

**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:**
**Public Works Government Services Canada- Bid
Receiving / Réception des soumissions**
189 Prince William Street
Room 421
Saint John
New Brunswick
E2L 2B9

REQUEST FOR PROPOSAL DEMANDE DE PROPOSITION

**Proposal To: Public Works and Government
Services Canada**

We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods, services, and construction listed herein and on any attached sheets at the price(s) set out therefor.

**Proposition aux: Travaux Publics et Services
Gouvernementaux Canada**

Nous offrons par la présente de vendre à Sa Majesté la Reine du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux annexes ci-jointes, les biens, services et construction énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

Comments - Commentaires

Title - Sujet Svc's, Federal Health Claims Process	
Solicitation No. - N° de l'invitation 51019-072007/K	Date 2013-01-24
Client Reference No. - N° de référence du client 51019-072007	
GETS Reference No. - N° de référence de SEAG PW-\$PWB-011-3203	
File No. - N° de dossier PWB-7-20036 (011)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-04-30	Time Zone Fuseau horaire Atlantic Standard Time AST
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Keith, Allan B.	Buyer Id - Id de l'acheteur pwb011
Telephone No. - N° de téléphone (506) 636-4416 ()	FAX No. - N° de FAX (506) 636-4376
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: DEPARTMENT OF VETERANS AFFAIRS 97 QUEEN ST P.O.BOX 7700 IB 519 CHARLOTTETOWN Prince Edward Island C1A8M9 Canada	

Instructions: See Herein

Instructions: Voir aux présentes

Vendor/Firm Name and Address

**Raison sociale et adresse du
fournisseur/de l'entrepreneur**

Issuing Office - Bureau de distribution

Public Works Government Services Canada- Bid Receiving
/ Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Bruns
E2L 2B9

Delivery Required - Livraison exigée See Herein	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N° de l'invitation

51019-072007/K

Amd. No. - N° de la modif.

Buyer ID - Id de l'acheteur

pwb011

Client Ref. No. - N° de réf. du client

51019-072007

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PWB-7-20036

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PART 1 - GENERAL INFORMATION

1.1 Introduction

The bid solicitation is divided into seven parts plus appendices and annexes as follows:

- Part 1 General Information: provides a general description of the requirement;
- Part 2 Bidder Instructions: provides the instructions, clauses and conditions applicable to the bid solicitation;
- Part 3 Bid Preparation Instructions: provides bidders with instructions on how to prepare their bid;
- Part 4 Evaluation Procedures and Basis of Selection: indicates how the evaluation will be conducted, the evaluation criteria that must be addressed in the bid and the basis of selection;
- Part 5 Certifications: includes the certifications to be provided;
- Part 6 Security, Financial and Other Requirements: includes specific requirements that must be addressed by bidders; and
- Part 7 Resulting Contract Clauses: includes the clauses and conditions that will apply to any resulting contract.

The Appendices include the Statement of Work complete with Annexes, the Basis of Payment, the Evaluation Criteria, the Security Requirements Check List, the Insurance Requirements, the Task Authorization Form and any other attachments.

1.2 Summary

a. Introduction

Canada has a government-wide requirement for Federal Health Claims Processing Services (FHCPS) which includes providing services and systems, for the processing and settlement of health claims, and to ensure compliance with applicable (and specified) Program policies including audit, reporting and financial control practices used by various departments of the federal government. The relevant departments involved in this solicitation include Veterans Affairs Canada (VAC), Canadian Forces (CF), and Royal Canadian Mounted Police (RCMP).

Canada retains the right to extend the provision of the Federal Health Claims Processing Services (FHCPS) to other eligible departments and Programs provided that the total estimated increase in claim lines (refer to Annex E for definition) for all additional health care plans and/or programs does not exceed 4,500,000 claim lines annually. As such, the successful Bidder may also be required to provide health claims processing goods and/or services to support health care plans and/or programs for other Government Departments, Departmental Corporations and Agencies, and other Crown entities described in the *Financial Administration Act* (as amended from time to

time), and any other party for which the Department of Public Works and Government Services may be authorized to act from time to time under section 16 of the *Department of Public Works and Government Services Act*. Prior to exercising this option, Canada will assess the estimated annual claim line volume of the health care plan and/or program to be added, as well as the estimated annual claim line volume of previously added health care plans and/or programs (based on estimates available at the time that they were added). Once the right has been exercised, Canada will have no obligation to remove a health care plan and/or program should the increase in claim line volumes, from the extension of the Federal Health Claims Processing Services (FHCPS) to other eligible departments and Programs, exceed 4,500,000 claim lines annually.

Additionally, should a health care plan and/or program forming part of FHCPS no longer require the services listed in Appendix A - Statement of Work, Canada retains the right to remove in whole or in part the goods and/or services that are to be provided by the successful Bidder.

The RCMP is currently undergoing organizational changes (Health Services Modernization) in its delivery of members' health care entitlements and benefits programs. Pursuant to current RCMP Regulations, eligible members receive Basic, Supplemental and Occupational Health Care benefits at RCMP expense. Basic Health Care is in the implementation stage for transfer to Provincial or Territorial jurisdictions in accordance with the legislative amendment to include members as an "insured person" under the ***Canada Health Act*** (June 29, 2012). Under modernization efforts, additional changes may occur to these Programs: Supplemental Health Care, Occupational Health Care and Dental Appeals. Even though all regular members are now covered under the ***Canada Health Act***, the RCMP must be able to cover and track the basic health care costs when members end up with no coverage due to operational reasons, e.g. coming back from a peace mission, foreign service office, or other situations.

All three federal departments combined provide a wide range of health benefits and services to eligible clients, members, Veterans and other persons as specified under their respective regulations. The benefits and services available for the three partner Departments are consolidated under Programs of Choice (POC). FHCPS is used by the Departments in the administration of the following POC:

1. Aids to Daily Living
2. Ambulance (Includes Health Related Travel)
3. Audio Services
4. Dental Services
5. Hospital Services
6. Medical Services
7. Medical Supplies
8. Nursing Services
9. Oxygen Therapy
10. Prescription Drugs
11. Prosthetics and Orthotics
12. Related Health Services
13. Special Equipment

-
14. Vision Care
 15. Veterans Independence Program (VAC only)
 16. Long Term Care (VAC only)

The successful Contractor would be required to provide a health claim processing system to enable the Departments to provide a wide range of health benefits and services to eligible Clients, Veterans and other persons as specified under their respective Regulations. The Contractor must provide the Health Claims services and systems to support FHCPS and the delivery of the programs. The successful Contractor would also be required to provide supplementary services for the 16 POC with the following components:

Client registration and generation of the applicable level of eligibility based on the adjudication data transmitted from the Departments.

Multi-channel communication services for members/clients, providers and staff of Departments. Communication encompasses written communication products, Websites which provide information services including claim status and Call Centres with Canadian and International toll-free access. Communication with Departmental staff includes a secure messaging service and secure data exchange.

Provider Registration, Provider Relations and Provider Audit Services.

Treatment Authorization Services including Special Authorization Services for Pharmacy requests, Dental pre-determination requests using CDAnet (Canadian Dental Association network) and authorization requests for other medical services and benefits.

Manual and Electronic Claims Processing of claims from clients, third-party and providers. Claims Processing Services encompass Claims capture, Claims Tracking, Claims adjudication, Claims Payment and production and distribution of Claims Statements.

Pharmacy Services for the electronic adjudication and processing of benefits dispensed at both retail and CF Pharmacies.

Drug Utilization Evaluation Service to evaluate, analyze and interpret utilization by clients/members, prescribing by physicians and dispensing by pharmacies.

Financial Operations which encompass the financial practices to request, reconcile and process claims payment and recovery amounts with the Departments.

Quality Assurance and Performance Reporting to ensure that the services and systems meet the performance standards.

System design, development/customization, testing and implementation which supports the delivery of FHCPS and interface with Departments' systems.

Business Management to ensure that:

- services comply with Departments' policies and standards,

- the business solution conforms to Laws and Regulations and is adaptive to accommodate any change in laws and regulations
- data is correct, secure and private at all times, and
- planning and analysis is conducted to identify opportunities to improve efficiency and effectiveness of the services.

Business Services including Change Management, Training, System Maintenance and Management, Reporting and Records Retention.

b. Contract Period and Options

A single Contractor will be selected from this RFP. The proposed length of the contract is 8 years 6 months inclusive of an 18 month system development, testing, and Transition-In to FHCPS and 7 years operations and maintenance with options to extend the period of the Contract by up to 2 separate 2 year periods.

c. Security Requirements

There is a security requirement associated with this requirement. For additional information, see Part 6 - Security, Financial and Other Requirements, and Part 7 - Resulting Contract Clauses.

Bidders should consult the "Security Requirements for PWGSC Bid Solicitations – Instructions for Bidders" (<http://www.tpsgc-pwgsc.gc.ca/app-acq/lc-pl/lc-pl-eng.html#a31>) document on the [Departmental Standard Procurement Documents](#) Web site.

Information on personnel and organization security screening is available on the Canadian Industrial Security (CISD) (<http://ssi-iss.tpsgc-pwgsc.gc.ca/index-eng.html>). For any enquiries, bidders should contact CISD at 1-866-368-4646 or 613-948-4176 in the National Capital Region.

For information purposes, Bidders are hereby informed that the amount of time to obtain required security clearance levels may be lengthy and is contingent upon the specific clearance levels required. Bidders are solely responsible for obtaining such clearances.

d. Code of Conflict and Certifications

Pursuant to section 01 of Standard Instructions 2003, Bidders must submit a complete list of names of all individuals who are currently directors of the Bidder. Furthermore, as determined by the Special Investigations Directorate, Departmental Oversight Branch, each individual named on the list may be requested to complete a consent to a Criminal Record Verification form and related documentation.

e. Trade Agreements

The national security exceptions provided for in the trade agreements have been invoked; therefore, this procurement is excluded from all of the obligations of all the trade agreements.

f. Conflict of Interest

Further to the provisions of Article 18 of SACC 2003 (2012-11-19), the following firms have been engaged in the preparation of this solicitation and are hereby precluded from participation in the solicitation:

1. RFP Solutions Inc., Kanata, Ontario
2. Knowles Consultancy Services Inc, Hill International Inc., IN JOINT VENTURE
3. Wiltshire Consulting Inc., Ottawa, Ontario
4. Gartner Inc., Toronto, Ontario
5. Southside Solutions Group Inc., (SSG), Toronto, Ontario
6. The Centre for Public Management Inc., Ottawa, Ontario
7. Calian Limited, Ottawa
8. GAMAT Consulting Resources Inc., Charlottetown

Without limiting Canada's rights under Article 18 of 2003 (2012-11-19) Standard Instructions - Goods or Services - Competitive Requirements, the above listed private sector contractors together with any subcontractor, employee, agent or representative of those contractors who was involved in the preparation of this solicitation in any manner, directly or indirectly, will be deemed to be in conflict of interest (real or perceived) and Responses to this solicitation from any such contractor will not be considered.

g. Canadian Content

This requirement is limited to Canadian goods and/or services.

1.3 Debriefings

After contract award, bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to the Contracting Authority within 15 working days of receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.

PART 2 - BIDDER INSTRUCTIONS

2.1 Standard Instructions, Clauses and Conditions

- a. All instructions, clauses and conditions identified in the bid solicitation by number, date and title are set out in the Standard Acquisition Clauses and Conditions Manual (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual/1>) issued by Public Works and Government Services Canada.
- b. Bidders who submit a bid agree to be bound by the instructions, clauses and conditions of the bid solicitation and accept the clauses and conditions of the resulting contract.
- c. The 2003 (2012-11-19) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.
- d. Subsection 5.4 of 2003, Standard Instructions - Goods or Services Competitive Requirements, is amended as follows:

Delete: **Sixty (60) days**
Insert: **Two Hundred and Fifty (250) days**

If the Bidder indicates in its bid that it is valid for less than the required period, the Bidder is solely responsible for extending it before it expires by writing to the Contracting Authority. Otherwise, the bid will expire at the time indicated in the bid and Canada will no longer consider it.

2.2 Submission of Bids

Bids must be submitted only to Public Works and Government Services Canada (PWGSC) Bid Receiving Unit by the date, time and place indicated on page 1 of the bid solicitation.

Due to the nature of the bid solicitation, bids transmitted by facsimile to PWGSC will not be accepted.

2.3 Enquiries - Bid Solicitation

All enquiries must be submitted in writing to the Contracting Authority as indicated below no later than ten (10) working days before the bid closing date. Enquiries received after that time may not be answered.

Public Works and Government Services Canada
Acquisitions Branch
189 Prince William Street, 4th Floor, Room 421
Saint John, New Brunswick, E2L 2B9
Attention: Allan B. Keith, Contracting Authority
Telephone: (506) 636-4416 Facsimile: (506) 636-4376
E-mail Address: allan.keith@pwgsc.gc.ca

Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit the questions or may request that the Bidder do so, so that the proprietary nature of the question is eliminated, and the enquiry can be answered with copies to all bidders. Enquiries not submitted in a form that can be distributed to all bidders may not be answered by Canada.

2.4 Applicable Laws

Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in New Brunswick.

Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the bidders.

2.5 Improvement of Requirement during Solicitation Period

Should bidders consider that the specifications or Statement of Work contained in the bid solicitation could be improved technically or technologically, bidders are invited to make suggestions, in writing, to the Contracting Authority named in the bid solicitation. Bidders must clearly outline the suggested improvement as well as the reason for the suggestion. Suggestions that do not restrict the level of competition nor favour a particular bidder will be given consideration provided they are submitted to the Contracting Authority at least 15 working days before the bid closing date. Canada will have the right to accept or reject any or all suggestions.

2.6 Bidders' Conference

A bidders' conference will be held in Ottawa, Ontario on February 26, 2012 at 1300 hours, local time, at the Ottawa Convention Centre, 55 Colonel By Drive, Ottawa, Ontario, K1N 9J2. The scope of the requirement outlined in the bid solicitation will be reviewed during the conference and questions will be answered. It is recommended that bidders who intend to submit a bid attend or send a representative.

Bidders are requested to communicate with the Contracting Authority before the conference to confirm attendance. Bidders should provide, in writing, to the Contracting Authority, the names of the person(s) who will be attending and a list of issues they wish to table at least ten (10) working days before the scheduled conference.

Any clarifications or changes to the bid solicitation resulting from the bidders' conference will be included as an amendment to the bid solicitation. Bidders who do not attend will not be precluded from submitting a bid.

2.7 Volumetric Data

The FHCPs historical business and transactional volume data in Appendix A, Statement of Work, Annex B -Volumetrics has been provided to Bidders to assist them in preparing their bids. The inclusion of this data in this bid solicitation does not represent a commitment by Canada that Canada's future usage of the service identified in this bid solicitation will be consistent with this data. It is provided purely for information purposes. Canada accepts no liability for any discrepancies or variation between the estimates provided and the actual resource requirements, decisions and/or claims to be processed under the contract.

2.8 Defined Terms

Bidders should pay particularly close attention to defined terms that apply to specific sections of the RFP as similar defined terms may be used in a different context in other sections of the RFP.

PART 3 – BID PREPARATION INSTRUCTIONS

3.1 Bid Preparation Instructions

- a. Canada requests Bidders to provide their bid in separately bound sections identified as follows:

Section I: Technical Bid

5 hard copies and 5 additional soft copies on CD's or DVD's;

Section II: Financial Bid

- (a) 3 hard copies of completed Basis of Payment. Also, submit 3 soft copies on CD's or DVD's;

- (b) complete the Excel spreadsheet being issued with this bid package and return 3 soft copies on CD's or DVD's. For this part, (b), submit 1 hard copy.

Section III: Certifications

Certifications required at bid closing may be separately bound as Section III.
(3 hard copies)

If there is a discrepancy in the wording of the soft copy and the hard copy, the wording of the hard copy will have priority over the wording of the soft copy; however, if sentences, paragraphs, or pages are missing from the hard copy but found in the soft copy, Canada will use the missing sentences, paragraphs, or pages if the Bidder confirms the missing sentences, paragraphs or pages were intended.

Electronic copies: The soft copies (CD or DVD) should be labeled with the Bidder's name, the RFP number and title. Adobe Acrobat 9 (i.e., PDF) or higher format is acceptable provided that copy and print functions in the PDF document are not restricted and/or disabled in any manner.

- b. Prices must appear in the financial bid only. No prices must be indicated in any other section of the bid.
- c. Canada requests that bidders follow the format instructions described below in the preparation of their bid:
1. use 8.5 x 11 inch (216 mm x 279 mm) paper, margins no less than one inch on the left hand side, and font size no less than 11 point except in charts; 11 x 17 inch paper may be used for tables, charts and/or diagrams if necessary.
 2. use a numbering system that corresponds to the bid solicitation;
 3. include the certifications as a separate section of the bid;

4. include a title page at the front of each volume (or section) that includes title, date, solicitation number, the volume number and the full legal name of the Bidder;
 5. include a table of content.
- d. In April 2006, Canada issued a policy directing federal departments and agencies to take the necessary steps to incorporate environmental considerations into the procurement process Policy on Green Procurement (<http://www.tpsgc-pwgsc.gc.ca/ecologisation-greening/achats-procurement/politique-policy-eng.html>).

To assist Canada in reaching its objectives, bidders should:

1. use 8.5 x 11 inch (216 mm x 279 mm) paper containing fibre certified as originating from a sustainably-managed forest and containing minimum 30% recycled content; and
 2. use an environmentally-preferable format including black and white printing instead of colour printing, printing double sided/duplex, using staples or clips instead of cerlox, duotangs or binders.
- e. The Bidder may submit more than one bid. If an alternate bid is submitted, it must be a physically separate document, clearly marked as an alternate bid. Each bid will be evaluated independently, without regard to the other bids submitted by the Bidder; as a result, every bid must be complete on its own. Even though material submitted in one bid will not be used to supplement another bid submitted by the same bidder where inconsistencies are noted among multiple bids submitted by the same bidder, Canada may take those inconsistencies into account in evaluating the multiple bids. If the Bidder submits multiple bids and wishes to withdraw one or more of those bids, Canada reserves the right to require that the Bidder withdraw either all its bids, or none of them.
- f. Any descriptive material, technical manuals and brochures referred to in the Bidder's bid must be included with the bid.

3.2 Section I: Technical Bid

The Technical Bid must address all Mandatory Technical Submission Requirements and should address all Point-Rated Technical Submission Requirements and Evaluation Criteria contained in Attachment 2 of this RFP.

To facilitate bid preparation and bid evaluation, Bidders should prepare and submit their Technical Bid using the following Table of Contents:

Technical Bid Part 1

Part 1, Section 1.1 - Signed Copy of the RFP

This Section should include a signed copy of page “1” of this RFP (which is deemed to include all amendments).

Part 1, Section 1.2 - Bidder Contact

This Section should include at a minimum the Name and Telephone Number of a single contact person that is authorized by the Bidder for this RFP.

Technical Bid Part 2

Part 2, Section 2.1 - Mandatory Technical Submission Requirements

This Part of the Bid should be prepared in response to the Mandatory Technical Submission Requirements contained in Attachment 2 of this RFP.

Part 2, Section 2.2 - Point-Rated Technical Submission Requirements

This Part of the Bid should be prepared in response to the Point-Rated Technical Submission Requirements and Evaluation Criteria contained in Attachment 2 of this RFP.

Technical Bid Part 3

Part 3, Section 3.1 - Technical Bid Documentation

This Part of the Bid should list and include all documentation specified in the Submission requirements or otherwise referenced by the Bidder in its Technical Bid as applicable.

3.3 Section II: Financial Bid

Bidders must submit their financial bid in accordance with Appendix B and Attachment 1 - Financial Bid Requirements and Bidders Instructions and as indicated elsewhere throughout this RFP. The total amount of Goods and Services Tax or Harmonized Sales Tax must be shown separately, if applicable.

3.4 Section III: Certifications

Bidders must submit the certifications in accordance with Part 5 - Certifications and as indicated elsewhere throughout this RFP.

PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

4.1 Evaluation Procedures

- a. Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria. There are several phases in the evaluation process, which are described below. Even though the evaluation and selection will be conducted in phases, the fact that Canada has proceeded to a later phase does not mean that Canada has conclusively determined that the Bidder has successfully passed all the previous phases. Canada may conduct phases of the evaluation in parallel.
- b. An evaluation team composed of representatives of PWGSC, Veterans Affairs Canada (VAC) together with representatives from the partner departments of the Canadian Forces (CF) and the Royal Canadian Mounted Police (RCMP), will evaluate the Bids. Canada may have an independent consultant, or use any Government resources, to evaluate any bid. Not all members of the evaluation team will necessarily participate in all aspects of the evaluation.
- c. PWGSC has engaged Knowles Consultancy Services, Hill International Inc., Joint Venture, Ontario, as a fairness monitor for this procurement. The fairness monitor will not be part of the evaluation team, but will observe the evaluation of the bids with respect to Canada's adherence to the evaluation process described in this bid solicitation and its even-handed application to all bidders.
- d. The evaluation team will utilize a consensus-based approach to conduct a multi-phase evaluation and selection process as follows:
 - i) Phase 1: Technical Bid Evaluation (Mandatory and Point-Rated Criteria);
 - ii) Phase 2: Determination of Technical Bid Score & Verification of Minimum Pass Marks;
 - iii) Phase 3: Validation and Scoring Adjustment (if required);
 - iv) Phase 4: Financial Bid Evaluation and Scoring;
 - v) Phase 5: Determination of Overall Bid Scores
- e. In addition to any other time periods established in the bid solicitation:
 - i) **Requests for Clarifications:** If Canada seeks clarifications or verification from the Bidder about its bid, the Bidder will have two (2) working days (or a longer period if specified in writing by the Contracting Authority) to provide the necessary information to Canada. Failure to meet this deadline will result in the bid being declared non-responsive.
 - ii) **Requests for Interviews:** If Canada wishes to interview the Bidder and/or any or all of the resources proposed by the Bidder to fulfil the requirements of the bid solicitation, the Bidder will have 10 working days following notice by Canada to make any necessary arrangements (at the Bidder's sole cost) to arrange for the

interview to take place at either Halifax, Nova Scotia, Ottawa, Ontario or Charlottetown, Prince Edward Island.

- iii) **Requests for Survey:** If Canada wishes to survey the Bidder's facilities, the Bidder must make its facilities available for this purpose within ten (10) working days of a request by the Contracting Authority.
 - iv) **Extension of Time:** If additional time is required by the Bidder, the Contracting Authority may grant an extension at his or her sole discretion.
- f. The Technical and Financial bids will initially be scored separately. The Overall Bid Score will be determined by combining the Bidder's Technical Bid Score and Financial Bid Score, utilizing the weights specified below, to produce an Overall Bid Score out of 100 points.

Evaluation Phase/Criteria	Weight
Technical Bid	60
Financial Bid	40
Overall Bid	100

4.2 Evaluation Process

Phase 1: Written Bid Evaluation

In the first phase of the evaluation process, the Bidder's technical bid will be evaluated. Technical bids will be evaluated in accordance with the mandatory and point-rated evaluation criteria as detailed in Attachment 2 of this RFP. Starting with the mandatory requirements, responses will be evaluated and given a "Responsive or Non-Responsive" rating. Bidder's bids will be required to comply with each and every mandatory requirement (technical) of the RFP. No points will be awarded for compliance with the mandatory requirements.

Following evaluation of the mandatory requirements, Bidder's written response to the point-rated criteria of the RFP will be evaluated. Bidder's bids will be evaluated and scored based exclusively on the merits of the Bidder's written response in accordance with the stated evaluation criteria.

A Bidder will be deemed non-responsive at any point in time during this phase should it be determined that a Bidder has failed to meet any mandatory requirement of the RFP. Only responsive proposals will move to the next phase of the evaluation process.

Phase 2: Determination of Technical Bid Score & Verification of Minimum Pass Marks

Following completion of technical bid evaluation (i.e. mandatory and point-rated requirements), each bid's score will be verified against the applicable minimum pass marks specified below. Only bids that meet the minimum pass marks will be considered responsive and move to the next phase in the evaluation process.

To be considered “responsive”, Bidders must achieve a minimum pass mark of 50% in each of the categories R1 to R8. Bids which do not meet the minimum pass marks in each category (R1 to R8) will be considered “non-responsive”.

Bidders required minimum pass marks for each Point-Rated Criteria

No.	Point Rated Criteria Description	Maximum Points	Minimum Required Pass Mark
R1	Corporate Experience	4,000	50% - 2,000 points
R2	Project Management Team	900	50% - 450 points
R3	FHCPS Systems	3,800	50% - 1,900 points
R4	Operational Services and Procedures	3,800	50% - 1,900 points
R5	FHCPS Plans	3,800	50% - 1,900 points
R6	Risk Assessment and Analysis	1,200	50% - 600 points
R7	Quality Assurance	1,600	50% - 800 points
R8	Financial Operations	1,600	50% - 800 points
	Total Maximum Points:	20,700	12,420 points

Bids which have met the minimum pass marks in each of the Categories R1 to R8, must also meet a Minimum Overall Pass Mark of 60% based on the total points achieved in these same categories (20,700) maximum points (R1-R8) x 60% = 12,420 Points Minimum Overall Pass Mark). Bids which do not meet the Minimum Overall Pass mark of 60% for the total points of Categories R1 to R8 will be considered non-responsive.

A Bidder's total technical point score will be the points achieved by totaling all of the rated criteria in all point rated categories - R1 to R8 inclusive. The maximum score possible is 20,700 points.

The Bidder's technical score shall be prorated against the maximum technical score achievable (20,700) and multiplied by 60 as illustrated in the following example.

Example

Bidder	Bidder's Technical Score	Technical Score Calculation	Technical Bid Score
Bidder 1	16,400 points	$16,400 \div 20,700 \times 60$	47.54
Bidder 2	17,600 points	$17,600 \div 20,700 \times 60$	51.01
Bidder 3	15,700 points	$15,200 \div 20,700 \times 60$	44.06

For purposes of the above calculation as well as the total score calculation, PWGSC will carry two figures to the right of the decimal point, with rounding up at five or above, and down at anything below five.

Phase 3: Validation and Scoring Adjustment (if deemed necessary)

Purpose

In the third phase of the evaluation, the evaluation team may validate each responsive bid. The purpose of this phase, if deemed necessary, is to confirm information provided by Bidders and validate the evaluation and scoring of the mandatory and point-rated evaluation criteria as applicable. The validation phase may include reference checking and/or oral interviews as determined appropriate to substantiate the experience and qualifications of the Bidder and/or its proposed resources. The evaluation team will use the same validation process for each Bidder.

Reference Checking Process

- a. The solicitation requires Bidders to provide references for corporate experience and proposed personnel. The purpose of the reference checking process is to substantiate the reference information provided by the Bidder in response to the Technical Bid Submission Requirements contained in this bid solicitation. If deemed necessary, Reference Checks will be conducted directly with the reference(s) contact via conference call, e-mail, or other methods.
- b. Should reference checking be deemed necessary, Bidders will be given two (2) working days notice, in writing, of Canada's intention to initiate contact with Bidder's reference. Canada will act reasonably to accommodate the business and operational requirements of the Bidder's references.
- c. On working day 3 Canada will contact or attempt to contact a Bidder's reference and/or schedule a reference check. At the end of working day 5, if contact with the Bidder's reference has not been established, the Contract Authority will request that the Bidder's representative act as an intermediary between Canada and the specific reference for the purpose of arranging follow-up communications and if, within 5 working days the Bidder has failed to cause a timely and professional meeting to occur between the evaluation team and the reference through which Canada can confirm the information provided by the bidder, the Reference Project will not be considered and as such will be awarded 0 points for rated criteria or the bid deemed non-responsive for a mandatory requirement as applicable.

Scoring Adjustment

- a. If information received by the evaluation team through the validation process (i.e. information supplied by references(s) during reference checks, etc.) fails to substantiate the stated experience and qualifications of the Bidder and/or its proposed resources for any particular requirement, the Bidder will be re-evaluated based on the information received through the validation process.
- b. In the case of a rated requirement, the Bidder's score for the specific requirement will be adjusted downward or rated zero, depending on the nature and degree of the discrepancy. Such revised score shall be based on a re-evaluation of the response as modified by the information provided through the validation process. The re-evaluation will be in accordance with the evaluation criteria, applicable to the response. In the case of a

mandatory requirement, the bid may be evaluated as non-responsive and receive no further consideration.

- c. Following completion of the validation process and associated re-evaluation, the resulting adjusted scores will be re-verified against applicable minimum pass marks. Only bids with adjusted scores that meet or exceed all minimum pass marks will be deemed responsive.

Phase 4: Financial Bid Evaluation and Scoring

In the fourth phase of the evaluation process, each of the remaining responsive Bidders' bids will be subject to a Financial Bid evaluation as detailed below.

The Bidder's Financial Bid will be evaluated to ensure compliance with all submission requirements identified in Appendix B, Basis of Payment. Only responsive Financial Bids will move to the next step in the Financial Evaluation Process.

The following Table 4.0B-1 is provided as an example for information purposes only.

Electronic Transactions Processing

Table 4.0B-1 – Electronic Transactions Price Schedule

Electronic Transactions other than On-Base Pharmacy VOLUME RANGE	Firm all inclusive rate per transaction for a twelve month period	Percentage of probability	Bidder's Weighted Average Price Per Transaction
Up to 1,500,000	\$0.30	50%	\$0.15
1,500,001 to 2,500,000	\$0.27	20%	\$0.05
2,500,001 to 3,500,000	\$0.25	30%	\$0.08
Weighted average price per transaction quoted in 2013 dollars:			\$0.28

An Economic Price Adjustment (EPA) of 2.2% compounded annually will be applied to the price quoted in 2013 dollars for each year of the contract. The weighted average price per transaction will be multiplied by 3,000,000, the estimated annual volume.

Bidders should note that the estimated annual usages/volumes provided by Canada is for the purpose of evaluation only to allow PWGSC to calculate the total price for the full potential 12.5 year life of the contract. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and volume of services to be performed.

The estimated annual volume will not form part of the resultant contract.

After completion of the cost/price evaluation, the lowest priced responsive bid will receive a financial bid score of 40, with other proposals being given a prorated score based on the relative dollar value of the particular bid (i.e., the lowest price of all accepted bids, divided by the individual bid price, times 40). For purposes of this calculation as well as the total score calculation, PWGSC will carry two figures to the right of the decimal point, with rounding up at five or above, and down at anything below five.

Sample Calculation

Bidders should be aware that the figures provided in the following example bear no relationship to the expectations of cost, bid prices, or the expected budget associated with these future requirements and are provided solely for the purpose of providing numbers for a calculation example.

Example:

Bidder	Bidder's Financial Bid	Financial Score Calculation	Financial Bid Score
Bidder 1	\$60,000.00	$\$50,000/\$60,000 \times 40$	33.33
Bidder 2	\$55,000.00	$\$50,000/\$55,000 \times 40$	36.36
Bidder 3	\$50,000.00*	$\$50,000/\$50,000 \times 40$	40.00

*Represents the lowest priced proposal

Phase 5 – Determination of Overall Bid Scores

Following the determination of each responsive bidder's financial bid score, the Overall Bid Scores (out of 100 points) will be determined by adding the Technical Bid Score (out of 60 points) with the financial Bid Score (out of 40 points).

4.3 Basis of Selection

The responsive bid with the highest Overall Bid Score will be ranked number one and will be recommended for award of a Contract, subject to the provisions of this bid solicitation

Example:

Bidder	Responsiveness	Technical Bid Score	Financial Bid Score	Overall Bid Score	Ranking
Bidder 1	Responsive	49.20	33.33	82.53	3
Bidder 2	Responsive	52.80	36.34	89.14	1
Bidder 3	Responsive	45.60	40.00	85.60	2

Should two or more bidders have equal Overall Bid Scores, their ranking will be based on the highest Financial Bid Score.

Example:

Bidder	Responsiveness	Technical Bid Score	Financial Bid Score	Overall Bid Score	Ranking
Bidder 1	Responsive	60.00	30.00	90.00	2
Bidder 2	Responsive	50.00	40.00	90.00	1
Bidder 3	Non-Responsive	N/A	N/A	N/A	N/A

Canada will evaluate all responsive Bidders financial capability, to ensure their capability to undertake the project and deliver within the expected Contract framework and time frame. Bidder financial capability is a mandatory condition precedent to Contract award. If the first ranked Bidder does not pass this evaluation, the Bidder's bid will be deemed non-responsive, and a revised ranking will be established in accordance with the procedures herein.

Whether any bid is recommended for contract award depends on all the provisions of this bid solicitation (for example, the vendor performance provisions of Standard Instructions 2003 would affect whether an otherwise responsive bid were recommended for award, as would factors such as financial capability). Also, Bidders should note that all contract awards are subject to Canada's internal approvals process, which includes a requirement to approve funding in the amount of any proposed contract. Despite the fact that the Bidder may have been recommended for contract award, a contract will only be awarded if internal approval is granted according to Canada's internal policies. If approval is not granted, no contract will be awarded.

PART 5 – CERTIFICATIONS

Bidders must provide the required certifications and related documentation to be awarded a Contract. Canada will declare a bid non-responsive if the required certifications and related documentation are not completed and submitted as requested.

Compliance with the certifications bidders provide to Canada is subject to verification by Canada during the bid evaluation period (before award of a Contract) and after award of a Contract. The Contracting Authority will have the right to ask for additional information to verify the bidders' compliance with the certifications before award of a contract. The bid will be declared non-responsive if any certification made by the Bidder is untrue, whether made knowingly or unknowingly. Failure to comply with the certifications, to provide the related documentation or to comply with the request of the Contracting Authority for additional information will also render the bid non-responsive.

5.1 Mandatory Certifications Required Precedent to Contract Award

Code of Conduct and Certifications - Related documentation

By submitting a bid, the Bidder certifies, for himself and his affiliates, to be in compliance with the Code of Conduct and Certifications clause of the Standard instructions. The related documentation hereinafter mentioned will help Canada in confirming that the certifications are true. By submitting a bid, the Bidder certifies that it is aware, and that its affiliates are aware, that Canada may request additional information, certifications, consent forms and other evidentiary elements proving identity or eligibility. Canada may also verify the information provided by the Bidder, including the information relating to the acts or convictions specified herein, through independent research, use of any government resources or by contacting third parties. Canada will declare non-responsive any bid in respect of which the information requested is missing or inaccurate, or in respect of which the information contained in the certifications is found to be untrue, in any respect, by Canada. The Bidder and any of the Bidder's affiliates, will also be required to remain free and clear of any acts or convictions specified herein during the period of any contract arising from this bid solicitation.

Bidders who are incorporated, including those bidding as a joint venture, must provide with their bid or promptly thereafter a complete list of names of all individuals who are currently directors of the Bidder. Bidders bidding as sole proprietorship, including those bidding as a joint venture, must provide the name of the owner with their bid or promptly thereafter. Bidders bidding as societies, firms, partnerships or associations of persons do not need to provide lists of names. If the required names have not been received by the time the evaluation of bids is completed, Canada will inform the Bidder of a time frame within which to provide the information. Failure to comply will render the bid non-responsive. Providing the required names is a mandatory requirement for contract award.

Canada may, at any time, request that a Bidder provide properly completed and Signed Consent Forms (Consent to a Criminal Record Verification form- PWGSC-TPSGC 229) (<http://www.tpsgc-pwgsc.gc.ca/app-acq/forms/formulaires-forms-eng.html>) for any or all individuals aforementioned within the time specified. Failure to provide such Consent Forms within the time period provided will result in the bid being declared non-responsive.

5.2 Additional Certifications Precedent to Contract Award

The certifications listed below should be completed and submitted with the bid but may be submitted afterwards. If any of these required certifications is not completed or submitted as requested, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

1.1 Federal Contractors Program - \$200,000 or more

1. The Federal Contractors Program (FCP) requires that some suppliers, including a supplier who is a member of a joint venture, bidding for federal government contracts, valued at \$200,000 or more (including all applicable taxes), make a formal commitment to implement employment equity. This is a condition precedent to contract award. If the Bidder, or, if the Bidder is a joint venture and if any member of the joint venture, is subject to the FCP, evidence of its commitment must be provided before the award of the Contract.

Suppliers who have been declared ineligible contractors by Human Resources and Skills Development Canada (HRSDC) are no longer eligible to receive government contracts over the threshold for solicitation of bids as set out in the *Government Contracts Regulations*. Suppliers may be declared ineligible contractors either as a result of a finding of non-compliance by HRSDC, or following their voluntary withdrawal from the FCP for a reason other than the reduction of their workforce to less than 100 employees. Any bids from ineligible contractors, including a bid from a joint venture that has a member who is an ineligible contractor, will be declared non-responsive.

2. If the Bidder does not fall within the exceptions enumerated in 3.(a) or (b) below, or does not have a valid certificate number confirming its adherence to the FCP, the Bidder must fax (819-953-8768) a copy of the signed form [LAB 1168](#), Certificate of Commitment to Implement Employment Equity, to the Labour Branch of HRSDC.
3. The Bidder, or, if the Bidder is a joint venture the member of the joint venture, certifies its status with the FCP, as follows:

The Bidder or the member of the joint venture

- a. () is not subject to the FCP, having a workforce of less than 100 full-time or part-time permanent employees, and/or temporary employees having worked 12 weeks or more in Canada;
- b. () is not subject to the FCP, being a regulated employer under the [Employment Equity Act](#), S.C. 1995, c. 44;
- c. () is subject to the requirements of the FCP, having a workforce of 100 or more full-time or part-time permanent employees, and/or temporary employees having worked 12 weeks or more in Canada, but has not previously obtained a certificate

number from HRSDC (having not bid on requirements of \$200,000 or more), in which case a duly signed certificate of commitment is attached;

- d. () is subject to the FCP, and has a valid certificate number as follows: _____
(e.g. has not been declared an ineligible contractor by HRSDC).

Further information on the [FCP](#) is available on the HRSDC Web site.

1.2 Former Public Servant – Competitive Requirement

Contracts with former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts with FPS, bidders must provide the information required below.

Definitions

For the purposes of this clause, "former public servant" is any former member of a department as defined in the [Financial Administration Act](#), R.S., 1985, c. F-11, a former member of the Canadian Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:

- a. an individual;
- b. an individual who has incorporated;
- c. a partnership made of former public servants; or
- d. a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means, a pension or annual allowance paid under the [Public Service Superannuation Act](#) (PSSA), R.S., 1985, c.P-36, and any increases paid pursuant to the [Supplementary Retirement Benefits Act](#), R.S., 1985, c.S-24 as it affects the PSSA. It does not include pensions payable pursuant to the [Canadian Forces Superannuation Act](#), R.S., 1985, c.C-17, the [Defence Services Pension Continuation Act](#), 1970, c.D-3, the [Royal Canadian Mounted Police Pension Continuation Act](#), 1970, c.R-10, and the [Royal Canadian Mounted Police Superannuation Act](#), R.S., 1985, c.R-11, the [Members of Parliament Retiring Allowances Act](#), R.S., 1985, c.M-5, and that portion of pension payable to the [Canada Pension Plan Act](#), R.S., 1985, c.C-8.

Former Public Servant in Receipt of a Pension

As per the above definitions, is the Bidder a FPS in receipt of a pension? **Yes () No ()**

If so, the Bidder must provide the following information, for all FPS in receipt of a pension, as applicable:

- a. name of former public servant;
- b. date of termination of employment or retirement from the Public Service.

By providing this information, Bidders agree that the successful Bidder's status, with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with [Contracting Policy Notice: 2012-2](#) and the [Guidelines on the Proactive Disclosure of Contracts](#).

Work Force Reduction Program

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of a work force reduction program? **Yes () No ()**

If so, the Bidder must provide the following information:

- a. name of former public servant;
- b. conditions of the lump sum payment incentive;
- c. date of termination of employment;
- d. amount of lump sum payment;
- e. rate of pay on which lump sum payment is based;
- f. period of lump sum payment including start date, end date and number of weeks;
- g. number and amount (professional fees) of other contracts subject to the restrictions of a work force reduction program.

For all contracts awarded during the lump sum payment period, the total amount of fees that may be paid to a FPS who received a lump sum payment is \$5,000, including the Goods and Services Tax or Harmonized Sales Tax.

1.3 Status and Availability of Resources

The Bidder certifies that, should it be awarded a contract as a result of the bid solicitation, every individual proposed in its bid will be available to perform the Work as required by Canada's representatives and at the time specified in the bid solicitation or agreed to with Canada's representatives. If for reasons beyond its control, the Bidder is unable to provide the services of an individual named in its bid, the Bidder may propose a substitute with similar qualifications and experience. The Bidder must advise the Contracting Authority of the reason for the substitution and provide the name, qualifications and experience of the proposed replacement. For the purposes of this clause, only the following reasons will be considered as beyond the control of the Bidder: death, sickness, maternity and parental leave, retirement, resignation, dismissal for cause or termination of an agreement for default.

If the Bidder has proposed any individual who is not an employee of the Bidder, the Bidder certifies that it has the permission from that individual to propose his/her services in relation to the Work to be performed and to submit his/her résumé to Canada. The Bidder must, upon request from the Contracting Authority, provide a written confirmation, signed by the individual, of the permission given to the Bidder and of his/her availability. Failure to comply with the request may result in the bid being declared non-responsive.

1.4 Education and Experience

The Bidder certifies that all the information provided in the résumés and supporting material submitted with its bid, particularly the information pertaining to education, achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that every individual proposed by the Bidder for the requirement is capable of performing the Work described in the resulting contract.

1.5 Canadian Content Certification

This procurement is limited to Canadian services.

The Bidder certifies for that:

() the services offered are Canadian services as defined in paragraph 4 of clause A3050T.

For more information on how to determine the Canadian content for a mix of goods, a mix of services or a mix of goods and services, consult Annex 3.6.(9), Example 2 of the Supply Manual.

1.6 Compliance with Privacy Requirements

The Bidder hereby certifies that it has reviewed the requirements of this RFP (including all of its Appendices, Annexes and Attachments), the resulting Contract clauses and, in particular, the requirements concerning the protection of personal information and privacy. The Bidder also certifies that it will comply with those terms and ensure that personal information that is managed, accessed, collected, used, disclosed, retained, received, created, or disposed of in order to fulfill the requirements of the Contract shall be treated in accordance with the Privacy Act R.S. 1985,c.P-21, the Personal Information Protection and Electronic Documents Act, 2000, c.5 (PIPEDA) and Treasury Board privacy policies.

Solicitation No. - N° de l'invitation
51019-072007/K
Client Ref. No. - N° de réf. du client
51019-072007

Amd. No. - N° de la modif.
File No. - N° du dossier
PWB-7-20036

Buyer ID - Id de l'acheteur
pwb011
CCC No./N° CCC - FMS No/ N° VME

5.3 SACC MANUAL CLAUSE

A3050T	Canadian Content Definition	2010-01-11
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PART 6 - SECURITY, FINANCIAL AND OTHER REQUIREMENTS

6.1 Security Requirement

Before award of a contract, the following conditions must be met:

- a) the Bidder must hold a valid organization security clearance as indicated in Part 7 - Resulting Contract Clauses;
- b) the Bidder's proposed individuals requiring access to classified or protected information, assets or sensitive work site(s) must meet the security requirement as indicated in Part 7 - Resulting Contract Clauses;
- c) the Bidder must provide the name of all individuals who will require access to classified or protected information, assets or sensitive work sites.

Bidders are reminded to obtain the required security clearance promptly. Any delay in the award of a contract to allow the successful bidder to obtain the required clearance will be at the entire discretion of the Contracting Authority.

For additional information on security requirements, bidders should consult the "[Security Requirements for PWGSC Bid Solicitations - Instructions for Bidders](http://www.tpsgc-pwgsc.gc.ca/app-acq/lc-pl/lc-pl-eng.html#a31)" <http://www.tpsgc-pwgsc.gc.ca/app-acq/lc-pl/lc-pl-eng.html#a31> document on the [Departmental Standard Procurement Documents](#) Web site.

6.2 Price Breakdown

Before award of a contract, the Bidder must provide a Price Breakdown of the following prices submitted in their financial bid:

1. Phase 1 Pre-Implementation Firm Lot Price;
2. Communications Materials Unit Prices;
3. Phase 2 Operations and Maintenance Firm all-inclusive Annual Price;
4. Electronic Transaction Processing Prices;
5. Electronic CF On-Base Pharmacy Transaction Processing Prices;
6. Non-electronic Transaction Processing Prices;
7. Treatment Authorization Services Hourly Rates;
8. Communications Materials Renewal Unit Prices;
9. Phase 3 Contract Phase-out Firm Lot Price; and
10. As and When Requested Services Hourly Rates

A Sample Price Breakdown is provided in Attachment 3 - Price Breakdown. The Bidder can provide as much detail as it wishes in its Price Breakdown; however it must at a minimum provide the level of detail present in the Sample Price Breakdown.

The Bidder should provide the price breakdown with their bid, but if it does not, must provide it to the Contracting Authority within fifteen (15) working days of the request or as specified by

the Contracting Authority in writing. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

In accordance with Appendix B – Basis of Payment, Article 7, should Canada exercise its option to acquire and/or remove goods and/or services, it will use the information in the Price Breakdown as a basis for adjusting prices.

Price Breakdown Validation:

The Price Breakdown submitted by the Bidder may be validated by Canada prior to Contract award. As part of the validation process, the Contracting Authority may request that the Bidder provide information to support the costs specified in its Price Breakdown. The Bidder must provide the supporting information to the Contracting Authority within fifteen (15) working days of the request or as specified by the Contracting Authority in writing. The Bidder must also answer any questions that the Contracting Authority has with regards to the supporting information within the time frame specified in writing. If the Bidder fails to provide the information requested, or if the supporting information cannot be reconciled with the information in the Price Breakdown, the bid will be deemed non-responsive.

6.3 Financial Capability Requirement:

1. The Bidder must have the financial capability to fulfill this requirement. To determine the Bidder's financial capability, the Contracting Authority may, by written notice to the Bidder, require the submission of some or all of the financial information detailed below during the evaluation of bids. The Bidder must provide the following information to the Contracting Authority within fifteen (15) working days of the request or as specified by the Contracting Authority in the notice:
 - a. Audited financial statements, if available, or the unaudited financial statements (prepared by the Bidder's outside accounting firm, if available, or prepared in-house if no external statements have been prepared) for the Bidder's last three fiscal years, or for the years that the Bidder has been in business if this is less than three years (including, as a minimum, the Balance Sheet, the Statement of Retained Earnings, the Income Statement and any notes to the statements).
 - b. If the date of the financial statements in (a) above is more than five months before the date of the request for information by the Contracting Authority, the Bidder must also provide, unless this is prohibited by legislation for public companies, the last quarterly financial statements (consisting of a Balance Sheet and a year-to-date Income Statement), as of two months before the date on which the Contracting Authority requests this information.
 - c. If the Bidder has not been in business for at least one full fiscal year, the following must be provided:
 - i. the opening Balance Sheet on commencement of business (in the case of a corporation, the date of incorporation); and

- ii. the last quarterly financial statements (consisting of a Balance Sheet and a year-to-date Income Statement) as of two months before the date on which the Contracting Authority requests this information.
 - d. A certification from the Chief Financial Officer or an authorized signing officer of the Bidder that the financial information provided is complete and accurate.
 - e. A confirmation letter from all of the financial institution(s) that have provided short-term financing to the Bidder outlining the total of lines of credit granted to the Bidder and the amount of credit that remains available and not drawn upon as of one month prior to the date on which the Contracting Authority requests this information.
 - f. A detailed monthly Cash Flow Statement covering all the Bidder's activities (including the requirement) for the first two years of the requirement that is the subject of the bid solicitation, unless this is prohibited by legislation. This statement must detail the Bidder's major sources and amounts of cash and the major items of cash expenditures on a monthly basis, for all the Bidder's activities. All assumptions made should be explained as well as details of how cash shortfalls will be financed.
 - g. A detailed monthly Project Cash Flow Statement covering the first two years of the requirement that is the subject of the bid solicitation, unless this is prohibited by legislation. This statement must detail the Bidder's major sources and amounts of cash and the major items of cash expenditures, for the requirement, on a monthly basis. All assumptions made should be explained as well as details of how cash shortfalls will be financed.
- 2. If the Bidder is a joint venture, the financial information required by the Contracting Authority must be provided by each member of the joint venture.
 - 3. If the Bidder is a subsidiary of another company, then any financial information in 1. (a) to (f) above required by the Contracting Authority must be provided by the ultimate parent company. Provision of parent company financial information does not by itself satisfy the requirement for the provision of the financial information of the Bidder, and the financial capability of a parent cannot be substituted for the financial capability of the Bidder itself unless an agreement by the parent company to sign a Parental Guarantee, as drawn up by Public Works and Government Services Canada (PWGSC), is provided with the required information.
 - 4. **Financial Information Already Provided to PWGSC:** The Bidder is not required to resubmit any financial information requested by the Contracting Authority that is already on file at PWGSC with the Contract Cost Analysis, Audit and Policy Directorate of the Policy, Risk, Integrity and Strategic Management Sector, provided that within the above-noted time frame:

- a. the Bidder identifies to the Contracting Authority in writing the specific information that is on file and the requirement for which this information was provided; and
- b. the Bidder authorizes the use of the information for this requirement.

It is the Bidder's responsibility to confirm with the Contracting Authority that this information is still on file with PWGSC.

5. **Other Information:** Canada reserves the right to request from the Bidder any other information that Canada requires to conduct a complete financial capability assessment of the Bidder.
6. **Confidentiality:** If the Bidder provides the information required above to Canada in confidence while indicating that the disclosed information is confidential, then Canada will treat the information in a confidential manner as permitted by the [Access to Information Act](#), R.S., 1985, c.c. A-1, Section 20(1) (b) and (c).
7. **Security:** In determining the Bidder's financial capability to fulfill this requirement, Canada may consider any security the Bidder is capable of providing, at the Bidder's sole expense (for example, an irrevocable letter of credit from a registered financial institution drawn in favour of Canada, a performance guarantee from a third party or some other form of security, as determined by Canada).

6.4 Insurance Requirements

The Bidder must provide a letter from an insurance broker or an insurance company licensed to operate in Canada stating that the Bidder, if awarded a contract as a result of the bid solicitation, can be insured in accordance with the Insurance Requirements specified in Appendix D.

If the information is not provided in the bid, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

6.5 SACC Manual Clause

A7035T	List of Proposed Subcontractors	2007-05-25
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PART 7 - RESULTING CONTRACT CLAUSES

THERE IS A SECURITY REQUIREMENT ASSOCIATED WITH THIS CONTRACT.

The following clauses and conditions apply to and form part of any Contract resulting from the bid solicitation.

7.1 1. Statement of Work

The Contractor must perform the Work and provide the “as and when” requested services described in this contract in accordance with the:

1. Statement of Work at Appendix A complete with Annexes A to G inclusive
2. the Contractor's technical bid entitled dated; and
3. as described elsewhere throughout this contract.

2. Option to acquire Goods and/or Services

The Contractor grants to Canada the irrevocable option to acquire the goods and/or services in support of health care plans and/or programs for other Government Departments, Departmental Corporations and Agencies, and other Crown entities described in the *Financial Administration Act* (as amended from time to time), and any other party for which the Department of Public Works and Government Services may be authorized to act from time to time under section 16 of the *Department of Public Works and Government Services Act*, provided that the total estimated increase in claim lines (refer to Annex E for definition) for all additional health care plans and programs does not exceed 4,500,000 claim lines annually. Prior to exercising this option, Canada will assess the estimated annual claim line volume of the health care plan and/or program to be added, as well as the estimated annual claim line volume of previously added health care plans and/or programs (based on estimates available at the time that they were added). Once the option has been exercised, Canada will have no obligation to remove a health care plan and/or program should the increase in claim line volumes, from the extension of the Federal Health Claims Processing Services (FHPCS) to other eligible departments and Programs, exceed 4,500,000 claim lines annually.

The Contractor agrees to provide the goods and/or services in accordance with mutually agreeable terms. The Contractor agrees that, should the option be exercised by Canada, it will be paid in accordance with the applicable provisions as set out in Appendix B – Basis of Payment, Article 7.

Canada may exercise the option at any time, during the Contract Period, by sending a written notice to the Contractor. The options may only be exercised by the Contracting Authority, and will be evidenced, through a mutually agreeable contract amendment.

3. Right to Remove Goods and/or Services

The Contractor grants Canada the irrevocable right to remove in whole or in part the, goods and/or services listed in Appendix A - Statement of Work. In the event that Canada decides to exercise this right, the Contractor agrees to provide the remaining goods and/or services in accordance with mutually agreeable terms. The Contractor agrees that, it will be paid in accordance with the applicable provisions as set out in Appendix B - Basis of Payment, Article 7.

Canada may exercise the right at any time, during the Contract Period, by sending a written notice to the Contractor. The right may only be exercised by the Contracting Authority, and will be evidenced, through a mutually agreeable contract amendment.

7.2 1. Task Authorization

The Work or a portion of the Work to be performed under the Contract will be on an "as and when requested basis" using a Task Authorization (TA). The Work described in the TA must be in accordance with the scope of the Contract.

2. Task Authorization Process

The Project Authority will provide the Contractor with a description of the task using the "Task Authorization Form specified in Appendix E.

The Task Authorization (TA) will contain the details of the activities to be performed, a description of the deliverables, and a schedule indicating completion dates for the major activities or submission dates for the deliverables. The TA will also include the applicable basis (bases) and methods of payment as specified in the Contract.

The Contractor must provide the Project Authority, within 5 working days of its receipt, the proposed total estimated cost for performing the task and a breakdown of that cost, established in accordance with the Basis of Payment specified in the Contract.

The Contractor must not commence work until a TA authorized by the Project Authority has been received by the Contractor. The Contractor acknowledges that any work performed before a TA has been received will be done at the Contractor's own risk.

3. Task Authorization Limit

The Project Authority may authorize individual task authorizations up to a limit of \$100,000.00, Goods and Services Tax or Harmonized Sales Tax included, inclusive of any revisions.

Any task authorization to be issued in excess of that limit must be authorized by the Contracting Authority before issuance.

4. Canada's Obligation - Portion of the Work - Task Authorizations

Canada's obligation with respect to the portion of the Work under the Contract that is performed through task authorizations is limited to the total amount of the actual tasks performed by the Contractor.

5. Periodic Usage Reports – Contracts with Task Authorizations

The Contractor must compile and maintain records on its provision of services to the federal government under authorized Task Authorizations issued under the Contract.

The Contractor must provide this data in accordance with the reporting requirements detailed below. If some data is not available, the reason must be indicated. If services are not provided during a given period, the Contractor must still provide a "nil" report.

The data must be submitted on a monthly basis to the Contracting Authority.

The data must be submitted to the Contracting Authority no later than 5 working days after the end of the reporting period.

6. Reporting Requirement- Details

A detailed and current record of all authorized tasks must be kept for each contract with a task authorization process. This record must contain:

For each authorized task:

- i. the authorized task number or task revision number(s);
- ii. a title or a brief description of each authorized task;
- iii. the total estimated cost specified in the authorized Task Authorization (TA) of each task, GST or HST extra;
- iv. the total amount, GST or HST extra, expended to date against each authorized task;
- v. the start and completion date for each authorized task; and
- vi. the active status of each authorized task, as applicable.

For all authorized tasks:

HST

- a) the amount (GST or HST extra) specified in the contract (as last amended, as applicable) as Canada's total liability to the contractor for all authorized TAs; and
- b) the total amount, GST or HST extra, expended to date against all authorized TAs.

7.3 Standard Clauses and Conditions

All clauses and conditions identified in the Contract by number, date and title are set out in the Standard Acquisition Clauses and Conditions Manual (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.

a. **General Conditions**

2035 (2012-11-19), General Conditions-Higher Complexity-Services, apply to and form part of the Contract.

b. **Supplemental General Conditions**

The following Supplemental General Conditions apply to and form part of the Contract;

4008 (2008-12-12) Personal Information

4012 (2012-07-16) Goods- Higher Complexity

4006 (2010-08-16) Contractor to Own Intellectual Property Rights in Foreground Information

7.4 **Security Requirements**

The Contractor must, at all times during the performance of the Contract, hold a valid Designated Organization Screening (DOS) with approved Document Safeguarding Capabilities at the level of PROTECTED 'B' issued by the Canadian Industrial Security Directorate, Public Works and Government Services Canada.

The Contractor personnel requiring access to PROTECTED information, assets or work site(s) must EACH hold a valid RELIABILITY STATUS, granted or approved by the Canadian Industrial Security Directorate (CISD), Public Works and Government Services Canada (PWGSC).

The Contractor must not utilize its Information Technology systems to electronically process PROTECTED information until the CISD/PWGSC has issued written approval. After approval has been granted, these tasks may be performed at the level of PROTECTED B and an IT Link at the level of PROTECTED B.

Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of CISD/PWGSC.

The Contractor must comply with the provisions of the:

1. Security Requirements Check List and security guide (if applicable), attached at Appendix C.
2. Industrial Security Manual (Latest Edition).

The CISD website is <http://ssi-iss.tpsgc-pwgsc.gc.ca/index-eng.html>

7.5 Term of Contract

Period of Contract

This Contract is effective on the date it is issued (as shown on page 1 of this Contract).

The "Contract Period" is from date of contract award for a period of up to 18 months to complete Phase 1, Pre-Implementation.

_____date _____, the day immediately following the last day of the Phase 1, Pre-Implementation, will be the start of Phase 2, Operations and Maintenance and continue for a period of 7 years until _____date _____, unless the Contract is terminated earlier in accordance with its terms. The last day of Phase 2, Operations & Maintenance will be the Final Claim Day. Phase 3, Contract Phase Out will start any time during the Operations & Maintenance Phase upon formal written notification by Canada to the Contractor (notification would likely follow the award of a new contract for FHCPS) and continue until the expiry date of the Contract. The Contract expiry date will be up to 6 months following the Final Claim Day.

Appendix A, Statement of Work outlines the scope of the work to be delivered by the Contractor in each of the phases of the Contract.

The period during which this Contract is extended, as applicable, shall be in accordance with the "Option to Extend the Contract" below.

Option to Extend the Contract

The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to 2 additional 2 year period(s) under the same conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

Canada may exercise this option at any time by sending a written notice to the Contractor at least 60 calendar days before the expiry date of the Contract. The option may only be exercised by the Contracting Authority, and will be evidenced for administrative purposes only, through a contract amendment.

7.6 Authorities

Contracting Authority

The Contracting Authority for the Contract is:

(The following to be identified in any resulting contract)

Name:

Title:

Public Works and Government Services Canada

Acquisitions Branch

Address

Telephone: -.....

Facsimile: -.....

E-mail address:

The Contracting Authority is responsible for the management of the Contract and any changes to the Contract must be authorized in writing by the Contracting Authority. The Contractor must not perform work in excess of or outside the scope of the Contract based on verbal or written requests or instructions from anybody other than the Contracting Authority

Project Authority

The Project Authority for the Contract is:

(The following to be identified in any resulting contract)

Name:

Title:

Veterans Affairs Canada

Address

Telephone:-.....

Facsimile:-..... E-mail address:

The Project Authority is the representative of the department or agency for whom the Work is being carried out under the Contract and is responsible for all matters concerning the technical content of the Work under the Contract. In this case, the Project Authority refers to Veterans Affairs Canada (VAC). Technical matters may be discussed with the Project Authority; however, the Project Authority has no authority to authorize changes to the scope of the Work. Changes to the scope of the Work can only be made through a contract amendment issued by the Contracting Authority.

Contractor's Representative

The Contractor's Representative for the Contract is:

(The following to be identified in any resulting contract)

Name:

Title:

Organization:

Addresses:

Telephone:-.....

Facsimile:-.....

E-mail address:

The Contractor's Representative is the person delegated by the Contractor who is responsible for the management and all technical and administrative matters relating to this Contract.

7.7 Guidance

- a) The Contractor hereto acknowledges and agrees that the giving and receiving of advice and the sharing of information and experience between the representatives of the Contractor and Canada, whether in the context of a collaborative work environment or otherwise, relevant to the work of the Contract (hereinafter referred to as "guidance"), is in the mutual interest of both parties and they both further agree that such guidance, whether formal or informal, may be sought by representatives of the Contractor or offered by representatives of Canada either verbally or in writing during the performance of the Contract.

b) With respect to any guidance provided by representatives of Canada to representatives of the Contractor, the Contractor expressly acknowledges and agrees:

1. that any and all decisions or actions taken by the Contractor in respect to the Work, arising out of the provision of such guidance, are solely the responsibility of the Contractor and furthermore agrees that, except for gross negligence or willful misconduct on the part of Canada, it shall not make, nor have made, any claim, demand or charge against Canada or any of its representatives on the basis of the availability, adequacy, accuracy, completeness or timeliness of such guidance;
2. that all decisions or actions taken by the Contractor in respect to the Work, arising out of the provision of such guidance, shall constitute decisions and actions taken by the Contractor within the scope of the Contract; and
3. that the provision of such guidance shall not constitute nor be construed by the Contractor as constituting any direction by Canada in respect to the conduct of the Work by the Contractor.

c) Notwithstanding the foregoing, in the event that the Contractor formally requests, in writing, direction from Canada in relation to the conduct of the Work and is responded to by Canada, in writing, or if Canada unilaterally directs a change in the scope of the Work, in writing, or if a written document is produced and agreed to by both the Contractor and Canada and is intended to be incorporated into the Contract by formal amendment at a later date, such actions shall not constitute guidance within the meaning of this Article.

7.8 Reorganization of Client

The Contractor's obligation to perform the Work will not be affected by (and no additional fees will be payable as a result of) the renaming, reorganization, reconfiguration, or restructuring of any Client. The reorganization, reconfiguration, and restructuring of the Client includes the privatization of the Client, its merger with another entity, and its dissolution, where that dissolution is followed by the creation of another entity or entities with similar mandates to the original Client.

7.9 Payment

a) Basis of Payment

The Contractor will be paid in accordance with the Basis of Payment in Appendix B for Work performed under the Contract, Customs duties are included and Goods and Services Tax or Harmonized Sales Tax is extra, if applicable.

b) Limitation of Expenditure

Canada's total liability to the Contractor under the Contract must not exceed \$ _____. Customs duties are included and Goods and Services Tax or Harmonized Sales Tax is extra, if applicable.

No increase in the total liability of Canada or in the price of the Work resulting from any design changes, modifications or interpretations of the Work, will be authorized or paid to the

Contractor unless these design changes, modifications or interpretations have been approved, in writing, by the Contracting Authority before their incorporation into the Work. The Contractor must not perform any work or provide any service that would result in Canada's total liability being exceeded before obtaining the written approval of the Contracting Authority. The Contractor must notify the Contracting Authority in writing as to the adequacy of this sum:

- a. when it is 75 percent committed, or
- b. four (4) months before the contract expiry date, or
- c. as soon as the Contractor considers that the contract funds provided are inadequate for the completion of the Work,

whichever comes first.

If the notification is for inadequate contract funds, the Contractor must provide to the Contracting Authority a written estimate for the additional funds required. Provision of such information by the Contractor does not increase Canada's liability.

c. Method of Payment

1. Phase 1 Pre-Implementation

The Contractor must invoice each calendar month end one-eighty fourth of the Firm Lot Price quoted. No payment for Phase 1, Pre-Implementation will occur until the Project Authority has accepted in full all requirements in accordance with the SOW including Version One of Communications Materials and Phase 2, Operations and Maintenance is operational.

2. Phase 2 Operations and Maintenance

Canada will pay the Contractor upon completion and delivery of the Work in accordance with the payment provisions of the Contract if:

- a. an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- b. all such documents have been verified by Canada;
- c. the Work delivered has been accepted by Canada.

Payments will be paid no more frequently than once a month, for the provision of all requirements of the SOW for Phase 2 Operations and Maintenance excluding those requirements to be provided under a Task Authorization (refer to article 5 below). Amounts billed under each firm unit price element of the Basis of Payment include:

Part A the firm monthly rate for operations and maintenance of the Federal Health Claims Processing Services as detailed in the Statement of Work excluding

Claims authorizations and claims processing.

Part B Claims Processing

the firm all-inclusive price per transaction (as indicated for each Transaction type in Tables 4.0B-1 to 4.0B-3) and the firm hourly rates for Treatment Authorization Service (as indicated in Table 4.1) of the Basis of Payment shall apply to each transaction and/or decision processed based on the volume processed on an annual basis.

3. Transaction Pricing

Commencing on April 1 and continuing to March 31 of the following year (one fiscal year), “per transaction rates” will be charged at the rates quoted in Appendix B, Basis of Payment using the actual transaction volumes based on the previous fiscal year as determined by the Veterans Affairs Canada and agreed to by the Contractor. For the first year of the contract, the Project Authority at VAC will provide these figures to the Contractor.

At the end of each fiscal year, (i.e., March 31, a reconciliation of charges will be completed based on the actual number of transactions processed for that period. (Refer to Example below).

Example of Calculation - Transaction Rates:

Bidders should be aware that the following example does not differentiate between electronic and non-electronic rates (as would be required in the contract) and bears no relationship to the volumes presented nor to the expectations of cost or bid prices for this service.

FISCAL YEAR 2016/2017

Transaction Rates Bid Adjusted for EPA			
(a)	(b)	(c)	(d)
1 - 3,000,000	3,000,001- 6,000,000	6,000,001- 7,500,000	Over 7,500,000
\$1.00 per transaction	\$0.50 per transaction	\$0.45 per transaction	\$0.40 per transaction

During the period between April 1, 2016 to March 31, 2017:

In the sample table above, the Project Authority and the Contracting Authority have agreed on an estimate of 6,500,000 transactions to be processed for the current fiscal year. The Contractor will bill transactions at \$0.45 per transaction. At the time of reconciliation, it is determined that 5,800,000 transactions were processed. Therefore, the rate should be at \$0.50 per transaction resulting in an adjustment payment of \$290,000.00 as follows:

5,800,000 @ predetermined rate of \$0.45 = \$2,610,000.00 paid to Contractor
5,800,000 @ actual rate of \$0.50 = \$2,900,000.00 should have paid to Contractor
Additional payment to Contractor - \$290,000.00.

4 Contract Close-Out Phase – Single Payment

Canada will pay the Contractor upon completion, delivery and acceptance of the Work in accordance with the payment provisions of the Contract if:

- a. an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- b. all such documents have been verified by Canada;
- c. the Work delivered has been accepted by Canada.

5. Task Authorizations

One or more of the following methods of payment will be used for work performed under Task Authorizations issued against the Contract under Article 6 of the Basis of Payment. The appropriate clauses will be incorporated by reference in each Task Authorization.

Milestone Payments:

Canada will make milestone payments in accordance with the Schedule of Milestones detailed in the Contract and the payment provisions of the Contract, up to ninety (90) percent of the amount claimed and approved by Canada if:

- a. an accurate and complete claim for payment using form [PWGSC-TPSGC 1111](#), Claim for Progress Payment, and any other document required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- b. the total amount for all milestone payments paid by Canada does not exceed _____ percent of the total amount to be paid under the Contract;
- c. all the certificates appearing on form [PWGSC-TPSGC 1111](#) have been signed by the respective authorized representatives;
- d. all work associated with the milestone and as applicable any deliverable required have been completed and accepted by Canada.

The balance of the amount payable will be paid in accordance with the payment provisions of the Contract upon completion and delivery of all Work required under the Task Authorization if the Work has been accepted by Canada and a final claim for payment is submitted.

Single Payment

Canada will pay the Contractor upon completion, delivery and acceptance of the Work in accordance with the payment provisions of the Contract if:

- a. an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- b. all such documents have been verified by Canada;
- c. the Work delivered has been accepted by Canada.

Monthly Payment

Canada will pay the Contractor on a monthly basis for work performed during the month covered by the invoice in accordance with the payment provisions of the Contract if:

- a. an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- b. all such documents have been verified by Canada;
- c. the Work performed has been accepted by Canada.

d) T1204 – Information Reporting by Contractor

1. Pursuant to paragraph 221 (1)(d) of the [*Income Tax Act*](#), R.S. 1985, c.1 (5th Supp.), payments made by departments and agencies to contractors under applicable services contracts (including contracts involving a mix of goods and services) must be reported on a T1204 Government Service Contract Payments slip.
2. To enable departments and agencies to comply with this requirement, the Contractor must provide the following information within thirty (30) calendar days following contract award:
 - a. the legal name of the Contractor, i.e. the legal name associated with its business number or Social Insurance Number (SIN), as well as its address and postal code;
 - b. the status or a partnership; of the Contractor, i.e. an individual, a sole proprietorship, a corporation,
 - c. the business number of the Contractor if the Contractor is a corporation or a partnership and the SIN if the Contractor is an individual or a sole proprietorship. In the case of a partnership, if the partnership does not have a business number, the partner who has signed the Contract must provide its SIN;
 - d. in the case of a joint venture, the business number of all parties to the joint venture who have a business number or their SIN if they do not have a business number.

3. The information must be sent to the person and address specified below. If the information includes a SIN, the information should be provided in an envelope marked "protected".

Name of person (to be inserted at contract award)

Address

e) **SACC Manual Clauses:**

C0705C	Discretionary Audit	2010-01-11
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6. Invoicing Instructions for Phase 1 Pre-Implementation – Monthly payments

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoices is completed.
2. The invoices must be distributed as follows:
 - a. The original and one (1) copy must be forwarded to the following address for certification and payment (the name and address of the organization to be inserted at contract award)
 - b. One (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.

Invoicing Instructions for Phase 2 Operations and Maintenance - Monthly payments

The Contract must submit invoices each calendar month.

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoices is completed.
2. The invoices must be distributed as follows:
 - a. The original and one (1) copy must be forwarded to the following address for certification and payment (the name and address of the organization to be inserted at contract award)
 - b. One (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.

Invoicing Instructions for Contract Phase-Out – Single Payment

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoices is completed.
2. The invoices must be distributed as follows:

- a. The original and one (1) copy must be forwarded to the following address for certification and payment (the name and address of the organization to be inserted at contract award)
- b. One (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.

Invoicing Instructions for Task Authorizations – Milestone Payment

1. The Contractor must submit a claim for payment using form [PWGSC-TPSGC 1111](#), Claim for Progress Payment.

Each claim must show:

- a. all information required on form [PWGSC-TPSGC 1111](#);
 - b. all applicable information detailed under the section entitled "Invoice Submission" of the general conditions; the description and value of the milestone claimed as detailed in the Contract.
2. The Goods and Services Tax or Harmonized Sales Tax (GST/HST), as applicable, must be calculated on the total amount of the claim before the holdback is applied. At the time the holdback is claimed, there will be no GST/HST payable as it was claimed and payable under the previous claims for progress payments.
 3. The Contractor must prepare and certify one original and two (2) copies of the claim on form [PWGSC-TPSGC 1111](#), and forward it to the Project Authority identified under the section entitled "Authorities" of the Contract for appropriate certification after inspection and acceptance of the Work takes place.

The Project Authority will then forward the original and two (2) copies of the claim to the Contracting Authority for certification and onward submission to the Payment Office for the remaining certification and payment action.
 4. The Contractor must not submit claims until all work identified in the claim is completed.

Invoicing Instructions for Task Authorizations – Single Payment

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoices is completed.
2. The invoices must be distributed as follows:
 - a. The original and one (1) copy must be forwarded to the following address for certification and payment (the name and address of the organization to be inserted at contract award)

-
- b. One (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.

7.10 Liquidated Damages

If the Contractor fails to deliver Phase 1 Implementation within the time specified in the Contract, the Contractor agrees to pay Canada liquidated damages in the amount of \$12,500.00 for each calendar day of delay. The total amount of liquidated damages must not exceed one (1) percent of the contract price.

Canada and the Contractor agree that the amount stated above is their best pre-estimate of the loss to Canada in the event of such a failure, and that it is not intended to be, nor is it to be interpreted as, a penalty.

Canada will have the right to holdback, drawback, deduct or set off from and against the amounts of any monies owing at the time by Canada to the Contractor, any liquidated damages owing and unpaid under this contract.

Nothing in this section must be interpreted as limiting the rights and remedies which Canada may otherwise have under contract.

7.11 Certifications

Compliance

Compliance with the certifications and related documentation provided by the Contractor in its bid is a condition of the Contract and subject to verification by Canada during the term of the Contract. If the Contractor does not comply with any certification, provide the related documentation or if it is determined that any certification made by the Contractor in its bid is untrue, whether made knowingly or unknowingly, Canada has the right, pursuant to the default provision of the Contract, to terminate the Contract for default.

Proactive Disclosure of Contracts with Former Public Servants

By providing information on its status, with respect to being a former public servant in receipt of a [*Public Service Superannuation Act*](#) (PSSA) pension, the Contractor has agreed that this information will be reported on departmental websites as part of the published proactive disclosure reports, in accordance with [Contracting Policy Notice: 2012-2](#) of the Treasury Board Secretariat of Canada.

Canadian Content Certification

The Contractor warrants that the certification of Canadian Content submitted by the Contractor is accurate and complete, and that the goods, services or both to be provided under the Contract are in accordance with the definition contained in clause A3050T.

The Contractor must keep proper records and documentation relating to the origin of the goods, services or both provided to Canada. The Contractor must not, without obtaining before the written consent of the Contracting Authority, dispose of any such records or documentation until the expiration of 6 years after final payment under the Contract, or until settlement of all outstanding claims and disputes under the Contract, whichever is later. All such records and

documentation must at all times during the retention period be open to audit, inspection and examination by the representatives of Canada, who may make copies and extracts. The Contractor must provide all facilities for such audits, inspections and examinations, and must furnish all such information as the representatives of Canada may from time to time require with respect to such records and documentation.

Nothing in this clause must be interpreted as limiting the rights and remedies which Canada may otherwise have pursuant to the Contract.

7.12 Applicable Laws

The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in *(The Contracting Authority must insert the name of the province or territory as specified by the Bidder in its bid, if applicable).*

7.13 Priority of Documents

If there is a discrepancy between the wording of any documents that appear on the list, the wording of the document that first appears on the list has priority over the wording of any document that subsequently appears on the list.

- a. these Articles of Agreement;
- b. the Supplemental General Conditions -
 - 4006 (2010-08-16) Contractor to Own Intellectual Property Rights
 - Foreground Information
 - 4008 (2008-12-12) Personal Information
 - 4012 (2012-07-16) Goods - Higher Complexity
- c. 2035 (2012-11-19), General Conditions-Higher Complexity-Services
- d. Appendix A - Statement of Work and its associated Annexes
- e. Appendix B - Basis of Payment
- f. Appendix C - Security Requirements Check List
- g. Appendix D - Insurance Requirements
- h. Appendix E - the signed Task Authorizations including all of its annexes, if any.
- i. the Contractor's bid dated (insert date of bid), as amended (insert date(s) of amendment(s) if applicable), not including any software publisher license terms and conditions that may be included in the bid, not including any provisions in the bid with respect to limitations on liability, and not including any terms and conditions incorporated by reference (including by way of web link) in the bid.
- j. the Contractor's Price Breakdown dated _____ (insert date), as amended _____ (insert date(s) of amendment(s) if applicable).

7.14 Insurance Requirements

The Contractor must comply with the insurance requirements specified in Appendix D. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.

The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.

The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. Coverage must be placed with an Insurer licensed to carry out business in Canada. The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

7.15 Liability of Canada for Accuracy of Volume Estimates Provided

Canada accepts no liability for any variation or discrepancies between the estimates of resource requirements, decisions and/or claims to be processed that have been provided in the Statement of Work, elsewhere in the Solicitation # 51019-072007/K documents or under the Contract and the actual usage/volume figures processed under the contract.

The FHCPS historical business and transactional volume data has been provided to Bidders to assist them in preparing their Bid. The Contractor acknowledges the basis on which the estimates are provided and further acknowledges that it is not relying on these estimates but has conducted its own due diligence and analysis of the work and is placing its reliance on its own analysis and not on the estimates provided by Canada.

Further, the Contractor hereby waives any action or claim that it might have against Canada arising from any variation or discrepancy between the estimates of claims provided by Canada and the actual volume of claims processed under the contract.

7.16 Joint Venture Contractor

(Note to Bidders: This Article will be deleted if the bidder awarded the Contract is not a joint venture. If the Contractor is a joint venture, this clause will be completed with information provided in its bid.)

- a) The Contractor represents and warrants that the name of the joint venture is..... and that it is comprised of the following members: *(Contract will include a list of all joint venture members named in the Contractor's original bid..)*
- b) With respect to the relationship among the members of the joint venture Contractor, each member agrees, represents and warrants (as applicable) that:
 - i. has been appointed as the "representative member" of the joint venture Contractor and has full authority to act as agent for each member regarding all matters relating to this Contract;
 - ii. by giving notice to the representative member, Canada will be considered to have given notice to all the members of the joint venture Contractor; and

-
- iii. all payments made by Canada to the representative member will act as a release from all the members.
 - c) All the members agree that Canada may terminate the Contract if there is a dispute among the members that, in Canada's opinion, affects the performance of the Work in any way.
 - d) All the members are jointly and severally or solidarily liable for the performance of the entire Contract.
 - e) The Contractor acknowledges that any change in the membership of the joint venture (i.e., a change in the number of members or the substitution of another legal entity for an existing member) constitutes an assignment and is subject to the provisions of the General Conditions.
 - f) The Contractor acknowledges that all security and controlled goods requirements in the Contract, if any, apply to each member of the joint venture Contractor.

7.17 Representations and Warranties

The Contractor made statements regarding its and its proposed resources' experience and expertise in its bid that resulted in the award of the Contract. The Contractor represents and warrants that all those statements are true and acknowledges that Canada relied on those statements in awarding this Contract. The Contractor also represents and warrants that it has, and all its resources and subcontractors that perform the Work have, and at all times during the Contract Period they will have, the skills, qualifications, expertise and experience necessary to perform and manage the Work in accordance with the Contract, and that the Contractor (and any resources or subcontractors it uses) has previously performed similar services for other customers.

7.18 Safeguarding Electronic Media

1. Before using them on Canada's equipment or sending them to Canada, the Contractor must use a regularly updated product to scan all electronic media used to perform the Work for computer viruses and other coding intended to cause malfunctions. The Contractor must notify Canada if any electronic media used for the Work are found to contain computer viruses or other coding intended to cause malfunctions.
2. If magnetically recorded information or documentation is damaged or lost while in the Contractor's care or at any time before it is delivered to Canada in accordance with the Contract, including accidental erasure, the Contractor must immediately notify the Project Authority of any such loss or damage and replace it at its own expense.

7.19 Reporting Requirements

- a) The Contractor must provide the reports as detailed in the Statement of Work (SOW) to the Project Authority at the frequency and format specified herein.
- b) Timely Problem Identification

- i) The Contractor shall immediately advise the Contracting and Project Authorities in writing of any and all situations or difficulties that the Contractor considers will have a significant impact upon the scope of the Work, expected technical achievement, delivery schedule, person-power or cost to Canada. Notwithstanding the submission of any such report, the Contractor remains responsible for the completion of the Work in accordance with the terms of this Contract.
- ii) Such reports shall include proposed detailed remedial action plans to resolve or alleviate the identified situations or difficulties. The plans must set out the Contractor's detailed estimates of any increase in time, resources and cost to effect such plans. Such plans must include all reasonable options for consideration by Canada plus the costs and consequences to Canada of taking no remedial action and must also provide a reasonable amount of time for Canada to review these options and obtain any necessary funding authorization.
- iii) The Contractor will be prohibited from claiming for any additional costs incurred in remedying a problem not reported as described above in a timely fashion, and will be required to remedy such problems at its own expense.

7.20 Access to Canada's Property and Facilities

Canada's property, facilities, equipment, documentation and personnel are not automatically available to the Contractor. If the Contractor would like access to any of these, it is responsible for making a request to the Project Authority. Unless expressly stated in the Contract, Canada has no obligation to provide any of these to the Contractor. If Canada chooses, in its discretion, to make its property, facilities, equipment, documentation or personnel available to the Contractor to perform the Work, Canada may require an adjustment to the Basis of Payment and additional security requirement may apply.

Contractor personnel are employees of the Contractor and are paid by the Contractor on the basis of services rendered. Where the Contractor, its employees, subcontractors, or agents are providing services on government premises pursuant to this Contract and the said premises become non accessible due to, but not limited to, evacuation, closure of government offices or as a result of any strike or lockout, and consequently no Work is being performed as a result of the closure or when access was prevented, Canada will not be liable for payment to the Contractor for the period of closure or for the period when access was prevented.

7.21 Transition Services

The Contractor agrees that, in the period leading up to the end of the Contract Period and for up to 6 months afterwards, it will make all reasonable efforts to assist Canada in the transition from this Contract to a new contract with another supplier. With the exception of the Work described under Appendix B Basis of Payment, the Contractor agrees that there will be no charge for these services.

The Contractor will cooperate with the Project Authority and with the incoming contractor to ensure a seamless transition and a continuance of service including transferring data, and winding down services in accordance with the Contract, Statement of Work, Phase 3.

The provisions of this clause shall be applicable to all technical data, such as handbooks, service manuals, or other information necessary to deliver the FHCPS as called for herein.

7.22 Protection and Security of Data Stored in Databases

1. The Contractor must ensure that all the databases containing any information related to the Work are located in Canada or, if the Contracting Authority has first consented in writing, in another country where:
 - a) equivalent protections are given to personal information as in Canada under legislation such as the *Privacy Act*, R.S. 1985, c. P-21, and the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5, and under any applicable policies of the Government of Canada; and
 - b) the laws do not allow the government of that country or any other entity or person to seek or obtain the right to view or copy any information relating to the Contract without first obtaining the Contracting Authority's written consent.

In connection with giving its consent to locating a database in another country, the Contracting Authority may, at its option, require the Contractor to provide a legal opinion (from a lawyer qualified in the foreign country) that the laws in that country meet the above requirements, or may require the Contractor to pay for Canada to obtain such a legal opinion. Canada has the right to reject any request to store Canada's data in a country other than Canada if there is any reason to be concerned about the security, privacy, or integrity of Canada's data. Canada may also require that any data sent or processed outside of Canada be encrypted with Canada-approved cryptography and that the private key required to decrypt the data be kept in Canada in accordance with key management and storage processes approved by Canada.

2. The Contractor must control access to all databases on which any data relating to the Contract is stored so that only individuals with the appropriate security clearance are able to access the database, either by using a password or other form of access control (such as biometric controls).
3. The Contractor must ensure that all databases on which any data relating to the Contract is stored are physically and logically independent (meaning there is no direct or indirect connection of any kind) from all other databases, unless those databases are located in Canada (or in an another country approved by the Contracting authority under subsection 1) and otherwise meet the requirements of this article.
4. The Contractor must ensure that all data relating to the Contract is processed only in Canada or in another country approved by the Contracting Authority under subsection 1.

5. The Contractor must ensure that all domestic network traffic (meaning traffic or transmissions initiated in one part of Canada to a destination or individual located in another part of Canada) is routed exclusively through Canada, unless the Contracting Authority has first consented in writing to an alternate route. The Contracting Authority will only consider requests to route domestic traffic through another country that meets the requirements of subsection 1.
6. Despite any section of the General Conditions relating to subcontracting, the Contractor must not subcontract (including to an affiliate) any function that involves providing a subcontractor with access to any data relating to the Contract unless the Contracting Authority first consents in writing.

7.23 Price Protection - Most Favoured Customer (New Labour Categories)

1. Where Canada seeks to add a new labour category in respect of a requirement for a resource with different or additional skills to perform Work in accordance with the Contract, the Contractor certifies that to the best of the Contractor's knowledge, the pricing for the new category it is charging to Canada under the Contract is not higher than the lowest prices/rates that it has charged any other customer (including other Government of Canada entities) for a similar quality and quantity of services provided in the previous year.
2. The Contractor also agrees that, if after the Contract Award date of this Contract it reduces the prices/rates for the new categories it charges to other customers for a similar quality and quantity of services, it will reduce the prices/rates for all remaining services performed by resources in the new labour category under this contract (with notice to the Contracting Authority).
3. At any time during the 6 years after making the final payment under this Contract or until all outstanding claims and disputes are settled, whichever is later, Canada has the right to audit the Contractor's records to verify that it is receiving (or has received) prices/rates in accordance with this certification.
4. During this audit, the Contractor must produce invoices and contracts for similar services (similar quality and quantity) sold to other customers from one year before this Contract until the end of this Contract. If the Contractor is required by statute or contract to keep another customer's information confidential, the Contractor may black out any information on the invoices or contracts that could reasonably reveal the identity of the customer (such as the customer's name and address), as long as the Contractor provides, together with the invoices and contracts, a certification from its Senior Financial Officer describing the profile of the customer (e.g., whether it is a public sector or private sector customer and the customer's size and service locations).
5. In determining whether the services sold to another customer were of similar quality, the terms and conditions of the contract under which those services were delivered will be considered, if those terms and conditions are reasonably likely to have had a material effect on pricing.

6. If Canada's audit reveals that the Contractor charged lower prices/rates for a similar quality and quantity of services under any contract where services were made in the year before this Contract was issued, or that the Contractor delivered additional services under this Contract after reducing its prices for other customers but without reducing the prices/rates under this Contract, then the Contractor must pay to Canada the difference between the amount charged to Canada and the amount charged to the other customer, up to a maximum of 25% of the value of this Contract.
7. Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC Departmental Profit Policy in effect at the time as a basis of establishing the price/rates for new labour categories and services.

7.24 Professional Services – Resources

1. The Contractor must provide, as and when requested by Canada using a Task Authorization, professional services relating to the Work requirements set out under the SOW. To be able to provide these professional services on request, the Contractor must have available a team of experts, including individuals as detailed in Annex G.
2. Once a requirement for a resource is identified by Canada (including any resource required under the Contract to be available immediately following Contract award or once a Task Authorization is issued), the Contractor must make the resource available to Canada within 10 working days.
3. If there must be a change in a resource performing work under the Contract (which must in any case comply with the requirements in General Conditions - Services 2035, Section 08 entitled "Replacement of Specific Individuals"), the Contractor must make the replacement available for work within 10 working days of the departure of the existing resource (or, if Canada has requested the replacement, within 15 working days of Canada's notice of the requirement for a replacement).
4. All resources provided by the Contractor must meet the qualifications described in the Contract (including those relating to previous experience, professional designation, education, and language proficiency) and must be competent to provide the required services by any delivery dates described in the Contract.
5. If it is necessary to replace personnel, the Contractor must give at least 10 working days notice in writing to the Project Authority, but thirty days would be preferable. The replacement must possess qualifications acceptable to the Project Authority and be approved by the Project Authority prior to replacement. Any replacement will be assigned to shadow the "to be replaced" resource (or a client resource when appropriate) for knowledge transfer, for a period of up to a maximum of 10 working days to be determined with the Project Authority, at the Contractor's own expense. This shall also apply to contractor personnel replaced at the request of the Project Authority as not being suitable. The Project Authority reserves the right to interview (at no cost to Canada) the personnel assigned to the Contract.

6. If the Contractor fails to meet any of its obligations under this Article, or fails to deliver any deliverable or complete any task described in the Contract on time, in addition to any other rights or remedies available to Canada under the Contract or the law, Canada may notify the Contractor of the deficiency, in which case the Contractor must submit a written plan to the Project Authority within 10 working days detailing the actions that the Contractor will undertake to remedy the deficiency. The Contractor must prepare and implement the plan at its own expense.

7.25 Change Management

1. Without in any way diminishing or restricting any of the responsibilities of the Contractor, the Project Authority may, by giving notice to the Contractor, at any time and from time to time, request changes in the Work described in the Contract. Conversely, the Contractor may wish to propose a change to the Work described in the Contract.
2. Where the Project Authority requests a change or modification, the Project Authority will request a written Change Proposal from the Contractor for consideration. Where the Contractor wishes to propose a change or a modification, the Contractor will submit a written Change Proposal to the Project Authority for consideration.
3. All changes, whether there is a cost or not, will require formal authorization through a Contract amendment.
4. As soon as reasonably possible, and no later than 5 working days, after receipt of the request, unless otherwise agreed to by the Contractor and Project Authority, the Contractor must either:
 - a) give Notice to the Project Authority that the proposed modification is not sufficiently defined; or
 - b) submit to the Project Authority a completed Change Proposal which must contain the following:
 - i) description of the change(s);
 - ii) the decrease or increase, if any, which the proposed change will cause to the Contract price;
 - iii) change(s) in delivery dates, if any, for any part of the Work affected by the directed or proposed changes;
 - iv) the anticipated effect of the change(s) on the performance of the Work;
 - v) the plan or plans to minimize the effect of the change(s) on the performance of the Work;
 - vi) recommended plan or plans for the completion of the Work;

- vii) any other change in the provisions of this Contract; and
 - viii) as such additional information as may be reasonably required by the Project Authority.
5. If the Contractor's Proposal is accepted, the Project Authority and the Contractor agree to commence negotiations with respect to changes in the Work described in the Contractor's Proposal as soon as practicable.
 6. All proposed changes by the Contractor to any previously approved deliverable will require the revised deliverable to be resubmitted by the Contractor to the Project Authority for acceptance in accordance with this Contract.
 7. No change in the Work, or in price, in the Contract resulting from changes in the Work, will be recognized under this Contract except in accordance with the provisions described in this Article. No one other than the Contracting Authority has the authority to approve any amendments or changes to this Contract.
 8. If any directed change or changes approved after consideration of the Proposal, causes an increase or decrease in the price of the Contract or the time for performance, and other affected provisions of the Contract must be adjusted accordingly, provided that, at no time, must the Contractor be entitled compensation for any loss of anticipated profits. The Contractor must not carry out any Work arising from a change proposed by the Contractor or requested by the Project Authority until negotiations between the Contractor and Canada are completed to a mutual agreement, and the Contractor is in receipt of written authorization to proceed with the change as received from the Contracting Authority.
 9. It is the responsibility of the Contractor to verify with the Project Authority and the Contracting Authority whether the Work activity falls within the scope of the Contract in the event that any uncertainty exists.
 10. The costs of any changes pursuant to this Article will be negotiated based on pricing contained in the Contract.

7.26 Dispute Resolution

If a dispute arises out of, or in connection with this Contract, the parties agree to meet to pursue resolution through negotiation or other appropriate dispute resolution process acceptable to both parties, before resorting to litigation.

All information exchanged during this meeting or any subsequent dispute resolution process, must be regarded as "without prejudice" communications for the purpose of settlement negotiations and shall be treated as confidential by the parties and their representatives, unless otherwise required by law. However, evidence that is independently admissible or discoverable shall not be rendered inadmissible or non-discoverable by virtue of its use during the dispute resolution process.

Article 7.26, Dispute Resolution, shall not affect any of Canada's rights of cancellation or termination contained in this Contract.

7.27 Inspection and Acceptance

The Project Authority is the Inspection Authority. All reports, deliverable items, documents, goods and all services rendered under the Contract are subject to inspection by the Inspection Authority or representative. Should any report, document, good or service not be in accordance with the requirements of the Statement of Work and to the satisfaction of the Inspection Authority, as submitted, the Inspection Authority will have the right to reject it or require its correction at the sole expense of the Contractor before recommending payment.

7.28 Independent Verification and Validation

It is acknowledged and accepted that Canada may decide to enter into a contract with a third party, an Independent Verification and Validation ("IV & V") contractor selected by mutual agreement by Canada and the Contractor, for the provision of verification and validation services in support of the FHCPS requirement. Agreement on the suitability of the IV & V contractor shall not be unreasonably withheld.

It is agreed that the Contractor shall support the performance of the verification and validation services by any IV & V contractor so engaged. The terms of communication will be as follows:

- a. the IV & V contractor reports to, receives direction from and provides recommendations to only the Project Authority, unless engaged by the Contractor;
- b. the Contractor shall designate a point of contact for the IV & V Contractor personnel, and shall notify Canada in writing of any change; and
- c. the IV & V Contractor shall not be required to furnish the Contractor with work plans or schedules, or with any other documentation or information.

The Contractor shall make available to the IV & V Contractor both the use of temporary workspace for a maximum of 3 people, and access to FHCPS Project working materials such as documentation, software and schedules, as are normally available to the Contractor's Quality Assurance personnel.

7.29 SACC MANUAL CLAUSES

A9062C	Canadian Forces Site Regulations	2011-05-16
A9068C	Government Site Regulations	2010-01-11
B1501C	Electrical Equipment	2006-06-16
B2008C	Common Standard Look and Feel	2012-07-16
C0710C	Time and Contract Price Verification	2007-11-30
C6000C	Limitation of Price	2011-05-16

Solicitation No. - N° de l'invitation
51019-072007/K
Client Ref. No. - N° de réf. du client
51019-072007

Amd. No. - N° de la modif.
File No. - N° du dossier
PWB-7-20036

Buyer ID - Id de l'acheteur
pwb011
CCC No./N° CCC - FMS No/ N° VME

**ATTACHMENT A
(To Resulting Contract)**

STATEMENT OF WORK

Note to Bidders, - please see separate MERX Attachments for the following Veterans Affairs Specifications pertaining to Federal Health Claims Processing Services

**Appendix A
Statement of Work**

**Annex A
Overview of Departments and Client/Member Eligibility for Health Care
Benefits**

**Annex B
Volumetrics**

**Annex C
Report Types**

**Annex D
Reference Documents**

**Annex E
Acronyms/Abbreviations and Glossary of Terms**

**Annex F
Current Technical Information**

**Annex G
Contractor Resources**

Table 3.1 - Phase 2 Operations and Maintenance

Phase 2 – Operations and Maintenance	Firm all-inclusive Annual Price
Operations and Maintenance of the Federal Health Claims Processing Services as detailed in the Statement of Work excluding claims authorizations and claims processing.	\$

These prices are subject to EPA.

Part 'B' Claims Processing

For Definition of Transaction, refer to the SOW, Annex E. Each individual benefit code processed through the Contractor's system is considered to be a billable claim transaction. For example: a claim for one pair of glasses could result in four (or more) benefit codes (e.g., frames, right lens, left lens, tinting) being used. This would result in four (4) transactions being charged for the glasses.

The Contractor will be paid in accordance with Tables 4.0B-1 to 4.0B-3 below, firm all-inclusive prices per transaction within each volume range, including but not limited to, facilities, equipment, materials, labour, overhead and profit and all other costs related to claims processing, adjudication and payment, network line charges, document storage and uploads of client eligibility data and where applicable Call Centre Service for that transaction type as set out in the SOW and associated Annexes.

Canada will not pay for the correction of errors created by the Contractor or their sub-contractors. For example, transaction fee for adjustments to correct Contractor's error.

Electronic Transaction Processing

Table 4.0B-1 - Electronic Transactions Price Schedule

Electronic Transactions except for CF On-Base Pharmacy VOLUME RANGE	Firm all inclusive Price per transaction for a twelve month period
up to 1,100,000	\$
1,100,001 to 2,600,000	\$
2,600,001 to 4,100,000	\$
4,100,001 to 5,100,000	\$

These Prices are subject to EPA.

Canada reserves the right to add volume ranges in the event that actual transaction volumes exceed the upper volume range. Canada and the Contractor will establish the price for the new volume range(s) using the information that the Contractor submitted in their Price Breakdown. Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC

departmental Profit Policy in effect at the time. In no event will the price for the new volume range(s) be higher than the lowest price that currently exists for the lower volume ranges.

CF On-Base Pharmacy

While the on-base CF pharmacies operate similarly to the off-base civilian pharmacies, they do not receive payment from the system. As a result, the Contractor must provide a special rate for the adjudication and storage of CF on-base pharmacy transactions in the system.

Electronic Transaction Processing for CF On-Base Pharmacy
Table 4.0B-2 Electronic Transactions Price Schedule

Election Transactions for CF On-Base Pharmacy VOLUME RANGE	Firm all inclusive Price per transaction for a twelve month period
Up to 450,000	\$
450,001 to 750,000	\$
over 750,000	\$

These Prices are subject to EPA.

Non-Electronic Transactions Processing
Table 4.0B-3 Non-Electronic Transactions Price Schedule

Non-Electronic Transactions VOLUME RANGE	Firm all inclusive Price per transaction for a twelve month period
up to 1,500,000	\$
1,500,001 to 2,500,000	\$
2,500,001 to 4,000,000	\$
4,000,001 to 5,000,000	\$

These Prices are subject to EPA.

Canada reserves the right to add volume ranges in the event that actual transaction volumes exceed the upper volume range. Canada and the Contractor will establish the price for the new volume range(s) using the information that the Contractor submitted in their Price Breakdown. Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC departmental Profit Policy in effect at the time. In no event will the price for the new volume range(s) be higher than the lowest price that currently exists for the lower volume ranges.

Part 'C' Communications Materials

The Contractor will be paid for actual quantities ordered and received by Canada.

Communications Materials - Renewals

Table 4.0C-1 - Additional Complete Version of Communications Materials

Communications Materials	Firm Unit Price
Health ID Cards	\$
Client Information Booklets to:	
Clients	\$
Caregivers	\$
staff of Depts.	\$
Provider Kits	\$

These prices are subject to EPA.

Annual Communications Materials

4.0C -2 - Annual Communications Materials for each year of the Contract

Annual Communications Materials	Firm Unit Price
Health Identification Cards replacement	\$.....each
Client Information Booklet for replacement or for new clients	\$.....each
Client Information Booklets for staff of Departments	\$.....each
Provider kits for new Providers/replacements	\$.....each

These Prices are subject to EPA

4. Treatment Authorization Services

The Contractor will be paid in accordance with the Treatment Authorization Services Resource Table 4.0B-4 below, a firm all-inclusive hourly rate for each resource including, but not limited to, facilities, equipment, labour, materials, overhead and profit and all other costs related to rendering and processing decisions on benefits requiring pre-authorization and where applicable Special Authorization for Pharmacy Services as set out in the SOW and associated Annexes.

Authorizations for benefits under all POCs have varying degrees of complexity and therefore, the professional resource requirements and the resource time required to render and record decisions will vary across POCs and also benefits within each POC. Canada does not currently have a mechanism to accurately capture the time required to render decisions with consideration to the varying complexity of the decisions although this information will be captured in the future. Also, due to the expected increase in electronic claims processing with resulting decrease in manual claims processing and the anticipated legislative and policy changes, the volume of decisions required at the time of Contract implementation and throughout the period of the Contract cannot be forecasted accurately.

Due to changes expected within the Federal Government in processing of health claims and in technology over the next 5 years, and the factors described in the preceding paragraph, following the initial year of the Operations and Maintenance Phase of the Contract, Canada may commence negotiations to establish a cost based on a per decision rate. The per decision rate will be based on analysis of the data collected with regard to the time required to render decisions, on the hourly resource rate provided by the Contractor and on the volume bands provided by VAC.

Canada retains an irrevocable option to revisit the scope of services as defined in the SOW and the pricing method from hourly rates to a cost based on a per decision rate and, when exercised during the operational period of the contract commence the change to a per decision rate. The Contractor will be advised 3 months in advance of such changes. There will be no cost incurred, nor any contractual commitment to establish a new pricing methodology.

The qualifications for each resource must meet or exceed the applicable resource qualifications set out in the Statement of Work, Annex G.

Table 4.1 Treatment Authorization Services for Operations and Maintenance period

Resource Category	Total Extended Price
Call Centre Administrator	\$.....
Task Authorization Manager	\$.....
Benefits Analyst	\$.....
Physician	\$.....
Registered Nurse	\$.....
Pharmacist	\$.....
Audiologist	\$.....
Prosthetist	\$.....
Orthotist	\$.....
Nutritionist	\$.....
Dentist	\$.....
Occupational Therapist	\$.....
Optometrist	\$.....
Psychologist	\$.....
Clerical Staff	\$.....

These Prices are subject to EPA

Additional Resource Categories:

Firm hourly rates for Resource Categories not identified above and which are required for Treatment Authorization Services will be negotiated, in accordance with the Price Breakdown, as and when required by the Contracting Authority. Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC departmental Profit Policy in effect at the time. The rates will only apply to the Task Authorization for which they were negotiated unless incorporated into the Contract through a formal Contract amendment issued by the Contracting

Authority. In this case, the additional Firm Hourly rates will be subject to EPA from that contract year forward.

5. Phase 3

Contract Phase-Out

The Contractor will be paid the firm, all-inclusive lot price including but not limited to materials, labour, overhead and profit for the completion of all work to support complete and seamless transition to a new service arrangement for the FHCPS Operations without interruption of service delivery to the Departments or their clients and providers as detailed in SW7.0, Contract Phase-Out Requirements.

Contract Phase-Out: \$...... Firm Lot Price

This Price is subject to EPA.

Once the Contract Phase-Out has begun, the applicable Firm Lot Price will become fixed and will no longer be subject to the EPA specified herein.

6. As and When Requested Services

Contract Resources Categories for Task Authorization Requirements.

The qualifications for each resource must meet or exceed the applicable resource qualifications set out in the Statement of Work, Annex G.

Table 4.0F – 1: Firm all-inclusive Hourly rates

As required Contract Resource Category	Firm all-inclusive hourly rate
Project Manager	\$......
Implementation Manager	\$......
Computer System IT Leader/Manager	\$......
DataBase Administrator	\$......
IT Security Specialist	\$......
Senior Auditor	\$......
Provider Relations Manager	\$......
Strategic Communications Advisor	\$......
Programmer Analyst	\$......
Dentist	\$......
Denturist	\$......
Pharmacist	\$......
Physician	\$......
Prosthetis	\$......
Orthotist	\$......
Registered Nurse	\$......
Audiologist	\$......
Nutritionist	\$......

These prices are subject to EPA

Additional Firm Hourly Labour Rates

Firm hourly rates for Labour Categories not identified above and which are required for “as and when requested” Work to be performed will be negotiated in accordance with the Price Breakdown as and when required by the Contracting Authority. Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC departmental Profit Policy in effect at the time. The rates will only apply to the Task Authorization for which they were negotiated unless incorporated into the Contract through a formal Contract amendment issued by the Contracting Authority. In this case, the additional Firm Hourly rates will be subject to EPA from that contract year forward.

Other Direct Costs

Other direct costs, reasonably and properly incurred as part of Work carried out under a Task Authorization, for example printing and mailing costs will be reimbursed at actual cost with no allowance thereon for profit or overheads, provided that the amount has been deemed appropriate and fair and reasonable by Canada and preauthorized, as part of the Task Authorization. All costs must be supported by receipts and/or documentation.

Travel & Living Expenses

The Contractor will be reimbursed its authorized travel and living expenses reasonably and properly incurred in the performance of the Work, at cost, without any allowance for profit and/or administrative overhead, in accordance with the meal, private vehicle and incidental expenses provided in Appendices B, C and D of the *National Joint Council Travel Directive* and with the other provisions of the directive referring to "travellers", rather than those referring to "employees".

All travel must have the prior authorization of the Project Authority.

All payments are subject to government audit.

7. Options for Goods and/or Services

Should Canada exercise its option to acquire and/or remove goods and/or services in support of health benefit plans and/or programs, the following prices and/or rates will be adjusted based on the information the Contractor submitted in their Price Breakdown:

- Phase 1 Pre-Implementation Firm Lot Price;
- Communications Materials Unit Prices;
- Phase 2 Operations and Maintenance Firm all-inclusive Annual Price;
- Communications Materials Renewal Unit Prices; and
- Phase 3 Contract Phase-out Firm Lot Price

Electronic Transactions Processing and Non-electronic Transaction Processing prices for existing volume ranges will not be upwardly adjusted should Canada exercise its option.

Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC departmental Profit Policy in effect at the time.

8. ANNUAL ECONOMIC PRICE ADJUSTMENT (EPA)

The firm rates will be adjusted annually on the first day of the contract start month, commencing in 2014, by an amount established based on the percentage increase (decrease), nearest two decimal places, in the annual average index of the Consumer Price Index for Canada, All-Items (Not Seasonally Adjusted), published in Statistics Canada Catalogue no.62-001-X, Table 5, from the 12-month base period ending 15 months prior to the current contract start date, to the same 12-month period ending 3 months prior to the current contract start date. This will be calculated using the following formula:

$$EPA = \left(\left(\frac{A}{B} \right) - 1 \right) \times 100$$

Where:

A = Average annual index for the 12 months ending 3 months prior to the current contract start date.

B = Average annual index for the 12 months ending 15 months prior to the current contract start date.

Example:

Assuming a contract start date of February 1, then in the contract year commencing February 1, 2015, the firm rates in effect on January 31, 2015 would be increased by 2.40% based on the following assumptions:

A = Average annual index for the 12 months ending October, 2014 (3 months prior to the current contract start date) = 1445.3

B = Sum of the monthly indices for the 12 months ending October 2013 (15 months prior to the current contract start date) = 1411.4

$$EPA = \left(\left(\frac{A}{B} \right) - 1 \right) \times 100$$

$$EPA = \left(\left(\frac{1445.3}{1411.4} \right) - 1 \right) \times 100$$

$$EPA = 2.40\%$$

Consumer Price Index for Canada is published by Statistics Canada and can also be found on the Statistics Canada website at <http://cansim2.statcan.ca>, Table 326-0020, Cansim Vector number V41690973.

Discontinuation of Escalation Index:


If an index set out in this Contract is discontinued, the parties agree to immediately negotiate in good faith a replacement index.

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APPENDIX C – SECURITY REQUIREMENT CHECK LIST (SRCL)

 Government of Canada / Gouvernement du Canada		Contract Number / Numéro du contrat 51019-07-2007	
		Security Classification / Classification de sécurité	

SECURITY REQUIREMENTS CHECK LIST (SRCL) LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)			
PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE			
1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine		2. Branch or Directorate / Direction générale ou Direction FHPCS Task Force, Veterans Services Branch	
3. a) Subcontract Number / Numéro du contrat de sous-traitance N/A		3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant N/A	
4. Brief Description of Work / Brève description du travail New procurement for the Federal Health Claims Processing Services on behalf of Veterans Affairs Canada (VAC) and its partners, Royal Canadian Mounted Police (RCMP) and the Canadian Forces (CF).			
5. a) Will the supplier require access to Controlled Goods? Le fournisseur aura-t-il accès à des marchandises contrôlées?		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui	
5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui	
6. Indicate the type of access required / Indiquer le type d'accès requis			
6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? (Specify the level of access using the chart in Question 7. c.) Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS?		<input type="checkbox"/> No / Non <input checked="" type="checkbox"/> Yes / Oui	
6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé.		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui	
6. c) Is this a commercial courier or delivery requirement with no overnight storage? S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit?		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui	
7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès			
Canada <input checked="" type="checkbox"/>		NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>
7. b) Release restrictions / Restrictions relatives à la diffusion			
No release restrictions / Aucune restriction relative à la diffusion <input checked="" type="checkbox"/> <i>MEM</i>		All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/>	No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable / À ne pas diffuser <input type="checkbox"/> <i>MEM</i>			
Restricted to: / Limité à: <input type="checkbox"/>		Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:		Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:
7. c) Level of information / Niveau d'information			
PROTECTED A / PROTÉGÉ A <input type="checkbox"/>	NATO UNCLASSIFIED / NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED A / PROTÉGÉ A <input type="checkbox"/>	
PROTECTED B / PROTÉGÉ B <input checked="" type="checkbox"/>	NATO RESTRICTED / NATO DIFFUSION RESTREINTE <input type="checkbox"/>	PROTECTED B / PROTÉGÉ B <input type="checkbox"/>	
PROTECTED C / PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL / NATO CONFIDENTIEL <input type="checkbox"/>	PROTECTED C / PROTÉGÉ C <input type="checkbox"/>	
CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>	NATO SECRET / NATO SECRET <input type="checkbox"/>	CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>	
SECRET / SECRET <input type="checkbox"/>	COSMIC TOP SECRET / COSMIC TRÈS SECRET <input type="checkbox"/>	SECRET / SECRET <input type="checkbox"/>	
TOP SECRET / TRÈS SECRET <input type="checkbox"/>		TOP SECRET / TRÈS SECRET <input type="checkbox"/>	
TRÈS SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>		TRÈS SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>	

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PART A (continued) / PARTIE A (suite)

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui
If Yes, indicate the level of sensitivity:
Dans l'affirmative, indiquer le niveau de sensibilité:

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate? ☒ No ☐ Yes
Non Oui

Short Title(s) of material / Titre(s) abrégé(s) du matériel:
Document Number / Numéro du document:

PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS
COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL
CONFIDENTIEL | <input type="checkbox"/> SECRET
SECRET | <input type="checkbox"/> TOP SECRET
TRÈS SECRET |
| <input type="checkbox"/> TOP SECRET - SIGINT
TRÈS SECRET - SIGINT | <input type="checkbox"/> NATO CONFIDENTIAL
NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET
NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET
COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS
ACCÈS AUX EMPLACEMENTS | | | |

Special comments:
Commentaires spéciaux: Subject to National Security Except. 100% of work/services to be performed in Canada by Canadian Citizens.

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.

REMARQUE: Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail? ☒ No ☐ Yes
Non Oui
If Yes, will unscreened personnel be escorted?
Dans l'affirmative, le personnel en question sera-t-il escorté? ☐ No ☐ Yes
Non Oui

PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS? ☐ No ☒ Yes
Non Oui

11. b) Will the supplier be required to safeguard COMSEC information or assets?
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC? ☒ No ☐ Yes
Non Oui

PRODUCTION

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ? ☒ No ☐ Yes
Non Oui

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS? ☐ No ☒ Yes
Non Oui

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale? ☐ No ☒ Yes
Non Oui

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PART C - (continued) / PARTIE C - (suite)

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.
Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions.
Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

SUMMARY CHART / TABLEAU RÉCAPITULATIF

Category Catégorie	PROTECTED PROTÉGÉ			CLASSIFIED CLASSIFIÉ			NATO				COMSEC			
	A	B	C	CONFIDENTIAL CONFIDENTIEL	SECRET TRÈS SECRET	TOP SECRET NATO RESTRICTED NATO DIFFUSION RESTREINTE	NATO CONFIDENTIAL NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET COSMIC TRÈS SECRET	PROTECTED PROTÉGÉ	CONFIDENTIAL CONFIDENTIEL	SECRET TRÈS SECRET	TOP SECRET	
Information / Assets Renseignements / Biens		✓												
Production		✓												
IT Media / Support TI		✓												
IT Link / Lien électronique		✓												

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?
La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?

☒ No
Non

☐ Yes
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?
La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?

☒ No
Non

☐ Yes
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire et indiquer qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).

APPENDIX D (To resulting Contract)

INSURANCE REQUIREMENTS

Insurance Requirements:

The Contractor must comply with the insurance requirements specified in this Appendix. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.

The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.

The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. Coverage must be placed with an Insurer licensed to carry out business in Canada. The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

1. Errors and Omissions Liability Insurance

- a) The Contractor must obtain Errors and Omissions Liability (a.k.a. Professional Liability) Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature but for not less than \$5,000,000 per loss and **in the annual aggregate**, inclusive of defence costs.
- b) If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- c) The following endorsement must be included:

Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation

2. Commercial General Liability Insurance

1. The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.
2. The Commercial General Liability Insurance policy must include the following:
 - a) Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, as represented by Public Works and Government Services Canada.
 - b) Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor.
 - c) Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
 - d) Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
 - e) Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
 - f) Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
 - g) Employees and, if applicable, Volunteers must be included as Additional Insured.
 - h) Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
 - i) Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
 - j) Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.

- k) If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- l) Owners' or Contractors' Protective Liability: Covers the damages that the Contractor becomes legally obligated to pay arising out of the operations of a subcontractor.

3. Comprehensive Crime Insurance

1. The Contractor must obtain Comprehensive Crime (Fidelity) insurance on a Blanket basis, and maintain it in force throughout the duration of the Contract period, in an amount as listed below:
 - a) Insuring Agreement 1: Employee Dishonesty (Form A) in an amount of not less than \$10,000,000.00 covering all employees of the Contractor. Such Fidelity Insurance must contain a "Third-Party Extension" or "Client Coverage" extending such to Canada with respect to the risks associated with this agreement.
 - b) Agreement- II/III: Money & Securities Loss Inside Premises/Outside Premises in an amount not less than \$10,000,000.00.
2. The Comprehensive Crime insurance must include the following:
 - a) Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.
 - b) Loss Payee: Canada as its interest may appear or as it may direct.

APPENDIX E TASK AUTHORIZATION FORM

Note to Bidders: The format of the Task Authorization Form may change based on discussions with the successful Bidder.

FHCPS TASK AUTHORIZATION REQUEST		
1.0 Administrative Information:		
Contractor: (will be entered at Contract award)		
Contract Number: (will be entered at Contract award)	Task Authorization No.	Date:
2.0 Description of Work to be performed: The Contractor will deliver the Work and associated deliverables in accordance with the attached Appendix A, Statement of Work for this Task Authorization. (Attach detailed Statement of Work & deliverables/milestones description)		
3.0 Period of Work	From: _____ To: _____	
4.0 Work location	(indicate Contractor's place of business: state Name + full address) or (alternate location)	
5.0 Travel requirements	(indicate if applicable or not; if applicable, provided related information under the detailed Statement of Work)	
6.0 Gov't furnished equipment/material	(indicate if applicable or not; if applicable, provided related information under the detailed Statement of Work)	
7.0 Authorities:		
Project Authority (name) (title) Tel: 902-xxx-xxxx Fax: 902-xxx-xxxx E-Mail: xxxx@	PWGSC Contracting Authority (name) (title) Tel: 506-xxx-xxxx Fax: 506-xxx-xxxx E-Mail: xxxxxxxx@pwgsc.gc.ca	

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TASK AUTHORIZATION PROPOSAL			
8.0 Task Authorization Basis of Payment			
Type of Labour Category (as per article ____ of the Contract Basis of Payment)	Fixed All-inclusive Per Diem Labour Rate	Level of Effort	Total Price (\$)
	\$		\$
	\$		\$
	\$		\$
Subtotal - Labour			\$
Estimated Travel and Accommodations Costs (if applicable), not to exceed			\$
Other direct costs (if applicable)			\$
GST/HST			\$
Check applicable of basis of payment (select one basis only)			
Ceiling Price ____; Limitation of Expenditure ____; Firm Price ____			
TOTAL @			
Check applicable method of payment (select one basis only)			
Lump sum payment ____ Milestone Payments ____ (milestone schedule of payments attached as Appendix ____ to this TA)			
TASK AUTHORIZATION APPROVALS			
9.0 PWGSC Contracting Authority - Concurrence to Proceed with TA: (Indicate Name, title of individual authorized to sign on behalf of Contracting Authority; type or print)			
Signature		Date:	
10.0 VAC Project Authority - Contractor's TA Proposal is Accepted: (Indicate Name, title of individual authorized to sign on behalf of VAC Project Authority; type or print)			
Signature		Date:	
You are requested to provide to Canada, in accordance with the terms and conditions included in PWGSC Contract no. ____ and the terms and conditions set out herein, referred to herein or attached hereto, the Work listed herein for this Task Authorization at the price set out thereof.			
11.0 Contractor: (Indicate Name, title of individual authorized to sign on behalf of Contracting Authority; type or print)			
Signature		Date:	

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DELIVERABLE ACCEPTANCE				
Contract No. _____		Task Authorization No. _____		
12.0 Description of deliverable(s) (To be completed by the Contractor)		Date Submitted:		
(attach under separate Annex if so required)				
13.0 Acceptance of deliverable(s) (To be completed by VAC Project Authority)				
Accepted:	YES		NO	
Accepted by:				Date
Name, title and signature of individual authorized to sign on behalf of VAC Project Authority (type or print)				
Comments:				

ATTACHMENT 1

Financial Bid Requirements and Bidder Instructions

1. Overview

The Financial Bid must be submitted in accordance the instructions herein.

PWGSC will be solely responsible for the conduct of the financial evaluation which will be done independently of the Technical Bid evaluation. Failure to provide any of the information as requested under article 3 below may prohibit PWGSC from evaluating the reasonableness of the bid price or calculating the bid price for evaluation purposes and may result in the proposal being deemed non-responsive and being given no further consideration.

2. Methodology for Evaluating Financial Bid

Bidders' Financial Bids will be evaluated in accordance with the method stipulated in Part 4, Evaluation Procedures and Basis of Selection of this Solicitation.

The scenario of expected volumes and usage has been established and will be used consistently across all Bidders to calculate the bid price for prices proposed in accordance with article 3 below.

3. Financial Bid Preparation Instructions

The Bidder's Financial Bid must address each of the price elements specified in the RFP and must provide prices in accordance with the stated requirements, as detailed in the Basis of Payment, provided under Appendix B to the Resulting Contract, of this RFP.

Blank Prices – Bidders are requested to insert “\$0.00” for any item for which it does not intend to charge or for items that are already included in other prices set out in the tables. If the Bidder leaves any price blank, Canada will treat the price as “\$0.00” for evaluation purposes and may request that the Bidder confirm that the price is, in fact, \$0.00. No Bidder will be permitted to add a price as part of this confirmation. Any Bidder who does not confirm that the price for a blank item is \$0.00 will be declared non-responsive.

Bidders must not make any assumptions or restrictions that are associated with their Financial Bid. In order to keep its Bid responsive, the Bidder must clarify all issues or concerns and obtain all required information beforehand, in accordance with the “Enquiries - Bid Solicitation” process referred to in Article 2.3, Part 2 of the Solicitation.

4. General Instructions:

Appendix B - Basis of Payment, describes the framework and fee structure that Canada will use to establish payments to the Contractor for Work performed pursuant to the Contract. The framework and pricing structure will be in place for the duration of the Contract including any applicable option periods.

All services and deliverables are F.O.B. Destination and Canadian Customs Duty and Excise Taxes included, if applicable.

All prices in the Financial Bid must be in Canadian funds, exclusive of Goods and Services Tax (GST), Provincial Sales Tax (PST) and Harmonized Sales Tax (HST), as applicable, unless otherwise indicated. The GST or HST, whichever is applicable, is extra to the price herein and will be paid by Canada.

The Contractor's detailed price breakdowns provided in accordance with Part 6, Article 6.2 form part of the Contract and will be used as required to support negotiations of any subsequent Contract Amendment or Task Authorization.

Unless otherwise specified, all pricing is inclusive of all three Departments: VAC, CF, and RCMP.

All prices quoted for Phase 1- Pre-Implementation and for the initial issuance of Communications Materials are firm all inclusive prices and are not subject to Economic Price Adjustment (EPA).

All prices quoted below are firm and expressed in 2013 dollars and are subject to Annual Economic Price Adjustment (EPA):

Phase 2 - Part A - Operations and Maintenance including Part B - Claims Processing and Part C - Communication Materials Renewal and Treatment Authorization Services

Phase 3 - Contract Phase-Out

Part D - as and when requested services.

5. Economic Price Adjustment

Bidders should refer to the Basis of Payment created in Excel Spreadsheet forming part of this RFP. As pricing is requested in 2013 dollars throughout all pricing elements, Bidders should note that to calculate the overall bid price for all pricing elements an estimated EPA of 2.2% will be applied as applicable to costs quoted. Bidders may quote unit pricing up to 2 decimal points which will be used in the calculation of costs. All calculations will be rounded to 2 decimal points.

1. Phase 1

Pre-Implementation

Bidders must provide a firm all-inclusive price including but not limited to facilities, equipment, materials, labour, overhead and profit for all goods and services utilized or provided during this Phase which commences upon Contract Award and ends with the implementation of Phase 2, Operations and Maintenance as per the work and deliverables specified under Phase 1 in the Statement of Work (SOW), excluding the Health Identification Cards, Client Information Booklets, and Provider Kits. At the completion of this phase, the FHCPS must be fully functional and the Contractor must be fully equipped to commence full service in accordance with the SOW.

Phase 1 Pre-Implementation: \$..... FIRM LOT PRICE

This price is not subject to EPA. For financial evaluation purposes, the Bidders' Firm All-inclusive lot Price will be used in the calculation to determine the Bidders' overall proposed Price.

2. Communications Materials:

Bidders must provide a firm all-inclusive unit price including but not limited to materials, labour, overhead and profit for all goods and services utilized or provided for the development and distribution of the Health Identification Cards, Client Information Booklets and Provider Kits.

The quantities given for Version One below are reasonable estimated volumes. The Contractor will be paid only for Units and quantities actually ordered, authorized and required by Canada.

Table 2.1: Firm Unit Prices for Version One Communications Materials

These Prices are not subject to EPA. Below is a table to show calculation of Table 2.1

	A	B	C	D
	For the supply and delivery of Communications Materials	Initial Issuance – Estimated Materials	Unit Price	Extended Estimated Total Price
1	Health Identification Cards to Clients	225,000	\$..... each	=(B1*C1)
	Client Information Booklets to			
2	Clients	225,000	\$..... each	=(B2*C2)
3	Primary Caregiver/Survivors	35,000	\$..... each	=(B3*C3)
4	Client Information Booklets to staff of Departments	30,100	\$..... each	=(B4*C4)
5	Provider kits to all providers.	150,000	\$..... each	=(B5*C5)
		Total Estimated Price		=SUM(D1:D5)

For evaluation purposes, each of the Bidders' firm all-inclusive unit prices will be multiplied by the applicable estimated quantities to derive the Bidders Total Estimated Price and shall be applied to and form part of the Bidder's Total Bid Price.

3. Phase 2 - Operations and Maintenance

Part 'A'

Bidders must provide a firm all-inclusive lot price per year for Phase 2, Operations and Maintenance in accordance with Table 3.1 below.

Bidders are to ensure that all the requirements and services as described in the Statement of Work are included as applicable.

Although these prices include services performed in relation to claims processing, they do not include Transaction fees, or prices for Communications.

The firm all-inclusive annual price for Phase 2, Operations and Maintenance shall be inclusive of all other costs including facilities, equipment, materials, labour, overhead and profit required to complete the work.

Table 3.1 - Phase 2 Operations and Maintenance. This price is subject to EPA. Below is a table to show calculation of Phase 2 – Operations and Maintenance for evaluation purposes.

	A	B
	Phase 2 – Operations and Maintenance Operations and Maintenance of the Federal Health Claims Processing Services as detailed in the Statement of Work excluding claims authorizations and claims processing.	
1	Firm all-inclusive Annual Price	\$
2	Year 1 (after 18 months development)	$=((B1*1.022*1.022),2)$
3	Year 2	$=((B2*1.022),2)$
4	Year 3	$=((B3*1.022),2)$
5	Year 4	$=((B4*1.022),2)$
6	Year 5	$=((B5*1.022),2)$
7	Year 6	$=((B6*1.022),2)$
8	Year 7	$=((B7*1.022),2)$
9	Initial Contract Period of 7 years	$=SUM(B2:B8)$
	Option Period 1	
10	Year 1	$=((B8*1.022),2)$
11	Year 2	$=((B10*1.022),2)$
12	Estimated Price for Option Period 1	$=SUM((B10+B11))$
	Option Period 2	
13	Year 1	$=((B11*1.022),2)$
14	Year 2	$=((B13*1.022),2)$
15	Estimated Price for Option Period 2	$=SUM(B13+B14)$
	Total Estimated Price for 11 years of Operations and Maintenance (7 years including total of 2 option periods of 2 years each).	$=SUM(B9+B12+B15)$

Part 'B' Claims Processing

For Definition of Transaction, refer to the SOW, Annex E. Each individual benefit code processed through the Contractor's system is considered to be a billable claim transaction. For example: a claim for one pair of glasses could result in four (or more) benefit codes (e.g., frames, right lens, left lens, tinting) being used. This would result in four (4) transactions being charged for the glasses.

For estimated Transactional volumes, refer to SOW, Annex B.

Bidders must provide, in accordance with Tables 4.0B-1 to 4.0B-3 below, firm all-inclusive prices per transaction within each volume range, including but not limited to, facilities, equipment, materials, labour, overhead and profit and all other costs related to claims processing, adjudication and payment, network line charges, document storage and uploads of client eligibility data and services for that transaction type as set out in the SOW and associated Annexes.

Table 4.0B-1 - Electronic Transactions Price Schedule. These Prices are subject to EPA. Below is a table to show calculation of Table 4.0B-1 – Electronic Transactions Price Schedule for evaluation purposes.

	A	B	C	D	E
1	Electronic Transactions except for CF On-Base Pharmacy	Firm all inclusive Price per transaction for a twelve month period	Percentage of probability		Estimated Annual Volume 3,000,000
2	Volume Range	1 Firm Unit Price	2 Probability %	(1 x 2) Weighted Average Price	
3	up to 1,100,000	\$	15%	=(B3*C3)	
4	1,100,001 to 2,600,000	\$	25%	=(B4*C4)	
5	2,600,001 to 4,100,000	\$	30%	=(B5*C5)	
6	4,100,001 to 5,100,000	\$	30%	=(B6*C6)	
7		Blended Average Rate		=Sum(B3:B6)	
				Estimated Annual Price	Total Estimated Price
8	Year 1			=(D7*1.022*1.022),2)	=(E1*D8),2)
9	Year 2			=(D8*1.022),2)	=(E1*D9),2)
10	Year 3			=(D9*1.022),2)	=(E1*D10),2)
11	Year 4			=(D10*1.022),2)	=(E1*D11),2)
12	Year 5			=(D11*1.022),2)	=(E1*D12),2)
13	Year 6			=(D12*1.022),2)	=(E1*D13),2)
14	Year 7			=(D13*1.022),2)	=(E1*D14),2)
15	Initial Contract Period of 7 years				=SUM(E8:E14)

	Option Period 1			
16	Year 1		$=((D14*1.022),2)$	$=((E1*D16),2)$
17	Year 2		$=((D16*1.022),2)$	$=((E1*D17),2)$
18		Estimated Price for Option Year 1		=SUM(E16+E17)
	Option Period 2			
19	Year 1		$=((D17*1.022),2)$	$=((E1*E19),2)$
20	Year 2		$=((D19*1.022),2)$	$=((E1*E20),2)$
21		Estimated Price for Option Year 2		=SUM(E19+E20)
22		Total Estimated Price for 11 years		=SUM(E15+E18+E20)

For Evaluation Purposes, an EPA of 2.2% compounded annually will be applied to the price quoted in 2013 dollars for each year of the contract. The weighted average price per transaction will be multiplied by 3,000,000, the estimated annual volume.

Bidders should note that the estimated annual usages/volumes provided by Canada are for the purpose of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed.

CF On-Base Pharmacy

While the on-base CF pharmacies operate similarly to the off-base civilian pharmacies, they do not receive payment from the system. As a result, the Contractor must provide a special rate for the adjudication and storage of CF on-base pharmacy transactions in the system.

Table 4.0B-2 Electronic Transaction Processing for CF On-Base Pharmacy
These Prices are subject to EPA. Below is a table to show calculation of Table 4.0B-2 –
Electronic Transactions Price Schedule for evaluation purposes.

	A	B	C	D	E
1	Electronic Transactions except for CF On-Base Pharmacy	Firm all inclusive Price per transaction for a twelve month period	Percentage of probability		Estimated Annual Volume 675,000
2	Volume Range	1 Firm Unit Price	2 Probability %	(1 x 2) Weighted Average Price	
3	Up to 450,000	\$	20%	$= (B3 * C3)$	
4	450,001 to 750,000	\$	60%	$= (B4 * C4)$	
5	Over 750,000	\$	20%	$= (B5 * C5)$	
6		Blended Average Rate		=SUM(B3:B5)	

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			Estimated Annual Price	Total Estimated Price
7	Year 1		$=((D6*1.022*1.022),2)$	$((E1*D7),2)$
8	Year 2		$=((D7*1.022),2)$	$=((E1*D8),2)$
9	Year 3		$=((D8*1.022),2)$	$=((E1*D9),2)$
10	Year 4		$=((D9*1.022),2)$	$=((E1*D10),2)$
11	Year 5		$=((D10*1.022),2)$	$=((E1*D11),2)$
12	Year 6		$=((D11*1.022),2)$	$=((E1*D12),2)$
13	Year 7		$=((D12*1.022),2)$	$=((E1*D13),2)$
14	Initial Contract Period of 7 years			$=SUM(E7:E13)$
	Option Period 1			
15	Year 1		$=((D13*1.022),2)$	$=((E1*D15),2)$
16	Year 2		$=((D15*1.022),2)$	$=((E1*D16),2)$
17	Estimated Price for Option Period 1			$=SUM(E15+E16)$
	Option Period 2			
18	Year 1		$=((D16*1.022),2)$	$=((E1*D18),2)$
19	Year 2		$=((D18*1.022),2)$	$=((E1*D19),2)$
20	Estimated Price for Option Period 2			$=SUM(E18+E19)$
21	Total Estimated Price for 11 years			$=SUM(E14+E17+E20)$

For Evaluation Purposes, an EPA of 2.2% compounded annually will be applied to the price quoted in 2013 dollars for each year of the contract including the 2 option periods of two additional years each. The weighted average price per transaction will be multiplied by 675,000, the estimated annual volume.

Bidders should note that the estimated annual usages/volumes provided by Canada are for the purpose of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed.

Non-Electronic Transaction Processing

Table 4.0B-3 Non-Electronic Transactions Price Schedule

These Prices are subject to EPA. Below is a table to show calculation of Table 4.0B-3 – Non-Electronic Transactions Price Schedule for evaluation purposes.

	A	B	C	D	E
1	Non-Electronic Transactions VOLUME RANGE	Firm all inclusive Price per transaction for a twelve month period	Percentage of probability	Non-Electronic Transactions VOLUME RANGE	Estimated Annual Volume 3,000,000
2	Volume Range	1 Firm Unit Price	2 Probability %	(1 x 2) Weighted Average Price	
3	up to 1,500,000	\$	15%	$= (B3 * C3)$	
4	1,500,001 to 2,500,000	\$	25%	$= (B4 * C4)$	
5	2,500,001 to 4,000,000	\$	30%	$= (B5 * C5)$	
6	4,000,001 to 5,000,000	\$	30%	$= (B6 * C6)$	
7		Blended Average Rate		$=SUM(D3:D6)$	

			Estimated Annual Price	Total Estimated Price
8	Year 1		$=((D7*1.022*1.022),2)$	$=((E1*D8),2)$
9	Year 2		$=((D8*1.022),2)$	$=((E1*D9),2)$
10	Year 3		$=((D9*1.022),2)$	$=((E1*D10),2)$
11	Year 4		$=((D10*1.022),2)$	$=((E1*D11),2)$
12	Year 5		$=((D11*1.022),2)$	$=((E1*D12),2)$
13	Year 6		$=((D12*1.022),2)$	$=((E1*D13),2)$
14	Year 7		$=((D13*1.022),2)$	$=((E1*D14),2)$
15		Initial Contract Period of 7 years		$=SUM(E8:E14)$
	Option Period 1			
16	Year 1		$=((D14*1.022),2)$	$=((E1*D16),2)$
17	Year 2		$=((D16*1.022),2)$	$=((E1*D17),2)$
18		Estimated Price for Option Period 1		$=SUM(E16+E17)$
	Option Period 2			
19	Year 1		$=((D17*1.022),2)$	$=((E1*D19),2)$
20	Year 2		$=((D19*1.022),2)$	$=((E1*D20),2)$
21		Estimated Price for Option Period 2		$=SUM(E19+E20)$
22		Total Estimated Price for 11 years		$=SUM(E15+E18+E21)$

For Evaluation Purposes, an EPA of 2.2% compounded annually will be applied to the price quoted in 2013 dollars for each year of the contract. The weighted average price per transaction will be multiplied by 3,000,000, the estimated annual volume.

Bidders should note that the estimated annual usages/volumes provided by Canada are for the purpose of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed.

Part 'C'

Communications Materials

All quantities identified in Table 4.0C-1 and Table 4.0C-2 are reasonable estimated volumes for additional versions that may be required over the duration of any contract, based on the Departments' known client and provider base. Canada accepts no liability for any variation between the estimates provided and the actual quantities and the volume of services to be performed. The Bidder will be paid for actual quantities ordered and received by Canada.

Communications Materials - Renewals

Bidders must provide firm all-inclusive unit prices including but not limited to materials, labour, overhead and profit for all goods and services utilized or provided for the production and distribution of additional versions of the Health Identification Cards, Client Information Booklets and Provider kits.

Table 4.0C-1

Additional Complete Version of Communications Materials

These prices are subject to EPA. Below is a table to show calculation of Table 4.0C-1 for additional Complete Re-Issues of Communications Material for evaluations purposes.

	A	B	C	D
	Communications Materials	Estimated Quantity	Firm Unit Price	Extended Price
1	Health ID Cards	225,000	\$	=(B1*C1)
2	Client Information Booklets			
3	to Clients	225,000	\$	=(B3*C3)
4	to Caregivers	35,000	\$.....	=(B4*C4)
5	to staff of Depts.	30,100	\$	=(B5*C5)
6	Provider Kits	150,000	\$	=(B6*C6)
7	Total Estimated Price for 1 complete Re-Issue			=SUM((D1:D6)
8	Re-Issue Dates			
9	2018 Year 3			=ROUND((D7*1.022^5),2)
10	2022 Year 7			=ROUND((D9*1.022^4),2)
11		Total Estimated Price for 2 Complete re-issues		=SUM(D9+D10)

For Evaluation Purposes, EPA 2.2% compounded annually will be applied to the price quoted in 2013 dollars for each year of the contract. For evaluation, it is assumed that the additional complete versions would occurred in 2018 and 2022.

Bidders should note that the estimated annual usages/volumes provided by Canada are for the purpose of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed

Annual Communications Materials

Bidders must provide firm all-inclusive unit prices including but not limited to materials, labour, overhead and profit for all goods and services utilized or provided for the annual distribution of current versions of the Health Identification Cards, Client Information Booklets and Provider kits.

Table 4.0C -2

Annual Communications Materials for each year of the Contract. These prices are subject to EPA. Below is a table to show calculation of Table 4.0C-2 – Annual Communications Material evaluations purposes.

	A	B	C	D
	Communications Materials	Estimated Quantity	Firm Unit Price	Extended Price
1	Health Identification Card Replacement	38,000	\$	=(B1*C1)
2	Client Information Booklets for replacement for new clients	38,000	\$	=(B2*C2)
3	Client Information Booklets for staff of Departments	10,000	\$	=(B3*C3)
4	Provider kits for new Providers/replacements	15,000	\$.....	=(B4*C4)
5	Total Estimated Cost Annual Renewals			=SUM(D1:D4)
6	Year 1			=((D5*1.022*1.022),2)
7	Year 2			=((D6*1.022),2)
8	Year 3			=((D7*1.022),2)
9	Year 4			=((D8*1.022),2)
10	Year 5			=((D9*1.022),2)
11	Year 6			=((D10*1.022),2)
12	Year 7			=((D11*1.022),2)
13	Initial Contract period of 7 years			=SUM(D6:D12)
14	Option Period 1			
15	Year 1			=((D12*1.022),2)
16	Year 2			=((D15*1.022),2)
17	Estimated Price for Option Period 1			=SUM(D15+D16)
18	Option Period 2			
19	Year 1			=((D16*1.022),2)
20	Year 2			=((D19*1.022),2)
21				=SUM(D19+D20)
22	Total Estimated Cost for 11 Years of Annual Communications Material			=SUM(D13+D17+D21)

For Evaluation Purposes, EPA 2.2% compounded annually will be applied to the price quoted in 2013 dollars for each year of the contract. For evaluation, it is assumed that the additional complete versions would occurred in 2018 and 2022.

Bidders should note that the estimated annual usages/volumes provided by Canada are for the purpose of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed.

4. Treatment Authorization Services

Bidders must provide in accordance with the Treatment Authorization Services Resource Table 4.1 below, a firm all-inclusive hourly rate for each resource including, but not limited to, facilities, equipment, labour, materials, overhead and profit and all other costs related to

rendering and processing decisions on benefits requiring pre-authorization and where applicable Special Authorization for Pharmacy Services as set out in the SOW and associated Annexes.

Due to changes expected within the Federal Government in processing of health claims and in technology over the next 5 years, and the factors described in the preceding paragraph, Bidders are to propose an hourly rate for resources involved in authorization decisions. Following the initial year of the Operations and Maintenance Phase of the Contract, Canada may commence negotiations to establish a cost based on a per decision rate. The per decision rate will be based on analysis of the data collected with regard to the time required to render decisions, on the hourly resource rate provided by the bidder and on the volume bands provided by VAC.

Bidders are advised that Canada shall have an irrevocable option to revisit the scope of services as defined in the SOW and the pricing method from hourly rates to a cost based on a per decision rate and, when exercised during the operational period of the contract commence the change to a per decision rate. The Contractor will be advised 3 months in advance of such changes. There will be no cost incurred, nor any contractual commitment to establish a new pricing methodology.

The qualifications for each resource must meet or exceed the applicable resource qualifications set out in the Statement of Work, Annex G.

The Bidder is to note the estimated hours are reasonable estimates provided for evaluation purposes only. The Contractor will be paid for actual labour performed as authorized and required by Canada in the proposed contract.

The Bidders shall provide firm hourly labour rates inclusive of overhead and profit in 2013 dollars. These Firm Hourly Rates will be subject to EPA on an annual basis.

Table 4.1 Treatment Authorization Services. These Prices are subject to EPA. Below is a table to show calculation of Table 4.1 - Treatment Authorization Services for Operations and Maintenance period for evaluation purposes.

	A	B	C	D	E
	Resource Category	Employee (E) Contract (C)	Firm Hourly Rate	Estimated Hours (Annual)	Total Extended Price
1	Call Centre Administrator		\$.....	3,200	=(C1*D1)
2	Task Authorization Manager		\$.....	3,200	=(C2*D2)
3	Benefits Analyst		\$.....	79,500	=(C3*D3)

4	Physician		\$.....	4,000	=(C4*D4)
5	Registered Nurse		\$.....	11,900	=(C5*D5)
6	Pharmacist		\$.....	800	=(C6*D6)
7	Audiologist		\$.....	300	=(C7*D7)
8	Prosthetist		\$.....	160	=(C8*D8)
9	Orthotist		\$.....	160	=(C9*D9)
10	Nutritionist		\$.....	70	=(C10*D10)
11	Dentist		\$.....	1,200	=(C11*D11)
12	Occupational Therapist		\$.....	300	=(C12*D12)
13	Optometrist		\$.....	300	=(C13*D13)
14	Psychologist		\$.....	160	=(C14*D14)
15	Clerical Staff		\$.....	3,200	=(C15*D15)
16	Estimated Annual Price			=SUM(E1:E15)	
17	Year 1			=((E16*1.022*1.022),2)	
18	Year 2			=((E17*1.022),2)	
19	Year 3			=((E18*1.022),2)	
20	Year 4			=((E19*1.022),2)	
21	Year 5			=((E20*1.022),2)	
22	Year 6			=((E21*1.022),2)	
23	Year 7			=((E22*1.022),2)	
24	Initial Contract Period of 7 years			=SUM(E17:E23)	
	Option Period 1				
25	Year 1			=((E23*1.022),2)	
26	Year 2			=((E25*1.022),2)	
27	Estimated Price for Option Period 1			=SUM(E25+E26)	
	Option Period 2				
28	Year 1			=((E26*1.022),2)	
29	Year 2			=((E28*1.022),2)	
30	Estimated Price for Option Period 2			=SUM(E28+E29)	
31	Estimated Price for 11 Years of Treatment Authorization Services			=SUM(E24+E27+E30)	

For evaluation purposes, Bidders should note that in order to calculate the overall price for the Treatment Authorization and Special Authorization services for Pharmacy, the firm hourly rates submitted will be multiplied by the estimated hours and the total sum of all labour categories will reflect year one estimated pricing.

An EPA of 2.2% compounded annually will be applied to the total estimated price quoted in 2013 dollars for each year of the contract.

Bidders should note that the estimated annual hours provided by Canada are for the purpose of evaluation only to allow PWGSC to calculate the total overall price for the full potential 11 year life of the contract. The estimated annual volume will not form part of the resultant contract. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed.

5. Phase 3

Contract Phase-Out

This Price is subject to EPA. Below is a table to show calculation of Phase 3 – Contract Phase-Out for evaluation purposes.

A		B
Contract Phase-Out		
The Contractor will be paid the firm, all-inclusive lot price including but not limited to materials, labour, overhead and profit for the completion of all work to support complete and seamless transition to a new service arrangement for the FHCPS Operations without interruption of service delivery to the Departments or their clients and providers as detailed in SW7.0, Contract Phase-Out Requirements.		
1	Contract Phase-Out	\$.....
2	Year 1 (after 18 months development)	$=((B1*1.022*1.022),2)$
3	Year 2	$=((B2*1.022),2)$
4	Year 3	$=((B3*1.022),2)$
5	Year 4	$=((B4*1.022),2)$
6	Year 5	$=((B5*1.022),2)$
7	Year 6	$=((B6*1.022),2)$
8	Year 7	$=((B7*1.022),2)$
9	Initial Contract Period of 7 years	B8
	Option Period 1	
10	Year 1	$=((B8*1.022),2)$
11	Year 2	$=((B10*1.022),2)$
12	Estimated Price for Option Period 1	B12
	Option Period 2	
13	Year 1	$=((B11*1.022),2)$
14	Year 2	$=((B13*1.022),2)$
15	Estimated Price for Option Period 2	B14
Total Estimated Price for Contract Phase-Out:		B15

Once the Contract Phase-Out has begun, the applicable Firm Lot Price will become fixed and will no longer be subject to the EPA specified herein.

6. As and When Requested Services

Contract Resource Categories for Task Authorization Requirements.

The qualifications for each resource must meet or exceed the applicable resource qualifications set out in the Statement of Work, Annex G.

Bidders are to note the estimated hours are reasonable estimates provided for evaluation purposes only. The Contractor will be paid for actual labour performed as authorized and required by Canada in the proposed contract.

The Bidders must provide firm hourly labour rates inclusive of overhead and profit in 2013 dollars. These Firm Hourly Rates will be subject to EPA on an annual basis.

Table 4.1 - Firm all-inclusive Hourly rates for As and When Requested Services

These prices are subject to EPA. Below is a table to show calculation of Table 4.0F-1 – Firm all-inclusive hourly rates for evaluation purposes.

	A	B	C	D
	Contract Resource Category as required	Estimated Annual Hours	Firm all-inclusive hourly Rate	Estimated Annual Price
1	Project Manager	1,000	\$	=(B1*C1)
2	Implementation Manager	2,000	\$	=(B2*C2)
3	Computer System IT Leader/Manager	2,000	\$	=(B3*C3)
4	DataBase Administrator	1,000	\$	=(B4*C4)
5	IT Security Specialist	1,000	\$	=(B5*C5)
6	Senior Auditor	1,000	\$	=(B6*C6)
7	Provider Relations Manager	1,000	\$	=(B7*C7)
8	Strategic Communications Advisor	1,000	\$	=(B8*C8)
9	Programmer Analyst	1,000	\$	=(B9*C9)
10	Dentist	2,000	\$	=(B10*C10)
11	Denturist	150	\$	=(B11*C11)
12	Pharmacist	500	\$	=(B12*C12)
13	Physician	2,000	\$	=(B13*C13)
14	Prosthetists	150	\$	=(B14*C14)
15	Orthotist	150	\$	=(B15*C15)
16	Registered Nurse	2,000	\$	=(B16*C16)
16	Audiologist	300	\$	=(B17*C17)
18	Nutritionist	50	\$	=(B18*C18)
19	Total Estimated Annual Price			=SUM(D1:D18)
20	Year 1			=((D19*1.022*1.022),2)
21	Year 2			=((D20*1.022),2)
22	Year 3			=((D21*1.022),2)
23	Year 4			=((D22*1.022),2)
24	Year 5			=((D23*1.022),2)
25	Year 6			=((D24*1.022),2)

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26	Year 7		$=((D25*1.022),2)$
27	Initial Contract Period for 7 years		$=SUM(D20:D26)$
Option Period 1			
28	Year 1		$=((D26*1.022),2)$
29	Year 2		$=((D28*1.022),2)$
30	Estimated Price for Option Period 1		$=SUM(D28+D29)$
Option Period 2			
31	Year 1		$=((D29*1.022),2)$
32	Year 2		$=((D31*1.022),2)$
33	Estimated Price for Option Period 2		$=SUM(D31+D32)$
34	Total Estimated Price for 11 years of As and When Requested Services		$=SUM(D27+D30+D33)$

For evaluation purposes, Bidders should note that in order to calculate the overall price for As and When Requested Services the firm hourly rates submitted will be multiplied by the estimated hours and the total sum of all labour categories will reflect year one estimated pricing

An EPA of 2.2% compounded annually will be applied to the total estimated price quoted in 2013 dollars for each year of the contract.

Bidders should note that the estimated annual usages/volume provided by Canada are for the purpose of evaluation only to allow PWGSC to calculate the total overall price for the full potential 11 year life of the contract. The estimated annual volume will not form part of the resultant contract. Canada accepts no liability for any variation between the estimates provided and the actual number of claims to be processed and the volume of services to be performed.

8. Financial Bid Evaluation

The price of the Bid will be evaluated in Canadian dollars, the Goods and Services Tax or the Harmonized Sales Tax excluded FOB destination, Canadian customs duties and excise taxes included.

The Total Evaluated Bid Price for each Bidder will be computed by taking the sum of all of the Financial Bid Price Elements

Financial Bid Price Element

	Price
Phase 1 Pre-Implementation	\$ (As per article 1 above)
Version 1 Communications Material	\$ (As per article 2 above)
Phase 2 Operations and Maintenance	\$ (As per article 3 above)
Transactions including Electronic, Non-Electronic and On-Base Pharmacy for the initial Contract Period and the Option Periods	\$ (As per article Part B above)
Additional Version Communications Material	\$ (As per article Part C above)
Treatment Authorization Services	\$ (As per article 4 above)
Phase 3 Contract Phase-Out	\$ (As per article 5 above)
As and when Requested Services	\$ (As per article 6 above)

Total Estimated Bid Price Used for Evaluation Purposes: \$

ATTACHMENT 2

EVALUATION

CONTENTS OF TECHNICAL PROPOSAL

The Technical Bid should address all Mandatory and Point-Rated Evaluation Criteria contained in this Attachment 2.

To facilitate bid preparation and bid evaluation, Bidders should prepare and submit their Technical Proposal using the following Table of Contents:

BID SUBMISSION SECTION I	
TECHNICAL PROPOSAL	
Table of Contents	
TECHNICAL PROPOSAL PART 1	
Part 1, Section 1	Signed Copy of the RFP
Part 1, Section 2	Bidder Contact
TECHNICAL PROPOSAL PART 2	
Part 2, Section 1	Mandatory Criteria Bidder's responses to Mandatory Criteria of this Attachment 2.
Part 2, Section 2	Point-Rated Evaluation Requirements Bidder's responses to Point-Rated Evaluation Criteria of this Attachment2.
TECHNICAL PROPOSAL PART 3	
Part 3, Section 1	Technical Proposal Documentation A complete list of any supporting documentation contained in the Bidder's Technical Bid (if applicable).

For ease of assessment, it is preferred that each Section of Technical Proposal Part 2 and 3 be three-hole punched and placed in a three-ring binder(s) complete with a Table of Contents for each separate binder with tabs separating each of the Parts and Sections.

BID PROPOSAL PREPARATION INSTRUCTIONS

1. Part 1, Section 1 - Signed Copy of the RFP

This Section should include a signed copy of page "1" of this RFP; the signature will indicate the Solicitation and all amendments have been read and are included as part of the bid submission. This Section may also contain an executive summary and/or letter of transmittal at the Bidder's discretion.

2. Part 1, Section 2 - Bidder Contact

This should include at a minimum the Name and Telephone Number of a single person that is authorized by the Bidder for this RFP.

3. Part 2, Section 1 - Mandatory Criteria

Further to the submission instructions above:

- a) Section 1 should be prepared in response to the following Mandatory evaluation requirement contained in this Attachment 2.

M1	Corporate Experience
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- b) This response is to include substantiating information for all the Bid Mandatory requirements and written certifications,
- c) The Bidder is to provide 1 Project in response to M1, Corporate Experience. The Reference Project information provided may be verified through the reference checking processing detailed in Part 4 of the RFP.
- d) The Bidder may use an existing or former Government of Canada (GOC) contract as a Reference Project in response to the requirements of this RFP.
- e) Any individual (i.e. GOC employees or other 3rd parties, government contractors, etc.,) that has been involved in the development of the FHCPS Solicitation and/or will partake in the evaluation of bids received in response to this RFP, may not act as a client contact for a Reference Project. If the Bidder's named Reference Project client contact has been involved in the development of the FHCPS Solicitation or is participating in the evaluation of bids, then the Bidder will be given an opportunity to submit the name and contact information of an alternate client contact for the same Reference Project.

4. Part 2, Section 2 Point-Rated Evaluation Criteria

Further to the submission instructions above:

- a) This Part of the proposal should be prepared in response to the 8 Point-Rated Evaluation Criteria contained in this Attachment 2.

No.	Point Rated Criteria Description	Maximum Points
R1	Corporate Experience	4,000
R2	Project Management Team	900
R3	FHCPS Systems	3,800
R4	Operational Services and Procedures	3,800
R5	FHCPS Plans	3,800
R6	Risk Assessment and Analysis	1,200

No.	Point Rated Criteria Description	Maximum Points
R7	Quality Assurance	1,600
R8	Financial Operations	1,600
	Total Maximum Points:	20,700

- b) When responding to Point Rated Evaluation Criteria R2, Bidders may submit 1 additional Reference Project for the purposes of evaluating the corporate experience that is relevant to the requirements of this RFP, the experience gained through the identified Reference Project may be that of:
- The Bidder itself (including parent, affiliates and/or subsidiaries which form part of the proposal), or
 - A sub-contractor that the Bidder proposes to use to deliver any part of the work that will be the subject of any Contract that might result from this RFP, provided that the work of the proposed sub-contractor will be the same work carried out by that sub-contractor in the Reference Project submitted for evaluation.
- c) Unless otherwise indicated, each Reference Project provided by the Bidder to demonstrate experience, should include the following minimum information:
- Client organization name
 - Project or health plan name
 - Executive or Management level client contact information (including name, title, telephone number and email address\
 - Duration (including start and end dates by month and year)
- d) Listing experience without providing any supporting data to describe when, where and how such experience was obtained will not be considered to be “demonstrated” for the purpose of the evaluation.
- e) If Canada is unable to contact the named Reference Project client contact during the evaluation period, the Bidder will be given an opportunity to submit the name and contact information of an alternate contact from the same client.
- f) The Reference Project information provided may be verified through the reference checking process as detailed in Phase 3, Validation and Scoring Adjustment of the Request for Proposal..
- g) If there is any inconsistency or conflict between the Bidder's experience qualifications as indicated in the Bidder's proposal and the Bidder's experience qualifications as expressed by a Reference Project client contact during the reference checking process, then Canada will accept the Bidder experience qualification information provided by the Reference Project client contact.

- h) If bidders have any doubt about where information should appear in the proposal, bidders should ensure that the information is produced under each criteria or include clearly-defined cross-references.

5) Technical Proposal Documentation

- a) This Part of the Proposal should list and include all documentation specified in the Mandatory and Point-Rated Criteria or otherwise referenced by the Bidder in its Technical Proposal as applicable.
- b) Of importance in the evaluation will be the proposed approach, the flexibility, functional effectiveness, ease of implementation, and cost effectiveness of the proposal. Other areas of key importance in evaluation are the overall utility, ease of use, and effectiveness of the various proposed solutions in achieving each of the described functionalities.
- c) Bidders should ensure that their proposals fully demonstrate the feasibility of their proposed solutions, and offer examples that would demonstrate the bidder's success in past endeavours of health claims processing. Overall, evaluation will be based on the extent to which the bidders demonstrate that the defined requirements will be delivered, that the system and services delivering these requirements will be effective and efficient, and that the bidder has a demonstrated capacity to deliver the system and services as they claim.
- d) Bidders should of course note that the above is a general description of the approach that will be taken in evaluating; however, this is a large section with many requirements, and the evaluators will be applying the above noted approach in relation to specific requirements as detailed in the Statement of Work.
- e) Bidders should demonstrate that they clearly understand the business of government and the importance of effective fiscal management in the issuance of health care benefits and services. As "change" is becoming the "norm" in the government sector, Bidders should demonstrate that they fully understand government and possess the organizational "flexibility" to respond to both foreseeable and unforeseeable changes as it comes along; for example, change in organizations, clients, programs, workflow, and processing variations.
- f) In responding Bidders should address point rated requirements by:
- indicating what the bidder plans to do or provide so as to meet the requirement; the extent to which the requirement is met; or, alternate approaches that the bidder may suggest aimed at achieving the same result; and,
 - ensuring the completeness of the proposal by describing, supporting, demonstrating, verifying, and substantiating the performance claimed or offered.

6) Check List Submission

The following is a submission check list, a compilation of the documents required (as a minimum) with your Bid at time of closing:

Mandatory Requirements:

- a) Hard copies of Proposals must be submitted as stated in Part 3 - Bid Preparation Instructions.
- b) Prices must appear in the financial bid only and must not be indicated or presented in any other section of the bid as stated in Part 3 - Bid Preparation Instructions.
- c) Financial bid must be submitted in accordance with Appendix B - Basis of Payment and Attachment 1- Financial Bid Requirements and Bidder Instructions as stated in Part 3 - Bid Preparation Instructions.
- d) Any descriptive material, technical manuals and brochures referred to in the Bid must be included in the bid response at time of bid closing as stated in Part 3 – Bid Preparation Instructions.
- e) All certifications must be provided to be awarded a contract as stated in Part 5 – Certifications. The certifications listed below are precedent to contract award and should be submitted with the bid.
 - Code of Conduct and Certification
 - Proactive Disclosure of Contracts with Former Public Servants
 - Federal Contractors Program – \$200,000 or more
 - Former Public servant Certification
 - Status and Availability of Resources
 - Education and Experience
 - Canadian Content Certification
 - Compliance with Privacy Requirement
- g) Bidders must provide a letter from an insurance broker or an insurance company licensed to operate stating that the Bidder can be insured as stated in Part 6 - Security, financial and Other Requirements.
- h) Bidders must submit a response to the 1 mandatory technical criteria as listed in the Table of Contents of this Attachment 2 - Evaluation:
 - M1 - Corporate Experience

MANDATORY REQUIREMENTS

A Bidder's Proposal **MUST** meet the following Mandatory Requirement:

Mandatory Requirement	COMPLIANT (PASS/FAIL)
<p>M1 Corporate Experience</p> <p>The Bidder must, within the past 5 years (calculated as of the closing date of the RFP), be providing or have provided services in support of a health benefits program using a health claims processing system.</p> <p>In order to demonstrate this experience:</p> <ul style="list-style-type: none"> • The Bidder must provide and describe one (1) project reference where the Bidder was/is providing health claims processing services with a minimum of 4 million health benefit codes processed per year. • The project submitted must demonstrate the Bidder's experience in providing services for a minimum of three (3) consecutive years, within the last five (5) years preceding the closing date of the RFP. <p>The referenced Project should include, at a minimum, the following information: Company name, name of Company representative, title, telephone number and fax number.</p> <p>The Bidder's Corporate Experience will be assessed under Point-rated criterion R1.</p> <hr/>	

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R1 – Corporate Experience		
Total Available Points for R1 - 4,000		
<p>Corporate Experience - Referenced Project</p> <p>The referenced Project provided in response to Mandatory Requirement M1 will be evaluated on the basis of the cited project's relevance and similarity to the requirements for delivery of a health claims processing service. The referenced project should as a minimum include the following information:</p> <ol style="list-style-type: none"> Description of the Project and how the Project meets the stated requirements; Duration, including start and finish dates (dates should be identified by month and year); Services delivered by the Bidder, within the program; <p>The bidder may submit one additional project in order to demonstrate this experience. The description of the additional reference Project should include Company name, name of Company representative, title, telephone number and fax number.</p> <p>If a Bidder submits an additional project reference in response to the rated experience criterion (R1), the Bidder should indicate where the alternate project reference should be considered for the elements described under Factor 1. Where there is no indication to use the alternate project, the reference project submitted in response to M1 will be used to evaluate the R1 experience.</p> <p>The experience of two reference projects cannot be combined to meet one element described under the rating factor.</p> <p>The following factor(s) will be used to evaluate the Corporate Experience.</p>		
Factor I – Relevance of the Experience		
<p>4,000 Maximum Points for - The experience of the Bidder on previous project(s) described in M1 or an alternate project submission will be evaluated for relevance of the services described in relation to the services required for delivery of FHCPs. Relevance will be determined based on the similarity of scope, type and extent of service delivery requirements to a comparable client base (i.e. geographically dispersed, volume of clients, variety of needs).</p> <p>If an additional reference project is submitted, the bidder should indicate which of the two referenced projects is to be considered for each of the following elements (A to O below):</p>		
Elements	Rating Scale	Points Assigned
Put into operation and managed a health benefits program system	Clear evidence that a health benefits program system was put into operation and managed	250 points
	Some evidence that a health benefits program system was put into operation and/or managed	125 points

	Limited or no evidence that a health benefits program system was put into operation or managed	0 points
B. Non- electronic health claims processing	Does process non-electronic health claims	250 points
	Does not process non-electronic health claims	0 points
C. Electronic health claims processing	Does process electronic health claims	250 points
	Does not process electronic health claims	0 points
D. Automated pre-authorization of benefits.	Does have automated pre-authorization of benefits	250 points
	Does not have automated pre-authorization of benefits	0 points
E. Claims payment including consolidation of multiple claims from a single provider or client	Does process claims payment including consolidation of multiple claims from a single provider or client	250 points
	Does not process claims payment including consolidation of multiple claims from a single provider or client	0 points
F. Auditing of claims payments	Does audit claims payments	250 points
	Does not audit claims payments	0 points
G. Program Communications (Information booklets, ID cards, etc)	Does provide program communications	250 points
	Does not provide program communications	0 points
H. Bilingual Services (claims processing, and supplementary services) provided to clients and/or providers requiring English and French.	Does have bilingual services provided to clients and/or providers requiring English and French	250 points
	Does not have bilingual services provided to clients and/or providers requiring English and French	0 points
I. Processing health claims and maintaining the system used to support client programs with volume of benefit codes similar (or greater) to FHCPS.	Over 7.5 million benefit codes processing per year	250 points
	Over 5 million to 7.5 million benefit codes processing per year	175 points
	2 to 5 million benefit codes processing per year.	125 points

	0 to up to 2 million benefit codes processing per year.	0 points
J. The types of benefits covered by one project relevant to the requirements for the FHCPS including basic and supplementary health care:	Evidence that project included all five benefits	250 points
<ul style="list-style-type: none"> • Prescribed drugs • Medical • Dental • Surgical or Prosthetic devices/aids • Preventive Health Care, Home Care, Facility Care. 	Evidence that project included four benefits	175 points
	Evidence that project included three benefits	125 points
	Evidence that project included less than three benefits	75 points
	No evidence that project included any listed benefits	0 Points
K. Complexity of the experience: Working in multiple Provinces and Territories with a variety of health program rules and regulations and multiple fee guides and benefit grids.	Project is highly complex- <ul style="list-style-type: none"> • evidence of operations in 4 or more Provinces/Territories including one complex province (Alberta, British Columbia, Ontario or Quebec); • covering a minimum of 100,000 lives • expansive variety of benefit programs including medical, dental, drugs along with supplemental services such as drug utilization reviews • program has multiple divisions offering different benefit levels which means various rules and regulations • fees are managed via fee guides from multiple years for various provider types including dental providers/specialists and paramedical services for multiple provinces 	250 points

	<p>Project is moderately complex-</p> <ul style="list-style-type: none"> • evidence of operations in 4 or less Provinces/Territories; • covering a minimum of 25,000 • More than two benefit programs which may include medical, dental, drugs along with supplemental services such as drug utilization reviews • program offers different benefit levels which may mean various rules and regulations • fees are managed via fee guides for more than one provider type such as: dental providers/specialists and paramedical services for multiple provinces 	175 points
	<p>Project is minimally complex-</p> <ul style="list-style-type: none"> • evidence of operations in only one Province/Territory; • covering a minimum of 15,000 • two or less benefit programs such as medical, dental, drugs along with supplemental services such as drug utilization reviews • program has rules and regulations • fees are managed via fee guides 	125 points
	<p>No evidence provided or project with minor level of complexity:</p> <ul style="list-style-type: none"> • evidence of operations in only one Province/Territory; • covering less than 15,000 lives • one benefit program such as medical, dental, drugs along with supplemental services such as drug utilization reviews • program has rules and regulations • fees are managed via fee guides 	0 Points
<p>L. Revisions/Flexibility: Shown significant flexibility in previous projects to meet clients' changing needs and priorities. This could include:</p> <ul style="list-style-type: none"> - Shifted work geographically - Expanded and/or adapted its 	<p>Clear evidence of significant flexibility based on a request resulting from changing needs and priorities that resulted in shifting work geographically or expansion/adaptation of systems to meet changes in processing volumes and/or other relevant examples of flexibility</p>	250 Points

<p>systems to meet increases/decreases in processing volumes</p> <ul style="list-style-type: none"> - Other 	Evidence of some flexibility based on a request resulting from changing needs and priorities that resulted in either shifting work geographically or expansion/adaptation of systems to meet changes in processing volumes or other relevant examples of flexibility	175 Points
	Limited evidence of flexibility based on a request resulting from changing needs and priorities that resulted in some system changes or other relevant examples of flexibility	125 Points
	No evidence of flexibility	0 Points
<p>M. Privacy: Client information: The bidder has previous experience ensuring systems and services meet privacy standards including:</p> <ul style="list-style-type: none"> - A privacy infrastructure - Clear staff and sub-contractor roles and responsibilities related to protection of client information and how they interact with the Contract Holder - Policy and business processes outlining how bidder's employees and subcontractors are aware of and comply with privacy requirements - An operational overview of the bidder's ability to prevent, detect, respond and recover from privacy incidents 	Clear evidence of a robust infrastructure that monitors and supports the protection of privacy; clear roles and responsibilities for the protection of client information, including policies and business processes for preventing, monitoring, detection, responding, correcting/recovering	250 Points
	Evidence of components of an infrastructure that monitors and supports the protection of privacy; somewhat clear roles and detail of responsibilities for the protection of client information and policies and business processes for preventing, monitoring, detection, responding, correcting/recovering	125 Points
	No evidence or insufficient detail of a privacy infrastructure, policies/business processes or a system for preventing, detecting, responding or recovering from privacy incidents	0 Points
<p>N. Existence of an Information Management Reporting system which provides the ability to produce static, scheduled reports in addition to the ability to conduct pre-defined and ad hoc inquiries</p>	Bidder's Information Management Reporting System allows for static, pre-defined and ad hoc reports/inquiries	250 Points
	Bidder's Information Management Reporting System allows for some, but not all types of reports	125 Points
	Bidder does not have an Information Management Reporting System	0 Points

Solicitation No. - N° de l'invitation
51019-072007/K
Client Ref. No. - N° de réf. du client
51019-072007

Amd. No. - N° de la modif.
File No. - N° du dossier
PWB-7-20036

Buyer ID - Id de l'acheteur
pwb011
CCC No./N° CCC - FMS No/ N° VME

O. Examples of innovation used in previous projects that resulted in improvements including cost savings, reduced error rates, greater efficiency and/or increased client service	Reference Project is highly innovative solution	500 points
	Reference Project is a moderately innovative solution	375 points
	Reference Project displays a minimally innovative solution	250 points
	No evidence of innovation	0 points

R2 - Project Management Team

Total Available Points for R2 - 900 points

The Bidder should submit a description, governance structure and organization charts of the proposed organization to manage and support the system and service delivery for the Pre-Implementation Phase (Phase 1) and for the Business Management requirements during the Operations and Maintenance Phase (Phase 2) of the FHCPS requirement. The description of the organization submitted should include relationships and internal controls, lines of authority and responsibility. If the Bidder is a joint venture, also describe the distribution of operational control among the joint venture partners to ensure central control of all FHCPS operations.

The bidder should submit a detailed resume of the proposed Project Manager which will be evaluated on the breadth and depth of the individual's experience regarding the provision of Health Claims Processing and Support Services and the relevance to the FHCPS requirements. The experience may or may not have occurred within the project submitted in response to Mandatory Requirement **R1**. The resume should, as a minimum, include the following information:

- a. The name of the proposed resource;
- b. Descriptions of relevant project experience (including years/months of engagement and the language in which the service was provided) which should, as a minimum, include the following information:
 - i. Name of organization for whom the work was carried out;
 - ii. Duration including start and (if applicable) end dates;
 - iii. Roles and responsibilities of the individual proposed;
 - iv. Assessment of results or outcomes achieved on respective projects;
 - v. Financial project value; and
 - vi. Names, titles, and telephone numbers of references who can verify the work was carried out by the individual proposed;
- c. Chronological work experience (dates should be identified by month and year); and
- d. A detailed listing of relevant educational (completed degree/diploma) and professional attainments of the proposed resource in relation to the requirements as defined within the RFP. All formal training should be listed by the title and duration (dates should be identified by month and year) of the course and the name of the institution having provided it.
- e. Experience as it relates to putting into operation and managing a health claims processing system and service.

The following factor(s) will be used to evaluate the Project Management Team.

Factor I – Corporate Organization and Governance Structure

540 Maximum Points for: The extent to which the description of the proposed organization demonstrates that the Corporate Organization and Governance structure are complete and effective.

Elements	Rating Scale	Points Assigned
The governance structure should clearly set out the project governance including, but not limited to, the operations management team, the management team representing the Departments, the pre-implementation management team, oversight committees and working groups, etc. The structure should indicate where participation is required of personnel from the Departments and what decision controls will be applied to ensure quick decision making within the project and timely delivery of services.	Evidence of clear reporting structure and lines of communication; governance supports judicious and effective decision-making at all levels and includes a mechanism for dispute resolution, Staff roles are clearly defined with no overlap or gaps.	540 points
	Reporting structure and lines of communication are detailed somewhat; structures for decision-making are clear but may not be detailed at all levels; staff roles could be more clearly defined and/or evidence of gaps or overlap.	400 points
	Aspects of Governance are missing or are inadequately defined/detailed.	270 points
	Ineffective Governance Structure or response not provided	0 points
Factor II– Proposed Resource - Project Manager		
360 Maximum Points for : The extent to which the proposed resource demonstrates experience relevant to the FHCPS requirements.		
Elements	Rating Scale	Points Assigned
The Bidder's proposed resource should demonstrate experience as it relates to the relevance and similarity to the requirements for FHCPS, as outlined in the 15 R1 Elements A thru O, with special emphasis on experience putting into operation and managing a health claims processing system/service.	PM Experience is highly relevant, experience and similarity to FHCPS requirements is clearly detailed (at least 11 of the 15 elements).	360 points
	PM Experience is moderately relevant, experience and similarity to FHCPS requirements is detailed (at least 8 elements)	270 points
	PM Experience is minimally relevant, experience and similarity to FHCPS requirements for less than 8 elements; some details are unclear or missing.	180 points
	PM Experience not relevant, experience/ similarity to FHCPS requirements for less than 4 elements; details unclear or missing or nil response	0 points

R3 – FHCPS Systems		
Total Available Points for R3 – 3,800		
<p>The Bidder should deliver a System design, development/customization, testing and implementation which support the delivery of FHCPS and interface with Departments' systems. The FHCPS Systems Design will be used as a basis for developing the system and interfaces. The Bidder should include and describe its design indicating how the components interface or connect with other components and Departments.</p> <p>The Bidder's solution should demonstrate that all system documentation will be kept current during the life of the contract and will be published on the FHCPS Documentation and Reporting Database with access to specific documents by authorized users.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used for evaluation.</p> <p>3,800 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.</p>		
Factor I – System Design Document		
<p>650 Maximum Points for the extent to which the Bidder's Systems Design Document demonstrates an effective and innovative solution which delivers all of the system components required to provide the services set out in the SOW.</p>		
Elements	Rating Scale	Points Assigned
Systems Design Document - should encompass, at a minimum, requirements outlined in SOW section 5.6 numbers 3 and 4 and Section 5.8.	System design documents demonstrate a highly effective and innovative solution.	650 points
	System design documents demonstrate a moderately effective and innovative solution.	475 points
	System design documents demonstrate a minimally effective and innovative solution.	325 points
	System design documents are not effective or innovative.	0 points
Factor II – Security Requirements		
<p>500 Maximum Points for the extent to which the Bidder's System Design Document</p>		

demonstrates that systems comply with security requirements.		
Elements	Rating Scale	Points Assigned
Security Requirements - should address, at a minimum, requirements outlined in SOW section 6.26 number 5.	Security requirements are addressed within the solution in a <u>highly</u> effective manner.	500 points
	Security requirements are addressed within the solution in a <u>moderately</u> effective manner.	375 points
	Security requirements are addressed within the solution in a <u>minimally</u> effective manner.	250 points
	Security requirements are not addressed within the solution.	0 points

Factor III -Security of Personal and Financial Data		
500 Maximum Points For The extent to which the Bidder's System Design Document demonstrates that all personal and financial data is secure and that the system security documentation is maintained current.		
Elements	Rating Scale	Points Assigned
Security of Personal and Financial Data - should address, at a minimum, requirements outlined in SOW section 6.26 numbers 6 and 7.	Security of personal and financial data requirements are addressed within the solution in a <u>highly</u> effective manner.	500 points
	Security of personal and financial data requirements are addressed within the solution in a <u>moderately</u> effective manner.	375 points
	Security of personal and financial data requirements are addressed within the solution in a <u>minimally</u> effective manner.	250 points
	Security of personal and financial data requirements are not addressed within the solution.	0 points
Factor IV – Communications – System Interface		
Communications between Contractor and VAC/CF/RCMP Systems, as well as on-line communication with registered providers and clients. 600 Maximum Points for the extent to which the Bidder's proposal for Communications, including system interface, meets the requirements set out in the SOW.		

Elements	Rating Scale	Points Assigned
1. System Linkages - should address, at a minimum, requirements outlined in SOW section 6.14 numbers 6 through 10.	Ability to communicate with external systems is addressed in a highly effective manner.	300 points
	Ability to communicate with external systems is addressed in a moderately effective manner.	225 points
	Ability to communicate with external systems is addressed in a minimally effective manner.	150 points
	Ability to communicate with external systems is not addressed.	0 points
2. Web Interface - should address, at a minimum, requirements outlined in SOW section 6.6.	Ability to communicate with providers, clients and staff of departments using secure web service is addressed in a highly effective manner.	300 points
	Ability to communicate with providers, clients and staff of departments using secure web service is addressed in a moderately effective manner.	225 points
	Ability to communicate with providers, clients and staff of departments using secure web service is addressed in a minimally effective manner.	150 points
	Ability to communicate with providers, clients and staff of departments using secure web service is not addressed.	0 points
Factor V - Certification and Accreditation		
300 Maximum Points for the extent to which the Bidder's proposal demonstrates that the certification and accreditation for the FHCPs system will be met throughout the life of the Contract.		
Elements	Rating Scale	Points Assigned
Certification and Accreditation - should address, at a minimum, requirements outlined in SOW section 6.26 number 8.	Ability to handle certification and accreditation requirement, is addressed in a highly effective manner.	300 points

	Ability to handle certification and accreditation requirement, is addressed in a moderately effective manner.	225 points
	Ability to handle certification and accreditation requirement, is addressed in a minimally effective manner.	150 points
	Ability to handle certification and accreditation requirement, is not addressed.	0 points

Factor VI - Client Registration

300 Maximum Points: The system must have the ability to track and report on all eligibility updates and Departmental users must have the ability to view their respective client data and current eligibility information and history of changes. Client eligibility data must be available for claims authorization, claims processing and claims payment immediately upon receipt of the transmitted data.

Elements	Rating Scale	Points Assigned
Client Registration - should address, at a minimum, requirements outlined in SOW section 6.2 numbers 1 and 2.	Client enrolment/registration functions are thoroughly described and highly effective.	300 points
	Client enrolment/registration functions are reasonably described and moderately effective.	225 points
	Client enrolment/registration functions are poorly described and minimally effective.	150 points
	Client enrolment/registration functions are not effective.	0 points

Factor VII - Provider Registration

300 Maximum Points for the extent to which the Bidder's proposal demonstrates that a Provider Registration System will be implemented and meets all of the requirements described in the SOW

Elements	Rating Scale	Points Assigned
Provider Registration - should address, at a minimum, requirements	Provider registration functions are thoroughly described and highly effective.	300 points

outlined in SOW section 6.4 number 2 and 3.	Provider registration functions are reasonably described and moderately effective.	225 points
	Provider registration functions are poorly described and minimally effective.	150 points
	Provider registration functions are not effective.	0 points

Factor VIII- System Architecture Plan		
650 Maximum Points: The Bidder should prepare and submit a detailed plan of the network (System Architecture) showing all connections and infrastructure, as well as detailed specifications of the software, operating systems and a document plan of how the networks will be established and maintained throughout the life of the Contract. The Bidder's System Architectural Plan should address a strategy to handle Department-requested changes in network configuration.		
Elements	Rating Scale	Points Assigned
System Architecture - should address, at a minimum, requirements outlined in SOW section 6.14 number 13.	System Architecture Plan is highly innovative and effective.	650 points
	System Architecture Plan is moderately innovative and effective.	475 points
	System Architecture Plan is minimally innovative and effective.	325 points
	System Architecture Plan is not innovative or effective.	0 points

R4 – Operational Services and Procedures		
Total Available Points for R4 – 3,800 points		
<p>The Bidder should provide an Operational Services and Procedures Plan that describes and illustrates the bidder's conceptual solution for delivery of these service requirements.</p> <p>In order to demonstrate the Bidder's understanding of the requirements and its ability to successfully deliver the requirements, the Bidder should describe their proposed operational procedures and estimate of resources for:</p> <ul style="list-style-type: none"> • Provider Relations Services • Call Centre Services • Claims Processing Services • Veterans Independence Program Services • Long Term Care Program Services • Authorization Services • Special Authorizations (Pharmacy Program) Services • Drug Utilization Evaluation Services <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used for evaluation.</p>		
Factor I – Provider Relations Services		
<p>400 Maximum Points for the extent to which the Bidder has demonstrated that a Provider Relations Service will be put into operation to develop and maintain relationships with Providers and associations in Canada .</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p>		
Elements	Rating Scale	Points Assigned
Distinct requirements related to this factor may be found in SOW section 6.16 . Bidder's response should address, at a minimum, the requirements outlined in this section.	Provider Relations Services are thoroughly described and highly effective.	400 points
	Provider Relations Services are reasonably described and moderately effective.	300 Points

	Provider Relations Services are poorly described and minimally effective.	200 Points
	Provider Relations Services are not effective.	0 Points
Factor II –Call Centre Services		
600 Maximum Points for the extent to which the Bidder's proposal demonstrates that the required Call Centre Services will be delivered as described in the SOW.		
Elements	Rating Scale	Points Assigned
<p>The Bidder's should describe the proposed operational procedures and estimate of resources for development, implementation and maintenance of the Call Centre Services.</p> <p>Distinct requirements related to this factor may be found in section 6.5 of the SOW. Bidder's response must address, at a minimum, the requirements outlined in this section.</p>	The Bidder's proposal for Call Centre Services is highly effective – meeting all of the requirements described in the SOW.	300 points
	The Bidder's proposal for Call Centre Services is moderately effective – meeting between 75% and 99% of the requirements described in the SOW.	225 points
	The Bidder's proposal for Call Centre Services is minimally effective – meeting between 50% and 74% of the requirements described in the SOW.	150 points
	The Bidder's proposal for Call Centre Services is not effective as it meets less than half of the requirements described in the SOW.	0 Points
Elements	Rating Scale	Points Assigned
<p>The Bidder's proposal demonstrates an electronic call management reporting system that produces reports to verify that all service standards are met as well as production of activity reports including volumes according to lines of business (i.e. categories for calls received and benefit/service area).</p> <p>The Bidder should provide an example of a current call management report and indicate any changes that may be incorporated to support the FHCP</p>	The bidder has demonstrated that the Call Management Reporting System will be highly effective as all five criteria have been met.	300 Points
	The bidder has demonstrated that the Call Management Reporting System will be moderately effective by meeting four of the criteria	200 Points
	The bidder has demonstrated that the Call Management Reporting System will be minimally effective by meeting three of the criteria.	150 Points

<p>system/ service.</p> <p>The bidder should demonstrate that the following criteria are met:</p> <ol style="list-style-type: none"> 1) Reports are provided in commonly used format(s) (example: PDF, Excel) 2) Viewable on-line by users with access with print ability 3) Information is presented in a logical fashion which can be easily understood. 4) Contain required elements to verify that service standards are met. 5) Contain required elements such as volumes, time periods, categories for separate lines of business, English/French, reporting on specific calls, calls forwarded. 	<p>The Call Management Reporting System will be ineffective as less than three of the criteria have been met.</p>	<p>0 Points</p>
<p>Factor III – Claims Processing Services</p>		
<p>900 Maximum Points for the extent to which the Bidder's proposed claims processing services meet the requirements of the Departments as described in the SOW.</p>		
Elements	Rating Scale	Points Assigned
<p>The Bidder's proposed claims processing services should meet the following 6 criteria:</p> <p>(1) Claims Processing Plan provides for electronically tracking, receiving and processing claims, issuing payments/statements and retaining (automatic & manual) history commencing on the implementation date</p> <p>(2) Clear option to receive claims through multiple channels (including secure website, hard-copy, fax &</p>	<p>Claims Processing Plan meets all 6 of the outlined criteria</p>	<p>100 Points</p>
	<p>Claims Processing Plan meets 5 of the outlined criteria</p>	<p>75 Points</p>
	<p>Claims Processing Plan meets 4 or less of the outlined criteria</p>	<p>50 Points</p>

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<p>electronic interface and other methods proposed by the Contractor).</p> <p>(3) Ability to capture all required data contained in the FHCPs benefit claims/claim reversals submitted by registered providers, departments' staff on behalf of clients, clients or their representatives and third parties</p> <p>(4) Evidence of control procedures to ensure the accuracy and completeness of the data captured</p> <p>(5) Ability to adjudicate and pay claims based on the business rules provided by each Department. All claims are to be processed electronically whether received on paper or electronically</p> <p>(6) Evidence that claims communication mechanisms with Providers are based on electronic requirements currently in place. POS and internet submission methods must allow for adjudication results to be automatically returned to the sender.</p> <p>Distinct requirements related to this element may be found in section 6.7 number 1, of the SOW. Bidder's response should address, at a minimum, the requirements outlined in this section.</p>	<p>Claims Processing Plan meets 2 or less of the outlined criteria</p>	<p>0 Points</p>
Elements	Rating Scale	Points Assigned

<u>Tracking of Claims</u> Distinct requirements related to this element may be found in section 6.7 number 2, of the SOW . Bidder's response should address, at a minimum, the requirements outlined in this section.	(1) The system must electronically record the stage of the claim from receipt to completion and any checkpoints between (2) Claims tracking history information must be available for viewing by authorized Departments' staff, clients and registered providers and include the ability to search by various criteria (3) Claims tracking system has ability to track and report on claims status, including user identification and office location, through stages of the process. At a minimum, a claim must be tracked through the following stages: <ul style="list-style-type: none"> • Date claim is received • Date claim is adjudicated • Date claim is paid and amount, including those with zero amount • Date claim is returned without adjudication and the reason • Date claim is suspended or put on hold for a decision or to obtain missing information. 	100 Points
	Claims tracking system only meets 2 of the above outlined criteria or does not fully meet all 3.	50 Points
	Nil response or claims tracking system only meets one of the above outlined criteria.	0 Points
Elements	Rating Scale	Points Assigned

<p><u>Adjudication of Claims</u></p> <p>Adjudication of claims with the following seven different end results:</p> <ol style="list-style-type: none"> 1) Accepted as billed 2) Pended but adjusted to comply with the individual Department's pricing 3) Rejected / suspended due to frequency occurrence rules 4) Returned / suspended due to insufficient information 5) Rejected / suspended due to ineligibility 6) Rejected due to wrong prescriber, recommender, provider 7) Suspended for Contractors or Departments review <p>Distinct requirements related to this element may be found in section 6.7 number 3, 5 and 7 of the SOW. Bidder's response should address, at a minimum, the requirements outlined in this section.</p>	<ul style="list-style-type: none"> • The system is capable of displaying information in real time for both claim processing and reversals. • The Bidder has a claim system which has the ability to adjudicate all claims without manual intervention. • The Bidder is capable of processing claims across benefit types, regardless of the province where services were rendered and what fee guide is being used. • The Bidder is capable of administering the rules of multiple Departments under one Contract. • Must be able to adjudicate claims with all seven different end results indicated in the description of this element. • The Bidder plans to find means of achieving cost savings based on plan history. • Adjudication system conducts verification of claim based on claim history. • Adjudication system conducts verification by provider type and ensures bidder has registered. • The system maintains all the eligibility information for the members of the various Departments for use in the adjudication process. • Eligibility history is retained and can be used in the future to adjudicate retroactively. • Eligibility for co-payments through other insurers is managed through the system and payments reflect these. • System retains data related to the member's claim / health history, reflecting things such as a tooth chart. 	<p>100 Points</p>
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	<ul style="list-style-type: none"> • The System is capable of displaying information in real time for both claim processing and reversals. • The Bidder has a claim system which has the ability to adjudicate all claims with minimal manual intervention. • The Bidder is capable of processing claims across benefit types, regardless of the province where services were rendered and what fee guide is being used. • The Bidder is capable of administering the rules of multiple Departments under one Contract or is capable of compiling data into a common platform. • Must be able to adjudicate claims with at least 5 of the different end results indicated in the description of this element. • The Bidder plans to find means of achieving cost savings based on plan history once every two years. • Adjudication system conducts verification of claim based on claim history. • Adjudication system conducts verification by provider type and ensures bidder has registered. • The system maintains the only eligibility information for the members of the various Departments that is required in the adjudication process. • Eligibility history is retained for 5 years and can be used in the future to adjudicate claims retroactively. • Eligibility for co-payments through other insurers is managed through the system and payments reflect these. The process is a combination of manual and electronic processes. • ¹¹⁶System retains data related to the member's claim / health history, reflecting things such as a tooth chart. 	75 Points
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	<ul style="list-style-type: none"> • The system is capable of displaying information in multiple batch runs done throughout the work day, for both claim processing and reversals. • The Bidder has a claim system which has the ability to adjudicate half of the claims without manual intervention. • The Bidder is capable of processing claims across benefit types, but both province of origin or where service was rendered and the fee guide under which the claim is to be processed may require manual intervention. • The Bidder is capable of administering the rules of multiple Departments under one Contract but treated entirely as separate entities. • Must be able to adjudicate claims with at least 4 of the different end results indicated in the description of this element. • The Bidder may in time permits try to find means of achieving cost savings based on plan history. • Adjudication system conducts verification of claim based on claim history. • Adjudication system conducts verification by provider type and ensures provider has registered. • The system maintains some of the eligibility information for the members of the various Departments for use in the adjudication process. • Eligibility history is maintained for a limited time and can be used in the future to adjudicate retroactively. • Eligibility for co-payments through other insurers is maintained on the system but is a manual process for payments to occur. 	50 Points
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	<ul style="list-style-type: none"> • The system is capable of displaying information following an overnight batch run for both claim processing and reversals. • The Bidder has a claim system which has the ability to adjudicate claims however the majority of claims require manual intervention. • The Bidder is capable of processing claims across benefit types, however is unable to do all provinces or territories electronically or deal with older fee guides. • The Bidder is unable to administer the rules of multiple Departments under one Contract and therefore must treat each one as a separate entity. • Is only able to adjudicate claims with less than four of the different end results indicated in the description of this element. • The Bidder does not assist the Departments in finding trends or potential cost savings based on plan history. • Adjudication system conducts verification of claim based on claim history. • Adjudication system does not conduct verification by provider type and ensures provider has registered. • The system is unable to maintain all the eligibility information for the members of the various Departments for use in the adjudication process. • Eligibility for co-payments through other insurers is not managed and therefore co-ordination of benefits is entirely a manual process. • The system does not adequately retain data related to the member's claim / health history, reflecting things such as a tooth chart. 	<p>0 Points</p>
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Elements	Rating Scale	Points Assigned
<u>Manual History:</u> Distinct requirements related to this element may be found in section 6.7 number 4, of the SOW . Bidder's response should address, at a minimum, the requirements outlined in this section.	(1) Overview includes the ability to provide the service record claims history retroactively, including the functionality not to issue payment if the history pertains to previously paid benefits. (2) Clear ability to apply all frequency and maximum calculations to include historical claims.	100 Points
	Overview only partially demonstrates the ability to provide both of the above requirements or clearly demonstrates only one of the requirements.	50 Points
	Nil response or overview does not adequately demonstrate the ability to provide either of the above requirements.	0 points
Elements	Rating Scale	Points Assigned

<p><u>Claims Payment:</u></p> <p>Distinct requirements related to this element may be found in section 6.7 number 9, of the SOW. Bidder's response should address, at a minimum, the requirements outlined in this section.</p>	<p>Overview indicates the following are possible:</p> <ul style="list-style-type: none"> (1) Payments to be made to providers every two weeks, (2) Provider claims will be fully processed within 10 calendar days of claim receipt, (3) Payments to clients/client representatives and approved third parties must occur daily and must be issued by mail or direct deposit within one business day of the claim being adjudicated, (4) Payments to a deceased client will be made to the Estate of the Deceased Client, (5) Payment of multiple client or third-party claims processed on same day must be consolidated, (6) Payments can be made via electronic funds transfer (EFT) or paper cheque, according to the preference of the provider or client/member, (7) The capacity to make payments to Providers due to retroactive changes to service rates. The system must have the capacity to identify affected Providers, calculate adjustments and issue payments, (8) Each payment to providers or clients/third party must update the client's payment history with claim and payment details. Details, where applicable, include but are not limited to: Benefit Code, Description of service/product provided, number of hours or occurrences utilized, cost per item/hour, invoice number, date(s) of service, amount submitted and amount paid provider identification and invoice number to which the claim relates, and (9) an electronic file of all payments in order of the client/member identification number can be provided to each Department. 	<p>100 Points</p>
	<p>More than 4 but less than 9 of the above listed criteria are clearly demonstrated.</p>	<p>75 Points</p>
	<p>More than 2 but less than four of the above listed criteria are clearly demonstrated</p>	<p>50 Points</p>

	Nil response or less than 2 of the above criteria are adequately demonstrated	0 Points
Elements	Rating Scale	Points Assigned
<u>Payments for Veterans Independence Program:</u> Distinct requirements related to this element may be found in section 6.7 number 10 and 6.11.1 of the SOW . Bidder's response should address, at a minimum, the requirements outlined in these sections.	The strategy clearly outlines: (1) Ability to electronically calculate and issue VIP payments or record overpayments for adjustments made when a benefit on the advance payment or grant method is reassessed or amended with a retroactive date, (2) The system calculates the difference from amount previously paid over the same period as the adjusted amount, (3) Ability to suppress VIP payments over a period when benefits have been suspended and, where benefit is issued by advance payments, (4) the system calculates and issue an adjustment based on a retroactive resumption date, and (5) Claim Statement for VIP payments includes the benefit code, description of service/benefit, explanations for any adjustments and the balance remaining for the benefit.	100 Points
	The strategy somewhat outlines all 5 criteria listed above or clearly outlines more than 3.	50 Points
	Nil response or the strategy somewhat outlines less than 3 criteria listed above or clearly outlines less than 3.	0 Points
Elements	Rating Scale	Points Assigned
<u>Claim Payments Outside of Canada:</u> Distinct requirements related to this element may be found in section 6.7 number 11, of the SOW . Bidder's response should address, at a minimum, the requirements outlined in this section.	(1) Plan demonstrates the ability to pay claims outside of Canada. (2) Plan demonstrates the ability to pay claims in the currency of the country where the items/services were purchased.	100 Points
	Plan only demonstrates clearly one of the two above noted criterion or somewhat demonstrates the ability to do both.	50 Points
	Nil response or plan does not clearly demonstrate the ability to offer either of the two requirements outlined above.	0 Points
Elements	Rating Scale	Points

		Assigned
<p><u>Claims Statements:</u></p> <p>Distinct requirements related to this element may be found in section 6.7 number 12, of the SOW. Bidder's response should address, at a minimum, the requirements outlined in this section.</p>	<p>Clear evidence that the claims statements:</p> <p>(1) summarize the results of adjudication for each of the claims processed for every provider, client/member and approved third party</p> <p>(2) Provider claim statements include client and benefit information for the Provider's claim reconciliation and are in the Provider's official language of choice</p> <p>(3) Claim Statements identify the Department, provide the benefit code, a clear description of the benefit and explanatory messages if a claim line has not been paid in full</p> <p>(4) Claims Statements include instructions for recourse where the outcome of the claim is unacceptable</p> <p>(5) Include messaging, where applicable, and each Department may have different requirements for messaging. For example, if a maximum amount or frequency has been reached or is nearing a limit</p> <p>(6) Have the ability to enclose communication materials to specific client groups when requested by Departments. Examples of specific client groups: specific eligibility, geographic areas and payment method</p> <p>(7) Ability to reprint and send duplicate Claim Statements, upon request</p> <p>(8) Have the ability to electronically suppress the printing and mailing of a Claim Statement upon request</p> <p>(9) The ability to print and enclose a pre-populated claim form with the Claim Statement where claim forms are provided on a replenishment basis</p>	100 Points
	Clear evidence of the ability to provide more than 6 of the above outlined requirements	75 Points
	Clear evidence of the ability to provide more than 3 of the above outlined requirements	50 Points

	Nil response or evidence of the ability to provide less than 3 of the above outlined requirements	0 Points
Elements	Rating Scale	Points Assigned
Trace Payments: Distinct requirements related to this element may be found in section 6.7 number 12, of the SOW . Bidder's response should address, at a minimum, the requirements outlined in this section.	Demonstrated ability to trace, cancel and issue a new cheque or EFT	100 Points
	Did not demonstrate the ability to trace, cancel and issue a new cheque or EFT	0 Points
Factor IV - Authorization Services		
600 Maximum Points for the extent to which the Bidder's proposal demonstrates delivery of authorization services based on the business rules of each Department as described in the SOW.		
Elements	Rating Scale	Points Assigned
Authorization services should address, at a minimum, requirements outlined in SOW section 6.9 .	The Authorization services are thoroughly described and highly effective.	600 Points
	The Authorization services are reasonably described and moderately effective.	400 Points
	The Authorization services are poorly described and minimally effective.	200 Points
	The Authorization services are not effective.	0 Points
Factor V - Long Term Care Program		
200 Maximum Points for the extent to which the Bidder's proposal demonstrates an understanding of the requirements to support the Long Term Care Program.		
Elements	Rating Scale	Points Assigned
Distinct requirements related to this factor may be found in Section 6.10. Bidder's response should address, at a minimum, the requirements outlined in this section.	Ability to deliver the services required to support the Long Term Care Program is thoroughly described and is highly effective.	200 Points
	Ability to deliver the services required to support the Long Term Care Program is reasonably described and moderately effective.	150 Points

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	Ability to deliver the services required to support the Long Term Care Program is poorly described and is minimally effective.	100 Points
	Ability to deliver the services required to support the Long Term Care Program is not effective.	0 Points
Factor VI - Veterans Independence Program		
200 Maximum Points for the extent to which the Bidder's proposal demonstrates an understanding of the requirements to support the Veterans Independence Program.		
Elements	Rating Scale	Points Assigned
<u>VIP:</u> Distinct requirements related to this factor may be found in Section 6.11 of the SOW. Bidder's response should address, at a minimum, the requirements outlined in this section.	Ability to administrate the VIP program is thoroughly described and is highly effective.	200 Points
	Ability to administrate the VIP program is reasonably described and is moderately effective.	150 Points
	Ability to administrate the VIP program is poorly described and is minimally effective.	100 Points
	Ability to administrate the VIP program is not acceptable.	0 Points
Factor VII – Special Authorizations		
600 Maximum Points for the extent to which the Bidder's proposal demonstrates an understanding of the requirements to deliver Special Authorization services for the Departments as described in the SOW.		
Elements	Rating Scale	Points Assigned

<p><u>Special Authorizations – Pharmacy Program:</u></p> <p>Distinct requirements related to this factor may be found in section 6.12, of the SOW. Bidder’s response should address, at a minimum, the requirements outlined in this section.</p>	<p>The Bidder clearly demonstrates:</p> <p>(1) ability to handle inquiries through various methods including a dedicated toll-free number, facsimile, internet and hard-copy communications</p> <p>(2) evidence of a through a toll-free phone service to provide medically needs-based approvals utilizing medical professionals</p> <p>(3) Ability to respond to a variety of different requests, including:</p> <ul style="list-style-type: none"> - authorizations for products on the “special authorization” formulary; - decisions on the relationship between a particular drug ATC (anatomical therapeutic classification) and a client’s medical pensioned condition; - referrals on requests for non-formulary products (NFP’s) that must be ruled on by an appropriate authority; - authorization requests for standard benefits from pharmacies not on the Point of Service (POS) network; and general inquiries about eligible benefits <p>(4) ability to acquire necessary medical information on clients through contacts with pharmacists, physicians, other health care providers, and staff in the Departments through phone contacts, as well as in writing and electronically</p> <p>(5) Ability to provide an interim decision at the time of the call; obtain the necessary information, and render a final decision within two weeks</p> <p>(6) technical and operational capacity to support a network of approximately 30,000 providers across ten (10) provinces and the three (3) territories</p>	600 Points
	Plan clearly demonstrates at least 4 of the 6 above outlined requirements or somewhat demonstrates all of the above outlined requirements.	400 Points
	Plan clearly demonstrates at least 3 of the 6 above outlined requirements.	200 Points
	Nil response or plan does not clearly demonstrate more than 2 of the above outlined requirements.	0 Points

Factor VIII - Drug Utilization Evaluation Service		
300 Maximum Points for the extent to which the bidder's proposal demonstrates an understanding of the requirements to deliver the Drug Utilization Evaluation Service as described in the SOW.		
Elements	Rating Scale	Points Assigned
<p><u>Drug Utilization Evaluation Service:</u></p> <p>Distinct requirements related to this factor may be found in section 6.13, of the SOW. Bidder's response should address, at a minimum, the requirements outlined in this section.</p>	<p>The plan clearly demonstrates:</p> <p>(1) ability to have access to the patient's entire claim history</p> <p>(2) ability to use data sources with software that is sensitive and specific to detect relevant inappropriate drug use and prevent drug related problems</p> <p>(3) ability to routinely review various concurrent and retrospective reports, as well as various ad hoc reports and refer high risk adverse drug utilization cases to the respective Department for further assessment</p>	300 Points
	Plan clearly demonstrates 2 of the above outlined requirements or somewhat demonstrates all of the above outlined requirements	150 Points
	Nil response or plan does not adequately demonstrate more than one of the above outlined requirements	0 Points

R5 – FHCPS Plans
Total Available Points for R5 – 3,800
<p>The Bidder should provide a Pre –Implementation Plan which demonstrates the bidder’s understanding of work to be accomplished by describing, in sequential order from commencement of Phase 1 (date of Contract award) to completion of Phase 3 (Contract phase-out). The Pre –Implementation Plan should provide a description of each major activity, analysis of tasks and estimates of resources. The bidder’s description should include a timeline with key milestones for each major activity to ensure that all requirements in the SOW will be met. Where applicable, the Bidder should indicate which requirements of the SOW are being addressed by each milestone.</p> <p>The proposed Pre-Implementation Plan should demonstrate innovation in areas such as cost reduction, improved operational efficiencies and improved client and provider service.</p> <p>As a minimum the Pre –Implementation Plan should include the following plans:</p> <ul style="list-style-type: none"> ○ Data Conversion Plan ○ Communications Plan ○ Business Continuity and Disaster Recovery Plans ○ Security Test Plan ○ Testing Plan ○ Training Strategy and Plan ○ Transition Plan ○ Provider Registration Plan ○ Reporting Solution - Action Plan ○ Annual Operations Plan ○ Operations Management Plan ○ Audit Services Program Plan ○ Contract Phase-Out Plan

Factor I –Data Conversion Plan
<p>The Data Conversion Plan should describe how the bidder proposes to convert and load up to a maximum of 7 years of data, as specified by Departments, from the previous FHCPS system into the Contractor’s FHCPS system, as well as transport and store a portion of the previous Contractor’s archives files. Data will be received through the Project Authority from the incumbent contractor. The data to be converted will be provided to the Contractor in accordance with the approved Pre-implementation Plan.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Data Conversion Plan:</p> <p>500 Maximum Points For - The extent to which the Bidder’s proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and</p>

sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Data Conversion Plan - should address, at a minimum, requirements outlined in SOW section 5.4.	Data Conversion Plan is highly effective.	500 points
	Data Conversion Plan is moderately effective.	350 points
	Data Conversion Plan is minimally effective.	250 points
	Data Conversion Plan is not effective.	0 points

Factor II –Communications Plan

The Bidder should submit the Communications Plan in accordance with the Pre-Implementation Plan and Integrated Schedule to establish and maintain ongoing communications with the departments, providers and clients to ensure a smooth, uninterrupted transition between contracts and throughout the Operations and Maintenance Phase.

The Communications plan should include at least three communication channels, web/email, written and Call Centre and include deliverables, implementation schedules and dependencies.

The Communication Plan should include the development and distribution of the various communication materials by including a Communication Material Strategy which demonstrates how the required communication material will be developed (client kits, including booklet and card, as well as provider kits and bulletins and letters).

Simple reiteration of the contents of the RFP will result in a score of '0'.

The following factor(s) will be used to evaluate the Communications Plan:

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Communications Plan - should address, at a minimum, requirements outlined in SOW section 5.7 number 1 c).	Communications Plan is highly effective.	300 points
	Communications Plan is moderately effective.	225 points
	Communications Plan is minimally effective.	150 points
	Communications Plan is not effective.	0 points

Factor III – Business Continuity and Disaster Recovery Plans

The Bidder should submit a Business Continuity Plan (BCP) and a Disaster Recovery Plan in accordance with the Pre-Implementation Plan and Integrated Schedule.

Simple reiteration of the contents of the RFP will result in a score of '0'.

The following factor(s) will be used to evaluate the Business Continuity and Disaster Recovery Plans:

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Business Continuity Plan and Disaster Recovery Plan should address, at a minimum, requirements outlined in SOW section 5.11 and 5.12.	Business Continuity Plan and Disaster Recovery Plan are highly effective.	300 points
	Business Continuity Plan and Disaster Recovery Plan are moderately effective.	225 points
	Business Continuity Plan and Disaster Recovery Plan are minimally effective.	150 points
	Business Continuity Plan and Disaster Recovery Plan are not effective.	0 points

Factor IV- Security Test Plan

A security test plan and process includes the verification and validation of both technical and non-technical controls for security and privacy. Technical controls include those system configurations and features designed within the system such as identification and authorization,

audit and operating system security policies. Non-technical controls include management and operational security controls such as rules of behaviour, configuration management plans, contingency/disaster recovery plans, interface control documents, physical security controls, and/or interconnection agreements.

The Security Test Plan assesses the technical implementation of the security design, ensures that the security controls have been implemented as described in the SOW, and ensures that the features perform as planned.

Simple reiteration of the contents of the RFP will result in a score of '0'.

The following factor(s) will be used to evaluate the Security Test Plan.

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Security Test Plan - should address, at a minimum, requirements outlined in SOW section 6.26 number 7	Security Test Plan is highly effective.	300 points
	Security Test Plan is moderately effective.	225 points
	Security Test Plan is minimally effective.	150 points
	Security Test Plan is not effective.	0 points

Factor V – Testing Plan

The Bidder should submit a comprehensive Testing Strategy and Test Plan to test the systems, services and processes to ensure they adhere to the requirements defined in the SOW in accordance with the Pre-Implementation Plan and Integrated Schedule. Departments' personnel will participate in the user acceptance testing as required.

Simple reiteration of the contents of the RFP will result in a score of '0'.

The following factor(s) will be used to evaluate the Testing Plan:

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Testing Plan - should encompass, at a	Testing Strategy and Plan is highly effective and innovative.	300 points

minimum, requirements outlined in SOW section 5.13	Testing Strategy and Plan is moderately effective and innovative.	225 points
	Testing Strategy and Plan is minimally effective and innovative.	150 points
	Testing Strategy and Plan is not effective or innovative.	0 points
Factor VI – Training Strategy and Plan		
<p>The Bidder should provide a Training Strategy and Plan to deliver training to the Departments staff prior to the FHCPs System implementation. The Training Strategy should be specific to each Department and include methodology, training plans outlining detailed procedures for system access and administrative processes, resource requirements and time lines. The training and training documentation is provided in both Official Languages. Training documentation includes a system user manual.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Training Strategy and Plan: 300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.</p>		
Elements	Rating Scale	Points Assigned
Training Strategy Plan - should address, at a minimum, requirements outlined in SOW section 5.16	Training Strategy and Plan is highly effective and innovative.	300 points
	Training Strategy and Plan is moderately effective and innovative.	225 points
	Training Strategy and Plan is minimally effective and innovative.	150 points
	Training Strategy and Plan is not effective or innovative.	0 points
Factor VII – Transition Plan		
<p>The Transition Plan should describe how the Bidder proposes to ensure a smooth transition with the Previous Contractor to ensure uninterrupted FHCPs services. The Transition Plan should demonstrate an understanding of the coordination with all parties impacted by the transition.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Transition Plan:</p>		

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.		
Elements	Rating Scale	Points Assigned
Transition Plan - should encompass, at a minimum, requirements outlined in SOW section 5.17	Transition Plan is highly effective.	300 points
	Transition Plan is moderately effective.	225 points
	Transition Plan is minimally effective.	150 points
	Transition Plan is not effective.	0 points
Factor VIII – Provider Registration Services Plan		
<p>The Bidder's proposal should demonstrate an understanding of the Provider Registration Services Plan and the requirement to re-register all current providers. The Provider Registration Services Plan should also address the situation where current active Providers have not re-registered as of the commencement of the Operations and Maintenance Phase.</p> <p>Distinct requirements related to this factor may be found in section 6.4 of the SOW. Bidder's response must address, at a minimum, the requirements outlined in this section.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>600 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.</p>		
Elements	Rating Scale	Points Assigned
Plan includes clear details related to: (1) a mechanism to ensure Providers meet eligibility criteria;	Plan includes clear details related to five or more criteria and insufficient detail on no more than 1 criterion.	300

<p>(2) the development of a registration form and Provider Kit with distribution of these items via web, electronic, fax & paper channels in the Official Language of the Provider's choice;</p> <p>(3) existence of relevant documentation (such as Claims Submission Agreement) which ensures the Provider's compliance with claims submission guidelines;</p> <p>(4) mechanism to verify valid credentials for each Provider;</p> <p>(5) communication strategy to ensure immediate notification of Departmental representatives in the event that any Providers are not in possession of valid credentials;</p> <p>(6) the ability for the Contractor to de-register or end-date a Provider within 1 business day of being notified by the Departments;</p> <p>(7) inclusion of a plan to produce an Annual Provider Report</p>	Plan includes moderate detail related to all criteria or clear detail on more than four criterion and insufficient detail related to three or less criteria.	150 points
	Nil response or plan includes insufficient detail on all seven criterion or no details related to 5 or more criteria.	0 Points

Factor IX – Reporting Solution - Action Plan		
<p>The Bidder should provide a plan to develop standard reports and an ad hoc reporting solution as stipulated in the Reporting Requirements described in the SOW. The Bidder should include the reporting component of the Documentation and Reporting Website Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Bidder's Plan to deliver the Reporting Solution.</p> <p>300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.</p>		
Elements	Rating Scale	Points Assigned
<p>The Plan for the Reporting Solution - should address, at a minimum, requirements outlined in SOW section 6.21, 6.22 and Annex C.</p>	Plan for Reporting Solution is highly effective.	300 points
	Plan for Reporting Solution is moderately effective.	225 points

	Plan for Reporting Solution is minimally effective.	150 points
	Plan for Reporting Solution is not effective.	0 points
Factor X- Annual Operations Plan		
<p>The Bidder's proposed Annual Operations Plan should demonstrate that the requirements of the SOW will be delivered as described. The Bidder should also demonstrate an understanding of the requirement to deliver an Annual Operations Report which details the performance against the objectives in the previous year's Annual Operations Plan.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Annual Operations Plan: 300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.</p>		
Elements	Rating Scale	Points Assigned
Annual Operations Plan - should address, at a minimum, requirements outlined in SOW section 6.1	Annual Operations Plan is highly effective.	300 points
	Annual Operations Plan is moderately effective.	225 points
	Annual Operations Plan is minimally effective.	150 points
	Annual Operations Plan is not effective.	0 points
Factor XI- Operations Management Plan		
<p>The Bidder should provide an Operations Management Plan which demonstrates that the requirements described in the SOW will be delivered as described.</p> <p>The FHCPs Operations Management Plan describes how services and management practices will be put into operation and managed. Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Operations Management Plan: 300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the</p>		

capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Operations Management Plan - should address, at a minimum, requirements outlined in SOW section 5.14	Operations Management Plan is highly effective.	300 points
	Operations Management Plan is moderately effective.	225 points
	Operations Management Plan is minimally effective.	150 points
	Operations Management Plan is not effective.	0 points

Factor XII - Audit Services Program Plan

The Bidder should provide an Audit Services Program Plan which demonstrates that the requirements in the SOW will be delivered as described. The Bidder's plan should demonstrate the ability to undertake a full range of audit and investigative services for the Departments.

Simple reiteration of the contents of the RFP will result in a score of '0'.

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full audit services no later than 18 months following contract award.

Elements	Rating Scale	Points Assigned
The Audit Services Program Plan should address, at a minimum, requirements outlined in SOW section 5.10 and 6.18.	The Audit Services Program Plan is highly effective.	300 Points
	The Audit Services Program Plan is moderately effective.	225 Points
	The Audit Services Program Plan is minimally effective.	100 Points
	The Audit Services Program Plan is not effective.	0 Points

Factor XIII – Contract Phase-Out Plan

Contract Phase-Out is the period that will start during the Operations and Maintenance Phase,

when the Contractor has been given formal written notification by Canada of a specific contract end date. The period of time from such notification until the expiry date of Contract will be considered as the Contract Phase-Out. During this period the Contractor shall undertake activities to ensure the smooth, efficient and complete transition to a new arrangement for FHCPS without interruption of service delivery to the Departments or their clients and providers.

It is anticipated that 9 months may be required for the Contract Phase-Out.

Contract Phase-Out Plan should demonstrate the Bidder's understanding of the requirements by describing, in sequential order from date of end of Operations to Contract completion, the milestones and activities it proposes should be accomplished to meet the requirements for transfer of all FHCPS information and data to the Project Authority and any third-party(ies) designated by the Project Authority.

Simple reiteration of the contents of the RFP will result in a score of '0'.

The following factor(s) will be used to evaluate the Contract Phase-Out Plan:

300 Maximum Points For - The extent to which the Bidder's proposed plan demonstrates the capacity to commence full service no later than 18 months following contract award and sequence of activities and all timeframes for milestone delivery are realistic.

Elements	Rating Scale	Points Assigned
Contract Phase-Out Plan - should address, at a minimum, requirements outlined in SOW section 7.1	Contract Phase-Out Plan is highly effective.	300 points
	Contract Phase-Out Plan is moderately effective.	225 points
	Contract Phase-Out Plan is minimally effective.	150 points
	Contract Phase-Out Plan is not effective.	0 points

R6 – Risk Assessment and Analysis

Total Available Points for R6 – 1,200 points

The Bidder should submit an initial Risk Assessment identifying:

- Perceived (by the Bidder) relevant major risks
- The probability of occurrence
- The possible impact on service delivery for each risk
- A sound mitigation strategy for each risk.

The Bidder should identify, describe and analyze the perceived risks associated with the plans for the Pre-Implementation Phase, Operations and Maintenance Phase and the Contract Phase-Out Phase. In describing each risk, the Risk Assessment should include whether that risk can be

mitigated or avoided, the probability of occurrence, the possible impact on the service delivery and a sound mitigation strategy for that risk. Although the bidder should address the risks for all phases, the following are of particular importance:

- transition risks pertaining to the following areas of concern:
 - a) transition time frame constraints;
 - b) limited support from current service provider and/or future service provider;
 - c) security; privacy;
 - d) re-registration of registered Providers;
 - e) conversion and storage of data; and
 - f) business continuity during transition to full operations and transition out and
- risks associated with the uniqueness and complexity of FHCPS and risks related to following issues throughout the Operations and Maintenance Phase:
 - a) ongoing program changes;
 - b) protection of clients' personal information; and
 - c) maintenance of service standards.

Simple reiteration of the contents of the RFP will result in a score of '0'.

The following factor(s) will be used to evaluate the Risk Assessment.

Factor I – Risk Assessment and Analysis

An initial risk assessment and analysis.

A risk assessment identifying perceived, relevant major operational risks, whether each risk can be avoided, controlled or mitigated, the probability of occurrence, the possible impact on service delivery and a mitigation strategy for that risk during the Operations and Maintenance Phase of the Contract;

Elements	Rating Scale	Points Assigned
<ul style="list-style-type: none"> • Identifies numerous risks from each of the different phases of implementation in addition to risks potentially affecting the entire project covering a variety of topics across the bidders business. • Indication of whether each risk can be controlled or avoided • The probability of a risk occurring, • The possible impact on service delivery • A mitigation strategy is developed for each risk that includes a detailed description of the process to be followed to ensure that the requirements of FHCPS are fulfilled 	<p>The Risk Assessment and Analysis are thoroughly described and the Mitigation Strategy is highly effective.</p>	<p>1,200 points</p>

<ul style="list-style-type: none"> The mitigation strategy for each risk provides a solution that meets the required timelines or that ensures continuity of service while the final solution is being developed. 		
<ul style="list-style-type: none"> Identifies numerous risks from the different phases of implementation covering a variety of topics across the bidders business. Indication of whether each risk can be controlled or avoided The probability of a risk occurring, The possible impact on service delivery A mitigation strategy is developed for a number of risks but not all. That includes a high level description of the process to be followed to ensure that the requirements of FHCPS are fulfilled The mitigation strategy for each risk provides a solution that meets the required timelines or that ensures continuity of service while the final solution is being developed. 	The Risk Assessment and Analysis are reasonably described and the Mitigation Strategy is moderately effective.	800 points
<ul style="list-style-type: none"> Identifies a limited number of risks that focus on a few key areas of the project but does not touch upon each phase of the project. The possible impact on service delivery A mitigation strategy is developed for a few but does not demonstrate a clear description of the process to be followed to ensure that the requirements of FHCPS are fulfilled The mitigation strategy for each risk does not clearly show how the timelines will be met or whether it is possible to ensure continuity of service while the final solution is being developed. 	The Risk Assessment and Analysis are poorly described and the Mitigation Strategy is minimally effective.	600 points
<ul style="list-style-type: none"> Failure to provide a risk assessment and analysis as part of submission. Identification of one or more risks without conducting further analysis of the risk Identification of risks which are limited to one aspect of the business. Failure to provide any potential mitigation strategies to any of the risks 	The Risk Assessment and Analysis and Mitigation Strategy are unacceptable.	0 points

R7 – Quality Assurance		
Total Available Points for R7 – 1,600 points		
<p>In order to demonstrate the ability to deliver the QA Program, the Bidder should identify and describe the QA objectives of the following requirements (a – l) and describe what QA procedures the Bidder would implement to ensure its identified objectives are met:</p> <ul style="list-style-type: none"> a) claims processing; b) authorization services; c) provider audit; d) verification of provider credentials; e) financial operations; f) provider and client communication and information; g) system performance and testing; h) reporting; i) business management; j) provider registration; k) FHCPS manuals; and l) FHCPS user training and support. <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factor(s) will be used to evaluate the Quality Assurance Program and Process.</p>		
Factor I - Quality Assurance Program and Processes		
800 Maximum Points for - The extent to which the Bidder's Quality Assurance Program and Process are effective.		
Elements	Rating Scale	Points Assigned
<ul style="list-style-type: none"> The QAP is accessible and timely (short delay less than 2 weeks between activity and review) where staff are responsive to findings. Ensures accuracy of data and information collected, managed and disseminated; Adheres to privacy and security standards; Attempts to improve the quality of claims submitted through process and system efficiency Meets service standards outlined in SOW. The QAP includes monitoring and performance measurement reports and periodic audits of all services, surveys and 	The Quality Assurance Program and Processes are highly effective.	1600 points

<p>systems.</p> <ul style="list-style-type: none"> • The QAP includes client surveys to ensure that provider services were received representing one half of a percentage (0.5%) of the processed applications • The QAP includes bi-annual (every two years) Provider Satisfaction Survey to assess satisfaction with Contractor's services • The QAP assesses elements conducted in or focussed on both official languages • The QAP touches upon each of the 13 areas identified above. 		
<ul style="list-style-type: none"> • The QAP is accessible and timely (delay over 2 weeks between activity and review) where staff are responsive to findings. • Ensures accuracy of data and information collected, managed and disseminated; • Adheres to privacy and security standards; • Attempts to improve the quality of claims submitted through process and system efficiency • Reporting is conducted on quarterly basis with feedback provided to the Project Authority once every 6 months • Meets some of the standards outlined in the SOW for performance • The QAP touches upon each of the 12 areas identified above 	The Quality Assurance Program and Processes are moderately effective.	1,200 points
<ul style="list-style-type: none"> • No time frames are indicated in the QAP as to the delay between activity and review • Ensures accuracy of data and information collected, managed and disseminated; • Identifies standards however they exceed those outlined in the RFP. • Does not look at ways to improve the quality of claims submitted through process • Adheres to privacy and security standards; • Reporting is conducted semi-annually with no feedback provided to Project Authority unless asked. • The QAP touches upon 10 of the 13 areas identified above 	The Quality Assurance Program and Processes are minimally effective.	800 points
<ul style="list-style-type: none"> • The QAP is not included as part of the 	The Quality Assurance	0 points

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51019-072007/K
Client Ref. No. - N° de réf. du client
51019-072007

Amd. No. - N° de la modif.
File No. - N° du dossier
PWB-7-20036

Buyer ID - Id de l'acheteur
pwb011
CCC No./N° CCC - FMS No/ N° VME

<p>response for the RFP</p> <ul style="list-style-type: none">• The QAP is not designed to ensure accuracy of data collected, managed and disseminated• The QAP does not provide for feedback to the Project Authority• Program does not adhere to privacy guidelines• The QAP touches upon less than 10 of the 13 areas identified above• No focus on performance standards	<p>Program and Processes are not effective.</p>	
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R8 – Financial Operations
Total Available Points for R8 – 1,600 points
<p>The Financial Operations describes the recording, controlling and reconciliation of the following:</p> <ul style="list-style-type: none"> • The FHCPS Claims funding requests • Provider payments and audit recoveries • Client payments and audit recoveries • Third-party payments and audit recoveries. <p>The financial control policies and practices and financial reporting allow all charges to be consolidated on a per-provider and per-Client basis, by province. Payments are to be generated within the required time frames identified in the SOW, and all financial reports generated and delivered within the parameters defined in the SOW.</p> <p>The Financial Management Planning and Control Processes and Procedures describe financial management planning and control processes and procedures that will be used to ensure the following:</p> <ul style="list-style-type: none"> • Sound internal control • Segregation of duties • Efficient budgeting • Error free reconciliation of the FHCPS account • Accountability for stale-dated cheques, FHCPS claims funding request, and FHCPS claims expenditure data file and report • Cash flow planning and financial management • Financial data integrity • Accuracy and probity of financial data • Recovery of funds from audit • Description and timing of any required reports. <p>The Financial Policies and Practices should describe payment services for an efficient and secure payment to Providers, clients and third parties for verified claims.</p> <p>Simple reiteration of the contents of the RFP will result in a score of '0'.</p> <p>The following factors will be used to evaluate the Financial Control Framework - Policies and Practices:</p>
Factor I – Financial Management Planning and Control Processes and Procedures
<p>The extent to which the Bidder's Financial Management Planning and Control Processes and Procedures are complete and effective</p>

Elements	Rating Scale	Points Assigned
<p>The bidder's proposal should meet the following criteria:</p> <ol style="list-style-type: none"> 1) Access to FHCPs related financial records must be provided to the Project Authority 2) All reporting and auditing activities are to be shared with the Project Authority 3) The Contractor agrees to develop, document and implement the financial controls and procedures that are required to support the FHCPs financial operations 4) Financial management planning and control processes and procedures are clearly defined and outline their role in <ul style="list-style-type: none"> • budgeting, • reconciliation, • claims funding, • claims expenditure, • cash flow planning and financial management, • financial data integrity, • accuracy of financial data • recovery of funds, • remittance of interest earned. 5) The financial controls include the development and implementation of a system of internal control over the funds expended 6) Controls include independent audits at the Contractor's expense. 	The Financial Management Planning and Control Processes and Procedures are highly effective meeting all criteria.	800 points
	The Financial Management Planning and Control Processes and Procedures are moderately effective as 4 or more criteria have been met or partially met.	600 points
	The Financial Management Planning and Control Processes and Procedures are minimally effective as 3 criteria have been met or partially met.	400 points
	The Financial Management Planning and Control Processes and Procedures are not effective as less than 3 criteria have been met or partially met.	0 points
Factor II - Financial Policies and Practices and Reporting		
The extent to which the Bidder's Financial Policies and Practices for payment services are complete and effective and result in accurate and timely payment to recipients.		
Elements	Rating Scale	Points Assigned
The Bidder should demonstrate that the following criteria are met:	The Financial Policies and Practices are highly effective	800 points

<ol style="list-style-type: none"> 1) A flexible and customizable claims processing system is utilized that ensures accurate, efficient and secure payment service to providers, clients and approved third parties 2) Client/service provider payments controls are enacted to provide reasonable assurances that the goods were supplied/the health care services were rendered 3) A methodology for consolidating claim lines per provider, per client, per approved third party, per benefit area, per province/territory and per region 4) Methods for detection and correction of financial errors or abuse of responsibility 5) There is a clear segregation of duties 6) Control system implemented to ensure that only authorized personnel can effect a payment and to ensure spending limits are observed; 7) Tracks and report on amounts related to stale-dated cheques 8) Collects amounts receivable 9) Financial reports are scheduled to be provided within the stated time frames outlined in SOW 6.31 10) Provides a report of the FHCPS claims expenditure data file for each invoice period 11) Procedure for reporting manual transactions is included 	The Financial Policies and Practices are moderately effective as a minimum of 8 criteria have been fully met.	600 points
	The Financial Policies and Practices are minimally effective as a minimum of six criteria have been fully met.	400 points
	The Financial Policies and Practices are not effective as 6 or more criteria have <u>not</u> been fully met.	0 points

Federal Health Claims Processing Service (FHCPS)

For

**Veterans Affairs Canada (VAC)
Royal Canadian Mounted Police (RCMP)
Canadian Forces (CF)**

STATEMENT OF WORK

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STATEMENT OF WORK

SW 1.0 - GENERAL INFORMATION

1.1 Health Benefits and Services – CF, RCMP and VAC

The Departments provide a wide range of health benefits and services to eligible members/Clients, Veterans and other persons, as specified under their respective Regulations. The determination of a client's eligibility is the responsibility of the Departments. Health benefits and services included in FHCPS consist of the following categories:

- Medical, surgical, psychological and dental examinations and treatment provided by health professionals;
- Surgical or prosthetic devices and aids, and their maintenance;
- Home adaptations to accommodate the use of the foregoing devices and aids;
- Preventive health care and supplies;
- Prescribed drugs;
- Psycho-social rehabilitation services and associated travel expenses
- Health-related travel

The benefits and services available for the Departments are currently grouped, for administrative purposes, under the following types of benefits. These groups are currently referred to as “Programs of Choice” as follows:

1. Aids to Daily Living	8. Nursing Services
2. Ambulance Services (includes health-related travel)	9. Oxygen Therapy
3. Audio Services	10. Prescription Drugs
4. Dental Services	11. Prosthetics and Orthotics
5. Hospital Services	12. Related Health Services
6. Medical Services	13. Special Equipment
7. Medical Supplies	14. Vision Care
	15. Veterans Independence Program Benefits
	16. Long Term Care Benefits

For a description of the programs of choice and provider definition see [SoW Annex A4](#).

1.2 Federal Health Claims Processing Service (FHCPS)

FHCPS includes services and systems used to process VAC, CF and RCMP health claims, to support clients and providers with the processing and settlement of their claims, and to ensure compliance with VAC, RCMP and CF Program policies, including audit, reporting and financial control practices.

Included in this service is a system to enable the management, monitoring, reporting and electronic processing of claims based on client eligibility. Claims payments are to health care providers or reimbursement to clients and authorized third parties. Providers must be registered with the Contractor and, therefore, must meet the applicable registration criteria.

Claims submitted through FHCPS that are fully or partially-covered by other benefit plans may be coordinated with, and paid by, provincial/territorial, federal or other third-party health programs before being adjudicated and paid through FHCPS.

1.3 Service Delivery Model

The Departments commit to services that are easy to access, fair, respectful and responsive to client need. Clients can expect accurate and timely information which is easy to understand. With past and future advances in technology, the Departments expect to offer multi-channel and multi-media methods to interact with clients and providers and continue to make advances and continuously improve all services.

The Departments are enhancing self-service through integrated voice recording or web services, to the furthest extent possible, which enables clients and service providers to complete online transactions through telephone or web. Recognizing that clients and providers may, in some cases, require assistance with issues, the Departments are promoting assisted services through mail, email, telephone or web where resolution can be achieved quickly using documented business rules and objective criteria. To promote self-service and assisted service, the Departments are continually revising and simplifying business rules.

1.4 Estimated Client and Provider Numbers and Claim Volumes

A detailed breakdown of estimated clients and claim volumes for the Departments can be found in Annex B and on a separate document (attached media). The forecasted work volume data set out in Annex B is being provided purely for information purposes. Although it represents the best information currently available, Canada does not warrant or represent that the data is complete or free from error. The estimated number of clients and claims for the Departments may be subject to increase or decrease over the life of the Contract based on changes to Program eligibility or legislation.

SW2.0 SCOPE OF WORK

Under the scope of this Contract, the Contractor must deliver the following services:

1. Client registration and generation of the applicable level of eligibility based on the adjudication data transmitted from the Departments.
2. Multi-channel communication services for members/clients, providers and staff of Departments. Communication encompasses written communication products, Websites which provide information services including claim status and Call Centres with Canadian and International toll-free access. Communication with Departmental staff includes a secure messaging service and secure data exchange.
3. Provider Registration, Provider Relations and Provider Audit Services.
4. Treatment Authorization Services including: Special Authorization Services for Pharmacy requests, Dental pre-determination requests using CDAnet (Canadian Dental Association network) and authorization requests for other medical services and benefits.
5. Manual and Electronic Claims Processing of claims from clients, third-parties and providers. Claims Processing Services encompass: Claims capture, Claims Tracking, Claims adjudication, Claims Payment and production and distribution of Claims Statements.
6. Pharmacy Services for the electronic adjudication and processing of benefits dispensed at both retail and CF Pharmacies.
7. Drug Utilization Evaluation Service to evaluate, analyze and interpret utilization by clients/members, prescribing by physicians and dispensing by pharmacies.
8. Financial Operations which encompass the financial practices to request, reconcile and process claims payments and recovery amounts with the Departments.
9. Performance Reporting and Quality Assurance to ensure that the services and systems meet the performance standards.

10. System design, development/customization, testing and implementation which supports the delivery of FHCPS and interface with Departments' systems.
11. Business Management to ensure that:
 - services comply with Departments' policies and standards;
 - the business solution conforms to Laws and Regulations and is adaptive to accommodate any change in laws and regulations;
 - data is correct, secure and private at all times, and
 - planning and analysis is conducted to identify opportunities to improve efficiency and effectiveness of the services.
12. Business Services including Change Management, Training, System Maintenance and Management, Reporting and Records Retention.

SW3.0 FHCPS PROJECT PHASES

The work under this Contract has been divided into three (3) project phases as follows:

Phase 1 – Pre-Implementation Phase

This Phase commences upon Contract Award and ends with the implementation of Operations and Maintenance. In this Phase, the Contractor shall customize and/or develop the system and services as required. This phase represents the period when the Contractor will make ready the business solution required to assume the FHCPS operations from the previous Contractor. At the completion of this phase, the FHCPS must be fully functional and the Contractor must be fully equipped to commence full service in accordance with the Performance Standards and Quality Assurance.

Phase 2 – Operations and Maintenance

This phase is the period commencing on the implementation date, i.e. day following end date of the Pre-Implementation Phase and signifies the commencement of all of the services relating to claims processing. This phase ends on the completion of Contract phase-out.

Phase 3 – Contract Phase-Out

Contract Phase-Out is the period that will start, during the Operations and Maintenance Phase, when the Contractor has been given formal written notification by Canada of a specific contract end date. The period of time from such notification until the expiry date of Contract will be considered as the Contract Phase-Out. During this period the Contractor shall undertake activities to ensure the smooth, efficient and complete transition to a new arrangement for FHCPS without interruption of service delivery to the Departments or their clients and providers.

The Contractor must undertake the specific work required for all Phases. Requirements for each Phase are presented in **SoW.Articles 4.0 to 7.0**. The work performed by the Contractor within each phase of the Contract must be delivered to and accepted by the Project Authority or his/her designated representative.

SW4.0 GENERAL REQUIREMENTS

4.1 Language of Work

1. The Contractor must provide all products, systems and services delivered under the Contract in both official languages recognized by the Federal Government (English and French) unless otherwise specified.

4.2 Location of Facilities and Work

1. All aspects of the Work must be conducted in Canada. Departments' data and data management services, data centres, networks, call centres and centres of operation must be located in Canada, in compliance with the requirements for secure information management. SoW Article 6.26
2. All VAC, CF and RCMP data must be logically separated from each department and separate from all other data (e.g. all other books of business).
3. Centres of operation, call centres and websites must be accessible, free of charge, by clients/members, authorized third-parties and providers from both inside and outside Canada via phone, web and/or mail.

4.3 Travel Requirements

1. Travel to CF, RCMP and VAC headquarters facilities, in addition to other regional sites across Canada, for the provision of Provider Relations services, and training delivery. The frequency and duration of travel will vary depending on the phase of the contract.
2. The Contractor must be responsible for all costs related to its own travel and related expenses.

4.4 Hours of Work

1. The Contractor must provide Health Claims Administration, Operations and Maintenance for the FHCPS during core hours from 7:30 am to 6:00 pm, in each time zone, Monday through Friday, excluding federal government statutory holidays. On-call support must be available outside of the core hours. Electronic data interface (point of service PoS) for authorization and processing of claims must be available 24 hours a day, 7 days a week.

4.5 Service Innovation

1. In an environment where technology is rapidly changing, the Contractor must be proactive in identifying areas where transition to new technology will be incorporated during the life of the contract. The Contractor must adopt innovative technologies in the development and ongoing operations of the system and services resulting in positive change for the FHCPS such as: improvement to client service; cost savings; reduction of errors; increase in efficiency/service standards.

4.6 Revisions/Flexibility

1. The Departments' Policies and Business Processes are subject to revisions as a result of implementation of initiatives and/or changes in Legislation or Regulations. The Contractor must make any necessary adjustments to the services and/or service levels under this Contract as a result of these revisions.

Related Requirements and Information

- a. The legislative, regulatory and policy environment for the FHCPs is subject to changes beyond the Project Authority's control, which may affect the direction of the FHCPs services, within the lifetime of the Contract.
- b. Over the duration of the Contract, the Departments may be expected to face considerable change in organizational structure and client numbers, and possibly in the nature and scope of program delivery.
- c. The FHCPs must be flexible in order to meet the Departments' changing needs and priorities. It must be able to accommodate work being shifted geographically within Departments, between Departments or between Departments and the Contractor. The Contractor must develop the ability within its systems to expand and adapt to meet either increases or decreases in processing volume at anytime during the lifetime of the Contract.

SW5 PRE-IMPLEMENTATION PHASE – REQUIREMENTS

5.1 Project Coordination Meetings

1. The Contractor must participate in initial Project Coordination Meeting(s) with the Project Authority to identify appropriate contacts and stakeholders, to confirm any required adjustments to the Contractor's plans and identify and resolve project start-up issues.

5.2 Pre-Implementation Plan and Integrated Schedule

1. The Contractor must implement its Pre-Implementation Plan, as accepted by the Project Authority, and manage the Pre-Implementation Phase according to the plan.

Related Requirements and Information

- a. The Project Authority will provide comments and, if required, make recommendations to the Contractor for changes in the Pre-implementation Plan and Integrated Schedule. The Contractor must revise the plan, as required, and obtain final approval of the plan from the Project Authority within 25 business days after contract award. The plan and management of the plan must be based on project management best practices.
- b. The Pre-Implementation Plan and Integrated Schedule must include all activities required to ensure that the requirements described in the SOW are met. The Contractor must clearly identify the tasks, milestones, deliverables, dependencies, resource build-up and baseline schedule for all activities required to successfully complete the Pre-implementation Phase. The Pre-Implementation Plan and Integrated Schedule must demonstrate that all services and systems described in the Statement of Work will be ready for implementation, tested in time to correct deficiencies, and certified and accredited prior to the start date of the Operations and Maintenance Phase. Where Project Authority approval is a required for any activity, the Contractor must allow 10 business days. Activities detailed in the Pre-implementation Plan include, but not limited to the following:
 - System Development/Customization (*Article 5.3*)
 - Data Conversion (*Article 5.4*)

- Provider Registration (*Article 5.5*)
- Technical and Administrative Documentation (*Article 5.6*)
- Communications Plans and Materials (*Article 5.7*)
- Reporting Services (*Article 5.8*)
- Quality Assurance Program (*Article 5.9*)
- Audit Services and Detection Program (*Article 5.10*)
- Business Continuity Plan and Disaster Recovery Plan (*Article 5.11*)
- Security Set-up and Privacy (*Article 5.12*)
- Operations and System Testing (*Article 5.13*)
- Operations Management Plan (*Article 5.14*)
- Financial Operations (*Article 5.15*)
- Training Plan (*Article 5.16*)
- Transition-in (*Article 5.17*)

The Contractor's Pre-implementation Plan must also include:

- An initial risk assessment and analysis identifying each Pre-implementation risk, whether that risk can be controlled or avoided, the probability of occurrence, the possible impact on service delivery and a sound mitigation strategy for that risk.
 - A governance structure for the Pre-Implementation Phase which clearly sets out the project governance including, but not limited to: the operations management team, the management team representing the Departments, the pre-implementation management team, oversight committees and working groups, etc. The structure must indicate where participation is required of personnel from the Departments and what decision controls will be applied to ensure quick decision making within the project and timely delivery of services.
- c. The Contractor must provide implementation status reports twice per month on progress against the Pre-implementation plan schedule and must also participate in weekly meetings to provide the Project Authority with elaboration of the written status reports, to discuss and resolve any issues and to manage change throughout the pre-implementation period. These meetings will be held by teleconference or videoconference with monthly face-to-face meetings alternating between the Contractor's site and VAC's Headquarters in Charlottetown.

5.3 System Development/Customization:

1. The Contractor must gather and document the detailed business requirements on which the services and systems will be tailored/customized/developed and the Project Authority will be responsible for sign-off of these detailed requirements. The contractor must consult and work with designated Departments' staff with subject-matter expertise to ensure that the Business Requirements Document(s) (BRDs) accurately reflect the detailed FHCPs requirements of each Department.
2. The Contractor must develop and/or customize its system to ensure that all FHCPs technical requirements are delivered. (*SOW 6.14 – Technical Requirements*)
3. The Contractor must ensure full connectivity and compatibility with the FHCPs Partner Departments' technical infrastructure.

4. The Contractor's solutions and services used to deliver the FHCPS must conform to pan-Canadian health information standards and protocols. The Contractor's system component of the Pre-Implementation Plan must outline the pan-Canadian Health Information Standards and Protocols the Contractor will implement as well as the Contractor's plan to deal with the evolution of the standards. Costs and activities required for changes resulting from evolution in the standards will be managed by the Task Authorization process. The Project Authority may request that the Contractor undergo conformance testing to ensure compliance with the pan-Canadian Health Information Standards.

5.4 Data Conversion

1. The Contractor must convert and load up to a maximum of 7 years of data, as specified by Departments, from the previous FHCPS system into the Contractor's FHCPS system, as well as transport and store a portion of the previous Contractor's archives files. Data will be received through the Project Authority from the incumbent contractor. The data to be converted will be provided to the Contractor in accordance with the approved Pre-implementation Plan and Integrated Schedule. **SoW Article 6.24**

Related Requirements and Information

- a. For data conversion, the Contractor must:
 - provide a Conversion Strategy and Plan
 - provide a conversion methodology and systems to convert all required data from the previous FHCPS into the Contractor's FHCPS system;
 - ensure that the converted data will also form part of the initial load into the Information Management and Reporting Component of the FHCPS.
 - convert and load the data, validate that all data conversion and loading are accurately and fully completed and that continuity of data is maintained;
 - perform quality assurance and a report of rejected records for each Department;
 - ensure that privacy and security of the information is maintained throughout the conversion and data loading exercise.
 - store client data by the primary identification number for each Department even where data may be stored in the existing system by another client ID;
 - perform separate reconciliations of active and inactive converted client records against the same records in the Departments' source systems of record;
 - ensure that data used to create and maintain the Departments' program benefit information, adjudication rules/edits and data tables are current as of the start date of the Operations and Maintenance Phase; and,
 - ensure that the adjudication edits are current as of implementation date.
- b. For the transfer of non-electronic files, the Contractor must:
 - store paper-based files and forms processed by the Previous Contractor during the seven year period leading up to the Implementation date; and
 - provide transportation and physical storage space for the non-electronic files.

5.5 Provider Registration

1. The Contractor must develop a Provider Registration Strategy and Plan to re-register Providers prior to the implementation date.

Related Requirements and Information

- a) The Provider Registration strategy must describe how the Contractor will re-register Providers and how the Contractor will address current active Providers who have not re-registered as of the implementation date.
- b) Registration of Providers must be in accordance with the Provider Registration services set out in **SOW Article 6.4**. All communication materials to be issued to Providers are subject to approval by the Project Authority.
- c) Following the award of the contract, the Contractor will be provided with lists of current active providers as well as de-listed providers.

5.6 Technical and Administrative Documentation

1. The Contractor must prepare and supply all FHCPs Standard Operating Procedures manuals that must include all procedures and processes required to deliver, manage and maintain all of the services and systems detailed in the SOW. The operating procedures manual must be a user friendly, searchable, web-based tool and must be posted for viewing by authorized staff on the Documentation and Reporting website as of the implementation date. The Contractor must be responsible for ensuring that the posted version on the FHCPs Documentation and Reporting Database is kept current, and that any changes agreed to by the Project Authority and the Contractor are posted within five (5) business days.
2. The Contractor must prepare and distribute an End-User Manual which provides instructions on system use and navigation for components of the system and electronic communication tools where FHCPs partner department users have access. The Contractor must post a current searchable electronic copy in each Official Language to the FHCPs Documentation and Reporting Database **SOW Article 6.22**.
3. The Contractor must prepare, supply and maintain a Systems Design Document, which details all of the system components required to deliver the services set out in the SOW.

Related Requirements and Information

- a. The Contractor must provide all technical documentation to the Project Authority for approval. The document will be finalized based on the Project Authority's input and development, testing and implementation will begin following Project Authority sign-off.
- b. All documentation must be kept current during the life of the contract and must be published on the FHCPs Documentation and Reporting Database with access to specific documents by authorized users.
- c. The Systems Design Document must encompass:
 - The functional design specifications must present all details of the system design and website pages and include class diagrams, component diagrams, activity diagrams, use case diagrams, sequence diagrams and other diagrams as applicable. The specifications must include, but are not limited to: input, output, interface, hardware software, data communications screens, reports, claim verification logic, data edit rules, data management, file layouts, data dictionary, database schema diagram and data flow, data tables and related logic;
 - The functional design must also specify the security mechanisms, security architecture, component design and service operations safeguards;

- Architectural design documentation including hardware, software, equipment, network, security and diagrams and recommendations for all system components;
 - The architectural design must also include how security must be incorporated into the architecture to deliver the security requirements.
4. The System documentation package must also include the following:
- System development documentation, including all stages of the development life cycle;
 - Change and release management, configuration management and quality control processes;
 - Standards for systems and technical documentation.

5.7 Communications Plans and Materials

1. The Contractor must submit the Communications Plan in accordance with the Pre-Implementation Plan and Integrated Schedule to establish and maintain ongoing communications with the departments, providers and clients to ensure a smooth, uninterrupted transition between contracts and throughout the Operations and Maintenance Phase.

Related Requirements and Information

- a) The Communications plan must include at least three communication channels, web/email, written and Call Centre and must include deliverables, implementation schedules and dependencies.
- b) The Contractor's Communication Plan must include the development and distribution of the various communication materials by including a Communication Material Strategy which demonstrates how the required communication material will be developed (client kits, including booklet and card, as well as provider kits and bulletins and letters). The Communication Material Strategy must be delivered to and approved by the Project Authority.
- c) The Communications Plan must include, but is not limited to, strategies to:
 - Provide information to Providers on the services covered under FHCPs and the procedures to submit requests for authorization and claims reimbursement;
 - Provide client and service eligibility verifications and predeterminations to Providers;
 - Obtain Provider acknowledgement of claim submission agreement and audit requirements;
 - Inform Providers of the use of their contact information;
 - Develop and operate Call Centre(s) for Departments' staff, Providers and clients including required scripts;
 - Issue provider and client Information Booklets and Health Identification Cards;
 - Provide a secure Documentation and Reporting Database where specified reports, documentation such as training materials, release notes and user tips and tools will be posted on this site for viewing by authorized staff of the three Departments. In addition, this site must provide web-based tools for managing problem and incidence reports, change requests and release and configuration management for all phases of the Contract. The Documentation and Reporting

Website must contain menus and search capabilities. This site must be fully functional to support the Pre-Implementation Phase and through the Operations Phase and Contract Phase-Out period;

- Develop and post Operations Procedures and User Manuals to the Documentation and Reporting website.
 - Provide a secure web-based facility for clients, providers and staff of the Partner Departments to perform the view and update functions they are authorized to perform. This includes provider claims submission, inquiry on claim history, payment history, authorization history and status of claims or requests for pre-authorizations. Detail claim information available through the site must include: claim submission date, claim registration number, benefit group, service description, amount submitted, invoice number, status of paid or in progress, amount deducted and amount paid. Payment notes must indicate payments made and explain any deducted amounts.
 - The communications website must provide clients with the ability to self-serve. For example, a client will have the ability to inquire on their own eligibility for specific benefit types or benefit descriptions and the website will enable providers or clients to inquire as to whether coverage for a drug or other benefit would require a preauthorization or if the need for a specific drug or other benefit could be related to a medical condition to which the client has entitlement under the VAC Disability Program.
 - The communications website must include the ability for registered providers to submit requests for predetermination by providing client identifier and service details and cost. Providers must receive immediate response to the predetermination request. Where the response indicates that a preauthorization is required, the secure website must enable providers to submit the request for preauthorization without re-entry of claim details. The FHCPs partner departments will provide the adjudication rules to support this rules-based adjudication. For example upon Contract Award, VAC will provide a table which links Medical Pension Codes under the Disability Program to specific benefits contained in the benefit grids.
 - The communications website must include the ability for providers to download forms, bulletins and booklets, benefit grids as well as register as an FHCPs provider, agree to claim submission agreement, receive registration information and update their information which is stored in the system. Via the website, clients must have the ability to request replacement of cards, locate information on providers in their vicinity, download forms and communication materials and submit requests for update of information.
- d) All communication materials developed by the Contractor must be in English and French. Client communications must also be made available, as requested, to meet special needs, for example, large print or audio versions. All communication materials require the approval of the Project Authority prior to distribution.

5.8 Reporting Services

1. The Contractor must establish the systems and services required to deliver the Reporting Requirements stipulated in **SOW Article 6.21**.

2. Based on input from the Project Authority, the Contractor must revise and finalize the description of the Reporting Services and submit it for Project Authority approval in accordance with the Pre-Implementation Plan and Integrated Schedule.

Related Requirements and Information

- a. The Contractor must provide, within the FHCPs System, an Information Management Reporting System which provides the ability to produce static, scheduled reports in addition to the ability to conduct pre-defined and ad hoc queries.
- b. The Contractor must work with the Project Authority and Departments' stakeholders to define and develop pre-defined queries and formats appropriate to Departments' reporting requirements.

5.9 Quality Assurance Program

1. The Contractor must submit the Quality Assurance Program Plan in accordance with the requirements detailed in **SOW Article 6.17** to the Project Authority in accordance with the Pre-implementation Plan and Integrated Schedule.
2. Based on input from the Project Authority, the Contractor must revise and finalize the description of the Quality Assurance Program and submit it for Project Authority approval in accordance with the Pre-Implementation Plan and integrated Schedule.

5.10 Audit Services Program Plan

1. The Contractor must submit the Audit Services Program Plan in accordance with the requirements detailed in **SOW Article 6.18** to the Project Authority in accordance with the Pre-implementation Plan and Integrated Schedule.
2. Based on input from the Project Authority, the Contractor must revise and finalize the description of the Audit Services Program and submit it for Project Authority approval in accordance with the Pre-Implementation Plan and Integrated Schedule.

5.11 Business Continuity Plan and Disaster Recovery Plan

1. The Contractor must submit a Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP) for the Project Authority's review in accordance with the Pre-Implementation Plan and Integrated Schedule. The Contractor must finalize the BCP and DRP following approval of the Project Authority.

Related Requirements and Information

- a. The Contractor must include the following in the Disaster Recovery Plan:
 - IT Systems back-up and recovery;
 - Premises and essential equipment back-up and recovery;
 - Customer service back-up and recovery;
 - Administration and operations back-up and recovery;

- Information and documentation back-up and recovery; and
 - Recovery timeframes, including Recovery Point Objective (RPO – the time between the available backups); and Recovery Time Objective (RTO) - the time period after a disaster at which business functions must be restored to avoid loss of business continuity.
- b. The disaster recovery site must assume production services within 4 hours of failure at the primary site. This site must be able to provide services, which meet the criteria as defined in the Performance and Service Standards SOW Article 6.29 and Quality Assurance in the event of a total loss of the primary site.
- c. The Contractor must ensure that the BCP demonstrates that business essential services and deliverables such as, but not limited to, claims receipt, adjudication, payment, retention of claims history as well as Call Centre services, will continue to be delivered to providers and clients during a service disruption in accordance with established down time and recovery time objectives. SOW Article 6.29
- d. The Contractor's BCP must demonstrate that the Contractor has a Business Continuity policy and governance structure which includes senior management's commitment. The BCP must also include identification of the necessary resources to support business continuity, including personnel, information, equipment, financial operations, legal counsel, infrastructure protection and accommodations. The Contractor must develop and maintain BCP recovery teams.
- e. The Contractor's BCP and DRP must also address:
- identification of all essential functions, services, and resources (personnel, information, assets, equipment, communications infrastructure, and secure facilities);
 - the mitigation strategies to reduce disruptions, and the steps to be taken in case of mitigation failure;
 - activities and processes relating to all pre-disruption, time of disruption, and post disruption activities and include, for example, call lists, vendor information and interdependencies. For recovery information specific to data management systems, the recovery information must include a methodology to validate and verify the integrity and completeness of the restored data and data management systems;
 - any interdependencies between the Contractor and its suppliers, vendors, and Sub-Contractors with respect to the overall BCP. The prime Contractor is responsible to ensure that Sub-Contractors, suppliers and vendors can adhere to the approved BCP.
 - ensuring that BCP activities for systems and services comply with the requirement identified in this SOW.

5.12 Security Set-up and Privacy

1. The Contractor must certify by the following means that FHCPs system(s) and services meet the security requirements detailed in the SOW prior to the Implementation Date.

Related Requirements and Information

- a. The Project Authority will undertake a Threat and Risk Assessment (TRA) of the FHCPs systems and services prior to the Implementation Date. Results of this review will be provided to the Contractor in the form of a TRA report. This TRA will follow the Treasury Board of Canada Secretariat (TBS) approved "Harmonized TRA Methodology" (version current at the time the TRA is conducted). The Contractor must be responsible for correcting, at its own cost, any deficiencies identified through this assessment that are established as requirements in the SOW and provide a report on remedial actions taken. The Contractor must provide access to its facilities, documentation and resources and must provide all the necessary space, telephones, computers, etc to conduct this assessment.
 - b. The steps of a Threat and Risk Assessment are to:
 - identify and categorize information and related assets according to their sensitivity;
 - assess the threats and vulnerabilities that could affect the delivery of a program or service specified in this SOW;
 - determine the level of risk, based on current safeguards and system vulnerabilities; and
 - recommend additional safeguards that will mitigate risk to the identified target risk level and that will be implemented by the Contractor.
2. The Contractor must bear complete responsibility to ensure that the FHCPs Systems and Services meet all of the contractual privacy standards prior to the Implementation Date.

Related Requirements and Information

- a. The Contractor must develop a Privacy Operations Document which must be maintained current throughout the life of the Contract and posted on the Documentation and Reporting Website. The Privacy Operations Document describes, but is not limited to, the following:
 - the Contractor's privacy infrastructure,
 - staff and sub-contractor roles and responsibilities and how they will interact with the Departments,
 - A plan to ensure that the Contractor's employees and subcontractors are aware of and comply with privacy requirements;
 - How the privacy requirements shall be met initially, managed, monitored and maintained, including actions to meet legislative requirements, and
 - An operational overview of the Contractor's actions to: prevent, detect, respond and recover from privacy incidents.

5.13 Testing of Operations and Systems

1. The Contractor must develop a comprehensive Testing Strategy and Test Plan to test the systems, services and processes to ensure they adhere to the requirements defined in the SOW. The Testing Strategy and Plan must be approved by the Project Authority and Testing must be conducted according to the approved Test Plan and in accordance with the approved Pre-Implementation Plan and Integrated Schedule. Departments' personnel will participate in the user acceptance testing as required.

Related Requirements and Information

- a. The Test Plan must identify claims processing and operations features to be tested, the testing approach, deliverables, schedules, risk and mitigation strategies, parties involved and the success or fail criteria. The Contractor must ensure that all systems, services and reports are tested with successful results and must submit a Test Case Completion Report to be approved by the Project Authority.
- b. Testing must encompass system testing, integration testing, regression testing, stress/performance testing, functional testing, security testing, acceptance testing, the validation of electronic data loads (and manual file updates where these are necessary) and report generation.
- c. The Contractor must demonstrate, through a model office simulation exercise, to the satisfaction of the Project Authority, that all of the systems and services are functioning correctly. This testing exercise must simulate a model office environment and test the services, processes, procedures, outputs, interfaces, staff knowledge and systems developed. Staff of Departments will participate in order to test processes and systems which require actions by Departments' staff. The Contractor must provide all required materials, facilities, personnel and access to systems to complete the model simulation exercise. The Contractor must prepare and submit a Simulation Report to the Project Authority which identifies successes, issues, problems and the proposed course of action including a schedule for the corrective action prior to the Implementation date.
- d. Testing and testing facilities must comply with Management of Information Technology Security (MITS) Standards and Government Security Policy (GSP) requirements and must mirror the production environment. The Contractor must provide written evidence that Canadian Industrial Security Directorate (CISD) standards are met prior to receiving data. All data used in testing must be masked to ensure that all client/member data is depersonalized or stored in an environment secured and approved to the same level as the production environment. Where live data is used all personnel accessing this data must be appropriately security cleared.
- e. The Contractor must assist Providers and software vendors in testing their software with the Contractor's claims processing system and servers and demonstrate that Providers can submit claims electronically using software from various vendors.

5.14 Operations Management Plan

1. The Contractor must develop, finalize and submit an FHCPs Operations Management Strategy which describes how the Contractor will operationalize the services and management practices to ensure that the requirements detailed in the SOW are delivered as described. The Operations Management Strategy must be submitted for the approval of the Project Authority and in accordance with the Pre-Implementation Plan and Integrated Schedule. Any changes to the Operations Management Strategy require the approval of the Project Authority.

Related Requirements and Information

- a. The Operations Management Plan must include, at a minimum:
 - A description of the major objectives against which FHCPs will be delivered;
 - An Organization Chart and Governance Structure that demonstrates a clear understanding of the scope, goals, uniqueness and objectives for the management of FHCPs;
 - Milestones and deliverables, proposed implementation schedule, resource build-up plan and the risk identification and mitigation strategies;

- Conflict resolution processes to be established to ensure prompt resolution of any conflicts between the Contractor and the Departments' Management Team.
 - A back-up plan in order to achieve continuity of service in the event key personnel become unavailable. The back-up plan must address backfills, recruitment, obtaining security clearances and training of replacement personnel;
 - A communication strategy which describes the methods of communication that will establish regular contact with Providers, Departments' users, and the Providers' software vendors which will keep all stakeholders informed of changes and updates;
 - A risk assessment identifying perceived, relevant major operational risks, whether each risk can be avoided, controlled or mitigated, the probability of occurrence, the possible impact on service delivery and a mitigation strategy for that risk during the Operations and Maintenance Phase of the Contract;
 - The methodology the Contractor will use to measure and demonstrate compliance with operational requirements;
 - The strategy to ensure quality service to providers and clients and a description of the process to monitor and meet the required service standards;
 - The strategy to monitor the billings and processing of claims to ensure overpayments are prevented identified and corrected.
 - The strategy to monitor the Contractor's employees' activities and ensure that errors, ineffectiveness or deception are prevented, identified and corrected;
 - The Organizational Change Management strategy, tools and process to address changes to operational demands, system analysis and support for changes, procedures and policy changes to maintain service standards;
 - The plan for quarterly Partnership meetings where the Contractor must plan, prepare and organize quarterly meetings with the Project Authority and representatives from the three Departments. These meetings are designed to discuss and strategize on expected policy and procedural changes as well as provide a forum for information sharing, and
 - Systems and Services Operations Maintenance for the database, systems and services which support authorizations, claims administration and adjudication and Call Centre functions.
2. The Contractor must develop, finalize and submit an Annual Operations Plan for the period from the start date of the Operations and Maintenance Phase to the end of the first twelve (12) months of operations. The requirements of the Annual Operations Plan are detailed in **SOW Article 6.1**.

5.15 Financial Operations

1. The Contractor must provide a Financial Control Framework and Financial Operations Procedures that must be detailed for recording, controlling, and reconciling the following: financial institution accounts, the FHCPs Claims funding requests, and provider, client and third-party payments and audit recoveries. The Contractor must also have policies and practices and financial reporting that allow for the following: all charges to be consolidated on a per-provider and per-client basis, by province, payments to be generated within the required time frames identified in the SOW, and all financial reports generated and delivered within the parameters defined in the SOW.
2. The Contractor's Financial Control Framework must describe its financial policies and practices and include financial management planning and control processes and procedures

that will be used to ensure the following: efficient budgeting, error free reconciliation of the FHCPs account, FHCPs claims funding request and FHCPs claims expenditure data file and report, cash flow planning and financial management, financial data integrity, accuracy and probity of financial data, recovery of funds from audit, remittance of interest earned on the fund to the Project Authority, and a description and timing of any required reports. The Financial Policies and practices must describe payment services for an efficient and secure payment to providers, clients and third parties for verified claims.

3. The Contractor must develop, document and implement the financial control processes and procedures, to support the FHCPs financial operations. These procedures must be documented in the FHCPs Standard Operating Procedures Manual (SOW Article 5.6) and must be maintained by the Contractor. The financial controls and procedures and subsequent changes thereto must be approved by the Project Authority and must be posted to the Documentation and Reporting website.

5.16 Training Strategy and Plan

1. The Contractor must provide a Training Strategy and Plan to deliver training to the Departments staff prior to the FHCPs System implementation. The Training Strategy must be specific to each Department and include methodology, training plans outlining detailed procedures for system access and administrative processes, resource requirements and time lines. The Training Strategy and Plan must be delivered to and approved by the Project Authority.
2. Prior to the commencement of the Operations and Maintenance Phase, the Contractor must develop and deliver training to staff in the Departments who work in numerous sites within Canada. Approximate number of staff requiring training:
 - 500 VAC staff who work in Head Office, District and Regional Offices
 - 190 CF staff who work in headquarters and Health Services Centres
 - 100 RCMP staff who work in 12 locations within the Health Services Network.
 Departmental structure and locations are provided in SoW Appendix A.

Related Requirements and Information:

- a. The training and training documentation must be provided in both Official Languages. Training documentation must include a system user manual.
- b. The Contractor must work with members from each of the Departments, to customize training material for the unique needs of each Department and the Project Authority must provide final approval of the training package.
- c. The Contractor must present a pre-approved training package at the time of training, which must assist users in learning the system and communication tools and provide support as a desktop publication. This package must be complimentary to detailed user documentation.
- d. Data and documentation used for training purposes must not contain PROTECTED information. Client data in the training environment must be masked to ensure that client data is completely depersonalized.
- e. Upon completion of the training, the Contractor must submit a Training Completion Report

which confirms that training delivery was consistent with the approved Training Plan and includes a summary of participants' evaluations.

- f. The Departments will provide the Contractor with training and orientation on their respective program rules, policies and the corporate culture of the Departments, at the Departments cost.

5.17 Transition-in

1. The Contractor must develop and implement a Transition Plan to ensure a smooth transition with the Previous Contractor to ensure uninterrupted FHCPs services.

Related Requirements and Information

- a. The Transition Plan must identify:
 - The transition of the claim information, financial information, Provider audit information and provider and client requests for information
 - Documentation required from the previous Contractor
 - The coordination of activities required with the Previous Contractor
 - A schedule of the activities to be completed including roles and responsibilities.
 - A risk assessment to ensure that all parties are aware of the risks and mitigating actions that must be taken.
 - The plan for handling unsettled claims as of the Implementation Date.
 - b. The Transition Plan must be coordinated with the Previous Contractor's phase-out milestones as agreed by the Project Authority.
 - c. The Project Authority shall coordinate and facilitate discussions between the Previous Contractor and the Contractor to obtain agreement on the Transition Plan.
 - d. Upon approval by all parties, the Contractor must implement the Transition plan and report to the Project Authority twice a month on the status of the plan activities and any issues or obstacles affecting the schedule timelines.
2. At the completion of the Pre-implementation Phase, the FHCPs must be fully functional and the Contractor must be fully equipped to commence full service, as described in the Operations and Maintenance Phase below and in accordance with the required Performance Standards and Quality Assurance.
 3. The Contractor must demonstrate to the Project Authority's satisfaction that it is ready to implement and will provide seamless transition of service delivery from the current FHCPs contractor. The Project Authority will provide written approval to implement FHCPs based on a positive response to:
 - The results of testing;
 - The results of the model office simulation exercise;
 - The results of data loading and conversion;
 - The results of the security Threat and Risk Assessment;

- The security certification and accreditation of the system;
- The effectiveness of the quality Assurance plan to meet program objectives;
- The effectiveness of the planned financial processes and controls;
- The completeness of the system documentation;
- The successful demonstration that the DRP/BCP objectives are met;
- The successful demonstration that Providers can submit claims via EDI using software from various claims submission software vendors;
- The results of re-registration of Providers;
- The completeness of communication materials and services.

SW 6.0 OPERATIONS AND MAINTENANCE PHASE - REQUIREMENTS

6.1 Annual Operations Plan and Report

1. The Contractor must develop and deliver an Annual Operations Plan for the approval of the Project Authority. The Contractor must develop and deliver an Annual Operations Report which details the performance against the objectives in the previous year's Annual Operations Plan.

Related Requirements and Information:

- a. The Annual Operations Plan must be submitted to the Project Authority 60 calendar days prior to the commencement of each year of the Operations and Maintenance Phase.
- b. The Annual Operations Plan must include the description of the objectives for the operational year and the major initiatives to be undertaken. In addition, the Annual Operations Plan must include a schedule which details deliverables such as releases, communication material, and system maintenance and business management activities.
- c. The Annual Operations Plan must include all unique plans which are required annually. For example, Audit, Provider Relations, Communications, Training, Business Management, Quality Assurance, Human Resources, Business Continuity and Disaster Recovery.
- d. The Annual Operations Report must be submitted to the Project Authority 30 calendar days after the end of each year of the Operations and Maintenance Phase.

6.2 Client Enrolment/Registration

1. The Contractor must generate client eligibility for health care benefits and services and/or rehabilitation services as a result of the transmission of client data from each Department. The client enrolment function must incorporate rules to interpret the Departments' program adjudication data which is transmitted from the Departments, determine the eligibility and establish the applicable level(s) of entitlement to health care benefits and/or rehabilitation services.

For example:

(i) A VAC client with eligibility for a pension under the Disability Program for hearing loss relating to war service and with a disability assessment of 40 per cent must be interpreted by the Contractor upon receipt and generate entitlement for benefits relating to hearing loss. Should that same war service veteran then receive entitlement for a heart condition where the disability is assessed at 50 per cent, the Contractor must receive and interpret the total disability percentage and generate supplementary coverage for all health care services as the Client's assessed percentage of disability indicates a Seriously Disabled Veteran Pensioner. In addition, this client is also eligible for full coverage for health care services for the two conditions for which the client has entitlement under the Disability Program.

(ii) A VAC client with eligibility for the VAC Rehabilitation Program only (e.g. does not have any eligibility under the Disability Program) must be interpreted by the Contractor upon receipt as requiring pre-authorization for all rehabilitation services and benefits accessed through Programs of Choice 1 thru 14.

2. The system must have the ability to track and report on all eligibility updates and Departmental users must have the ability to view their respective client data and current eligibility information and history of changes. Client eligibility data must be available for claims authorization, claims processing and claims payment immediately upon receipt of the transmitted data.

Related Requirements and Information

- a. Clients may have multiple eligibility sources which entitle them to specific benefits and services. The client registration of entitlement must include all eligibility sources simultaneously since the benefits and services available to the client are linked to the eligibility source(s). The system must be flexible to allow for changes or additions to eligibility sources, including multiple eligibility sources.
- b. The eligibility information will include an effective date which may be retroactive and the client registration function must store and adjudicate claims with consideration of the effective date of eligibility. When changes to effective date are transmitted, a previously rejected claim may then be resubmitted for adjudication.
- c. The Contractor must communicate initial eligibility with description of level of entitlement and also communicate changes in level of eligibility. The eligibility communication must be in writing to the client or, if client prefers, through secure web with email notification of a communication.
- d. The system must have the functionality to rationalize incoming client data from the Departments systems, apply eligibility rules, perform data integrity checks and verify rules, as defined by each of the Departments. This adjudication process must include the ability to successfully update valid client records, and to reject and report on records, which fail integrity and validation checks.
- e. The client eligibility must be fully integrated with health claims adjudication.
- f. For VAC clients, the Contractor's system must receive and interpret the source program eligibility adjudication information and generate the applicable level(s) of entitlement as well as entitlement to specific benefit groups or specific benefits. See Annex A for a detailed description of VAC client eligibility. The system must have the ability to generate separate eligibility for spouses and survivors of rehabilitation clients.

- g. The transmission of a client's date of death must automatically terminate the health care eligibility with effect from the date of death and subsequent transmittal with the removal of a date of death must re-establish eligibility. Payment for rehabilitation services for surviving spouses or common-law partners after a Veteran has died must still be enabled.
- h. The client registration function must include the ability to manually generate eligibility in exceptional cases when clients do not automatically derive eligibility for health care benefits through the system eligibility rules.
- i. While enrolment databases for the Departments must be segregated, the contractor's system(s) must have the functionality to identify concurrent eligibility for health care coverage or rehabilitation service under one of the other partner Departments in order to ensure duplicate coverage is not provided.
- j. Each Department will transmit a primary client identification number and a secondary client identification number. The Contractor must have the ability to generate reports based on either the primary or secondary identification number.

6.3 Health Identification Card

1. The Contractor must provide the ability for both the automatic generation of health identification cards as well as a user-controlled, secure on-line card request facility.

Related Requirements and Information

- a. The Contractor must issue Health Identification Cards upon initial entitlement, change in information displayed on the card or replacement of a lost card. Cards may also be requested on-line by authorized staff of Departments or by client request through the website or telephone.
- b. The information displayed on the cards for each department is unique to the Department. Most information displayed on the card is extracted from the data store in the client enrolment/registration function which is unique to each Department. Other information populated on the card includes unique toll-free telephone numbers depending upon the client profile.
- c. Cards must be produced and distributed by the Contractor within 10 business days of card request and in accordance with security standards. Cards are mailed to the client at the address designated by each Department, accompanied by documentation, as stipulated by each Department.
- d. Health Identification Cards must be durable plastic, readable by both clients and providers and produced, either bilingually or in the client's language of choice, as specified by the department for which the card is produced. For the visually impaired, the contractor must produce a card with low glare, black and white print and graphics.
- e. Each Department will stipulate their edits for restricting card-generation as there are specific circumstances where the card must not be generated.

6.4 Provider Registration

1. The Contractor must deliver and maintain Provider Registration Services, according to the provider eligibility criteria provided by the Department.
2. The Contractor must register Providers in a Provider Registration System which verifies the provider's eligibility during claims submission and retains a history of all changes. The system must assign a unique Provider identification number
3. The Provider Registration System must be available for on-line inquiry by users (Contractor and Departments) and include search functions which enable sorting and filtering as well as print functions which enable printing of lists of providers of specific types, specialties and locations.

Related Requirements and Information

- a. To qualify as a registered service provider, individuals and firms must meet the Provider eligibility criteria for the benefit group(s) for which they are registering (CF on-base pharmacies are exempt from this requirement). This could include, but is not limited to:
 - Licensed to dispense pharmaceutical products in the province or territory where the client obtains the services including physicians, hospitals, pharmacies; or
 - Dentists, denturists, and other dental practitioners licensed to practice by the applicable professional authority in the province or territory where the service is rendered; or
 - Qualified to provide eligible medical supplies and equipment;
 - Qualified to provide other rehabilitation services as determined by the Departments; or
 - Qualified to provide other health services as determined by the Departments; or
 - Not a past participant who has been de-registered at the request of the Department; or
 - Paramedical providers (i.e. chiropractors, physiotherapists, social workers, etc) licensed in their province by a regulated college or association.

Additional criteria and information will be provided upon contract award.
- b. In response to a registration request, all Providers must receive a registration form and the FHCPs Provider Kit (written by the Contractor). The Contractor must be responsible for printing (where requested) and distributing these items, via the web or through electronic, fax and paper channels in the Official Language of the Provider's choice. In addition to the above items, the Contractor must provide a Claims Submission Agreement and/or any other documentation deemed necessary by the Contractor to ensure the Provider's compliance with claims submission directives and audit requirements.
- c. Providers must be required to agree to the terms and conditions of the FHCPs before they can submit a claim, unless otherwise agreed to in writing by the Project Authority, **in consultation with partner departments**. These terms and conditions will be drafted by the Departments and provided to the Contractor to be included in its Claims Submission Agreement. Agreements must be maintained on file in accordance with the requirements in this SOW and must be made available to the asking Department within three (3) business days, according to the request; and the Contractor must only process claims from Providers who have signed the Claims Submission Agreement, unless otherwise agreed to in writing by the Department to which the claim is made.
- d. The Contractor must verify that Providers possess and maintain valid credentials to provide health services or rehabilitation services. The Contractor must notify Departmental

representatives immediately of any Providers not in possession of valid credentials at the moment at which the Contractor becomes aware of their invalidity. The Contractor must be able to de-register or end-date a Provider within one (1) business day of being notified by the Departments.

- e. The Contractor must provide an Annual Provider Report to the Departments assuring the validity of all active health services and rehabilitation services Providers as of the report submission date and the report must summarize the activities undertaken for this requirement.
- f. Providers must be officially informed by the Contractor when a change in status with the Program occurs. The Contractor must be financially responsible for any claims paid to de-listed Providers for services rendered or items purchased on, or after, the date of de-listing.
- g. The Contractor must document all Provider registration procedures and post to the Documentation and Reporting Database.

6.5 Call Centre Services

1. The Contractor must deliver and maintain a toll-free FHCPs Provider Call Centre service, at no expense to the Providers. The Provider Call Centre provides first point of contact for all registered FHCPs Program Providers and Providers requesting registration.
2. The Contractor must deliver and maintain a FHCPs client/member call centre service to respond to inquiries from clients or members through various methods, including a toll-free number, and must meet established turnaround times. The Contractor must be able to receive and respond to out of country calls from foreign providers, members, or third parties (eg interpreters) requesting support to meet medical/dental requirements outside of Canada. (see Service Standards under SOW Article 6.29).
3. The Contractor must manage and administer all call centre services and ensure access to trained health professionals to support the workload in accordance with the service standards (SOW article 6.29).
4. The Contractor must develop and maintain scripts in both official languages for use by Call Centre staff in answering frequently asked questions. In addition, the Contractor must develop and implement procedures for identifying new questions which become frequent and develop the required scripts. All scripts require prior approval of the relevant Department(s).
5. The Contractor must use an electronic call management reporting system that produces reports to verify that all service standards are met. The Contractor must produce weekly, monthly and annual activity reports which must include volumes according to lines of business (i.e. categories for calls received and benefit/service area).
6. The Contractor must ensure that Call Centre services provide:
 - bilingual services, in the Official Language of the callers' choice (providers, staff or clients);
 - identity verification prior to releasing information
 - a telephone system that must include Automatic Call Distribution, which includes

distribution to Departments (such as the Canadian Forces Drug Exception Centre (CF DEC) to which the contractor's claims processing Call Centre staff must forward all calls that relate to decisions on medications requiring special authorization for CF members) and Integrated Voice Response and Voice Messaging;

- equipment to accommodate hearing impaired clients, members and providers;
- a mechanism to process and track the resolution of all requests, as well as complaints, concerns and issues conveyed to the Call Centre.

Related Requirements and Information:

- a. The Call Centre service must offer information and services to providers relating to:
 - Provider registration;
 - Explanation of provider criteria;
 - Escalation of contentious issues to Provider relations staff;
 - Clarification and/or verification of product or service eligibility and pricing rules;
 - Verification of client eligibility for a benefit or service where client has provided consent;
 - Confirmation/response resulting from a verbal request for predetermination;
 - Explanation of general claims processing procedures and claims submission assistance;
 - Determination of the status of Provider's claims;
 - Interpretation of claims processing decisions, including payment cutbacks;
 - Requests for materials to be mailed (e.g., forms, brochures, benefit list updates, etc) and,
 - Claim reversals for Electronic Claims.
- b. The Call Centre service must offer information and services to clients relating to:
 - Status of a claim;
 - Level and description of eligibility
 - Benefit/Product eligibility and pre-authorization requests;
 - Claims processing procedures, complaint and adjudication procedures as well as proof of payment requirements;
 - Further explanation/clarification regarding the explanation of a processed claim; and
 - Request for forms or other documents.
- c. Support to out of country calls provided by the Contractor must offer information and services to providers, clients and third parties. Specific requirements include:
 - an international toll-free number
 - 24/7 service
 - services provided in the language of the callers' choice
 - provision of instructions to providers on departments' member eligibility and billing procedures
 - providing necessary assurance to the provider that services will be paid by the Contractor on behalf of the Department

6.6 FHPCS Web Interface

1. The contractor must provide a bilingual website with secure connections for the purpose of receiving requests or inquiries from clients/members, providers and authorized Departments' users relating to authorization and claims history as well as authorization and claim status. The website must provide the ability for clients or providers to register as a user and establish a password. The website must be divided into specific areas for each FHPCS partner department.
2. Clients accessing the system for claims inquiry must have the ability to access a list of all claims submitted as a result of service or products provided to them. Providers accessing the system have the ability to access a list of claims they have submitted. Detail information available through the site includes, but is not limited to: claim submission date, claim registration number, benefits group type, service description, amount submitted, invoice number, status of paid or in progress, amount deducted, amount paid. Payment notes must be included with each claim detail which indicates if payment was made to the provider. Payment notes must also explain any deducted amounts.
3. The FHPCS communication website must offer clients and/or providers the ability to interact with the Contractor, to request information, download forms, submit request for provider registration, submit request for replacement card, search for registered providers in specific geographical location, update provider information, view/download provider kits, benefit grids and provider bulletins.
4. The Contractor must track usage of the communication website and provide quarterly reports to be posted on the Documentation and Reporting Website for viewing by authorized users. Reports will include who is accessing the Website and for what purpose (e.g. providers accessing to review bulletins; clients accessing it to download forms).
5. The Contractor's communication website for clients and providers must meet all GoC accessibility standards, including Common Look and Feel standards. Refer to SoW Annex D viii
6. The provider website must include a web-based claim-capturing system to enable Providers who do not use third-party submission network administrators (e.g. point of service technology) to submit their requests for predetermination and/or pre-authorization, to submit their claims and to submit scanned documents in support of on-line requests. These requests/claims must be captured in a secure environment and migrated to the Contractor's adjudication system.
7. Authorized Departmental users require the ability to access the website to communicate decisions on pre-authorizations or post authorizations which must update the Contractor's system and retain the user ID of the decision maker.

6.7 Claims Processing Services

1. The Contractor must electronically track claims, receive and process claims, issue payments/statements and retain history (automatic and manual) commencing on the implementation date.

Related Requirements and Information

- a. The Contractor must receive claims through various methods including facsimile, electronic interface (POS/CDAnet), via the Contractor's secure website, hard-copy documentation or other methods proposed by the Contractor and approved by the Project Authority.
- b. The Contractor must capture all the data contained in FHCPS benefit claims and claim reversals submitted by registered providers, departments' staff on behalf of clients, clients or their representatives and third parties. The Contractor must develop and implement control procedures to ensure the accuracy and completeness of the data captured.
- c. The Contractor must adjudicate and pay claims based on the business rules provided by each Department and all claims are to be processed electronically whether received on paper or electronically.
- d. The Contractor must ensure that claims communication mechanisms with Providers are based on electronic requirements currently in place. POS and internet submission methods must allow for adjudication results to be automatically returned to the sender. Electronic and Internet submission functions must:
 - Be available to all eligible providers who wish to use the service;
 - Be based on current standards of Provider Associations and updated as standards evolve;
 - Have the capacity to support HL7 messaging standards as they evolve;
 - Meet the automated claims verification requirements;
 - Meet the requirements for the administration of pre-authorizations and pre-determinations;
 - Allow Providers to reverse and re-key claims or request through the Call Centre that a claim be reversed;
 - Include a real-time drug utilization review; and
 - Comply with all established GoC security requirements **SoW Article 6.26**

2. Tracking of Claims:

The Contractor's system must track receipt of a claim which includes claim details and date of receipt whether claim is submitted by paper or electronically.

Related Requirements and Information:

- a. The system must electronically record the stage of the claim from receipt to completion and any checkpoints between. Claims tracking history information must be available for viewing by authorized Departments' staff, clients and registered providers and include the ability to search by various criteria.
- b. The Contractor must track and report on claims status, including user identification and office location, through stages of the process. At a minimum, a claim must be tracked through the following stages:
 - Date claim is received
 - Date claim is adjudicated/processed
 - Date claim is paid and amount, including those with zero amount
 - Date claim is returned without adjudication/processing and the reason
 - Date claim is suspended or put on hold for a decision or to obtain missing

information.

3. Adjudication of Claims:

The Contractor must electronically adjudicate and verify claims and claim reversals in real-time.

Related Requirements and Information:

- a. The Contractor must adjudicate claims submission against the Departments' Program benefits and prices in effect at the time services were rendered or products purchased.
- b. The Contractor must support the reversal and resubmission of claims information and ensure that verification parameters are set back to the values existing before the claim was adjudicated. This includes claim history, tooth history and frequency history counters as well as the claimed against portion of a pre-authorization, predetermination or pre-verification.
- c. The Contractor must implement a system which provides rules-based adjudication control. These rules differ from benefit to benefit, province to province and by Department. The Departments will individually define the adjudication rules. Through the provision of "Benefit Grids", each Department will provide complete listings of all benefits and services, together with a unique benefit code for each of these benefits and services as covered under each benefit group. Although many of the same benefit codes are used by all Departments, the adjudication rules may differ. Also, the rules for one benefit code may differ depending upon the province.
- d. For VAC, the Contractor's system must support the adjudication by providing rules-based functionality which links a Medical Pension Code to eligibility for specific group(s) of benefits. In addition, the rules-based functionality must be linked to an index or table which relates individual benefits and services to each specific medical pension condition. Upon Contract Award, the Project Authority will provide the Contractor with this table which supports rules-based adjudication.
- e. For VAC, the Contractor's system must also support the processing of payments/reimbursements for rehabilitation services by providing a functionality in which pre-approved services and benefits are entered within the system.
- f. Using the individual Department's Program edits, claims processing must result in the claim being:
 - Accepted for payment as billed;
 - Paid, but adjusted to comply with the individual Department's pricing rules (partial payments and cutbacks due to dollar limits);
 - Rejected/Suspended due to frequency/occurrence rules;
 - Returned/Suspended due to insufficient information;
 - Rejected/Suspended due to ineligibility;
 - Rejected due to wrong prescriber, recommender, provider;
 - Suspended for Contractor's or Departments' review.
- g. The detailed results of the adjudication must be communicated through electronic response and on claim statements (explanation of benefits) using plain language and stored in the system for inquiry purposes.

- h. The Contractor must analyze annually the cause of claim rejections and propose solutions, for Departments' approval, to reduce the rejection rate. The Contractor must apply Departments' approved solutions aimed at reducing the claim rejection rate.
- i. Claims must be adjudicated against general adjudication edits as well as detailed edits which may vary by Department. Modifications to the types of adjudication edits, as required, may be ordered by the responsible Department through the Change Management process. General edits include, for example:

General Verification Edits, verify that:

- All information required has been submitted;
- The claim is not a duplicate; and
- The claim has been submitted within 18 months from the date of service. Claims for benefits approved under VAC's Rehabilitation Program must be submitted within 12 months of the date of service.

Provider Verification Edits, verify that:

- The Provider is registered in the FHCPs System;
- The Provider is authorized to provide the products or services claimed based on his or her area of specialization; and
- The date of service falls within the Provider's effective period of being registered.

Client Verification Edits, verify that:

- VAC: The client identification number, plus two of the following: first name, last name, or date of birth must match the FCHPS eligibility.
- CF and RCMP: The Member's identification number, date of birth and gender must match the FCHPS eligibility;
- The date of service is within the client eligibility coverage period; and
- The client's eligibility type determined the benefit types for which the client is eligible.
- Three component levels within RCMP health services must be captured as a member's entitlement to any health benefit will fall under one of these three levels of care:
 - i. *Basic health coverage;
 - ii. Supplemental health coverage; and
 - iii. Occupational health coverage. Benefits under occupational health coverage may also be available benefits under basic or supplemental health. When an RCMP member has benefits authorized under occupational health, this must not impact the benefit limits which are available to the member under basic and supplemental health. Therefore, FHCPs must provide the ability to segregate benefits authorized under the RCMP's three levels of care. RCMP must have the ability to obtain reports on authorizations and expenditures according to basic, supplemental or occupational health.
(Note: *The RCMP is currently undergoing organizational changes (Health Services Modernization) in its delivery of members' health care entitlements and benefits programs. Pursuant to current RCMP Regulations, eligible members receive Basic, Supplemental and Occupational Health Care benefits at RCMP expense. Basic Health

Care is in the implementation stage for transfer to Provincial or Territorial jurisdictions in accordance with the legislative amendment to include members as an “insured person” under the **Canada Health Act** (June 29, 2012). Under modernization efforts, additional changes may occur to these Programs: Supplemental Health Care, Occupational Health Care and Dental Appeals. Even though all regular members are now covered under the **Canada Health Act**, the RCMP must be able to cover and track the basic health care costs when members end up with no coverage due to operational reasons, e.g. coming back from a peace mission, Foreign Service Office, or other situations.

- Client Verification Edits include members of the CF having access to levels of entitlement depending on the member’s eligibility status. The CF has three levels of entitlement:
 - i. Full Coverage:
 - ii. Partial Coverage: and
 - iii. Emergency Care.

Benefit Verification Edits, verify that:

- The services meet the benefit rules of the Department to which the Program pertains;
- For VAC, the benefit meets the limited coverage rules where coverage is limited (unless preauthorized) to benefits required for treatment of a medical condition for which client has entitlement under the disability program.
- Claims submitted using Provincial Fee guide codes are submitted using valid codes which relate to the specialty of the provider (e.g. x-ray interpretation from Radiologist);
- Claims that require an authorization before payment must have the required authorization number; and
- Claims that exceed a frequency limitation or maximum dollar limits have the necessary authorization to be adjudicated and paid.

For claims submitted with authorization numbers, the benefit and pricing adjudication is carried out against the information provided in the corresponding authorization.

Co-Pay Edits, verify that:

- The system must provide the ability to capture and adjudicate against more than one co-pay amount in order to allow for co-ordination of benefits from more than one third-party insurer. For certain programs, the system must allow the automatic calculation and distribution of the co-pay amount amongst a series of benefits submitted for payment.
- The system must allow the calculation of co-pay amounts to take into consideration items paid at a percentage of the fee guide, as well as against lab and miscellaneous fees.
- For Veterans who are required to pay for the accommodation and meals portion of intermediate or long-term care, the system must deduct the Veteran’s portion.

Drug Utilization Evaluation Edits, verify that:

- The system must provide the ability to adjudicate drug prior approvals and drug claims

against drug utilization evaluation. Examples of Edits:

- Duplicate drug
- Duplicate therapy
- Drug to drug interactions
- Quantity limits
- Multiple dispensing
- Potential overuse/abuse drug combinations
- The system must provide the ability to deny payment when processing of a claim for certain types of Drug Use Evaluations. Some drug duplication, especially the identical claims (A3 from CPhA Standards v3) or when a drug requires a Special Authorization would not allow payment and processing, while other drug duplications (MX and MW from CPhA Standards v3) would allow payment and processing while providing the feedback to the pharmacy (using the CPhA standards v 3 messaging).
- The system must provide the ability for the CF pharmacies to override any of the responses secondary to the Drug Use Evaluations. These overrides will require the CF Pharmacies to provide a reason (through Intervention Codes, Medical reasons for use, or other CPhA standards v3 messaging). The system must provide the ability to record that reason against the patient profile.
- The system must be compliant with CPhA v3 messaging standards and any messaging standards that will replace the CPhA v3 standards. The system must have the complete functionality of the CPhA v3 messaging standards available for use.

Pricing Verification Edits, verify that:

- Claims are paid at the lower of the amount claimed, or the amount allowed under the Departments pricing rules. This will be in effect on the date that the item or service was provided, or according to the prior approved/pre-determined amount, if specified;
- Claims may be paid against the pricing and fee schedule in place in the region or province the service is obtained;
- Pricing Verification Edits include the ability to set dollar limits.
- Claims may be paid on a retroactive basis when agreements with Provider associations include retroactive provisions;
- GST, HST and PST are not paid, unless Canada Revenue Agency rules indicate a provider is entitled to charge GST, or the item is taxable within a province; and
- In the adjudication of drug benefit claims, lowest cost-equivalent drug pricing, based on provincial prices, is used where applicable.

System Edits, verify that:

- Eligibility is based on date of service and not the date the claim is processed.
- The contractor must include a system edit which will prevent payment from being issued to CF Pharmacies upon claim submission.
- The Contractor's adjudication system must be capable to differentiate between CF pharmacy providers and other pharmacy providers, in order to implement CF-specific business rules as required.

j. During the adjudication process, the FHCPs system must:

- Automatically reject or suspend a claim according to the Business Rules provided by the Departments;

- Automatically update the client and provider claim history with all claim details;
- Automatically update any frequency, occurrence or dollar counters, maximum dollar counters
- Automatically update the balance remaining in unique authorizations (i.e. the VIP authorizations based on Contribution Agreements);
- Automatically update dental history when a claim for a dental work is processed; and
- Automate the benefit pre-authorizations.

4. Manual History:

The Contractor must capture benefit information on claims for which payment must be suppressed when claims are processed and paid outside the system. These records are not to be counted in the FHCPS claims expenditure file and report. Services provided at CF on-base pharmacies are to be included in claim expenditure reports.

Related Requirements and Information:

- a. The FHCPS partner departments have certain types of payments that may be processed outside of the Contractors system. These include such things as:
 - Paying for benefits or services before a client is actually registered in the system;
 - Services paid through Departmental systems due to emergency or administrative error;
 - Services provided or obtained outside of Canada or through another Department or agency.
 - b. To maintain a complete history of benefits received by clients/members, the contractor must provide the service record claims history retroactively, including the functionality not to issue payment if the history pertains to previously paid benefits. The Contractor must apply all frequency and maximum calculations to include these historical claims.
5. Claims must be adjudicated against a pre-authorization if it exists. Also, where a claim is entered without linking to an authorization, the system must provide the ability to subsequently link the claim to an authorization record.
 6. The Contractor must redirect claims or authorization requests for Allied Clients of VAC which are received directly from the client or the provider. Claims for treatment provided to VAC's Allied Clients must be submitted to VAC's Foreign Country Operations (FCO) where payment must be preauthorized. Approved invoices are forwarded to the Contractor where payment must be issued in accordance with FCO payment stamp.
 7. The Contractor must update the client claims information on individual clients where providers submit summary invoices for services to multiple clients. Each claim on these summary invoices must be adjudicated at the individual client level and the claims history applied to the individual client level as well as at the Provider account level.
 8. The Contractor's system must electronically track tooth information and include the ability to manually capture tooth history to support the adjudication of dental claims.

9. Claims Payment:

The Contractor must issue payments for adjudicated claims to registered providers, clients/client representatives and authorized third parties.

Related Requirements and Information:

- a. The Contractor must make payments to providers every two weeks for all claims adjudicated in that period. The Contractor must ensure that provider claims will be fully processed within ten calendar days of claim receipt by Contractor.
 - b. Payments to clients/client representatives and approved third parties must occur daily and must be issued by mail or direct deposit within one (1) business day of the claim being adjudicated.
 - c. Where a payment is issued to a client following death, the payment must be issued to the Estate of the Deceased Client.
 - d. Payment of multiple client or third-party claims processed on same day must be consolidated.
 - e. The Contractor must issue payments by electronic funds transfer (EFT) or paper cheque, according to the preference of the provider or client/member.
 - f. The Contractor must have the capacity to make payments to Providers due to retroactive changes to service rates. The system must have the capacity to identify affected Providers, calculate adjustments and issue payments.
 - g. Each payment to providers or clients/third party must update the client's payment history with claim and payment details. Details, where applicable, include but are not limited to: Benefit Code, Description of service/product provided, number of hours or occurrences utilized, cost per item/hour, invoice number, date(s) of service, amount submitted and amount paid provider identification and invoice number to which the claim relates.
 - h. Each Department must receive an electronic file of all payments in order of the client/member identification number.
10. The Contractor must issue payments under the Veterans Independence Program (VIP) which are established for Veterans or survivors, based on a Contribution Agreement. The Contribution Agreement includes the benefits and services, amounts authorized and the authorization period. The Contractor's system must issue VIP payments according to this VIP preauthorization and electronically track the balance remaining for each VIP benefit. Clients who are eligible for VIP benefits receive payment through client or provider claim reimbursement, through periodic advance payments (monthly, semi-annually or annually) or through a grant which is issued semi-annually. The payment date for advance payments or grant payments is based on the start date of the client's Contribution Agreement.

Related Requirements and Information:

- a. The Contractor must electronically calculate and issue VIP payments or record overpayments for adjustments made when a benefit on the advance payment or grant method is reassessed or amended with a retroactive date. The system must calculate the difference from amount previously paid over the same period as the adjusted amount.
- b. The Contractor must suppress VIP payments over a period when benefits have been suspended and, where benefit is issued by advance payments, the system must calculate and issue an adjustment based on a retroactive resumption date.

- c. The Claim Statement for VIP payments must include the benefit code, description of service/benefit, explanations for any adjustments and the balance remaining for the benefit.

11. The Contractor must provide the ability to receive, adjudicate and pay claims from clients and providers from locations outside of Canada.

Related Requirements and Information:

- a. CF staff will require this ability for locations outside of Canada as required.
- b. All client claims will be processed in the currency of the country where the items/services were purchased.

12. Claims Statements: The Contractor must produce and distribute Claims Statements.

Related Requirements and Information:

- a. The Claims Statement must provide the following:
 - The Claims Statement must summarize the results of adjudication for each of the claims processed for every provider, client/member and approved third party.
 - Provider claim statements must include client and benefit information for the Provider's claim reconciliation and must be in the Provider's official language of choice.
 - The Contractor must provide the claims payment statement, either in paper copy or electronic copy, whichever is preferred by the provider or client.
 - Claim Statements must identify the Department, the program, provide the benefit code, a clear description of the benefit and explanatory messages if a claim line has not been paid in full. In addition, FHCPs Claims Statements may be used to communicate Program information and must include instructions for recourse where the outcome of the claim is unacceptable.
 - The Claim Statement must include messaging, where applicable, and each Department may have different requirements for messaging. For example, if a maximum amount or frequency has been reached or is nearing a limit.
 - The Contractor must have the ability to enclose communication materials to specific client groups when requested by Departments. Examples of specific client groups: specific eligibility, geographic areas and payment method.
- b. The Contractor must reprint and send duplicate Claim Statements, upon request.
- c. FHCPs Claim Statement formats and messages are subject to the approval of the Departments.
- d. The Contractor's system must have the ability to electronically suppress the printing and mailing of a Claim Statement upon request.
- e. The Contractor must have the ability to print and enclose a pre-populated claim form with the Claim Statement where claim forms are provided on a replenishment basis.
- f. The Contractor must document the procedures for producing and mailing Claim Statements and must post these procedures on the Documentation and Reporting website for retrieval by authorized users.

13. Trace Payments: The Contractor must be able to trace a payment, and if applicable, cancel it and issue a new cheque or EFT, as required.

Related Requirements and Information:

- a. Re-issue of client payments must be processed within 48 hours of confirmation that the previously issued payment was not received by the client. Adjustments to accounts must be made as applicable and funds transferred back to the appropriate Departmental fund.
 - b. The Contractor must identify all requests for re-issuing of payments that were originally made and dated prior to the Implementation Date; and must obtain the individual Department's approval, prior to making any of these payments. Each Department will identify the Program area responsible to approve any re-issues of payments.
14. The Contractor must document all processes and procedures for the Claims settlement service in the FHCPS Standard Operating Procedures Manual.

6.8 Benefit Grids

1. The Contractor must electronically adjudicate authorization requests and claims against the business rules housed in the benefit grids for each Department.
2. The Contractor must prepare, publish, distribute and translate grids and grid updates and communicate changes to providers when they occur.
3. The Contractor must monitor the benefit grid rules and identify requirements for the addition of benefits or changes in the rules based on trends and activity with authorization requests and claims processing results. The Contractor's recommended updates to the benefit grids must be approved by the Departments.

Related Requirements and Information:

- a. The Benefit Grids must house and display multiple provincial and association fee schedules/guides as well as the mapping of individual benefit codes and fees for various services and health related items. The benefit grid facility must be directly linked to the authorization, adjudication and payment functions, as well as the Provider Registry.
- b. Some groups of benefits have numerous fee guides (e.g. Dental, has different fee guides for each province for GP dentists, Denturists, Hygienists, as well as all Specialities; Medical Services by Physicians has both Provincial and Medical Association fee guides as well as Specialty fees). Therefore, the system must have the ability to point to various fee guides for the same benefit code within the same benefit group depending upon who is billing. In addition, there are regional fee guides where the Departments have specified that certain benefits/services will have different maximums based on geographical regions (e.g. Health regions, Health Authorities), and special fee guides for Standing Offer Agreements (SOAs) negotiated by the Departments). An example of a physician's fee schedule for Ontario can be found at the following link:

http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html

- c. All current fee guides and schedules will be provided to the contractor upon award. The contractor is required to keep the benefit grids facility updated at all times with the most current fee guides, descriptions and schedules.
- d. The Contractor must develop a common reporting matrix that will allow the various provincial codes to be grouped and have categories to query information against any benefit group. Some provinces may require that coding to be translated into the standardized national coding system (e.g. Quebec)
- e. Where provincial associations do not publish fee guides, the Contractor must develop usual and customary rates based on claims experience and industry standard. These Usual and Customary rates must be housed and displayed in the benefit grids and used in the adjudication of claims.
- f. Each benefit code must be mapped in accordance with adjudication rules such as Authorization Requirements, Frequency, Maximums, etc.

6.9 Treatment and Rehabilitation Services Authorizations

1. The Contractor must deliver and maintain Treatment Authorization Services for the authorization of treatment benefits and services. The Contractor must be responsible for work associated with administering the authorization requirements for FHCPs. The benefit grids indicate where the Contractor has delegated authority to provide authorizations based on criteria provided by the FHCPs Partner Departments.

Related Requirements and Information:

- a. The FHCPs Treatment Authorization Service must be established and maintained as a Centre of Expertise supported by analysts and medical professional staff in order to provide medical and/or administrative needs-based approvals/decisions relating to authorization requests.
- b. For VAC clients, many of the authorizations will be required to establish a relationship between the requested benefit and the client's entitlement to the VAC Disability Program for a service-related injury or illness. Although, in many cases, this relationship will be established and documented in a table or index to support rules-based automated adjudication of a predetermination or a claim, there will also be cases where the relationship requires human intervention.
- c. For VAC clients who are receiving services through the Rehabilitation Program, services must be pre-approved by the case manager as part of the client's rehabilitation plan. The contractor may generate the associated system authorization and notification to the provider, which distinguishes these as "rehabilitation services" with a standardized message. Subsequent services, if required, must also be pre-authorized by the case manager.
- d. The FHCPs Treatment Authorization Service must provide interactive decisions to providers and clients, through electronic means and/or written and oral medium concerning eligibility of the clients to receive health benefits as prescribed under the benefits group type. The Contractor must be equipped to receive requests for preauthorization and post

authorization from registered providers, Departments' staff and also directly from clients or their representatives. Post-authorization services normally include cases of emergency treatment or cases where clients have claimed for reimbursement of payment for services which require a preauthorization.

- e. The Contractor must receive requests, review medical/product/service history from a variety of sources and apply the Departments' criteria and policy concerning the client's health need for products that require preauthorization.
 - f. The Contractor must provide the services of a variety of health professionals (*refer to Annex G*) to perform case assessments and provide recommendations for the response to an authorization request. The medical professional support must be available to provide advice to the analysts engaged in authorization of services and to render decisions that require greater professional discretion.
2. The Contractor must track and report on the effort expended on authorization requests and decisions. The authorization services have varying degrees of complexity. To meet current and future needs for information regarding time required by analysts and professional resources to render decisions, the Contractor must develop and maintain a mechanism to record the period of time expended by each Contractor resource in the delivery of treatment authorization services. The Contractor must deliver a monthly report to the Project Authority which details the length of time required to render a decision on authorization requests for each Department. The report must detail the benefit group, the benefit code and brief description, the resource category involved in the decision and the time expended by each resource from receipt of request to the completion of the decision.
 3. The Contractor must deliver and maintain systems which support the adjudication and reporting of authorization requests and resulting decision.

Related Requirements and Information.

- a. The Contractor's system must provide the ability to enter and approve authorization requests, link the authorized services to specific periods of time, identify the programs to which those services and costs are attributed, and decline requests and provide the capability to retrieve all historical changes for review by users with access. In addition, the system must capture the user ID of the creator of an authorization record as well as any updates and this information must display on line. Staff of Departments, in some cases, have delegated authority to approve or decline authorization requests and must communicate those decision details to be populated in FHCPs and maintain the user ID of the staff member who communicated the decision.
- b. The Authorization function must be linked to the Departments' eligibility rules as provided in the Benefit Grids and adjudicate against those rules while also providing an over-ride function and the ability to capture free-flow text comments.
- c. The Contractor must issue confirmation letters to providers (in official language of choice) and/or clients (in official language of choice) which provide the details of the authorization in response to an authorization request. The confirmation letter must also be issued each time an authorization is amended and must be distributed within one business day of the update to the authorization record. Client letters must include formal appeal rights. All letters to clients or providers must be retained in the system and available for viewing, printing and reissue by authorized users.
- d. The Contractor must provide Electronic submission and POS technology for all benefit types where the Provider uses this technology. Providers must receive electronic

information concerning patient eligibility for coverage, coverage of procedures, amount eligible for coverage, pre-determination requirements, or resultant claim errors. This function must have the ability to receive pre-determinations and treatment plans, including the ability to receive digital radiographs. Providers or Departments not participating in the electronic submission facility must be able to submit paper claims for processing.

6.10 Long Term Care

The Contractor's system must provide the ability to electronically create unique authorizations to support payments to facilities or clients for Long Term Care. The Contractor's system must automatically generate the authorization details as a result of data transferred from the Department's system with the ability to create the authorization through direct entry into FHCPs. Where the cost of Meals and Accommodations are the responsibility of the client, these costs must be deducted from the payment. Annual letters must be produced to advise clients of the rate changes for Meals and Accommodations.

6.11 Veterans Independence Program

1. The Contractor's system must provide the ability to electronically create unique authorizations for the VIP Program based on an annual contribution agreement. VIP provides multiple services under several benefit elements. Payments under VIP may be by claim reimbursement or by periodic payments to client. The authorization for these benefit elements and the services authorized may be system generated as a result of the transfer of data from VAC's CSDN system or they may be manually created in the Contractor's system authorization function so that claims can be processed against the authorization or periodic payments can be issued. In the case of periodic payments, any changes to the authorization must calculate an adjustment and ensure that previously paid amounts over the same time period are deducted from a retroactive payment. This function also requires the ability to suspend benefits when an interruption in payments is required. Detailed requirements for VIP authorizations and payments will be provided during the Pre-Implementation Phase.
2. The Contractor must have the ability to issue payments for the housekeeping and grounds maintenance elements of VIP. These payments will be issued as grants on a semi-annual basis. In exceptional circumstances, as determined by VAC, the Contractor must also have the ability to issue payments for these VIP elements (housekeeping and grounds maintenance) directly to the Provider on receipt of a bill for services to the client.
3. The Contractor must have the ability to administer on behalf of VAC, the VIP annual Follow-ups and Renewals process. This work involves the production and distribution of forms for all VIP recipients; conducting a high level review of returned forms to determine if a change in client circumstances has been indicated; referring high risk clients to the appropriate district office or determining changes to the grant amount by following specified guidelines; and ongoing tracking and follow up in writing or by telephone of clients who have not returned forms within specified timelines.

6.12 Special Authorizations - Pharmacy Program:

1. The Contractor must provide Special Authorization services for pharmacy authorizations with the ability to transmit information related to reimbursement decisions to service providers through computer technology, telecommunications, written and oral medium concerning the eligibility of clients to receive health benefits that have been determined to require special authorization by each FHCPs partner department. The contractor will provide these services for CF members for requests originating from retail pharmacies and after CF Drug Exception Centre normal business hours (0800- 1600 hours EST Monday- Friday)

Related Requirements and Information:

- a. The Contractor must handle inquiries through various methods including a dedicated toll-free number, facsimile, internet, and hard-copy communications. Requests come from pharmacists, department's staff, physicians, and clients or their representatives.
- b. The Departments will work with the Contractor, to establish what products will require special authorizations for pharmacy. These product lists will vary from Department to Department.
- c. The Contractor must establish and manage the Special Authorization services which requires medical professionals (i.e. nurses managing the phone calls with access to physicians providing medical input when required) linked to retail pharmacies through a real-time adjudication pharmacy network. These professionals are authorized by the Project Authority to provide medically needs-based approvals as indicated by the respective departmental policy for special authorization benefits through a toll-free phone service.
- d. The Contractor must provide the technology and expertise available to respond to specific questions; relating to drugs, medical conditions, health considerations. It must be able to receive, analyze, research and respond to requests in a timely and professional manner, ensuring that decisions are made based on Departments established criteria, and that decisions are consistent with Departments legislation, policies, and guidelines.
- e. The Contractor must respond to a variety of different requests, including authorizations for products on the "special authorization" formulary; decisions on the relationship between a particular drug ATC (anatomical therapeutic classification) and a client's medical pensioned condition (VAC only); referrals on requests for non-formulary products (NFP's) that must be ruled on by an appropriate authority; authorization requests for standard benefits from pharmacies not on the POS network; and general inquiries about eligible benefits.
- f. The Contractor must be able to acquire necessary medical information on clients through contacts with pharmacists, physicians, other health care providers, and staff in the Departments through phone contacts, as well as in writing and electronically.
- g. Where a final decision cannot be reached awaiting medical information, the Contractor must provide an interim decision at the time of the call; obtain the necessary information, and render a final decision within two (2) weeks.

- h. The Contractor must have the technical and operational capacity to support a network of approximately 30,000 providers across ten (10) provinces and the three (3) territories.
2. The Contractor must develop, implement and maintain systems which support the activities relating to the Pharmacy Program.

Related Requirements and Information:

- a. The Contractor must provide real-time electronic response to Pharmacies to the computer terminal located in the pharmacy where the claim was initiated. For the CF only, the claims processor must have the capability to connect overseas for adjudication of services at CF pharmacy sites outside Canada.
- b. The FHCPS System must provide all CF Base Pharmacies with a level of functionality that is identical to retail pharmacies licensed in Canada. This connection must provide the CF with a national pharmacy system that adjudicates and compiles information on benefits dispensed at both retail and CF Pharmacies.
- c. The system must be set up to allow for a concurrent Drug Utilization Evaluation process to take place with the claims approval process. The system will generate warnings to pharmacists when potentially inappropriate dispensing patterns are identified such as: clients exceeding recommended dosages; serious drug interactions; and duplicate therapy obtained from multiple pharmacies. The system will require pharmacists to enter intervention codes or other documentation in certain instances to bypass the warning messages and successfully process the claim.
- d. The system must calculate the maximum allowed dispensing fee based on number of days for which product has been supplied.
- e. The system must automatically identify if a type of drug is subject to quantity limits and determine if quantity limit has been reached.
- f. The claims processing system must monitor and track pharmacists' overrides of warning messages for drug use and include an alert notification for potential misuse of specific drugs.
- g. The system must accommodate and be consistent with provincial drug plans, including co-payments, as well as negotiated memorandums of understanding and standing offer agreements with provincial associations where these apply to the Departments.
- h. The system's adjudication logic must be able to allow for generic substitutions in drug products. The Federal Government strives to achieve value for dollars spent. It is a standard practice of the Departments to utilize generic substitutions wherever possible.
- i. The Contractor will be provided with a version of the Anatomical Therapeutic Chemical (ATC) index and ATC to Medical Pensioned Condition Code (MPC) index during the development of the system(s). The Contractor must be prepared to accept the index and have it fully functional in the adjudication of pharmacy claims on implementation of claims payment. The Contractor must, from time to time, be required to update and maintain this index as changes occur in the criteria for disability to medication relationship. The

Contractor may be required to add new codes, or, in some cases, delete obsolete medical pension codes.

- j. For the Pharmacy System, drugs are categorized by Drug Identification Numbers (DINs), Natural Product Numbers (NPNs), Product Identification Numbers (PINs) and Pseudo-DINS (eligible benefits that do not have DINs or PINs). FHCPs must be able to cross-reference product numbers (DINs, PINs, Pseudo-DINs and General Product numbers) provincially and provide summary and detailed reports nationally to the Departments, sorted by Program. Product files must have the capability of listing multiple ingredients in a product description.
 - k. The Contractor will be responsible for the creating, updating and maintenance of the formulary.
 - i. The Contractor will be responsible for formulary change requests as commissioned.
 - ii. The identification and addition of generics as they become available on the Canadian market as opposed to when the product receives a Notice of Compliance (NOC) from the regulator to reduce clutter in the product files.
 - l. The system must be able to transfer the current formulary including changes, in a format that allows for web-posting capability for the Departments.
 - m. Following the basic formularies, there will be an additional requirement to create specialized sub-formularies for distinct client groups or even individuals. These specialized formularies could be based on, but not be limited to: client eligibility; pension/award conditions (so that a formulary can be developed for a specific pension/award condition); and individual clients (so that a formulary can be developed for an individual client).
 - n. The submission of a pharmacy claim through the network must include a rationalization of the request against the formularies prior to a decision being made for payment or referral for pre-authorization.
 - o. Letters issued as part of the special authorization service for pharmacy must be viewable and printable in the system.
4. The CF Drug Exception Centre (CFDEC) is responsible for adjudicating requests for medications for CF members that are not included as benefits on the CF Drug Benefit List (DBL), including medications that do not meet SA criteria.

Related Requirements and Information:

- a. The contractor must provide CFDEC access to claims adjudication system with a PoS pharmacy program specific to CF;
- b. Access to patient medication history profile and all other member claims information
- c. Technological support to allow CFDEC to create unique authorization by electronic means in the claims adjudication system such that the prescription can be processed at the pharmacy through the claims adjudication processes established by the contractor.

6.13 Drug Utilization Evaluation Service (DUE)

1. The Contractor must provide a Drug Utilization Evaluation service to gather information, evaluate, analyze and interpret utilization by clients/members, prescribing by physicians and dispensing by pharmacists. The review process measures these patterns against predetermined standards; undertakes actions to elicit improvements and enhances quality of care by ensuring appropriate therapies; and measures the results arising from interventions. This evaluation process is primarily directed at medication use and is referred to as Drug Utilization Evaluation (DUE).

Related Requirements and Information:

- a. The Drug Utilization Evaluation must be robust to detect patterns of inappropriate drug use by having access to the patient's entire claim history and using data sources with software that is sensitive and specific to detect relevant inappropriate drug use and prevent drug related problems.
- b. DUE is comprised of two components:
 - Concurrent: Occurs during the dispensing of a drug so that intervention can correct specific concerns. It provides user friendly information to refine the amount and frequency of messages to increase the value of messaging to providers while improving patient safety. It works with the providers to assist in responding to screen alerts.
 - Retrospective: Reviews drug history in order to identify concerns and make changes in future use and provision of drugs
- c. Where requested by the Departments, the Contractor must routinely review various concurrent and retrospective reports as well as various ad hoc reports, and will refer high risk adverse drug utilization cases to the respective Department for further assessment.

6.14 Technical Requirements

1. The Contractor system must include graphical user interface screens in a windows environment that is compatible with the technical infrastructure in each of the Departments. Screen layouts and functionality must conform to appropriate GoC information technology requirements and standards, and Official Languages Act requirements. The information must be available in an integrated, graphical user interface supported with clearly defined documentation and easy navigation tools.
2. The technical requirements are subject to security requirements described in **SOW Article 6.26** and are subject to updating and revisions over the life of the contract. The Contractor is required to continually meet GoC security requirements and Industry standards as directed by the Project Authority.
3. The Contractor must gather and document detailed system functions and technical requirements during the analysis process in Phase 1 of the project.
4. The system screens must provide search capabilities and "print friendly" functions.

5. The Contractor must provide the ability to report on user access to view or update any data relating to a client. Reports on users' access to client information may be requested at any time and the report must provide the users identification as well as date and time when the client data was accessed.
6. The Contractor must exchange data between FHCPS and each of the partner Departments. This two-directional data exchange is for the purpose of applying updates from Departments' systems to FHCPS and for the purpose of providing data to the Departments. The Departments will load data from their departmental systems. Examples of Departmental systems include:

- VAC - Client Service Delivery Network (CSDN), Residential Care Support System (RCSS), Benefits and Health Services On-line (BHSOL).
The FHCPS must receive and load select data transmitted from CSDN and RCSS. CSDN contains client biographical data as well as program adjudication data which enables eligibility for Health Care Programs and Rehabilitation Program and triggers the FHCPS Registration Function. Health Programs and the Rehabilitation Program eligibility status, as well as other FHCPS data such as notifications, must be transmitted from FHCPS to VAC to enable VAC to populate Health Care Program information in CSDN. Data from the RCSS will be transmitted to generate or update a LTC authorization in FHCPS. Data from the Provider Registry will be transmitted to support BHSOL.
- RCMP - Human Resource Management Information System (HRMIS).
HRMIS contains the member biographical data including rank and unique identifier. Transmittal of member data enables eligibility for health care programs and triggers the FHCPS Registration Function. Return data transmissions include eligibility confirmation; reject notification and other required member and claims data.
- CF - Canadian Forces Health Information System (CFHIS)
Transmission to and from the FHCPS enables the flow of biographical and health care data for CF members and ensures that the CFHIS has a complete health record for each member. Transmittal of member data enables eligibility for health care programs and triggers the FHCPS Registration Function. Return data transmissions include eligibility confirmation; reject notification, claims history, reporting and other required member and claims data.

The interface will be realized using the existing secure Virtual Private Network (VPN) tunnel over a leased circuit between FHCPS location (TBD) and CFB Borden where the CFHIS server farm is located, The data file containing the FORCES members' claims over the day will be prepared by FHCPS and placed on its server daily. A scripted/automated "get" command will be issued by the CFHIS to retrieve this file. No other protocol will be required.

The CFHIS network architecture will be leveraged as it is currently to host the FHCPS "trusted gateway". The existing Point-To-Point (PTP) T1 link between the CFHIS and FHCPS location (TBD) will be employed as the Transmission Control Protocol / Internet Protocol (TCP/IP) communication link to allow for CFHIS "get" traffic (Egress Only) from predetermined CFHIS server (TBD) to the designated FHCPS server.

7. Communications between Contractor and VAC/CF/RCMP Systems

System Information Exchange Ability

- a. The Contractor must electronically communicate between the FHCPS system and the

Departments. This interaction will be accomplished primarily with two modes:

- i. User access to the FHCPs system(s), termed "Foreground or Frontend" channel
 - ii. System access between FHCPs systems and the Departmental systems, termed "Background or Backend" channel.
- b. For VAC the Backend channel will consist of three facilities:
 - i. Data Exchange Facility using a Service Oriented Architecture approach which is expected to utilize web services, message queuing and publish/subscribe methods with an Enterprise Service Bus,
 - ii. E-Request Service Facility which contains high availability web service(s) that returns a complete individual client profile of FHCPs unique data. A provider inquiry service is also required to return individual provider information.
 - iii. Bulk Data Transfer Facility required for any large data file or ad hoc data transfers required. It is expected these transfers would occur when the on-line environment was at low usage or unavailable so not to diminish response time.
 - c. The Contractor must have the capability of exchanging information with the Departments for purposes such as entitlement control, client status, eligibility, coverage and events. All modifications to client-related data in FHCPs must be transferred to the Departments.
 - d. The Contractor must provide transaction-based exchanges between the FHCPs application and the Departments, and must be transferred and applied in near real time. For VAC, transactions related to client biographic information, program eligibility information, pensioned medical conditions, LTC information, status information, benefit group information, VIP information, documents, client event, program and work item information will be exchanged in near real time using the backend channel – Data Exchange Facility.
 - e. All FHCPs partner departments' access to Contractor systems must be compatible with existing partner departments' software and able to run on the VAC, RCMP and CF LAN/WAN.
 - f. During system design and development in the Pre-Implementation Phase, the Contractor must work with the Information Technology Division of the Departments to determine the appropriate bandwidth requirements and the security and connectivity requirements.
 - g. Authorized Department users must have access to the system and communication tools in English and French.
 - h. Data exchange will take place in a secure manner without manual intervention, using the protocols and procedures specified by the SOW, as per specified federal security requirements for Protected "B" information. (Reference CSE publications for guidance.)
 - i. The CF will require the ability to access member information in FHCPs from outside of Canada to view member's profiles, adjudicate Base Pharmacy claims and view related history.
 - j. The department interface must include a secure network connection that meets the RCMP standards (e.g. VPN solution meeting FIPS 140-1 level 2). The solution must meet the RCMP security requirements and standards. In addition the RCMP requires that all flows of information be initiated by the RCMP. In other words, the RCMP will pull data from the Contractor and push data to the Contractor. No initiation of communication from the Contractor's system/network to the RCMP will be permitted.

Data Exchange Format

- k. All transactional data that is exchanged to/from the Departments must be in Extensible Mark-up Language (XML) format. and must include the following:
 - i. All such data must have a “date created” and a “date last updated” date and time stamp, using Greenwich Mean Time (GMT)
 - ii. Each transaction must indicate whether the record is a Delete, an Insert, or an Update. The XML stream must contain all fields and data in the applicable record.
 - iii. Each transaction must contain the Department’s primary identifier for the client.
- l. The Contractor must supply a data dictionary in electronic format, providing Canadian French and Canadian English descriptions of all data records and fields, along with field lengths and data types. Any changes to the data structure must be sent to the Departments at least one month in advance of the changes.
- m. The FHCPs system must have export capabilities, such that upon the request of the Department(s), the Contractor must export FHCPs data, either in whole or in part, as specified by the Departments. The export must be in Extensible Mark-up Language (XML) format.

Data Exchange System Integration

- a. To facilitate transactional data exchange with VAC, the Contractor must maintain a message queuing infrastructure which will interface with VAC’s message queuing product in real time to allow for seamless information exchange. For the CF and the RCMP, the Contractor must provide an interface that will permit data exchange compatible with CF and RCMP systems either in real-time or as daily data extracts using real-time messaging or through Secure File Transfer Protocol.
- b. The Contractor must provide a separate, secure infrastructure to allow for the secure transmission of large volume files between the Contractor and the Departments.

8. Departmental Supplied Data

- a. The FHCPs system must automatically process Departmental transactional data to create update or terminate client account information on FHCPs in **real time**.

9. Network Acquisition and Set-up

- a. The Contractor must be responsible for the design, development, acquisition, testing, maintenance, operational support and implementation of Virtual Private Networks (VPN tunnel) with each of the FHCPs partner departments. This includes everything outside each Department’s external firewall. The Contractor must ensure full connectivity and compatibility with each partner department’s technical infrastructure.

10. Service Provision

- a. All traffic between the Contractor and the Departments must be IP based and remain under the control of the participating Departments. All HTTP traffic must be secured with Transport Layer Security (TLS), formerly referred to as Secure Socket Layer (SSL), which must comply with Communication Security Establishment Canada's Guidance on the Use of the Transport Layer Security Protocol with the Government of Canada (ITSB-60).
- b. All Contractor FHCPs application-hosting sites must be accessible via DNS either through a remote server or through a documented list provided to the Departments with address details.
- c. VAC will require addressing space on whatever segment is configured to provide connectivity (including a minimum of fifteen (15) network addresses). Currently VAC uses a 10.0.0.0 network scheme for its production environment.
- d. Real-time monitoring on circuit utilization, availability and interface statistics must be done for troubleshooting and trend analysis. VAC requires real-time access to current real-time traffic reports, created by the contractor, on traffic volumes and types of traffic, including information such as IP address and port numbers (traffic types). Alternatively, for real-time reporting, the provider could configure the routers on the circuit to supply a netflow data stream to VAC in real-time. The circuit monitoring for reporting must show traffic volumes at one minute intervals (minimum) and the data for this level of reporting must be kept for at least two months. Data older than two months can be rationalized to five minute intervals and maintained for the term of the contract, for comparative analysis. Daily, weekly, monthly and yearly reports, created by the contractor, must be available from workstations on the VAC network, on a contractor provided and maintained website. Unscheduled outages must be reported using Incident and Problem Management. A Root Cause Analysis Report is required identifying the cause of the outage, actions taken to resolve the outage, and actions taken to avoid future outages. Planned outages must be communicated to the Project Authority at least five business days beforehand and approved by the Project Authority. Timing of maintenance outages are to be negotiated with the Project Authority.
- e. The Contractor must install a network management mechanism to ensure network traffic can be prioritized and shaped to maximize availability of application (i.e. client service applications to get priority over file transfer traffic).

11. Technical Evaluation

- a. The Contractor must conduct a routine technical evaluation of the FHCPs networks and technical architecture to ensure continued compatibility and performance and to identify and address necessary upgrades and overall maintenance and support issues every two (2) years after implementation. The Contractor must provide the results of the technical evaluation to the Project Authority, for review. In the event modification is determined to be required, the Project Authority will identify said requirement to the Contractor under a Task Authorization. The Contractor must then proceed to modify/upgrade the network and technical architecture, as required, in accordance with any such Task Authorization authorized by the Contract/Project Authority.

12. System Enhancements during the life of the Contract

- a. The Project Authority may require FHCPs System enhancements during the life of the Contract, with specific emphasis on the need for special programming, software changes, new development, infrastructure changes, ad hoc queries or special report requests. In the event

modification is determined to be required, the Project Authority will initiate the requirement under a Task Authorization. The Contractor must then proceed to modify/upgrade the network and technical architecture, as required, in accordance with any such Task Authorization authorized by the Contract/Project Authority.

13. Network Implementation

- a. Each FHCPs partner department will provide the appropriate personnel contacts within their Department to coordinate the process of establishing the network. It is further confirmed that equipment supplied through this agreement must be maintained by the Contractor.
- b. The Contractor must prepare and submit a detailed plan of the network (System Architecture) showing all connections, and infrastructure as well as detailed specifications of the software, operating systems and a document plan of how the networks will be established and maintained throughout the life of the Contract.
- c. Each of the Departments may from time to time request changes in the network configuration in reaction to changes within their own organization. This could include additions, changes or deletions of connection to the network. The Departments will provide the Contractor with advance notice of any proposed changes in network configuration. The Contractor must address a strategy to handle this type of request in the System Architecture plan.
- d. The IT infrastructure for FHCPs outside the partner departments' jurisdiction, but within the control of the Contractor, must provide for redundant or clustered servers, routers, switches, hubs, and firewalls and for high availability. It must include redundant network services, to eliminate all single points of failure that might lead to a service disruption.
- e. Upon the update of the TRA and/or a Vulnerability Assessment, the Contractor must provide a network architecture diagram and report, demonstrating that all architectural elements comply with established security requirements.

14. Operations Infrastructure

- a. In order to meet the operational service and support requirements and deliver the services defined herein, the Contractor's computer facilities must incorporate:
 - i. Data communications facilities to support secure transmission of information between and among:
 - Providers and the Contractor
 - Clients and the Contractor
 - Each partner department and the Contractor.
 - ii. Separate sub-environments for:
 - Applications development;
 - Testing;
 - Training; and,
 - Regular system operations in production.

Production operations must not be run on the development or testing facilities and vice-versa. Testing and training environments must mirror the Production environment and be fully synchronized with all changes and enhancements. The training environment data

must be refreshed to production monthly and maintain anonymity of client data. The test environment must be refreshed before and after each production release and maintain anonymity of client data. As part of its solution, the Contractor must ensure that the Departments have access to the testing, training and production environments.

- iii. Off-site facilities and systems for storing backups and a fail-over site for disaster recovery must be set up and maintained, as per the industrial security manual published by PWGSC (<http://ssi-iss.tpsgc-pwgsc.gc.ca/msi-ism-eng.html>).
- iv. Full data centre operation requirements such as heating, ventilation and air conditioning (HVAC), uninterruptible power supplies, backup power supplies, diesel generators, raised floors, and physical access controls; All environments and facilities, including fail-over facilities, where protected information is handled and stored, must adhere to the security requirements defined in this SOW; and System hardware and infrastructure must be compatible with GoC hardware and software standards and security requirements for personal computers.

15. FHCPS System Access and Availability

Within all FHCPS partner departments an acceptable method of access will be via Internet Browser with a zero footprint or a method approved by the Technical Authority.

16. FHCPS E-Request Data Access

- a. The partner departments require an individual client data inquiry service that must be delivered through standard Web-based Interfaces.
- b. The Departments require the capability to electronically request and receive complete FHCPS client information on an individual client basis. Access to this data must be at a high availability level and data must be current. The data retrieval capability may be delivered through multiple request/ receive transactions.
- c. FHCPS client information must include, but is not limited to:
 - a) identifiers,
 - b) individual services and limits,
 - c) eligibility and status information,
 - d) payment history information, and
 - e) claim history

17. FHCPS System Computer Availability Outside Core Hours

- a. From time to time, there will be a requirement that the FHCPS system be available, on week days outside of core hours and on weekends, on request of the Project Authority or his/her authorized designate. The Departments will provide a minimum advance notice of three (3) business days, when such a requirement arises.
- b. The Contractor must advise each of the Departments of any planned shutdown at least five (5) business days in advance and must inform providers of an approved downtime for system maintenance at least 24 hours in advance of the shutdown.

18. FHCPS System Availability Service Level Measurement Audit

- a) A System Availability service level measurement audit must be conducted on a monthly basis, at the Project Authority's sole discretion.
- b) The System Availability service level measurement audit will be conducted at the Request level. For the purposes of the service level measurement audit, a Request is defined as each query and/or action to the FHCPs System, from the point at which it enters the Contractor's network and/or systems to the point it exits at the same boundary.
- c) All requests within a single month, excluding those issued within maintenance window hours, will be equally eligible for testing in the service level measurement audit. The performance must be measured on a monthly basis.

19. System Availability Incident Reporting:

Reference Performance and Service Standards- **SOW 6.29.6**. The Contractor must report FHCPs system availability incidents to the Project Authority. The priority with which Incidents are responded to is initially determined in response to the impact and urgency of the issue. The impact is defined as the measure of the business criticality of an incident or problem, and the urgency is the necessary speed of responding.

Incidents are assigned a priority of critical, high, medium, low or planning. The guidelines for each are defined as follows:

PRIORITY CODE/LEVEL	DESCRIPTION
1. CRITICAL	Causing loss of service or severe usability problems to a larger number of users of the system, or some equally serious problem. Immediate action required. Emergency meetings may need to be convened. Resources may need to be allocated immediately to deploy such authorized changes
2. HIGH	Severely affecting some users, or impacting a large number of users
3. MEDIUM	No severe impact, but rectification cannot be deferred until the next scheduled release or upgrade To be allocated medium priority for resources
4. LOW	A need or change is justified and necessary, but can wait until the next scheduled release or upgrade. To be allocated resources accordingly
5. PLANNING	An operating improvement that would enhance work functions and/or reduce workarounds and also affects a smaller number of system users. It does not reduce client service. Resources to be allocated accordingly. Normally this type of change is a new requirement or adds functions that were not required at the time of implementation

20. System Incident Reporting Service Level Measurement Audit

- a. A System Incident service level measurement audit must be conducted on a monthly basis, at the Project Authority's sole discretion.

- b. The System Incident service level measurement audit will be conducted at the Notification level. For the purposes of the service level measurement audit, a Notification is defined as each Incident identified. Where the Contractor has provided batch notification (i.e. multiple incidents reported in a single notification), each incident within the batch notification will be equally eligible for selection in the Project Authority's service level measurement audit.
- c. All Notifications (provided by the Contractor and subject to verification by the Project Authority must provide clear identification of the Incident by Type, First Notification, Update time(s); and Resolution Time(s).
- d. Each Incident within a single month will be equally eligible for testing in the System Incident service level measurement audit.
- e. A random sampling method will be used to select Incidents for testing in the service level measurement audit. All Notifications received within a single month will be equally eligible for selection. The overall service level measurement audit sample size will be dependent upon the total number of Notifications received during the previous month. A random sample consisting of a sufficient number of notifications to allow for a 95% confidence level will be drawn.

21. System Access Controls: The Contractor must provide role based and unique user and administrator access controls.

Related Requirements and Information

- a. To maintain accountability as custodian of the data and to be able to trace any security or privacy breach or suspected breach to a single specific user, every user must be issued a unique User ID, password even if multiple individuals have common roles. User ID's, passwords must not be shared
- b. The Contractor must maintain a systems audit trail for each user granted access and failed attempts to access the system under these terms to ensure accountability on the part of the administrators and users of this and all supporting systems.
- c. Access controls must be developed to enforce usage and reporting of information on a need-to-know and least privilege basis, as well as separation of duties and supervisory review, as determined by the Project Authority.
- d. The Contractor must provide a system to manage user access and profiles and maintain and document the system at all times as users and/or access levels change or are updated. Any change to a user account must be accompanied by an audit record indicating the changes that were applied, which user account made the change and on what date and time. View only user access to client records and information must create a corresponding audit record.
- e. The Contractor must be responsible for ensuring Contractor and Sub-Contractor user access and controls are kept current with all changes or updates to Contractor and Sub-Contractor staff. The Contractor must apply changes to user access profiles within 1 business day of receipt of information.
- f. The system must have the ability to provide "super-user" access to a very limited number of designated Departments' users to access applications and data for operational, financial and technical purposes.
- g. The role-based access controls must be applied to all systems used for FHCPs services.
- h. The Contractor must document the access controls. The Contractor must be responsible for developing a Static FHCPs Operation report that lists all active and inactive user accounts and the various roles assigned to them. This report must be

posted monthly, within 5 business days of month end, to FHCPs Documentation and Reporting Database.

6.15 Systems Management and Maintenance

1. The Contractor must maintain all systems including, but not limited to, applications, websites, electronic forms, functions, tables and benefit grids.

Related Requirements and Information

- a. The Contractor must provide and manage a change management process, services and systems based on ITIL best practices. The Contractor is accountable for the management of the system and the Project Authority approves changes as well any testing results and implementation resulting from an approved change. All Task Authorizations must be managed via the Contractor's Change Management system. The Change Management System must be available to authorized VAC, CF and RCMP users. The Project Authority will be responsible for prioritizing all change requests and approving the timelines for implementation.
- b. The Contractor must schedule and conduct regular change management meetings/ teleconferences with designated staff of the Departments.
- c. The Contractor must participate in periodic IT management meetings with the Departments. These meetings will review all major problems affecting the network and will be a forum for scheduling of technical maintenance.
- d. The Contractor must be responsible for providing an incident management system on the FHCPs Documentation and Reporting Database and for managing the process that would allow for an incident ticket to be opened, assigned to a user support team member, and closed upon its resolution. The Contractor must log problems as they occur or are reported into an incident management tool.
- e. The Contractor must define and submit, for the Project Authority's review, service standards for assessing, resolving or escalating incident/problems. The tool and problem log must be accessible to the Project Authority on-line. Departmental staff, designated by the Project Authority, would be part of the user support team and could have incident tickets assigned to them for resolution.
- f. Once a problem log has been identified, the Project Authority must be notified and advised of an Estimated Time to Repair or a Problem Resolved Explanation, as appropriate. The Estimated Time to Repair may be updated upon further problem analysis and the Contractor must issue a Problem Resolution Explanation when the problem has been resolved.
- g. The Contractor must provide and manage release and configuration management systems and processes based on ITIL best practices. The Contractor must be accountable for maintaining a release log of all changes between releases and for updating the configuration information of the current release. The release and configuration management processes and reports are to be made available to authorized Departments' users via the FHCPs Documentation and Reporting Database. The Contractor is also responsible to provide a post release report no more than 15 business days after each release. Critical problems must be addressed, fixed and their solutions released immediately. All other system changes, fixes and patches must be addressed and released based on an approved schedule. The Departments' approval of the release must be required prior to the release date.
- h. The Departments must be notified of system changes which are initiated by the Contractor at least 15 business days prior to the release even where there is no apparent impact to FHCPs.
- i. The Contractor must back-up systems and data as per the defined schedule. Back-ups must be encrypted via a CSE approved algorithm. The Contractor must perform daily, weekly,

monthly and yearly system back-ups, including all data and program software source code for the backing-up of protected data. All back-ups must be kept off-site, at a minimum distance of five (5) kilometres from the main site and in secure, fire and flood protected storage cabinets. Back-ups must be the property of Canada and the Contractor must not destroy any data without the written consent of the Project Authority. Prior to destruction, back-ups must first be erased and the data contained therein rendered unrecoverable. Back-ups that have contained "Protected B" data are never to be sold, auctioned, donated, or discarded.

- j. The Contractor must perform restore tests on a quarterly basis and produce a quarterly Back-Up/Restore Test report for the Project Authority's review. All back-ups must be in an industry standard format that allows them to be read and restored by other back-up infrastructures or systems, if required. The Project Authority must have the ability to request back-ups to be restored by the Contractor.

6.16 Provider Relations Services

1. The Contractor must provide a Provider Relations Service to develop and maintain relationships with providers and associations in Canada in order to perform the following functions:
 - Interpret federal policy guidelines, relating to provider admittance into federal programs, and to develop, in consultation with the Departments, national provider criteria for these providers;
 - Draft administrative and tariff (fee) agreements with health care and rehabilitation services providers where the Departments have not negotiated agreements;
 - Develop a schedule, so that all administrative and tariff agreements are reviewed on an annual basis, to ensure that they are up-to-date;
 - Perform periodic surveys and advise the Departments of changes in usual and customary rates for health care and rehabilitation services and products on the benefit grids;
 - As part of the Provider Relations Planning in the Annual Operations Plan, develop a communications schedule to ensure that all provider groups or associations are contacted to discuss operational and policy concerns or any other provider concerns. The Provider Relations plan must include the provider groups to be targeted for negotiations and relationship building as well as descriptions of provider issues with recommendations for resolution. The Contractor must be responsible for identification of new and emerging trends to bring these to the attention of the Departments.
 - Negotiate rates with provider associations on behalf of the FHCPs partner departments with approval of rates by the partner departments;
 - Analyse trends in provider certification in new and emerging provider types on a yearly basis; and
 - Coordinate and ensure receipt of all communication material distributed to providers.

6.17 Quality Assurance Program

1. The Contractor must implement the Quality Assurance Plan approved by the Project Authority.

Related Requirements and Information

- a. The Contractor must provide and maintain an FHCPs Quality Assurance Program that ensures accessibility and timeliness; responsiveness of staff and systems; accuracy of data and information collected, managed and disseminated; adherence to privacy and security standards; services to improve the quality of claims submitted; and process and system efficiency in delivering FHCPs in accordance with applicable policies and legislation that meets or exceeds FHCPs requirements and service standards.
- b. The Contractor QA program must include monitoring and performance measurement reports and periodic audits of all services and systems.
- c. The Contractor must provide the Project Authority with written recommendations including cost estimates for service enhancements to reduce operating costs and improve service delivery quality and performance on an ongoing basis.
- d. The Contractor must perform client surveys to ensure that provider services were received. The Contractor must utilize a sampling method with the minimum percentage of letters that would represent one half of a percentage of the claim processed and must monitor the return rate. The Contractor must provide the Project Authority with the survey results.
- e. The Contractor must design, develop and implement a Provider Satisfaction Survey every two years after the implementation date. The Survey must be in both official languages and must assess provider satisfaction with the Contractor's services. The Contractor must analyse results and provide the Project Authority with a report which includes the analysis and recommendations to resolve issues.
- f. Should any of the Contractor's services or deliverables not be to the satisfaction of the Project Authority, the Project Authority, in consultation with the appropriate areas within each Department, must have the right to reject it or require correction.

6.18 Audit Program

1. The Contractor must establish a Provider Audit Group to undertake a full range of audit and investigative services for the Departments. This must include, at a minimum, capability to undertake system audits, financial audits, providers audit, audit control, quality control, close proximity verification, client confirmation, information management and security audits. Presently this function is being carried out with the support of ten resources.
2. The Contractor, who has liability for payments made on behalf of Canada, must establish an Annual Risk-based Audit Plan to identify appropriate audits and audit type to be conducted. The Annual Risk-Based Audit Plan must be submitted to the Department's chief audit executive for approval. The Annual Audit Plan must detail associated costs for the various components of the plan. Following approval of the Audit Plan, the Contractor must conduct audits, provider profiling, trends analysis and provide the information necessary for overall program management for each of the Departments.
3. The Contractor must submit a monthly report to the Project Authority which details the audit and investigation activities, associated costs, recoveries and results. Examples:
 - Ad hoc profiling commenced, completed, costs, results and recoveries
 - Routine profiling commenced, completed, costs, results and recoveries
 - Investigations commenced status of ongoing investigations, to-date and completed costs, results and recoveries.
4. The Contractor is responsible for the drafting, preparation, translation and distribution of an Annual Audit Report to the Departments, at the commencement of each fiscal year, which

must include all audit activities and details of all investigative activities performed on behalf of the each of the Departments.

5. Client confirmation: A client confirmation program is to be managed by the Contractor based on rules defined by the Departments. Its purpose is to ensure that eligible clients, for whom claims have been submitted by service providers, have actually received the claimed services. Client confirmation letters are generated and set separately for each benefits group or program and a business reply envelope is enclosed for the client's response. The selection of claims targeted for client confirmation is to be based on risk factors to ensure the responses received provide verification in the areas of highest risk. Any irregularities identified are to be further investigated.
6. Provider Profiling: The Contractor must use a statistically valid sample to target and verify details of regular and high-risk payments to providers for each benefit grouping or program. If billing irregularities are detected, using a methodology approved by the Project Authority, on-site audits may be required. Constant investigation into pricing, claims volume and other areas must occur as there is potential for misuse of fraud. Issues identified will be forwarded to each Department Program area. The size of the annual sample must be based on number of active providers in each benefit group and a required confidence level of 95% +/- 5%.
7. The Contractor must provide on-site audits. The objectives of on-site audits are to validate active provider licensure, detect billing irregularities, confirm paid services are received by clients, and ensure appropriate documentation is available to support claims and meet the conditions of the Departments' health or rehabilitation programs. On-site audits may result in the recovery of overpayments, the de-listing of providers and potential referral to regulatory and police authorities.
8. All provider audit recoveries outstanding for one year must be paid by the Contractor to GoC and their resolution must become solely the responsibility of the Contractor, unless otherwise agreed to between the Project Authority and the Contractor.

6.19 Business Continuity and Disaster Recovery

1. The Contractor must ensure that the Business Continuity Plan and Disaster Recovery Plan are kept current through annual reviews.
2. The Contractor must test the BCP plans annually and submit a report detailing the results of the test to the Project Authority no later than 20 business days following the test. The results must also include best practises that were achieved. The selection of the portions or elements of the overall system being tested must be selected in agreement with and on approval of the Project Authority. The Project Authority reserves the right to send designated personnel to monitor the tests. Negative test results will need to be reviewed with the Project Authority and changes to the plans made to ensure positive results
3. In the event of a disruption resulting in a lack of service availability, as defined by Service Standards **SOW Article 6.29**, the Contractor's BCP can be activated by the Project Authority or the Contractor.
4. In the event a disruption should occur and results in a service outage, the Contractor must:
 - Officially inform the Project Authority when the BCP is initiated;

- Provide the Project Authority with updates at least twice a calendar day on the status of the situation and the remedial actions being taken;
 - Ensure timely and on-going communication with Providers throughout service outages;
 - Submit a detailed disruption report to the Project Authority no later than 10 business days following the end of the disruption. The disruption report must include a report on the integrity and completeness of any data that had to be restored; and
 - Submit a post mortem report detailing causes, remedial action and preventative measures and best practises taken no later than 30 business days after the end of the disruption.
5. The Project Authority may periodically undertake audits to be carried out by the Departments' internal or external auditors to ensure compliance with any element of the Contractors BCP. The Contractor and its Sub-Contractors must cooperate and provide timely access to the appropriate files, books, records, systems and staff to conduct such audits and must provide any assistance that may reasonably be required to complete these audits. The Contractor must be responsible for ensuring the auditor's access to any and all Sub-Contractors for auditing purposes.

6.20 Financial Operations

1. The Contractor must develop and implement the financial operations procedures as approved by the Project Authority. They are to be documented in the Standard Operating Procedures Manual and posted on the Documentation and Reporting website.
2. Taking materiality, sensitivity and risk into account, the Contractor is responsible for the development and implementation of an adequate system of internal control over the funds expended on the Department's behalf. The system of internal control is to be documented and provided to the Project Authority for approval.

Related Requirements and Information

In addition to the other financial operations requirements described in this SOW, the system of internal control must address:

- a. client/service provider payments: the establishment of adequate controls to provide reasonable assurances that the goods were supplied/the health care/rehabilitation services were rendered, the payee is entitled to or eligible for the payment, and terms and conditions of the agreement/contract have been met including price, quantity and quality;
- b. segregation of duties: no one person is permitted to control all aspects of the payment process, the duty of authorizing benefits/services must be performed separately from those who issue payment;
- c. clarity in defining roles and responsibilities of those involved at each stage of the payment process;
- d. control system to ensure that only authorized personnel can effect a payment and to ensure spending limits are observed; and

- e. the Contractor's structure is supported by a complete and reliable set of accounting records that meet generally accepted accounting principles.
3. The Contractor must establish, manage and report on the disbursement and collection of funds through a dedicated interest-earning account with a Canadian Financial Institution. All fees and charges on the account must be borne by the Contractor and all interest accrued on the account shall be returned to the Receiver General of Canada. Monthly, the Contractor must reconcile all payments (cheque or direct deposit) which have cleared against the issued cheques and direct deposit payments.

Related Requirements and Information:

- a. The Contractor must track and report on amounts related to stale-dated cheques (cheques not cashed within 12 months from the cheque issue date) and payments stopped or cancelled which includes a Resolution Report.
 - b. If a cheque is not cashed within 12 months of the cheque issue date, the full amount of this cheque must be remitted to the Receiver General of Canada via the Project Authority 10 business days after the end of the 12 month period. If a request to reissue a payment from a provider, client or approved third party is received 12 months after the cheque issue date, the Contractor must forward the request and supporting documentation to the Project Authority for action.
 - c. All other monies received by the Contractor and Subcontractors in relation to the administration of the program (e.g. interest accrued on the dedicated account, rebates from drug companies, etc.) will be reported separately, made payable to the Receiver General of Canada, and immediately remitted to the Project Authority.
4. The Contractor must submit a Claims Funding Request to the Project Authority twice per month. The signed FHCPs Claims Funding Request must be posted on the FHCPs Documentation and Reporting Database.

Related Requirements and Information:

- a. In support of the FHCPs Claims Funding Request, the Contractor must provide an FHCPs claim expenditures data file for the payment period. The expenditure data file must be made available no later than two (2) business days after the invoice date. The Project Authority will approve the method of transmission and format.
- b. The Contractor must provide a report of the FHCPs claims expenditure data file for each invoice period, at the same time the FHCPs claims expenditure data file is provided to the Project Authority. This report must detail expenditures by benefit type and program. It must also summarize expenditures by province and benefit type. For the CF, the summarized expenditures data file must be reported by the 32 CF Health Services Centres/Detachments and by benefit type. The expenditure data file and claims expenditure report must balance against the FHCPs Claims Funding Request for the same period. This report must be posted on the FHCPs Documentation and Reporting Database.
- c. The Contractor must supply a report of all manual adjustments that will affect the FHCPs Claims Invoices. This report must include a list of audit recoveries, sorted by provider number and office ID, to be offset against claims settled in the invoice period. Other manual adjustments could include detailed information, regarding the re-issue of claim adjustments and the return or re-issue of personal payments or

EFT rejections. This manual adjustment report must be posted on the FHCPs Documentation and Reporting Database.

- d. The Project Authority will verify the FHCPs Claims Funding Request. The Contractor must answer and resolve any questions posed by the Project Authority prior to payment to the contractor. No funds will be transferred until all outstanding issues are resolved to the Project Authority's satisfaction. The Project Authority will withhold from the FHCPs Claims Funding Payment all credits due to audit recoveries and any other adjustments, including reductions due to benefit price effective date, provider end-date errors and other Contractor keying or system errors. Funding will be transferred within 5 business days directly to the Contractor's FHCPs Account when the payment verification process is completed.
5. The Contractor must collect amounts receivable from Providers, Subcontractors and third parties, as a result of audits, claims errors, corrections or other adjustments.

Related Requirements and Information:

- a. The Contractor must maintain a record and make every effort to recover amounts receivable from Providers, and third parties; as a result of audits, claims errors, corrections, or other adjustments. The Contractor must describe the specific steps that must be taken to recover amounts, ensuring that an appropriate level of activity is undertaken. It will be the Departments' responsibility to recover client overpayments.
 - b. Monies owed to the Receiver General of Canada, as part of recoveries from Provider audits, must be remitted to the Project Authority at the end of each month.
 - c. The Contractor must provide monthly reports to the Project Authority, detailing the type and reason for recovery, amounts recovered and amounts outstanding. The recoveries report must be posted to the FHCPs Documentation and Reporting Database within 5 business days of month end.
6. The Contractor must develop, document and implement the financial controls and procedures, to support the FHCPs financial operations. These procedures must be documented in the FHCPs Standard Operating Procedures Manual and must be updated by the Contractor following the Project Authority approval of the change.

Related Requirements and Information:

- a. The financial controls and procedures must include at a minimum:
 - Financial management planning and control processes and procedures that will be used to ensure efficient budgeting, cash flow planning and financial management, financial data integrity, accuracy and probity, including a description and timing of any anticipated reports;
 - An accurate, efficient and secure payment service to providers, clients and approved third parties for verified claims;
 - A methodology for consolidating claim lines per provider, per client, per approved third party, per benefit area, per program, per province/territory and per region;
 - Methods for detection and correction of financial errors or abuse of responsibility;

- The procedures to be used for recovery, processing, and remittance to the Project Authority of amounts due; as a result of Provider Audits, stale-dated cheques, interest earned on the FHCPs Claims Account, follow-up with providers when no response to audit inquiries, etc.;
 - Error free reconciliations of the FHCPs Account, FHCPs Claims Expenditure Data File and Report, and the Claims Funding Request; and
 - Adequate segregation of duties in all operational areas related to the Claims processing, payment and reporting. Including but not limited to Financial and Information Technology.
- b. Access to FHCPs related financial records must be provided to the Project Authority within 3 business days of the Project Authority's request.
- c. These financial controls and procedures are subject to audits.
7. The Contractor must participate in all audits and implement any required corrective action.

Related Requirements and Information:

- a. The Contractor's description of the organization's system of internal control and the suitability of the design and operational effectiveness of controls must be subject to an annual independent assurance audit in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3416 "Reporting of Controls at a Service Organization".
- b. The audit period must cover at least 9 months of the Departments fiscal year and must be completed no later than December 31st each year - commencing in the first government fiscal year of operations of the contract,
- c. In addition to performing an audit of the contractor's organizational controls, the independent auditor must be engaged to audit and report on the balances in the dedicated interest-earning account maintained by the Contractor.
- d. The Contractor must ensure that all contract work is done in a manner that permits and facilitates an assurance audit in accordance with the CSAE 3416 standard. If the Contractor subcontracts activities relating to controls covered by the audit, the Subcontractor is subject to the same CSAE 3416 requirements as the prime Contractor and is to provide the following:
 - i. A description of the related control objectives and controls at the Subcontractor's organization;
 - ii. A written assertion, to be included in, or attached to the prime Contractor's description of the organization's system of internal control; and
 - iii. A letter of representation.
- e. The annual assurance audit report on the Contractor's description of the organization's system of internal control and the suitability of the design and operational effectiveness of controls (referred to as a CSAE 3416 type 2 report) must be comprised of the following:
 - i. Contractor's description of the service organization's system;
 - ii. A written assertion by management of the Contractor about whether in all material respects, and based on suitable criteria:

- Management's description of the organization's system of internal control fairly presents the organization's system of internal control that was designed and implemented throughout the specified period;
 - The controls related to the control objectives stated in the Contractor's description of the organization's system of internal control were suitably designed throughout the specified period to achieve the control objectives; and
 - The controls related to the control objectives stated in the Contractor's description of the organization's system of internal control operated effectively throughout the specified period to achieve those control objectives.
- iii. The independent auditor's report that:
- Expresses an opinion on the matters bulleted in ii above; and
 - Includes a description of the tests of controls and the results thereof.
- f. The Contractor is solely responsible for all costs associated with the audit, including participation in the audit. If the audit opinion includes a reservation or denial of opinion; the Contractor (Subcontractors) must disclose the planned corrective action, relating to the reservation to the Project Authority for its concurrence. The Contractor is solely responsible for costs associated with any corrective actions taken, to address issues that are identified pursuant to the CSAE 3416 standard audit.
- g. The Contractor's and Subcontractors' records and invoices related to all financial operations of the Contract may be subject to an audit (whether conducted by one (1) or more of the Departments, an external government organization or a third-party appointed by the Departments) at least once per fiscal year. Audits of records related to the post account verification process of the claims payment needed to support the Financial Administration Act may be required on a monthly basis. The prime Contractor is responsible to ensure that the same Crown audit access applies to Subcontractors, as well as to the prime Contractor. The Contractor must ensure all work is done in a manner that permits and facilitates such audits and must keep all invoices, receipts and vouchers relating thereto. The Contractor must provide all facilities for such audits and inspections. Any amounts found to be owing to the Crown must be paid back to the Crown. The Project Authority may prescribe the scope of the audit. The Contractor must develop and seek the Project Authority's approval, to implement corrective action to address any audit findings, observations and recommendations. The Project Authority will pay for the audit services described in this paragraph. The Contractor is solely responsible for all other costs associated with the audit, including participating in the audit, and those costs associated with any corrective actions taken to address issues that are identified pursuant to an audit.
- h. Any resulting audit reports prepared by the Contractor must be shared with the Project Authority.

6.21 Reporting Requirements

1. The Contractor must provide Data Management and Reporting Capabilities within the FHCPS. The Departments require a variety of operational and management reports dealing with both summary and detailed levels of information to support program administration and service a

wide range of needs. Reports are needed beyond the basic claims activity within FHCPS to support benefit analysis, provider study, financial analysis, audits, operational management and forecasting. Refer to Annex C for examples of report types.

2. The Contractor must provide the departmental systems/data warehouses to support the Departmental ad hoc reporting systems. Based on specific information, the departments will require monthly, and in some cases daily and weekly, data downloads to update the department databases. For VAC, some of this data would come from the transmission from FHCPS to CSDN to populate Health Care Program or Rehabilitation Program information in CSDN but other data transmitted directly to the VAC data warehouse will be required. The Contractor must ensure that any change to the FHCPS System that may impact upon the Departments' ad hoc reporting system, is communicated to the Project Authority so that the Departments can make the associated changes. The Contractor must ensure that all existing and archived data is provided to the Project Authority in an acceptable format for the Departments, as an initial data load to the Departments' ad hoc reporting system. Subsequent updates must be provided within 24 hours. A data feed capacity for all required data must be established between the Contractor and each Department's designated system. The data to be included will be defined by the Departments as part of the Requirements Gathering activities during the Pre-implementation Phase.
3. The Contractor must also enable ad hoc reports to migrate to the category of pre-defined queries or static reports; thereby, transferring the maintenance, and in the case of the static reports, the production of the reports to the Contractor, using a Task Authorization.
4. The Contractor must ensure the history records for client members are all inclusive, all history will be carried on the reporting facility, including any manual history.
5. All reports must be archived in electronic format as part of the generation process, in order to be available for retrieval, if a need exists. All reports must be available for electronic report distribution to the Department to which the report pertains, unless specified otherwise below. Where applicable, some reports must be distributed directly by the contractor to clients, in paper copy or electronic if client prefers, based on address and client information as specified by each Department.
6. The FHCPS System must have facility to enable Departmental officials to employ data discovery and reporting tools such as, but not limited to, Oracle based tools, to design and develop, then execute, their own queries/reports against the contractor's data warehouse. This data discovery process may be facilitated by the use of the Departmental reporting tools directly accessing the Contractor's data warehouse (as required by the Department). Otherwise, the facility must be available in the users official language of choice and must have query functionality built in which will allow a variety of queries to be run against its data from the most basic request by a novice user to advanced query functionality required by technical staff. The facility must contain a query library for each Department, accessible only by the respective Department. In addition to maintaining the server and its connections, the Contractor must be responsible for maintaining the data dictionary, providing the reporting tool, writing and maintaining the query manual, and providing training on ad hoc querying. The data dictionary must be electronic and well defined, easy to use with search functionality - with table and field names and structures. Claims history and provider registration information must be loaded into this facility daily.

7. All reports produced by the Contractor must adhere to departmental format standards as well as GoC standards and must be version controlled and dated.
8. All reports, regardless of the formats they are stored in, are to remain the property of Canada, and are to be designed, so that Canada will be able to migrate the reports, in their entirety, to a subsequent Contractor or the Departments, as applicable.
9. The Project Authority will determine, in consultation with the Contractor, which reports will accompany invoices as supporting documentation.
10. The Departments require reports in the following two (2) broad categories: process and information. Process reports must be produced as part of the production process, and must include, but are not limited to: balancing, audit, error and exception handling. Information reports must provide data that supports management and decision making activities.
11. This information must be provided to the Departments in a format that meets Departments' objectives for management reporting information, statistics, financial control, audit, purchase request types, provider types, workload and related tracking purposes.
12. In addition to regularly scheduled reports, the Reporting component of the FHCPS System must provide Departments' users with an on-line facility for requesting and supplying variable parameters. This must include, but is not limited to: geographic location, dates, provider and Client information, benefit and service codes, details of financial transaction. Running of these queries must not adversely affect the performance of the functions within the FHCPS System.
13. The reporting component must have different levels of access as well as separate business layers for each Department.

6.22 Documentation and Reporting Database

1. The Contractor must provide a system function which stores and displays reports, manuals, training materials and other information for access by staff of the Departments.

Related Requirements and Information:

- a. This information repository must be divided into specific areas for each Department, with full security, as well as a site for the Project Authority and a common area for items of importance to the Departments.
- b. Email notifications must be sent to designated Departmental users when specific documentation and reports, as stipulated, are added or updated.
- c. The Contractor will be responsible for maintaining the Documentation and Reporting Database.
- d. Types of documents which may be added and maintained are:
 - Incident Reports with Resolution
 - Performance Standards Reports
 - Provider/Client Bulletins
 - Provider Criteria
 - Release schedules
 - Financial and FHCPS Dashboard Reports
 - Call Centre Reports
 - Access Grids and Reports

- User and training manuals
- Administrative procedure manuals
- System and Technical Documentation
- Annual Plans (e.g. audit, Training, Operations)
- Annual Reports (e.g. Audit, Training, Operations)

6.23 As and When Requested Services

1. In addition to the provision of services as defined in the Operations and Maintenance Phase of this SOW, Task Authorizations (TA) may be ordered by the Project Authority on an “as and when requested” basis.
2. The Contractor must manage and perform the work authorized by a signed TA including Problem and Incident Management, Change Management and maintaining records on progress, costs and cost justifications.
3. The Contractor must report on the status of all outstanding task authorizations, as required, to the Project Authority.
4. The Contractor must provide the business analysis services for all TAs.
5. As and When Requested Service include:
 - Non-Routine “for cause” Audit and Investigation, consisting of specific inquiries identified by the Departments or identified by the Contractor and approved by the Departments prior to their conduct, not included in the scope of the Contractor’s on-going Audit and Investigation services requirements, undertaken where there are high risk of conditions for potential fraud and/or abuse to arise;
 - Supplementary Training consisting of refresher training and training on any new initiatives;
 - Supplementary Communications Materials Development and Distribution;
 - Professional Practitioner / Consultant Services on research projects, treatment plans and any other aspect of health or rehabilitation programs management not included within the development, operations and maintenance of the FHCPS;
 - Supplementary Systems Development, Testing and Implementation to accommodate changes to legislation, policy, regulations, procedures, Programs, client base, eligibility, and evolution of the Pan-Canadian Electronic Health Information Standards;
 - Conference Planning and Management; and
 - All other changes, modifications, additions not described in the SOW.

6.24 Retention and Storage of Records

1. The Contractor must maintain a records storage space (estimated at 5,000 square feet) which must be controlled for temperature, humidity, air circulation (HVAC system) and approved by the Project Authority.
2. The Contractor must retain all electronic and non-electronic information, unless otherwise specified by the Project Authority at the Contractor’s expense and in a format acceptable to the

Departments. Such information must be easily retrievable by representatives of any/all of the Departments when required. The documentation may include, but is not limited to: claim forms and associated records; communications materials; manuals; financial records; provider agreements; registration documents; and provider audit records.

3. Documents and records must be labelled, filed, and stored in a logical and organized manner, using the client identification number, which will enable proper disposition or an effective and efficient transfer of documents back to the Department to which the documents and records belong, upon completion of the contract. All hard copy material must be filed in boxes, inventoried, and clearly labelled to facilitate transfer and integration back to the Departments' holdings.
4. The Project Authority will set retention periods for all types of information, both non-electronic and electronic, collected, created, captured, received, or held by the Contractor. When retention periods have expired, the Contractor must seek written permission from the Departments to dispose of any type of information and, if granted, must dispose of the information in accordance with Federal Government requirements. Information, documentation, and records must not be sold, donated, auctioned, or discarded. No information must be disposed of without express consent from the Department to which the information belongs. Upon approval, all data must be disposed of using GoC approved methodology. Refer to Appendix D (Privacy Act).
5. The Contractor must make provision for the storage of up to seven (7) years of information and source documents in a secure environment. The minimum retention period for GoC financial records is seven (7) fiscal years {current fiscal year plus previous six fiscal years} as laid out in the Multi-Institutional Disposition Authority (99-004), Library and Archives Canada. Disposition of this information at the end of this period must be in accordance with VAC, CF, and RCMP direction.
6. The Contractor must be prepared to archive taped client eligibility profile updates for a period of eighteen months on-site. This data is to be used for supporting the post payment verification process and by the Department to which the data pertains only, therefore, the Contractor must keep the data sequenced by the client ID and segregated for each Department.
7. Completed claim forms and their associated records are considered "Protected B" documentation. All paper claims and related documents must be retained at the Contractor's site for one year from the date of adjudication. At the end of this period, the Contractor must transport, store and maintain completed claim forms and associated records.
8. Each Department has the right to access all relevant paper based and electronic records relative to its clients pertaining to the FHCPS services provided by the Contractor and the Sub-Contractors, including, but not limited to: all adjudication edits, client information, payments made to providers and clients, claims and input documents, provider audit information and financial records.
9. Pan-Canadian health information standards
Information on relevant standards can be found at <https://www.infoway-inforoute.ca/index.php/programs-services/standards-collaborative/pan-canadian-standards> and through contacts at Canada Health Infoway. Infoway's EHRS Blueprint is accessible at

the following site: <http://knowledge.infoway-inforoute.ca/en/default.aspx> (upon creation of an Infoway Passport Account).

- The Contractor is responsible for keeping abreast of the evolving pan-Canadian health information standards and protocols and the impact of same on the services provided under the Contract.
- As pan-Canadian health information standards and protocols evolve, the Contractor must take the requisite measures to ensure that the proposed solutions and services will continue to comply with the most up-to-date version of the above mentioned standards and protocols for the full duration of the contract. The Contractor must have the capability, where required, to convert health information to the current standard(s) utilized by the Departments until such time as the Departments implement relevant pan-Canadian health information standards within their organizations.

6.25 Privacy

1. The Contractor must follow the instructions provided by the Project Authority at time of Contract Award for referrals to the Department in those cases where the Contractor receives a formal request under the *Privacy Act* or the *Access to Information Act*. Upon Contract Award, the Project Authority will also provide further instructions on what information may be disclosed directly from the Contractor.
2. The Contractor must provide, within thirty (30) calendar days, any requested information required to complete or update the Privacy Impact Assessment (PIA).

Related Requirements and Information:

- a. The Project Authority is required to formulate, and routinely update, a comprehensive Privacy Impact Assessment (PIA) as part of the transition and ongoing administration for the Contract. Furthermore, in the event that there is a change in ownership or company status, a PIA will be conducted.
 - b. The PIA may include, but is not limited to, business process descriptions, business process diagrams, data/information flow diagrams, data/information flow tables, segregation and security documentation, systems diagrams/specification, and an overview of organizational structure. The Project Authority may request the information and/or records at any time from the Contractor. This includes any records that are transferred to the Contractor or sub-contractor by any of the Departments, or collected, created, obtained or maintained by the Contractor or sub-contractor in fulfilment of the responsibilities stated elsewhere in the Contract.
 - c. The Contractor must be responsible for providing access to its facilities and all documentation and resources associated with the contract, and will provide the Project Authority (or their designate) access to desk space, telephones, computers, etc. to conduct the assessment. The Contractor must work with the Project Authority to address any deficiencies or recommendations as a result of the PIA.
 - d. Upon completion of a PIA, the Contractor must develop and implement a Corrective Action Plan, approved by the Departments, including a schedule for implementation of corrective actions, to correct deficiencies identified within the PIA.
3. The Contractor must comply with the requirements for collection of personal information in the provision of services covered by the contract. The Contractor must work with the Project Authority during Phase 1 of the Contract to determine the personal information elements that

will be collected to fulfill the requirements of the Contract, and to develop the notification statement that will be used when collecting personal information from clients.

Related Requirements and Information

- a. The collection of personal information must be authorized in legislation and confirmed that it has been so authorized by the Project Authority.
 - b. The Contractor must notify individuals from whom it collects personal information:
 - the purpose for collecting it;
 - any statutory authority for the collection;
 - whether the response is voluntary or required by law;
 - any possible consequences of refusing to respond;
 - the individual's right of access to and correction of the information; and
 - the number of the personal information banks in which the personal information will be retained.
 - c. The collection of personal information must be limited to that which is required for the administration of services and benefits necessary for the contractor to comply with the contract (there must be a demonstrable need for each piece of personal information collected);
 - d. All collection, use, disclosure, retention and destruction of Information, including personal information will be in conformity with the requirements of the Access to Information Act (R.S.C., 1985, c. A-1) and Privacy Act (R.S.C. 1985, c. P-21), all Regulations made under those Acts, and other relevant federal laws or policies. **SoW Appendix D.**
 - e. Unless otherwise directed in writing, information is to be collected directly from the individual to whom the information relates.
 - f. If information is collected from a third party, it is to be collected with the client's consent or with an appropriate legislative authority authorizing collection.
 - f. The Project Authority will review and approve all forms that the Contractor proposes to use in support of the collection of information. After initial approval, if changes or amendments are made by the contractor, during the life of the contract, the forms must be re-approved by the Project Authority.
 - g. Contractor's and sub-contractors' employees must effectively identify themselves to the individuals from who they are collecting personal information and provide individuals with a means to verify that they are actually working on behalf of the Project Authority and authorized to collect the information.
4. The Contractor must make every reasonable effort to ensure the accuracy and completeness of any personal information to be used by the Contractor or the Project Authority in a decision-making process that will directly affect the individual to whom the information relates.
 5. Unless otherwise directed in writing, the Contractor and sub-contractors' must use all personal information solely for the purpose(s) for which it was provided, as determined by the Department to which the information belongs and in accordance with the requirements of the Contract. Any secondary use of such information, including research, must be approved by each of the Departments' ATIP Coordinators.
 6. Information in the custody of the Contractor and sub-contractors' must not be disclosed or transferred to a third party, except in accordance with specifics of the Contract, without the written permission of the Department to which the information belongs.

Related Requirements and Information:

- a. If the Contractor or sub-contractors' receives any request for disclosure of personal information for a purpose not authorized under the contract, or if it becomes aware that disclosure may be required by law, the Contractor must immediately notify the appropriate Department's Access to Information and Privacy Coordinator responsible for the personal information about the request or demand for disclosure and must not disclose the information without the written permission of the Department to which the information belongs. Information from any one (1) specific Department must not be shared with any of the other Departments unless authorized by the specific Department to which the information belongs.
7. The Quality Assurance Program, and all processes and materials used in application of this Program, implemented by the Contractor must comply with GoC legislation regarding the collection and protection of personal information.

Related Requirements and Information:

- a. The Quality Assurance Program must evaluate, at a minimum, privacy, access to information management and information management standards to ensure the quality, authenticity and integrity of information collected, created and used during the provision of services.
 - b. The Contractor must document quality assurance guidelines and processes.
8. The Contractor must notify, in writing, the Project Authority, the affected Department(s) and the Contracting Authority immediately of any reason it does not comply or anticipates that it will be unable to comply with the Privacy and Security provisions of the Contract in any respect. The Contractor must promptly notify the Project Authority and the affected Department of the particulars of the non-compliance or anticipated non-compliance and what steps it proposes to take to address, or prevent recurrence of the non-compliance or anticipated non-compliance.

Related Requirements and Information:

- a. The Contractor must notify the Project Authority immediately when it anticipates, or becomes aware of, an occurrence of breach of privacy or of the security requirements of the Contract. This includes, but is not limited to:
 - unauthorized access to or modification of the personal information in its custody;
 - unauthorized use of the personal information in its custody;
 - unauthorized disclosure of the personal information in its custody; and
 - A breach of privacy or security with respect to personal information in its custody or with respect to any computer system in its custody and that may be used to access personal information.
 - b. The Contractor must work with the Departments to achieve resolution and compliance with Government of Canada privacy and security requirements. Standard Operating Procedures must be developed during Phase 1.
9. The Project Authority may, at any time and upon reasonable notice to the Contractor, enter the Contractor's premises to inspect, audit, or require a third party to audit the Contractor's compliance with the privacy, security, and information management requirements under the Contract or under statute and that the Contractor must co-operate with any such audit or inspection.

Related Requirements and Information:

- a. The Contractor must maintain specific information to enable the conduct of information audits including inspection of:
 - Any personal information in the possession of the Contractor;
 - Any of the Contractor's information management policies;
 - Practices relevant to its management of personal information;
 - Non-compliance with the Contract; and
 - The Contractor must permit, and provide reasonable assistance to, any such inspection.
10. Within twenty (20) business days of receiving a written direction from the Department to correct or annotate any personal information relating to their clients, the contractor must annotate or correct the information in accordance with the direction.

Related Requirements and Information:

- a. In the event of any changes made, at the request of the Departments, by the Contractor to personal information in their care, and in accordance with Section 8 of the Privacy Act, the Contractor must provide notice of the correction or annotation to any parties who had the corrected or annotated information disclosed to them within two years prior to the date the correction request was made to the Project Authority.
 - b. If the Contractor receives a request for correction of personal information from a person other than the Project Authority or the client's respective Department, the following steps must be taken:
 - The Contractor must promptly advise the person to submit the request to the Access to Information and Privacy Coordinator responsible for the personal information; and
 - If the Project Authority has advised the Contractor of the name or title and contact information of an official to whom such requests are to be made, the Contractor must also promptly provide that official's name or title and contact information to the person making the request.
11. The Project Authority and the Contractor must immediately notify each other when complaints are received pursuant to the *Access to Information Act* and the *Privacy Act* or other relevant legislation and the outcome of such complaints.

Related Requirements and Information:

- a. The Information Commissioner and the Privacy Commissioner have a right of access to any records and personal information for the purposes of investigations under the *Access to Information Act* or the *Privacy Act*.

6.26 Security

1. The Contractor must ensure that the security standards are met at all times when handling Protected "B" material and that all employees handling protected information must be cleared to *Reliability* Status as required by PWGSC. All contractor resources that will access RCMP employees' information must have a valid RCMP Reliability Status (RSS) prior to commencing work.

Related Requirements and Information

- a. Security must meet Canadian Industrial Security Directorate (CISD) Protected “B” level standards for network security and for the storage, handling, transfer and destruction of any information, paper or electronic. All information provided by VAC, CF, and RCMP concerning client and provider accounts is protected to the Protected “B” level.
2. The Contractor must make provisions for the storage of back-up records in an off-site location approved by the Project Authority, to permit operation in the event of a disruption.

Related Requirements and Information

- a. Transportation, storage and retention of all documentation (paper based and electronic) must take place in accordance with the *Policy on Management of Information Technology* and the *Policy on Information Management*, the Industrial Security Manual, **SoW Appendix D**, and the RCMP standard for the Transport and Transmittal of Protected and Classified information (G1-009). The document will be made available upon request.
- b. Electronic data and records must be backed up as per the requirements outlined in this SOW. Electronic records must not be destroyed without the express written consent of the Department that retains control over the records. Upon approval, sanitization of storage media must be carried out using Government of Canada approved methodology.
3. The Contractor must ensure that all FHCPs systems and data remain protected and secure at all times.

Related Requirements and Information

- a. Based on the Treasury Board Secretariat (TBS) Harmonized Threat and Risk Assessment Process for FHCPs, the risk of a security incident or suspected security incident must be kept to a minimum. Upon Contract award, the Project Authority will provide a Statement of Sensitivity (SOS) for the system. The Contractor must ensure that the risk is reduced to an acceptable level as determined by the Project Authority.
4. In the event of an actual or suspected security incident, the Contractor must inform the Project Authority and the Departments immediately. The Contractor must assume financial responsibility for all impacts and restitution resulting from a breach or suspected breach in the Contractor's security.
5. The Contractor must ensure that systems comply with security requirements.

Related Requirements and Information:

- a. The Contractor must provide for the prevention, detection, response and restoration from electronic data processing errors and omissions, technical failures, sabotage, and cyber attacks. The Contractor must provide layered security, which must include at a minimum, a Firewall and an Intrusion Detection System (IDS) with appropriate rules, port filtering and monitoring to defend against attacks and to alert the Contractor to unauthorized network traffic.
- b. The Contractor must form an Incident Response Team. All reports and documentation must be made available to the Project Authority within 24 hrs of the discovery of an actual or suspected breach and ongoing until resolution and recovery.

- c. In the event that Contractor services are to be provided from different locations within Canada, the Contractor must identify and delineate the physical and logical security boundaries through the implementation of physical and logical security zones. Each zone must be isolated and defended from the other locations by its own perimeter defence and network security safeguards. Contractor services are not to be provided from locations outside of Canada. Each facility must comply with the facility security requirements defined in the SRCL. (Reference CSE ITSG-22 for guidance on proper zoning)
 - d. The Contractor must ensure that each network device and server is secure, subject to configuration control and that there are no backdoor connections with access to the claims processing system, and that wireless network devices or remote access connections cannot interface with the claims processing system without the express written consent of the Project Authority. Server operating system and application patch levels must be kept up-to-date.
 - e. The Contractor must ensure that all devices used by its staff (or the staff of its Sub-Contractors) to view, process, transmit, store data related to the system, or used to access the FHCPS system are under configuration control (hardware, software, policy enforcement and user authorization) and have been configured with up-to-date anti-virus and anti-spyware software. Operating systems and application patch levels found on workstations must be kept up-to-date. If these devices are not within a protected environment, disk encryption, host based firewalls must be provided to safeguard these devices.
6. The Contractor must ensure that all personal and financial data is secure.

Related Requirements and Information:

- a. The Contractor must safeguard the integrity and authenticity of personal and financial data from corruption and inadvertent or malicious changes by employing hashing, digital certificates and signatures, or similar technology. All such data are to be securely hashed to ensure their integrity as they are transmitted from one location to another.
 - b. The Contractor must protect the confidentiality and integrity of data transmitted across public carrier or Internet networks with government approved cryptography technology. The Contractor must also ensure that all data centres, data management systems, inquiry centres, operations centres and records and information storage (electronic and hard copy) are located in Canada and are logically independent and separate from all other Contractor data or data systems.
 - c. The Contractor must ensure that technical security services are implemented as contractually required to defend against unauthorized disclosure and modification of Protected B information and to defend against the forgery of financial data used in the preparation of direct deposit transfers and/or cheque printing.
 - d. The Contractor must also monitor all systems, environments and facilities for compliance with security requirements and ensure that all upgrades, replacements, patches and all operational functions meet the security requirements.
7. The Contractor must maintain current the system security documentation developed in the Pre-Implementation Phase and approved by the Project Authority. Any changes to security standards, roles, responsibilities, processes or procedures related to the terms or performance of the contract require the approval of the Project Authority.

Related Requirements and Information

- a) An application security architecture document is the blueprint of the overall security architecture for the security implementation. It must encompass policy, architecture, implementation guidance, and compliance and process definition.
- b) A security component design document is an extension of the security models and policies defined in the Application Security Architecture Document to the application layer. The document ensures that the IT security policy is followed during the coding of modules of the application and is reflected in the module design. It also includes best practices to avoid security-related vulnerabilities.
- c) A security service operations document, which is part of the Systems Documentation, describes the end-to-end processes, policies and safeguards that are in place throughout the system flow to prevent, detect, respond and recover from security incidents. It defines the security staff roles and responsibilities, how they must interact with the Departments how the security of systems must be validated, certified and accredited, managed, monitored and maintained. The document must identify two security roles. The Information System Security Officer who is responsible for overseeing the management, transition and operation of the FHCPS security services and to liaise with the Project Authority as the prime point of contact on IT security related matters; and the Company Security Officer who has overall responsibility for Security in general, and for all non-IT security-related matters.
- d) A security test plan and process includes the verification and validation of both technical and non-technical controls for security and privacy. Technical controls include those system configurations and features designed within the system such as identification and authorization, audit and operating system security policies. Non-technical controls include management and operational security controls such as rules of behaviour, configuration management plans, contingency/disaster recovery plans, interface control documents, physical security controls, and/or interconnection agreements.

The Security Test Plan assesses the technical implementation of the security design, ensures that the security controls have been implemented as described in the SOW, and ensures that the features perform as planned. The Security Test Plan must clearly define the process and procedures that will be employed during the test and evaluation phases as well as during any future change to system or service functionality. The plan must address each of the security requirements for the system, validate that they are functioning correctly, and clearly demonstrate the level of residual risk that exists. The Security Test Plan must be designed to validate the correct implementation of the security controls. The plan must provide high-level guidance on security testing, identifies the security safeguards to be tested, provides detailed information on the test items, and supports system certification and accreditation. The plan must evaluate and test all FHCPS services including network, critical and essential systems/services, and supporting components for compliance with security requirements. It must also include a description of the test environment, identify the tests to be performed, provide a schedule of test activities, and describe the test cases, preparations, and procedures used.

8. The Contractor must maintain the established certification and accreditation for the FHCPS system, as detailed in the SOW, throughout the life of the Contract.

Related Requirements and Information

- a. Operational approval for the system will have an expiry date. Before the approval expires, the certification documentation must be revised to incorporate any changes that have been

- made to the system in preparation for having the Certification Authority review the system. The Project Authority will request information from the contractor to complete the certification documentation. The requested information must be provided to the Project Authority within 5 business days.
- b. On an annual basis, or in the event of a major change/ fix/release, a new or updated Threat and Risk Assessment (TRA) report must be conducted, as identified by the Project Authority. Assessment of a major change will be decided between the Project Authority and the Contractor. The Contractor must complete a draft TRA in accordance with GoC requirements for the review of the Project Authority.
 - c. The Contractor must, through an independent third party security firm, annual vulnerability assessments throughout the life of the contract to verify the security configuration of the claims processing system network perimeter, servers, systems, processes and data, and to remedy any identified limitations. At the request of the Project Authority, a vulnerability assessment may also be required whenever there are significant changes to the system, or following a network security incident. A vulnerability assessment report must be delivered to the Contractor and Project Authority at the same time. The Contractor must report on the proposed solutions and timeframes for resolving identified limitations within 20 business days of the completion of the vulnerability assessment.
9. The Contractor must establish mechanisms to identify and respond effectively to security incidents and exchange incident-related information with the Project Authority within 24 hours. To do so, the Contractor must appoint an individual or establish a centre to coordinate incident response and act as a point of contact for communication. A security incident means compromise of an asset, or any act or omission that could result in a compromise; compromise means unauthorized disclosure, destruction, removal, modification, interruption or use of assets.

Related Requirements and Information

- a. In the event of an actual or suspected security incident, the Contractor must inform the Project Authority and the affected Department immediately.
- b. The contractor must assume financial responsibility for all impacts and restitution resulting from a breach or suspected breach in the Contractor's security.
- c. At a minimum security incident handling must include the following:
 - Identification - determine the type, severity and cause of the security incident(s) (e.g. virus, worm, denial-of-service-attack, etc.);
 - Response - determine the best approach and take action to contain the damage (e.g. disconnect, disable, block, or update computer or network configurations) and advise the Project Authority within 24 hours of any discovery of an actual or suspected security incident;
 - Recovery – identify an approach to restore and recover systems and implement approved changes to security devices (e.g. firewall and incident detection rules);
 - Reporting - communicate the incident specifics, including the impact and the response, to the Project Authority within 5 business days; and
 - Post-Analysis - Assess the incident and recommend changes in processes and procedures, if required.
- d. If monitoring reveals an anomaly, the Contractor must determine whether the cause is a security incident, a hardware or software problem, or an increase in client demand.
- e. The Contractor must develop incident response procedures to follow in order to mitigate damage, contain the cause of the incidents and restore services.
- f. The Contractor must maintain operational records that show how incidents were handled, documenting the chain of events during the incident, noting the time when the

incident was detected; the actions taken; the rationale for decisions; details of communications; management approvals or direction; and external and internal reports.

- g. Before reconnecting or restoring services, the Contractor must ensure that all threats have been removed and that there is no potential for recurrence or spread.
- h. The Contractor must restore essential capabilities within the time constraints and the availability requirements specified in the Contractor's SLA and Business Continuity Plan. To be able to recover information, the Contractor must:
 - back up data regularly; test backups regularly to ensure that they can be used for recovery;
 - back up all software and configuration data;
 - facilitate the restoration of data and services by allowing systems to undo operations and return to an earlier state (e.g., rollback services); and
 - test restoration procedures regularly to ensure that they are effective and that they can be completed within the time allotted for recovery.
- i. System recovery must be conducted in a manner that preserves the integrity of evidence, in the event of a criminal investigation of a security breach, for example. Departments may seek support and advice for this process from the Project Authority.
- j. The Contractor must establish an internal and external incident reporting process. To meet these requirements, the Contractor must:
 - report incidents and threats to data and systems, and share information, subject to applicable legislation and relevant policies, about the incidents and the effectiveness of their response, with the Project Authority; participate in threat and risk briefings and teleconferences; and
 - establish a procedure for notifying the appropriate operational personnel, managers and all affected parties.
- k. For every severe or major IT security incident that occurs, the Contractor must perform a post-incident analysis which summarizes the impact of the incident, including cost, and identifies:
 - security deficiencies;
 - measures to prevent a similar incident;
 - measures to reduce the impact of a recurrence; and
 - improvements to incident-handling procedures

10. The Contractor must protect against disclose all electronic communication and/or messaging, via the internet, which contains protected information. Approved encryption technologies must be utilized. Any communications between the Contractor and Project Authority/Departments involving financial approvals must include non-repudiation safeguards. The current GoC approved method of encrypting and digitally signing Email is through the use of the PWGSC PKI infrastructure or the GoC secure method (example: GoC Secure Key) or its PKI replacement.

6.27 Training and User Support

1. The Contractor must be responsible for annual training provided to staff of the Departments.

Related Requirements and Information

- a. Training and training materials must be provided in English and French and all training materials must be posted to the Documentation and Reporting Website.
- b. Training schedules must be approved by the Project Authority in consultation with the

Departments.

- c. The Contractor must provide a dedicated national toll-free line for VAC, CF and RCMP users and service desk staff. The dedicated toll-free line must be accessible for CF out of country clinics.
 - d. The Contractor must provide a Systems environment specifically for training purposes, which duplicates all aspects of the production environment. Data used in training sessions is subject to the privacy standards of the Contract and, therefore, the Contractor must ensure that any data which identifies a client/member is masked to ensure that personal information cannot be attributed to an actual client.
 - e. The Training environment must be refreshed with each production release of system changes and must be available to Department's staff upon prior request.
2. The Contractor must provide a User Support Service to assist the Departments' system users. This Call Centre or "service desk" facility must provide users of the system with resolution of issues and questions relating to system navigation and functions and support the escalation of issues as well as generate reports on the volumes and types of calls. This service must be in English and French and must be staffed by Contractor personnel.

Related Requirements and Information

- a. Technical support to authorized FHCPS System users, must be available through the Service Desk facility in both Official Languages according to the service standards outline in **SOW Article 6.29**
- b. The Service Desk must establish a voice message system, to record messages from FHCPS System users
- c. The Contractor must provide a dedicated national toll-free line for VAC, CF and RCMP users and service desk staff. The dedicated toll-free line must be accessible for CF out of country clinics
- d. The Contractor must document the FHCPS Service Desk and User Support Program service description, levels of service, definition of call priorities, procedures and roles and responsibilities for inclusion in the Administrative Procedure Manual to be posted on the Documentation and Reporting Website
- e. The Contractor must conduct regular reviews of the services delivered through the FHCPS Service Desk and User Support Program, to ensure continuous improvement
- f. The Contractor must provide additional support during the two months following start-up of the FHCPS system. Additional support means that the call centre will have additional staff available to deal with the immediate issues and questions related to system turn-on. The Contractor is not responsible for answering policy-related questions on behalf of the Departments. Flexibility will be required regarding resource numbers during the transition of services to the new contract

6.28 Innovation Meetings

- 1. The Contractor and Project Authority will participate in quarterly innovation meetings. It is expected that the Contractor will identify opportunities for innovation, through presentation, which would result in any/all of the following: cost savings, improvements to client service, reduction of errors or increases in efficiency. Discussions related to current initiatives, to determine if outcomes are being met, may also be included. Decisions to move forward with proposals and/or cancel initiatives will rest with the Project Authority.

6.29 Performance and Service Standards

The Contractor must comply with the following service standards and ensure that the performance is measured against the service standards, by Program where relevant, with monthly reports provided to the Project Authority.

1. Benefit Grids.

- a. Benefit grid mapping changes are defined as those changes made to groups of less than 20 existing individual benefit codes. These mapping changes must be fully implemented within one (1) business day of request by the Departments 98% of the time over a monthly period.
- b. The Contractor must ensure that the Benefit Grids posted to the Communications Website are maintained current within one (1) business day of any change.

2. Card Submissions.

- a. New and replacement Health Identification Card must be mailed to the client within five (5) business days from date at which card request is submitted. This must be met 98% of the time over a monthly period.
- b. An on-line version must be available within 24 hours of initial request. Once on-line, cards should be available for printing at all times.
- c. When a client becomes eligible for additional benefits, a new card must be issued within five (5) business days of the Contractor being advised of the decision. An on-line version should be available for printing within 24 hours of notification by responsible department

3. Provider Registration Applications

Completed and Contractor approved provider registration applications must be added to the database and be fully functional within one (1) business day of receipt of the approved application. This must be met 98% of the time over a monthly period.

4. FHCPS System Performance

- a. The Contractor must design, develop, implement, operate and maintain a system that ensures the Departments are not denied service due to network traffic or bandwidth issues. The system performance requirements must be **measured on a monthly basis**.
- b. The system response time for the FHCPS System must be within an average of three (3) seconds and within no longer than seven (7) seconds, net of latency introduced by the Department's network. These response times must be met 99.9% of the time.
- c. The FHCPS System must provide the capability to electronically request ("e-Request") and receive complete FHCPS client information on an individual client basis. The information must include identifiers, individual services, eligibility information, payment history information and recent account transactions history. Access to this data must be at a high availability level and data must be current. Response time for e-Requests must be within an average of two (2) seconds and within no longer than five (5) seconds on the transactions; e-Request response time must be met 99.9% of the time.
- d. To facilitate data exchange with the systems, the FHCPS System must interface with the message queuing product to allow for seamless information exchange. All data that has been committed to the FHCPS database must be queued for the Departments within an average of 15 seconds and no longer than 30 seconds. Queuing times must be met 99.9% of the time.
- e. The FHCPS System must automatically process VAC, CF and RCMP transactional data needed to create, update or terminate client account status information on FHCPS in real time. All Departments' transactions having been deposited in the message queue must

be committed to the FHCPs database within an average of 15 seconds and within no longer than 30 seconds. Commitment times must be met 99.9% of the time. This is excluding scheduled downtime for the FHCPs database.

- f. The FHCPs average bandwidth utilization during Hours of Operation must be less than 50% and never exceed 80%. During core hours (see table below) this must be met 99.5% of the time. The FHCPs Documentation and Reporting Database and the FHCPs Client and Provider Websites must be available a minimum average of 99.5% of the time. The Website must respond in an average of 3 seconds.

5. Access and availability of the FHCPs System

Access Method	Days of Operation	Hours of Operation	Availability
a) Electronic (POS) - Pharmacy Claims Processing	Mon-Sun	24 Hrs / day	99.9%
b) e-Request / Website / Network	Mon-Sun (excluding scheduled maintenance periods)	24 Hrs / day	99.9%

6. FHCPs System Incidents

- The Contractor must provide services in support of System Incident Assessment, Escalation and Resolution for the FHCPs System. For a description of the incident types, refer to SOW 6.14.19. Critical problems must be addressed, fixed and their solutions released immediately. The following service standards apply to Incident Reporting:

FHCPS System Incident Reporting to Project Authority

Incident Type	Incident resolution delay	First Notification	Update if Unresolved	Standard
a) Critical	Resolution should begin Immediately	Immediately upon identification	Every 15 Minutes	95% of the time
b) High	Resolution should begin Immediately unless higher priority issue impacting this contract exists	Within one (1) hour of identification	Every hour	95% of the time
c) Medium	Resolution should begin Immediately unless higher priority issue impacting this contract exists	Within one (1) day of identification	Every day	90% of the time
d) Low	Resolution should begin Immediately unless higher priority issue impacting this contract exists	Within five (5) days of identification	Every five (5) days	90% of the time
e) Planning	Planning should begin within 72 hours of request. Timeline including implementation date should be provided at first notification	Within fifteen (15) days of identification	Every fifteen (15) days	90% of the time

7. FHCPS System Backup Service Levels

- a. The Contractor must provide the following system and database backup functions for the FHCPS System:

FHCPS System Backup Service Levels	
Frequency	Storage Timeframe
Daily	Minimum of seven (7) calendar days
Weekly	Minimum of five (5) weeks
Monthly	Minimum of twenty-four (24) months
Yearly	Minimum of seven (7) years

- b. All restore requests from back-ups must be successfully restored 100% of the time.

8. FHCPS System Security Updates

- a. The Contractor must meet the following standards for FHCPS System security:
- Anti-spyware/Anti-virus software and hardware, and firmware updates must be implemented within five (5) business days of release.
 - Changes required to user access to the FHCPS System must be fully implemented within one (1) business day of identification of the requirement to change user access.
 - OS patches and updates must be implemented within twenty (20) business days of the Departments' approval to release.
 - Application patches and updates must be implemented within twenty (20) business days of the Departments' approval to release.

9. FHCPS Service Desk (User Support)

- a. The Contractor must provide the following availability and accessibility of the Service Desk to the Departments SOW Article 6.21.2

FHCPS Service Desk

Access Method	Hours of Operation	Length to Answer	Maximum Holding Time	Average Holding Time
Phone	Mon-Fri 07:30 – 18:00 in each time zone (excluding federal government statutory holidays)	Answered by a live operator after ACD transfer, within 45 seconds of call, 90% of the time	2 minutes	30 seconds or less

- b. Must be available outside of the hours specified above, on request from the Project Authority. The Project Authority will provide three (3) working days notice of such a requirement.
- c. At least 95% of incidents within a one (1) month period must be resolved at the initial contact or on the same day;
- d. No more than 2.5% of monthly calls must be abandoned
- e. Telephone contact with the FHCPS Service Desk must receive no more than one (1) busy signal per 1000 calls.
- f. Voice messages must be returned within two (2) hours of receiving an initial call 98% of the time.

10. FHCPS Pharmacy Special Authorization Services

- a. The Contractor must provide the following availability, accessibility and performance for the Pharmacy Special Authorization services which must be tracked daily and measured on a monthly basis.

Special Authorization (Pharmacy) – Availability and Accessibility				
Access Method	Hours of Operation	Length to Answer	Maximum Holding Time	Average Holding Time
a) Phone Core Service Hours	Mon-Fri 07:30 – 18:00 in each time zone (excluding Federal Gov't Statutory Holidays)	Answered by a live operator within 45 seconds of call, 80% of the time	2 minutes	30 seconds or less
b) Phone - On-Call Service	24/7 (outside core hours) Including Federal Gov't Statutory Holidays	Answered by a live operator within 45 seconds of call, 80% of the time	2 minutes	30 seconds or less
c) Point of Sale	24/7 (Peak: 10:00 - 16:00 in each time zone) Including Federal Gov't Statutory Holidays	N/A	N/A	N/A
d) Internet/Website /email/facsimile	24/7 (excluding Federal Gov't Statutory Holidays)	2 business days	N/A	N/A
e) hard copy mail	Mon-Fri 07:30 – 18:00 in each time zone (excluding Federal Gov't Statutory Holidays) to mimic core hours	2 business days		

Call Backs	Should the call not be answered within two minutes, callers should have the ability to leave a voice message. All inquiries must receive a response / call back within 1 hour
Busy signals	No callers should receive a busy signal
Response rate	Should strive to answer all calls 97% of the time without caller abandoning
Bilingual Services	Services should be provided in both official languages at a level that meets the equivalent of Federal language standard CBC as determined by the Project authority

11. FHCPS Treatment Authorization Service and Provider/Client/Member Call Centre Services

The Contractor must provide the following minimum availability and accessibility for the FHCPS Call Centres which must be tracked daily and measured and reported on a monthly basis				
Access Method	Hours of Operation in each time zone, excluding federal government statutory holidays	Length to Answer Standard Response	Maximum Holding Time	Average Holding Time
Provider Line				
a) Phone	Mon-Fri 07:30 – 18:00 In each time zone	Answered by a live operator within 45 seconds of call, 90% of the time	2 minutes	30 seconds or less
b) Phone Call Backs / voicemail	Mon-Fri 07:30 – 18:00 In each time zone	Return phone call by end of same business day		
c) After hours call	Mon – Fri 18:01 – 7:29 Weekends (incl Federal Statutory Holidays) 24 hours	Voicemail advising office closed with info regarding next date open for business – offer left to leave voicemail Voicemails returned within 1 hour of beginning of next operational business day		
d) Facsimile / Internet / email	Mon-Fri 07:30 – 18:00 In each time zone	Response Same day or by the same time received on next business day	N/A	N/A
e) Hard Copy Communications	Mon-Fri 07:30 – 18:00 In each time zone	2 business days	N/A	N/A

First Call Resolution	95% of inquiries/contact with the Provider Claims Processing Call Centre must be appropriately resolved at initial contact or same business day. Initial contact is defined as the provider's first call, facsimile, e-mail arriving at the Call Centre.
Response Rate	No more than 2.5 % of calls may be abandoned
Busy signals	Maximum of 1 busy call per 1000 calls
Bilingual	Services should be provided in both official languages at a level that meets the equivalent of Federal language standard CBC as determined by the

Services	Project authority
Quality Assurance	The Contractor will conduct quality assurance on a minimum of 1% of previous months calls handled by the Contact centre. Information provided during the call should be considered accurate 97% of the time and determined via call monitoring. Reporting should be provided on a monthly basis to the Project Authority

Out of country calls				
Access Method	Hours of Operation in each time zone, excluding federal government statutory holidays	Length to Answer Standard Response	Maximum Holding Time	Average Holding Time
Client / member / provider / third party line				
a) Toll-free international phone services	24/7 Including Federal Gov't Statutory Holidays	Answered by a live operator within 45 seconds of call, 90% of the time	2 minutes	30 seconds or less

First Call Resolution	90% of inquiries/contact with the Call Centre must be appropriately resolved at initial contact or same business day. Initial contact is defined as the first call, facsimile, or e-mail arriving at the Call Centre.
Response Rate	No more than 5 % of calls may be abandoned
Busy signals	Maximum of 1 busy call per 1000 calls
Language	Response to the provider will be provided in language of the caller
Quality Assurance	The Contractor will conduct quality assurance on a minimum of 1% of all calls handled by the Contact centre. Information provided during the call should be considered accurate 97% of the time and determined via call monitoring. Reporting should be provided on a monthly basis to the Project Authority.

Treatment Authorization Service, Client / Member Call Centre Services				
Access Method	Hours of Operation in each time zone, excluding federal government statutory holidays	Length to Answer Standard Response	Maximum Holding Time	Average Holding Time
Client / Member line				
a) Phone	Mon-Fri 07:30 – 18:00 In each time zone	Answered by a live operator within 45 seconds of call, 90% of the time	2 minutes	30 seconds or less
b) Phone Call Backs / voicemail	Mon-Fri 07:30 – 18:00 In each time zone	Return phone call by end of next business day		
c) After hours call	Mon – Fri 18:01 – 7:29 Weekends (incl. Federal Statutory Holidays) 24 hours	Voicemail advising office closed with info regarding next date open for business – offer left to leave voicemail Voicemails returned by end of next operational business day		
d) Facsimile / Internet / email	Mon-Fri 07:30 – 18:00 In each time zone	Same day or by the same time received on next business day		
e) Hard Copy Communications	Mon-Fri 07:30 – 18:00 In each time zone	5 business days		

First Call Resolution	80% of inquiries/contact with the Client / Member Call Centre must be appropriately resolved at initial contact or same business day. Initial contact is defined as the client's/member's first call, facsimile, or e-mail arriving at the Call Centre.
Response Rate	No more than 5 % of calls may be abandoned
Busy signals	Maximum of 1 busy call per 1000 calls
Bilingual Services	Services should be provided in both official languages at a level that meets the equivalent of Federal language standard CBC / CBC as determined by the Project authority
Quality	The Contractor will conduct quality assurance on a minimum of 1% of all calls handled by the Contact centre. Information provided during the call

Assurance	should be considered accurate 97% of the time. Information provided during the call should be considered accurate 97% of the time and determined via call monitoring. Reporting should be provided on a monthly basis to the Project Authority
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12. Claim Processing and Payment Response Timeframe

The Contractor must comply with the following response timeframes for processing and payment of claims and measured on a monthly basis:

Claim Tracking	All claims for payment must be fully entered for tracking and reporting purposes within 24 hours of the receipt of the claim and measured on a monthly basis. This must be met 98% of the time.
Paper Claim Processing	Client requests for reimbursement must be processed within ten (10) calendar days of claim receipt by the Contractor. This must be met 98% of the time.
POS Claims	Electronic claims through Point of Service must be processed within one hour. This must be met 98% of the time.
Provider Payments	Provider on-line or paper claims payments must be processed within ten (10) calendar days of claim receipt by the Contractor. This must be met 98% of the time.
Client Payments	Client payment (issue of cheque or direct deposit, as applicable per client) must be issued within 24 hours of claim adjudication. This must be met 98% of the time.
Correspondence	Client and Provider letters must be completed and mailed out within 24 hours of request for letter. This must be met 98% of the time and must be viewable in real time by all authorized users. This must be met 98% of the time. An on-line should be made available immediately for clients within their on-line file.
Bilingual Services	Correspondence should be provided in the official language of choice of the Providers and Client / Members. Services provided in both official languages should be offered at a level that meets the equivalent of Federal language standard CBC / CBC as determined by the Project Authority
Quality Assurance	The Contractor must ensure the accuracy of payments by conducting Quality Assurance on a minimum of 1% of all claims processed. Claims must be free of error 97% of the time. Information provided during the call should be considered accurate 97% of the time and determined via call monitoring. Reporting should be provided on a monthly basis to the Project Authority

13. Reporting Performance Requirements

a. The Contractor must meet the following Reporting and Notification Requirements:

i. FHCPS System - Reporting Performance Requirements	
Report	Frequency / Reporting Timeframe
Annual Release Schedule	Annual / Posted to FHCPS Documentation and Reporting Database at least thirty (30) calendar days prior to calendar year end.
Incident Management Report	Monthly / Posted to FHCPS Documentation and Reporting Database no later than five (5) business days after month end.
Change Management Report	Monthly / Posted to FHCPS Documentation and Reporting Database no later than five (5) business days after month end (90% of the time).
Release Notes	As required / Made available at least 15 business days in advance of any release.
Release Post Mortem Report	As required / Posted to FHCPS Documentation and Reporting Database no later than fifteen (15) business days after each release (90% of the time).
System Outages Post Mortem Incident Report	Delivered to the Project Authority within 48 hours of incident resolution (including preventative measures)
Notification of System Changes (Contractor Initiated)	As required / At least fifteen (15) business days prior to the release (90% of the time).
Back-up/Restore Report	Quarterly / Posted to FHCPS Documentation and Reporting Database no later than five (5) business days of quarter end.
FHCPS System Data Export (whole or partial)	As requested / sent no later than three (3) business days after the Project Authority's request.
FHCPS Documentation and Reporting Database Report and Provider/Client Website Report These reports must be developed utilizing standard infrastructure and application monitoring tools provided by the Contractor, and must contain Website Performance in relation to the standards defined in section 9.3.4.8 and 9.3.4.9 above.	Monthly / delivered to the Project Authority within five (5) business days of the end of each month
FHCPS Service Desk Service Report This reports must be developed utilizing tools provided by the Contractor, and must contain Performance in relation to the standards defined in section 10.3.5.5 above.	Monthly / Posted to FHCPS Documentation and Reporting Database no later than five (5) business days of month end.

Call Centre Management Reports	Monthly / Posted to FHCPs Documentation and Reporting Database no later than five (5) business days of month end.
Information Scheduled for Disposal, Deletion or Purging Report	As requested / sent no later than three (3) business days after the Project Authority's request
Deleted, Purged or Disposed of Information Report	As requested / sent no later than three (3) business days after the Project Authority's request

ii. FHCPs System – Static Scheduled Reporting Performance Standards	
Report	Frequency / Reporting Timeframe
As specified in Annex C	No more than five (5) instances per quarter in which an FHCPs Operational report is delivered one (1) day later than the time frame indicated in Annex C.

iii. FHCPs Security Notification and Reporting Performance Standards	
Item	Frequency / Timeframe
Security Breach Incident Notification	Logged and the Project Authority notified within two (2) hours.
Incident Response Reports/Documentation	Provided to the Project Authority within 24 hours of incident.
Material for Certification Evidence Package	Maintain current throughout duration of Contract / Provide within five (5) business days of request from the Project Authority.
Report on Assessment Reports	Delivered to the Contractor and Project Authority at the same time.
Reports on Results of Vulnerability Assessments and corrective measures taken to correct/mitigate identified vulnerabilities	At a minimum, undertaken annually. Report within twenty (20) business days of the completion of the Assessment.
Report on User Access	Maintain current throughout duration of Contract / Provided to the Project Authority within five (5) business days upon request.
Notification of BCP Initiation	The Project Authority notified immediately, with on-going communications during an incident within two (2) hours.
Service Outage Communications (to Providers)	Providers to be kept up to date during outages.
Service Outage Updates	Provide updates to the Project Authority twice a calendar day during outage.
Service Outage Report	Provided to the Project Authority within

This must include report on Provider communications undertaken during outage.	ten (10) business days following the end of the disruption.
Service Outage Post Mortem Report This must include: causes, remedial action, preventative measures, and best practices.	Provided to the Project Authority within thirty (30) business days following the end of the disruption.
BCP Plan Test Report	Test completed and report provided to the Project Authority Annually / Within twenty (20) business days following the test.

iv. FHCPs System Financial Control Performance Standards	
Item	Frequency / Timeframe
Client Claims Processed	Daily / Within ten (10) business days of receipt of client claim.
Provider Claims Processed	Within ten (10) business days of receipt of Provider Claim
Report of Manual Adjustments	Per Payment Date / Posted to FHCPs Documentation and Reporting Database no later than two (2) business days after claims processed.
FHCPs Claims Funding Request submitted to the Project Authority	Payment no later than 10:00 AM AST, five (5) working day after receipt of Claims Funding Request and Request reconciled.
Errors noted by the Project Authority within Financial Institutions' monthly statements corrected	Monthly / Within two (2) business days of notification and financial statements re-submitted to the Contractor by VAC.
Stale dated cheques remitted to the Receiver General of Canada via the Project Authority	Twelve (12) months following each cheque issue date / Within ten (10) business days following the end of the twelve (12) month period.
Financial Reports	Monthly / Within ten (10) business days of month end.
FHCPs Claim Expenditures Data File provided to the Project Authority	Payment / Within two (2) business days following the receipt of claims funding request.
Remittance of recovered monies to the Receiver General	Each instance / Within two (2) business days of receipt by the Contractor.
Recoveries Report	Monthly / Posted to FHCPs Documentation and Reporting Database no later than five (5) business days of month end.
Access by the Project Authority to FHCPs related Financial Records	On request / within three (3) business days of request.

15. Exceptions

- a. Where a Service Level Measurement Audit reveals that the service level requirements have not been met, the Project Authority reserves the right to identify any exceptional circumstances determined to have been outside the Contractor's control where, if not for the exceptional circumstance, the delivery would have met the Service Level Understanding. Any such determinations are the sole jurisdiction of the Project Authority.

SW7.0 CONTRACT PHASE-OUT REQUIREMENTS

7.1 Contract Phase-Out Plan

1. The Contractor must undertake activities to ensure the smooth, efficient and complete transition to a new arrangement for FHCPS Operations without interruption of service delivery to the Departments or their Clients and providers. It is anticipated that 9 months may be required for the Contract Phase-Out.
2. The Contractor must submit a comprehensive plan (Contract Phase-Out Plan) within 90 calendar days of notification of commencement of the Contract Phase-out period. The Contract Phase-Out Plan must be approved by the Project Authority and must ensure the efficient, complete and secure:
 - a. Transitioning of services to the Project Authority or it's delegated third party (e.g. a new FHCPS Service Provider);
 - b. Transitioning of assets to the Project Authority;
 - c. Transitioning of FHCPS information to the Project Authority (including the information contained within Contractor databases, paper files and any documentation relating to Clients and providers); and
 - d. Transitioning of any licensing agreements to the Project Authority or its delegated third party;
 - e. Transitioning of agreements with provider associations which pertain to negotiated rates or pricing agreements and fee schedules, to the Project Authority or its delegated third party (e.g. a new FHCPS Service Provider).
3. The Contractor must undertake all obligations contained within the Contract Phase-Out Plan, in accordance with the Contract Phase-Out schedule approved by the Project Authority in addition to the following:
 - a. During the Contract Phase-Out period, the Contractor must provide transfer of knowledge at the Project Authority's cost to the Project Authority or its delegated third party, in accordance with the schedule, and the method to be used as outlined in the Contract Phase-Out Plan, as accepted by the Project Authority. The Contractor must respond to queries regarding Contract Phase-Out activities and any in progress work to ensure a smooth transition with the new supplier and to ensure uninterrupted FHCPS Services delivery to the Departments, their Clients and providers.
 - b. During the Contract Phase-Out period, the Contractor must be responsible for maintaining Operations as per the Contract, and the completion of any in progress work, in accordance with the Contract Phase-Out Plan.

- c. The Project Authority will be responsible for verifying the completion of all contractual requirements and for reviewing all data and documentation returned/transferred by the Contractor. The Project Authority will also advise the Contractor of where and when data and documentation is to be returned and/or transferred.

ANNEX A

OVERVIEW OF DEPARTMENTS AND CLIENT/MEMBER ELIGIBILITY FOR HEALTH CARE BENEFITS

A.1 Canadian Forces (CF)

The responsibility for health care to CF members rests with the CF as outlined in the Queen's Regulations and Orders for the Canadian Forces (QR&O). Within the CF, health care services are provided by CF Health Services Centres (CF H Svcs C) and managed by the Commander of the CF Health Services Group (CF H Svcs Gp).

The CF maintains medical and dental units as the primary points of care for CF members. These CF health organizations, consisting of CF health services centres, clinical detachments and dental detachments, are generally co-located with major military installations. Within these CF health facilities, a varying range of health services are offered, depending on the population served and the CF resources that are available. Military medical and dental personnel augmented by civilian practitioners undertake the on-base (on-site) delivery and administration of health care to CF members. The balance of health services are purchased from civilian providers off-site. Most ambulatory care services and occupational health services are provided on Base while most specialist and in-patient services are purchased from the local civilian communities.

Where military health service providers at CF health facilities are not available, civilian providers deliver services both on and off Base. However, the CF Health Services Centres remain the primary points of care for CF members. In addition, the CF Health Services Centres are responsible for referrals to specialist care and authorize most non-urgent care services.

The spectrum of benefits and services to which members are entitled is outlined in a CF policy document called the CF Spectrum of Care. The Contractor will find the CF Spectrum of Care document which describes the health care benefits and services (medical and dental) that are available and publicly funded for members of the CF and other eligible persons at the following link:

<http://www.forces.gc.ca/health-sante/pub/soc-gds/default-eng.asp>

CF members have access to a standard of health services that is comparable overall to that received by Canadians under provincial health care plans. CF Spectrum of Care inclusions and specific exclusions apply everywhere in Canada and abroad, regardless of medical services that might be covered by any particular provincial health plan.

With prior authorization from the CF Health Services Centre, Clinical Detachment or Dental Detachment, CF members are able to access health professionals in their area. With the exception of emergency services, benefit authorization will be based on criteria specific to CF policy and will be provided by CF Health Services Centres, Clinical Detachments or Dental Detachments located on CF Bases, unless otherwise specified.

CF members traveling or working outside of Canada may incur expenses for health claims when their health needs cannot be met through normal military means. These claims will be

included under the FHCPs and will be paid in the currency of the country where the benefit was obtained.

CF Structure

The CF component of this network consists of a Head Office in Ottawa, Ontario represented by the CF Health Services Group Headquarters, Directorate of Health Services Delivery, 1 Dental Unit Headquarters and the CF Drug Exception Centre (CFDEC) is responsible for handling all CF requests for medications that do not meet predetermined SA criteria or requests for non benefit drugs during normal business hours (0800-1600 hours EST Mon-Fri). CFDEC is also responsible for maintenance of the DBL, and implementation of SA criteria in both the claims adjudication system as well as the pharmacy system maintained at the base pharmacies.

There are 19 CF Health Services Centers and 13 Detachments across Canada.

British Columbia: Vancouver, Comox and Esquimalt;
 Alberta: Edmonton, Calgary, Wainwright, Cold Lake and Suffield;
 Manitoba: Winnipeg and Shilo;
 Saskatchewan: Moose Jaw and Dundurn;
 Ontario: Ottawa, Petawawa, Kingston, Trenton, Borden, Meaford, North Bay, Toronto, London, and Sault Ste Marie;
 Quebec: Bagotville, St-Jean and Valcartier;
 New Brunswick: Gagetown;
 Nova Scotia: Halifax and Greenwood;
 Newfoundland: St-John's, Gander and Goose Bay;
 NWT: Yellowknife.

25 CF Health Services Centers/Detachments have fully functional Base Pharmacies and Dental Detachments. The CF also has clinics in Geilenkirchen (Clinic in Germany), and Washington, DC.

CF - Eligibility for Health Care

CF Members eligible to receive treatment under the Queen's Regulations and Orders for the Canadian Forces (QR&O) include:

1. The Regular Force;
 - a Depending on the medical requirement, Regular Force members may be entitled to the goods/services outlined in the CF SoC.
2. The Reserve Force; The current process used to determine eligibility for the Reserves are broken down into Four Categories:
 - a Class A (Emergency Care Only)
 These members may only be entitled to goods/services for injuries attributable to military service. The provincial health care system covers these types of members.
 - b Class B less than 180 days currently (Emergency Care Only)
 These are Reserve members with short contracts between 14 to 180 consecutive days.

- They may only be entitled to goods/services for injuries attributable to Military service. The provincial health care system covers these types of members.
- c Class B greater than 180 days (full Spectrum of Care)
These are the “Long Term” Reservists who are contracted for extended periods (some contracts can be renewable each year.). Depending on the medical requirement, these reserve members may be entitled to the goods/services outlined in the CF SoC.
 - d Class C (full Spectrum of Care)
These are members with various lengths of contracts, which are normally on deployments either domestic or out of the country. Regardless of the length, once their contract has begun, these reserve members may be entitled to the goods/services outlined in the CF SoC.
3. Cadets: the CF provides emergency health services to Cadets while outside Canada. These Cadets are registered in FHCPS using their Unit ID (e.g. M99990002 = Ottawa). If they are injured and require further treatment upon their return, the FHCPS/MES will be available to process any claims. Once the patient’s treatment has been completed, the cadet’s provision of health services from the CF will cease.
 4. A force of a North Atlantic Treaty Organization (NATO) State in Canada in connection with the member’s official duties, where reciprocal agreements for the provision of health care are provided for by that State; and
 5. Any other military force, as directed by the Minister.

A.2 Royal Canadian Mounted Police (RCMP)

The provision of health care is the responsibility of the Commissioner pursuant to *RCMP Regulations*. Delegation of the overall responsibility for the management of the Occupational Health and Safety Program and development of policies rests with the Director General, Occupational Health and Safety Branch (OHSB).

The RCMP policy on Health Care Entitlements and Benefits with the approved levels of care will be provided upon request.

The RCMP provides members with three (3) levels of health care: *Basic, Supplemental (including Dental) and Occupational under the Health Benefits Program. With the inclusion of RCMP members under the *Canada Health Act* as an “insured person”, members will begin receiving basic health care under the publicly-funded Provincial/Territorial health care plans, effective April 1, 2013. (**Note:** *The RCMP is currently undergoing organizational changes (Health Services Modernization) in its delivery of members’ health care entitlements and benefits programs. Pursuant to current RCMP Regulations, eligible members receive Basic, Supplemental and Occupational Health Care benefits at RCMP expense. Basic Health Care is in the implementation stage for transfer to Provincial or Territorial jurisdictions in accordance with the legislative amendment to include members as an “insured person” under the ***Canada Health Act*** (June 29, 2012). Under modernization efforts, additional changes may occur to these Programs: Supplemental Health Care, Occupational Health Care and Dental Appeals. Even though all regular members are now covered under the ***Canada Health Act***, the RCMP must be able to cover and track the basic health care costs when members end up with no coverage due to operational reasons, e.g. coming back from a peace mission, Foreign Service Office, or other situations.)

Supplemental Health Care represents the type of benefits that might normally be available to members of other police services and federal employees, generally through health benefit insurance plans. Currently, this level of care is provided to members at a no premium cost on an “as needed basis”, but with specific limitations.

Occupational Health Care is an extra level of benefit that the RCMP, as an employer, may provide to minimize limitations and restrictions affecting an eligible member’s fitness for duty. This level of care requires financial pre-authorization for treatments/services by the divisional OHSS office.

RCMP members may obtain treatment from the health professional or provider of their choice, as long as the provider meets the criteria specified by the Department for the applicable benefit or service. The benefits and services are listed in the benefit grids under groups of similar types of benefits (currently called Programs of Choice (POCs) which are managed under FHCPs). (See A.4. Programs of Choice (POC) Descriptions and Providers).

RCMP members are expected to choose health professionals and providers close to or within their immediate community and are expected to change providers when they move or if the provider moves. If exceptional circumstances dictate the need for treatment outside of their immediate area, the Department will render a decision on an individual basis.

There are two (2) situations where RCMP members working or traveling outside of Canada incur expenses for non-emergency and emergency health care. Health claims will be included under the FHCPs and will be paid in the currency of the country where the benefit was obtained:

1) Posting in Canada Traveling Out of Country

Regular members posted in Canada when traveling out of country, on duty or for personal reasons, receive emergency medical coverage co-ordinated and approved by the Claims Administrator’s Emergency Travel Assistance Service for health services resulting from sudden illness or injury. Currently, in cases where a member has paid for an emergency health service, the divisional OHSS office will send the claim to the Claims Administrator for payment. As a result of changes to the Canada Health Act (June 29, 2012), the first payee will be Provincial/Territorial health insurance plans, where applicable, the RCMP will be the second payee.

2) Out of Country Posting or Operation

Liaison Officers in Country of Posting

2a) Regular members posted to a Foreign Service Office under the International Liaison Officer Program receive health services in the country of posting. Currently, health services are paid by the member and claims processed for payment by the HQ Division OHSS office using an internal financial system.

*Note: Due to Health Services Modernization this business process may change in the future.

Liaison Officers Out of Country of Posting

2b) Regular members posted to a Foreign Service Office under the International

Liaison Officer Program, when traveling out of their country of posting, on duty or for personal reasons, receive emergency medical coverage co-ordinated and approved by the Claims Administrator's Emergency Travel Assistance Service for health services resulting from sudden illness or injury. Currently, in cases where a member has paid for an emergency health service, the divisional OHSS office will send the claim to the Claims Administrator for payment.

*Note: Due to Health Services Modernization this business process may change in the future.

United Nations International Peace Operation

2c) Regular members posted to a United Nations International Peace Operation (e.g. Afghanistan, Congo) under the International Peace Operations (IPOB) Program receive emergency medical coverage co-ordinated and approved by the Claims Administrator's Emergency Travel Assistance Service and Medical Case Management is provided when health services are required. Currently, in cases where a member has paid for a health service, IPOB will send the claim to the divisional OHSS office which will then send the claim to the Claims Administrator for payment.

*Note: Due to Health Services Modernization this may change in the future. In fiscal year 2011/12, based on the total Canada police deployment of 150-190 members, estimate 30% to 40% are RCMP members. For the next two years this estimate is expected to remain the same.

RCMP Structure

The Occupational Health and Safety Branch (OHSB) is the Policy Centre at National Headquarters located in Ottawa, Ontario on Leikin Drive, with divisional Occupational Health and Safety (OHSS) offices located in eleven (11) of the fourteen (14) Provinces and Territories.

The divisional OHSS offices are located in: St. John's, Newfoundland ('B'); Bedford, Nova Scotia ('H' and 'L', Prince Edward Island); Fredericton, New Brunswick ('J'); Westmount, Quebec ('C'); Ottawa, Ontario ('A', 'W', and 'HQ'); Newmarket, Ontario ('O'); Winnipeg, Manitoba ('D' and 'V', Nunavut); Regina, Saskatchewan ('F' and 'Depot', Cadet Training); Edmonton, Alberta ('K' and 'G', Yellowknife); and Vancouver, British Columbia ('E' and 'M', Yukon).

Currently, OHSS offices include a Manager, Health Service Officer(s), Occupational Health Nurse, Psychologist, Disability Case Manager, administrative support staff; and may include an Occupational Safety Officer and Return to Work Facilitator.

Eligibility for Health Care: RCMP

RCMP eligible member to receive health benefits include:

1. A serving regular member or special constable member.
2. A serving regular member or special constable member in receipt of a disability pension.
3. A retired regular member or special constable member in receipt of a disability pension.

A.3 Veterans Affairs Canada (VAC)

VAC's mission is to provide exemplary, Client-centered services and benefits that respond to the needs of veterans, our other clients and their families, in recognition of their services to Canada; and to keep the memory of their achievements and sacrifices alive for all Canadians. Provision of health care services flow directly from this mission statement. VAC operates within a needs-based, client-centred service approach. This means that each client's needs are assessed on an individual basis. When needs are assessed, Department's staff will work with the client to see that those needs are met wherever possible. Client needs may be met through VAC programs and services, or through other sources, be they municipal, provincial, federal or private. Whenever possible within legislative and regulatory parameters, VAC will resolve decisions in favour of the client. As a result of this philosophy, exceptional decisions are not uncommon within VAC. Such decisions are made by VAC.

VAC clients may obtain treatment/services from the health or rehabilitation professional or provider of their choice, as long as the provider meets the criteria specified by the Department for the applicable benefit or service. Benefits and Services are listed in the benefit grids under groups of similar types of benefits (currently called Programs of Choice (POCs) which are managed under FHCPS. VAC clients are expected to choose health and rehabilitation professionals and providers close to or within their immediate community and are expected to change providers when they move or if the provider moves. If exceptional circumstances dictate the need for treatment or rehabilitation services outside of their immediate area, the department will render a decision on an individual basis.

VAC clients who are residents of Canada but are temporarily out of country require the approval of VAC staff in Foreign Countries Operations in Ottawa for the payment of claims. These claims will be submitted for payment through the FHCPS and will be paid in the currency submitted.

VAC clients participating in the Rehabilitation Program may live temporarily or permanently outside of Canada. VAC staff in the Foreign Countries Operations in Ottawa serves as the VAC case manager and will approve the funding of required rehabilitation services.

VAC's Structure:

VAC consists of two Head Offices, in Charlottetown and Ottawa. Three Regional Offices and 35 field/district offices located across the country. The Ottawa office includes a Foreign Countries Operations unit, which handles all out-of-country clients and Allied Veteran beneficiaries residing in Canada who are eligible for treatment benefits through VAC's Allied government reciprocal agreements. The Regional Offices are Atlantic Region, located in Dartmouth, Nova-Scotia; Central Region including 2 Management Centres in Montreal, Québec and Kirkland Lake, Ontario; Western Region in Winnipeg, Manitoba including 2 Management Centres in Winnipeg and Vancouver; and field/district offices are located in every province. Administration for the three territories is handled in two of the western district offices and one district office in the province of Québec. VAC also provides services from satellite offices. Currently, Treatment Authorization Centres (TACs) are located in Vancouver, Montreal, St. John's, Charlottetown and Moncton. One TAC is currently managed by the contractor. A TAC telephone network is configured to allow providers to select the appropriate office to authorize a benefit to a client. These offices are staffed with specially trained agents and health professionals who apply related regulations and policies to determine if a benefit or service will be authorized.

Eligibility for Health Benefits and Services: VAC

A client becomes eligible for health benefits and services when recognized by VAC as:

- a) having been granted disability entitlement from Veterans Affairs Canada;
- b) an income-qualified client or a Canada service veteran;
- c) having overseas service and waiting to be admitted in a facility in Canada where VAC has a contractual agreement for beds;
- d) eligible for medical and psycho-social services under the Rehabilitation Program;
- e) eligible for home care and other benefits under the Veterans Independence Program (VIP);
- f) eligible for Long Term Care (LTC); or
- g) having an exceptional health need.
- h) eligible for payment of travel and/or medical costs related to a disability benefit application, reassessment or VRAB Review hearing.

VAC staff performs the adjudication on the above eligibility which then provides clients with eligibility for:

- Health Care Programs under the Veterans Health Care Regulations. Health Care Programs include Treatment Benefits, VIP and LTC; and/or
- The Rehabilitation Program under the Canadian Forces Members and Veterans Re-establishment and Compensation Act. Under the Rehabilitation Program, CF Veterans and their families may be eligible for medical and psycho-social services which are processed through FHCPS.

Treatment Program Client Eligibility:

Clients eligible for treatment benefits under the Veterans Health Care Regulations are divided into groups representing the level of eligibility:

- Restricted Access (currently referred to as Group A clients)
- Full access to Supplementary Coverage (currently referred to as Group B clients)
- Combined access (both A and B coverage)
- Limited access due to disability benefit application, reassessment or hearing in progress
- Access due to Reciprocal Agreements with Allied Countries

Restricted Access (Group A)

This group is eligible to receive specific benefits and services if the benefit or service is directly related to the care or treatment of the medical condition for which the client has entitlement under the Disability Benefits Program. Although these clients are eligible to receive treatment when outside of Canada, pre-approval is required through VAC's Foreign Countries Operations (FCO), prior to payment through FHCPS. *VAC officials may, under certain circumstances, award extra coverage if a benefit or service forms part of treatment or care considered beneficial to their pensioned/awarded condition(s).*

Full Access to Supplementary Coverage (Group B)

Clients may be eligible for this coverage as a result of adjudication by VAC staff under Department's programs such as the Disability Program, Economic Support Program, LTC

Program and/or VIP Program. This coverage provides eligibility to receive all benefits listed in the benefit grids (within Canada) if they have a demonstrated health need and to the extent that the benefit is not available to the client as an eligible resident of their province. Where applicable, clients with this coverage level must first access other federal, provincial, municipal or non-governmental organization funded programs.

Combined eligibility (both Groups A and B)

It is not unusual to have clients that are receiving benefits from more than one VAC program. These clients qualify for their respective eligibility under the appropriate legislation for each program, and may be eligible to receive benefits and services under both coverage groups. The system adjudication of a claim must first consider the Group B coverage if not a provincially funded benefit. When outside of Canada, clients are only eligible to receive treatment if it is related to the condition for which they have disability program entitlement.

Limited Access

Limited Access is available when clients apply for a disability benefit, when the extent of an already entitled disability benefit is reassessed or when the client attends a VRAB Review hearing. A client who undergoes a medical examination requested by VAC is entitled to be paid a reasonable amount for the costs incurred for the examination or testing and costs related to travel and living expenses are reimbursed. Also, an applicant and each witness called by an applicant who attends a hearing by a VRAB review panel are entitled to be paid travel and living expenses incurred in attending the hearing.

Allied Clients

Health benefits are extended through VAC's Allied government reciprocal agreements to eligible Allied veteran residing in Canada. FCO is the direct point of contact for eligible FCO Allied clients and their service providers and MUST prior-authorize ALL Allied health benefits expenditures as per established VAC procedures. FCO is also responsible for notifying the client/provider, in writing, of an Allied client's health benefit eligibility through VAC, including billing process (claims are submitted directly to FCO).

VIP Benefits Eligibility:

VAC staff determine, through an assessment, if the provision of VIP services would assist the client to remain self-sufficient at their principal residence or the provision of these services is necessary for health reasons. Clients eligible for VIP must be a resident in Canada. Eligibility for benefits and services under the VIP Program is specified in a Contribution Agreement which represents the pre-authorization. A Contribution Agreement may be established for a Veteran, a Veteran's spouse if Veteran is in a long term care facility or a Veteran's eligible survivor/primary caregiver where the Veteran is deceased. VIP currently has 12 benefits and various services may be included under these benefits. VIP benefits and services are paid by three methods: reimbursement to the client or provider, advance payments issued monthly, semi-annually or annually or by grant payments issued semi-annually. Currently, VIP benefits which are paid through reimbursement or advance pay include: Ambulatory Health Care, Health and Support Services, Access to Nutrition, Personal Care, Social Transportation, Home Adaptations, Intermediate Care and Adult Residential Care. Adult Residential Care is no longer provided under VIP but there is a small number of veterans who continue to receive this benefit. VIP benefits which are paid by semi-annual grant are Housekeeping (Routine and Non-Routine as well as Window Washing) and Grounds Maintenance.

Long Term Care Benefits Eligibility:

VAC staff makes the determination on client eligibility for the Long Term Care Program. Clients may be eligible to receive intermediate or chronic care in a facility in Canada where VAC has a contractual

agreement for beds and, to the extent that care is not available as an insured service under a provincial health care system, clients may be eligible for intermediate or chronic care in a community facility.

Rehabilitation Program Eligibility:

The Veterans Affairs Canada (VAC) Rehabilitation Program is designed to support clients make the transition to civilian life. Through this Program, clients have access to rehabilitation services, as part of an individualized plan, that can help restore their ability to function in their home, community and workplace. It is a distinct program with its own eligibility requirements. In addition to Veterans, rehabilitation services may also be provided to spouses/common-law partners and survivors.

Types of rehabilitation services that may be funded by VAC's Rehabilitation Program include:

Medical rehabilitation services: These include physical or psychological treatments aimed at stabilizing and restoring basic physical and psychological functions of the Veteran, or other client. Services may include, for example, medical treatment, psychiatric treatment, physiotherapy, occupational therapy, massage therapy, prosthetics and aids.

Psycho-social rehabilitation services: These include psychological or social interventions focussed on restoring a Veteran or other client's, independent functioning and facilitating their social adjustment. Services may include, for example, pain management, psychological counselling and life skills training.

VAC staff renders the eligibility decision and, where applicable, authorizes medical and/or psycho-social rehabilitation services and interventions. Clients eligible under the Rehabilitation Program must have all services pre-approved by VAC prior to accessing services. Veteran clients eligible under the Rehabilitation Program may also be entitled to a pension or award under the Disability Program and would, therefore, also have eligibility under the Treatment Program.

ESTABLISHING ELIGIBILITY IN FHCPS FOR TREATMENT BENEFITS

The adjudication for specific VAC Programs is entered in the VAC System of Record. Eligibility for these VAC programs is then the source for the eligibility for treatment benefits and rehabilitation services. The Contractor's system must receive and interpret the source program eligibility adjudication information and generate the applicable level(s) of entitlement as well as entitlement to specific benefit groups or specific benefits. The following examples apply:

- Eligibility for the Disability Program for one or more conditions with a total assessment of 47% or less will be transmitted to FHCPS and must generate restricted eligibility – i.e. eligibility for specific groups of benefits which would have benefits that could be required for the treatment of the pensioned/awarded condition.
- Eligibility for the Disability Program for one or more conditions which puts the total assessment at 48% or more will be transmitted to FHCPS and must generate eligibility for full access to all treatment benefits which are not covered by a provincial plan or private insurance and, in addition must generate entitlement to specific groups of benefits which are related to the treatment of the pensioned/awarded condition.
- Eligibility for an Income Support Program (Canada Service Veteran or War Veterans Allowance) will be transmitted to FHCPS and must generate eligibility for full access to all treatment benefits which are not covered by a provincial plan or private insurance.

The eligibility for the benefits under two Health Care Programs, the Veterans Independence Program and the Long Term Care Program, will result in a preauthorization record in FHCPs from which reimbursement payments and periodic payments will be deducted from annual amounts. The required data for the authorizations for benefits under these programs will be entered by VAC users directly in FHCPs or will be transferred from Departmental systems. Eligibility for these two programs may automatically generate or change the level of eligibility for treatment benefits.

ESTABLISHING ELIGIBILITY IN FHCPs FOR REHABILITATION SERVICES

The adjudication for the Rehabilitation Program is entered by VAC in VAC's System of Record, CSDN. This eligibility is transmitted to the Contractor where Program eligibility is established. The VAC Case Manager develops a Rehabilitation Plan and authorizes specific medical and psycho-social rehabilitation services within the Plan that will be funded by the Rehabilitation Program. Where dental or pharmacy items are needed, these are authorized by the respective TAC. Rehabilitation services are only funded through the VAC Rehabilitation Program if they are not otherwise available to the client as an insured service under a provincial health care system, a provincial or federal workers' compensation plan, or through the VAC Treatment Benefits Program. Authorized services must be entered into FHCPs to create an authorization record.

The client's Rehabilitation Plan may include authorization for any benefit on the Benefit Grids on POC 1-14. In addition, although authorized rehabilitation services, funded by the Rehabilitation Program are not limited by the business rules housed in the benefit grids, these business rules are used by VAC Case Managers as guidelines.

A4. Programs of Choice (POC) Descriptions and Providers

POC 1 - AIDS TO DAILY LIVING (ADL)

This program provides devices and accessories, including necessary repairs, designed to assist Clients in the activities of daily living. For example: walking, bedroom and bathroom aids.

Provider Definition: Providers who are eligible to be registered under this program could range from pharmacies who provide medical supplies and equipment, independent contractors, department stores, and any other group or individual who provides equipment identified under the benefit grid for this program.

POC 2 - AMBULANCE SERVICES & (VAC) HEALTH RELATED TRAVEL

Ambulance services may be approved for transfers between specific locations if there is a medical need for the service; and other means of transportation are clearly medically inappropriate. Veterans need not submit receipts with their travel claim unless requested, but need to save all receipts and supporting documentation for one year in case it is requested.

For VAC, supplementary health benefits, including the following health related travel costs, are included:

- The costs of travel incurred by the Client who travels to receive authorized health care benefits;

- The costs of travel incurred by the Client who travels to a medical examination or VRAB hearing at the request of VAC in support of a disability benefit application or reassessment;
- When the Client needs to be accompanied by an escort or Next of Kin on travel, as per above, the costs of travel incurred by the escort or next of Kin;
- Standard commercial sleeping accommodations that are conveniently located in respect of the treatment centre or private accommodations;
- Meals; and
- The remuneration of an escort or next of Kin, as referred to above, where the escort or Next of Kin is not the spouse or a dependant of the Client or any other member of the Client's family or household.
- Transportation by the most convenient and economical means of transportation appropriate to the condition of the Client to an appropriate treatment center as close as possible to the Client's residence; and
- Transportation between the treatment centre and the accommodations (standard commercial sleeping accommodations or private accommodations).

For the VAC Rehabilitation Program clients, rehabilitation related expenses, including the following costs, may be approved on an individual basis:

- The costs of travel incurred by the client who travels to receive a rehabilitation service;
- The costs of travel incurred by an escort, when an escort is needed;
- Sleeping accommodations that are conveniently located in respect of the rehabilitation centre or private accommodations;
- Meals;
- The remuneration of an escort where the escort is not the spouse or dependent of the client or any other member of the client family or household; and
- Costs of additional dependent care, to maximum daily rate.

These costs may only be paid to the Rehabilitation Program client where pre-authorized as part of the rehabilitation plan.

Provider Definition: Providers who are eligible to be registered under this program must be licensed ambulance operators, in the province or territory in which they operate. Providers registered for health related travel may include commercial airlines, rail systems or other commonly used transportation services. Travel may also be provided by non-registered individuals.

POC 3 - AUDIO SERVICES

Audio services, which includes the provision of hearing aids, accessories and other devices for the hearing impaired. For example: hearing accessories, telephone amplifiers, hearing aids. Provision of other models can be considered on an exceptional basis if the Client's hearing needs cannot be addressed by the standard benefit technology. For example: multi-channel programmable analog and digital aids, completely-in-the-canal aids.

Provider Definition: Providers who are eligible to be registered under this program must be specialists, clinical audiologists or a provincially licensed dispenser of hearing equipment.

POC 4 - DENTAL SERVICES

Dental Services includes the most cost-effective treatment essential to good health. The range of

services provided includes basic and comprehensive dental treatment. This encompasses such things as dental examinations, X-rays; full and partial removable dentures; prophylaxis; endodontic; restorative and periodontal treatment, as well as maxillo-facial surgery. These items may be supplemented by crown and bridgework; occlusal corrections; and over dentures.

Under the FHCPS program all dental services are billed using provincial fee codes, which originate from the appropriate professional association and individually approved within each province by a provincial association. The Contractor must develop a common reporting matrix that will allow the various provincial codes to be grouped and have useful information made against this POC. The coding from the province of Quebec must be translated into the standardized national coding system.

Provider Definition: Providers who are eligible to be registered under this program include dentists who have a private practice, provincially approved denturists and dental hygienists. The CF does not recognize denturists. The Canadian Forces do not access services from denturists. It should also be noted that in those cases where a service has been provided by a denturists, this services will either be pre-approved or be subjected to review after the fact. Dental practitioners must be licensed to practice in the province or territory in which they are providing the service. For VAC and RCMP, the scope of service that may be performed by a denturist or dental hygienist is governed by the applicable provincial legislation. For CF clients, all dental services must be pre-authorized by a Canadian Forces Dental Detachment. The Canadian Forces do not access services from denturists.

POC 5 - HOSPITAL SERVICES

This program offers benefits for treatment services provided in acute care, chronic care, or rehabilitative care hospital. It includes both inpatient and out-patient services in an accredited provincial hospital or health facility. Costs for private or Semi-Private rooms are not normally covered by VAC.

Provider Definition: Providers who are eligible to be registered under this program must be provincially accredited hospitals, laboratory and Diagnostic Imaging clinics, except for those providers who are necessary in the case of emergency treatment.

POC 6 - MEDICAL SERVICES

Medical services consist of the full range of medical care provided by physicians and other specialists i.e.: psychiatrists, including medical examinations, treatment or reports required by the Departments. Under the FHCPS program, all medical services are billed under Program of Choice (POC) 6. POC 6 claims are submitted using provincial fee guide codes and in some situations, the professional association fee guides. There will be a requirement to adjudicate on codes used, provider specialty and cost. These codes differ amongst all provinces and must be mapped by the Contractor toward a common reporting code (or a unique category) in order to glean information from expenditures made against POC 6 services.

Provider Definition: Providers who are eligible to be registered under this program include physicians and other specialists (i.e.: psychiatrists) who are licensed to practice in the province/territory where the services are provided and who provides the medical services as a regular part of their practice.

POC 7 - MEDICAL SUPPLIES

Medical supplies include a variety of medical and surgical equipment and supplies normally used by an individual in a non-hospital setting. For example: inhaler, incontinence supplies and supplies such

as bandages.

Provider Definition: Providers who are eligible to be registered under this program could range from pharmacies, department stores, specialty service stores or any other group or individual who provides the supplies or equipment identified in the benefit grid.

POC 8 - NURSING SERVICES

Nursing services refers to nursing services that are provided in a Client's home or other approved facility. These services normally consist of administering medication; foot care; bathing; personal care; dressing; instructing Clients and caregivers in the use of medical supplies; training family members or other caregivers in caring for the Clients; and assessment of health care needs.

Provider Definition: Home nursing service providers must be nurses, who are licensed to practice in the province/territory where the service is provided. For VAC, foot care service providers must be nurses or LPNs with VAC-approved training in foot care, which are licensed by the province/territory where the service is provided.

POC 9 - OXYGEN THERAPY

The oxygen therapy program provides required equipment and supplies to Clients with respiratory problems. This program offers oxygen and accessories, as well as the rental or purchase of other respiratory supplies and equipment. The program includes sleep therapy. For example, oxygen concentrators, compressors, oxygen gas.

Provider Definition: Providers who are eligible to be registered under this program include respiratory technologists and representative oxygen supply companies.

POC 10 - PRESCRIPTION DRUGS

Prescription drugs refer to any pharmaceutical product prescribed by a regulated health care professional and approved under VAC, CF and RCMP programs. This may but does not necessarily include: products which have a Drug Identification Number (DIN), including non-prescription medications; products with a Natural Health Product number; and, other medical products or devices with assigned unique identifiers that are required to optimize the use of drugs or other health-related outcomes. Included under the Departments' programs are:

Standard Benefits include over-the-counter and prescription drugs, plus medical devices that are considered by the Departments to represent "common" therapies. All products on this formulary are readily accessible to eligible Clients who provide a legal prescription or other necessary documentation of medical need.

Special Authorization Benefits provide eligible Clients with less common or higher cost therapies approved by the authorized Department as part of a managed health care approach. Clients need a prescription and must be able to demonstrate a medical need that is most appropriately met with the requested therapy. Clients may be required to submit medical test results prior to being approved for these benefits. Alternatively, Clients may be asked to try more common therapies before receiving special authorization products.

Non-Formulary Products are products which are not included on the formulary but which may be

approved on an exceptional individual basis, based on medical need and demonstrated or predictable benefit (value for money).

Provider Definition: Providers who are eligible to be registered under this program could include pharmacies, pharmacists, physicians, psychiatrists, or dentists; provided that they are licensed to dispense prescriptions, requiring and non-prescription requiring drugs in the province/territory where the benefits are being obtained.

POC 11 - PROSTHETICS AND ORTHOTICS

Prosthetics and Orthotics refers to the arts and sciences of treating patients with prostheses or orthoses. Prosthetics refers specifically to any device that replaces missing external parts of the body. Orthotics refers specifically to externally applied devices used to modify structural and functional characteristics of neuromuscular and skeletal systems. For the purpose of this program, the design, make, fit and repair of either of these devices or other remedial devices are included. Examples of benefits: prosthetic and orthotic appliances, custom-built footwear, necessary accessories and repairs. Examples of excluded benefits: off-the-shelf footwear.

Provider Definition: Providers who are eligible to be registered under this program could include specialists and those provincially licensed to provide prosthesis or orthoses.

POC 12 - RELATED HEALTH AND REHABILITATION SERVICES

Health Services refers to health-related and rehabilitation services that are recognized as being beneficial to Clients' health. This could include chiropractic, podiatry, chiropody, massage therapy, physiotherapy, occupational therapy, speech language pathology, professional social work services, psychological services and/or any other programs that have been approved by the Departments.

These health or rehabilitation professionals and multi-disciplinary clinics must be licensed by a licensing authority recognized by the province or territory in which these services are provided, or approved by the Department to which the Client pertains. Other therapies prescribed by health professionals in support of a treatment program may be recognized by the Departments.

Examples of benefit: chiropractors, massage therapy, physiotherapy. Examples of covered benefits requiring referral by physician: occupational therapist, physiotherapist, psychological counselling, hearing and speech therapist. Example of excluded services for some of the Departments: homeopathic services, naturopathic medicines and therapies.

Provider Definition: Providers who are eligible to be registered under this program could include health and rehabilitation professionals, specialists and physicians licensed to practice by the province in their respective specialty, or others approved by the respective Department.

POC 13 - SPECIAL EQUIPMENT

Special Equipment includes devices, specialized furnishings, therapeutic aids and any other equipment designed to compensate for a disability or handicap. Home adaptations to accommodate this equipment are also included for some of the Departments.

These benefits must be prescribed by a doctor, and in many cases, they must also be supported by the recommendation of another health professional. Examples of benefits: hospital beds, wheelchairs,

driving aids. Example of excluded benefits: mattresses for a regular bed.

Provider Definition: Providers registered for this program could include individuals or companies engaged in the sale, rental, delivery, installation and repair of special equipment, as outlined in the benefit grid.

POC 14 - VISION CARE

Vision Care includes benefits and services to correct sight impairments as well as equipment, supplies as well as services provided by the Canadian National Institute for the Blind (CNIB). Examples of benefits: bifocal lenses, frames, eye examinations. Examples of excluded benefits: sunglasses, no two pair of glasses option.

The CF negotiates special rates with local providers for the provision of eye glasses. The Contractor's system will be required to adjudicate claims based on those negotiated rates.

Provider Definition: Providers registered for this program could include optometrists, ophthalmologists, and opticians licensed to practice in the province/territory in which the Client receives the services. The CNIB is also a provider and is included with this group.

POC 15 - VETERANS INDEPENDENCE PROGRAM (VIP) - VAC

VIP refers to services provided to eligible Clients under the Veterans Independence Program. The services available under VIP are provided under a Contribution Arrangement and the maximum rates are adjusted annually, except for up-front payments for grounds maintenance and housekeeping services. Veterans will no longer have to submit receipts for grounds maintenance and housekeeping services offered under the Veterans Independence Program (VIP). When care in the home is no longer reasonably practicable, VIP assists eligible Clients to remain in their communities by providing Intermediate Care Service in community facilities. VIP services are aimed at eliminating or delaying the need for institutionalization. VIP assists with the costs of certain services provided at the Client's home such as:

- Grounds maintenance, including grass cutting or snow removal;
- Housekeeping, including help with routine tasks such as laundering, cleaning, vacuuming and preparing meals;
- Personal care services to assist with bathing, dressing and eating;
- Nutrition services like meals-on-wheels and wheels-to-meals; and
- Health and support services provided by health professionals.

VIP can also assist with the costs of the following other services:

- Transportation costs may be covered for activities such as shopping, banking, attending senior citizen centres and churches; and visiting friends, when transportation is not otherwise available;
- Ambulatory health care covers certain health and social services provided outside the home such as adult day care, and travel costs to access these services;
- Nursing home care may also be provided when living at home is no longer practical and a greater level of nursing and personal assistance is needed;
- Home adaptations can be made, for example, to bathrooms, kitchens, and doorways; to provide access for basic everyday activities such as food preparation, or personal hygiene.

Provider Definition: For VIP Service Providers, eligible providers include companies and individual practitioners providing services to Clients. Providers registered for this program could include, health professionals, service organization delivering VIP-type services, companies delivering VIP-type services and bonded individual service providers (registered or non-registered).

POC 16 - LONG TERM CARE (LTC) - VAC

LTC provides financial assistance to Veterans residing in long term care facilities in Canada. These Veterans require Federal level II and III type care and would have full access to treatment benefits.

Provider Definition: Providers who are eligible under this program range from contract, community and private facilities that can provide the appropriate level of care to eligible Veterans. VAC will provide facilities information to the Contractor by means of data transmittal.

ANNEX B - VOLUMETRICS

B. Liability of Canada for Accuracy of Volume Estimates Provided

Canada accepts no liability for any variation or discrepancy in the estimated volumes that have been provided in the RFP, elsewhere in the Solicitation # 51019-072007/D documents or under the Contract and the actual usage/volume figures processed under the contract.

The FHCPs historical business and transactional volume data has been provided to Bidders to assist them in preparing their bids. The Contractor acknowledges the basis on which the estimates are provided and further acknowledges that it is not relying on these estimates to formulate its bids but has conducted its own due diligence and analysis of the work and is placing its reliance on its own analysis and not on the estimates provided by Canada.

Further, the contractor hereby waives any action or claim that it might have against Canada arising from any variation or discrepancy between the estimates of resource requirements, decisions and/or claims provided by Canada and the actual numbers processed under the contract.

B.1 Historical Transactional Volumes by Year (Invoiced Transactions)

	FHCPs Program	VAC	RCMP	CF	Total per Program per Year
2005/06	VIP	4,318,495	n/a	n/a	4,318,495
	POS	4,886,621	125,907	67,381	5,079,909
	NPS	1,947,674	468,192	545,539	2,961,405
	HRT	486,748	n/a	n/a	486,748
	Rehab	n/a	n/a	n/a	n/a
	RCMP Pensioners POS	14,671	n/a	n/a	14,671
	RCMP Pensioners NPS	28,236	n/a	n/a	28,236
	FCO/Allied POS	4,960	n/a	n/a	4,960
	FCO/Allied NPS	6,710	n/a	n/a	6,710
	Calls	151,467	976	1,865	154,308
	DND On-Base Pharmacy	n/a	n/a	544,071	544,071
Total		11,845,582	595,075	1,158,856	13,599,516

2006/07	VIP	4,629,934	n/a	n/a	4,629,934
	POS	5,266,330	122,230	64,314	5,452,874
	NPS	1,796,157	477,254	558,488	2,831,899
	HRT	490,979	n/a	n/a	490,979
	Rehab	1,648	n/a	n/a	1,648
	RCMP Pensioners POS	16,739	n/a	n/a	16,739
	RCMP Pensioners NPS	29,560	n/a	n/a	29,560
	FCO/Allied POS	4,905	n/a	n/a	4,905
	FCO/Allied NPS	6,972	n/a	n/a	6,972
	Calls	145,363	824	2,023	148,210
	DND On-Base Pharmacy	n/a	n/a	550,725	550,725
Total		12,388,587	600,308	1,175,550	14,164,445

	FHCPS Program	VAC	RCMP	CF	Total per Program per Year
2007/08	VIP	5,023,970	n/a	n/a	5,023,970
	POS	5,626,613	129,333	64,350	5,820,296
	NPS	1,811,611	473,295	555,744	2,840,650
	HRT	465,016	n/a	n/a	465,016
	Rehab	9,084	n/a	n/a	9,084
	RCMP Pensioners POS	18,467	n/a	n/a	18,467
	RCMP Pensioners NPS	29,819	n/a	n/a	29,819
	FCO/Allied POS	4,816	n/a	n/a	4,816
	FCO/Allied NPS	6,100	n/a	n/a	6,100
	Calls	128,941	584	1,464	130,989
	DND On-Base Pharmacy	n/a	n/a	555,396	555,396
Total		13,124,437	603,212	1,176,954	14,904,603

	FHCPS Program	VAC	RCMP	CF	Total per Program per Year
2008/09	VIP	5,232,201	n/a	n/a	5,232,201
	POS	5,666,515	134,499	65,917	5,866,931
	NPS	1,844,304	508,268	622,583	2,975,155
	HRT	500,924	n/a	n/a	500,924
	Rehab	15,500	n/a	n/a	15,500
	RCMP Pensioners POS	20,021	n/a	n/a	20,021
	RCMP Pensioners NPS	35,314	n/a	n/a	35,314
	FCO/Allied POS	4,782	n/a	n/a	4,782
	FCO/Allied NPS	5,545	n/a	n/a	5,545
	Calls	109,055	347	1,459	110,861
	DND On- Base Pharmacy	n/a	n/a	581,924	581,924
Total		13,434,161	643,114	1,271,883	15,349,158

	FHCPS Program	VAC	RCMP	CF	Total per Program per Year
2009/10	VIP	5,394,303	n/a	n/a	5,394,303
	POS	5,618,874	140,751	66,979	5,826,604
	NPS	1,822,722	553,226	686,288	3,062,236
	HRT	470,850	n/a	n/a	470,850
	Rehab	21,489	n/a	n/a	21,489
	RCMP Pensioners POS	21,571	n/a	n/a	21,571
	RCMP Pensioners NPS	38,884	n/a	n/a	38,884
	FCO/Allied POS	4,899	n/a	n/a	4,899
	FCO/Allied NPS	5,299	n/a	n/a	5,299
	Calls	92,339	297	1,468	94,104
	DND On- Base Pharmacy	n/a	n/a	605,020	605,020
Total		13,491,230	694,274	1,359,755	15,545,259

	FHCPS Program	VAC	RCMP	CF	Total per Program per Year
2010/11	VIP	5,597,164	n/a	n/a	5,597,164
	POS	5,603,260	148,442	73,488	5,825,190
	NPS	1,722,010	571,519	701,748	2,995,277
	HRT	465,130	n/a	n/a	465,130
	Rehab	29,926	n/a	n/a	29,926
	RCMP Pensioners POS	23,400	n/a	n/a	23,400
	RCMP Pensioners NPS	38,849	n/a	n/a	38,849
	FCO/Allied POS	4,824	n/a	n/a	4,824
	FCO/Allied NPS	5,382	n/a	n/a	5,382
	Calls	92,850	523	1,945	95,318
	DND On-Base Pharmacy	n/a	n/a	614,538	614,538
Total		13,582,795	720,484	1,391,719	15,694,998

	FHCPS Program	VAC	RCMP	CF	Total per Program per Year
2011/12	VIP	5,484,313	n/a	n/a	5,484,313
	POS	5,491,330	153,999	77,396	5,722,725
	NPS	1,732,990	599,872	748,721	2,081,583
	HRT	476,543	n/a	n/a	476,543
	Rehab	36,401	n/a	n/a	36,401
	RCMP Pensioners POS	24,063	n/a	n/a	24,063
	RCMP Pensioners NPS	45,515	n/a	n/a	45,515
	FCO/Allied POS	5,030	n/a	n/a	5,030
	FCO/Allied NPS	5,936	n/a	n/a	5,936
	Calls	93,650	542	1,972	96,164
	DND On-Base Pharmacy	n/a	n/a	617,258	617,258
Total		13,395,771	754,413	1,445,347	15,595,531

In reference to Table B.1 Historical Transactional Volumes by Year (2005/06 to 2011/12), the RCMP

POS and NPS transactions increased over this five year period. Effective April 1, 2013, due to the amendment to include members as an “insured person” under the **Canada Health Act**, RCMP volume totals will substantially decline for basic health care codes in POC 05 and POC 06, Hospital and Medical Services, respectively. In fiscal year 2011/12, the claim line counts were 61,484 for POC 05 and 163,106 for POC 06.

B.2 Volume

Volume of Client Kits

The Contractor must provide an initial issuance of client kits of approximately 225,000 kits nationally for clients of the Departments. Approximately 15% of these booklets would be in French, 85% in English. Booklets for CF members will be in bilingual format. The client kits include the client information booklet, a card and forms. After the initial issuing of the client kits, it is estimated that an annual requirement for new and replacement kits will be approximately 38,000 kits.

Also, there may be a requirement for re-issuing the kits to the entire client population due to changes in the program.

Volume of issuance of card only

The annual requirement for individual card replacements for the Departments is estimated at 38,000.

Volume of Client Information booklet for Departments’ staff

At the time of implementation, Departments’ locations will require approximately 30,000 booklets to be replenished upon request. This distribution is estimated.

Volume of Primary Caregiver/Survivor Booklet

VAC will require approximately 35,000 VIP Primary Caregiver/Survivor specific booklets. Approximately 15% of these booklets would be in French, 85% in English. The number of Primary Caregiver/Survivors is included in the overall 260,000 client base.

Volume of Provider kits

The Contractor must provide an initial issuance of Provider kits of approximately 150,000 kits nationally for the Departments. The Provider kits include program information, benefit provisions and provider guidelines and claim forms as well as instructions on accessing the Communication Website. The Contractor must also issue approximately 15,000 Provider kits annually for new providers.

Volume for Provider Account Registration Function

This must involve approximately 150,000 providers nationally at the start of the Contract.

Volume of History Function

The conversion of transaction history must be for 7 years.

Volume of Archiving Function

An estimate for archive of four Million paper claims per year nationally for the Departments.

Volume of calls for VIP

There are approximately 5,100 VIP specific providers and approximately 3,500 VIP calls per month and 3,000 LTC providers (volume of calls not available at this point).

Special Authorizations for Pharmacy - Type of Calls and Anticipated Volumes

The total estimated volume of all types of phone calls (in-coming and out-going), expected over a twelve (12) month period is approximately 150,000 in coming and out-going calls per year.

Fluctuations from month to month are expected to be minimal, with an historical average of 52 phone calls per day per nurse based upon an analysis of productivity results for current resources levels of 11 nurses, averaged over a three (3) year period; however, fluctuations on a daily basis are expected to peak from 10:00 to 16:00, in each of the time zones.

RCMP National Dental Call Volumes

In fiscal year 2011/12, the total dental claims volume (rounded) was slightly over 30,000 with 5,500 pre-determinations completed and 5,400 decision letters issued by the Dental Unit.

RCMP Member General Inquiry Call Centre Volume

The RCMP presently does not have an inquiry line. The expected call volume to the claims administrator will be based on current member population (as of September 2011, 19,281 regular members). Volumes will be dependent on demographics and business changes.

B.3 Additional Volumetrics

Additional volumetrics information available on a separate document (attached media):

- A. Active Provider Counts – Providers with Active History
 - 1. Active Providers 2003-2012 Partner-Fiscal-POC.pdf
 - 2. Active Providers 2011-2012 All Partner-Fiscal-Type.pdf
 - 3. Active Providers 2011-2012 Partner-Fiscal-Type.pdf
 - 4. Active Providers 2011-2012 VAC A-B Clients.pdf
- B. Active Clients, Historical Clients and Forecast
 - 1. Active Clients 2003-2012.pdf
 - 2. Active Clients 2003-2012 POCA-B.pdf
 - 3. Clients Forecasts 2009-2023.pdf
- C. Volume and type of letters for fiscal year 2010-2012
 - 1. Letters 2010-2011 FINAL.pdf`
 - 2. Letters 2011-2012 FINAL.pdf
- D. Historical Transaction Volumes – Benefit Level by POC
 - 1. Fiscal Benefit POC 10-11.pdf
 - 2. Fiscal Benefit POC 11-12.pdf
- E. Historical Analysis Claims vs Transactions
 - 1. Claim Trans POC Sum 2003-2011 FINAL.pdf
- F. VAC - TAC Call Statistics
 - 1. TAC CALL DATA REPORT 20090622-20090626.pdf
- G. Historical TAC and Pharmacy Decision/ Call Statistics
 - 1. Authorizations-Special 2009-2010.pdf

2. POC for TAC 2009 Percentage.pdf
 3. TAC Rollup.pdf
 4. TAC and Pharmacy Medical Consultants.pdf
- H. Conversion Information – IMS Record Counts for Departments
1. Record Count for IMS – May 2012.pdf
- I. VAC – Operational Resources
1. Estimated number of resources – Ops and Maintenance.pdf

Annex C - Report Types

REPORT TYPES

The Departments require a variety of scheduled, static reports. A short description of several examples of current static reports is provided below. Please note that the requirements for report types changes over time and report types required for this Contract will be confirmed following Contract Award.

- a) Static Departmental Program Management reports that are used by Departmental Officials to manage their Programs. These reports are national, provincial/territorial and regional in scope. They must be produced and posted to the FHCPs Documentation and Reporting Database by the Contractor within five (5) business days of month end (or quarter end, where applicable);
- b) Static FHCPs Operational reports on Contract services that are produced by the Contractor and posted to the FHCPs Documentation and Reporting Database for Departmental review. Reports may include, but are not limited to, reporting on service standards, the status of activities, system lifecycle management activities, interface transaction results (client eligibility and financial system), testing (system, user and security) results, financial operations and reconciliations, provider audits, Disaster Recovery/Business Continuity incidences, and backup and tracking activities;

Report Types:

Management Information Reports (On Request)

Management Information reports required by the Departments must be offered in an electronic format.

Electronic Transaction File (Monthly)

The Contractor must provide a separate monthly transaction file for each of the Departments claims and financial information. These files must be electronically transmitted to the individual Department, on a regularly scheduled basis, monthly. The layout of this file will be determined in consultation with the Project Authority and Departmental stakeholders post-Award.

Spread Sheet (Monthly)

An electronic spread sheet, detailing a summary of each Department's transaction files, must be produced and distributed by the Contractor on a monthly basis to the Departments. For VAC, the report must include a summary of dollars, under each POC, by province and by Program; including a year to date accumulator based on fiscal years. The report must include a summary of transactions based on the same criteria.

Workload and Activity Tracking Report (Annual and on request)

The report provides detailed information about the quantity and type of activities that are being carried out by Departmental staff using the FHCPs System within each of the Departments. The report provides details on the following types of information, by Program number of authorizations; claims payments; and, suspension reviews and updates that have required the involvement of Departmental staff. The report must be structured to have both summary and detail information available by user id, claim office, region and rolled up to a national level. The report must be distributed annually at the commencement of the fiscal year to the Head offices of each of the Departments and on request throughout the year.

Report on Effort for Authorizations (Monthly)

The Contractor must deliver a monthly report to the Project Authority which details the length of time required to render a decision on authorization requests for POCs 1 – 14 for each Department. The report must detail the POC, the benefit code and brief description, the resource category involved in the decision and the time expended by each resource from receipt of request to the completion of the decision.

Turn Around Time Reports (Monthly)

A monthly report must be generated which records turnaround time as well as the “suspend” period for claims pending to the Departments.

Public Accounts Report (Annual)

This report provides details about any provider registered and participating for a Department that has received a cumulative payment amount greater than \$50,000 in a fiscal year. The report is broken down by province and provider type, including detail of the provider’s name, address registration number(s), amount of money received and the number of claims submitted, as well as a count of the number of clients for the claims. The report must be distributed once annually at the commencement of the fiscal year to the appropriate Departmental authority.

First Time Notification (Red Flag) Report (Daily, as required)

The report provides details about any client who has received a benefit or service, as specified by the Department to which the client pertains, to identify a potential change in the overall health status for the client. The report must be applicable to all POCs and the specific criteria will be provided by each Department following Award. The report must be distributed to designated field offices for each Department and able to be further distributed to Departmental staff member(s) with case load responsibility. The report must contain the biographical information for the client, the benefit code and corresponding description, the date of service, provider name and registration, the corresponding claim office, as well as the financial information. This report must be produced daily, as required to the responsible claim office in each of the Departments. The system must have the capacity to view the report on-line and handle the setting and removal of a manual flag or confirmation check by the Departmental user. This function must be used to enable Departmental staff to signify whether or not the particular client record would be red-flagged in future.

Client Enrolment Process Critical Error Reject Report (Daily)

The report must be generated daily for the client registration/enrolment file. This report must provide Departmental staff with detailed messages, identifying any errors that have occurred in the client registration process, resulting in a rejection of the update. These errors could include, but are not limited to, things such as data reconciliation errors, eligibility combination rule errors and source data processing errors. The error messages must be simple and easy to identify what error has occurred and be available for the staff of the Departmental to which the client pertains to take corrective action. The report must be produced daily and be available for distribution to Head Office system staff. A copy of the report rolled up to the national Level must be available to the Project Authority in the head office for the Departments.

Third Party Payment Report (Weekly)

The report must be generated following a payment cycle where a third party has been authorized to receive payments by any of the Departments. This report is used to identify frequent claims from individuals that have not been registered to participate in the program. The Contractor must make this report available to each Department’s head office and to the

Contractor's provider relations unit to be used to facilitate the development of these relations. The report must include information about the name and address of the third party representative, the amount of claim submitted, the amount paid and who the authorizing staff member was that the claim belonged to. The report must be broken down by district and able to be rolled up to regional and national Level every week.

Close Proximity Verification Report (Daily)

The report, based on specific criteria provided by each Department following Award, must identify any claims that are submitted for the same drug benefit, within one (1) day of the original prescription being filled. The report is used to identify prescribing problems, as well as potential drug abuse by clients or their representatives. The report must be produced daily, following a claims submission, which meets the criteria. The report must be broken down by client identification within each district; and must include the biographical information of the client, the name of the pharmacy, address and registration number, the product name and drug identification number of the drug. This must also include the quantity dispensed, the amount submitted, the amount paid and the date of service. The report must be made available to the pharmacy unit for review under the Drug Utilization Evaluation (DUE) process.

DUE reports and Member Review Report (Quarterly)

This report is currently generated on a quarterly basis. This report lists all clients meeting one or more pre-determined criteria.

Examples:

- VAC DUE query for clients having 3+ physicians, 2+ pharmacies and narcotics at > 1 pharmacy - quarterly
- VAC DUE query for clients accessing on average more than 4 grams a day of acetaminophen or ASA (1080 tablets/3 months) - quarterly
- VAC DUE query for clients accessing >= 180 tables of Zopiclone over a 3 month period - quarterly
- Any client accessing Methadone – monthly
- All clients using Demerol on a chronic basis - monthly

These reports must be made available to support ongoing retrospective DUE activities on behalf of each of the Departments. It is important to note that the criteria summarized above may be changed as this process evolves.

Pharmacy Production Statistics Report (Daily)

This report provides a daily, weekly and monthly outline of the ongoing activities and work relating to pharmacy authorizations for all Departments. This report is based on uniquely assigned tracking codes, which detail types of work being handled by the Contractor on a regular basis. Unique tracking codes may be added as required. The Contractor must provide this information in an electronic file on a daily basis. The report is used for workload management within the Departments.

Investigative and Audit Services Activity and Progress Report (Monthly, as required)

This report provides a monthly progress status and details about all non routine audit activities that are active in the Contractor's Investigative and Audit unit for registered providers.

The report outlines the specific audits undertaken and provides information about the hours expended and remaining in any open treatment authorizations, as well as any relevant details about direction received from the Department to which the provider is registered. The report

must be made available to the head office Project Authority and sorted by Department, as applicable.

Annual Audit Report (Annual)

These reports provide a full accounting of all audit activities that have taken place during the previous fiscal year under the Contract on behalf of the Departments. The reports include an executive summary, and a summary of the individual cases and an analysis of trends for audits, which have been completed during the previous fiscal year. Included in the report must be a full financial accounting of recoveries that have been made on behalf of each of the Departments, as well as the expenditures incurred to carry out the audits. The report must be produced and translated by the Contractor and distributed to all district, region and head office management, as directed by each Department.

Routine Audit Activities Monitoring Report (Monthly)

This report provides a full accounting of the routine audit activities that have taken place on behalf of each Department on a monthly basis. The report provides details about the number and type of verification reviews that have occurred, and it identifies any recoveries that have been made, resulting from these recoveries and identifies any potential loss. The report is produced on a district office basis with a national summary available to the head offices.

Annual Provider Relations Report (Annual)

This report will provide a full accounting of provider relations activities during the year on behalf of each Department. The report will include information on negotiations and agreements, on priority areas of provider relation activity, on the results of specific provider relations projects and on the results of the annual provider relation plan (including follow-ups from previous plans). The report must be produced and translated by the Contractor and distributed as directed by each Department.

Client Verification Health Report, Client Verification Dental Report, Client Verification Pharmacy Report (Quarterly)

These three (3) reports are produced quarterly based on a sampling of claims history, as defined by the Departments. The reports are used to monitor and verify quality of service, and whether or not clients confirm actual receipt of services and benefits. The reports must be sent from the Contractor directly to clients at specified addresses. The Contractor must maintain a record of all verification letters sent and establish what the rate of return has been. The Contractor must also utilize the reports to identify problems with providers, clients or the program based on information obtained from the mail out. Results from the reports distribution must be made available on a quarterly basis to the Departments.

Bring Forward Report (Monthly)

This report, unique to VAC, provides details of expiring contribution agreements, which are not subject to automatic renewal, to enable VAC staff members across Canada to identify and review all client cases where the current contribution arrangement is set to expire. The report provides details; identifying the client, the specific contribution agreement dates and the remaining balance of available approved funds and time. This report must be available monthly and posted to the Data Management system within the FHCPs.

Report to RCMP (Monthly)

The report, unique to the RCMP, must be sent to the RCMP identifying: the number and type of treatment plans that are received; the number and type of treatment plans authorized; the number and type of treatment plans pending and the number and type of treatment plans

denied, including the alternate benefit identified as an option, when applicable. The report must be broken down by the RCMP eleven divisional occupational health offices, by the three level of care, by POC and by cost.

Member History Report (Semi-Annually)

The report, unique to the RCMP, provides a complete history of all health, dental and pharmacy claims for each member of the RCMP. The report is to be based on two (2) six (6)-month reporting periods during the fiscal year. The report must be produced and printed to paper copy for distribution by the Contractor. Electronic report distribution is **not** acceptable. The report must be broken down by the RCMP eleven divisional occupational health offices, by the three level of care, by POC and by cost. The report must produce a comprehensive profile of all services and benefits accessed by the individual member in the specified time frame and related cost. Each member report must be distributed to the appropriate OHSS office. A copy of the member's report must be forwarded to the respective member with an accompanying letter of explanation, in a format approved by the RCMP. The RCMP must require reporting of all of the information that service providers are expected to provide such as: diagnostic codes, procedural codes, work and non-work injury/illness, date of birth and gender.

Daily Claims Activity Report (Daily)

For the CF only, this report must provide a transactional file of all claims which have been processed through FHCPS System on a daily basis. The report must be distributed electronically to all CF H Svcs C and must provide a breakdown of two (2) categories: pharmacy claims and all other claims.

Claims paid on behalf of Foreign Governments – Health Claims excluding Pharmacy (Monthly)

The Contractor must provide FCO with detailed out-of-country and Allied Veterans payment summary reports broken down by client country (i.e., US, British, Australian, New Zealand, South Africa), and includes, Veteran name, identification number, benefits descriptions, provider type, name and identification, date of service, dollar amounts, benefit code.

Claims paid on behalf of Foreign Governments - Pharmacy (Monthly)

The Contractor must provide FCO with a report broken down by client country (i.e., US, British, Australian, New Zealand, South Africa), and includes, VETERAN ID, VETERAN NAME, PROVIDER TYPE, PROVIDER ID, PROVIDER NAME, POC, BEN CODE, SERVICE DATE and AMOUNT.

Claims paid to providers outside of Canada (Monthly)

The Contractor must provide FCO with a report detailing payments issued for out of country services. Report will include: VETERAN ID, VETERAN NAME, PROVIDER TYPE, POC, BEN CODE, DESCRIPTION, SERVICE DATE and AMOUNT.

Claims paid to providers outside of Canada (Monthly)

The Contractor must provide the CF with a report detailing payments issued for out of country services. Report will include: MEMBER ID, NAME, PROVIDER NAME, PROVIDER ADDRESS, PROVIDER TYPE, POC, BEN CODE, DESCRIPTION, SERVICE DATE and AMOUNT.

FCO and Allied Report (Monthly)

The Contractor must provide FCO with detailed ALLIED and FCO Veteran payment summary reports which include: Veterans' name, Allied identification number, benefit description, provider

name, date of service and \$ amounts expended.

RCMP Pensioners All POCs (Monthly)

For VAC only, this report provides a summary of all POCs for RCMP Pensioners broken down by Province and by month.

Long Term Care Report (Monthly)

For VAC only, this report gives the total amounts for Long-term Care clients based on province and care facility.

Long Term Care Usage Report (Monthly)

For VAC only, this report will show changes in client numbers in Long Term Care by province and by institution on a monthly basis. The report will be rolled up to show annual numbers.

Drug Benefit List (formulary) for CF

The contractor must create, maintain and update the CF Drug Benefit (DBL) List, which includes additions, deletions and modifications to the DBL and make available to CF. The Contractor will be responsible to set up Special Authorization criteria for DBL at the direction of CF Drug Benefit Pan Manager or his/her delegate. The Contractor must provide a system that is capable of transferring the current DBL including changes; in a searchable format that allows for web-posting capability for the Department. The version for web posting is updated at predetermined intervals established between contractor and CF.

Other Reports

In addition, the following monthly reports are provided: Audit recovery, claims summary, District Office Report, Executive Dashboard Report, FHCPS Contract Document, HRT Report and Performance model index report. Financial management reports: This includes client-specific adjudication letters and drug expenditure reports.

Pre-Defined Queries and Reports

Following Award, the Contractor must work with the Project Authority and Departmental stakeholders to define and develop pre-defined queries and formats appropriate to Departmental reporting requirements while minimizing redundancy.

ANNEX D Reference Documents

The following documents provide guidance for the provision of Health Claims Processing and Support Services for the FHCPS. The Contractor must conform to and maintain working knowledge of the Government of Canada (GoC) requirements, including, but not limited to, all amendments thereto, any superseding instruments, and any subsequent requirements (i.e. regulations, directives, standards, etc.):

- i. *The Financial Administration Act:*
<http://laws.justice.gc.ca/en/F-11>
- ii. *Access to Information Act:*
<http://laws.justice.gc.ca/en/A-1/>
- iii. *The Official Languages Act:*
<http://laws.justice.gc.ca/en/O-3.01/>
- iv. *The Privacy Act:*
<http://laws.justice.gc.ca/en/P-21/>
- v. *The Privacy and Data Protection Policy*
http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_128/siglist-eng.asp.
- vi. *The Personal Information Protection and Electronic Documents Act:*
<http://laws.justice.gc.ca/en/P-8.6/>
- vii. *The ten privacy principles*
<http://www.parl.gc.ca/Content/LOP/ResearchPublications/prb0744-e.htm#appendixb>
- viii. *The Communications Policy of the Government of Canada:*
<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12316>(English)
- ix. *The Use of Electronic Networks Policy:*
http://www.tbs-sct.gc.ca/pubs_pol/ciopubs/tb_cp/uen_e.asp
- x. *Common Look and Feel for the Internet:*
http://www.tbs-sct.gc.ca/clf-nsi/stndrds-normes/stndrds-normes_e.asp
- xi. *Web Content Accessibility Guidelines:*
<http://www.w3.org/TR/WCAG20/>
- xii. *Federal Identity Program (FIP):*
http://www.tbs-sct.gc.ca/fip-pcim/index_e.asp
- xiii. *Enhanced Management Framework (EMF):*
http://www.tbs-sct.gc.ca/emf-cag/index_e.asp
- xiv. *Policy on Access to Information:*
http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_121/CHAP1_1_e.asp
- xv. *Policy on Management of Information Technology:*
http://www.tbs-sct.gc.ca/pubs_pol/ciopubs/TB_IT/pmit-pgti_e.asp
- xvi. *Policy on Information Management*

http://www.tbs-sct.gc.ca/pubs_pol/ciopubs/TB_GIH/pim-pgi_e.asp

xvii. *Policy on Government Security*

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=16578>

xviii. *Operational Security Standard: Management of Information Technology Security (MITS)*

http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_12A/23RECON_e.asp

xix. *Operational Security Standard: Business Continuity Planning (BCP) Program*

http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_12A/ossbcp-nsopca_e.asp

xx. *Disaster recovery*

<http://www.publicsafety.gc.ca>

xxi. *Operational Security Standard on Physical Security:*

http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_12A/osps-nosm_e.asp

xxii. *Personnel Security Standard:*

http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_12A/CHAPT2-4_e.asp

xxiii. *Security and Contracting Management Standard:*

http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_12A/CHAPT2-5_e.asp

xxiv. *Security Organization and Administration Standard:*

http://www.tbs-sct.gc.ca/pubs_pol/gospubs/TBM_12A/21RECON_e.asp

xxv. *Library and Archives of Canada Act:*

<http://laws.justice.gc.ca/en/L-7.7>

xxvi. *Privacy Impact Assessment Policy:*

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=18308>

xxvii. *FHCPS Program Policies and Benefit Grids:*

The Contractor will find VAC Benefit Grids at the following link:

http://www.veterans.gc.ca/eng/pro_infoguide/grid_01

xxviii. *Baseline Security Requirements for Network Security Zones (ITSG-22):*

<http://www.cse-cst.gc.ca/documents/publications/itsg-csti/itsg22-eng.pdf>

xxix. *Pension Act:*

<http://laws.justice.gc.ca/en/showtdm/cs/P-6>

xxx. *Department of Veterans Affairs Act:*

<http://laws.justice.gc.ca/en/showtdm/cs/V-1>

xxxi. *War Veterans Allowance (WVA) Act:*

<http://laws.justice.gc.ca/en/showtdm/cs/W-3>

Veterans Allowance Regulations:

<http://laws.justice.gc.ca/en/showtdm/cr/C.R.C.-c.1602>

xxxii. *Canadian Forces Members and Veterans Re-establishment and Compensation Act (CFMVRCA):*

<http://laws.justice.gc.ca/en/showtdm/cs/C-16.8>

Regulations: <http://laws.justice.gc.ca/en/showtdm/cr/SOR-2006-50>

xxxiii. *Veterans Health Care Regulations:*

<http://laws.justice.gc.ca/en/showtdm/cr/SOR-90-594>

xxxiv. *Civilian War Related Benefits Act (CWRBA):*

<http://laws.justice.gc.ca/en/showtdm/cs/C-31>

xxxv. *Royal Canadian Mounted Police Act*

<http://laws.justice.gc.ca/en/showtdm/cs/R-10>

xxxvi. *RCMP Superannuation Act:*

<http://laws.justice.gc.ca/en/showtdm/cs/R-11>

xxxvii. *RCMP Pension Continuation Act*

<http://laws.justice.gc.ca/en/showtdm/cs/R-10.6>

xxxviii. *RCMP Regulations, 1988*

<http://laws.justice.gc.ca/en/showtdm/cr/SOR-88-361>

xxxix. *RCMP Administration Manual, Health Benefits and Entitlements*
(copy available upon request)

xl. *National Defence Act:*

<http://laws.justice.gc.ca/en/showtdm/cs/N-5>

xli. *Queen's Regulations and Orders For the Canadian Forces:*

<http://www.admfincs.forces.gc.ca/qro-orf/index-eng.asp>

ANNEX E – ACRONYMS/ABBREVIATIONS AND GLOSSARY OF TERMS

Acronyms

ACD – Automatic Call Distributor

ACDQ – Association des chirurgiens dentistes du Québec

ACL – Access Control List

AES – Advanced Encryption Standard

AHFS – American Hospital Formulary Service

ANSI - American National Standards Institute

APSI – Atlantic Pharmaceutical Services Inc.

AQPP – Association Québécoise des Pharmaciens Propriétaires

AST – Atlantic Standard Time

ATC – Anatomical Therapeutic Chemical Classification System

ASV – American Standard Version

BCP –Business Continuity Plan, including continuity measures

BCPP - Business Continuity Planning Program

BIA – Business Impact Analysis

CA – Certification Authority

C&A – Certification and Accreditation

CAD – Controlled Access Drug

CAST - Carlisle Adams and Stafford Tavares

CDA – Canadian Dental Association

CDAnet – Canadian Dental Association Network

CF – The Canadian Forces

CF DEC – Canadian Forces Drug Exception Centre

CFHIS – Canadian Forces Health Information System

CF H SVCS C – A term specific to the Canadian Forces meaning Canadian Forces Health Services Centres, These Centres are responsible for the provision of health care and to the approval and review of all health benefits and services for members of the CF.

CF H SVCS GP HQ – Canadian Forces Health Services Group Head Quarters for all health related policy and administration for the Canadian Forces.

CICA – Canadian Institute of Chartered Accountants

CISD – Canadian Industrial Security Directorate

CMAC - Cipher-based MAC

CNIB – Canadian National Institute for the Blind

COE – Centre of Expertise

COTS – Commercial Off The Shelf

CPhA/CPLA – Canadian Pharmaceutical Association. It is also referred to as the guide or standard for the submission of electronic claims.

CSE – Communication Security Establishment

CSDN – Client Service Delivery Network

CWRBA – Civilian War Related Benefits Act

CY – Current Year

DAC – Drug Authorization Centres

DES – Data Encryption Standard

DICOM – Digital Imaging and Communications in Medicine

DIN – Drug Identification Number. The Drug Identification Number (DIN) is the number located on the label of prescription and over-the-counter drug products that have been evaluated by the Therapeutic Products Directorate (TPD) and approved for sale in Canada. Once a drug has been approved for sale in Canada, the Therapeutic Products Directorate issues a DIN which permits the manufacturer to market the drug in Canada

DMZ – Demilitarized Zone

DNS – Domaine Name System

DOS – Disk Operating system

DR – Disaster Recovery

DSA – Digital Signature Algorithm

DSC – Document Safeguarding Capabilities

DSS – Digital Signature Standard

DUE – Drug Utilization Evaluation

EAA – Electronic Authorization and Authentication

EAN – External Access Network

ebXML – Electronic Business using eXtensible Markup language

ECDSA - Elliptic Curve Digital Signature Algorithm

EDI – Electronic Data Interchange

EFT – Electronic Funds Transfer

EHR – Electronic Health Record

EHRs – Electronic Health Records Standards

EMF – Enhances Management Framework

EOB – Explanation of Benefit

ERDB or RDB – Reporting Database

ETR – Estimated Time of Repair

FAX – Facsimile

FCO – Foreign Countries Operations, for VAC

FHCPS – Federal Health Claims Processing Service

FIPS - Federal Information Processing Standard

FTP – File Transfer Protocol

GMT – Greenwich Mean Time

GoC – Government of Canada

GOL – Government On-Line

PGS – Policy on Government Security

GSS - Government Shared Services

GST – Goods and Services Tax

HL7 – Health Level 7. An American National Standards Institute (ANSI) standard for health care specific data exchange between computer applications

HLT V2 – Health Level Seven Ver. 2

HL7 V3 – Health Level Seven Ver. 3

HMAC – Hash-based MAC

HRMIS – Human Resources Management Information System

HSO – Health Services Officer

HVAC – Heating, Ventilation and Air Conditioning

IAN – Internal Access Network

ICD10-CA – International Statistical Classification of Diseases

ICM – Internal Credential Management

ID – Identification Number

IDS – Intrusion Detection System

IT – Information Technology

ITIL – Information Technology Infrastructure Library

IP – Internet Protocol

JMS - Java Messaging Service

KEA - Key Exchange Algorithm

LAN – Local Area Network

LOINC – Logical Observation Identifiers Names and Codes

LPN – Licensed Practitioner Nurse

LTC – Long-term Care

MAC – Message Authentication Code

MIS – Management Information System

MIT – Operational Security Standard: Management of Information Technology Security: -

MLLP – Minimal Lower Layer Protocol

MOU – Memorandum of Understanding

MPC – Medical Pensioned Condition

MPCC – Medical Pensioned Condition Code

MPLS - Multiprotocol Label Switching

MS&E – Medical Supplies and Equipment

NCCN – National Contact Centre Network

NCR – National Capital Region

NeCST – National e-Claims Standard

NFP – Non-Formulary Product

NGO – Non-Governmental Organization

NOS – Network Operating System

NPN – National Providers Network

NSAID – Non-Steroidal Anti-Inflammatory Drugs

OHS – Occupational Health Services (RCMP)

OHSS – Occupational Health and Safety Services

OHSB – Occupational Health and Safety Branch (RCMP)

OS – Operating System

OTC – Over-the-counter (drugs)

OZ – Operations Zone

PA/SA – Prior Approval/Special Authorization

PAZ – Public Access Zone

PEI – Prince Edward Island

PDF – Portable Document Format

PIA – Privacy Impact Assessment

PIN – Product Identification Number

PIPEDA - Personal Information Protection and Electronic Documents Act -

PKI – Public Key Infrastructure

PKCS - Public Key Cryptography Standards

POC – Program of Choice

POS – Point of Service, also sometimes referred to as POSv.

Pre-D – Pre-determination

PSHCP - Public Service Health Care Plan

PRE – Problem Resolved Explanation

PST – Provincial Sales Tax

PST – Pacific Standard Time

PV – Pre-verification

RCSS – Residential Care Support System (VAC only)

PWGSC – Public Works and Government Services Canada

PZ – Public Zone

QA – Quality Assurance

QR&O – Queen’s Regulations and Orders

RCMP – Royal Canadian Mounted Police

Réseau ACDQ – Network used by Providers who are members of ACDQ

RFP – Request for Proposal

RRS – Reliability Status

SNOMED – Systematized Nomenclature of Medicine

RPO – Recovery Point Objective

RSA - Rivest, Shamir, Adleman

RTO – Recovery Time Objective

RZ – Restricted Zone

SAU – Special Authorization Unit

SEF – Secure Electronic Forms

SFTP – Secure File Transfer Protocol

SIM – Security Information Management

SLA – Service Level Agreement

SOA – Standing Offer Agreement

SOAP – Simple Object Access protocol

SOC – Spectrum of Care

SOS – Statement of Sensitivity

SOW – Statement of Work, including related Annexes

SRCL – Security Requirements Check List

SVS – Status Verification System

TA – Task Authorization

TAC – Treatment Authorization Centre

TAPS – Treatment Accounts Processing System

TBS – Treasury Board Secretariat

TRA – Threat and Risk Assessment

TDEA - Triple Data Encryption Algorithm

UAT – User Acceptance Testing

UML – Universal Modelling Language

UPS – Uninterruptible Power Supply

VAC – Veterans Affairs Canada

VAC Program – Veterans Affairs Canada Health Benefits Services

VHCR – Veterans Health Care Regulations. This refers to the regulations which govern health programs for Veterans Affairs Canada.

VIP – Veterans Independence Program

VoIP – Voice over Internet Protocol

VPN – Virtual Private Network

VPPM – Veterans Program Policy Manual

WAN – Wide Area Network

WVA – War Veterans Allowance

XML - Extensible Markup Language

X-SFT – Secure File Transfer

ZIP – Zone Interface Point

Glossary of Terms

Active Providers: Active Providers are providers who are registered with the FHCPS and have submitted a claim within the last 24 months.

Ad Hoc: Authorized speciality listing, one time service or report requested by one of the Departments.

Adjudication/Adjudicate: The process by which the criteria and parameters of a health benefit plan are used to determine eligibility for benefit, provide real time review, and determine appropriate reimbursement amount. The FHCPS System must provide for the real time adjudication of claims based on the criteria and parameters established by the Departments. Authority to determine these criteria and parameters, and any exception(s) thereto is at the exclusive discretion of the Department to which the client/provider relates. While the Contractor must ensure the FHCPS System and Services provide for appropriate adjudication, the Contractor must not render decisions on behalf of the Departments.

Advance payment: For VAC only, in exceptional circumstances, some clients receive advance payments for the services they are entitled to under the VIP. The amounts and frequencies are pre-determined by VAC some clients.

Any: is defined as one (1) item, and is used in relation to the existence (or absence) of the item, or one (1) item from a list of items.

Appropriate / Appropriateness: is defined as suitable for the requirements as defined within the RFP, providing the level of oversight required to maintain compliance with legislation and policies.

Authorizing Officer: VAC users authorized to approve prior approvals, special authorizations, pre-determination or client reimbursements.

Benefit: A product, service or drug that can be paid in full or partially under the FHCPS.

Benefit Code: Unique code assigned to each of the individual benefits or services offered under

each benefit group type.

Benefit Grid: Itemized description of benefits or services offered under each benefit group type produced by the contractor for health providers.

Benefit of Doubt: This means that whenever possible within legislative and regulatory parameters, Veterans Affairs Canada will resolve decisions in favour of the client.

Bilingual: Refers to the two Official Languages (French and English) of the Federal Government of Canada.

Broadcast message: Broadcast messages provide information directed to all or a majority of Providers and can be delivered electronically (by EDI, email or fax) or by using regular Provider communications channels, such as prior approval letters or claim statements.

Call: To reach a decision, the contractor might have to make one or several phone call(s) and/or inquiries. For the RCMP National Dental Unit Call Centre, a call is defined as an incoming request for information and/or approval.

Canadian Forces Health Information System (CFHIS): The CFHIS creates a complete health record for every CF member by integrating a number of software applications and data sources that support a wide range of CF health services and functions.

Canadian Forces Health Services Centre (CF H SVCS C): These Centres are responsible for the provision of health care and the approval and review of all health benefits and services for members of the CF.

Canadian Forces on-Base Pharmacy Transaction: The Canadian Forces have sites with base pharmacies which are linked to the contractor's pharmacy network for the purpose of prescription adjudication and submission of pharmacy information on individual members to be stored in the online claims history. The Contractor's system captures all claims submitted by both off-base civilian pharmacies and CF on-base pharmacies. The system adjudicates these pharmacy claims, stores the information and reports on this activity to the CF. While the on-base CF pharmacies operate similarly to the off-base civilian pharmacies, they do not receive payment from the system. As a result, the Contractor must provide a special rate for the adjudication and storage of on-base CF pharmacy transactions in the system.

Certification and Accreditation (C&A):

Certification is the comprehensive evaluation of the technical and non-technical security features of an Information Technology (IT) system network and other related safeguards to establish the extent to which a particular design and implementation meets a specific set of security requirements.

Certification evidence provided must satisfy accreditation requirements. All certification activities must be completed before accreditation can be granted.

Accreditation is the formal declaration by the responsible management organization approving the operation of an automated system in a particular security mode using a particular set of safeguards. Official authorization by management for the operation of an IT system, and acceptance of the associated Residual Risk by management, is based on the certification and accreditation process as well as other management considerations

Change Management Procedures: Without in any way diminishing or restricting any of the responsibilities of the Contractor, the Contracting Authority and/or the Project Authority may, by giving notice to the Contractor, at any time and from time to time, request changes in the work described in the Contract or in any approved Task Authorization(s). Conversely, the Contractor may wish to propose a change to the Work described in the Contract or changes in any approved Task Authorizations(s).

Claim: A claim is an individual electronic or paper-based submission for payment of health benefits or services rendered to a client. A claim may be comprised of one or more transactions. For example, a claim submitted for eye glasses, could include 4 or more transactions e.g. right lens, left lens, frames and tinting. These four transactions would make up a total claim.

Claim document: The completed manual claim form sent via mail to the Contractor and entered in the system, or the on-line claim transaction sent electronically to the Contractor. A claim document may contain more than one claim line.

Claim line: Request for payment for one item or one procedure.

Claim statement: A statement that explains the status of the claim and results of adjudication for each of the claim lines processed for a Provider.

Client: A client is an eligible recipient of eligible health-related services, supplies and equipment under the FHCPS.

Client identification number: A unique number assigned to clients by the VAC, CF, and RCMP.

Complex health benefits program: is defined as handling one of: multiple client types, multiple eligibility criteria, multiple programs or multiple legislation/policies.

Concordance: The alignment of changes to definitions in data elements that provide harmony between current and historical reporting.

Confirmation letter: A system generated letter sent by the Departments or the Contractor to the Provider to provide an approval number, to inform on approved benefits and associated costs, to indicate any benefits denied and provide comments from authorized users.

Contractor's staff/Employee: Personnel who are employed by the Contractor on either a full time, casual or terms basis.

Contribution agreement: For VIP (VAC only), a contribution agreement is the instrument through which the terms and conditions of the contribution and the obligations of both the Department and the client are recorded. The amounts and frequencies are pre-determined by VAC.

Controlled Access Drug (CAD): Eligible drug benefits under the VAC Program are identified as CAD. These drugs do not require a prescription by Federal Legislation and are kept behind the pharmacist's counter.

CSDN Oracle ID number: Unique numeric code (maximum of 12 digits) assigned to individuals on VAC's CSDN database.

Daily: The period of each calendar day from 00:00 to 24:00 AST. Daily periods of measure means measurements over consistent, continuous, twenty-four (24) hour periods in Eastern Time.

Decision: In the context of the Special Authorizations for Pharmacy and the TAC, a decision is considered a final outcome rendered as a result of completing work following an inquiry from a provider. To reach a decision, the contractor might have to make one or several phone call(s) and /or inquiries to resolve an inquiry from a provider.

Department: If not otherwise specified, refers to one of the three Departments: Veterans Affairs Canada, Canadian Forces or Royal Canadian Mounted Police.

Departments: Refers to all three Departments: Veterans Affairs Canada, the Canadian Forces and the Royal Canadian Mounted Police.

De-registered Provider: A Provider may be de-registered on the authority of the Departments for not following the Program policies. The de-registered Provider loses billing privileges for all services rendered after the de-registration date at all offices or service locations used by the Provider.

Dispensing Fee: Dispensing fees are determined through agreements reached with various Pharmacy Associations. Dispensing fees may be fixed or on a sliding scale based on item cost.

Drug Authorization Centres: The Drug Authorization Centres handle all prior approval requests for drug benefits. The CF Drug Exception Centre (DEC) handles all prior approval requests for CF drug benefits and the SAU handles all prior approval requests for VAC drug benefits.

Drug Utilization Evaluation (DUE): The purpose of this evaluation process is to identify drug related problems or interactions. The results of the analysis are returned to the Provider at the point of service in the form of warning or rejection messages. The purpose of the messages is to provide important drug related information to the Provider, but this information should not replace the professional judgment of the pharmacist.

Effective / Effectiveness: is defined as providing the desired or intended result regarding the provision of Health Claims Processing and Support Services as defined within the RFP.

Eligibility: Criteria required in order to qualify for a chosen program.

Eligible Members: Eligible member means a regular member or special constable member.

End-dated: The date the registration, benefit, or benefit parameter is no longer valid. A Provider who has been end-dated remains in good standing with the program and may re-register at any time.

Enhanced Management Framework (EMF): The Enhanced Management Framework (EMF) for Information Management and Information Technology (IM/IT) is an integrated management model comprised of principles, best practices, methodologies, tools and templates, designed to improve the Canadian Governments capability to manage its IM/IT investments, successfully

deliver IM/IT projects, and minimize risks.

Exception/Exceptional: Exceptional decisions/events require Departments prior approval or pre-determination, and are considered on a case-by-case basis where there is written medical or dental justification.

Federal Health Claims Processing Service (FHPCS): Includes all services and systems used to process VAC, CF and RCMP claims, to support Providers with the processing and settlement of their claims, and to ensure compliance with VAC, CF and RCMP Program policies; including audit, reporting and financial control practices.

FHPCS Account: Canadian Financial Institution account used by the Contractor, solely for the payment of all FHPCS claims for drug, dental, MS&E and any other benefit claims handled under the Contract.

FHPCS Documentation and Reporting Database: In the context of this SOW, the Documentation and Reporting Database is repository to post documentation and specific reports to be accessed by designated Departmental users.

Fiscal year: The Government fiscal year includes twelve months from April 1st to March 31st of the following year.

Form Letter: A usually impersonal letter in a standardized format that may be sent to different people or to large numbers of recipients.

Health Services Officer (HSO): A term specific to the RCMP for the Health Services Officer who is a physician appointed to oversee the professional delivery of the health programs at the divisional/regional level who recommends and/or approves coverage of health benefits in accordance with relevant RCMP health policies.

High Water Mark Rule: This rule states that if two policies can apply to the same situation, the more stringent policy must be used.

ITIL Best Practice – Information Technology Infrastructure Library Best Practice: A set of IT service management standards developed by the UK Government's Office of Government Commerce and the British Standards Institution, which integrates service support (the day-to-day operation and support of IT services) with service delivery (the long term planning and improvement of IT service provision).

Implementation Date: The day immediately following the last day of the Pre-implementation phase and signifies the commencement of the Operations and Maintenance Phase.

Information Scheduled for Disposal, Deletion or Purging: Information that is identified at the end of a set retention period as no longer required and, upon written approvals by the Department to which the information belongs, may be deleted or disposed of in a manner appropriate to the medium of information.

Invoice: In the context of the SOW document, an invoice is a document issued by a health Provider to the Contractor, or the Departments, listing benefits and services supplied to a client and stating the sum of money due.

Limited use drug: Drug with established criteria, which must be met by the claim submission in order for the VAC Program to cover the item. Designated limited use drugs require a prior approval from a Drug Authorization Centre.

Management Information System (MIS): MIS refers to a computer-based system that provides managers with the tools for organizing, evaluating and efficiently running their Departments. In order to provide past, present and prediction information, an MIS can include software that helps in decision making, data resources such as databases, the hardware resources of a system, decision support systems, people management and project management applications, and any computerized processes that enable the Department to run efficiently.

Medical Pension Code (MPC): coding used by VAC to indicate medical condition for which a client has entitlement to a disability pension or a disability award.

Medical Supplies & Equipment: Includes a variety of medical and surgical equipment and supplies normally used by an individual in a non-hospital setting.

Monthly: Monthly periods of measure means measurements taken from the start of the first day to the end of the last day in each calendar month. The total number of days varies according to the month of the year.

National Capital Region (NCR): The region comprised of Ottawa Ontario and Gatineau Québec.

Non-registered provider: A Non-registered provider is a service provider that chooses not to register with the Contractor but who does meet the Departments criteria to provide services. Clients can choose to obtain service(s) from these providers and the claims will be processed as a client reimbursement and provider will be paid.

Non-routine audit activities: Special "for cause" audit activities that are intended to address a serious concern.

Occupational Health and Safety Branch: The national policy centre responsible for overseeing the health Services program for the RCMP.

Occupational Health Services: A term specific to the RCMP responsible for the delivery of occupational health services at an RCMP divisional level.

Official Languages: Refers to the two Official Languages (French and English) of the Federal Government of Canada.

Payment Date: The date that the Contractor processes EFT payments or cheques that will be mailed to providers, clients and third parties.

Product Identification Number (PIN): A product identification number that is assigned provincially for certain drugs and other products within a province's pharmacy system.

Post Approval: An approval provided after service for treatments that would otherwise require prior approval, but that were rendered for treatment in emergency or specific situations.

Pre-authorization: Requirement for the health service provider to obtain authorization from the Department prior to the delivery of services or benefits to one of the Department's eligible clients.

Pre-determination (Pre-D): Tasks associated with the review and subsequent adjudication by VAC staff of a proposed treatment plan submitted by a Dental Provider prior to service delivery. Pre-determinations are required under VAC, RCMP and CF Program rules for specific procedures, benefit and frequency exceptions. A Pre-determination is equivalent to Prior Approval in Drug and MS&E benefit areas.

Pre-verification (PV): Under the dental program, Providers may call the Contractor's Provider Claims Processing Call Centre to obtain "pre-verification" of whether a client has complied with or exceeded the allowed frequency limit for frequency-limited procedures. For example, a client is only allowed a limited number of radiographs per year. If the frequency limit is not exceeded at the time of the call, the Provider Claims Processing Call Centre issues a pre-verification number to the Provider, which if quoted on the claim, will ensure that the claim will not be rejected as a frequency violation.

Prior Approval (PA): Prior Approvals are authorizations provided by departmental staff for specific items/drugs, benefit and frequency exceptions, and all items exceeding a set threshold. Claims requiring a prior approval are adjudicated against the prior approval record set by the VAC/CF/RCMP staff member. Prior approvals must be obtained prior to the provision of service, except in certain emergency situations where post approvals may be granted. A Prior Approval is equivalent to a pre-determination in the Dental benefit area.

Privacy and Security Standards: All the privacy and security requirements of the Contract.

Privacy Impact Assessment (PIA): A Privacy Impact Assessment is a process to determine the impacts of a proposal on an individual's privacy and ways to mitigate or avoid any adverse effects.

For information on PIA guidelines, <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=18308>

Project Charter: The Project Charter is a tool used between the organization providing the product or service, and the customer organization requesting and receiving the project products. It is a tool to obtain commitment from all affected groups and individuals within a specific project

See <http://www.tbs-sct.gc.ca/emf-cag/project-projet/documentation-documentation/template-modele/template-modele00-eng.asp> for an example of a Project Charter guideline and template.

Project Plan: The project plan is the controlling document to manage an Information Management/ Information Technology (IM/IT) project. The project plan describes the:

- Interim and final products the project will deliver,
- Managerial and technical processes necessary to develop the project products,
- Resources required to deliver the project products, and
- Additional plans required to support the project.

See <http://www.tbs-sct.gc.ca/emf-cag/project-projet/ppto-pssp/templates-gabarits/project-projet/project-projet00-eng.asp> for an example of a Project Plan template.

PROTECTED B Information: Applies to particular sensitive information or other assets whose

compromise could reasonably be expected to cause serious injury to non-national interests. Unauthorized disclosure could result in: substantial distress to individuals due to the loss of privacy; significant loss of competitive advantage to a Canadian company; impeding the investigation of a serious crime; impeding the development of major government policies. Protected B information applies to particularly sensitive personal information.

Examples include: any records; containing medical, psychiatric or psychological descriptions; compiled and identifiable as part of an investigation into a possible law violation; concerning the eligibility for social benefits or the determination of benefit levels (this would not include cheques or other such payment documents); appearing on a completed income tax return; describing an individual's finances, that is, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness; containing personal recommendations or evaluations, character references or performance evaluations; concerning an individual's racial or ethnic origin, or religious or political beliefs, and association or lifestyle; containing blood or DNA samples.

PROTECTED Information: Information related to other than the national interest that may qualify for an exemption or exclusion under the *Access to Information Act* or *Privacy Act*, and the compromise of which would reasonably be expected to cause injury to non-national interest.

Provider: A Provider is a registered business, professional, institution or agency licensed to practice by the applicable professional authority or an individual non-registered service supplier, and/or qualified to provide eligible medical supplies and equipment in the province or territory in which a client obtains the good or service. Provider Registration criteria are specific and specified by each Department.

Quarterly: Annual quarterly periods begin and end as follows: January 1st to March 31st, April 1st to June 30th; July 1st to September 30th; and, October 1st to December 31st.

Questionable: is defined as lacking detail, clarity or accuracy.

RCMP Health Program: A structured framework of authorities, roles, responsibilities, obligations and limitations of RCMP personnel and external health care providers with respect to the delivery of health services to a pre-determined groups of persons.

Realistic: is defined as what is achievable in accordance with the requirements of the FHCPS as defined within the RFP, and based on the Bidder's understanding of these requirements as assessed by the Evaluation Team.

Real-time: For the purpose of the requirements described in the SOW, when data processing is required in real-time, the Contractor must provide an interactive on-line system capability that immediately updates or accesses data when transactions are initiated.

Recovery Point Objective (RPO): The RPO is the age of files that must be recovered from backup storage for normal operations to resume if a computer, system, or network goes down as a result of a hardware, program, or communications failure.

The RPO is expressed backward in time from the instant at which the failure occurs, and can be specified in seconds, minutes, hours, or days. The RPO is established based on tolerance for loss of data or re-entering of data.

Recovery Time Objective (RTO): The RTO is the maximum tolerable length of time that a computer, system, network, or application can be down after a failure or disaster occurs.

Registered Provider: A Provider is a registered business, professional, institution or agency licensed to practice by the applicable professional authority, or qualified to provide eligible medical supplies and equipment in the province or territory in which a client obtains the good or service. Provider Registration criteria is specified by each Department.

Relevant: This is defined as having some sensible or logical connection in relation to the requirements as defined within the RFP.

Remedy (Remedies): Action(s) aimed directly at achieving a solution to a situation.

Secure File Transfer: This refers to an electronic exchange of files between any of the Departments in a way that protects the confidentiality and integrity of the data being exchanged, and which provides non-repudiation for the parties to the exchange.

Security Breach: This refers to any sensitive information and assets that have been compromised. Without restricting its scope, a breach may include compromise in circumstances that make it probable that a breach has occurred. External act that bypasses or contravenes security policies, practices, or procedures; a similar internal act is called security violation.

Service Level Agreement: A negotiated understanding, between the Project Authority and the Contractor, designed to create a common understanding about level of services, priorities, objectives, performance reporting and responsibilities.

Some: The word **some** is defined as more than one (1) and is used in relation to the existence (or absence) of more than one (1) item from a list of items.

Special Authorization for Pharmacy: provides interactive decisions to providers through computer technology, telecommunications, written and oral medium concerning the eligibility of clients to receive health benefits requiring special authorization, as defined by the Departments, and as prescribed under the Pharmacy Program.

Standards Conformance: Conceptually a two-step process in which 1) a declaration (statement) is made regarding a particular application's detailed use of Standards and, 2) a test is executed to determine the validity of the declaration. The test may be performed by an agent authorized to validate conformance, or the entity procuring the solutions, or both.

Successful: Something is successful when it works as it was intended or does what it was intended to do, upon its implementation, with no or minimal (i.e. does not result in a service disruption) re-work to achieve this result.

Super Users: Staff from the Departments who use the information management system for Ad hoc queries and reporting purposes. The information management system is a standalone copy of the claims processing system, which is updated daily.

Task Authorization (TA): Services and items, ordered by Canada, to be provided under the Contract, on an as-and-when-requested basis.

Threat and Risk Assessment (TRA): A tool to support continuous risk management of threat, risk and vulnerabilities.

Treatment Authorization Centres (TACs): A network of centres which are responsible for the authorization of the benefits based on programs and geographic locations.

Transactions: The processing of a benefit code. **For billing purposes,** Transactions are one (1) of two (2) varieties: electronic and manual. Electronic transactions are system to system transactions, Departmental staff keyed-in transactions and Providers' keyed-in transactions (therefore all transactions not requiring manual input by the Contractor, including VIP advance pay)). Manual transactions are manually input into the system by the Contractor.

Treatment: A term used by the Departments, referring to health care benefits that are administered and delivered through the respective programs.

VAC Approval: VAC approval will be provided by the Project Authority or designate.

VAC Authorized Users: Designated VAC personnel at Head Office or in the regions, and other authorized designated users.

VIP advance pay: refers to contribution arrangements which are paid to clients in advance for benefits under the VIP program.

ANNEX F - CURRENT TECHNICAL INFORMATION

F.1 Major Departments Systems

The largest system in the VAC network is the Client Service Delivery Network (CSDN). It is used to deliver benefits to Veteran clients and is also used to provide case management services for health care. It is now also being used to provide VAC services to RCMP and Canadian Forces Veteran clients. The CSDN is an integrated application platform consisting of a client/server PowerBuilder application which has integrated J2EE web-based modules to provide a portal-like client management application. Most users access CSDN through Citrix servers instead of having the application reside natively on their desktop.

In addition to the CSDN, there are several web-based applications which provide functionality to both users and clients. These applications are based on the J2EE architecture and incorporate the Struts framework and Java servlets.

The Enterprise Reporting Database (RDB) is a database of client and program information to assist Veterans Affairs Canada to manage and report on VAC programs. The RDB contains information extracted from the main CSDN database and from other sources and is maintained and updated by the Enterprise Reporting team. The data is summarized by subject areas, time periods, organizations, etc., into dimensions and "data-marts", or collections of related data, so that it is easier to use for building reports and viewing data.

For the RCMP the critical system for this initiative is the Human Resource Management Information System (HRMIS). It is the source of all tombstone data on all employees and happens to be the tool which assigns and manages the unique identifier for all employees. This system is a COTS product (PeopleSoft) provided by Oracle Corp. and has been implemented in the RCMP using IBM/DB2 database product as its back-end store.

In addition to the HRMIS system the RCMP has another system it uses for its financial management which is also a COTS product (SAP).

For CF, the Canadian Forces Health Information System (CFHIS) is critical for this initiative as it allows the flow of health care data, to and from the FHCPS, either through batch files or in real time. Although it's main purpose is to maintain an electronic health record for those services provided to CF members on Base, it also acts as a gateway to connect to the FHCPS through one central point in Borden, Ontario. This allows the flow of information relating to goods and services received off Base to be populated in the member's health record.

The interface will be realized using the existing secure Virtual Private Network (VPN) tunnel over a leased circuit between FHCPS location (TBD) and CFB Borden where the CFHIS server farm is located. The data file containing the FORCES members' claims over the day will be prepared by FHCPS and placed on its server daily. A scripted/automated "get" command will be issued by the CFHIS to retrieve this file. No other protocol will be required.

The CFHIS network architecture will be leveraged as it is currently to host the FHCPS "trusted gateway". The existing Point-To-Point (PTP) T1 link between the CFHIS and FHCPS location (TBD) will be employed as the Transmission Control Protocol / Internet

Protocol (TCP/IP) communication link to allow for CFHIS "get" traffic (Egress Only) from predetermined CFHIS server (TBD) to the designated FHCPs server.

ANNEX G – CONTRACTOR RESOURCES

G.1 General Resource Requirements

1. All deployed Resources must reside in Canada.
2. Bilingual capacity is required for a number of resources.
3. The Contractor must ensure Personnel Screening for all resources at a minimum level of Reliability Status, based on the requirement for Contractor personnel to access and work with Protected B information/assets.
4. The Contractor must have resources in sufficient numbers during the life of the Contract to work on items as outlined in the SOW. The resources must be assigned by the Contractor at various phases of the Contract to support the activities described in the SOW.

G.2 Qualifications for Selected Resources:

Unless otherwise accepted by the Project Authority, the following resources must meet stated minimum qualifications:

Project Manager / Contractor Representative

- a) at least one (1) of the following professional qualifications relevant to project management services:
 - I. professional designation; or
 - II. degree(s), diploma(s), certificate(s) from a recognized post-secondary institution; and
- b) five (5) cumulative years experience related directly to the provision of project management services; and
- c) experience managing two (2) projects related directly to health, benefits, or insurance claims processing, whether in the public or private sector. Projects **MUST** have taken place during the past five (5) years.

Implementation Manager

- a) at least one (1) of the following professional qualifications relevant to project management services:
 - I. professional designation; or
 - II. degree(s), diploma(s), certificate(s) from a recognized post-secondary institution; and
- b) a minimum of five (5) cumulative years experience related directly to the provision of project management services; and
- c) experience managing the implementation of two (2) IT Systems and related Service delivery models and including **at a minimum** the following Service Elements: Call Centre and/or Service desk; User Training delivery; **and** Communications Materials development and delivery. Projects may have been in either the public or private sector. Projects **MUST** have taken place during the past five (5) years.

Call Centre Administrator

- a) Must be able to communicate in both official languages
- b) Must have 2 years experience in the management of a Call Centre
 - o Must have experience in the analysis of Call Centre reporting

- Must have experience in the development of scripts
- Experience providing direct client services to clients as a result of escalations

Treatment Authorization Manager

- a) Must have a minimum of 2 years experience in the management of a claims processing centre
 - a. Experience overseeing the processing of specialized benefits
 - b. Experience in providing direct client service to clients
 - c. Experience in the management of healthcare benefits, drugs and dental, both electronic and manual
 - d. Experience in making decisions based on established rules
 - e. Experience making decisions based on facts and reasonableness of treatment

Computer Systems IT Leader/Manager

- a) at least a bachelor's degree in computer science, business administration, commerce or engineering, from a recognized post-secondary institution; and
- b) five (5) cumulative years experience managing/supervising IT Teams in delivery and operations of systems and experience in systems analysis, data administration, software engineering, network design or computer programming.

Database Administrator

- a) Three (3) years of recent and demonstrated experience with a minimum of one (1) relational database system in the IM/IT industry within the last five (5) years; and this experience must include:
 - i. Experience in providing specialized expertise and practical assistance in use of database management systems and the manipulation of data for information systems, including work at any stage of the database life cycle (feasibility, design, development and service delivery);
 - ii. Experience in defining security requirements for all data elements;
 - iii. Experience in defining and customizing data conversion strategies, specifications and routines; and
 - iv. Experience in managing and organizing electronic databases in order to ensure share ability, coherence, availability, accuracy, completeness and integrity to meet informatics needs.

IT Security Specialist

- a) A minimum of three (3) years of recent and demonstrated experience providing IT security advice and guidance for integrated application design and development in the IM/IT industry within the last five (5) years; and this experience must include:
 - i. Experience in conducting compliance audits of IT operations, application systems and infrastructure;
 - ii. Experience in conducting vulnerability and security threat and risk assessments of IT facilities, application systems and communications; and

- iii. Experience in investigating security incidents and reporting causes and related weaknesses and recommending remedies.

Security Coordinator:

- a) A minimum of three (3) years of recent and demonstrated experience providing facilities and personnel security management within the last five (5) years; and this experience must include:
 - i. Experience in ensuring personnel compliance with security policies and standards;
 - ii. Experience in conducting vulnerability and security threat and risk assessments of facilities and communications; and
 - iii. Experience in investigating security incidents and reporting causes and related weaknesses and recommending remedies.

Senior Auditor

- a) a valid professional Canadian designation relevant to the audit field or its international equivalent, as determined by the Project Authority); and
- b) five (5) cumulative years experience related directly to the provision of health or auditing services involving data and financial analysis and statistics.

Provider Relations Manager

- a) A university degree or college diploma in public relations, communications, marketing, health care administration or a related field; and
- b) Three (3) years of experience as a Provider Relations Manager or in a related occupation.

Strategic Communications Advisor

- a) A college diploma or higher in business, marketing, human resources, communications or a related field;
- b) a minimum of ten (10) years of formal work experience in the field of Strategic Communications; and
- c) a minimum of two (2) projects within the past two (2) years demonstrating experience in the provision of strategic communications planning and advisory services.

Programmer Analyst

- a) Two (2) years of recent and demonstrated experience using structured methodologies for program coding and testing in the IM/IT industry within the last five (5) years; and this experience must include:
 - i. Experience in gathering and analyzing data for the conduct of studies to establish the technical and economic feasibility of proposed information systems, and for the development of functional and system design specifications; and
 - ii. Experience in analyzing security requirements for all systems and services.

Registered Nurse

- a) Registered Nursing diploma from a recognized post-secondary program and valid licence to practice nursing in Canada;
- b) five (5) years of experience as a registered nurse within the last 10 years; and
- c) knowledge of medical, psychological and social conditions and pharmaceutical treatment.

Dentist

- a) a valid licence to practice dentistry in at least one (1) province or territory in Canada; and
- b) five (5) years of experience within the last 10 years practicing as a dentist.

Denturist

- a) a diploma as a denturist from a recognized post-secondary educational program and a valid licence to practice in Canada; and
- b) five (5) years of experience within the last 10 years practicing as a denturist.

Pharmacist

- a) A valid licence to practice pharmaceuticals in Canada; and
- b) five (5) years of experience practicing as a pharmacist within the last 10 years

Physician

- a) A valid licence to practice medicine in Canada; and
- b) five (5) years of experience practicing as a general practitioner within the last 10 years.

Prosthetists

- a) a prosthetic technician diploma from a recognized post-secondary program and be certified by the Canadian Board for Certification of Prosthetists and Orthotists;
- b) five (5) years of experience within the last 10 years as a prosthetic specialist.

Orthotist

- a) an orthotic technician diploma from a recognized post-secondary program and be certified by the Canadian Board for Certification of Prosthetists and Orthotists; and
- b) five (5) years of experience within the last 10 years as an orthotic specialist.

Audiologist

- a) a Master Degree in audiology recognized by the Canadian Association of Speech-Language Pathologists and Audiologists;
- b) membership in good standing with the provincial licensing body of his/her province of residence where applicable; and
- c) five (5) years of experience within the last 10 years as an audiologist.

Nutritionist

- a) a Master Degree in dietetics, nutrition or a related field such as food and nutritional science or biochemistry;
- b) membership in good standing with the provincial regulatory body of his/her province of residence where applicable; and
- c) five (5) years of experience as a nutritionist.

Occupational Therapist

- a) an occupational therapist designation from a recognized post-secondary program and be certified by the Province in which they operate.
- b) five (5) years of experience within the last 10 years as an occupational therapist.

Optometrist

- a) a doctorate of optometry designation from a recognized post-secondary program and be certified
- b) five (5) years of experience within the last 10 years as an optometrist.

Physiologist

- a) a physiologist designation or honours BSc in Human Kinetics from a recognized post-secondary program)
- b) five (5) years of experience within the last 10 years as a physiologist.

Privacy Officer

The contractor must appoint someone to be its privacy officer and to act as the representative for all matters related to the Personal Information and the Records. The Contractor must provide that person's name to the Contracting Authority within ten (10) days of the award of the Contract.

Other Medical Professionals (as requested by Departments)

- a) membership in good standing with the provincial regulatory body of his/her province of residence where applicable; and
- b) five (5) years of experience in the field within the last 10 years.