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189 Prince William Street
Room 421
Saint John
New Brunswick
E2L 2B9

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

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

Title - Sujet Svc, Federal Health Claims Process	
Solicitation No. - N° de l'invitation 51019-072007/K	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client 51019-072007	Date 2013-03-14
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:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	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

QUESTIONS AND ANSWERS

Note, questions are numerically sequenced upon arrival at PWGSC. A question and its answer will be provided via MERX as the response becomes available. Potential bidders are therefore advised that questions and answers may be issued via MERX out of sequence. The following questions have been received from potential bidders. In accordance with Article 13 under 2003 Standard Instructions - Goods or Services - Competitive Requirements (2012-11-19) which has been incorporated into the Request For Proposals (RFP) in accordance with Article 2.1 (c) of the RFP, the questions and corresponding answers are provided to all potential bidders as set out below:

Q1. The scoring allocated for R5 (pages 127-136) is greater by 200 for a total of 4,100; as compared to the table on page 18 that indicates that the total is 3,800. This also increases the total scoring from 20,700 to 21,000.

A1. It is confirmed that there was an error in addition in the document. This will be corrected. An amendment will be posted.

Q2. The section entitled: Factor VIII - Provider Registration Services Plan on page 132, states that "600 Maximum points for" however the resulting chart indicating the elements shows 300 as the maximum points that can be assigned.

A2. It is confirmed that there was an error in the document. This will be corrected. An amendment will be posted.

Q3. The section entitled: Section R7 - Quality Assurance on page 139, states that the total points available at the top of the table is 1600 points but later in the same section under Factor 1 - it states that the Maximum Points is 800 points. The table following states 1600 points. Can you clarify which is the correct maximum point value?

A3. There was an error in document. The correct Maximum points are 800. Points assigned will be adjusted to reflect the 800 points.

Q5. Would the Crown consider identifying for Bidders those functional, technical, service or management requirements which are either new or which constitute a change from the current solution being provided by the incumbent for FHCPs today?

This would allow Bidders to assess the financial advantage enjoyed by the incumbent based on the amount of work they may or may not have to undertake in developing a solution for the current RFP/SOW.

A5. The intent of the Departments is to have an outcome based SOW to the extent that this is possible given current legislation and regulations. Examples of changes include, but are not limited to:

- **Current transmissions use an overnight batch process. New Requirement for data interface describes a real time or near real time VPN with zero footprint**
- **Audit log of all view or update access to a client's file**
- **New Requirement for web service for inquires, pre-determinations and pre-authorizations.**
- **Enhanced flexibility in electronic claims processing, electronic pre-determinations and authorizations.**
- **Automated adjudication under A-line coverage (i.e. relationship to pensioned condition).**
- **New Requirement has enhanced treatment authorization requirements and VIP automated calculations on adjustments.**
- **System eligibility under an individual oracle ID rather than a file number.**
- **Web-based applications.**
- **New requirement for POS available for all POCs.**
- **Long Term Care authorization, payment and communication included in new contract.**
- **Enhanced Provider Relations requirements including responsibility for all negotiations with Associations.**
- **Enhanced client call centre services.**

Q9. RFP Page 120-R4 Factor III. Element "Claims Payment" - If four of the criteria are met, what score is assigned? The rating excludes meeting exactly 4 criteria.

A9. A correction will be made to the Evaluation Criteria to reflect a more clear approach to the scoring. An amendment will be posted.

Q10. RFP Page 144-R8 Factor II. Element 11 references SOW 6.31; however, the SOW ends at 6.29. Where is SOW 6.31?

A10. A correction will be made to the Evaluation Criteria to reflect a more clear approach to the scoring. An amendment will be posted.

Q11. RFP Page 139-R7 Quality Assurance. The first element (1600 points) speaks of the "13 areas identified above". There are only 12 objectives listed in first part of the table on page 139 and 10 bullets listed under the first element scoring. The 1200 point scoring refers to 12 areas, as does the 800 point scoring. However, 0 point scoring refers to 13 areas. Please clarify the correct number of areas for each element and identify all 12 or 13 of these areas/objectives.

A11. A correction will be made to the Evaluation Criteria to reflect a more clear approach to the scoring. An amendment will be posted.

Q12. RFP Pages 18,41, 127-R5 Evaluation. The total evaluation score for R5 is contradictory. The individual Factors add up to 4100 points, not 3800 as noted in the tables on page 127, Page 91 and Page 18. What is the correct R5 score and the correct total score?

A12. A correction will be made to the Evaluation Criteria to reflect a more clear approach to the scoring. An amendment will be posted.

Q13. RFP Page 111-Evaluation. Please confirm that for all rated criteria, the score may only be one of the scores noted for each element. Example on page 111, Factor II - Call Centre Services, element 1 may have a score of 300, 225, 150 or 0. Is it accurate to say that a score of 200 will not be assigned by the evaluators? Is the score limited to one of the 4 options provided in this example; 300, 225, 150 or 0 points?

A13. A correction will be made to the Evaluation Criteria to reflect a more clear approach to the scoring. An amendment will be posted.

Q15. Can you expand on the responsibility matrix / workflow chart for the different government programs (e.g. veterans' affairs, DND, ...)? Could you provide a high-level diagram which describes the handoff points?

A15. Each department's data is self-contained; as a result no handoff points exist.

Q16. The hyperlink to Benefits Grid in the RFP does not function (Reference: p119 of 144 - annex D - Reference Documents - xxvii).

A16. Corrected link should read:

<http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Q17. Can you explicitly list which forms must be submitted as part the Financial Bid.

A17. Please refer to Part 3, Para. 3.1 which describes the forms that must be submitted with the Financial Bid.

The Price Breakdown in Part 6, Para 6.2 should be provided with the 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.

The statements described in Part 6, Para 6.3 are to accompany the bid. If PWGSC wishes 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.

Q18. Will a conference bridge be established for the question session to be held in Ottawa.

A18. There will be no conference bridge established at the Bidders Conference.

Q19. SW 4.1. Can you please define "products", "systems" and "services", as in the SOW.

A19. Products include all communication products. Systems refer to applications etc. Services includes: call centre, authorizations, etc.

Q21. SW 4.1. Many section of the SOW have specific requirements for French while others do not. Does the submission have to be in English, French or both?

A21. The Submission can be in the official language of choice.

Q22. 4.2 (2). Please define logically separated in terms of VAC, CF and RCMP data?

A22. The Database may be the same; however, each organization should only be able to access their own client's data. Also, if clients exist at multiple organizations, the system only provides information pertaining to the requesting organization program.

Q25. 5.11 b&c. Given the high cost of the disaster recovery requirement are you prepared to amend the RTO timeframe? Please describe in detail the critical services that are required during a disruption.

A25. There are no plans to amend the RTO timeframe. Services that are critical are all normal day to day activities of the system. For example: "data transmission, authorizations, claim processing and VIP payments"

Q26. 5.16 (2). Does the training have to be in person, or can other means be used, via technology ?

A26. Training does not have to be in person. The approach that will be used is dependent upon the successful bidder's solution.

Q27. 5.16 (2). Please specify the roles of the staff who will be trained

A27. Training approach is dependent upon the successful bidder's solution. It is expected that, from each Department, there will be a requirement for some training for staff roles including: program management representatives, contract management representatives, business analysts, client service agents and health services staff.

There are 190 CF staff who work in headquarters and CF Health Services Centres .This would include the Drug Exception Centre staff that approves non formulary and exceptional drugs.

Clerks across the country roles are to respond to any suspended claims requiring further approvals, preauthorization of services, reporting services.

HQ staff requires training on all of the systems as their role is to monitor activities across the country.

Q28. 5.16(2). Please confirm that reference SoW Appendix A is in fact a reference to Annex A

A28. A mistake was made in the posted document. It is confirmed that the reference should be Annex A.

Q29. 5.16(2)(b). Can you please provide the exact address for each location, as well as the number of people to be trained in each of those locations?

A29. The numbers are provided ins SOW 5.16. Depending upon the proposed solution, numbers of trainees may vary. CF Locations can be found at Annex A page 90.

Q30. 5.16(2)(c). Can you provide more information as to the meaning of "desktop publication"?

A30. Desktop publication refers to help functions that would be available via the desktop, whether through a drop down menu or hyperlink.

Q31. 5.16(2)(e). Is there a specific format for the Training Completion Report, as the terms are capitalized, yet not defined?

A31. There is not a specific format for the Training Completion Report.

Q32. 5.16. Will staff be made available at all locations at the determined time for training?

A32. Staff will be made available for training, as needed.

Q33. 5.6. Can you provide the contractor with legacy manuals prior to pre-implementation?

A33. All requirements are outlined in the SOW with relevant documents noted (i.e. policy manuals)

Q34. 6.2.1(i) Clarify this example.

A34. Annex A (A3) provides further clarification. The Veterans Health Care Regulations will also provide additional clarification - <http://laws.justice.gc.ca/en/showtdm/cr/SOR-90-594>. The transmission from VAC will not specify that client is now eligible treatment eligibility for A-line, B-line or A-B line coverage. The contractor will receive data such as disability pension entitlement and assessment and the contractor then applies the business rules (i.e. Health Care Regulations) to generate the appropriate level of entitlement.

Q35. 6.2.1(2). Clarify that we require an audit log within the system to track every user that makes an eligibility updates

A35. An audit trail of users who access and/or update a file is required.

Q36. 6.2.2(i). How can someone be eligible under two distinct and separate plans that are logically separated?

A36. Still-serving CF or RCMP members have health care entitlement under CF and RCMP regulations and may be entitled to a VAC pension or award. VAC provides health care coverage for a pensioned/awarded condition.

Q37. 6.2.2(j). What are the primary and secondary ID utilized for?

A37. The Oracle ID is unique for each client (i.e. Veteran and veteran's dependants). The File number is assigned to the individual with military service (i.e. the veteran). Dependants and survivors may be eligible for VIP benefits or for Rehabilitation Program benefits in their own right and, therefore, the oracle ID must be the primary ID number utilized.

Q38. 5.6.1. Please define "searchable, web-based tool" (e.g. PDF posted to the FHCPS Documentation and Reporting Database?).

A38. A searchable, web-based tool for documentation must be well organized, indexed, and available online and text searchable. This would not be referring to paper manuals. PDF documents would be an acceptable example.

Q39. 6.26.6(b) Please define logically independent and separate at the following levels: network, servers, application and DB?

A39. By this statement it is meant to be logically separate at a network level. An example would be on separate virtual LANs on the same physical network.

Q41. 6.14(7b). Is sFTP over the internet acceptable for the Bulk Data Transfer Facility?

A41. FTP over the internet is acceptable for the Bulk Data Transfer Facility. If the encryption algorithm meets or exceeds what is found in ITSA 11e.

Q45. 6.14(10a) and 6.14(15). Is a VPN required or is ssl encrypted channel using TLS v1 with IP restrictions acceptable? If a VPN is required, does this negate your zero footprint requirement?

A45. SSL Encrypted channel would be acceptable.

Q46. SW 6.17(e). Does the survey report provided to the Project Authority have to be in both official languages?

A46. The report does not have to be bilingual....the survey does have to be bilingual.

Q47. SW 6.23(d). Will the clients language of choice be restricted to French or English?

A47. Where project authority requires both official languages, it is noted within the SOW.

Q48. 6.27. Please confirm that the training and user support referenced in this section is specific to training related to system released and is separate from the Training Strategy at the time of implementation.

A48. The training and user support referenced in this section is specific to training and user support in the Operations and Maintenance Phase. It is separate from the implementation Training Strategy.

Q49. 6.27(1)(e). In this Section, you reference a "Training environment". Does this refer to subsection (d) or a defined term, as it is capitalized?

A49. It is confirmed that this refers to subsection (d).

Q50. 6.27(2). Can you indicate to us the percentage of Department System users that are French and English?

A50. This is not specifically tracked as users can access the system and work in their Language of choice. The requirement is for bilingual system as per Federal standards. For CF - approximately 10% of users will be French

Q52. 6.27(2)(e). Can you please define the required frequency for the term "regular"?

A52. The word "regular" is not required. The requirement is that the Contractor must ensure service standards are met or exceeded on an ongoing basis - i.e. - continuous improvements.

Q53. SW 6.29 par 10,11. Can you please provide us the " Federal Language standard CBC as determined by the Project Authority"

A53. Information is provided in the following link:
<http://jobs-emplois.gc.ca/centres/ol-lo-eng.htm>

Q55. 7.1(2)a. Please define the term "services"

A55. In the context of the Contract Phase out Plan, "services" refers to all federal health claims processing services which must cease to be delivered by the Contractor, and responsibility for FHCPS is transitioned to the Project Authority or delegated third-party.

Q56. 7.1(2)b. Please define the term "assets"

A56. "Assets" refers to materials and data which must be transferred to the Project Authority at close out of the contract. Examples - claim data, eligibility data, provider data, code tables with rules and descriptions.

Q57. 7.1(2)c. Please define the term "FHCPS Information"

A57. The definition of FHCPS Information is described in 7.1 (2)(c). It includes the information contained within Contractor databases, paper files and any documentation relating to Clients and providers.

Q58. 7.1(2)c. Please provide example of "documentation relating to providers"

A58. Examples include ongoing/in-progress work such as negotiations, audits and recoveries as well as address, credentials, delisting information, etc.

Q59. 7.1(2) d and e. Clarify which licensing and provider association agreements you are referring to?

A59. These agreements would be any provider association that the contractor has negotiated with on behalf of the project authority. (i.e. dental, audio, etc).

Q60. 7.1(3)a. Is our understanding correct that the cost associated with the obligation contained in the second sentence is assumed by the Project Authority?

A60. The cost associated with the obligation contained in the second sentence is assumed by the Project Authority.

Q61. 6.4. Is there information available which can be used by the contractor which already contains all provider registrations?

A61. Project Authority will ensure that existing provider registration listings are available from the incumbents.

Q62. 6.3.1.c. Clarify the timeline for "produced and distributed within 10 days" (does this include mailing time?)

A62. The timeline is incorrect in this area of the SOW. It should read 5 business days, which does not include mailing time.

Q63. SW 2.0.10. How many systems will be interfacing with the FHPCS system? Does each system have a unique interface, or will they be using a common interface?

A63. For VAC, multiple system interfaces are to be standardized through a common interface(s) consisting largely of web services.

Q64. SW 4.4. EDI interfaces for authorization and processing are being requested 24/7. What outage periods will be allowed?

A64. All requirements dealing with system availability are outlined in Standards section of the SOW - 6.29.7.

Q65. SW 4.6.c. How much notice will be given of significant planned changes in processing volume?

A65. Normally, changes in processing volume are the result of policy or legislation changes that are out of the control of the Project Authority. As a result advance notice is often times minimal.

Q67. SW 6.14.7.b.i. Does the Enterprise Service Bus exist today? If so, what is being used for the Bus?

A67. The Enterprise Service Bus does not exist in Production today. However, VAC plans to have it in place in conjunction with the implementation of FHCPS. (ESB will be mirth)

Q68. 6.3.1.b. How many card templates required per Department?

A68. The number of card templates will depend upon the solution of the successful bidder. Currently CF and RCMP each have one while VAC has three. There is also a card for visually impaired.

Q69. 6.3.1.c. Please elaborate on the security standards for the cards. Please provide examples/samples of accompanying documentation (forms, booklet).

A69. "Security" standards. This is incorrect in the SOW. It should have indicated "service" standards.

Some examples of accompanying documentation include: covering letter, claim form information booklet which explains eligibility and coverage of benefit types.

Q70. 6.29.2.b. Clarify: What is meant by on-line version?

A70. On-line refers to electronic notification that a card has been requested and distribution is pending.

Q71. 6.3.1.c. Clarify the difference in timelines for card production and distribution in 6.3.1c and 6.29.2.a

A71. It is acknowledged that there is an inconsistency in the SOW. 6.29.2.a is the correct reference; 5 business days not including mailing time.

Q75. Reference RFP 7.9.c1. Method of payment for Phase 1 Pre-Implementation: "Contractor is to 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 Communication Materials and Phase 2 Operations and Maintenance is operational". When can the Contractor issue the first invoice? Is it at the first month of the Pre-Implementation period or the first month of the Implementation period? When can the Contractor invoice the balance of the one-sixty sixth of the Firm Lot Price? If the invoice is to spread out over the term of the 7 years contract period and the Project Authority is to pay the invoice over the 7 years, is the Project Authority assuming that the Contractor will factor in the cost of financing within the Firm Lot Price for Phase 1 Pre-Implementation? If this is the case, can this be classified within the "other costs" in the Price Breakdown schedule for the Pre-implementation worksheet?

A75. The first invoice can be submitted one month after the contractor as successfully completed the pre-implementation services as per the SOW. The services must be fully operational and the Project Authority has accepted those services as meeting the requirements of the SOW. The contractor then can submit an invoice at the end of each month for the remaining months of the original operation period of seven years.

Yes the cost of financing can be part of the Firm Lot Price for Phase 1 Pre-Implementation.

Q76. Reference RFP 7.9.5. Milestone payments under the TA section: Can the milestone payment concept be applied to the phase 1 pre-implementation for the Firm Lot Price quoted?

A76. No

Q77. Reference RFP 7.11. Certification of compliance: Please reference the appendix for this template and the clause A3050T.

A77. Please refer to Para 2.1 Standard Instructions, Clauses and Conditions and Part 6 of the Request For Proposal.

Q78. Appendix B, Part B Claims Processing. Is it correct to assume that table 4.0B-3 covers all non electronic transactions including the CF on Base Pharmacy?

A78. All CF On Base Pharmacy transactions are electronic.

Q79. Reference RFP, Appendix B, 4. Treatment authorization services: Please provide table 4.0B-4. The table was not included in this section.

A79. Delete all reference to Table 4.0B-4 and insert 4.1.

Q80. Reference RFP, Appendix B, 8. Annual Economic Price Adjustment: This section shows how to determine the EPA value starting in 2014. Please clarify the application of EPA in Appendix B,8 vs. the 2.2% EPA value given in Part 4, Phase 4. Our interpretation is that the 2.2% EPA applies every year from 2013 onward to the end of the contract period. Is this correct?

A80. For evaluation purposes only, the 2.2% EPA will be applied every year from contract year 2014 onward to the end of the contract period. The calculation for to determine the price for contract year 2014 will be based on prices quoted for 2013.

Q81. SOW 6.7.9. Claims Payment: The payment frequency for providers is every two weeks and for clients/third parties is daily. Please clarify why SOW 6.20.4 Financial Operations stated a Claims Funding Request to the Project Authority is twice per month. If the fund is not provided to the Contractor before the payment is issued, how does the Contractor have the available fund for payment clearing at the financial institution? What assumption(s) does the Project Authority have for the Contractor when the payment and the funding frequencies are different in timing?

A81. The contractor would be required to establish a line of credit/overdraft for the dedicated interest-earning account with the financial institution. As noted in the SOW, all fees and charges on the account are to be borne by the contractor.

Q82. SOW 6.7.10. Advance payments (monthly, semi-annually or annually) for Veterans Independence Program (VIP) is based on the start date of the client's Contribution Agreement: Is this a separate payment run cycle that is outside of the payment cycle for providers and clients described in SOW 6.7.9? Or Can this be combined with the payment cycle described in SOW 6.7.9? If it is a separate payment run cycle, when is the Claims Funding Request cycle for the advance VIP payments?

A82. This payment is not part of a separate cycle and is run with normal daily routines.

Q83. SOW 6.7.11. Ability to receive, adjudicate and pay claims in the currency of the country where the items/services were purchased: please provide historical annual payment volume for each of the currency types. Is it correct to assume that the Claims Funding Request is in Canadian currency after converting the foreign currency transaction? Is it correct to assume that the currency conversion process takes place at the payment generation process and not at the claim adjudication process? If yes, is the Contractor required to add the claim payment history to include the Canadian currency dollar value from the payment run?

A83. 1 = Exact volumes are not readily available but in general terms the volumes are low.

2 = Invoice arrives in Foreign Currency then converted to Canadian for adjudication. Payment then converted to FC?

3 = Confirmed that the currency conversion process takes place at payment generation stage.

4 = Yes as per #2 above

Q84. SOW 6.7.12. Ability to enclose communication materials to client groups within each Claims Statement package: please provide the type of materials, the annual volume for each type, the frequency for each type and the number of pages for each type to be included in a single Claims Statement package.

A84. The communications materials referred to here are cheque inserts or, in the case of direct deposit or a zero payment on a denied claim, it is an insert with the statement or explanation of payment. These inserts are for announcements and are infrequent.

Q85. SOW 6.7.12. Ability to enclose a pre-populated claim form with the Claims Statement package: please provide the annual volume, the frequency and the number of pages to be included in a single Claims Statement package.

A85. This is linked to the claims volumes and types. Currently Treatment Benefits and Health Related Travel claims are replenished with one form per claim and VIP gets two forms per claim.

Q86. SOW 6.7.12. Ability to communicate program information in the Claims Statement package: please provide the max length (# of characters including spaces) for this message to be printed on the statement and the frequency that this form of communication is used. Is this message printed in both official languages or language of choice for providers/clients/third parties?

A86. This refers to communications inserts that are sporadic and therefore vary in length and frequency. They are normally printed in both official languages.

Q88. SOW 6.20.4.d. Funding will be transferred within 5 business days directly to the Contractor's FHCPs account when the payment verification process is completed: Is it correct to assume that no payment will be released to providers/clients/third parties until after funding is received in the Contractor's bank account?

A88. As stated in the SOW payment frequency for service providers is every two weeks and for clients, it is daily. The contractor would be required to establish a line of credit/overdraft for the dedicated interest-earning account with the financial institution. As noted in the SOW, all fees and charges on the account are to be borne by the contractor.

Q89. SOW 6.7.2(a). 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. Please confirm if tracking of a claim is by claim line or by claim document, which can have multiple claim lines.

A89. When tracking the claim....if the claim has all lines remaining together, it will be tracked by claim document. If a claim line needs further attention it will be tracked by line. How this is handled in future depends upon the successful bidder's solution.

Q90. SOW 6.7.1(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. For facsimile, please confirm that there is no expectation to automatically create transaction records for adjudication using incoming facsimile.

A90. There is no expectation to automatically create transaction records for adjudication using incoming facsimile.

Q91. SOW 6.7.9(d). Will EFT information be consolidated for all claims or separated by department?

A91. EFT information will be separated by departments, as is all other data.

Q92. SOW 6.7.12(d). Is functionality for claim suppression required also for mass/bulk suppression?

A92. The SOW is not describing a requirement for "claim suppression". This requirement refers to the ability to prevent the printing and mailing of the statement or explanation of payment. This is an infrequent requirement. The need for this ability is because clients are entitled to challenge a denied claim. When this occurs and the Contractor determines that there was no previous error or omission in the processing of the claim, the client will need to receive a letter with formal appeal rights. We do not want a client to receive a second claim statement which denies the claim.

Q94. 6.7.3.c. Is there a hierarchy of adjudication within the 3 Departments?

A94. The three departments are separate and distinct in terms of data, legislation, regulations, etc. No hierarchy of adjudication exists.

Q95. 5.13.1.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. Clarification required on what is meant by security testing

A95. For security testing, it is intended that any software developed and released to production requires a level of testing that includes vulnerability, intrusion and code level (ie Appscan) testing.

Q96. 6.2.2.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. What is the turnaround time to communicate the change in eligibility?

A96. The turnaround time to communicate the change in eligibility is 5 days.

Q97. SW 6.29(11)-Out of Country Calls. For out of country calls, it is indicated the response is to be provided in the language of the caller. Can we assume that this is restricted to French and English?

A97. The response to out of country calls will be restricted to official language of choice.

Q98. Annex B, B.2-Volume of clients Kits. Can you provide us a number of words or pages for the "client kits", including the information booklet, the card and the forms? Can you provide us a sample of these documents? Are these documents already available in both languages today? Do they require changes?

A98. The client kits are available in both official languages. Information booklets can be found at the links below. These booklets are only dispersed at first occurrence of eligibility. These booklets can change depending on policy and legislation changes. Along with the booklet there is a one page letter and a card.

<http://www.forces.gc.ca/health-sante/ps/guide/default-eng.asp>

<http://www.forces.gc.ca/health-sante/ps/guide/default-fra.asp>

Q102. Is the Service Oriented Architecture reference in the RFP already in place? If not is it expected to be implemented before the pre-implementation period starts?

A102. It is confirmed that the Service Oriented Architecture referenced in the RFP, is already in place.

Q103. Please provide a copy of Service Oriented Architecture directory.

A103. VAC currently has 6 services in place they are: Outgoing Web Services

Client Info - provides biographical information from VAC databases for a specific client

Client Referral - provides specific referral information necessary for one of VAC's programs provided by an external partner for a specific client

Incoming Web Services

Client Document - accepts various documents in PDF format from external and internal sources for a specific client

Client Work Item - accepts tasks from external partners (in a VAC specific format) for a specific client

Client Event - accepts notifications from external partners (in a VAC specific format) for a specific client

File Transfer - (Binary Transfer Web Service) accepts monthly data dumps and other large management reports from external partners which can be for multiple or single clients

Future Items will be added with FHCPs implementation.

Q108. 6.2.2.f. What is the source program eligibility adjudication information?

A108. This is explained in Annex A. For example, a favorable adjudication of eligibility for VAC's Disability Pension/Award program is the source program which provides eligibility for A-line, B-line or AB-line treatment benefits. Further information on eligibility for health care benefits may be found in the Veterans Health Care Regulations.

Q109. 6.2.2.d. What does apply eligibility rules mean?

A109. The specific Treatment Coverage for VAC clients will not be provided in the data transmission. The Contractor must determine the treatment eligibility from the source program entitlement. The eligibility rules for Treatment benefits may be found in the Veterans Health Care Regulations. For example: A VAC war-service client, who is awarded a 50% pension, is entitled to B-line coverage as this pensioner is a medium-disabled pensioner. In this example, the transmission from VAC will have the pension entitlement information and the Contractor must then apply the "rules" to generate "B-line" eligibility.

Q114. We note that certain of the R rated items - specifically R3 through R6 (not R1, R2 R7 or R8) ? include a reference to one or more of the items in the SOW which means that the SOW content plays a part in the scoring for these specific R items. There are however a total of 196 SOW items (counting only the lowest level requirements in SOW 5 and SOW 6 and SOW 7). Only 101 of these SOW items are specifically called out in the above mentioned R items. Several very important SOW items, for example, 6.25 Privacy, are not included in the R rated items. In addition there are many other critical items in the SOW that are not covered in any of the R items.

a) How are proponents to address the items in the SOW which are not noted specifically in the Evaluation guide? Our concern is that the evaluation criteria may include these as hidden

items, the locations of which may not be interpreted the same by each proponent with the result that scoring cannot be open and transparent.

b) Alternatively, please confirm that the SOW items that are missing from the evaluation criteria have no impact upon the scoring for each R item.

c) R items 1, 2, 7 and 8 contain no specific references to the SOW. Please confirm that these items will be scored without reference to the SOW.

A114. The bidder must consider all of the SOW requirements, related information and additional information in the Annexes to ensure a thorough understanding of each requirement. Although SOW references are provided, other information in the SOW may relate. The key requirements in the SOW will be rated.

The example provided re: critical items not included in the Evaluation is 6.25 Privacy. You will note in the description for R5, Factor IV, we specify that the bidder should describe the technical and non-technical controls for both Security and Privacy. To assist the bidders, we will add a reference to 6.25 for Factor IV.

The SOW items that are missing from the evaluation criteria have no impact upon the scoring for each R item. However, the description of each rated requirement should be read carefully to ensure that all information which impacts that requirement is included in the response. In addition, where the evaluation criterion references a specific section of the SOW and that section of the SOW references another section. The bidder should consider both sections when responding.

SOW references for R7 and R8 have been added and this change will be included in the amended Evaluation Criteria which will be posted following translation. R1, R2, and R6 will be scored with consideration to all requirements in the SOW. Therefore, no specific reference is provided in the Evaluation Criteria.

Q116. Provider management rigor is significant to support quality healthcare delivery. Is it the departments desire to have all claims paid using authorized providers only? Which claims or POC's may be excluded?

A116. For CF, all claims should be paid through authorized providers however we recognize that in some cases the good/service would have been provided and payment must be made. We recommend that the non registered provider receive a registration form, the FHCPS Provider Kit and a letter encouraging registration in the program with their payment. Out of Country providers in specific would be excluded from the registration requirements.

Q119. R4 Section 3 i Trace Payment: The rated section for this items appears to incorrectly refer to 6.7 number 12. Please confirm which number is correct.

A119. This was incorrect. A revised RFP will show the correct Section which is 6.7.13.

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.

002

File No. - N° du dossier

PWB-7-20036

Buyer ID - Id de l'acheteur

pwb011

CCC No./N° CCC - FMS No/ N° VME

Q121. This provides a listing of the specific SOW items which have not been referenced anywhere within the point rated sections. We are seeking direction on the approach to responding to these missing evaluation criteria. Table attached.

A121. Some of the requirements described in the SOW are not included in the Evaluation Criteria as the Departments did not feel they could be rated. The bidder could really only state compliance with the requirement. Responses to specific sections are provided in an adjoining document.

The following changes are made to the Solicitation Document:

Reference: Appendix A, Statement of Work (SOW), Section 6.18, Paragraph 8.

Delete in its entirety and insert the following:

The Contractor must bring resolution to the provider audit recoveries within one year unless otherwise agreed to between the Project Authority and the Contractor. Although the Contractor is not liable for unresolved provider audit recoveries, the Contractor must be diligent in efforts to recover funds due to provider audits.

ALL OTHER TERMS AND CONDITIONS OF THE RFP REMAIN UNCHANGED.