1 page per section.

54. Section 7. Additional Information to be furnished, 8. Summary of Deviations: What are the page limits for sections 7 and 8?

MedPAC's response: Offerors should limit their submissions for Section 7.0 and Section 8.0 to 1 page per section.

55. How many key personnel should be named under Section 7.0? Should individuals with important roles on the hypothetical project(s) be listed as key personnel?

MedPAC's response: There is no limit on the number of key personnel who should be named under section 7.0. In Section 5.7 (p. 17 of the RFP), we refer to Key Personnel as individuals with sufficient expertise and/or project management experience that the offeror may put them in charge of leading a task-order assignments resulting from this IDIQ contract. Key Personnel would generally fall under categories 1, 2, or 3 of the labor categories listed on p. 3 of the RFP (or equivalent categories in the offeror's own labor classification system). MedPAC wants offerors to designate key personnel in this way so we can evaluate the qualifications of those individuals most likely to lead task-order assignments. Please note that as a condition to exercise the options under this IDIQ contract (described in Section 4.4 on pp. 14-15), the IDIQ contractor must notify MedPAC of departures or additions of personnel who fall under labor categories 1 through 3.

56. Proposed Personnel Qualifications: Page 36 indicates "The project director(s) shall have demonstrated capability to manage the chosen types of projects and proven ability to provide technical guidance relevant to the tasks of the projects." Page 3 lists personnel categories but that list does not include project directors. Are project managers and project directors synonymous, indicating the staff who will lead task orders awarded through the IDIQ?

MedPAC's response: Yes, MedPAC considers project directors and project managers synonymous and indicating staff who would lead task orders awarded through the IDIQ.

57. Can MedPAC provide examples of what might be considered a "deviation, exception, or conditional assumption" (discussed in section 8.0)?

MedPAC's response: As an example, the offeror could use Section 8.0 to explain why or how its labor categories differ from those used in the RFP if such an explanation is not otherwise self-evident.

58. Can we include appendixes (such as those containing supplemental information for the technical proposal or hypothetical project) in addition to the appendix with the staff resumes?

MedPAC's response: Offerors should not include supplemental information for the technical proposal or hypothetical project in appendixes.

59. Should resumes be included for all staff included in the rate calculations?

MedPAC's response: Offerors do not need to include resumes for all staff included in the rate calculations. However, offerors should include resumes for all staff included in its skills matrix (described on p. 27 of the RFP).

60. C.2 Organization of Volume II: Business Management and Cost/Price Proposal: In specifying the sections that should be included in offeror's cost/price proposal, the title for section 2 indicates that offerors should provide a statement of their government approved indirect rates; however, this is not discussed elsewhere in the RFP. Could MedPAC clarify whether offerors must provide a copy of their government approved indirect rates?

MedPAC's response: Offerors do not need to provide a copy of their government approved indirect rates. MedPAC expects offerors to propose fully burdened (fully loaded) hourly rates that are inclusive of indirect costs and fee in the base year and five subsequent option years. The title for section (2) of the RFP under C.2 Organization of Volume II: Business Management and Cost/Price Proposal has been amended to remove the words "statement of government approved." The title now reads, "Fully Burdened Labor Rate Schedule (see "Fully loaded hourly labor rates" table below) and indirect rates for fringe, overhead, and G&A expenses."

61. Example Business Cost Proposal Table Shell for Hypothetical Project: Based on the format specified for the hypothetical task order's budget we are assuming that this would be a CPFF task order; however, the RFP does not explicitly state this. Could MedPAC specify the contract type for the hypothetical task order?

MedPAC's response: There may be conditions that warrant use of a CPFF contract rather than a FFP contract. Offerors should select the contract type that is most appropriate given the approach used in its hypothetical project proposal and justify that selection.

62. Vol. II, Cost Proposal for Hypothetical, p. 35: Does MedPAC want a cost -plus fixed fee budget for the hypothetical, or a firm fixed price type budget?

MedPAC's response: There may be conditions that warrant use of a CPFF contract rather than a FFP contract. Offerors should select the contract type that is most

appropriate given the approach used in its hypothetical project proposal and justify that selection.

63. For the hypothetical task order business cost proposal, should it be priced as FFP, using our fully loaded labor rates, or as a CPFF Task Order? If CPFF, please confirm that fee is allowable on all labor and ODC costs, exclusive of travel.

MedPAC's response: There may be conditions that warrant use of a CPFF contract rather than a FFP contract. Offerors should select the contract type that is most appropriate given the approach used in its hypothetical project proposal and justify that selection. For CPFF task orders, MedPAC will **not** pay fee or profit as a percentage of the following categories of other direct costs (ODCs): materials/supplies, equipment, travel, and per diem. Instead, the offeror would propose a fixed-fee dollar amount at the start of the task order. The final amount of the contract's fixed fee can be no higher than the amount in the contractor's task order proposal, i.e., the fee would not be higher if the specified ODCs ran higher than was proposed.

64. Vol. II, Fully Burdened Labor Rate Schedule, p. 36: The instructions state that "Alterations to the Fully Burdened Labor Rate Schedule are not allowed...." However, we have a broader mix of staff that we would like to propose labor rates for. Are we allowed to propose additional labor categories to the Fully Burdened Labor Rate Schedule table provided by MedPAC on p. 34?

MedPAC's response: The offeror may propose other labor categories consistent with their organization's human resources classification system.

65. For the Hypothetical Project, should a single budget be formulated for all selected project types, or is MedPAC expecting a separate budget for each project type?

MedPAC's response: The offeror should provide enough budget detail for each of its proposed project types to be equivalent to a "project type" column shown in the "Example Business Cost Proposal Table Shell for Hypothetical Project" on p. 34 of the RFP. The offeror may submit that information as one table (as in the example on p. 34) or as separate tables for each project type.

66. Section Business proposal: The business proposal is based on FFP; what will be the required relation of CPFF task proposals to the FFP loaded rates?

MedPAC's response: CPFF proposals for task orders in the base year and in future option years should be developed using the same fully loaded hourly labor rates as

proposed in the offeror's IDIQ contract business proposal. For this reason, offerors should carefully project their fully loaded rates.

67. C.3 Pricing Information: Subsection (a) indicates that the cost/price information is limited to fully burdened labor rates, as well as indirect and profit/fee rates applicable to Other Direct Costs (ODCs). Notwithstanding, Section 1.1 (page 2), indicated that a cost reimbursement CLIN will be awarded for materials and no fee or profit will be paid and similarly, travel and per diem will be reimbursed at actual costs with no fee/profit. Can you please clarify if fee is applicable to travel, per diem, and other ODCs?

MedPAC's response: **MedPAC's response:** For CPFF task orders, MedPAC will **not** pay fee or profit as a percentage of the following categories of other direct costs (ODCs): materials/supplies, equipment, travel, and per diem. Instead, the offeror would propose a fixed-fee dollar amount at the start of the task order. The final amount of the contract's fixed fee can be no higher than the amount in the contractor's task order proposal, i.e., the fee would not be higher if the specified ODCs ran higher than was proposed.

68. Page 35, section C.3(h) refers to maximum rates being the rates that are to be utilized for pricing future competitive and non-competitive Task Orders. Please confirm that Subcontractor rates may not exceed Offerors' maximum rates in future competitive and non-competitive Task Orders.

MedPAC's response: The offeror is responsible for conducting appropriate cost or price analyses to establish the reasonableness of proposed subcontract prices and include the results of these analyses in the price proposal.

69. C.4 Financial Responsibility: Subsection (b) requires financial statements for any partners of the Offeror. Does this mean that financial statements are also required from subcontractors?

MedPAC's response: The offeror does not need to submit financial statements for subcontractors.