
Purpose of this Draft RFP

The purpose of this draft RFP is to provide industry with an opportunity to review it in its entirety and provide feedback on the content. If additional information is required, or if you have any concerns with the requirement within the Statement of Work (SOW), please advise. We invite feedback on the full draft RFP and we are specifically requesting feedback on the following:

- Are there requirements that would prevent your organization from submitting a proposal? If so, please elaborate.
- Annex A – SOW, Section 6.35 Performance and Service Standards. Can you identify any issues, barriers or restrictions in this section?
- Annex A SOW, Section 5.3 Services and Systems Development and Customization, 5.4 Systems Information and Technology, 6.2 Systems Management and Maintenance. Can you identify any issues or barriers to deliver services to the Partner Organizations?
- Would you amend any previously provided feedback now that you have reviewed the SOW in its entirety?
- Based on the draft Request for Proposal how much time would you need to prepare your proposal?
- Canada is proposing to allocate approximately 2 years for the Implementation Phase, can you identify any issues, barriers or restrictions?

The draft RFP will be posted for 30 days. We request feedback be provided in writing and limited to 20 pages and submitted by Thursday November 3, 2022.

Public Services and Procurement Canada (PSPC) is requesting Industry feedback only on the draft Request for Proposal (RFP). PSPC is not requesting Industry to provide individual/lot pricing in Annex B of the Basis of Payment document, or quotes at this stage of the draft RFP process. Annex B provides the pricing structure of services, locations, training, and resources required to deliver the Federal Health Claims Processing Services.

We invite industry to ask questions or request clarifications on the draft RFP. However, please note that we may not provide responses at this time. Rather, the responses may be in the final version of the RFP. It is anticipated that the final version of the RFP will be posted in early 2023.

Disclaimer

This draft RFP is neither a call for tender nor a RFP. No agreement or contract will be entered into based on this draft RFP. The issuance of this draft RFP is not to be considered in any way a commitment by the Government of Canada, nor as authority to potential respondents to undertake any work that could be charged to Canada. This draft RFP is not to be considered as a commitment to issue a subsequent solicitation or award contract(s) for the work described herein.

Although the information collected may be provided as commercial-in-confidence (and, if identified as such, will be treated accordingly by Canada), Canada may use the information to assist in finalizing RFP related documents (which are subject to change) and for estimating purposes.

Participation in or providing comments on this draft RFP is encouraged, but is not mandatory. There will be no short-listing of potential suppliers for the purposes of undertaking any future work as a result of this draft RFP. Similarly, participation in this draft RFP is not a condition or prerequisite for the participation in any potential subsequent solicitation.

Respondents will not be reimbursed for any cost incurred by participating in this draft RFP.

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PART 1 - GENERAL INFORMATION

1.1 Introduction

The bid solicitation is divided into seven parts plus attachments 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 and Additional Information: includes the certifications and additional information 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 Annexes include the Statement of Work, the Basis of Payment, the Security Requirements Checklist, the Electronic Payment Instruments, the Federal Contractors Program for Employment Equity - Certification, the Insurance Requirements, the Task Authorization Form 572 and any other annexes.

1.2 Summary

1.2.1 Veterans Affairs Canada (VAC), Canadian Armed Forces (CAF), and Royal Canadian Mounted Police (RCMP) require a Contractor to deliver Federal Health Claims Processing Services (FHCPS). A claims processing service is required to provide authorization, adjudication, and settlement of claims for health care benefits and services and to ensure compliance with legislation, policies and business rules, including audit, reporting, and financial control practices. The duration of contract is as follows:

- **Implementation Phase** is from date of contract award until July 31, 2026, a period of at least 2 years.
- **Operations Phase** is from August 1, 2026 to July 31, 2034 with an option to extend the term of the Contract by up to two (2) additional three (3) year period(s).
- **Close-Out Phase** is no later than 120 business days following the end of the Operations Phase.

The above are anticipated dates and time frames and are subject to change during the procurement process.

1.2.2 There are security requirements associated with this requirement. For additional information, consult Part 6 - Security, Financial and Other Requirements, and Part 7 - Resulting Contract Clauses. For more information on personnel and organization security screening or security clauses, Bidders should refer to the [Contract Security Program](http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html) of Public Works and Government Services Canada (<http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html>) website”.

- 1.2.3 The requirement is limited to Canadian services.
- 1.2.4 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.
- 1.2.5 The Federal Contractors Program (FCP) for employment equity applies to this procurement; refer to Part 5 – Certifications and Additional Information, Part 7 - Resulting Contract Clauses and the annex titled Federal Contractors Program for Employment Equity - Certification.
- 1.2.6 This bid solicitation allows bidders to use the CPC Connect service provided by Canada Post Corporation to transmit their bid electronically. Bidders must refer to Part 2 entitled Bidder Instructions, and Part 3 entitled Bid Preparation Instructions, of the bid solicitation, for further information.

1.3 Debriefings

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 from receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.

1.4 Fairness Monitor

Canada has engaged the services of an organization to act as an independent third party Fairness Monitor (FM) for this procurement process. The role of the FM is to provide an attestation of assurance on the fairness, openness, and transparency of the monitored activities.

The Fairness Monitor's duties will include, but not be limited to:

- i. observing all or part of the procurement process (including, but not limited to, the Engagement process and the bid solicitation, the evaluation of the bids with respect to Canada's adherence to the evaluation process described in this bid solicitation, and the bid debrief process);
- ii. providing feedback to Canada on fairness issues; and
- iii. attesting to the fairness of the procurement process.

The Fairness Monitor will not be part of the evaluation team, but will be granted access to any bid submitted in response to this bid solicitation and any related correspondence received by Canada pursuant to this bid solicitation.

The Fairness Monitor engaged for this procurement is: **RFP Solutions Inc.**

PART 2 - BIDDER INSTRUCTIONS

2.1 Standard Instructions, Clauses and Conditions

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>) issued by Public Works and Government Services Canada.

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.

The 2003 (2022/03/29) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

Subsection 5.4 of 2003, Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:

Delete: 60 days
Insert: 250 days

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 in the bid solicitation.

Note: For bidders choosing to submit using Canada Post Corporation's (CPC) Connect service for bids closing at the Bid Receiving Unit in New Brunswick/Prince Edward Island (NB/PEI) the email address is:

TPSGC.RARceptionSoumisNBPE-ARBidReceivingNBPE.PWGSC@tpsgc-pwgsc.gc.ca

Note: Bids will not be accepted if emailed directly to this email address. This email address is to be used to open a CPC Connect conversation, as detailed in Standard Instructions 2003, or to send bids through a CPC Connect message if the bidder is using its own licensing agreement for CPC Connect service.

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

2.3 Former Public Servant

Former Public Servant - Competitive Bid

Contracts awarded to 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 awarded to FPSs, bidders must provide the information required below before contract award. If the answer to the questions and, as applicable the information required 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 with Canada's request and meet the requirement within the prescribed time frame will render the bid non-responsive.

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 FPSs 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: 2019-01](#) and the [Guidelines on the Proactive Disclosure of Contracts](#).

Work Force Adjustment Directive

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of the Work Force Adjustment Directive? **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;

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- 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 adjustment program.

2.4 Enquiries - Bid Solicitation

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

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 question(s) or may request that the Bidder do so, so that the proprietary nature of the question(s) is eliminated and the enquiry can be answered to all Bidders. Enquiries not submitted in a form that can be distributed to all Bidders may not be answered by Canada.

2.5 Applicable Laws

Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in **Prince Edward Island**.

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.

2.6 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 ten (10) days before the bid closing date. Canada will have the right to accept or reject any or all suggestions.

2.7 Bid Challenge and Recourse Mechanisms

- (a) Several mechanisms are available to potential suppliers to challenge aspects of the procurement process up to and including contract award.
- (b) Canada encourages suppliers to first bring their concerns to the attention of the Contracting Authority. Canada's [Buy and Sell](#) website, under the heading "[Bid Challenge and Recourse Mechanisms](#)" contains information on potential complaint bodies such as:
 - Office of the Procurement Ombudsman (OPO)
 - Canadian International Trade Tribunal (CITT)

- (c) Suppliers should note that there are **strict deadlines** for filing complaints, and the time periods vary depending on the complaint body in question. Suppliers should therefore act quickly when they want to challenge any aspect of the procurement process.

2.8 Volumetric Data

The FHCPs historical business and transactional volume data in Annex I -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.

2.9 Conflict of interest—unfair advantage

Further to the provisions of Article 18 of SAC 2003 (2012-03-02), the following firm have been engaged in the preparation of this solicitation and are hereby precluded from participation in the solicitation:

- RFP Solutions Inc., Kanata Ontario

PART 3 - BID PREPARATION INSTRUCTIONS

3.1 Bid Preparation Instructions

- If the Bidder chooses to submit its bid electronically, Canada requests that the Bidder submits its bid in accordance with section 08 of the 2003 standard instructions. The epost Connect system has a limit of 1GB per single message posted and a limit of 20GB per conversation.

The bid must be gathered per section and separated as follows:

Section I: Technical Bid
Section II: Financial Bid
Section III: Certifications
Section IV: Additional Information

- If the Bidder chooses to submit its bid in hard copies, Canada requests that the Bidder submits its bid in separately bound sections as follows:

Section I: Technical Bid (7 hard copies)
Section II: Financial Bid (1 hard copy)
Section III: Certifications (1 hard copy)
Section IV: Additional Information (1 hard copy)

If there is a discrepancy between the wording of the soft copy on electronic media and the hard copy, the wording of the hard copy will have priority over the wording of the soft copy.

- If the Bidder is simultaneously providing copies of its bid using multiple acceptable delivery methods, and if there is a discrepancy between the wording of any of these copies and the electronic copy provided through epost Connect service, the wording of the electronic copy provided through epost Connect service will have priority over the wording of the other copies.

Prices must appear in the financial bid only. No prices must be indicated in any other section of the bid.

Canada requests that bidders follow the format instructions described below in the preparation of hard copy of their bid:

- (a) use 8.5 x 11 inch (216 mm x 279 mm) paper;
- (b) use a numbering system that corresponds to the bid solicitation.

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](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32573) (<https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32573>). To assist Canada in reaching its objectives, bidders should:

- 1) Include all environmental certification(s) relevant to your organization (e.g. ISO 14001, Leadership in Energy and Environmental Design (LEED), Carbon Disclosure Project, etc.)
- 2) Include all environmental certification(s) or Environmental Product Declaration(s) (EPD) specific to your product/service (e.g. Forest Stewardship Council (FSC), ENERGYSTAR, etc.)
- 3) Unless otherwise noted, bidders are encouraged to submit bids electronically. If hard copies are required, bidders should:

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- a) 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
 - b) 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.

3.1.1 Section I: Technical Bid

In their technical bid, Bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements. Bidders should demonstrate their capability and describe their approach in a thorough, concise and clear manner for carrying out the work.

The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. In order to facilitate the evaluation of the bid, Canada requests that Bidders address and present topics in the order of the evaluation criteria under the same headings. To avoid duplication, Bidders may refer to different sections of their bids by identifying the specific paragraph and page number where the subject topic has already been addressed.

The Technical Bid must address all Mandatory Technical Submission Requirements and should address all Point-Rated Technical Submission Requirements and Evaluation Criteria contained in Annex D 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 Annex D 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 Annex D 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 section 5 Certification and Additional Information or otherwise referenced by the Bidder in its Technical Bid as applicable.

3.1.2 Section II: Financial Bid

Bidders must submit their financial bid in accordance with the Basis of Payment in Annex "B".

3.1.2.1 Electronic Payment of Invoices – Bid

If you are willing to accept payment of invoices by Electronic Payment Instruments, complete Annex "F" Electronic Payment Instruments, to identify which ones are accepted.

If Annex "F" Electronic Payment Instruments is not completed, it will be considered as if Electronic Payment Instruments are not being accepted for payment of invoices.

Acceptance of Electronic Payment Instruments will not be considered as an evaluation criterion.

3.1.3 Section III: Certifications

Bidders must submit the certifications and additional information required under Part 5.

3.1.4 Section IV: Additional Information

3.1.4 Bidder's Proposed Sites or Premises Requiring Safeguarding Measures

3.1.4.1 As indicated in Part 6 under Security Requirements, the Bidder must provide the full addresses of the Bidder's and proposed individuals' sites or premises for which safeguarding measures are required for Work Performance:

Street Number / Street Name, Unit / Suite / Apartment Number
City, Province, Territory / State
Postal Code / Zip Code
Country

3.1.4.2 The Company Security Officer must ensure through the [Contract Security Program](#) that the Bidder and proposed individuals hold a valid security clearance at the required level, as indicated in Part 6 – Security, Financial and Other Requirements.

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.
- (b) An evaluation team composed of representatives of Canada will evaluate the bids.
- (c) The evaluation team will determine if there are two (2) or more bids with a valid Canadian content certification with the bids coming from two or more Bidders that are not affiliated within the meaning used in the *Competition Act*, R.S.C., 1985, c. C-34. In that event, only those bids with a valid certification will be eligible to be awarded a contract; otherwise, all bids will be eligible. If at any point in the evaluation process it is found, whether by determination of invalidity of certifications, determination that bids are non-responsive or withdrawal of bids by Bidders, that there are no longer two (2) or more responsive bids with a valid certification, then all responsive bids will be eligible to be awarded a contract. Canada may conduct the validation of Canadian content certifications at any time in the evaluation process including doing so concurrently with other steps.

4.1.1 Phased Bid Compliance Process

4.1.1.1 (2018-07-19) General

- (a) Canada is conducting the PBCP described below for this requirement.
- (b) Notwithstanding any review by Canada at Phase I or II of the PBCP, Bidders are and will remain solely responsible for the accuracy, consistency and completeness of their Bids and Canada does not undertake, by reason of this review, any obligations or responsibility for identifying any or all errors or omissions in Bids or in responses by a Bidder to any communication from Canada.

THE BIDDER ACKNOWLEDGES THAT THE REVIEWS IN PHASE I AND II OF THIS PBCP ARE PRELIMINARY AND DO NOT PRECLUDE A FINDING IN PHASE III THAT THE BID IS NON-RESPONSIVE, EVEN FOR MANDATORY REQUIREMENTS WHICH WERE SUBJECT TO REVIEW IN PHASE I OR II AND NOTWITHSTANDING THAT THE BID HAD BEEN FOUND RESPONSIVE IN SUCH EARLIER PHASE. CANADA MAY DEEM A BID TO BE NON-RESPONSIVE TO A MANDATORY REQUIREMENT AT ANY PHASE.

THE BIDDER ALSO ACKNOWLEDGES THAT ITS RESPONSE TO A NOTICE OR A COMPLIANCE ASSESSMENT REPORT (CAR) (EACH DEFINED BELOW) IN PHASE I OR II MAY NOT BE SUCCESSFUL IN RENDERING ITS BID RESPONSIVE TO THE MANDATORY REQUIREMENTS THAT ARE THE SUBJECT OF THE NOTICE OR CAR, AND MAY RENDER ITS BID NON-RESPONSIVE TO OTHER MANDATORY REQUIREMENTS.

- (c) Canada may, in its discretion, request and accept at any time from a Bidder and consider as part of the Bid, any information to correct errors or deficiencies in the Bid that are clerical or administrative, such as, without limitation, failure to sign the Bid or any part or to checkmark a box in a form, or other failure of format or form or failure to acknowledge; failure to provide a procurement business number or contact information such as names, addresses and telephone numbers; inadvertent errors in numbers or calculations that do not change the amount the Bidder has specified as the price or of any component thereof that is subject to evaluation. This shall not limit Canada's right to request or accept any information after the bid solicitation closing in circumstances where the bid solicitation expressly provides for this right. The Bidder will have the time period specified in writing by Canada to provide the necessary documentation. Failure

to meet this deadline will result in the Bid being declared non-responsive.

- (d) The PBCP does not limit Canada's rights under Standard Acquisition Clauses and Conditions (SACC) 2003 (2020-05-28) Standard Instructions – Goods or Services – Competitive Requirements nor Canada's right to request or accept any information during the solicitation period or after bid solicitation closing in circumstances where the bid solicitation expressly provides for this right, or in the circumstances described in subsection (c).
- (e) Canada will send any Notice or CAR by any method Canada chooses, in its absolute discretion. The Bidder must submit its response by the method stipulated in the Notice or CAR. Responses are deemed to be received by Canada at the date and time they are delivered to Canada by the method and at the address specified in the Notice or CAR. An email response permitted by the Notice or CAR is deemed received by Canada on the date and time it is received in Canada's email inbox at Canada's email address specified in the Notice or CAR. A Notice or CAR sent by Canada to the Bidder at any address provided by the Bidder in or pursuant to the Bid is deemed received by the Bidder on the date it is sent by Canada. Canada is not responsible for late receipt by Canada of a response, however caused.

4.1.1.2 (2018-03-13) Phase I: Financial Bid

- (a) After the closing date and time of this bid solicitation, Canada will examine the Bid to determine whether it includes a Financial Bid and whether any Financial Bid includes all information required by the solicitation. Canada's review in Phase I will be limited to identifying whether any information that is required under the bid solicitation to be included in the Financial Bid is missing from the Financial Bid. This review will not assess whether the Financial Bid meets any standard or is responsive to all solicitation requirements.
- (b) Canada's review in Phase I will be performed by officials of the Department of Public Works and Government Services.
- (c) If Canada determines, in its absolute discretion that there is no Financial Bid or that the Financial Bid is missing all of the information required by the bid solicitation to be included in the Financial Bid, then the Bid will be considered non-responsive and will be given no further consideration.
- (d) For Bids other than those described in c), Canada will send a written notice to the Bidder ("Notice") identifying where the Financial Bid is missing information. A Bidder, whose Financial Bid has been found responsive to the requirements that are reviewed at Phase I, will not receive a Notice. Such Bidders shall not be entitled to submit any additional information in respect of their Financial Bid.
- (e) The Bidders who have been sent a Notice shall have the time period specified in the Notice (the "Remedy Period") to remedy the matters identified in the Notice by providing to Canada, in writing, additional information or clarification in response to the Notice. Responses received after the end of the Remedy Period will not be considered by Canada, except in circumstances and on terms expressly provided for in the Notice.

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- (f) In its response to the Notice, the Bidder will be entitled to remedy only that part of its Financial Bid which is identified in the Notice. For instance, where the Notice states that a required line item has been left blank, only the missing information may be added to the Financial Bid, except that, in those instances where the addition of such information will necessarily result in a change to other calculations previously submitted in its Financial Bid, (for example, the calculation to determine a total price), such necessary adjustments shall be identified by the Bidder and only these adjustments shall be made. All submitted information must comply with the requirements of this solicitation.
- (g) Any other changes to the Financial Bid submitted by the Bidder will be considered to be new information and will be disregarded. There will be no change permitted to any other Section of the Bidder's Bid. Information submitted in accordance with the requirements of this solicitation in response to the Notice will replace, in full, **only** that part of the original Financial Bid as is permitted above, and will be used for the remainder of the bid evaluation process.
- (h) Canada will determine whether the Financial Bid is responsive to the requirements reviewed at Phase I, considering such additional information or clarification as may have been provided by the Bidder in accordance with this Section. If the Financial Bid is not found responsive for the requirements reviewed at Phase I to the satisfaction of Canada, then the Bid shall be considered non-responsive and will receive no further consideration.
- (i) Only Bids found responsive to the requirements reviewed in Phase I to the satisfaction of Canada, will receive a Phase II review.

4.1.1.3 (2018-03-13) Phase II: Technical Bid

- (a) Canada's review at Phase II will be limited to a review of the Technical Bid to identify any instances where the Bidder has failed to meet any Eligible Mandatory Criterion. This review will not assess whether the Technical Bid meets any standard or is responsive to all solicitation requirements. Eligible Mandatory Criteria are all mandatory technical criteria that are identified in this solicitation as being subject to the PBCP. Mandatory technical criteria that are not identified in the solicitation as being subject to the PBCP, will not be evaluated until Phase III.
- (b) Canada will send a written notice to the Bidder (Compliance Assessment Report or "CAR") identifying any Eligible Mandatory Criteria that the Bid has failed to meet. A Bidder whose Bid has been found responsive to the requirements that are reviewed at Phase II will receive a CAR that states that its Bid has been found responsive to the requirements reviewed at Phase II. Such Bidder shall not be entitled to submit any response to the CAR.
- (c) A Bidder shall have the period specified in the CAR (the "Remedy Period") to remedy the failure to meet any Eligible Mandatory Criterion identified in the CAR by providing to Canada in writing additional or different information or clarification in response to the CAR. Responses received after the end of the Remedy Period will not be considered by Canada, except in circumstances and on terms expressly provided for in the CAR.
- (d) The Bidder's response must address only the Eligible Mandatory Criteria listed in the CAR as not having been achieved, and must include only such information as is necessary to achieve such compliance. Any additional information provided by the Bidder which is not necessary to achieve such compliance will not be considered by Canada, except that, in those instances where such a response to the Eligible Mandatory Criteria specified in the CAR will necessarily result in a consequential change to other parts of the Bid, the Bidder shall identify such additional changes, provided that its response must not include any change to the Financial Bid.

- (e) The Bidder's response to the CAR should identify in each case the Eligible Mandatory Criterion in the CAR to which it is responding, including identifying in the corresponding section of the original Bid, the wording of the proposed change to that section, and the wording and location in the Bid of any other consequential changes that necessarily result from such change. In respect of any such consequential change, the Bidder must include a rationale explaining why such consequential change is a necessary result of the change proposed to meet the Eligible Mandatory Criterion. It is not up to Canada to revise the Bidder's Bid, and failure of the Bidder to do so in accordance with this subparagraph is at the Bidder's own risk. All submitted information must comply with the requirements of this solicitation.
- (f) Any changes to the Bid submitted by the Bidder other than as permitted in this solicitation, will be considered to be new information and will be disregarded. Information submitted in accordance with the requirements of this solicitation in response to the CAR will replace, in full, **only** that part of the original Bid as is permitted in this Section.
- (g) Additional or different information submitted during Phase II permitted by this section will be considered as included in the Bid, but will be considered by Canada in the evaluation of the Bid at Phase II only for the purpose of determining whether the Bid meets the Eligible Mandatory Criteria. It will not be used at any Phase of the evaluation to increase any score that the original Bid would achieve without the benefit of such additional or different information. For instance, an Eligible Mandatory Criterion that requires a mandatory minimum number of points to achieve compliance will be assessed at Phase II to determine whether such mandatory minimum score would be achieved with such additional or different information submitted by the Bidder in response to the CAR. If so, the Bid will be considered responsive in respect of such Eligible Mandatory Criterion, and the additional or different information submitted by the Bidder shall bind the Bidder as part of its Bid, but the Bidder's original score, which was less than the mandatory minimum for such Eligible Mandatory Criterion, will not change, and it will be that original score that is used to calculate any score for the Bid
- (h) Canada will determine whether the Bid is responsive for the requirements reviewed at Phase II, considering such additional or different information or clarification as may have been provided by the Bidder in accordance with this Section. If the Bid is not found responsive for the requirements reviewed at Phase II to the satisfaction of Canada, then the Bid shall be considered non-responsive and will receive no further consideration.
- (i) Only Bids found responsive to the requirements reviewed in Phase II to the satisfaction of Canada, will receive a Phase III evaluation.

4.1.1.4 (2018-03-13) Phase III: Final Evaluation of the Bid

- (a) In Phase III, Canada will complete the evaluation of all Bids found responsive to the requirements reviewed at Phase II. Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria.
- (b) A Bid is non-responsive and will receive no further consideration if it does not meet all mandatory evaluation criteria of the solicitation.

4.1.2 Technical Evaluation

4.1.2.1 Mandatory Technical Criteria

The mandatory technical evaluation criteria are included in Annex "D". The Phased Bid Compliance Process will apply to all mandatory technical criteria.

4.1.2.2 Point Rated Technical Criteria

Point Rated Technical Criteria as specified in Annex "D". The Phased Bid Compliance Process will not apply to the point rated technical criteria.

4.1.3 Financial Evaluation

4.1.3.1 Mandatory Financial Criteria

SACC Manual Clause [A0220T](#) (2014/06/26), Evaluation of Price - Bid

4.2 Basis of Selection

Basis of Selection - Highest Combined Rating of Technical Merit and Price

1. To be declared responsive, a bid must:

- (a) comply with all the requirements of the bid solicitation; and
- (b) meet all mandatory criteria; and
- (c) obtain the required minimum of 70% overall for the technical evaluation criteria which are subject to point rating

The rating is performed on a scale of 26,800 points.

2. Bids not meeting (a), (b) or (c) will be declared non-responsive.
3. The selection will be based on the highest responsive combined rating of technical merit and price. The ratio will be 70% for the technical merit and 30% for the price.
4. To establish the technical merit score, the overall technical score for each responsive bid will be determined as follows: total number of points obtained / maximum number of points available multiplied by the ratio of 70%.
5. To establish the pricing score, each responsive bid will be prorated against the lowest evaluated price and the ratio of 30%.
6. For each responsive bid, the technical merit score and the pricing score will be added to determine its combined rating.
7. Neither the responsive bid obtaining the highest technical score nor the one with the lowest evaluated price will necessarily be accepted. The responsive bid with the highest combined rating of technical merit and price will be recommended for award of a contract.

The table below illustrates an example where all three bids are responsive and the selection of the contractor is determined by a 70/30 ratio of technical merit and price, respectively. The total available points equals 135 and the lowest evaluated price is \$45,000 (45).

Basis of Selection - Highest Combined Rating Technical Merit (70%) and Price (30%)

	<i>Bidder</i>		
	<i>Bidder 1</i>	<i>Bidder 2</i>	<i>Bidder 3</i>
Overall Technical Score	115/135	89/135	92/135
Bid Evaluated Price	\$55,000.00	\$50,000.00	\$45,000.00
Calculations			
Technical Merit Score	$115/135 \times 70 = 59.63$	$89/135 \times 70 = 46.15$	$92/135 \times 70 = 47.70$
Pricing Score	$45/55 \times 30 = 24.55$	$45/50 \times 30 = 27.00$	$45/45 \times 30 = 30.00$
Combined Rating	84.18	73.15	77.7
Overall Rating	1st	3rd	2nd

PART 5 – CERTIFICATIONS AND ADDITIONAL INFORMATION

Bidders must provide the required certifications and additional information to be awarded a contract.

The certifications provided by Bidders to Canada are subject to verification by Canada at all times. Unless specified otherwise, Canada will declare a bid non-responsive, or will declare a contractor in default if any certification made by the Bidder is found to be untrue, whether made knowingly or unknowingly, during the bid evaluation period or during the contract period.

The Contracting Authority will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply and to cooperate with any request or requirement imposed by the Contracting Authority will render the bid non-responsive or constitute a default under the Contract.

5.1 Certifications Required with the Bid

Bidders must submit the following duly completed certifications as part of their bid.

5.1.1 Integrity Provisions - Declaration of Convicted Offences

In accordance with the Integrity Provisions of the Standard Instructions, all bidders must provide with their bid, **if applicable**, the Integrity declaration form available of the [Forms for the Integrity Regime](http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html) website (<http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html>), to be given further consideration in the procurement process.

5.2 Certifications Precedent to Contract Award and Additional Information

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

5.2.1 Integrity Provisions – Required Documentation

In accordance with the section titled Information to be provided when bidding, contracting or entering into a real property agreement of the [Ineligibility and Suspension Policy](http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html) (<http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html>), the Bidder must provide the required documentation, as applicable, to be given further consideration in the procurement process.

5.2.2 Federal Contractors Program for Employment Equity - Bid Certification

By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "FCP Limited Eligibility to Bid" list available at the bottom of the page of the [Employment and Social Development Canada \(ESDC\) - Labour's](https://www.canada.ca/en/employment-social-development/programs/employment-equity/federal-contractor-program.html#) website (<https://www.canada.ca/en/employment-social-development/programs/employment-equity/federal-contractor-program.html#>).

Canada will have the right to declare a bid non-responsive if the Bidder, or any member of the Bidder if the Bidder is a Joint Venture, appears on the "FCP Limited Eligibility to Bid list at the time of contract award.

Canada will also have the right to terminate the Contract for default if a Contractor, or any member of the Contractor if the Contractor is a Joint Venture, appears on the ["FCP Limited Eligibility to Bid"](#) list during the period of the Contract.

The Bidder must provide the Contracting Authority with a completed annex titled Federal Contractors Program for Employment Equity - Certification, before contract award. If the Bidder is a Joint Venture, the Bidder must provide the Contracting Authority with a completed annex Federal Contractors Program for Employment Equity - Certification, for each member of the Joint Venture.

5.2.3 Additional Certifications Precedent to Contract Award

5.2.3.1 Canadian Content Certification

This procurement is limited to Canadian services.

The Bidder certifies 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](#), Example 2, of the [Supply Manual](#).

Bidders should submit this certification completed with their bid. If the certification is not completed and submitted with the bid, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to submit this completed certification. Failure to comply with the request of the Contracting Authority and submit the completed certification will render the bid non-responsive.

5.2.3.1.1 *SACC Manual* clause [A3050T](#) (2020/07/01) Canadian Content Definition

5.2.3.2 Status and Availability of Resources

SACC Manual clause [A3005T](#) (2010/08/16) Status and Availability of Resources

5.2.3.3 Education and Experience

SACC Manual clause [A3010T](#) (2010/08/16) Education and Experience

PART 6 - SECURITY, FINANCIAL AND OTHER REQUIREMENTS

6.1 Security Requirements

1. 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 sites must meet the security requirements 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;
- (d) the Bidder's proposed location of work performance and document safeguarding must meet the security requirements as indicated in Part 7 - Resulting Contract Clauses;
- (e) the Bidder must provide the addresses of proposed sites or premises of work performance and document safeguarding as indicated in Part 3 - Section IV Additional Information.

2. 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.

3. For additional information on security requirements, Bidders should refer to the [Contract Security Program](http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html) of Public Works and Government Services Canada (<http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html>) website.

6.2 Financial Capability

SACC Manual clause [A9033T](#) (2012/07/16) Financial Capability

6.3 Insurance Requirements

Insurance – Proof of Availability Prior to Contract Award

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 PART 7, Resulting Contract Clause.

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.

PART 7 - RESULTING CONTRACT CLAUSES

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

7.1 Statement of Work

The Contractor must perform the Work in accordance with the Statement of Work at Annex "A".

7.1.2 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.

7.1.2.1 Task Authorization Process

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.

Task Authorization Process:

1. The Project Authority will provide the Contractor with a description of the task using the form specified in Annex E .
2. 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.
3. The Contractor must provide the Project Authority, within 10 calendar 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.
4. 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.

7.1.2.2 Task Authorization Limit

The Project Authority may authorize individual task authorizations up to a limit of \$150,000.00 Applicable Taxes included, inclusive of any revisions.

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

7.1.2.3 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.

7.1.2.4 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.

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, exclusive of Applicable Taxes;
- iv. the total amount, exclusive of Applicable Taxes, 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:

- i. the amount (exclusive of Applicable Taxes) specified in the contract (as last amended, as applicable) as Canada's total liability to the contractor for all authorized TAs; and
- ii. the total amount, exclusive of Applicable Taxes, expended to date against all authorized TAs.

7.2 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) (https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) issued by Public Works and Government Services Canada.

7.2.1 General Conditions

[2035](#) (2022/05/12), General Conditions - Higher Complexity - Services, apply to and form part of the Contract.

7.2.2 Supplemental General Conditions

[4006](#) (2010/08/16), Contractor to Own Intellectual Property Rights in Foreground Information, apply to and form part of the Contract; and

[4008](#) (2008/12/12), Personal Information, apply to and form part of the Contract.

7.3 Security Requirements

7.3.1 The following security requirements (SRCL and related clauses provided by the Contract Security Program) apply and form part of the Contract.

7.3.2 Contractor's Sites or Premises Requiring Safeguarding Measures

7.3.2.1 Where safeguarding measures are required in the performance of the Work, the Contractor must diligently maintain up-to-date the information related to the Contractor's and proposed individuals' sites or premises for the following addresses:

Street Number / Street Name, Unit / Suite / Apartment Number
City, Province, Territory / State
Postal Code / Zip Code
Country

7.3.2.2 The Company Security Officer must ensure through the [Contract Security Program](#) that the Contractor and individuals hold a valid security clearance at the required level.

7.4 Term of Contract

7.4.1 Period of the Contract

The Contract is effective on the date it is issued (as shown on page 1 of the contract)

The Contract period is the entire period in which the Contractor is obliged to perform the work, which includes:

Implementation Phase – Is from date of contract award until July 31, 2026, a period of at least 2 years.

Operations Phase - August 1, 2026 to July 31, 2034

Close-Out Phase - is no later than 120 business day following the end of the Operations Phase.

7.4.2 Option to Extend the Contract

The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to two (2) additional three (3) 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 (30) 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.

7.5 Authorities

7.5.1 Contracting Authority

The Contracting Authority for the Contract is:

Name: Sandra Lomax
Title: Supply Team Leader
Public Services and Procurement Canada
Acquisitions Branch
Address: 126 Prince William Street
Saint John, NB
E2L 2B6

Telephone: (506) 639-8503
E-mail address: Sandra.lomax@pwgsc-tpsgc.gc.ca

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.

7.5.2 Project Authority

The Project Authority is : **(will be identified at time of award)**

Name: _____
Title: _____
Organization: _____
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. 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

7.5.3 Contractor's Representative (bidder please complete)

Name: _____
Title: _____
Organization: _____
Address: _____
Telephone: _____
Facsimile: _____

E-mail address: _____

7.6 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: 2019-01 of the Treasury Board Secretariat of Canada.

7.7 Payment

7.7.1 Basis of Payment

Basis of Payment

For the Work described in the Statement of Work in Annex A :

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

7.7.2 Limitation of expenditure

1. Canada's total liability to the Contractor under the Contract must not exceed \$ _____. Customs duties are included and Applicable Taxes are extra.
2. 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% committed, or
 - b. four 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.
3. 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.

7.7.3 Limitation of Expenditure – Performance Incentive and Fee Credits

7.7.3.1 Canada's total liability to the Contractor under the Contract for the Performance Incentive and Fees Credits will be limited to those amounts approved by the Project Authority and must not exceed the amounts detailed in Section 13 of Annex B Basis of Payment. Customs duties are included and Applicable Taxes are extra.

7.7.4 Limitation of Expenditure – Task Authorizations

7.7.4.1 The Contractor will be reimbursed for the costs reasonably and properly incurred in the performance of the Work specified in the authorized Task Authorization (TA), as determined in accordance with **Annex B Basis of Payment**, to the limitation of expenditure specified in the authorized TA.

7.7.4.2 Canada's liability to the Contractor under the authorized TA must not exceed the limitation of expenditure specified in the authorized TA. Customs duties are included and Applicable Taxes are extra.

7.7.4.3 No increase in the liability of Canada or in the price of the Work specified in the authorized TA 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 authorized, in writing, by the Contracting Authority before their incorporation into the Work.

7.7.4.4 The Contractor must notify the Project Authority in writing of any anticipated cost overruns before 75 percent of the limitation of expenditure of an authorized TA has been expended. Otherwise, the limitation of expenditure for labour, specified in the authorized TA, will become a ceiling price and the Contractor must complete the Work specified in the TA in accordance

7.7.5 Travel and Living Expenses – National Joint Council Travel Directive

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, and private vehicle allowances specified 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". Canada will not pay the Contractor any incidental expense allowance for authorized travel.

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

All payments are subject to government audit.

7.7.6 Method of Payment

7.7.6.1 Implementation Phase – 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.

7.7.6.2 Operation Phase – 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.

7.7.6.3 Task Authorization – Single Payment

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

7.7.6.4 Task Authorization – 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.

7.7.6.5 Performance Incentive and Fee Credits – Single Payment

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

- d. 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;
- e. all such documents have been verified by Canada;
- f. the Work delivered has been accepted by Canada

7.7.6.6 Performance Incentive and Fee Credits – Monthly Payment

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

7.7.7 Electronic Payment of Invoices – Contract

The Contractor accepts to be paid using any of the following Electronic Payment Instrument(s):

- a. Visa Acquisition Card;
- b. MasterCard Acquisition Card;
- c. Direct Deposit (Domestic and International);
- d. Electronic Data Interchange (EDI);
- e. Wire Transfer (International Only);
- f. Large Value Transfer System (LVTS) (Over \$25M)

7.7.8 Discretionary Audit

SACC Reference
C0705C

Section
Discretionary Audit

Date
2010/01/11

7.7.9 Time Verification

SACC Reference	Section	Date
C0711C	Time Verification	2008/05/12

7.8 Invoicing Instructions

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 invoice is completed.

Each invoice must be supported by:

- (a) a copy of time sheets to support the time claimed;
- (b) a copy of the release document and any other documents as specified in the Contract;
- (c) a copy of the invoices, receipts, vouchers for all direct expenses, and all travel and living expenses;
- (d) a copy of the monthly progress report.

2. Invoices must be distributed as follows:

- (a) The original and one (1) copy must be forwarded to the address shown on page 1 of the Contract for certification and payment.

Invoicing Instructions - Progress Payment Claim - Supporting Documentation required

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;
- (c) a list of all expenses;
- (d) expenditures plus pro-rated profit or fee;
- (e) the description and value of the milestone claimed as detailed in the Contract.

Each claim must be supported by:

- (a) a copy of time sheets to support the time claimed;
 - (b) a copy of the invoices, receipts, vouchers for all direct expenses, travel and living expenses;
 - (c) a copy of the monthly progress report.
2. Applicable Taxes 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 Applicable Taxes 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.

7.9 Compliance

Unless specified otherwise, the continuous compliance with the certifications provided by the Contractor in its bid or precedent to contract award, and the ongoing cooperation in providing additional information are conditions of the Contract and failure to comply will constitute the Contractor in default. Certifications are subject to verification by Canada during the entire period of the Contract.

7.9.1 Federal Contractors Program for Employment Equity - Default by the Contractor

The Contractor understands and agrees that, when an Agreement to Implement Employment Equity (AIEE) exists between the Contractor and Employment and Social Development Canada (ESDC)-Labour, the AIEE must remain valid during the entire period of the Contract. If the AIEE becomes invalid, the name of the Contractor will be added to the "[FCP Limited Eligibility to Bid](#)" list. The imposition of such a sanction by ESDC will constitute the Contractor in default as per the terms of the Contract.

7.9.2 SACC Manual Clauses

SACC Reference	Section	Date
A3060C	Canadian Content Certification	2008/05/12

7.10 Applicable Laws

The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in **Prince Edward Island**.

7.11 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) the Articles of Agreement;
- (b) the supplemental general conditions 4006 (2010/08/16), Contractor to Own Intellectual Property Rights in Foreground Information; and 4008 (2008/12/12), Personal Information
- (c) the general conditions [2035](#) (2021/12/02), General Conditions - Higher Complexity - Services;
- (d) Annex A, Statement of Work;
- (e) Annex B, Basis of Payment;
- (f) Annex C, Security Requirements Check List;
- (g) the signed Task Authorizations (including all of its annexes, if any);
- (h) the Contractor's bid dated _____, as clarified on _____ " **or** ", as amended on _____

7.12 SACC Manual Clauses

SACC Reference	Section	Date
A9062C	Canadian Forces Site Regulations	2011/05/16
A9068C	Government Site Regulations	2010/01/11

7.13 Access to Facilities and Equipment

Canada's facilities, equipment, documentation and personnel are not automatically at the disposal of the Contractor. If access to government premises, computer systems (micro computer network), working space, telephones, terminals, documentation and personnel for consultation is required by the Contractor to perform the Work, the Contractor must advise the Contracting Authority of the need for such access in a timely fashion. If the Contractor's request for access is approved by Canada and arrangements are made to provide access to the Contractor, the Contractor, its subcontractors, agents and employees must comply with all the conditions applicable at the Work site. The Contractor must further ensure that the facilities and equipment are used solely for the performance of the Contract.

7.14 Protection and Security of Data Stores 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.

7.15 Foreign Nationals (Canadian Contractor)

SACC Manual clause [A2000C](#) (2006/06/16) Foreign Nationals (Canadian Contractor)

7.16 Insurance Requirements

7.16.1 Insurance - Specific Requirements

The Contractor must comply with the insurance requirements specified in herein. 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. For Canadian-based Contractors, coverage must be placed with an Insurer licensed to carry out business in Canada, however, for Foreign-based Contractors, coverage must be placed with an Insurer with an A.M. Best Rating no less than "A-". The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

7.16.2 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 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 Contractor will provide the Contracting Authority thirty (30) days prior written notice of policy cancellation or any changes to the insurance policy.
 - 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.
 - m) Non-Owned Automobile Liability - Coverage for suits against the Contractor resulting from the use of hired or non-owned vehicles.
 - n) All Risks Tenants Legal Liability - to protect the Contractor for liabilities arising out of its occupancy of leased premises.
 - o) Litigation Rights: Pursuant to subsection 5(d) of the [Department of Justice Act](#), S.C. 1993, c. J-2, s.1, if a suit is instituted for or against Canada which the Insurer would, but for this clause, have the right to pursue or defend on behalf of Canada as an Additional Named Insured under the insurance policy, the Insurer must promptly contact the Attorney General of Canada to agree on the legal strategies by sending a letter, by registered mail or by courier, with an acknowledgement of receipt.

For the province of Quebec, send to:

Director Business Law Directorate,
Quebec Regional Office (Ottawa),
Department of Justice,
284 Wellington Street, Room SAT-6042,
Ottawa, Ontario, K1A 0H8

For other provinces and territories, send to:

Senior General Counsel,
Civil Litigation Section,
Department of Justice
234 Wellington Street, East Tower
Ottawa, Ontario K1A 0H8

A copy of the letter must be sent to the Contracting Authority. Canada reserves the right to co-defend any action brought against Canada. All expenses incurred by Canada to co-defend such actions will be at Canada's expense. If Canada decides to co-defend any action brought against it, and Canada does not agree to a proposed settlement agreed to by the Contractor's insurer and the plaintiff(s) that would result in the settlement or dismissal of the action against Canada, then Canada will be responsible to the

Contractor's insurer for any difference between the proposed settlement amount and the amount finally awarded or paid to the plaintiffs (inclusive of costs and interest) on behalf of Canada.

7.16.3 Errors and Omissions Liability Insurance

1. 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.
2. 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.
3. The following endorsement must be included:

Notice of Cancellation: The Contractor will provide the Contracting Authority thirty (30) days prior written notice of policy cancellation or any changes to the insurance policy.

7.16.4 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 coverage 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 Contractor will provide the Contracting Authority thirty (30) days prior written notice of policy cancellation or any changes to the insurance policy.
 - b. Loss Payee: Canada as its interest may appear or as it may direct.

7.17 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.

7.18 Dispute Resolution

1. The parties agree to maintain open and honest communication about the Work throughout and after the performance of the contract.

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51019-211004

Amd. No. - N° de la modif.
009
File No. - N° du dossier
STJ-1-44001

Buyer ID - Id de l'acheteur
stj002
CCC No./N° CCC - FMS No./N° VME

2. The parties agree to consult and co-operate with each other in the furtherance of the contract and promptly notify the other party or parties and attempt to resolve problems or differences that may arise.
3. If the parties cannot resolve a dispute through consultation and cooperation, the parties agree to consult a neutral third party offering alternative dispute resolution services to attempt to address the dispute.
4. Options of alternative dispute resolution services can be found on Canada's Buy and Sell website under the heading "[Dispute Resolution](#)".

ANNEX "A"

STATEMENT OF WORK

(see attached)

ANNEX "B"

BASIS OF PAYMENT

(see attached)

ANNEX "C"

SECURITY REQUIREMENTS CHECK LIST

(see attached)

ANNEX "D"

TECHNICAL EVALUATION CRITERIA

(see attached)

ANNEX "E"

TASK AUTHORIZATION FORM PWGSC-TPSGC 572

(see attached)

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ANNEX "F" to PART 3 OF THE BID SOLICITATION

ELECTRONIC PAYMENT INSTRUMENTS

The Bidder accepts to be paid by any of the following Electronic Payment Instrument(s):

- VISA Acquisition Card;
- MasterCard Acquisition Card;
- Direct Deposit (Domestic and International);
- Electronic Data Interchange (EDI);
- Wire Transfer (International Only);
- Large Value Transfer System (LVTS) (Over \$25M)

ANNEX "G" to PART 5 OF THE BID SOLICITATION

FEDERAL CONTRACTORS PROGRAM FOR EMPLOYMENT EQUITY – CERTIFICATION

I, the Bidder, by submitting the present information to the Contracting Authority, certify that the information provided is true as of the date indicated below. The certifications provided to Canada are subject to verification at all times. I understand that Canada will declare a bid non-responsive, or will declare a contractor in default, if a certification is found to be untrue, whether during the bid evaluation period or during the contract period. Canada will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply with any request or requirement imposed by Canada may render the bid non-responsive or constitute a default under the Contract.

For further information on the Federal Contractors Program for Employment Equity visit [Employment and Social Development Canada \(ESDC\) – Labour's](#) website.

Date: _____ (YYYY/MM/DD) (If left blank, the date will be deemed to be the bid solicitation closing date.)

Complete both A and B.

A. Check only one of the following:

- A1. The Bidder certifies having no work force in Canada.
- A2. The Bidder certifies being a public sector employer.
- A3. The Bidder certifies being a [federally regulated employer](#) being subject to the [Employment Equity Act](#).
- A4. The Bidder certifies having a combined work force in Canada of less than 100 permanent full-time and/or permanent part-time employees.

A5. The Bidder has a combined workforce in Canada of 100 or more employees; and

- A5.1. The Bidder certifies already having a valid and current [Agreement to Implement Employment Equity](#) (AIEE) in place with ESDC-Labour.

OR

- A5.2. The Bidder certifies having submitted the Agreement to Implement Employment Equity [Form Detail \(servicecanada.gc.ca\)](#) to ESDC-Labour. As this is a condition to contract award, proceed to completing the form Agreement to Implement Employment Equity (LAB1168), duly signing it, and transmit it to ESDC-Labour.

B. Check only one of the following:

- B1. The Bidder is not a Joint Venture.

OR

- B2. The Bidder is a Joint venture and each member of the Joint Venture must provide the Contracting Authority with a completed annex Federal Contractors Program for Employment Equity - Certification. (Refer to the Joint Venture section of the Standard Instructions)

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**ANNEX "I" VOLUMETRICS
(See attached)**

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51019-211004

Amd. No. - N° de la modif.
009
File No. - N° du dossier
STJ-1-44001

Buyer ID - Id de l'acheteur
stj002
CCC No./N° CCC - FMS No./N° VME

ANNEX A

STATEMENT OF WORK

Federal Health Claims Processing Services (FHGPS)

For

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

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STATEMENT OF WORK

1.0 GENERAL INFORMATION

1.1 Health Care Benefits and Services – VAC, CAF, and RCMP

1.1.1 Veterans Affairs Canada (VAC), the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP), hereinafter referred to as Partner Organizations, provide a wide range of health care benefits and services to Veterans, their families, and eligible serving Members of the CAF and RCMP, hereinafter referred to as Participants, as specified under their respective legislation. Partner Organizations have partnered to manage authorizations, claims processing and related services for these health care benefits and services by using the Federal Health Claims Processing Service (FHCPS).

Health care benefits and services available from the Partner Organizations are currently grouped, for administrative purposes, under into various sub-programs. The programs are currently organized as follows:

- Aids to Daily Living
- Ambulance Services
- Audio (Hearing) Services
- Dental Services
- Cannabis for Medical Purposes (VAC only)
- Hospital Services
- Long Term Care (VAC only)
- Medical Services
- Medical Supplies
- Nursing Services
- Oxygen Therapy
- Prescription Drugs
- Prosthetics and Orthotics
- Related Health Services
- Special Equipment
- Veterans Independence Program (VAC only)
- Veteran Travel (VAC only)
- Vision (Eye) Care

1.1.2 Program eligibility is determined separately for each Partner Organization and are specified under their respective Legislations and Authorities. The determination of a Participant's eligibility is the responsibility of the respective Partner Organization.

1.1.3 The Partner Organizations incorporate Gender-Based Analysis Plus (GBA Plus) considerations to deliver appropriate and equitable health care benefits and services to all Participants based on presenting needs, including but not limited to age, disability, education, gender, geography, race, and sexual orientation.

1.2 Federal Health Claims Processing Services (FHCPS)

1.2.1 A claims processing service is required to provide authorization, adjudication, and settlement of claims for health care benefits and services and to ensure compliance with legislation, policies and business rules, including audit, reporting, and financial control practices.

- 1.2.2 Health care benefits and services for eligible VAC Participants are defined in the [Veterans Health Care Regulations](#). Participants have been divided into the following eligibility groups:
- a) **Group A Participants:** Eligible to receive specific benefits and services if directly related to the care or treatment of the medical condition for which the Participant has VAC Disability Benefits entitlement. VAC covers eligible benefits and services costs for their service-related disability. Out of Country Participants are included in this group;
 - b) **Group B Participants:** This group is eligible to receive specific benefits and services in Canada for any health condition if they have a demonstrated health need and to the extent that the benefit is not available to the Participant as an eligible resident of their province or territory. Participants with this coverage level must first access other federal, provincial or territorial, municipal health care plan or any plan for which they may have coverage as a Member or former Member of the Canadian Armed Forces;
 - c) **Combined eligibility Participants** (entitled to benefits and services under both Group A and B): These Participants qualify for their eligibility under the appropriate legislation for each program and may be eligible to receive benefits and services under both groups;
 - d) **Limited Access Participants:** For Participants undergoing a Disability Benefit assessment. VAC covers eligible mental health benefits expenses for Veterans who have applied for certain mental health Disability Benefits (called early access to Mental Health Benefits); and
 - e) **Allied Veterans:** For Veterans living in Canada who served for Allied countries. Health care benefits and services are extended through VAC's Allied government reciprocal agreements to eligible Allied Veterans residing in Canada. All benefits and services must be preauthorized.
- 1.2.3 Health care for serving CAF Members is provided by the Canadian Forces Health Services Centres (CFHSC) and managed by the Director General Health Services and as outlined in the [Queen's Regulations and Orders for the Canadian Forces](#). CAF establishes authorizations when serving Members require services from civilian Providers.
- 1.2.4 Health benefits coverage for serving eligible Members of the RCMP are subject to approval by the Commissioner pursuant to [RCMP Regulations, 2014](#).

For more information on Participant eligibility, refer to *SOW Appendix A, Overview of Partner Organizations and Participant Eligibility*.

1.3 Contracted Services Delivery Model

- 1.3.1 The Contractor providing FHPCS services on behalf of the Partner Organizations must always exhibit care, compassion and respect for Participants in the forefront of their work. The Partner Organizations cover health care benefits and services that are professional, accessible, fair, respectful and responsive to Participant needs.
- 1.3.2 Health care benefits and services administered through the FHPCS Contract are managed by the Partner Organizations in coordination with the Contractor. Refer to *SOW Appendix A, Overview of Partner Organizations and Participant Eligibility for Healthcare Benefits* for more information on the Partner Organizations. VAC will be the Project Authority for the FHPCS Contract.
- 1.3.3 The Partner Organizations require the Contractor to have significant capabilities for accessible end-to-end digital services to enable self-service for Participants, Providers

and Partner Organization staff. Recognizing that Participants, Providers and Partner Organization staff may require assistance or manual solutions, services must also be provided by mail and telephone.

- 1.3.4 To deliver FHCPS services according to the Partner Organizations objectives of operational sustainability, cost-effectiveness, and financial integrity, the Contractor must apply stringent financial practices and policies. The Contractor must deliver the services within a business management and IT Operations and Maintenance Framework that is guided by Legislation, policies, service standards and other requirements, and deliverables outlined within this SOW. Refer to *SOW Appendix B Reference Documents* for relevant Legislation, Regulations, and policies. Refer to *SOW Appendix C, Acronyms and Glossary of Terms* for an explanation of acronyms and specific terms used in the SOW.
- 1.3.5 The Partner Organizations will maintain the authority and responsibility for their respective program(s) and associated services. The Partner Organizations will provide the Contractor with business rules for each program and service. The Contractor must provide, deploy, and maintain a business solution which will be:
- a) scalable, to accommodate volume growth;
 - b) adaptable, to adjust for legislative, business process or rule changes;
 - c) secure, to maintain the security and privacy of the data;
 - d) efficient, to deliver the information and services in a timely and accurate manner; and
 - e) governed by defined performance and service standards, and prescribed quality assurance requirements.

1.4 Volumetrics / Data

- 1.4.1 *RFP Annex I Volumetrics* provides historical statistics and data associated with the FHCPS services. The information in *Annex I Volumetrics* is being provided for information purposes only. Canada does not guarantee the data is complete or free from error. Some of the volumetrics include:
- a) program Participants;
 - b) Providers;
 - c) authorizations;
 - d) claims/transactions;
 - e) calls;
 - f) Health Care Identification Card production;
 - g) letters sent;
 - h) program expenditures; and
 - i) Participant Portal usage.
- 1.4.2 The provision of this information in this SOW does not represent a commitment by Canada that Canada's future usage of the services identified in this SOW will be consistent with these statistics and data.
- 1.4.3 The estimated number of Participants and claims for the Partner Organizations may be subject to increase or decrease over the Contract based on changes to Program eligibility or Legislation. Canada accepts no liability for any variation or discrepancy in the estimated volumes that have been provided in the RFP, elsewhere in the Solicitation #51019-211004 documents or under the Contract and the actual usage/volume figures processed under the Contract.

- 1.4.4 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 volumetrics/data provided by Canada and the actual numbers/volumes which will be processed under the contract.

2.0 FHCPS SCOPE

To the maximum extent possible, the SOW seeks to adhere to industry standards for authorization of health benefits and services, and claims administration. However, there are requirements unique to the FHCPS. The SOW defines the minimum service requirements under the Contract. With Project Authority approval, the Contractor may provide services and service levels that exceed the minimum requirements and may deliver the work utilizing innovative methods and/or approaches that enable the Contractor to increase efficiency, improve service levels, diminish risk and reduce cost.

The scope of the Work is summarized below.

2.1 Participant and Provider Facing Services

- 2.1.1 **Participant Registration and Management Services** to provide the systems and processes necessary to maintain accurate information for all Participants, affirm consent from Participants for the use of personal information and adhere to both the *Privacy Act* and the unique needs of the Partner Organizations. The Partner Organizations will provide Participant eligibility information to the Contractor.
- 2.1.2 **Provider Recruitment, Registration and Management Services** including systems and processes necessary to qualify, recruitment, register and audit Providers of health care benefits and services; process authorizations and claims; respond to Provider inquiries; and develop and maintain relationships with Providers. The Contractor will also be responsible for the establishment of agreements with Providers and maintaining an up to date Provider registry.
- 2.1.3 **Automated (Electronic) and Manual Treatment/Health Care Authorization Services** including Special Authorization services for Prescription Drugs; Dental authorization services using industry recognized software; authorization services for other health care benefits and services; authorizations for Participants living or traveling outside of Canada, and authorizations for Cannabis for Medical Purposes (VAC only).
- 2.1.4 **Automated (Electronic) and Manual Claims Processing and Claims Payment Services** to provide timely and accurate claims processing, adjudication and payments for eligible claims.
- 2.1.5 **Communication Services** to provide information and respond to inquiries from Participants, Providers and Partner Organization staff. Participant and Provider satisfaction with FHCPS communication services must be evaluated regularly to confirm FHCPS services' compliance with program requirements, and include an active review of issues reports, and demonstrate efficient action management. Communications channels must include, but are not limited to, Participant, Provider, and Partner Organization secure website (referred to as the Participant, Provider and Departmental Portals), secure messaging/email and live chat, public facing website, Contact Centre services for Participants, Providers and Partner Organization staff, and written communications products.

2.2 Supporting Services

- 2.2.1 **Financial Operations** which encompass the financial practices to request, reconcile and process payments and recovery amounts with the Partner Organizations, for both program expenditures and contract costs, which are accurate, efficient, secure, and free from errors or abuse.
- 2.2.2 **Systems Design, Customization, Configuration, Development and Maintenance** of systems, including Portals for Participants, Providers and Partner Organizations, which accepts eligibility information from the Partner Organizations; supports authorization and claims processing that is rules-based and instantaneous where possible; and allows for human intervention where needed. Systems must be compliant with Partner Organization information, privacy and security policies.
- 2.2.3 **Health Outcomes Measurement** which includes strategic review and advice services to provide the Partner Organizations with insight into trends in the health benefit industry, and FHCPS benefit and services usage at the Participant level, and opportunities to improve the administration of the programs served by FHCPS. The Contractor will work with the Partner Organizations to monitor developments in research, and medical practice and experience, and adjust the policy provisions as required. Some program requirements may change as a result.
- 2.2.4 **Business Management Services** to ensure efficient and effective service delivery. This includes change management, training, system maintenance and management, and information management. Services must comply with Partner Organization policies and standards, and Canada's Legislation. The business solution must accommodate any change in business rules, policies and Legislation.
- 2.2.5 **Security and Privacy Measures** to protect the Participant, Provider and Partner Organization data.
- 2.2.6 **Service Standards and Quality Assurance** to ensure data is correct, the FHCPS services and systems meet or exceed service standards and quality assurance requirements, and identify opportunities for continuous improvement. This includes reporting of feedback received from Participants, Providers, Partner Organization staff and other stakeholders regarding the services provided by the Contractor.
- 2.2.7 **Reporting and Analysis Services** including innovative digital solutions, a self-serve reporting tool for Partner Organization staff, data extracts, and static reports. Reports must be formatted to provide metrics that demonstrate actionable insight and use visual aids such as graphs or dashboards on request. The Partner Organizations require access to data to support research endeavors and oversight requirements.
- 2.2.8 **Provider Audit Program** to ensure adherence by Providers to program requirements.
- 2.2.9 **Retention of Record Processes** to safeguard all documentation (e.g., authorizations, program claim forms and associated records and documents, communication materials, manuals, financial records, registration documentation, recorded calls and call logs and Provider Audit records, etc.), in a format which is compliant with Canada's Privacy and Information Management requirements and can be easily retrieved by the Contractor and provided to the Partner Organizations when required.
- 2.2.10 **Continuity Management** to ensure the necessary processes and procedures are in place to enable the restoration and recovery of critical functions and services in the event of short-term interruption or a major interruption that requires access to alternative

resources such as power, systems, buildings and staff.

3.0 FHCPS PROJECT PHASES

The Contractor must undertake the specific work required for all phases of the Contract. Requirements for each Phase are presented in this SOW. The work performed by the Contractor within each phase of the Contract must be delivered to and accepted by the Project Authority or the designated representative.

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

3.1 Phase 1 – Implementation Phase

This Phase starts on Contract Award and ends with the implementation of all systems and processes to deliver the services defined in this SOW. In this Phase, the Contractor must customize, configure and/or develop the systems and services as required. This phase represents the period when the Contractor will implement all functionality required to assume the FHCPS on the First Day of Operations. Solutions will be developed using proven Project Management and IT development approach with functionality delivered throughout the implementation phase, to minimize risk. At the completion of this phase, the FHCPS systems must be fully functional, and the Contractor must be fully equipped to commence full service in accordance with the requirements in this SOW.

Key deliverables and milestones associated with the Implementation Phase are included in SOW *Section 5.0 Implementation Phase*.

3.2 Phase 2 – Operations Phase

This phase starts on the First Day of Operations, i.e., day following end date of the Implementation Phase and signifies the commencement of all the services contained in this SOW. During the Operations Phase, the Contractor must provide all services directly associated with the efficient and effective authorization of health benefits, processing and settlement of claims, and all other services in SOW *Section 6.0 Operations Phase*.

3.3 Phase 3 – Contract Close-out Phase

The Contractor will be given formal written notification when to start work defined in SOW *Section 7.0 Contract Close-out*. This phase will overlap with and extend beyond the Operations Phase of the Contract. During this phase the Contractor shall undertake all activities to ensure the smooth, efficient and complete transition to a new arrangement for FHCPS without interruption of service delivery to the Partner Organizations, Participants and Providers.

4.0 GENERAL REQUIREMENTS

4.1 Language of Work

4.1.1 The Contractor must:

- a) provide all products, systems and services delivered under the Contract in Canada's official languages recognized by the Federal Government, unless otherwise specified;

- b) use clear and concise language when communicating with FHCPS Providers, Participants and staff of the Partner Organizations; and
- c) develop, utilize and maintain a lexicon dictionary to ensure consistent use of terminology in Canada's official languages, as approved in writing by the Project Authority when developing communication materials.

4.2 Accessibility

4.2.1 The Contractor must:

- a) ensure that all services provided to Participants, Providers and Partner Organizations comply with the following Government of Canada accessibility standards upon implementation:
 - i. [Harmonized European Standard EN 301 549](#) (referencing WCAG 2,1 Level AA)
 - ii. [Policy on Service and Digital](#);
 - iii. [Government of Canada Digital Standards](#); and
 - iv. [Canada.ca Content Style Guide](#).
- b) comply with the most up to date accessibility standards as they evolve during the period of the Contract.

Refer to *Appendix F, ICT Accessibility Requirements* for more details on accessibility and the current requirements.

4.3 Location of Facilities and Work

4.3.1 The Contractor must:

- a) conduct all aspects of the Work in Canada, including telework. Partner Organizations 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. For more information refer to *SOW Section 6.32 Information Management*;
- b) logically separate all data from each department in adherence to the *Privacy Act* and the *Personal Information Protection and Electronic Documents Act*;
- c) separate FHCPS data from all other data (e.g. all other books of business managed by the Contractor); and
- d) document and report quarterly to the Project Authority on the locations of all facilities where the work or portions thereof will be conducted, including telework locations, and demonstrate to Canada's satisfaction that facilities are in all respects compliant with contractual requirements. Any proposed change in Contractor work facility locations must be immediately communicated to the Project Authority.

4.3.2 The Contractor must ensure all teleworking Contractor staff:

- a) conduct work only in Canada;
- b) conduct work within a dedicated space which can be secured and meets physical security requirements as outlined in the [Contract Security Manual](#);
- c) ensure that prior to the authorization of their telework location, all security safeguards or mitigations identified as part of a Contract Authority security assessment must be adhered to;
- d) protect information and assets against unauthorized disclosure, loss, theft, fire, destruction, damage or modification; and

- e) follow Canada's [Directive on Telework](#).

4.4 Contractor Travel

- 4.4.1 The Contractor will be reimbursed its authorized travel expenses reasonably and properly incurred in the performance of the Work, at cost, without any allowance for profit and/or administrative overhead, in accordance the [National Joint Council Travel Directive](#), and with the other provisions of the Directive referring to "travelers", rather than those referring to "employees". Canada will not pay the Contractor any incidental expense allowance for the authorized travel.
- 4.4.2 All travel subject to reimbursement by Canada must have prior authorization of the Project Authority.
- 4.4.3 All payments for Contractor travel are subject to government audit.

4.5 Hours of Work

- 4.5.1 The Contractor must:
 - a) provide Participant, Provider and Partner Organization services between the core hours of 0830 to 1630 in each Canadian time zone, Monday to Friday, Federal Statutory holidays excluded;
 - b) provide a 24 hour, 7 day a week, 1-800 phone service for pharmacies to contact the Contractor to request approval of prescription drugs;
 - c) ensure electronic data interfaces (Participant, Provider, and Departmental portals) are available 24 hours a day, 365 days a year; and
 - d) provide services to Out of Country Participants, refer to *SOW Section 6.21 Out of Country Services and Allied Veterans Services*.

4.6 Service Innovation

- 4.6.1 In an environment where technology and business practices are rapidly changing, the Contractor must be proactive in identifying areas where transition to new technology can and will be incorporated during the Contract. Innovation activities will be outlined annually as part of the Annual Operations Management Plan. For more information, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*. The Contractor must adopt innovative solutions in the development and ongoing operations of the system and services resulting in positive change such as improvement to Participant services, cost savings, reduction of errors, increase in efficiency, etc. Additional information on innovation expectations is referenced in *SOW Section 6.34 On-going Innovation*.

4.7 Privacy

- 4.7.1 The records or personal information managed, accessed, collected, used, disclosed, retained, received, created or disposed of to fulfil the requirements of the Contract or held by the Contractor must meet the requirements of the [Privacy Act](#), the [Access to Information Act](#) and provincial legislative requirements.
- 4.7.2 The Contractor must ensure that all products, services, and solutions provided under the contract comply with the privacy requirements, refer *SOW Section 5.17 Security and Privacy Set-up and SOW Section 6.33 Access to Information and Privacy*.

4.8 Changes associated with Government Programs

4.8.1 The Partner Organization policies and business rules are subject to revisions as a result of implementation of initiatives and/or changes in Legislation or policies. The legislative 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. Over the duration of the Contract, the Partner Organizations may face considerable change in organizational structure and Participant numbers, and possibly in the nature and scope of programs and associated delivery.

4.8.2 The Contractor must:

- a) make any necessary adjustments to the services and/or service levels under this Contract as a result of these revisions;
- b) remain flexible to meet the Partner Organizations' changing needs and priorities;
- c) be able to accommodate work being shifted within Partner Organizations, between Partner Organizations or between Partner Organizations and the Contractor; and
- d) have the ability within its systems to expand and adapt to meet either increases or decreases in processing volume at anytime during the Contract.

4.9 Contractor Resources

4.9.1 The human resource requirements, as described in this section, relate to the Contractor's resources during all Phases of the contract. All human resources must reside in Canada and meet the citizenship requirements for the security clearance they require.

4.9.2 The Contractor must have sufficient bilingual capacity to ensure service delivery of FHCPS in Canada's official languages.

4.9.3 Contractor human resource requirements for the Implementation Phase must be detailed in the Contractor's Project Implementation Plan and Integrated Schedule, and the human resource requirements for the Operations Phase must be detailed in each Annual Operations Management Plan.

4.9.4 The Contractor must demonstrate it has and will maintain the human resource capacity to provide all FHCPS services and meet performance and service standards.

4.9.5 The Contractor must annually provide a human resource plan detailing recruitment, retention and management. This plan must clearly demonstrate how ongoing training will be managed for Contractor personnel. Training or professional development of Contractor resources will be performed at the Contractor's expense.

4.9.6 The Contractor must provide increased access to hiring opportunities for qualified former CAF and RCMP Members and family Members of current or former CAF or RCMP Members, who meet the essential requirements of the position.

4.9.7 The Contractor must provide increased access to hiring opportunities for qualified Indigenous Canadians who meet the essential requirements of the position.

4.9.8 With regard to educational requirements for a particular degree, diploma, designation, or certificate, Canada will only consider educational programs successfully completed by a recognized Canadian institution, or if the degree, diploma, designation or certification was issued by an educational institution outside of Canada, the Contractor must obtain a copy of the results of the academic credential assessment and qualification recognition service issued by an agency or organization recognized by the [Canadian Information](#)

[Centre for International Credentials.](#)

- 4.9.9 The Contractor must ensure personnel screening and security clearance 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. Certain key positions may require higher levels of security clearance depending on nature of the role.
- 4.9.10 *Appendix D Contractor Resources*, identifies the key Contractor Resources the Contractor will be expected to have in place and the associated Minimum Resource Qualifications. The Contractor Resources identified in *Appendix D* are not exhaustive.
- 4.9.11 Resources which the Contractor requires to deliver the services defined in the Statement of Work not referenced in *Appendix D* will be the responsibility of the Contractor.
- 4.9.12 The Contractor must identify a qualified Executive Sponsor, Implementation Manager and Service Delivery Manager within their organization, who are responsible for the overall management of the FHCPS, including the Implementation, Operations and Close-out phases.
- 4.9.13 The full-time Executive Sponsor must be assigned responsibility for the overall administration of the Contract and have corporate accountability for the Contractor's service delivery, throughout all phases of the Contract. The Executive Sponsor must obtain the approval of the Project Authority prior to the engagement of sub-contractors.
- 4.9.14 The Executive Sponsor must monitor, report on and manage the financial administration of the Contract.
- 4.9.15 The Executive Sponsor must serve as an escalation point for resolution of any Contractor performance management issues or concerns.
- 4.9.16 The Executive Sponsor must meet with the Partner Organizations no less than quarterly during the term of the Contract, or more frequently as requested by the Project Authority.
- 4.9.17 The full-time Implementation Manager must be assigned responsibility for all aspects of the Work during the Implementation Phase.
- 4.9.18 The full-time Service Delivery Manager must be assigned responsibility for the day-to-day Operational delivery of contracted services.
- 4.9.19 The Service Delivery Manager is responsible for providing reports to meet requirements related to Contract operations, refer to *SOW Section 6.25, Reporting Services*.
- 4.9.20 The Service Delivery Manager must ensure all personnel have the appropriate knowledge and qualifications, including sub-contractors, when providing contracted services.
- 4.9.21 The Service Delivery Manager must schedule and attend regular meetings (in person or virtually) with the Partner Organizations, to review levels of service delivery.
- 4.9.22 The Service Delivery Manager must develop and manage service delivery schedules and operations.
- 4.9.23 The Service Delivery Manager must monitor and take actions to ensure performance related to the delivery of the FHCPS (including performance of Contractor personnel and

sub-contractors) in accordance with Performance and Service Standards referenced in *SOW Section 6.35 Performance and Service Standards*.

- 4.9.24 The Service Delivery Manager must implement and monitor the Contractor's Quality Assurance Program in accordance with *SOW Section 6.31 Quality Assurance*.
- 4.9.25 The Service Delivery Manager must work with Partner Organizations to identify, develop and implement any requirements or adjustment to the Contractor's services or service delivery to ensure on-going quality services are delivered.
- 4.9.26 The Service Delivery Manager will be the Contractor's representative for all Task Authorizations initiated during the Contract.
- 4.9.27 The Contractor must identify, in their human resources plan, resources within their organization who will be responsible for the implementation and delivery of services contained in the Statement of Work, including:
 - a) Implementation Phase - The Contractor resources included in *SOW Appendix D, Section A* and any other resources required for the Implementation Phase. Contractor resources for implementation will be expected to align hours of work with the Partner Organization implementation teams as needed;
 - b) Information Technology (IT) Resources to Support VAC Contract Implementation – The Contractor must provide VAC with IT resources to develop and/or modify internal VAC systems during the Implementation Phase to support the requirements outlined within the SOW. These Contractor's IT resources will be expected to align hours of work with VAC IT resources as needed. VAC will provide these Contractor IT resources the necessary equipment to perform required work in VAC IT systems. The Contractor must provide proof of IT resource experience on request to VAC. The Contractor resources are further described in *Appendix D Contractor Resources, Section B*. This requirement pertains to VAC only, the Contractor will not be required to provide resources to work on CAF or RCMP internal systems.
 - c) Operations Phase (Fixed cost) - The Contractor resources included In *Appendix D, Section C* and any other resources required for the Operations Phase. The Project Authority may request the Contractor provide detailed information associated with the work activities and time reporting for resources identified in *Appendix D, Section C Operations Phase Resources (Fixed Cost)*. The Contractor must have a full time Physician and a full time Pharmacist included in the Operations Phase (Fixed cost). Qualifications for both functions are described in *Appendix D*. The Project Authority will work with the Service Delivery Manager during the Operations Phase of the Contract to assign and adjust priorities for resources identified in *Appendix D, Section C*;
 - d) Operations Phase (Variable cost) - The Contractor resources included in *Appendix D, Section D* and any other resources required for Authorization Services and Claims Processing Transactions are to be included in the Contractor's authorization services and transactions Sections of the *Basis of Payment*;
 - e) Health Professional Services - Health Care Professionals support authorization services, claims processing services and overall administration of the programs delivered through the Contract. The Contractor resources included in *Appendix D, Section E* are in addition to the health professionals identified in the Operations Phase (Fixed Cost) above.
 - f) Veterans Travel Post Payment Verification (VAC only) - The Contractor resources included in *Appendix D, Section F* are to be included in the Contractor's Health Related Travel Post Payment Verification; and

- g) As and When Requested Services Resources – The Contractor resources included in *Appendix D, Section G* will be paid an hourly rate and are included in the As and When Requested Services Section of the *Basis of Payment*.

- 4.9.28 The minimum resources requirements for each resource identified in *Appendix D* must meet or exceed the applicable Minimum Resource Qualifications noted in the table. The Project Authority may request from the Contractor at any time information to confirm resources meet the Minimum Resource requirements.
- 4.9.29 Where the Contractor is unable to engage individuals who meet the Minimum Resource Qualifications the Contractor may request alternate qualifications be considered by the Project Authority.
- 4.9.30 When there are proposed changes to the individuals occupying the Executive Sponsor, Implementation Manager or the Service Delivery Manager positions, documentation will be provided to the Project Authority to confirm the new resource meets the Minimum Resources Qualifications identified in *Appendix D, Contractor Resources*.

4.10 Indigenous Participation Plan

- 4.10.1 Meaningful engagement with Indigenous peoples across Canada is a priority of the Federal Government and its Departments. Canada has worked successfully in the past to leverage opportunities, employment, and capacity building for Indigenous peoples and is pleased to continue working collaboratively with Indigenous communities and stakeholders on federal contracts.
- 4.10.2 As a requirement of FHCPS, the Contractor must meet their plan for the provision of specific and agreed on engagement for Indigenous Persons and/or Indigenous Business in the area of the Contract. In particular, the FHCPS is expected to:
 - a) help stimulate Indigenous employment and business development;
 - b) assist in the development of Indigenous workers and businesses that will contribute to the economic development of Indigenous communities; and
 - c) build Indigenous capacity by providing work experience and mentorship.

Quality of the Participation

- 4.10.3 Indigenous participation should be of a lasting, sustainable, and meaningful nature. These requirements may be met by the Contractor through purchase of services from Indigenous businesses throughout the duration of the Contract and/or direct opportunities for individuals from Indigenous Peoples to participate in roles within the Contractor's operations, as outlined in SOW *Appendix D*.
- 4.10.4 If direct opportunities for individuals are included in the Contractor's Indigenous Participation Plan, the Contractor will be responsible for organizing, scheduling, and coordinating hiring of Indigenous employees.

Annual Assessment of Participation

- 4.10.5 The Contractor must provide a detailed report to the Project Authority on an annual basis, on the schedule, refer to SOW *Section 6.1, Annual Operations Management Plan and Annual Report*, detailing the Indigenous Participation accomplished to date. The assessment shall compare the Indigenous Participation Plan against the actual results accomplished by the Contractor. The assessment shall examine and report on whether or not the objectives in the IPP were accomplished. The Contractor must indicate if any

objectives were not met, identify why not, explain how the situation will be remedied and within what timeframe. If any objectives were not met, the report shall, if possible, identify why and provide lessons learned that can be applied in the future. This annual report will be submitted for Project Authority approval as part of the Annual Report, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*

Amendment of Indigenous Participation Plan

- 4.10.6 At any time during the Contract, the Contractor may propose amendments to the IPP to the Project Authority. Any such proposal must include a justification for the change and a detailed explanation. The proposed changes are not to reduce the quantity or quality of Indigenous participation. Canada shall provide comments or agreement within ten (10) business days. Canada is under no obligation to accept any such proposal, regardless of its content or justification.

Final Assessment of Participation

- 4.10.7 The Contractor must provide a final report on what the IPP accomplished throughout the Contract at Contract Close-Out. This report must be provided to the Project Authority, refer to *SOW Section 7.1 Contract Close-Out*.

4.11 Veteran Participation Plan

- 4.11.1 Veterans of the CAF, and former Members of the RCMP, have acquired skills and competencies through their extensive training and experience. Because of these abilities and experiences there are benefits to be gained for businesses who hire former Members of the CAF and RCMP and/or family members of serving or former CAF and RCMP Members.
- 4.11.2 As a requirement of FHPCS, the Contractor must meet their plan for the provision of specific and agreed on engagement for Veterans of the CAF, former Members of the RCMP and/or family members of former or serving CAF and RCMP Members in the Contract. Hereinafter called the Veteran Participation Plan. In particular, the FHPCS is expected to help stimulate employment for these groups.

Quality of the Participation

- 4.11.3 Veteran participation should be of a lasting, sustainable, and meaningful nature. These requirements will be met directly by the Contractor throughout the duration of the Contract. Direct opportunities for individuals to participate in roles outlined in *SOW Appendix D, Contractor Resources*, are encouraged.
- 4.11.4 If direct opportunities for individuals are included in the Veteran Participation Plan, the Contractor will be responsible for the organizing, scheduling, and coordinating of the hiring of the Veteran Participation Plan employees.

Annual Assessment of Participation

- 4.11.5 The Contractor must provide a detailed report to the Project Authority on an annual basis, on the schedule as referenced in *SOW Section 6.1, Annual Operations Management Plan and Annual Report*, detailing the Veteran Participation accomplished to date. The assessment shall compare the Veteran Participation Plan against the results accomplished by the Contractor. The assessment shall examine and report on whether or not the objectives in the plan were accomplished. The Contractor must indicate if any objectives were not met, identify why not, explain how the situation will be

remedied and within what timeframe. If any objectives were not met, the report shall, if possible, identify why and provide any lessons learned that can be applied in the future. This annual report will be submitted for Project Authority approval as part of the Annual Report refer to *SOW Section 6.1, Annual Operations Management Plan and Annual Report*.

Amendment of Veteran Participation Plan

- 4.11.6 At any time during the contract, the Contractor may propose amendments to the Veteran Participation Plan to the Project Authority. Proposals must include a justification for the change and a detailed explanation. The proposed changes are not to reduce the quantity or quality of Veteran participation. Canada shall provide comments or agreement within ten (10) business days. Canada is under no obligation to accept any such proposal, regardless of its content or justification.

Final Assessment of Participation

- 4.11.7 The Contractor must provide a final report on what the Veteran Participation Plan accomplished throughout the Contract at Contract Close-Out. This report must be provided to the Project Authority, refer to *SOW Section 7.1, Contract Close-Out*.

4.12 Digital First Approach

- 4.12.1 To provide modern end-to-end digital services that maximize the use of technology and are designed from a Participant centric perspective, the FHCPs must be implemented from a Digital First approach. Digital will be the default for all FHCPs.
- 4.12.2 Services must be developed and maintained in accordance with the Policy on [*Service and Digital*](#).
- 4.12.3 End-to-end digital processes for Participant, Provider, and Partner Organization facing services must be developed, updated and maintained using the Government of Canada [*Digital Standards*](#) as guidance, with a focus on User Experience (UX). Digital self-service will be prioritized and all services and products (including communication products, letters, etc.) must be created in a digital format, with paper or other methods available on request for those who need them.
- 4.12.4 Technology will be used to the fullest extent possible to improve Participant experience, automate system and business rules and enhance service delivery.
- 4.12.5 Specific digital requirements are noted throughout the body of the SOW.
- 4.12.6 The Contractor must obtain Project Authority approval on all Participant, Provider and Partner Organization facing products and processes. The approval process will include usability testing with the users of the products (Participant, Provider or Partner Organization staff) by the Contractor, using a methodology approved by the Project Authority.

5.0 IMPLEMENTATION PHASE

5.1 Project Governance and Coordination Meetings

- 5.1.1 Given there are three (3) Partner Organizations which use the services provided by the Contractor, there is a requirement for processes and governance structures to be established to allow the Partner Organizations, Project Authority and Contract Authority, Public Services and Procurement Canada (PSPC) representative, to work collaboratively with the Contractor to ensure efficient and effective delivery of contracted services.
- 5.1.2 The governance structure must be proposed in accordance with the Implementation Plan as referenced in *SOW Section 5.2, Implementation Plan and Integrated Schedule*. The governance structure must conform to the Partner Organizations' governance structures.
- 5.1.3 The Project Authority must approve the proposed approach to manage the Contract and associated governance structure.
- 5.1.4 Meetings between the Contractor, Project Authority, Contract Authority and the Partner Organizations are also important to ensure the efficient and effective delivery of Contracted services. The location of meetings will be determined by the Project Authority and may be held at the Headquarters of Veterans Affairs Canada (Charlottetown, PEI), Canadian Armed Forces (Ottawa, Ontario), the Royal Canadian Mounted Police (Ottawa, Ontario), the Contractor's location or other locations specified by the Project Authority. Meetings may also be held virtually, or using a hybrid in person/virtual model, using software prescribed by the Project Authority.
- 5.1.5 The Contractor must develop the meeting agendas with input from the Partner Organizations, Project Authority and Contract Authority.
- 5.1.6 The Contractor will be responsible for the production of meeting minutes and Records of Decision (ROD). The Contractor must circulate the draft minutes and ROD within the first five (5) business days after each meeting date and allow meeting Members sufficient time to review the document and submit comments or corrections. The Contractor must ensure that all submitted corrections have been applied before the next meeting and distributed to all meeting members three (3) business days prior to the next meeting.
- 5.1.7 The Project Authority reserves the right to request regular or ad hoc meetings to be established or held with a Contract Representative which are not defined in the approved governance structure.

Contract Kick-Off Meeting

- 5.1.8 Following the Contract Award, the Project Authority will coordinate with the Contractor to develop an agenda and schedule for a Contract kick-off meeting with representation from the Contractor, each of the Partner Organizations, the Contract Authority, and other representatives as approved by the Project Authority.
- 5.1.9 The Contractor must prepare for and participate in the kick-off meeting to facilitate introductions, exchange information, discuss the approaches to the transition-in and implementation plan and integrated schedule, provide feedback and discuss any

required adjustments to the Contractor's proposed approach, and review governance and communications structures including decision-making authorities and escalation protocols.

- 5.1.10 The Contractor and their representatives, including information technology (IT) and the Implementation Manager and any Contractor staff critical to the Implementation Phase, must travel to the location of the kick-off meeting which will be held in person either at the Headquarters of Veterans Affairs Canada (Charlottetown, PEI), CAF (Ottawa, Ontario), or RCMP (Ottawa, Ontario), as approved by the Project Authority. A virtual or hybrid/in person kick-off meeting may also be an option as directed by the Project Authority.
- 5.1.11 The kick-off meeting will be held within ten (10) business days of Contract Award, for a duration of approximately five (5) business days. The Contractor must ensure that their appropriate personnel are available for the meeting and make all necessary travel arrangements.

5.2 Implementation Plan and Integrated Schedule

- 5.2.1 No later than fifteen (15) business days following the Kick-Off meeting, The Contractor must submit for the Project Authority's approval, a comprehensive draft Implementation Plan and Integrated Schedule. The plan and management of the plan must be based on project management best practices.
- 5.2.2 The Project Authority will review the draft Implementation Plan and Integrated Schedule and provide feedback to the Contractor within ten (10) business days. The Contractor must revise the plan as outlined by the Project Authority and provide the final Implementation Plan and Integrated Schedule for Project Authority approval within ten (10) business days.
- 5.2.3 The Implementation Plan and Integrated Schedule must demonstrate all services and systems described in the Statement of Work will be ready for implementation, tested in time to correct deficiencies and allow for proper training of Partner Organization staff and other parties and certified and accredited prior to the First Day of Operations.
- 5.2.4 The Implementation Plan and Integrated Schedule must include all activities required to ensure the requirements described in the SOW are met. The Contractor must clearly identify the tasks, milestones, deliverables, dependencies, human resource strategy and baseline schedule for all activities required to provide a fully operational FHCPS on the First Day of Operations. Schedule will reflect an agile approach to enable testing to happen early and often and to mitigate risk.
- 5.2.5 The Implementation Plan and Integrated Schedule must also include, but is not limited to:
 - a) an initial risk assessment and analysis identifying each implementation risk, their impact and probability, mitigation strategies, and residual risk;
 - b) an integrated governance structure for the Implementation and Operations Phases, which clearly sets out the project governance including, but not limited to: the operations management team, the management team representing the Partner Organizations, the implementation management team, oversight committees and working groups, etc. The structure must indicate where participation is required of personnel from the Partner Organizations and what

decision controls will be applied to ensure quick decision making within the project and timely delivery of services;

- c) a schedule of implementation coordination meetings. These meetings must include, but are not limited to updates pertaining to milestones and deliverables, schedule status, risks, and issues; and
- d) a demonstration of adequate project controls, including project plans using an industry accepted development methodology (such as Agile project management methodologies), to enable the development and implementation of all requirements described in this SOW.

5.3 Services and System Development and Customization

5.3.1 After Contract Award, to implement all of the requirements outlined in the SOW, including those included in SOW *Section 4 General Requirements, Section 5, Implementation Phase, and Section 6 Operations Phase*, or included in the Contractor's proposal, the Contractor must:

- a) work with Partner Organizations to gather and document the detailed business requirements from the Partner Organizations' program areas on which the services and systems will be tailored, customized, and developed. The business requirements must be compiled into Business Requirements Document(s) (BRDs). BRDs must accurately reflect the detailed FHCPS requirements of each Partner Organization;
- b) obtain signed approval of all BRDs from the applicable Partner Organization(s) and the Project Authority;
- c) ensure full connectivity and compatibility with the Partner Organizations' technical infrastructure;
- d) comply with Government of Canada Legislation and Policies referenced throughout this SOW; and
- e) develop and/or customize its system(s) to ensure all services identified in the SOW are delivered and available to Participants, Providers and Partner Organization staff by the First Day of Operations.

5.3.2 Information Technology (IT) Resources to Support VAC Contract Implementation – The Contractor must provide VAC with IT resources to develop and/or modify internal VAC systems during the Implementation Phase to support the requirements outlined within the SOW. These Contractor's IT resources will be expected to align hours of work, and methodologies (i.e., agile/scrum) with VAC IT resources as needed. VAC will provide these Contractor IT resources the necessary equipment to perform required work in VAC IT systems. The Contractor must provide proof of IT resource experience on request to VAC. The Contractor resources are further described in *Appendix D Contractor Resources, Section B*. This requirement pertains to VAC only, the Contractor will not be required to provide resources to work on CAF or RCMP internal systems.

5.3.3 When applicable, the Contractor must implement a software and system development lifecycle that applies information system security engineering principles throughout the information system life cycle and in the development of software and websites and services, and conforms to industry standards and best practices.

5.3.4 The Contractor must obtain written approval from the Project Authority to operationalize the FHCPS to enable full capability on the First Day of Operations based on successful results and acceptance of all of the requirements outlined in the SOW.

5.4 Systems and Information Technology

Information Technology (IT)

- 5.4.1 System and IT requirements are subject to Government of Canada security and privacy requirements. These requirements are subject to updating and revisions throughout the Contract. The Contractor must continually meet Government of Canada security requirements and must meet industry standards as directed by the Project Authority.
- 5.4.2 The Contractor must integrate through real-time webservices and bulk data processing with the Partner Organization systems as required to provide efficient and effective administration of the FHCPS. The methods used by each of the Partner Organizations will be finalized during the Implementation Phase and approved by each of the Partner Organizations.
- 5.4.3 The Contractor must ensure the Contractor's IT system is built to support the requirements in this SOW and applicable business rules. Supporting documentation, including business rules, relevant system documents, and other information required from the Partner Organizations will be made available to the Contractor during the Implementation Phase.

Contractor System Requirements

- 5.4.4 The Contractor must have an IT system capable of supporting the management of the FHCPS including data transfer, financial management, records management and reporting requirements.
- 5.4.5 The Contractor's IT system must include functionality to automate authorizations, claims, and other functions identified in this SOW.
- 5.4.6 The Contractor's IT system must have tracking and monitoring functions to enable status tracking of Participant authorizations and claims.
- 5.4.7 The Contractor's IT system must have the capacity to store key Participant, FHCPS Program and administrative data.
- 5.4.8 The Contractor's IT system must export raw Participant data, to the Participant Organizations in a format that allows the Partner Organizations' systems to manipulate and load it for their own purposes.
- 5.4.9 In situations a Participant has eligibility with more than one of the Partner Organizations, the Contractor's IT system must be able to process authorizations and claims simultaneously where business rules allow, and restrict claims payments where business rules require.
- 5.4.10 The Contractor's IT system must be able to create and submit all reports electronically and have the ability to feed data into a self-serve reporting tool as referenced in *SOW Sections 5.14 Reporting Services Set-up and Section 6.26 Reporting*.
- 5.4.11 The Contractor's IT system must allow for co-ordination of benefits from more than one third-party insurer.
- 5.4.12 The Contractor's IT system must provide data collection functionality to collect data from Participants, Partner Organizations and Providers. All data collection methods must be available electronically through the relevant Portals and developed using a method

which enables data to be used for automation where possible. Electronic methods or forms used to collect data must also be available in paper format for those Participants who require the use of paper. The Contactor must obtain the approval of each respective Partner Organization for any electronic methods or forms used in administering the services related to this SOW. Details on the data collection required for each Program, and the format of this collection, will be finalized with the Partner Organizations during the Implementation Phase. After initial approval, any changes or amendments made to electronic methods or forms by the Contractor must be re-approved by the relevant Partner Organization.

- 5.4.13 The Contractor's IT system must provide a robust letter preparation functionality. Letters include any official written correspondence for Participants and Providers including claim statements. The letter preparation functionality must include the ability to add relevant details into a letter from data in the Participant file. The letter preparation functionality must also allow the ability for Partner Organization staff to adapt specific letter content as needed. Letters must be stored in an electronic format that can be printed or made available digitally in the Participant, Departmental and Provider (where applicable) Portals. Letters must meet all official languages requirements. Letters must meet accessibility success criteria and maintain accessibility throughout the letter's processing, for example accessibility of the letter must be maintained if flattened to PDF. Letters must be inclusive and respectful of diverse identity factors to better meet the specific needs of diverse sub-groups within the Participant population. Partner Organizations will provide wording to the Contractor for letter and claims statements content, and all changes to letter content must be approved by the Partner Organizations. Details on letter requirements and content will be provided to the Contractor, from the Partner Organizations, during the Implementation Phase.

System Availability

- 5.4.14 All Contractor provided IT systems and technology-enabled services must be available 24 hours a day 365 days a year with an uptime guarantee of 99.5%.
- 5.4.15 The Contractor must advise each of the Partner Organizations of any planned outage at least five (5) business days in advance and must inform Providers and Participants of an approved downtime for system maintenance at least 24 hours in advance of the shutdown.
- 5.4.16 The Contractor must report system incidents, including availability, to the Project Authority immediately. 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. The Contractor must outline the approach to system incidents in the Contractor's Business Continuity and Disaster Recovery Plan as referenced in SOW *Sections 5.16 Business Continuity Plan and Disaster Recovery Plan Set-up* and SOW *Section 6.27 Business Continuity and Disaster Recovery*.

System Incident Reporting Service Level Measurement Review

- 5.4.17 A system incident service level measurement review must be conducted monthly. Incidents may be identified individually or as part of a group of interrelated incidents. Any incident may be selected for audit by the Partner Organizations, including any single incident reported as part of a group of incidents. The [*National Institute of Standards and Technology*](#) defines a system incident as an occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits or that constitutes

a violation or imminent threat of violation of security policies, security procedures, or acceptable use policies.

- 5.4.18 All incident notifications (provided by the Contractor and subject to verification by the Project Authority) must provide clear identification of the incident by type, first incident notification time, update time(s), and resolution time(s).
- 5.4.19 Each incident within a single month will be equally eligible for testing in the system incident service level measurement review with the Partner Organizations.
- 5.4.20 A random sampling method will be used to select incidents for testing in the service level measurement review. All notifications received within a single month will be equally eligible for selection. The overall service level measurement audit sample size will be dependent on 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.

Secure Access Controls

- 5.4.21 The Contractor must provide role based and unique user and administrator access controls to all IT systems used for the delivery of services, including but not limited to Participant, Provider, and Departmental Portal access. The IT system's access controls must align with the [Password Guidance for the Government of Canada](#) and the [multi-factor authentication in accordance with Canadian Security Exchange's ITSP.30.031 V3](#) or subsequent versions using GC-approved credentials.
- 5.4.22 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, the Contractor must issue every user a unique User ID, password and/or token even if multiple individuals have common roles. User IDs, passwords and/or tokens shall not be shared.
- 5.4.23 The Contractor must maintain a systems audit trail for each user granted access, including all data viewed or modified by that user. The Contractor must also log and monitor failed attempts to access the IT system to ensure accountability on the part of the administrators and users of the IT system and all supporting systems.
- 5.4.24 The Contractor must implement log generation and management practices, including log retention and controls for all service components that store or process Partner Organization Data.
- 5.4.25 The Contractor must manage and monitor privileged access to Partner Organization Data to ensure that all service interfaces within a multi-tenant environment are protected from unauthorized access.
- 5.4.26 When applicable, the Contractor must use security-hardened endpoints (e.g. computers, end user devices, jump servers, etc.) that are configured for least functionality to provide support and administration of Services and Contractor Infrastructure and that prohibit the use of USB mass storage devices.
- 5.4.27 The Contractor must provide the ability to report to the Partner Organizations on user access to data for their Participants or any associated data. Reports on the viewing/updating of data may be requested at any time and must include an access log which will identify the user ID, the details on the data accessed, and the date and time when the data was accessed.

- 5.4.28 Access controls must be developed and maintained by the Contractor to enforce usage and reporting of information on a need-to-know and least privilege basis, as well as separation of duties, as determined by the Project Authority and Partner Organizations. The principle of least privilege means giving the user only those privileges that are essential to do their work.
- 5.4.29 The Contractor must provide an automated process to manage user access, profiles and associated administrative tasks like password resets. Access must be documented and maintained 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.
- 5.4.30 The Contractor must ensure user access and controls are kept current with all changes or updates. The Contractor must apply changes to user access profiles within one (1) business day of receipt of information changing.
- 5.4.31 The Contractor must develop and provide an administrative interface (sometimes called an access matrix) to authorized Partner Organization users that provides the Partner Organizations with the ability to create system user accounts, deactivate user accounts, be able to block specific Partner Organization users from individual Participant information, and add to or change the roles assigned to a user account. Business rules regarding Participant Organization staff access will be defined with the Partner Organizations during the Implementation Phase.
- 5.4.32 The Contractor must document the access controls. The Contractor must develop a report that lists all active and inactive user accounts and the various roles assigned to them. This report must be provided by the Contractor to the Partner Organizations following agreed on schedules or on demand as agreed on with each Partner Organization
- 5.4.33 The Contractor must work with the Partner Organizations to provide Single sign-on from Partner Organizations' systems into the Contractor's system as referenced in SOW *Section 5.9 Participant Portal Set-up* and SOW *Section 5.11 Departmental Portal Set-up*. Each Partner Organization will communicate their need for a single sign-on solution during the Implementation Phase. Details of the implementation will be agreed on between the Contractor and each Partner Organization during the Implementation Phase. For Partner Organizations who do not implement Single sign-on, the Contractor must deliver its own sign-on capability.

Graphical User Interface

- 5.4.34 Graphical user interfaces provided to Participants, Providers and the Partner Organizations must be compatible with the Partner Organizations' supported browsers, operating system environments, and all other technical infrastructure for all Partner Organizations. Within all FHCPS Partner Organizations an acceptable method of access will be via Internet Browser with a zero footprint or another method approved by the Project Authority. Currently the Partners use Windows 10 operating system; and MSEdge and Chrome as supported browsers. Operating systems and supported browsers will continue to evolve.

Participant Database

- 5.4.35 The Contractor must maintain a Participant database for all FHCPS system activities, financial information and reporting information. The Contractor must update the Participant's record with any changes and ensure reports on active Participants are

available as required. The database must identify Participant information, status, program and eligibility information as applicable. Participant information must be tracked on the relevant Partner Organization's primary identification number.

- 5.4.36 The Contractor's IT system must include functionality that will enable the tracking of participant activity. These functions will support program delivery where required. The system must be capable of producing activity reports and create notifications (sometimes called flags) on participant files for various reasons. The Contractor must notify the Partner Organizations when changes in a Participant's circumstance impact or change eligibility. These notifications must be available through a real-time electronic transfer of data to the Partner Organizations.
- 5.4.37 The Contractor's system must be able to capture data that will provide the necessary updates to the Partner Organizations on the status and profile of Participants. Certain elements must be able to be captured so they can be integrated into the Partner Organizations' client management systems. Specifics on data formats will be provided to the Contractor during the Implementation Phase.
- 5.4.38 The Partner Organizations will transmit to the Contractor, Participant data and eligibility information when a Participant becomes eligible for FHCPS and on changes in biographical data or eligibility status for the FHCPS Program. On receipt of this information, the Contractor must ensure this information is updated in their system and securely distributed to appropriate staff within their own organization following the guidance, refer to *SOW Section 5.17*.
- 5.4.39 The Contractor must provide the Partner Organizations, and any agents approved by the Partner Organizations and the Project Authority, with online access to the Participant database, through the Departmental Portal, to enable the Partner Organizations to easily retrieve information, data and reports from the Participant database.
- 5.4.40 The Contractor's IT system must include functionality that will enable the tracking of individual authorizations and claims of a Participant and any activities or documents related to the particular authorization or claim.
- 5.4.41 The Contractor's IT system must be capable of producing tracking reports and issuing system generated notifications to the Partner Organizations on Participant files.
- 5.4.42 The Contractor's IT system must be able to provide information to report on the performance and service standards as referenced in *SOW Section 6.35 Performance and Service Standards*.
- 5.4.43 The Contractor's IT system must capture and store authorization data which will be communicated to the Contractor by Providers and by Partner Organizations. Health benefits and services may have frequency or dollar cost limits, refer to *SOW Section 6.10, Benefits Grid*. The Contractor's IT system must have the capacity to record, calculate frequencies and balances, and retain this information.
- 5.4.44 The Contractor's IT system must have the capability to retrieve Participant authorization history for subsequent review and update by system users. Authorizations may be adjusted or suspended by Partner Organization staff or by the Contractor's staff, based on business rules provided by the Partner Organizations and/or at the request of the authorizing Provider.
- 5.4.45 The Contractor's IT system must have the capacity to identify and provide a notification when spending on a Participant's benefit or service is nearing the maximum approved

amount. This information must be viewable by the Participant and Partner Organization staff through their Portals.

- 5.4.46 The Contractor must make all Participant specific data available for loading into each Partner Organization's data warehouse through a data extract.
- 5.4.47 The Contractor must maintain the Participant database for the duration of the Contract and return the database contents as per the requirements outlined in the Contract Close-out *Phase, refer to SOW Section 7.0.*
- 5.4.48 The Contractor's IT system must retain Participant, Provider and Contractor payment data for inquiry and reporting.
- 5.4.49 The Contractor's IT system must be electronically accessible through the Departmental Portal to allow all functions to be carried out across Canada.
- 5.4.50 The Contractor's IT system must be electronically accessible through the Participant and Provider Portals to allow all functions to be carried out globally.

Contractor System Specific Security Requirements

- 5.4.51 The Contractor must, on discovery, immediately notify the Project Authority of any cyber incidents. They will also involve the Project Authority, as necessary, in response and remittance of cyber incidents.
- 5.4.52 The Contractor's system must adhere to all Security requirements, refer to *SOW Section 5.17 Security and Privacy Set-up* and *SOW Section 6.28 Security.*

Contractor-Partner Organization Interoperability

- 5.4.53 The Contractor must exchange data electronically, securely and in real-time on secure web services, or similar technology, and bulk data transfer where required, between FHCPs and each of the Partner Organizations without manual intervention.
- 5.4.54 Data exchange must meet the following requirements where the Partner Organization has selected real-time data transfer. The Contractor must:
 - a) host RESTful web services, or future Partner Organization standard as approved by the Project Authority, that will be used to add, update and archive Participant biographical and program-related information from the relevant Partner Organization's system. This could include information such as:
 - i. Participant biographical information; and
 - ii. program adjudication data;
 - b) also host RESTful services to return detailed program data, on demand, from the system. This must include but is not limited to:
 - i. identifiers;
 - ii. individual services and limits;
 - iii. eligibility and status information;
 - iv. payment history information; and
 - v. claim history;
 - c) consume Partner Organization hosted RESTful web services to deliver data in response to system events deemed significant by program management;
 - d) support web service payload data including but not limited to, text data such as Participant biographical and program data, as well as binary data such as PDF documents;

- e) work with the Partner Organizations to develop and agree on data exchange schematics for all message exchanges. All messages between the systems must conform to the agreed on message format contracts and contain the following at a minimum;
 - i. a date and time stamp in UTC date/time format for “message date” as well as a “created date” and “last updated date” for the associated Participant record;
 - ii. a unique identifier for the initiator of a message flow. This should be a user id if the exchange is initiated in response to the actions of a logged in user or a unique system id if it is initiated by a system process that is not run in response to user actions (i.e. automated system process, ad hoc data correction);
 - iii. each transaction will use HTTP methods to indicate whether the record is a Delete, an Insert, or an Update; and
 - iv. each transaction must contain the Department’s primary identifier for the Participant.

5.4.55 Data exchange must meet the following requirements where the Partner Organization requires Bulk Data Transfers:

- a) for any large data extract files required on a daily, weekly, monthly, annual or ad hoc basis, the Contractor must use PSPC's Managed Secure File Transfer (MSFT) or similar technology as the method of sending bulk data. Partner Organizations will assist in the coordination and implementation of this setup. The Contractor must follow PSPC and/or SSC Key Management Policies for use of MSFT; and
- b) the Contractor must ensure that Bulk Data Transfer data formats available include, but are not limited to XML, Comma Separated Values (CSV), and other ASCII delimited file formats.

5.4.56 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. Data labels and definitions must correspond with the expectations of the Partner Organizations wherever possible. Any changes to the data structure must be sent to Partner Organizations at least one month in advance of the changes.

5.4.57 The system must have export capabilities. The Contractor must export data, either in whole or in part, as specified by the appropriate Partner Organization. The export must be made available in multiple formats including Binary, XML, CSV and other ASCII delimited formats.

5.4.58 The Contractor must ensure all data exchange takes place in a secure manner without manual intervention, using the protocols and procedures specified in this SOW, and as per specified federal security requirements for Protected "B" information, refer to SOW *Section 5.17, Security and Privacy Set-up and SOW Section 6.28, Security*. This includes ITSP.40.111 - Cryptographic Algorithms for unclassified, protected A, and protected B Information.

Transactional Exchanges

5.4.59 To facilitate transactional data exchange with the Partner Organizations, the Contractor must maintain a message queuing infrastructure which will interface with the Partner Organizations’ message queuing product in real time to allow for seamless information exchange.

- 5.4.60 The Contractor must be able to provide guaranteed delivery of messages, including exception queuing. Messages that are unable to be sent successfully must be able to be retrieved in the defined data exchange format for troubleshooting purposes.
- 5.4.61 The Contractor must provide a separate, secure infrastructure to allow for the secure transmission of large volume files between the Contractor and the Partner Organizations.

Infrastructure Requirements

- 5.4.62 To meet the operational service and support requirements and deliver the services defined in the SOW, the Contractor's computing facilities must incorporate data communications facilities to support secure transmission of information between and among:
 - a) Providers and the Contractor;
 - b) Participants and the Contractor;
 - c) Providers and Partner Organizations via the Contractor's system; and
 - d) Partner Organizations and the Contractor.
- 5.4.63 The Contractor must work with the Information Technology Division of each Partner Organization during the Implementation Phase to determine the appropriate bandwidth requirements as well as security and connectivity requirements.
- 5.4.64 The Contractor must include IT systems environments for development and testing as part of its ongoing system functionality which will allow for development and testing proposed functionality with masking of Participant data

Separate Environments

- 5.4.65 The Partner Organizations operate many environments in addition to production. As part of delivery, the Contractor must include IT systems environments for the Portals and the Contractor's systems at the following levels:
 - a) development;
 - b) integrated testing;
 - c) acceptance testing;
 - d) training; and
 - e) production.
- 5.4.66 As part of its solution, the Contractor must ensure Partner Organizations have user access as appropriate to the testing, training and production (i.e., Departmental Portal) environments.
- 5.4.67 The Contractor's production environment must:
 - a) be isolated from non-production levels; and
 - b) not be run on the development or testing facilities and vice-versa.
- 5.4.68 The Contractor's testing environments must:
 - a) mirror the production environment and be fully synchronized with all changes and enhancements:

- b) be refreshed according to a frequency determined with the Partner Organizations during the Implementation Phase and maintain anonymity of Participant data:
- c) allow authorized Partner Organization staff access during 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:
- d) contain test data of the Partner Organizations to ensure test cases can be executed (data will be coordinated with the Partner Organizations):
- e) ensure there is enough data to cover multiple test scenarios based on test ID's supplied by Partner Organizations; and
- f) be compatible with, and connected to, the Partner Organizations' test environments.

5.4.69 The Contractor's training environment must:

- a) mirror the production environment of the Departmental Portal and be fully synchronized with all changes and enhancements;
- b) use dummy or anonymized data; and
- c) be refreshed as required to ensure the training environment continually meets the needs of Partner Organization staff. Details on training environment data refresh expectations will be finalized with the Partner Organizations during the Implementation Phase.

5.4.70 The Contractor must not make any changes to its IT system functionality, IT interfaces or navigation that would impact accessibility or usability within that would impact the functioning, accessibility or usability within the FHCPs, without first obtaining approval from the Project Authority.

Network Requirements

5.4.71 The Contractor must ensure all of the Partner Organizations' access Contractor systems (i.e., Departmental Portal) is compatible with the Partner Organizations' software and able to run on the Partner Organizations' standard desktop.

5.4.72 Each Partner Organization will provide the appropriate personnel contacts within their organization to coordinate the process of establishing the network.

5.4.73 For the network acquisition and set-up, the Contractor must:

- a) be responsible for the design, development, acquisition, testing, maintenance, operational support and implementation of any network infrastructure required outside of Partner Organization external firewalls and must ensure it meets security and service-level requirements as outlined in this SOW;
- b) ensure full connectivity and compatibility with Partner Organization technical infrastructures;
- c) ensure all traffic between the Contractor and Partner Organizations must be IP based and remain under the control of the Partner Organizations. All Hypertext Transfer Protocol (HTTP) traffic must be secured with Transport Layer Security (TLS), which must comply with Communication Security Establishment Canada - [Guidance on Securely Configuring Network Protocols with the Government of Canada \(ITSP.40.062\)](#);
- d) ensure all Contractor application-hosting sites must be accessible via Domain Name System (DNS) either through a remote server or through a documented list provided to Partner Organizations with address details;

- e) provide the Partner Organizations addressing space on whatever segment is configured to provide connectivity (including a minimum of fifteen network addresses).
- f) perform real-time monitoring on circuit utilization, availability and interface statistics for troubleshooting and trend analysis;
- g) provide the Partner Organizations using real-time data transfer on-demand access to current 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 on-demand reporting, the Contractor could configure the routers on the circuit to supply a netflow data stream to Partner Organizations 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 Partner Organizations network, on a Contractor provided and maintained website; and
- h) provide quality of service mechanisms to ensure network traffic can be prioritized and shaped to maximize availability of application.

Server Requirements

5.4.74 For facilities requirements the Contractor must:

- a) establish and maintain off-site facilities and systems for storing backups and a fail-over site for disaster recovery as per the Contract Security Manual published by PSPC. This must include 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; and
- b) ensure all environments and facilities, including fail-over facilities, where protected information is handled and stored, comply with the security requirements defined in this SOW and that system hardware and infrastructure is compatible with Government of Canada hardware and software standards and security requirements for personal computers, per [Guidance on Securely Configuring Network Protocols \(ITSP.40.062\)](#).

5.4.75 For infrastructure security requirements the Contractor must:

- a) take reasonable care for the prevention, detection, response and restoration from electronic data processing errors and omissions, technical failures, sabotage, and cyber-attacks;
- b) provide layered security, which must include at a minimum, a Firewall and an Intrusion Detection System with appropriate rules, port filtering and monitoring to defend against attacks and to alert the Contractor to unauthorized network traffic per the [Policy on Government Security](#);
- c) where services are to be provided from different locations within Canada, identify and delineate the physical and logical security boundaries through the implementation of physical and logical security zones in accordance with ITSP.80.22 and ITSG-38. Each zone must be isolated and defended from the other locations by its own perimeter defence and network security safeguards. Contractor services must not be provided from locations outside of Canada. Each location must comply with the facility security requirements defined in the Security Requirements Checklist (SRCL);
- d) ensure each network device and server is secure, subject to configuration control, that there are no backdoor connections with access to all Contractor provided

systems and that wireless network devices or remote access connections cannot interface with any Contractor provided system without the express written consent of the Partner Organizations;

- e) ensure all devices used by its personnel to view, process, transmit, store FHCPS data, or used to access the Contractor's systems 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, the Contractor must provide disk encryption and host-based firewalls to safeguard these devices; and
- f) monitor all IT systems, environments, and facilities for compliance with the security requirements and ensure that all upgrades, replacements, patches, and all operational functions meet the security requirements.

Accessibility

5.4.76 The [Accessible Canada Act \(Bill C-81\)](#) is intended to enhance the full and equal participation of all persons, especially persons with disabilities, in society. This is to be achieved through the progressive realization, within the purview of matters coming within the legislative authority of Parliament, of a Canada without barriers, particularly by the identification, removal and prevention of barriers.

5.4.77 The Government of Canada is committed to providing leadership by procuring accessible Information and Communication Technology (ICT) goods and services while supporting the goal of inclusive by design and accessible by default. This procurement includes accessibility requirements which are adopted from the EN 301 549 (2018) Harmonised European Standard Accessibility Requirements for ICT Products and Services. All ICT components of the proposed solution must conform with relevant accessibility requirements of the [EN 301 549 \(2018\)](#). These components include but are not limited to:

- a) user interface, including administrative interface;
- b) help and support services;
- c) product documentation;
- d) secure messaging/email;
- e) resources and instructional materials;
- f) live chat;
- g) document upload and retrieval;
- h) claim tracking and status update;
- i) secure portals;
- j) logins;
- k) static and ad hoc reports;
- l) emails generated by the system; and
- m) invoices, and
- n) mechanically operable parts such as plastic cards.

Note that the standard includes WCAG 2.1 Level AA requirements for web solutions.

5.4.78 The Contractor must demonstrate conformance using the ICT Accessibility Requirements document (based on EN 549), refer to *SOW Appendix F*.

Technical and Administrative Documentation

5.4.79 The Contractor must prepare and supply a FHCPS Standard Operating Procedures (SOP) manual to each Partner Organization which is available in both official languages

and includes all procedures and processes required to deliver, manage and maintain all the services and systems detailed in the SOW. The SOP manual must be a user friendly, searchable, web-based tool and must be posted for viewing on the Departmental Portal as of the First Day of Operations. The posted version must be kept current for the duration of the Contract with version control which retains previous versions which are accessible by the Partner Organizations.

- 5.4.80 The Contractor must prepare, supply and maintain systems architecture design documentation, which details all the system components required to deliver the services set out in the SOW. This documentation must be provided to the Project Authority before the start of the Operations Phase. The Contractor must submit a draft to, and obtain the approval of, the Project Authority on a schedule outlined in the Implementation Plan and Integrated Schedule. The documentation must be posted on the Departmental Portal and kept current during the Contract. All updates must be immediately and clearly communicated to the Project Authority and relevant Partner Organization staff.
- 5.4.81 The systems architecture design documentation must include hardware, software, equipment, network, security, diagrams and recommendations for all system components. Where diagrams are included, alternate text formats also must be provided to meet accessibility requirements.
- 5.4.82 The Contractor must develop business requirements into formalized Business Requirements Documents (BRDs) in collaboration with the Partner Organizations. BRDs must accurately reflect the detailed FHCPS requirements of each Partner Organization. The Contractor must obtain signed approval of all BRDs from the applicable Partner Organization and the Project Authority in accordance with the schedule outlined in the Implementation Plan and Integrated Schedule.
- 5.4.83 The Contractor must provide the Partner Organizations with a roadmap in accordance with the schedule outlined in the Implementation Plan and Integrated Schedule. The roadmap must outline the high level schedule of development and testing for the Implementation Phase. Requirements gathering and refinement should feed seamlessly into the product roadmap, tracking and updating the evolution of the system and ensuring strategic alignment with overall program goals.

5.5 Participant Enrolment Set-up

- 5.5.1 The Contractor must accept Participant eligibility for health care benefits and services as a result of the transmission of Participant data from each Department. Eligibility for benefits received under FHCPS is subject to VAC, CAF and the RCMP Legislation and associated policies. Eligibility will be determined and communicated to the Contractor by the individual Partner Organizations.
- 5.5.2 In some instances a Participant has concurrent eligibility from two (2) or more Partner Organization programs. The Contractor must accept eligibility for all Partner Organizations simultaneously. Additionally, the Contractor must ensure all Participant facing interfaces allow the Participant to access all information required as part of all eligibilities within a single interface.
- 5.5.3 The Contractor must ensure each Partner Organization's data is stored separately from all other Contractor data, and from other Partner Organizations. The Contractor must adhere to all applicable Privacy requirements, refer to *SOW Section 5.17 Security and Privacy Set-up*, *SOW Section 6.32 Information Management* and *SOW Section 6.33 Access to Information and Privacy*.

- 5.5.4 The Contractor must receive Participant eligibility in the method prescribed by the Partner Organization (real time data transfer and/or batch file transfer will be used). The Partner Organizations will identify the method of data transfer, during the Implementation Phase. The method of data transfer may be different for each Partner Organization. The Contractor must update the method of data transfer at the request of the Partner Organization(s) at any time during the Contract period. The Partner Organization which owns the data will be responsible for communicating all required changes. Further information on data transfer and system requirements are referenced in *SOW Section 5.4 Systems and Information Technology*.
- 5.5.5 The Contractor must develop applications that accept Participant data from the Partner Organizations and automatically apply eligibility rules to Participant files transferred to the Contractor's system. The Partner Organizations are responsible for transferring only data for eligible Participants that is required by the Contractor to perform the work identified in this SOW. Eligibility rules are different for each Partner Organization, and for Participants within a Partner Organization. Eligibility rules will be provided during the Implementation Phase. The Contractor must:
- a) ensure the eligibility data is current and matches the data in the Partner Organization's system;
 - b) accept the primary identifier provided by the Partner Organization as the Participant's unique and primary identifier. The Partner Organizations' identifiers vary in length. The Contractor's system must be able to accommodate identifiers of up to 12 alphanumeric characters;
 - c) accept a secondary unique identifier for a Participant as required by the Partner Organization(s);
 - d) enable queries to be created by the Partner Organization from the primary or secondary identifier;
 - e) enable concurrent eligibility for Participants receiving health care benefits and services from more than one Partner Organization;
 - f) associate the Participant with the appropriate Partner Organization. Where the Participant is associated with more than one Partner Organization, the data, including all authorizations, claims information, documents, and other information collected from and for that Participant must be:
 - i. available to the Partner Organization for which the data was collected; and
 - ii. inaccessible to all other Partner Organizations;
 - g) include the ability to manually generate eligibility in exceptional cases when Participants do not automatically derive eligibility for health care benefits through the system eligibility rules at the request of the responsible Partner Organization;
 - h) pause or cease Participant eligibility at the request, or according to the business rules, of each Partner Organization;
 - i) automatically suspend eligibility on the receipt of a Participant's date of death; and
 - j) perform data integrity checks and communicate errors back to the originating Partner Organization.
- 5.5.6 The Contractor must create electronic Participant files that track and retain all Participant information. Partner Organizations will transfer the information required to enrol for FHCPS services, including eligibility details. Details of data that will be sent from Partner Organizations will be provided during the Implementation Phase. In some cases the Partner Organization will elect to transfer only the work address of the Participant and not the home or mailing address, for security reasons; therefore many Participants will have the same mailing address.
- 5.5.7 The Contractor's system must accept alerts that can contain specific instructions

(sometimes called flags) on Participant files from Partner Organizations, and make information in the alert available to the Contractor's staff.

5.5.8 The Contractor must provide eligible Participants with a Welcome Package including information about their enrolment following the initial transfer of the Participant file from the Partner Organization's system to the Contractor's system. During the Implementation Phase, Partner Organizations will provide details to be included in the Welcome Package. The Welcome Package must be available in Canada's official languages, meet all accessibility requirements and must include, but is not limited to:

- a) a letter with general eligibility information, including an effective date;
- b) Participant Portal access information;
- c) Contractor and Partner Organization contact information;
- d) Out of Country emergency access information for CAF and RCMP Members;
- e) Participant Health Care Identification Card; and
- f) Benefits and services available to the Participant based on their eligibility.

5.5.9 The Contractor must have the ability to restrict the distribution of the Welcome Package, or certain aspects of the Welcome Package, to a Participant. Business rules where a Participant may be enrolled to receive benefits but will not be sent a Welcome Package, or certain aspects of the Welcome Package, will be provided by the Partner Organizations during the Implementation Phase.

5.5.10 The Contractor must accept Power of Attorney (POA) Participant's information provided by the Participant Organizations. POA access information and data will be transferred to the Contractor's system from the Partner Organizations. The Contractor must provide the POA access to Participant services as authorized including access to the Participant Portal. The POA must maintain their own unique username and password to access the Participant Portal on behalf of the Participant. The system must capture and retain the identification of the POA requesting an authorization or submitting a claim and the date the authorization request or claim was submitted. Details on the requirements for POA access to Participant information will be provided during the Implementation Phase.

5.6 Health Care Identification Card Set-up

5.6.1 The Contractor must create and provide a FHCPs Health Care Identification Card for all existing FHCPs Participants on initial enrolment with the new FHCPs Contract, in durable waterproof plastic. Existing Participants transitioning into the new Contract will be provided plastic cards based on business rules which will be provided by the Partner Organizations during the Implementation Phase. As the Contract moves to the Operations Phase, the default will be digital download or print from the Participant Portal with plastic cards available on request from a Participant or Partner Organization.

5.6.2 All FHCPs Health Care Identification Cards, with the exception of the CAF Valcartier Grenade Incident Program, will at a minimum provide the following information: first and last name of Participant, Participant's identification number, Contact Centre toll-free telephone number, Contractor website address, and consent information disclaimer. CAF and RCMP cards must also include a travel assistance phone number (available 24/7). Information displayed on the FHCPs Health Care Identification Cards will differ slightly by Partner Organization and content will be confirmed during the Implementation Phase.

5.6.3 FHCPs Health Care Identification Cards must be produced bilingually, readable by Participants, and meet accessibility requirements as referenced in the [Harmonised](#)

[European Standard Accessibility](#) requirements for ICT products and services.

- 5.6.4 The Contractor must ensure the design of the FHCPS Health Care Identification Card is approved by the Partner Organizations and Project Authority in accordance with the schedule outlined in the Implementation Plan and Integrated Schedule, refer to *SOW Section 5.2*. This will ensure all current Participants receive their Cards as part of the Welcome Package prior to the First Day of Operations.
- 5.6.5 Health Care Identification Cards are mailed to the address designated by individual Partner Organizations, accompanied by documentation, as stipulated by each Partner Organization. In some cases, this may be different than the Participant's home address.
- 5.6.6 The Contractor must develop functionality through the Participant Portal to enable Participants to download and print a paper copy of the Health Care Identification Card. The functionality to access the card through the Participant Portal must be immediately available to Participants on enrolment.
- 5.6.7 The Contractor must develop functionality through the Participant Portal, to enable Participants to download a digital Health Care Identification Card to their mobile device. The functionality to be able to download the digital card must be immediately available to Participants on enrolment.
- 5.6.8 During the Implementation Phase, each individual Partner Organization will stipulate their business rules for restricting card generation as there are specific circumstances where the card must not be generated.
- 5.6.9 Specifically for CAF Valcartier Grenade Incident Program (VGIP) Participants, the Contractor will issue a unique card to clearly identify the Participants under the VGIP. The information on the card will be confirmed during the Implementation Phase, including changes from the standard card. The VGIP card must:
 - a) include VGIP/PEGV – DND/CAF identifier at the top of the card;
 - b) include the phone number of the CAF VGIP office in place of the Contractor's phone number; and
 - c) contain space for limited additional information on the card including email address and mailing address applicable only to VGIP Participants.

5.7 Provider Recruitment and Registration Set-up

Initial Provider Recruitment and Registration Strategy and Plan

- 5.7.1 The Contractor must develop an initial Provider Recruitment and Registration Strategy and Plan as part of the Communications Plan, referenced in *SOW Section 5.13, Communications Plan and Materials*, within sixty (60) business days of Contract Award. The Provider Recruitment and Registration Strategy and Plan must be approved by the Project Authority. The Contractor must ensure the initial Provider Recruitment and Registration Strategy and Plan is congruent with the information provided in this SOW and includes a method to identify, approve and register FHCPS Providers with current and active service relationships with Participants.
- 5.7.2 The Initial Provider Recruitment and Registration Strategy and Plan must include milestones and delivery dates, and describe, at a minimum, how the Contractor will:

- a) retain or engage previous registered Providers for FHCPS by location and specialty to maintain or exceed the number of registered Providers as outlined in Annex I, *Volumetrics*;
- b) register current FHCPS Providers by ensuring they meet the Provider criteria and are successfully set-up to obtain authorizations and receive payments from the Contractor prior to the First Day of Operations;
- c) address active authorizations and ensure seamless service with the same Provider the Participant is seeing;
- d) ensure Providers are trained as referred to in *SOW Section 5.21, Training Strategy and Plan prior to finalizing the Provider registration*;
- e) ensure Providers can access the Provider Portal and any relevant Point of Sale software;
- f) establish a Provider deregistration process, refer to *SOW Section 6.5 Provider Recruitment, Registration and Management*; and
- g) allow for the registration of Providers outside of Canada as approved by the appropriate Partner Organizations. Details on the requirements around registering specific Providers outside of Canada will be finalized with the Partner Organizations during the Implementation Phase.

5.7.3 The Contractor must provide updates and detailed reporting to the Partner Organizations on the status of recruitment and registration of Providers by type, specialty and location throughout the Implementation Phase.

Provider Registration

5.7.4 The Contractor must develop and maintain functionality to register Providers. Based on the digital first approach electronic registration processes will be prioritized with paper registration processes available as required.

5.7.5 The Contractor must develop solutions that will allow Providers to receive payment directly from the Contractor where possible to prevent Participants from being out of pocket for benefits and services paid for through the FHCPS.

5.7.6 Providers must register separately for each Partner Organization. The Contractor must develop functionality to enable Providers to electronically submit a request for registration and accept the Provider Agreement to work with one, two, or all Partner Organizations simultaneously. Providers may be deregistered for one Partner Organization and retain their Provider status with the others. The Contractor must develop a Provider Agreement, in Canada's official languages, which will be finalized and approved with the Partner Organizations during the Implementation Phase.

5.7.7 The Contractor must receive authorizations and claims for reimbursement from Providers who are registered with the Contractor. Registration criteria for Providers are determined separately by each Partner Organization and may differ based on Provider type. Eligibility criteria will be finalized with the Contractor during the Implementation Phase. Each Partner Organization will retain their own authority for Provider eligibility criteria and the responsibility of communicating any updates or modifications to the Contractor.

5.7.8 The Contractor must deliver and maintain Provider Registration Services, according to the Provider registration criteria provided by each of the Partner Organizations. As part of the registration process, the Contractor must ensure all FHCPS Provider registration criteria are met and maintained. The Contractor must conduct regular maintenance (to be determined during the Implementation Phase) of the Provider Registry to ensure Providers continue to meet registration requirements. Providers registered outside of

Canada must be approved by the applicable Partner Organization prior to submitting authorization requests and claims. Any exceptions must be approved by the applicable Partner Organization.

- 5.7.9 The Contractor must provide interested Providers with materials required to apply for registration as an FHCPS Provider. Materials must be available on a public facing website, in Canada's official languages, for Providers to locate and complete and send electronically, or by mail, to the Contractor. Application materials will be finalized with the Partner Organizations during the Implementation Phase.
- 5.7.10 In response to an application, Providers are validated by the Contractor to ensure they meet registration criteria. If the Provider meets the FHCPS registration criteria, they must be advised of the decision regarding their registration request within ten (10) business days of receipt of all materials required for registration, unless the registration request must be forwarded to the Partner Organizations for approval. If approved as an FHCPS registered Provider, the Contractor must send the Provider a Provider package. The Provider package must be delivered digitally unless an alternate delivery method is requested. All communication materials, forms, and documentation to be issued to Providers must be approved by the Project Authority. The FHCPS Provider package, produced in Canada's official languages, must include, at a minimum:
- a) Provider Agreement which includes Terms and Conditions;
 - b) Provider identification number;
 - c) details on Provider Portal access;
 - d) instructions to access training materials to support Providers in submitting claims both manually and through the Provider Portal;
 - e) Contact Centre information; and
 - f) any other documentation deemed necessary by the Contractor to ensure the Provider's compliance with claims submission directives and audit requirements.
- 5.7.11 The Contractor must ensure the Provider Agreements and affiliated information to educate Providers is kept current on the Provider Portal, and must address, at a minimum, the following:
- a) general rights and obligations of Providers and the Contractor;
 - b) payment processes;
 - c) audit provisions;
 - d) data sharing provisions, including the Contractor's right to share detailed audit results and claims information with the Partner Organizations;
 - e) Provider liability in cases of deregistration or change of ownership (i.e. Providers remain liable for all overpayments identified in connection with claims that they have submitted to FHCPS);
 - f) Provider escalation processes, including Provider responsibilities and conditions that may lead to deregistration;
 - g) recordkeeping, confidentiality and privacy requirements; and
 - h) information on consent to use and disclose contact information for the purposes of conducting Provider satisfaction surveys.
- 5.7.12 Providers must be required to agree to the Terms and Conditions of the Provider Agreement during the registration process, unless otherwise agreed to in writing by the applicable Partner Organization. The Partner Organizations will work with the Contractor during the Implementation Phase to finalize the Terms and Conditions to be included in the Provider Agreement. Agreements must be maintained on file in accordance with the requirements in this SOW and viewable by Partner Organization staff in the

Departmental Portal. The Contractor must only process authorizations and claims from Providers who have signed the Provider Agreement, unless otherwise agreed to in writing by the Partner Organization to which the claim is made.

- 5.7.13 The Contractor must obtain written approval by the applicable Partner Organization prior to registering Interdisciplinary Clinic Program Providers who do not completely satisfy the Partner Organization Provider criteria, and Providers offering benefits and services outside of Canada.

Provider Management System

- 5.7.14 The Contractor must provide a Provider Management System to meet the requirements referred to in SOW *Section 5.4 Systems and Information Technology*. The Contractor must register Providers in a Provider Management System that is accessible by authorized Partner Organization staff, and which:
- a) retains all Provider registration requests;
 - b) collects, and maintains Provider data (language, addresses, preferred method of communication, direct deposit information, office locations, etc.);
 - c) collects and maintains additional criteria required for Provider search as outlined in the Departmental and Participant Portal sections of the SOW,
 - d) tracks, identifies and maintains the Provider status and date of change (e.g., application received, pending approval, registered, or deregistered; status steps will be confirmed with the Partner Organizations during implementation);
 - e) retains all Provider registration decisions. Decisions and communications related to decisions must be viewable by Partner Organization staff in the Departmental Portal;
 - f) assigns a unique Provider identification number to each approved Provider by location;
 - g) assigns a unique clinic program identification number where the Provider type is a clinic. Clinic program numbers can be associated with multiple Providers and Providers must have the ability to add multiple clinic identification numbers to their profiles. The system will clearly identify the link between individual Provider ID and clinic ID when they are associated and also indicate clearly Providers who are associated with more than one clinic;
 - h) tracks the types of individual Providers along with their FHCPs registration status associated with a Clinic Provider;
 - i) identifies the owner of a clinic. When a clinic is sold, the clinic must be deregistered and the new owner must apply for registration.
 - j) verifies the Provider's eligibility to submit authorization requests and claims against respective Partner Organization's criteria;
 - k) calculates the number of days since the last benefit or service activity date;
 - l) identifies Providers who have not submitted a claim for a benefit or service to at least one Participant within the preceding 18 months and initiate deregistration where applicable, based on the Partner Organization criteria which will be provided during the Implementation Phase;
 - m) retains a history of all changes, including address, and updates to other Provider details;
 - n) allows for the addition of notes by authorized users from both the Contractor and Partner Organization staff regarding Providers, available to be accessed and viewed within the Departmental Portal;

- o) sends requests to Providers for mandatory updates and/or validation of their information annually, and maintains copies of their information; and
 - p) contains a provision to allow Partner Organizations to request specific Provider types to submit updated credentials to confirm the Provider continues to meet eligibility requirements.
- 5.7.15 The Contractor must ensure that the Provider Management System is linked to the Authorization and Claims Processing Systems.
- 5.7.16 The Contractor' system much have a data field to capture Provider availability to receive new Participants and the approximate wait time for initial consults. Providers will have access to this field through the Provider Portal to enable them to keep this information current.
- 5.7.17 The Contractor must prevent duplication of unique Providers in the Contactor's system. Where an individual Provider may be connected to more than one business or clinic program, the Provider must retain a unique identifier and have a separate clinic identification number to differentiate locations and for billing purposes. The clinic identification number may be used for more than one Provider for billing purposes. The Contractor's Provider Management System must link Providers with their associated business or clinic.
- 5.7.18 The Contractor must ensure the Provider Management System is available during the Implementation Phase to support the Provider registration process.
- 5.7.19 The Contractor must, prior to the First Day of Operations and in accordance with the approved Implementation Plan and Integrated Schedule, develop and maintain separate listings of registered and deregistered Providers. The Contractor must post and maintain the listing of registered and deregistered Providers to the Partner Organizations in the Departmental Portal.

Provider Management

- 5.7.20 The Contractor must work with Providers outside of Canada to facilitate access to benefits and services, refer to *SOW Section 6.21 Out of Country Services and Allied Veterans Services*.
- 5.7.21 The Contractor must notify Partner Organization representatives of any Providers not in possession of valid credentials within one (1) business day of the Contractor becoming aware.
- 5.7.22 The Contractor must be able to deregister a Provider within one (1) business day of being notified by the Partner Organizations.
- 5.7.23 The Contractor must create and maintain a Provider Search tool available through the Departmental and Participant Portals. Data to be displayed on this Provider Search tool is outlined in *SOW Section 5.9 Participant Portal Set-up and SOW Section 5.11 Departmental Portal Set-up*.

5.8 Contact Centre Services Set-up

- 5.8.1 The purpose of FHCPS Contact Centre Services is to provide Participant centred communication services to respond to and resolve Participant, Provider, and Partner Organization staff questions and requests for benefits and services. FHCPS Contract Centre Services will work closely and collaboratively with the Participant Organizations

to support the needs of Participants, Providers, and Partner Organization staff.

- 5.8.2 The Contractor must develop all Contact Centre Services as referenced in *SOW Section 6.6, Contact Centre Services*. These services will include telephone and electronic contact mechanisms with Participants, Providers and Partner Organization staff.

5.9 Participant Portal Set-up

- 5.9.1 The Contractor must develop and provide a secure website (herein called a Participant Portal) for Participants to complete a full suite of business online with the Contractor 24 hours a day, 365 days a year, regardless of global location of Participant.
- 5.9.2 The Contractor must develop a Participant Portal which provides the same information to Participants using the Portal as those who use the phone or mail service. There will be additional functionality in the Portal to promote self-service but the information must be the same (e.g., the status of a claim displaying on the Portal would be the same status given to the Participant if they called on the phone, etc.).
- 5.9.3 The Contractor must build and maintain a secure, online Participant Portal that meets the standards for accessibility and security as referenced in *SOW Section 5.17 Security and Privacy Set-up, SOW Section 6.28 Security and SOW Appendix F Accessibility*. Participants must be able to complete end-to-end business online with the FHCPS Contractor.
- 5.9.4 The Contractor must ensure all information and data accessed or displayed through the Participant Portal are compliant with the Information Management and Privacy sections as referenced in *SOW Section 5.17 Security and Privacy Set-up, SOW Section 6.32 Information Management and SOW Section 6.33 Access to Information and Privacy*.
- 5.9.5 The Contractor must work with the Project Authority to allow and establish cross-domain automatic sign-on with [My VAC Account](#) through a single sign on, while also maintaining a user name and password system that meets all GOC security standards for Protected B information for Participants who do not use My VAC Account
- 5.9.6 The Contractor must develop the Participant Portal to ensure it is available via all modern internet browsers. Browser standards and versions will be approved by the Project Authority during implementation, and will continue to evolve during the Contract.
- 5.9.7 The Contractor must develop and maintain the Participant Portal to ensure the Portal is available and optimized for use on multiple devices, including desktop, mobile, and tablet devices.
- 5.9.8 When developing the Participant Portal, the Contractor must work directly with designated staff from the Participant Organizations to ensure a client-centric design approach to service delivery.
- 5.9.9 The Contractor must provide all screens and information in the Participant Portal in both of Canada's official languages and provide users with the ability to toggle back and forth easily between languages without losing information they've already input.
- 5.9.10 The Contractor must ensure Portal features are successfully tested by users (Participants who volunteer to test) prior to First Day of Operations and as new features are added, based on a user testing methodology approved by the Project Authority. Additional details on testing requirements are referenced in *SOW Section 5.18 Testing of Operations and Systems*.

- 5.9.11 The Contractor must develop a landing page (also known as a banner page) for Participants to access prior to their login to the Participant Portal which would enable the Contractor to add messages and information for Participants prior to their login.
- 5.9.12 The Contractor must develop and provide features on the Participant Portal which enable Participants to complete full end-to-end FHCPS business online. The features which must be developed include, but are not limited to, the ability for Participants to:
- a) view and, in some situations update, personal information. Business rules on which information will be displayed only or updatable in the Participant Portal may differ by Partner Organization and will be provided during the Implementation Phase;
 - b) view their FHCPS eligibility and view balances remaining of any allowance or frequency along with the total sum of benefits reimbursed (e.g., how many Psychologists visits are remaining for the year, when they last purchased glasses and date they can purchase a new pair, etc.);
 - c) search the details of the Benefit Grids to understand FHCPS benefits;
 - d) search and filter drug formulary;
 - e) view authorizations including any information held in the system to confirm the authorization for future reference;
 - f) receive notifications on authorization approvals from the Contractor or from the Participant's Partner Organization when they have been completed;
 - g) search for a Provider;
 - h) easily find previously used Providers;
 - i) upload documents including claims and other documents which support claims; supported file types will be determined during implementation;
 - j) complete and submit all forms/data as required for claims submission or other processes online through an easy to use guided web format, and submit them directly to the Contractor. Submittable forms must include the ability to link directly to required uploaded supporting documents (e.g., receipts, prescriptions, etc.). The ability to collect the data required to complete forms through the Participant Portal not only provides Participants with convenience of doing business online, but also enables the Contractor to maximize the use of data to automate where possible;
 - k) download, print and or forward electronically other forms that may require third party signatures etc.;
 - l) track the status of their authorizations and claims from submission to completion;
 - m) receive and store all correspondence (letters, Participant statements, etc.) digitally, and print these documents for their own use as required;
 - n) request digital (paperless) or paper mail based on their preferences; digital mail will be the default preference for Participants;
 - o) receive notifications when mail is received, or there is a change to their file;
 - p) view their claims and payment history, and have the ability to print this information as required;
 - q) send secure messages/emails to the Contractor at all times the Portal is available to make inquiries or request a service. The Contractor must respond in writing, and maintain a history of the inquiry. All secure messages/emails must generate an instant acknowledgement that the message was received and reference the service standard to receive a reply, refer to *SOW Section 6.35 Performance and Service Standards*;
 - r) access a live chat functionality to connect directly with Contractor staff to answer questions in real time during core business hours, 0830 to 1630, in each Canadian time zone, Monday to Friday, federal statutory holidays excluded, and keep a record of the chat;

- s) print a copy of their Health Care Identification Card, refer to *SOW Section 5.6 Health Care Identification Card Set-up*;
- t) download a digital version of their Health Care Identification Card on their mobile device, refer to *SOW Section 5.6 Health Care Identification Card Set-up*;
- u) access links to Partner Organization website content where required to help streamline information for Participants; and
- v) access to frequently asked questions to help promote self-service and reduce the need for inquiries.

5.9.13 The Contractor must provide the ability for Participants to search the Benefit Grids (including formularies) to understand eligible FHCPS services, refer to *SOW Section 6.10 Benefit Grids*, *SOW Section 6.13 Treatment / Health Care Authorizations*, *SOW Section 6.14 Dental Authorizations*, and *SOW Section 6.15 Pharmacy Authorizations*. Participants must be able to search by filtering for their authorized benefit, for example, ability to only view RCMP benefits for RCMP Members, ability to only view Participant's Disability entitled Condition for VAC Participants where applicable, etc.

When a Participant is searching within the Benefit Grids or formularies the results should show:

- a) benefit or formulary description;
- b) maximum allowance/frequency/limit;
- c) preauthorization requirement;
- d) prescriber requirements; and
- e) note(s) associated with a benefit code and where required, display the Special Authorization status, and the criteria for approval.

5.9.14 The ability to search for Providers is a cornerstone of the Participant Portal. Participants must be able to search for all Provider Types found in the Provider Registry using an address, search radius and Provider type. Refer to *SOW Section 5.7 Provider Recruitment and Registration Set-up* and *SOW Section 6.5 Provider Recruitment, Registration and Management* for further details. The Portal feature must include, but is not limited to:

- a) ability to search directly for a Provider by their name;
- b) ability to search by various geographic indicator available including province, city/town, street, postal code, etc.;
- c) ability to search a radius including 1km, 5km, 10km, 25km, 50km, and 100km;
- d) ability to filter the search by benefit or service provided, and other Provider details available through the Contractor that may assist Participants in their search for FHCPS covered Health Care, such as areas of specialization, whether or not Providers are taking on new clients, are services offered online/telehealth, what language services are offered, hours of operation, if the Provider direct bills, etc.; and
- e) have ability to return only providers with active coverage for the coverage type selected from the Participant profile (i.e. RCMP user would only see Providers with active RCMP coverage);

5.9.15 The Contractor must show Participant information via a single login, for Participants with multiple profiles.

5.9.16 The Contractor must provide a mechanism for Participants to provide feedback through the Participant Portal. Feedback must be maintained and provided to the Project Authority, refer to *SOW Section 6.31 Quality Assurance*.

- 5.9.17 The Contractor must obtain Project Authority approval with Project Authority sign off prior to making any changes to the Participant Portal.
- 5.9.18 The Contractor must develop and provide a training account, or read-only version of an account, to Contractor's Contact Centre staff, and Partner Organization staff, to understand the Participant Portal experience and site navigation.

5.10 Provider Portal Set-up

- 5.10.1 The Contractor must give Providers the ability to create a secure web account, referred to as the Provider Portal, where Providers can complete a full suite of business online with the Contractor.
- 5.10.2 The online Provider Portal must meet the standards for accessibility and security as referenced in *SOW Section 5.17 Security and Privacy Set-up, SOW Section 6.28 Security, and Appendix F ICT Accessibility Requirements.*
- 5.10.3 The Contractor must provide secure access for Providers to the Provider Portal with a user name and password that adheres to all security requirements, refer to *SOW Section 5.4 Systems and information Technology.*
- 5.10.4 The Contractor must ensure all information and data accessed or displayed through the Provider Portal are compliant with the Information Management requirements, refer to *SOW Section 6.32 Information Management and SOW Section 6.33 Access to Information and Privacy.*
- 5.10.5 The Contractor must ensure the Provider Portal is available in Canada's Official Languages.
- 5.10.6 The Contractor must provide the ability for Providers to submit and update the following data which would be viewable or used as criteria to search in the Provider Search Tool available through the Participant and Departmental Portals as referenced in *SOW Sections 6.7 and 6.9 respectively:*
 - a) name, including Provider name, clinic, and clinic program name where applicable;
 - b) address/location(s), and areas serviced;
 - c) contact information such as telephone, electronic contact information, website, etc.;
 - d) professional qualifications and credentials;
 - e) service(s) and specialties/approach provided;
 - f) Provider availability (i.e. whether or not the Provider is taking on new clients);
 - g) approximate wait time for an initial consult;
 - h) method of service delivery (are services offered online/telehealth, in the office, available in Participant's home, overnight or multiday, etc.)
 - i) language services are offered;
 - j) method of payment (direct billing or Participant reimbursement);
 - k) hours of operation; and
 - l) approved programs offered where a clinic is an Interdisciplinary Clinic (IDC).

Data criteria available to be updated in the Provider Portal which will be used for searching and/or displaying through the Provider Search Tool will be provided by the Partner Organizations and finalized with the Contractor during the Implementation Phase.

- 5.10.7 The Contractor is responsible for the maintenance and accuracy of the Contractor's information held in the Provider Portal, and must ensure the Portal reflects information held in the Contractor's FHCPs system in real-time.
- 5.10.8 The Contractor must make available within the Provider Portal the ability to update all data required for efficient and effective FHCPs authorization and claims administration (i.e., any data that can be updated over the phone, should be available to Providers to be updated through the Provider Portal). Through the Portal, Providers must also be able to update their contact and Direct Deposit information.
- 5.10.9 The Contractor must ensure Provider Guidelines, tools, and additional training material are developed to assist in understanding basic FHCPs processes, and are available on the Provider Portal.
- 5.10.10 The Contractor must make FHCPs Benefit Grids (including formularies) available through the Provider Portal.
- 5.10.11 The Contractor must make available within the Provider Portal the ability for the Provider to:
 - a) electronically submit claims and claims data and authorization requests data directly to the Contractor. This data will be used to automate authorizations and claims processes wherever possible. Data to be used for automation purposes will be proposed by the Contractor, and finalized and approved with the Partner Organizations during the Implementation Phase;
 - b) electronically submit any supporting documentation as required through an upload facility;
 - c) access, download, print, save and submit forms;
 - d) track the status of a claim;
 - e) view bulletins, updates, and any other notifications; and
 - f) view their Provider agreement and other documents.
- 5.10.12 The Contractor must provide secure messaging/email functionality between the Provider, Contractor, and Partner Organization(s). Where the communication refers to a Participant, the Contractor must link the communication to the relevant Participant FHCPs file.
- 5.10.13 The Contractor must provide a live chat/instant messaging functionality to answer Provider questions in real time during core business hours (0830 to 1630 in each Canadian time zone, federal statutory holidays excluded).
- 5.10.14 The Contractor must develop and provide a training account, or read-only version of an account, to Contractor's Contact Centre staff, and Partner Organization staff, to understand the Provider Portal experience and site navigation.

5.11 Departmental Portal Set-up

- 5.11.1 The Contractor must develop and provide access to a Departmental Portal, for authorized Partner Organization users to access Participant and Provider information held by the Contractor and complete a full suite of business online with the Contractor. The Partner Organizations are actively involved with the health needs and outcomes of Participants, and need to see applicable Participant records to respond to inquiries, and submit authorization requests and claims on behalf of Participants.

- 5.11.2 The Contractor must build and maintain a secure, online Departmental Portal that meets the standards for accessibility and security, refer to *SOW Section 5.17 Security and Privacy Set-up*, *SOW Section 6.28 Security and SOW Appendix F ICT Accessibility Requirements*.
- 5.11.3 The Contractor must ensure all information and data accessed or displayed through the Departmental Portal are compliant with the Information Management requirements, refer to *SOW Section, 6.32 Information Management* and *SOW Section 6.33 Access to Information and Privacy*.
- 5.11.4 The Contractor must ensure the Departmental Portal is compliant with all Application and IT requirements, refer to *SOW Section 5.4 Systems and Information Technology*.
- 5.11.5 The Contractor must ensure the Departmental Portal is available in Canada's Official Languages.
- 5.11.6 The Contractor must provide secure access for each individual user to the Portal with a user name and password that adheres to all security requirements, refer to *SOW Section 5.4 Systems and Information Technology*. The Contractor must work with the Project Authority and Partner Organizations to allow and establish the use of single sign-on capability through the authenticated Partner Organization systems, where possible. Requirements for passwords or single-sign-on will be finalized during the Implementation Phase.
- 5.11.7 The Departmental Portal must provide access to only Participant information that is relevant to the specific Department (for example, VAC staff must not be able to access past claims that were submitted when the Veteran was an active Member of the CAF or RCMP). The Contractor must ensure Partner Organization staff can only access information on:
- a) Participants that are the responsibility of that Partner Organization;
 - b) claims that are for programs administered through the individual Partner Organization, particularly when the Participant has information received by more than one Department; and
 - c) Provider information for only the programs administered through the individual Partner Organization.
- Note: There may be a small number of users associated with the work performed by Project Authority who have access to a wider range of data. The details on requirements for Partner Organization staff and data access will be finalized with the Partner Organizations during the Implementation Phase.
- 5.11.8 The Contractor must work with the Partner Organizations to develop an access matrix for information included in the Departmental Portal. The Partner Organizations need to restrict certain data or functionality to specific staff, based on roles and responsibilities, as determined by Partner Organization subject matter experts.
- 5.11.9 The Contractor must make Participant files for each Partner Organization searchable by Participant based on:
- a) identification number(s) provided by the Partner Organization; and
 - b) Participant contact information (first Name, last Name, date of birth, and/or province/territory).

- 5.11.10 The Contractor is responsible for the accuracy of the information held in the Departmental Portal and must ensure the Portal reflects information held in the FHCPs system in real-time, or based on the data transfer schedule as determined with the Partner Organizations during the Implementation Phase and approved by the Project Authority.
- 5.11.11 The Contractor must ensure Departmental Portal features are developed using UX design principles and tested early and often by users (Partner Organization staff) based on a proven UX design and testing methodology approved by the Project Authority. Details on other testing requirements that need to be met prior to the First Day of Operations can be found in *SOW Section 5.18 Testing of Operations and Systems*.
- 5.11.12 Through the Departmental Portal, the Contractor must provide Partner Organization staff access to all information in the Participant's file, based on the Partner Organization access. This information includes, but is not limited to, Participant:
- a) eligibility details;
 - b) authorizations;
 - c) incoming information such as submitted forms, supporting claims or documents, and other correspondence submitted by the Participant to the Contractor;
 - d) outgoing information such as letters sent from the Contractor to the Participant;
 - e) authorizations and claims status tracking;
 - f) communications between the Contractor and the Participant (including secure messages/emails);
 - g) claims and payment history;
 - h) electronic copy of the Participants Health Care Identification Card to enable staff to print a replacement card for a Participant if required; and
 - i) Contractor notes related to an authorization or claims.
- 5.11.13 The Contractor must develop and provide functionality in the Departmental Portal that enables Partner Organization staff the ability to create in real time and modify and print authorizations for Participants and submit them to the Contractor.
- 5.11.14 The Contractor must develop and provide functionality in the Departmental Portal that enables Partner Organizations to receive authorization requests (including Provider registration requests that require Partner Organization approvals) from the Contractor for adjudication (including ability to approve or amend).
- 5.11.15 The Contractor must display the information in a user friendly format that meets the business needs of each of the Partner Organizations. For example, if displaying a particular authorization request, any Participant notes, Provider payments, claims tracking, or letters to the Participant need to be connected or linked to the authorization.
- 5.11.16 From a usability perspective, if there is a necessity to limit display parameters for usability or data purposes, the Contractor must ensure that any limits on display parameters in the Departmental Portal meet the business needs of the Partner Organizations.
- 5.11.17 The Contractor must develop the functionality and provide ability for Partner Organization staff to send a secure message /email to the Contractor, receive a reply to that message, and for the Contractor to initiate messages to Partner Organization staff as needed to enable two way conversation. The Contractor's system must be able to route the message to the correct Contractor staff person, and provide a response in writing. The secure message/email needs to be able to be both linked directly to a

Participant file if specific to that Participant, or in a general category if of a general nature. Secure messages / emails must meet all accessibility, privacy, security and information management requirements noted throughout the SOW.

- 5.11.18 The functionality for secure messaging/email for some situations may reside outside of the Departmental Portal and if so, must continue to meet all accessibility, privacy, security and information management requirements as those of the Departmental Portal and noted throughout this SOW.
- 5.11.19 The Contractor must provide a live chat/instant messaging functionality to answer Departmental staff questions in real time during core business hours.
- 5.11.20 Through the Departmental Portal, the Contractor must develop the ability for Partner Organization staff with a need to know to view Provider Information such as Provider agreements, Provider registration information, notes, etc.
- 5.11.21 Through the Departmental Portal, the Contractor must develop the ability for authorized Partner Organization staff to send secure messages/emails to Providers directly through their Provider Portal, messages may be related to a specific Participant or a more general message to the Provider.
- 5.11.22 Through the Departmental Portal Partner Organization staff must have the ability to view and create Participant notes, that the Contractor's staff can also view, to assist with communication purposes.
- 5.11.23 Through the Departmental Portal, the Contractor must provide staff from the Partner Organizations a mechanism to submit Service Requests, including both general requests, as well as specific requests linked to a Participant file. Service Requests are typically used when submitting a question or inquiry to the Contractor. Service Requests include but are not limited to, inquiries associated with eligibility, authorizations, claims, portal functionality, etc. Service requests are requests that require short turn-around times and are included in the fixed cost of the Contract. Service requests must be categorized as routine, intermediate or complex as referenced in *SOW Section 6.35 Performance and Service Standards*. The Contractor may be required to process urgent Service Requests for the Partner Organizations. Service Requests can be submitted by any authorized user from any Partner Organization and do not require approval. Different types of Service Requests will be determined during the implementation phase. Authorized users will be granted customizable rights to submit Service Requests. The Contractor must provide access to allow each of the Partner Organizations to have managerial oversight of Service Requests as they are being submitted. Service Requests deemed to be beyond the scope of the Contract day-to-day Operations will need to be brought to the attention of the Project Authority within the service standard for Service Requests to determine if they should be promoted to Task Authorizations (more complex requests that require funding) following agreement by the Project Authority.
- 5.11.24 The Contractor must develop a notification mechanism for Partner Organization staff to know when there is a new secure message/email or response to a Service Request sent from the Contractor to a specific Partner Organization staff member.
- 5.11.25 The Contractor must provide functionality for authorized Partner Organization staff to submit a Task Authorization. The Contractor will be expected to provide the required information and costing associated with the Task Authorization and costing to the applicable Partner Organization(s). Once the parties have agreed the Project Authority must approve the Task Authorization before work commences. Task Authorizations

include work on new or supplementary system functionality, and any work included in *SOW Section 6.36 As and When Requested Services*.

- 5.11.26 The Contractor must provide a mechanism for Partner Organization staff to provide feedback on services received through the Contract through the Departmental Portal. Feedback must be maintained and provided to the Project Authority as referred to in *SOW Section 6.31 Quality Assurance*. Details on business processes regarding feedback will be finalized during the Implementation Phase.
- 5.11.27 The Contractor must provide Partner Organization staff with a Provider listing/search tool that would have the same functionality available to staff as the Participants will have through the Participant Portal (the feature specifics below are the same for both Participants and Partner Organization staff).

Partner Organization staff must be able to search for Provider Types found in the Provider Registry using an address, search radius and/or Provider type. Refer to *SOW Section 6.5 Provider Recruitment, Registration and Management* for further details. This search feature must include, but is not limited to:

- a) ability to search directly for a Provider by their name (individual Provider or clinic);
- b) ability to search by various geographic indicators available including province, city/town, street, postal code. etc.
- c) ability to search a radius including 1km, 5km, 10km and 25km. 50km, 100km;
- d) ability to filter the search by benefit or service provided, and other Provider details that may assist Participants in their search for FHCPs covered Health Care, such as areas of specialization, whether or not Providers are taking on new Participants, are services offered online/telehealth, what language services are offered, hours of operation, if the Provider direct bills, etc.; and
- e) ability to identify Providers registered with each of the Partner Organizations.

- 5.11.28 Through the Departmental Portal, the Contractor must provide Partner Organization staff the ability to search the details of the Benefit Grids (including formularies), refer to *SOW Section 6.10 Benefit Grids*, *SOW Section 6.13 Treatment / Health Care Authorizations*, *SOW Section 6.14 Dental Authorizations*, and *SOW Section 6.15 Pharmacy Authorizations*. The Benefit Grids search tool would have the same functionality available to staff as the Participants have through the Participant Portal, (the feature specifics below are the same for both Participants and Partner Organization staff).

Partner Organization staff must be able to view all FHCPs benefits and services, and also filter benefits and services by each individual Partner Organization. For VAC only, where possible, the filter must be capable of filtering on Disability entitlement.

When a Partner Organization staff is searching within the Benefit Grids (including formularies) the results must show as a minimum:

- a) benefit or formulary description;
- b) maximum allowance/frequency/limit;
- c) preauthorization requirement;
- d) prescriber requirements; and
- e) note(s) associated with a benefit code and where required, display the Special Authorization status, and the criteria for approval.

Secure Reporting Database

- 5.11.29 The Contractor must develop a secure Reporting Database that is available in each respective Partner Organization's Departmental Portal. The functionality for the secure Reporting Database must fulfil the requirements referenced in *SOW Section 5.14 Reporting Services Set-up, Section 6.25 Reporting Services and SOW Appendix E Reporting*, including:
- a) a repository to house and easily find all reports including daily, weekly and monthly static reports, Annual Reports, Management Dashboards, other applicable ad hoc reports, and other relevant FHCPs documents referenced throughout the body of the SOW such as user and training manuals, SOP manuals, data dictionaries, system and technical documentation, etc.);
 - b) an online self-service reporting tool to enable authorized users from each Participant Organization access to frequently requested data sets to conduct their own queries; and
 - c) functionality to enable Partner Organization staff to submit additional ad hoc query requests which may fall outside of the data capacities of the self-service reporting tool.
- 5.11.30 The Contractor must develop the following functionality for the repository of reports:
- a) ensure the reports are available in a variety of formats (e.g., PDF, CSV, XLSX, etc.), compatible with the software used by each respective Partner Organization;
 - b) create reports which are easy to use and navigate by their intended audience (novice users and technical staff);
 - c) create reports which can be customized as required by the Partner Organizations; and
 - d) create functionality that enables the reports to be downloaded and thus easy for Partner Organization staff to email as required.
- 5.11.31 The Contractor must develop an online self-service reporting tool, which includes the following functionality to enable Partner Organization staff to develop customized queries and reports. The tool will enable Partner Organization staff to:
- a) view frequently accessed, logically organized data sets from which authorized users can develop, execute and save their own queries;
 - b) sort and filter information within the datasets;
 - c) add, remove, hide, total, subtotal, count and average rows, within the datasets, where applicable; and
 - d) download query and report results.

During the Implementation Phase, the Partner Organizations will provide the Contractor with the data elements required for the development of this online self-service reporting tool.

- 5.11.32 The Contractor must develop and provide functionality to Partner Organization staff to submit additional ad hoc queries through a Service Request. Having access to scheduled reports and an online self-service reporting tool will enable Partner Organization staff to meet most reporting needs, but there still will be a need to submit additional queries for less common or more complex inquiries. The functionality in the ad hoc query tool will enable Partner Organization staff to:

- a) access any data held by the Contractor, including data from the previous contract, refer to *SOW Section 5.24 Data Migration*;
- b) define if the request is routine, intermediate or complex as described in *SOW Section 6.35 Performance and Service Standards*. The Contractor may be required to process urgent requests for the Partner Organizations;
- c) define all of the data elements, describe the need for the request, and other details which will help in the query development;
- d) define the preferred format for the return of the query based on the needs of the requester;
- e) request visual aids (graphs, maps, tables) etc. based on the needs of the requestor. Requests which include visual aids will be a consideration in the timeframe development for query requests;
- f) receive the query returned through the Departmental Portal; and
- g) download and save the results of the query in a variety of formats.

5.11.33 Through the secure Reporting Database, the Contractor must ensure only reports or data applicable to that Partner Organization display in the secure Reporting Database for that Partner Organization.

5.11.34 The Contractor must ensure that information and functionality available through the secure Reporting Database is available to Partner Organization staff when the Departmental Portal is available.

5.12 Benefit Grids Set-up

5.12.1 Benefit Grids define the benefits and services Participants may be eligible to receive. Each province has separate Benefit Grids. Where possible, provincial association schedules of benefits are utilized in the administration of the programs (e.g., dental associations fee guides, physician fee schedules, chiropractor fee schedules). The Benefit Grids define requirements related to:

- a) authorizations;
- b) prescriber and recommender needed to have the benefit or service covered;
- c) maximum financial limits for the benefit or service;
- d) maximum quantity limits; and
- e) frequency and replacement.

5.12.2 Benefit Grids for drug products and other pharmaceutical benefits are called formularies. Formularies define the drug benefits participants may be eligible to receive. Standard benefits include products considered by the Partner Organizations to represent common therapies. Special Authorization benefits include products which are considered after other therapies have not been successful, these benefits require prior review and authorization. Non-formulary products are products not included on the regular Drug Formulary, refer to *SOW Section 6.15 Pharmacy Authorizations* for further information.

5.12.3 The use of the term Benefit Grids in this SOW may refer to a combination of grids outlining benefits and services and formularies. Formularies is also used as a term on its own. The linkage of the benefit codes to the requirements are referred to as mapping.

5.12.4 The Contractor must develop Benefit Grids for the Partner Organizations Programs by Canadian province and territory. The Benefit Grids must be available in Canada's official languages, and meet all the requirements outlined in *SOW Section 6.10 Benefit Grids and SOW Section 6.24 Claims Processing Services*.

- 5.12.5 The Contractor must work with the Partner Organizations to review the Benefit Grids during the Implementation Phase and make modifications as required.
- 5.12.6 The Contractor must create system functionality to link mapping rules for benefit codes to Partner Organization benefits, and for VAC, Disability Benefits entitled conditions.
- 5.12.7 The Contractor must create automated system functionality, where possible, to map eligibility to each benefit or service in the Program Benefit Grids, and allow Participants to filter the Benefit Grids by their eligibility.
- 5.12.8 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 the Treatment Benefits Programs. Some provinces may require coding to be translated into the standardized national coding system (e.g., Quebec).
- 5.12.9 The Contractor must develop searchable electronic versions of the Benefit Grids which can be accessed online and through the Participant, Provider and Departmental Portals. The online locations will be finalized with the Partner Organizations during the Implementation Phase.
- 5.12.10 The Contractor must develop functionality to ensure Partner Organization staff can export the Benefit Grids from the Departmental Portal to a file format required by the Project Authority (e.g. MS excel spreadsheet, PDF, etc.).

5.13 Communications Plans and Materials

- 5.13.1 As per the *Policy on Communications and Federal Identity* of the Government of Canada, the quality of communications is a shared responsibility across the Federal Government. The Contractor must ensure the quality assurance requirements described herein are applied in the development of all communications and promotional material.
- 5.13.2 The Contractor must develop a Communications Plan for the Implementation Phase to establish and maintain ongoing communications with Participants, Providers, and Partner Organizations to ensure a smooth, uninterrupted transition between contracts. The Communications Plan must be approved by the Project Authority, within eighty (80) business days of Contract Award and align with the Partner Organizations' communications plans, objectives and key messaging.
- 5.13.3 Digital communications products will be required with printed products available on request or where determined to be required by the Project Authority or noted in the SOW.
- 5.13.4 The Communications Plan must include a detailed schedule for all communications activities including communications strategies and a communication material strategy. The Communications Plan's schedule must include deliverables, implementation milestones, risks, mitigations and dependencies.
- 5.13.5 All communication materials and products developed by the Contractor to support the implementation and delivery of FHCPS, including all communications strategies, must adhere to guidelines and requirements in the [Policy on Communications and Federal Identity](#), the [Directive on the Management of Communications](#) and the [Accessible Canada Act](#).

- 5.13.6 The Communications Plan must include, but is not limited to, strategies to:
- a) recruit new Health Care Providers and retain or engage previously registered Health Care Providers for FHCPS;
 - b) provide information to Providers on the benefits and services covered under FHCPS and the procedures to submit requests for authorization and claims reimbursement;
 - c) inform Providers of the use of their contact information;
 - d) develop and operate Contact Centres for Participants, Providers and Partner Organization staff including required scripts for Frequently Asked Questions, refer to *SOW Section 6.6 Contact Centre Services*;
 - e) develop and operate Participant, Provider and Departmental Portals/secure website, refer to *SOW Section 5.9 Participant Portal Set-up*, *SOW Section 5.10 Provider Portal Set-up* and *SOW Section 5.11 Departmental Portal Set-up*;
 - f) promote use of the Participant and Provider Portals, with a focus on a Digital First approach to services;
 - g) develop and issue Provider welcome packages;
 - h) develop and issue Participant welcome packages, including information guides and Health Care Identification Cards;
 - i) develop and issue information bulletins and website banners; and
 - j) develop and post Standard Operating Procedures (SOPs) based on Partner Organization policies and business rules, user manuals, and other required documents to the relevant Departmental Portals.
- 5.13.7 The Communications Plan must include a communication material strategy which describes, but is not limited to:
- a) the details and timeline of the development of communication materials; and
 - b) how the required communication material will maximize digital communications.
- 5.13.8 All communication materials developed by the Contractor must be in English and French, adhere to accessibility standards outlined in this SOW, written in plain language, and developed using [The Canadian Style for English](#) and the [Guide du Rédacteur de l'administration fédérale](#) for French. Information will also be provided by the Partner Organizations during the Implementation Phase to ensure consistency in Communication Materials. Externally, materials in Canada's official languages must be made available at the same time.
- 5.13.9 Participant, Provider and Partner Organization communications must meet accessibility requirements, refer to *SOW Appendix F ICT Accessibility Requirements*.
- 5.13.10 The Contractor is responsible for translating all Communications materials and must have all translated content approved by the applicable Partner Organization Project Authority. The translation of content must be carried out by a certified language specialist (i.e., certified translator) and reviewed by another certified language specialist (i.e., certified reviser).
- 5.13.11 A copy of the communication materials sent to Participants and Providers must be made available for reference for Partner Organizations' staff within the relevant Departmental portals.

5.14 Reporting Services Set-up

- 5.14.1 The Contractor must create and maintain FHCPS Reporting Services. Reporting Services will facilitate the management of the FHCPS, assist Partner Organization staff with the management of various programs, and enable the verification of the Contractor's performance against established service levels. The services must, at a minimum, include the following components:
- a) data transfers to each Partner Organization, refer to *SOW Section 5.24 Data Migration*, to allow each Partner Organization to conduct internal reporting and research;
 - b) scheduled Reports developed and posted to the Reporting Database section of the applicable Departmental Portal with electronic notifications to users and in some situations sent by email by the Contractor. This includes daily, weekly and monthly static reports; Annual Reports; and Management Dashboards;
 - c) an online self-service reporting tool, located within the Reporting Database section of the applicable Departmental Portal to enable authorized users from each Participant Organization access to frequently accessed data sets to conduct their own queries; and
 - d) an ad hoc query request tool which enables Partner Organization staff to make data requests which may fall outside of the data capacities of the online self-service reporting tool
- 5.14.2 The Contractor must create functionality to enable electronic notifications to specific groups of Partner Organization staff when ad hoc or static reports have been posted to the Departmental Portal, and send reports through email where specified.
- 5.14.3 The Contractor must work with the Partner Organizations to develop scheduled reports including static reports, Annual Reports, and Management Dashboards that meet the operational reporting requirements, refer to *SOW Section 6.25 Reporting Services*. Current reporting details on scheduled reports are referenced in *SOW Appendix E, Reporting*. Further refinement of data requirements and report details will be provided to the Contractor by the Partner Organizations and finalized during the Implementation Phase.
- 5.14.4 Management dashboards, of different levels, will be one of the key mechanisms used for the management of FHCPS services by the Partner Organizations and the Project Authority. The Contractor must deliver interactive Management Dashboards, on a schedule to be finalized during the Implementation Phase, that cover a range of reporting needs, including but not limited to:
- a) service standards;
 - b) Program outcomes;
 - c) volumetrics intake and output (authorizations and claims);
 - d) expenditures;
 - e) approvals and declines;
 - f) breakdown of electronic vs manual claims, digital vs paper letters, etc.; and
 - g) participant demographics including foundational data elements that are currently being used for GBA Plus including but not limited to: sex, age, language, marital status, geographic location, service type (Canadian Armed Forces, RCMP), client type (survivor, spouse, dependent, Veteran, etc.), and homelessness.
- 5.14.5 Management Dashboards must allow the Project Authority to access key FHCPS information and performance indicators. These dashboards must allow for simple customization of visual and graphical displays (e.g. bar graphs, pie charts, etc.).

- 5.14.6 Management dashboards must allow for the display of monthly, quarterly, Calendar Year, year-to-date, Fiscal Year, and point in time FHCPs information. Management dashboards must be flexible to allow for customization of data fields and reporting periods.
- 5.14.7 Similar to other static reports, the Contractor must publish, and clearly categorize, all management dashboards to the applicable Departmental Portal and provide the functionality to customize, save, and download management dashboard views in a variety of formats (e.g., PDF, Power Point, etc.) proposed by the Contractor and approved by the Project Authority. The report formats must be compatible with the software versions used by the Project Authority.
- 5.14.8 The Contractor must work with the Partner Organizations during the Implementation Phase to develop the data elements and template required for annual reporting. Examples of Annual Report content include tabular and graphical information, written analysis, expert opinions, industry benchmarks, historical trends, predictive analytics, and key recommendations proposed by the Contractor that are tailored and appropriate for the FHCPs.
- 5.14.9 The Contractor must work with the Partner Organizations to develop an easy to use online self-service reporting tool accessible through the applicable Departmental Portal. The self-service reporting tool will include FHCPs data elements grouped logically into appropriate data sets for authorized users to access and view when developing, executing and saving their own queries. During the Implementation Phase, the Partner Organizations will provide the Contractor with the data elements required for the development of this tool.
- 5.14.10 The Contractor must work with the Partner Organizations to define the data requirements for additional ad hoc queries. Current data requirements for queries are referenced in *SOW Appendix E Reporting*. Further refinement of data requirements and report details will be provided to the Contractor by the Partner Organizations during the Implementation Phase. Note that some data noted in *SOW Appendix E Reporting* may be used to create the self-service reporting tool.
- 5.14.11 The Contractor must work with the Partner Organizations to create a timeline for the development of Reporting Services and submit them for Project Authority approval, refer to *SOW Section 5.2 Implementation Plan and Integrated Schedule*.
- 5.14.12 Prior to the First Day of Operations, the Contractor must provide training on the reporting tools to authorized Partner Organization staff, refer to *SOW Section 5.21 Training Strategy and Plan*.
- 5.14.13 All Management Dashboards, Annual Reports, and other reporting components that contain validated data must be available in Canada's official languages. Other reporting components through the query tools must be available in the requestor's official language of choice.
- 5.14.14 Access to all reports and reporting functionality will be based on an access matrix developed by the Contractor for the Departmental Portals for each Partner Organization.
- 5.14.15 Each static report and query must be assigned to a specific reporting category, to organize, store and maintain the reports. The categories are to be determined during implementation, but must fall within two broad categories: process and

information. Process reports and queries must be produced as part of the production process, and must include balancing, audit, error and exception handling, and others. Information reports and queries must provide data that supports management, program delivery, and decision making activities.

- 5.14.16 The Contractor must produce reports in multiple formats (e.g., PDF, CSV, XLSX, etc.), as proposed by the Contractor and approved by the Project Authority. The report formats must be compatible with the software used by the Partner Organizations and easy to use and navigate by their intended audience (novice users and technical staff).
- 5.14.17 All scheduled reports must contain all applicable details and be accompanied by documentation defining the content of the reports and their query parameters or specifications.
- 5.14.18 The Contractor must ensure that access to and the transmission of all reports meet applicable privacy and security legislation and guidelines.
- 5.14.19 The Contractor must ensure that exported data is accurate and complete.
- 5.14.20 The Contractor must provide the ability for Partner Organization staff to access and query historical data which was collected under the previous contract, along with the data collected under the Contract, within the same query.
- 5.14.21 The Contractor must ensure all scheduled reports (including static reports, Management Dashboards, and Annual Reports) are dated, version controlled, use FHCPS terminology as approved by the Project Authority and adhere to consistent Partner Organization format standards and layouts (e.g., consistent report numbering, report titles, page numbering, version control numbering, report description, etc.).
- 5.14.22 The Contractor must ensure all data contained in each of the reporting services components be accurate and has internal consistency (i.e., report totals measuring the same output will produce identical results for all reports).
- 5.14.23 The Contractor must maintain a set of FHCPS data elements and data sets including associated values and naming conventions that align with each Partner Organization's definitions and naming conventions. Users must have access to a data dictionary of all acronyms used in the reporting platform.
- 5.14.24 The Contractor must have the capability to include visual aids (graphs, maps, tables, etc.), summary statistics, and other analytical components in reports on request. These analytical components provide the requestor with key observations and trend analyses of the data they request, allowing them to take appropriate action. The analytical components required for most scheduled reports are specified in *Appendix E Reporting*. The Contractor is expected to adapt these components according to the requestor's changing needs during the Contract. All reporting components (scheduled reports, ad hoc reports, Dashboards, Annual Reports, queries, etc.) must be accompanied by the requested analytical components. Authorized Users must be able to integrate these methods of analysis into their queries.

5.15 Provider Audit Services Set-up

- 5.15.1 The Contractor must submit an initial Provider Audit Plan in accordance with the requirements detailed in *SOW Section 6.26 Provider Audit Services to the Project Authority*.
- 5.15.2 Based on input from the Project Authority, the Contractor must revise and finalize the Provider Audit Plan and submit it for Project Authority approval prior to the First Day of Operations.

5.16 Business Continuity Plan and Disaster Recovery Plan Set-up

- 5.16.1 The Contractor must submit a Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP) on a timeline as outlined in the Implementation Plan and Integrated Schedule, which complies with both:
 - a) ISO22301 – [Business Continuity](#); and
 - b) ITSG-33 CP-4 – [Contingency Plan Testing and Exercises](#).
- 5.16.2 At a minimum, the DRP and the BCP must include contingency planning to address any interruptions in:
 - a) Participant and Provider Contact Centre services;
 - b) Participant and Provider Secure Portals;
 - c) Departmental Portals and other contact services;
 - d) authorization and claims processing services;
 - e) information, reporting, and documentation services;
 - f) IT systems,
 - g) access to premises and essential equipment;
 - h) customer service (including interruptions caused by environmental hazards and loss of power);
 - i) administration and operations; and
 - j) other contracted services.
- 5.16.3 The DRP and BCP must define:
 - a) maximum allowable downtime – longest period of time in which a service or activity can be unavailable or degraded before a high or very high degree of injury results. The Maximum allowable downtime is expressed as time, and consists of all required activities to recover services to a minimum service level;
 - b) recovery point objective – established point in time up to which data must be recoverable after interruption or disruption in an organization’s information and technology systems; and
 - c) recovery time objective – established period of time within which services, activities, resources and/or associated assets must be recovered after a disruption.
- 5.16.4 The DRP and BCP must categorize service interruptions as follows:
 - a) Short-term interruption – less than two hours;
 - b) Emergency interruption – less than two calendar days; or

- c) Disaster/long-term interruption – more than two calendar days needing alternative remedial actions.
- 5.16.5 The Contractor must ensure the DRP and BCP will allow for critical services and products to be continuously delivered to Participants, Partners and Providers in the event of a service interruption. Critical services include but are not limited to Point of Sale (POS) systems and authorization services. Critical services will be defined by the Project Authority during the Implementation Phase and are subject to change during the Contract.
- 5.16.6 The DRP and BCP must be tested by the Contractor and the Partner Organizations prior to the First Day of Operations as defined in the approved Implementation Plan and Integrated Schedule, refer to *SOW Section 5.2*. The testing must ensure the integrity and completeness of restored data and data management systems. The Contractor must address any issues identified during the tests with issues being fully remediated prior to First Day of Operations.
- 5.16.7 The Contractor must produce a report documenting the DRP and BCP testing. The Contractor and the Project Authority must both sign this report when both parties are satisfied the testing has been adequate and issues have been addressed.

5.17 Security and Privacy Set-up

- 5.17.1 Security must meet [Canadian Centre for Cyber Security](#) 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, CAF, and RCMP concerning Participant and Provider accounts is protected up to and including to the Protected B level.
- 5.17.2 The Contractor must certify the FHCPs system(s), storage facilities and services meet the security requirements detailed during the Implementation Phase, and the requirements are adhered to throughout the Contract. This includes the production, testing, development, training, backup and off-site facilities for the all systems where Protected B information is handled or stored.
- 5.17.3 The Contractor must ensure that Government of Canada security standards are met at all times when handling up to Protected B material. Contractor resources working on Protected B material must hold, at a minimum, security clearance level of Reliability Status. Contractor resources who access RCMP employees' information must have a valid RCMP Enhanced Reliability Status prior to commencing work. Contractor staff working on cloud services which include the ability to change key system configuration settings; the ability to change or circumvent security controls; access to audit and security monitoring information, logical and physical access to data, files and accounts used by other users, including backups and media; and access to troubleshoot a system must have a valid Canadian Secret Security Clearance. The Project Authority may change the requirements for security clearance levels at any time during the Contract.

Security Architecture

- 5.17.4 The Contractor must develop an Application Security Architecture Document, a Security Competent Design Document, Security Service Operations Document and a Security Test Plan. These documents must be completed during the Implementation Phase prior to the IT system being used to process or store Partner Organization information. These must be approved by the Project Authority as they are a necessary component of the

Security Assessment and Authorization (SA&A) process. Any changes to security standards, roles, responsibilities, processes or procedures related to the terms or performance of the Contract require the prior written approval of the Project Authority. This includes all the necessary components of the SA&A.

- 5.17.5 The security architecture documentation which must be provided by the Contractor, includes but is not limited to the following:
- a) an Application Security Architecture Document which 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 which is an extension of the security models and policies defined in the Application Security Architecture Document to the application layer. This document ensures the IT security policy is considered 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; and
 - c) a Security Service Operations Document which 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 Contractor's security personnel roles and responsibilities, how the security of systems must be validated, managed, monitored and maintained. The document must identify two security roles: the first is the Information System Security Officer, who is responsible for overseeing the management, implementation and operation of the IT security services and to liaise with the Project Authority as the primary point of contact on IT security related matters; and the second is the Company Security Officer, who has overall responsibility for Security in general and for all non-IT security-related matters.

Security Test Plan

- 5.17.6 The Security Test Plan assesses the technical implementation of the security design, ensures the security controls have been implemented as described in the SOW, and ensures the features perform as planned.
- 5.17.7 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 IT system, validate they are functioning correctly, and clearly demonstrate the level of residual risk that exists.
- 5.17.8 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, identify the security safeguards to be tested, provide detailed information on the test items, and support IT system certification and accreditation. The plan must evaluate and test all 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.
- 5.17.9 The Security Test Plan must include the verification and validation of both technical

and non-technical controls for security and privacy. Technical controls include those IT 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.

Security Assessment and Authorization (SA&A)

- 5.17.10 The Contract Authority will perform a SA&A of the FHCPS systems and services prior to the First Day of Operations. The Contract Authority will determine the schedule for the SA&A during the Implementation Phase. 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. The Contractor must complete all necessary changes identified in the SA&A and obtain written approval of the SA&A and an Authority to Operate from the Government of Canada prior to the First Day of Operations. In the event of a major change/fix/release, the Contract Authority will determine whether a new SA&A will need to be completed.
- 5.17.11 The SA&A is performed in collaboration with the Contractor and is lead by the Contract Authority. The SA&A includes the following:
- a) identify and categorize information and related assets according to their sensitivity;
 - b) assess the threats and vulnerabilities that could affect the delivery of a program or service specified in this SOW;
 - c) determine the level of risk, based on current safeguards and system vulnerabilities;
 - d) determine if the Contractor is compliant with GOC and Partner Organization security controls; and
 - e) recommend additional safeguards that will mitigate risk to the identified target risk level and that will be implemented by the Contractor.
- 5.17.12 When applicable, the Contractor must demonstrate compliance with the security requirements selected by the Contract Authority for the scope of the Services provided by the Contractor. Compliance will have to be demonstrated by providing evidence that controls are met or in the case of cloud, through the mapping of security controls to the applicable third party certifications (i.e. ISO 27001, SOC 2 Type 2). For unclassified information, validation of security controls through the provision of evidence directly to the Contract Authority may be acceptable (i.e. Cloud Security Alliance Consensus Assessment Initiative Questionnaire). Compliance will be assessed and validated by the Contract Authority utilizing the Security Assessment and Authorization Process or through a third-party process determined by the Contract Authority.
- 5.17.13 In the situation where the Contractor or the Service has been assessed and validated through the Canadian Centre for Cyber Security (CCCS) Cloud Security Contractor (CSC) Information Technology (IT) Security Assessment Process (ITSM.50.100), the Contractor must demonstrate that they participated in the process by successfully onboarding, participating in, and completing the program. This includes providing the

following documentation to the Contact Authority a copy of the:

- a) confirmation letter that indicates they have on-boarded into the program;
- b) most recent completed assessment report provided by CCCS; and
- c) most recent summary report provided by CCCS.

5.17.14 The Contractor must have an Interim Authority to Operate (IATO) or full ATO in place before putting any organizational data into the system.

5.17.15 The Contractor is not permitted to disclose any Organizational Data or ancillary information provided by the Partner Organizations to any sub-contractors or sub-processors without approval and any required assessments by the Project Authority.

Data Security

5.17.16 The Contractor must safeguard the integrity and authenticity of data containing personal and financial information from corruption and inadvertent or malicious changes by employing hashing, digital certificates and signatures, or similar technology. All such data must be securely hashed to ensure its integrity as it is transmitted from one location to another.

5.17.17 The Contractor must protect against disclosure, all electronic communication and/or messaging, via the internet, which contains Protected B information. Approved encryption technologies must be utilized. The Contractor must ensure that Participant authentication methods to the Contractor online portals remain consistent with ongoing updates to Government of Canada standards for secure authentication.

5.17.18 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 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.

5.17.19 The Contractor must ensure technical security services are implemented as contractually required to defend against unauthorized disclosure and modification of Protected B information and to defend the integrity of financial data.

System and Communications Protection

5.17.20 The Contractor must provide a document that describes the Contractors' Key Management approach and process. For all services, the Contractor must implement a key management service that provides:

- a) definitions and applications of specific policies that control how keys can be used;
- b) protection of access to the key material including prevention from Contractor access to the key material in unencrypted fashion; and
- c) ability to audit all events related to key management services, including Contractor access for the Contract Authority to review.

5.17.21 If there is a requirement to transport Partner Organization data, it must be transported using a FIPS 140-2 Level 2, or higher, compliant portable storage device provided by the RCMP. Access to this device must be restricted to appropriate security

cleared Contractor personnel only, as well as the applicable Partner Organization representative. The FIPS 140-2 Level 2 compliant portable storage device must be delivered by-hand or shipped following the instructions noted in the RCMP Transport and Transmittal of Protected and Classified information guide (G1-009). The password for the portable storage device is to be provided via out-of-band means, either in person or by telephone to appropriately security cleared Contractor personnel only.

- 5.17.22 The Contractor must provide the ability for the Partner Organizations to export security event logs using standardized reporting interfaces, protocols, and data formats (e.g. Common Event Format (CEF), syslog, or other common log formats) and APIs that support log data remote retrieval (e.g. via a database interface using SQL, etc.), for the Services it consumes, in support of Partner Organization operations including monitoring of the Services and for e-discovery and legal holds
- 5.17.23 The Contractor must implement measures to protect information systems, IT environments and their components, as well as the information they process, from internal and external network-based threats, such as threats related to use of public networks and remote access, including:
- a) defining and establishing security zones that adhere to ITSP.80.22 and ITSG-38 to maintain appropriate separation within physical and virtual IT environments. The Contractor must ensure that information systems (including virtual instances) that reside in these environments are provided with consistent protection levels that are commensurate with the threat type and level, the sensitivity of the information, and other relevant security considerations, such as criticality of services and activities supported by the information system;
 - b) controlling the number of discrete external connections to networks to the minimum necessary to meet the requirements; and
 - c) using encryption or other measures to protect the confidentiality of sensitive data transmitted across public networks or any other network where the data may be at risk of unauthorized access.
- 5.17.24 All voice communication, including recordings, by any cellular or mobile telephone must be restricted to non-sensitive information, unless the phone is specifically accredited and issued for sensitive information.
- 5.17.25 The Contractor must identify and address security requirements, activities and gating requirements throughout all stages of information system and IT environment life cycles, including definition, design, development and procurement, operations, maintenance, and decommissioning. The Contractor must ensure that systems comply with security requirements identified in the following documents:
- a) [IT Security Risk Management: A Lifecycle Approach \(ITSG-33\)](#);
 - b) [Network Security Zoning – Design Considerations for Placement of Services within Zones \(ITSG-38\)](#);
 - c) [Baseline security requirements for network security zones \(version 2.0\) – \(ITSP.80.022\)](#);
 - d) [Guidance on securely configuring network protocols \(ITSP.40.062\)](#);
 - e) [Cryptographic Algorithms for UNCLASSIFIED, PROTECTED A, and PROTECTED B Information](#));
 - f) [Sanitization and disposal of electronic devices \(ITSAP.40.006\)](#); and
 - g) Other documents deemed necessary by the Partner Organizations based on the network and application architecture.

- 5.17.26 Where Cloud-based technologies are used, the Contractor must ensure that systems comply with the security requirements identified in the following documents:
- a) [Guidance on the security categorization of cloud-based services \(ITSP.50.103\)](#);
 - b) [Guidance on cloud security, assessment and authorization \(ITSP.50.105\)](#)
 - c) [GC Cloud Guardrails](#); and
 - d) other documents deemed necessary by the Partner Organizations based on the network and application architecture.
- 5.17.27 For software-as-a-service solutions, the Contractor must produce ISO 27001 and ISO 20017 certificates as well as a SOC 2 Type 2 report for the application layer.
- 5.17.28 Organizational Data is not to be stored on Cloud Services unless the service has been issued an Authority to Operate (ATO) by the Contract Authority. The Contract Authority is responsible for ensuring an ATO has been issued and all conditions are being followed throughout the contract.

Transborder Data Flows and Storage of Information

- 5.17.29 The Contractor is responsible for the collection of information containing sensitive personal information of Participants and must take all steps to ensure the Participant's privacy is protected against any possible risks related to the issue of transborder flow of information in accordance with the laws of Canada. Such protection can only be satisfactorily achieved if all databases are located in Canada and claims processing is conducted in jurisdictions where compliance with Canadian privacy laws can be assured. The Contractor must not engage in any such activities where personal information of Participants may be compromised by foreign laws.
- 5.17.30 The Contractor must manage information and data to meet GOC operational requirements and must ensure:
- a) all aspects of data processing are conducted and only accessible in Canada;
 - b) database(s) is located and only accessible in Canada;
 - c) all data centres, call centres, centres of operations and records and information storage (electronic and hard copy data and information) as well as any backup locations are located in Canada and a backup plan is in place;
 - d) the remote access to data and data systems be restricted to individuals or entities who have obtained prior approval in writing by the Project Authority to do so;
 - e) data in transit is appropriately encrypted in accordance with the requirements outlined in the current [Policy on Service and Digital](#); and
 - f) certification for Protection of Personal Information is provided as per [Security Requirements Check List \(SRCL\)](#).

System and Information Integrity Management

- 5.17.31 The Contractor must implement measures to protect information systems and IT environments, their components and the information they process, against attacks that leverage vulnerabilities in information systems and IT environments, to affect their integrity, and/or have an impact on their availability or confidentiality (i.e. malicious code). This includes:

- a) coordinating processes for managing vulnerabilities in information systems and IT environments; and
- b) using, reviewing and regularly updating measures to prevent, detect and eliminate malicious code (i.e. viruses in information systems, IT environments and their components).

Secure Data Storage Management

- 5.17.32 Transportation, storage and retention of all documentation (paper based and electronic) must take place in accordance with the [Policy on Service and Digital](#), the [Security Requirements for contracting with the Government of Canada](#), and the RCMP standard for the [Transport and Transmittal of Protected and Classified information \(G1-009\)](#).
- 5.17.33 The Contractor must implement measures to protect information on electronic media and electronic storage devices at rest (i.e. in storage), in transit (i.e. transport and transmittal), and through appropriate sanitization or destruction before reuse or disposal of the equipment, in accordance with the sensitivity of the information and Partner Organization's practices, including:
- a) identifying secure electronic storage, transportation, transmittal, sanitization and destruction devices, methods and services that are authorized for use with Government of Canada information, including but not limited to portable storage devices;
 - b) implementing appropriate safeguards where other devices, methods or services need to be used for operational purposes, with approval by an individual who has the required authority;
 - c) sanitizing electronic storage systems in accordance with Communications Security Establishment Canada and RCMP approved methods. Once sanitized, an appropriate attestation must be completed.

Physical Security

- 5.17.34 The information holdings storage area must be climate controlled to maintain a stable temperature and humidity that are appropriate for the safe storage of the Partner Organization's records.
- 5.17.35 The information holdings storage area must be windowless in a building not primarily designed as a repository, but adapted for that purpose, windows must be blocked or as a minimum be screened by curtains or blinds, and/or by solar filtering on the window glass. All records regardless of medium must be stored at least three (3) inches above the floor.
- 5.17.36 All Contractor's facilities must:
- a) be above grade and be completely free of water leaks;
 - b) have a pest management plan;
 - c) be equipped with an uninterruptible electrical power supply;
 - d) be monitored 24 hours a day, seven days a week for smoke, fire, floods and any unauthorized entry;
 - e) be equipped with an electronic intrusion alarm system to detect any unauthorized access to the facility. The electronic intrusion alarm system must be monitored internally or by an Underwriters Laboratories of Canada (ULC) certified alarm monitoring station; and
 - f) be built to resist threats from fire, specifically:
 - i. facilities must be built with fire resistant materials in accordance with

- provincial building code specifications;
- ii. facilities must be protected by smoke detectors as prescribed in Canadian Federal and Provincial fire codes;
- iii. facilities must have functioning fire extinguisher equipment positioned throughout the facility that is well marked as to their locations and must have a fire suppression system;
- iv. all Partner Organizations' records regardless of medium must be stored on clean fireproof shelving units that are properly constructed and braced, and engineered and constructed to meet the local seismic and fire code regulations for use in a document or media storage facility.

Security Incidents

- 5.17.37 The Contractor security incident response process must encompass IT security incident management lifecycle and supporting practices for preparation, detection, analysis, containment, and recovery activities. The Contractor must prepare and document a security incident response process based on best practices from industry standards and is aligned with the GOC Cyber Security Event Management Plan (<https://www.canada.ca/en/government/system/digital-government/online-security-privacy/security-identity-management/government-canada-cyber-security-event-management-plan.html>). The Contractor must work with Canada's Security Operations Center(s) (e.g. CCCS, RCMP SOC) on Security Incident containment, eradication and recovery in accordance with the Security Incident Response process. The Contractor must provide the security incident response process to the Partner Organizations on request.
- 5.17.38 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. In the event of an actual or suspected security incident, the Contractor must immediately inform the Project Authority and the affected Partner Organization and execute the security incident process.
- 5.17.39 When required, particularly in the case of a security or cyber event or incident, the Contractor must, at the request of the Contract Authority, share required infrastructure logs with the Partner Organizations.
- 5.17.40 The Contractor must assume financial responsibility for all impacts and restitution resulting from a breach or suspected breach in the Contractor's security.
- 5.17.41 At a minimum, security incident handling must include the following:
- a) identification – determine the type, severity and cause of the security incident(s) (e.g. virus, worm, denial-of-service-attack, etc.);
 - b) 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 immediately of any discovery of an actual or suspected security incident;
 - c) recovery – identify an approach to restore and recover systems and implement Project Authority or Partner Organization approved changes to security devices (e.g. firewall and incident detection rules);
 - d) reporting – communicate in writing the incident specifics, including the impact and the response, to the Project Authority within one (1) business day; and

- e) post – analysis – assess the incident and recommend changes in processes and procedures, if required. If analysis of the incident reveals an anomaly, the Contractor must determine whether the cause is a security incident, a hardware or software problem, or an increase in system traffic.
- 5.17.42 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.
- 5.17.43 Before reconnecting or restoring services,, the Contractor must ensure all threats have been removed and there is no potential for recurrence or spread.
- 5.17.44 The Contractor must restore essential capabilities within the time constraints and the availability requirements specified in the Contractor's Disaster Recovery and Business Continuity Plan. To be able to recover information, the Contractor must:
- a) back up data regularly; test backups regularly, annually at a minimum, to ensure that they can be used for recovery;
 - b) back up all software and configuration data;
 - c) facilitate the restoration of data and services by allowing systems to undo operations and return to an earlier state (e.g., rollback services);
 - d) test restoration procedures regularly, annually at a minimum, to ensure they are effective and can be completed within the time allotted for recovery;
 - e) ensure backups are stored separate from live data. There must be no accounts with access to both live and backup data; and
 - f) encrypt backup data to the same degree as the primary source.
- 5.17.45 It is not permitted for either the Contractor and/or Contractor personnel to make any copies of databases or any part of those databases containing Partner Organization data outside of regular service resilience capabilities and within Contract Authority approved regional spaces or zones.
- 5.17.46 The Contractor must conduct system recovery in a manner that preserves the integrity of evidence, in the event of a criminal investigation of a security breach.
- 5.17.47 The Contractor must establish an internal and external incident reporting process. To meet these requirements, the Contractor must:
- a) 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;
 - b) participate in threat and risk briefings and teleconferences; and
 - c) establish a procedure for notifying the appropriate operational personnel, managers and all affected parties.
- 5.17.48 For every IT security incident that occurs, the Contractor must perform a post-incident analysis which summarizes the impact of the incident and identifies:
- a) security deficiencies;
 - b) measures to prevent a similar incident;
 - c) measures to reduce the impact of a similar incident; and
 - d) improvements to incident-handling procedures.

- 5.17.49 Additional information on security requirements can be found at the Contract Security Program of Public Works and Government Services Canada (<http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html>) website.

Privacy Impact Assessment (PIA)

- 5.17.50 Each Partner Organization is required to develop, and routinely update, comprehensive PIAs as part of the transition and ongoing administration for the Contract. The Contractor must:

- a) provide each Partner Organization any information necessary for the completion or updating of PIAs, in accordance with Treasury Board Secretariat (TBS) [Directive on Privacy Impact Assessment](#) which includes 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 (any system where personal information involved in this contract will be collected, used, stored or retained), and an overview of the Contractor's organizational structure;
- b) provide each Partner Organization information and/or records at any time at the request of the Partner Organization. This includes any records that are transferred to the Contractor or sub-contractor by any of the Partner Organizations, or collected, created, obtained or maintained by the Contractor or sub-contractor in fulfilment of the responsibilities stated elsewhere in the Contract. The Contractor must provide, within thirty (30) calendar days, any requested information required to complete or update the Privacy Impact Assessment (PIA);
- c) provide access to its facilities and all documentation and resources associated with the Contract, access to desk space, telephones, computers, etc. to conduct the assessment;
- d) work with each Partner Organization to address any deficiencies or recommendations as a result of the PIA; and
- e) develop and implement a Corrective Action Plan to address any Contractor specific issues identified in the PIA, approved by each respective Partner Organization. This plan must include a schedule for implementation of corrective actions, to correct deficiencies identified within the PIA.

- 5.17.51 The Contractor must provide information to each respective Partner Organization in support of the PIA at the Contractor's own expense.

- 5.17.52 The Contractor must develop a Privacy Standard Operations Procedure (SOP) document which must be maintained current throughout the Contract and posted on the Documentation and Reporting Database section of the Departmental Portal. The Contractor must obtain the Project Authority approval of the Privacy SOP in accordance with the Implementation Plan and Integrated Schedule. The Privacy SOP describes, but is not limited to, the following:

- a) Contractor roles and responsibilities and how they will interact with the Partner Organizations;
- b) a plan to ensure the Contractor's employees are aware of and comply with privacy requirements;
- c) how the privacy requirements shall be met initially, managed, monitored and maintained, including actions to meet legislative requirements, and
- d) an operational overview of the Contractor's actions to: prevent, detect, respond

and recover from privacy incidents.

5.17.53 The Contactor must include a privacy notice statement on all forms and data submission tools when collecting personal information from individuals. The privacy notice statements will be finalized with the Partner Organizations during the Implementation Phase and must include the following elements:

- a) the purpose and authority for the collection of personal information for programs or activities;
- b) any uses or disclosures that are consistent with the original purpose;
- c) any legal or administrative consequences for refusing to provide the personal information;
- d) the right of access to, correction of and protection of personal information under the [Privacy Act](#);
- e) reference to the applicable Personal Information Bank(s) described in the associated Information about Programs and Information Holdings Publications (formerly Info Source);
- f) reference to voluntary or mandatory participation along with consequences; and
- g) the right to raise concerns to the Office of the Privacy Commissioner.

5.17.54 The Contractor must develop a SOP to respond to requests for information and privacy incidents, refer to SOW *Section 6.33 Access to Information and Privacy*.

5.18 Testing of Operations and Systems

5.18.1 The Contractor must develop a comprehensive Testing Strategy and Plan to test the systems, services, and processes to ensure they adhere to the requirements defined in this SOW. The Testing Strategy and Plan must be approved in writing by the Project Authority. Testing must be conducted according to the approved Testing Strategy and Plan and in accordance with the approved Implementation Plan and Integrated Schedule, refer to SOW *Section 5.2*. Testing will happen early and often in accordance with agile methodologies and to reduce risk. Partner Organization personnel will participate in the user acceptance testing, and users for the Participant, Provider and Departmental portals will participate in usability (UX) testing.

5.18.2 The Testing Strategy and Plan must identify, but is not limited to:

- a) authorizations creation;
- b) claims processing;
- c) the testing approach and testing types;
- d) deliverables;
- e) schedules;
- f) risk and mitigation strategies;
- g) parties involved; and
- h) the success or fail criteria.

5.18.3 System testing must include at a minimum:

- a) unit testing;
- b) integration testing;
- c) regression testing;
- d) stress/performance testing;
- e) functional testing;
- f) acceptance testing;

- g) accessibility testing using the Voluntary Product Accessibility Template and the Accessibility Conformance Report as outlined in *Appendix F ICT Accessibility Requirements*;
 - h) usability (UX) testing using a methodology approved by the Partner Organizations;
 - i) security testing using automated code review, software vulnerability scans, a dynamic web application scan and functional security tests ; and
 - j) testing of generated reports.
- 5.18.4 The Contractor must demonstrate, to the satisfaction of the Project Authority, that all the systems and services are functioning correctly. This testing exercise must test the services, processes, procedures, outputs, interfaces, staff knowledge and systems developed. Staff of the Partner Organizations will participate to test processes and systems. The Contractor must provide all required materials, facilities, personnel and access to systems to complete the testing. The Contractor must regularly report the results of testing based on the Testing Strategy and Plan.
- 5.18.5 Testing and testing facilities must comply with the Directive on Security Management Standards and Policy on Government Security requirements. 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 Participant data is anonymized.
- 5.18.6 The Contractor must assist Providers and approved software vendors in testing their software with the Contractor's systems and servers and demonstrate that Providers can submit authorization and claims electronically using software from various vendors.
- 5.18.7 The Contractor must ensure all systems, services and reports are tested with successful results prior to the First Day of Operations and must submit a test summary report to be approved by the Project Authority.

5.19 Initial Operations Management Plan

- 5.19.1 The Contractor must develop an initial FHCPS Operations Management Plan which describes how the Contractor will operationalize the services and management practices to ensure the requirements detailed in the SOW are delivered as described. The Annual Operations Management Plan will also define the high level priorities for the upcoming year.
- 5.19.2 The Project Authority will work with the Contractor during the Implementation Phase to determine the format and content to be included in the Initial Operations Management Plan.
- 5.19.3 The Initial Operations Management Plan must be submitted for the approval of the Project Authority sixty (60) business days before the First Day of Operations.
- 5.19.4 The Initial Operations Management Plan must include, at a minimum:
- a) description of the major objectives, by operational area, against which FHCPS will be delivered;
 - b) Contractor's Organization Chart and integrated Governance Structure that demonstrates a clear understanding of the scope, goals, uniqueness and objectives for the management of FHCPS;
 - c) operational milestones and deliverables, resource build-up plan and the risk identification and mitigation strategies;

- d) conflict resolution processes established to ensure prompt resolution of any conflicts between the Contractor and the Partner Organizations' Management Team;
- e) back-up plan 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;
- f) communication strategy which describes the methods of communication that will be used to initiate and maintain regular contact with Providers and Partner Organizations' users which will keep all stakeholders informed of changes and updates;
- g) 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 Phase of the Contract;
- h) methodology the Contractor will use to measure and demonstrate compliance with operational requirements;
- i) strategy to ensure quality service to Providers and Participants and a description of the process to monitor and meet the required service standards. Refer to *SOW Section 6.31 Quality Assurance* for additional information;
- j) strategy to monitor Provider relations;
- k) strategy to monitor the billings and processing of claims to ensure accuracy of payments. Refer to *SOW Section 6.29 Financial Operations* for additional information;
- l) annual Provider audit plan;
- m) annual training plan;
- n) annual Disaster Recovery and Business Continuity plan testing;
- o) strategy, tools and process to address changes to operational demands, system analysis and support for changes, procedures and policy changes to maintain service standards;
- p) plan for quarterly meetings with the Project Authority, Contract Authority and representatives from the three Partner Organizations. These meetings are designed to discuss and strategize on expected policy and procedural changes, address performance as well as provide a forum for information sharing; and
- q) systems and services operations maintenance plan for the database, systems and services which support authorizations, claims administration and adjudication and Call Centre functions.

5.19.5 The initial Operations Management Plan will be effective on the First Day of Operations. The ongoing requirements of the Annual Operations Management Plan and Report are detailed in *SOW Section 6.1 Annual Operations Management Plan and Annual Report*.

5.20 Financial Operations Set-up

5.20.1 The Contractor must provide a Financial Control Framework and Financial Operations Procedures, sixty (60) business days prior to the First Day of Operation for recording, controlling, and reconciling the following: the FHCPS Claims funding requests for reimbursement of program expenditures, audit recoveries and stale dated cheques.

5.20.2 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 invoices and claim funding requests. The Financial Policies and practices must describe payment services for an efficient and secure payment to providers, Participants and third parties for verified claims.

- 5.20.3 The Contractor must issue payments to Participants and Providers based on requirements in the SOW.
- 5.20.4 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, be approved by the Project Authority and be posted to the FHCPS Departmental Portal. Subsequent changes must be approved by the Project Authority and must also be posted to the FHCPS Departmental Portal.
- 5.20.5 Detailed on-going Financial requirements are contained in the *SOW Section 6.29 Financial Operations*.

5.21 Training Strategy and Plan

- 5.21.1 The Contractor must provide a Training Strategy and Plan in accordance with the schedule outlined by the Implementation Plan and Integrated Schedule as referenced in *SOW Section 5.2*, to deliver training to the Partner Organizations' staff prior to the First Day of Operations. The Training Strategy must be specific to each Partner Organization and include methodology, plans outlining detailed procedures for system access and administrative processes, resource requirements and time-lines. The Training Strategy and Plan must be approved by the Project Authority.
- 5.21.2 Prior to the commencement of the Operations Phase, the Contractor must develop and deliver general training for the use of all systems and business processes developed for use by Partner Organizations. Each Partner Organization will have unique requirements; therefore, training must be adapted to each Partner Organization. Partner Organizations work in numerous sites across Canada. Approximate number of staff requiring training:
 - a) seven hundred (700) VAC staff who work in the Head Office, Area Offices and Management Centres;
 - b) one hundred ninety (190) CAF staff who work in headquarters and Canadian Forces Health Services Centres; and
 - c) one hundred (100) RCMP staff who work in Headquarters and Divisional Offices.
- 5.21.3 The Contractor must prepare and present orientation sessions in Canada's official languages to Partner Organization staff during the Implementation Phase of the Contract. The orientation sessions must:
 - a) include the following topics:
 - i. roles and responsibilities of the Contractor and Partner Organization staff;
 - ii. Contractor's delivery approach;
 - iii. Contractor's structure of the services;
 - iv. performance measures; and
 - v. quality assurance plans;
 - b) provide and demonstrate access and user support procedures to the Departmental portal;
 - c) be delivered via webinar or virtual presentation to Partner Organization staff. The webinar or virtual presentations must be hosted on a platform that is compatible with the Partner Organization's IT system and free of accessibility barriers; and
 - d) prepare a version of the orientation as an electronic course in each official language to make available in the Departmental portal for future reference and review by new staff. This version must be updated as necessary when there is a

relevant change to any business process or production functionality. The updated electronic course must be available to Partner Organization staff a minimum of twenty (20) business days prior to implementation of change.

- 5.21.4 The Contractor must deliver targeted training programs for Partner Organization Staff. The Partner Organizations will work with the Contractor during implementation to identify training groups and determine their specific training needs. Training groups can include specific staff areas within the Partner Organizations. All training must be available in Canada's official languages. The Contractor must:
- a) develop on-demand e-learning or modular learning procedure simulations that are made available in the Departmental portals;
 - b) develop a Project Authority approved electronic user guide that is available in the portal(s) and accessible via the landing page after logging in;
 - c) deliver portal and system demonstrations to Partner Organization staff from the User Acceptance (UA) or Training environment that is delivered via a web-based screen-share method as approved by the Project Authority;
 - d) deliver focused, live, interactive training via webcast or virtual presentation for user groups identified by the Project Authority during the implementation phase (for example Reporting units, Partner Organization units that submit authorizations, etc.);
 - e) work with Partner Organization staff to identify common scenarios to support the training focus; and
 - f) provide an introductory training module to Participants using the Participant portal on its features.
- 5.21.5 The Contractor must ensure all developed training, orientation and information materials are produced in Canada's official languages, meet accessibility guidelines, and are reviewed and approved by the Project Authority. The Contractor must:
- a) provide training materials to the Project Authority for review no later than ten (10) business days prior to delivery to Partner Organization Staff;
 - b) deliver training to Partner Organization staff. The schedule will be agreed on by the Contractor and the Partner Organizations, approved by the Project Authority, and outlined in the Implementation Strategy and Plan and be delivered prior to the First Day of Operations; and
 - c) ensure training materials are current to the system and portal functionality at all times.
- 5.21.6 The Contractor must develop a training environment that is available to Partner Organization staff for training and on-going self-guided learning. The Contractor must:
- a) ensure the training environment mirrors the Departmental Portal production environment and is fully synchronized with changes and enhancements, including all accessibility requirements, for each Partner Organization;
 - b) create fictionalized Participants for training purposes at the Partner Organization's request, based on features identified by the Partner Organization;
 - c) ensures the training environment is compatible and accessible within all Partner Organization's IT systems; and
 - d) make the training environment available to the Partner Organizations during core business hours of 08:30 – 16:30 in each Canadian time zone, Monday-Friday, federal statutory holidays excluded.
- 5.21.7 Prior to the commencement of the Operations Phase, the Contractor must develop and deliver general training to the Contractor's staff on the life and culture of serving and

former Members of the CAF and RCMP. Participants served through the FHCPS contract include serving, eligible Members of the CAF and RCMP, former RCMP Members, and Veterans and their families. As the Contractor's staff will have direct contact with these Participants, the Partner Organizations seek to support their ability to provide excellence in service by providing training on the culture of these Participants.

- 5.21.8 The Contractor must create and maintain a Provider training module which is accessible by the Provider via the Provider Portal, with a copy provided for Partner Organization staff awareness through the Departmental Portal. The training module must be approved by the Project Authority and will include general aspects of being a Provider with FHCPS such as roles and responsibilities; who to contact for various concerns; general interaction with Participants, and how to submit authorizations and claims submissions. Content will be finalized with the Partner Organizations during the Implementation Phase.

5.22 Quality Assurance Set-up

- 5.22.1 The purpose of developing and implementing a Quality Assurance (QA) Program is to assure the Contractor is meeting the contractual requirements and standards, quantitative and qualitative, for operational performance and is delivering services that meet the expectations of Participants and Providers. The QA Program works together with the Performance and Service Standards, *refer to SOW Section 6.35*, to provide a holistic view of Contractor performance and compliance with business rules, as well as insights into possible improvements.
- 5.22.2 In the Implementation Phase, the Contractor must develop an initial QA Plan which will document activities in place for continual assessment and improvement of service to Participants, *refer to SOW Section 6.31 Quality Assurance*.
- 5.22.3 The initial QA Plan must be submitted for approval to the Project Authority, revised and finalized in accordance with the Implementation Plan and Integrated Schedule *refer to SOW Section 5.2*.

5.23 Transition-In

- 5.23.1 The Contractor must develop and implement a Transition-In Plan to ensure the smooth, efficient and complete transition from the previous contract without interruption of service delivery to the Partner Organization, Participants and Providers.
- 5.23.2 The Transition-In Plan must be coordinated with the previous contract's Close-out plan and milestones as agreed on by the Project Authority.
- 5.23.3 The Transition-In Plan must be submitted to the Project Authority within sixty (60) business days of the contract award, with major milestones outlined in the Implementation Plan and Integrated Schedule, *refer to SOW Section 5.2*.
- 5.23.4 The Transition-In Plan must describe the efficient, complete and secure transition of services from the previous contract. The Project Authority will coordinate and approve the transfer of FHCPS data, information and materials between the previous supplier and the Contractor. The Transition-In Plan must include, but is not limited to:
- a) description of resources, roles, responsibilities, milestones and reporting for each service contained in the contract to be transitioned from the previous contract;

- b) risk assessment to ensure all parties are aware of risks to the transition schedule or activities, including the risk level and mitigations;
- c) transfer of materials, services, assets, data, information and licensing agreements from the previous supplier;
- d) transfer-in of data from the previous contract, refer to *SOW Section 5.24 Data Migration*;
- e) details regarding how outstanding authorizations and unprocessed claims will be transferred and handled as of the First Day of Operations;
- f) recruitment and registration of Providers previously used by Participants;
- g) all documentation relating to Providers including ongoing/in-progress work such as, but not limited to negotiations, Provider credentialing information, agreements with Providers/associations, etc.;
- h) the transition of the claim information, financial information, Provider audit information and Provider and Participant requests for information; and
- i) agreements with Provider associations which pertain to negotiated rates or pricing agreements and fee schedules.

5.23.5 As required, the Project Authority shall coordinate and facilitate discussions between the previous supplier and the Contractor to obtain agreement on the Transition-In Plan.

5.23.6 On approval by the Project Authority, and within the agreed on milestones in the Implementation Plan and Integrated Schedule, the Contractor must implement the Transition-In Plan and report to the Project Authority every two (2) weeks, or at the request of the Project Authority.

5.24 Data Migration

5.24.1 The Contractor must convert and load data, as specified by Partner Organizations, from the previous FHCPs system into the Contractor's FHCPs system as required. This will involve the migration of data from multiple systems. Data may be received with the support of the Project Authority from the previous contract. The data to be converted will be provided to the Contractor in accordance with the approved Implementation Plan and Integrated Schedule, refer to *SOW Section 5.2* and the Transition-in plan, refer to *SOW Section 5.23*.

5.24.2 The Contractor must develop a Data Migration Strategy and Plan as part of the Transition-In Plan. The Contractor must include a detailed schedule and plan to migrate FHCPs authorizations and claims history and supporting data which must include, at a minimum, the following:

- a) identification of the migration team and a single point of contact to work with the previous supplier and the Project Authority to support the migration;
- b) strategy to migrate the data from the previous contract to the Contractor;
- c) strategy to ensure Participant information is protected under the Privacy Act up to Protected B;
- d) how the Contractor will provide a validation check to ensure the data maintains its type and structure during the migration which will be the measure of migration success;
- e) documentation of the escalation process;
- f) definition of the target state following the migration;
- g) listing of the steps in the migration process;
- h) identification of the resources required to perform and validate the results of the migration;
- i) strategy to identify if there is a need for transformation of data to populate the

Contractor's systems;

- j) mapping of the data to populate the Contractor's systems;
- k) strategy to migrate and load the data into the Contractor's systems;
- l) strategy to identify issues and solutions for Project Authority Approval;
- m) strategy for data migration integrity testing;
- n) description of the roles and responsibilities for the Contractor, Partner Organizations and the Project Authority; and
- o) outline of the detailed data fields for migration, as defined by the Partner Organizations, as well as final mapping, data transformation, testing and results.

5.24.3 For the transfer of data, the Contractor must:

- a) provide a conversion methodology and systems to convert all required data from the previous contract's FHCPS system into the Contractor's FHCPS system as required;
- b) ensure that the converted data will also form part of the initial load into the information management and reporting component of the FHCPS system;
- c) clean, convert and load the data;
- d) validate all data conversion and loading is accurate and complete, the continuity of data is maintained, and provide:
 - i. a report of migration success; and
 - ii. a report of rejected records for each Department;
- e) invoke the escalation process, when required;
- f) provide a record and report of the files that cannot migrate in an archival folder on the database to the Project Authority;
- g) identify the unsuccessful file migrations then apply remedial actions and re-submit the file through the migration process;
- h) ensure privacy and security of the information is maintained throughout the conversion and data loading exercise;
- i) store Participant data by the primary identification number for each Partner Organization;
- j) perform separate reconciliations of active and inactive converted Participant records against the same records in the Partner Organizations' source systems of record;
- k) ensure that data used to create and maintain the Partner Organizations' program benefit information, adjudication rules/edits and data tables are current as of the First Day of Operations;
- l) ensure the adjudication edits are current as of First Day of Operations;
- m) confirm the success of the completed migration; and
- n) obtain final written confirmation from the Project Authority the migration has been completed successfully.

5.24.4 For the transfer of paper files, the Contractor must:

- a) adhere to the requirements of *SOW Section 6.32 Information Management*;
- b) digitize, or store if required, paper-based files and forms processed through the previous contract from the seven year period leading up to the First Day of Operations; and
- c) provide physical storage space for any non-digitized files.

6.0 OPERATIONS PHASE

6.1 Annual Operations Management Plan and Annual Report

- 6.1.1 During the Operations Phase of the contract the Contractor must develop and submit an Annual Operations Management Plan for approval by the Project Authority each year. The plan will be based on the Government of Canada Fiscal Year which commences April 1st and ends March 31st.
- 6.1.2 The purpose of the Annual Operations Management Plan is to document high level priorities for the upcoming year. The Annual Management Plan will be based on the approach agreed to by the Project Authority and the Contract Authority during the Implementation Phase.
- 6.1.3 The first draft of the Annual Operations Management Plan for the upcoming fiscal year must be submitted to the Project Authority by January 31st for each year of the Operations Phase. The Partner Organizations will work with the Contractor to define initiatives to be included in the plan and refine the contents of the Annual Operations Management Plan. The Annual Operations Management Plan must be approved by the Contractor and the Project Authority by March 31st of each year of the Operations Phase.
- 6.1.4 The Annual Operations Management Plan must include the description of the objectives for the upcoming 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.
- 6.1.5 The Annual Operations Management Plan must include as minimum:
- a) objectives and performance expectations for each operational area the Contractor has established to deliver the requirements associated with this Statement of Work and the Contract;
 - b) areas where usual and customary pricing for health benefits and services will be provided where provincial or association rates are not available;
 - c) Provider Audit coverage;
 - d) Provider Relations activities;
 - e) communications strategy;
 - f) training planned;
 - g) business management activities;
 - h) Quality Assurance (QA) work to be completed, refer to SOW *Section 6.31 Quality Assurance* for additional information;
 - i) Human Resources commitments; and
 - j) Business Continuity and Disaster Recovery testing and a risk assessment of FHCPS systems, processes and operations.
- 6.1.6 The Annual Operations Management Plan must also focus on innovation and identify areas to be examined to:
- a) improve services to Participants, Providers and staff of the Partner Organizations;
 - b) improve efficiency in the delivery of contracted services;
 - c) reduce administrative costs;
 - d) ensure program expenditures are properly controlled; and
 - e) make greater use of new and emerging technology and communication products in the delivery of contracted services.
- 6.1.7 The Annual Operations Management Plan must be flexible and the Contractor must

anticipate changes to the plan during the year. When changes are required to the approved Annual Operations Management Plan the Project Authority and Contractor will agree to the changes and adjust the plan accordingly.

- 6.1.8 The Annual Operations Management Plan must be posted to the Departmental Portal within ten (10) business days after receiving Project Authority Approval.
- 6.1.9 The Contractor must notify the Project Authority of changes required to the Annual Operations Management Plan within five (5) business days of becoming aware of the requirement. Changes can only be made to the Annual Operations Management Plan with the approval of the Project Authority.
- 6.1.10 The Contractor must provide the Partner Organizations and the Project Authority with written quarterly progress reports against the current year Annual Operations Management Plan.

Annual Operations Management Report

- 6.1.11 The Contractor must develop and submit a proposed Annual Operations Management Report which details the performance against the objectives in the previous year's Annual Operations Management Plan.
- 6.1.12 The Project Authority will work with the Contractor to refine the content and format of the Annual Operations Management Report. The content and format of the Annual report must be approved by the Project Authority.
- 6.1.13 The Annual Operations Management Report must include information associated with the achievements of objectives and performance expectations of the Contractor identified in the Annual Operations Management Plan.
- 6.1.14 The Annual Operations Management Report must include data for each operational area the Contractor has established to deliver the requirements associated with this Statement of Work and the contract. Some of the data includes: Participants, claims and transaction volumes, Contact Centre volumes, authorizations, VIP renewals and Follow-up, Participant and Provider communication, etc.
- 6.1.15 The draft Annual Operations Management Report must be submitted to the Project Authority sixty (60) business days (by June 30th) after the end of each year of the Operations Phase of the contract. The Final Annual Operations Management Report must be submitted to the Project Authority and approved by the last business day of July each year of the Operations Phase.
- 6.1.16 The Annual Operations Management Report must be posted to the Secure Reporting and Documentation Website within ten (10) business days after receiving Project Authority approval of the final report.

6.2 Systems Management and Maintenance

- 6.2.1 The Contractor must maintain all systems for the Contract including, but not limited to, telephony systems, applications, Portals, websites, databases and all functionality and requirements as referenced in SOW *Section 5.4 Systems and Information Technology*.
- 6.2.2 The Contractor must maintain the output of all IT systems including tables, forms, letters, reports, etc.

- 6.2.3 There may be growth in participation in the FHPCS program through the duration of the Contract. The Contractor must architect its IT Infrastructure to readily scale to meet any growth of users or changes in programs or functionality enhancements.

Change and Incident Management

- 6.2.4 The Contractor must submit change requests to be approved by the Project Authority. The Project Authority will be responsible for prioritizing all change requests and approving the timelines for implementation.

- 6.2.5 The Contractor must:

- a) provide and manage a change management process for services and systems based on industry best practices;
- b) participate in periodic IT meetings with the Partner Organizations. These meetings will review the functioning of the network, including any problems, and will be a forum for scheduling of technical maintenance;
- c) provide an incident management system for managing the process that would allow for an incident ticket to be opened, assigned to a user support team member, and closed on its resolution. The Contractor must log, into an incident management tool, problems as they occur or are reported; and
- d) 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 Partner Organizations online. Designated Partner Organization staff will be part of the user support team and have incident tickets assigned to them for resolution.

Once a problem has been identified, the Contractor must notify the Project Authority and advise of an estimated time to repair or if already resolved, an explanation of actions taken. The estimated time to repair may be updated on further problem analysis and the Contractor must issue a problem resolution explanation when the problem has been resolved.

- 6.2.6 The Contractor must provide and manage release and configuration management systems and processes based on industry best practices.

- 6.2.7 The Contractor must:

- a) maintain a log of all releases and changes between releases. The release management processes and reports are to be made available electronically to authorized Departmental personnel;
- b) provide the Project Authority with a product road map at the beginning of the Operations Phase and review quarterly with the Partner Organizations during the Contract;
- c) provide a post release report within ten (10) 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 Project Authority's approval of the release must be obtained prior to the release date; and
- d) notify the Project Authority of system changes which are initiated by the Contractor at least ten (10) business days prior to the release even where there is no apparent impact to services. The Contractor must back-up systems and data as per the defined approved schedule. Back-ups must be encrypted to the same degree as the primary source.

- 6.2.8 The Contractor must perform daily, weekly, monthly and yearly system back-ups, including all data and FHCPS software source code. All back-ups must be kept off-site at a minimum distance of five kilometres from the main site and in secure, fire and flood protected storage. The Contractor must not destroy any data without the written consent of the Project Authority. Back-ups must first be erased prior to destruction and the data contained therein rendered unrecoverable. Back-ups which contain Protected B data are never to be sold, auctioned, donated, or discarded.
- 6.2.9 The Contractor must perform restore tests on a quarterly basis and produce a quarterly Back-Up/Restore Test report for the Partner Organizations 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 Partner Organizations must have the ability to request back-ups to be restored by the Contractor.

Access Management

- 6.2.10 The Contractor must implement measures to ensure access to information and information systems is limited to authorized users who have been security-screened, at the appropriate level and who have a need for access, including:
- a) establishing approval, notification, monitoring and operational requirements and procedures related to the creation, activation, deactivation, modification, periodic review, and disabling or deletion of information system accounts;
 - b) defining access privileges based on requirements and the principles of least privilege, minimum access, and segregation of duties;
 - c) informing authorized users of expectations for acceptable use of information systems, of monitoring practices being applied, and of the consequences for unacceptable use of those systems;
 - d) establishing measures to control the use of accounts that have administrative privileges, including restricting the number of users that have administrative privileges;
 - e) limiting the information systems, networks and applications that can be accessed, and the operations that can be performed using privileged accounts.
 - f) verifying that individuals authorized to conduct privileged operations, such as setting or changing access privileges and implementing or maintaining other IT security controls, are not permitted to alter records of these operations and have been security-screened commensurate with their access level; and
 - g) reviewing access privileges on a schedule determined by the Partner Organizations during the Implementation Phase and removing access when no longer required, such as when a person departs or changes responsibilities.

System Enhancements

- 6.2.11 The Project Authority may require system enhancements to the Contractor's systems during the Operations Phase 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. The Contractor must then proceed to modify or upgrade the software, network and technical architecture as authorized by the Project Authority. Requests for system enhancements may be submitted by Partner Organization staff through Service Requests (minor changes) or Task Authorizations (for major changes).
- 6.2.12 The Contractor must maintain the roadmap initiated during the Implementation Phase

which includes an anticipated release schedule for the subsequent six (6) months. Requirements gathering and refinement should feed seamlessly into the product roadmap, tracking and updating the evolution of the system and ensuring strategic alignment with overall program goals.

Network Maintenance

- 6.2.13 The Contractor must maintain the network in accordance with an approved 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 Contract.
- 6.2.14 Partner Organizations 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. Partner Organizations will provide the Contractor with advance notice of any proposed changes in network configuration. The Contractor must develop and implement a strategy to handle this type of request in the System Architecture plan.
- 6.2.15 The IT infrastructure for services outside the departmental jurisdictions, but within the control of the Contractor, must achieve service levels contained within this SOW.
- 6.2.16 On any update of the Security Assessment & Authorization (SA&A), or any vulnerability assessments, the Contractor must provide an updated network architecture diagram and report, demonstrating that all architectural elements comply with established security requirements.
- 6.2.17 The Contractor must fully document the technical and functional requirements of the system and the documentation must be kept up to date as changes are made to the system.

Technical Evaluation

- 6.2.18 The Contractor must conduct a routine technical evaluation of the networks and technical architecture to ensure continued compatibility and performance and to identify necessary upgrades every two (2) years during the Operations Phase of the Contract. The Contractor must provide the results of the technical evaluation to the Project Authority. In the event upgrades are determined to be required, the Contractor must complete the upgrades at their own cost. Any upgrades that might impact the functioning of the FHCPS must be approved by the Project Authority.

6.3 Participant Enrolment

- 6.3.1 The Contractor must maintain all Participant Enrolment services and functionality as developed during the Implementation Phase, refer to SOW *Section 5.5 Participant Enrolment Set-up*.
- 6.3.2 The Contractor must receive Participant eligibility for health care benefits and services electronically from each Partner Organization. Eligibility for benefits received under FHCPS is subject to VAC, CAF and the RCMP Legislation and associated policies. Eligibility will be determined and communicated to the Contractor by the individual Partner Organizations.
- 6.3.3 The Contractor must update eligibility in the FHCPS system within one (1) business day

of receiving data which changes the Participant's eligibility for benefits and services. Any changes must also be reflected in the Participant Portal. Eligibility is retroactive to the date the Participant became eligible based on the Partner Organization's criteria.

- 6.3.4 The Contractor must adjudicate claims retroactive to the effective date of eligibility. When a new or modified effective date is transmitted, a previously rejected claim may then need to be reprocessed for adjustments.
- 6.3.5 The Contractor must maintain a complete history of Participant eligibility information and changes including a detailed audit trail, refer to *SOW Section 6.33 Access to Information and Privacy* which, at a minimum, must capture:
 - a) the data changed
 - b) reason for change;
 - c) the date the change was made; and
 - d) who completed the change.
- 6.3.6 Prior to sharing any Participant information with third parties (outside of Providers and Partner Organizations as that access is covered by the consent statement implicit in using FHCPS services) the Contractor must collect and retain consent from the Participant. The format of the consent process will be provided by the Partner Organizations during the Implementation Phase.
- 6.3.7 The Contractor must accept Power of Attorney (POA) for Participants based on information provided by the Participant Organizations. POA information and data will be transferred to the Contractor's system from the Partner Organizations. The Contractor must provide the POA access to Participant services as authorized including access to the Participant Portal. The POA must maintain their own unique username and password to access the Participant Portal on behalf of the Participant. The system must capture and retain the identification of the POA requesting an authorization or submitting a claim and the date the authorization request or claim was submitted. Details on the requirements for POA access to Participant information will be provided during the Implementation Phase.

6.4 Health Care Identification Card

- 6.4.1 The Contractor must maintain all Health Care Identification Card services and functionality as developed during the Implementation Phase, refer to *SOW Section 5.6 Health Care Identification Card Set-up*.
- 6.4.2 The Contractor must provide FHCPS Health Care Identification Card services to new FHCPS Participants on enrolment throughout the Contract. During the Operations Phase, for new Participants, the default will be digital download or print from the Participant Portal with plastic cards available on request from a Participant or Partner Organization. Business rules for the ongoing generation of plastic cards will be provided by the Partner Organizations during the Implementation Phase.
- 6.4.3 The Contractor must validate that a Participant with new enrolment has not previously been sent a Health Care Identification Card prior to sending the card to the newly enrolled Participant. For example, CAF Participants with variable eligibility such as Reservists and Honorary Colonels will not require a new card on each enrolment period as they will use their previous Health Care Identification Card unless otherwise specified. During the Implementation Phase, each individual Partner Organization will stipulate their business rules for restricting card generation as there are specific circumstances

where the card must not be generated.

- 6.4.4 The Contractor must provide the ability for Participants to request a replacement plastic card as needed if information displayed on the card changes (such as a name change) or if a card is lost or stolen. Requests may be made through secure messaging/email in the Participant Portal, live chat, telephone, mail, or by Participant Organization staff through the Departmental Portal or telephone on behalf of the Participant.
- 6.4.5 The Contractor must adhere to the Service Standards for the FHPCS Health Identification Card. For Service Standard details, refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.4.6 The Contractor must produce reports on volumes and details related to Health Care Identification Card production and dissemination. For reporting details refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

6.5 Provider Recruitment, Registration and Management

On-going Provider Recruitment

- 6.5.1 The Contractor must create and implement on-going Provider recruitment strategies. Strategies must be part of the annual plan, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*. Strategies must include methods to recruit and retain Providers that can serve Participants across Canada, including remote locations, based on the needs of the Partner Organizations. The Contractor is not required to have a Provider recruitment strategy for Out of Country Providers, but Out of Country Providers who submit requests for authorizations or submit claims must be capable of being registered. The Recruitment strategy must clearly outline communication channels and marketing strategies that will be used to maintain the necessary number of Providers to fulfil the needs of Participants and include reports on areas of recruitment required by Provider type. Expectations will be confirmed with the Partner Organizations during the Implementation Phase.
- 6.5.2 The Contractor must develop solutions that will allow Providers to receive payment directly from the Contractor where possible to prevent Participants from being out of pocket for benefits and services.

Provider Management

- 6.5.3 The Contractor must maintain all functionality and Provider Management practices as outlined in *SOW Section 5.7 Provider Recruitment and Registration Set-up*.
- 6.5.4 The Contractor must develop and implement a Provider Credential Verification Plan. The Provider Credential Verification Plan must be approved by the Project Authority, and include a schedule to confirm Provider credentialing status by Provider type, and be completed as part of the Annual Operations Management Planning process, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*. The Provider Credential Verification Plan must include the frequency at which Provider types will confirm Provider credentialing status and the activities the Contractor will perform to confirm the Provider credentialing status. The Contractor must establish functionality to allow Providers to submit a copy of their license renewal annually. The Contractor must include in the Provider Credential Verification Plan annual credentialing for Provider types identified by the Partner Organizations.

- 6.5.5 The Contractor must temporarily approve Providers at the request of a Partner Organization. The Partner Organization will advise on the duration of the temporary approval. The Contractor must identify the Provider as having temporary registration to all of the Partner Organizations and record the end date for the temporary approval.
- 6.5.6 The Contractor must monitor professional associations and provincial or territorial licensing publications monthly to ensure Providers continue to meet each Partner Organization's Provider eligibility criteria. Where available, the Contractor must sign up for alerts for disciplinary actions taken against Providers by their licensing bodies. The Contractor must update Provider registration status appropriately as required. The Contractor must report to the Partner Organizations any Providers who no longer have a valid credential or do not remain in good standing with their professional association and recommend deregistration of their Provider Status.
- 6.5.7 The Contractor must immediately report to the Partner Organizations any Providers who are undergoing disciplinary actions and recommend a course of action and provide a query of Participants currently receiving services from the noted Provider for each Partner Organization. The Partner Organizations will individually make a decision on the action to be taken for their own Provider list.
- 6.5.8 The Contractor must report the following annually, as part of the Annual Report, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*:
- a) the activities undertaken to verify that Providers (including clinics/facilities, Interdisciplinary Clinic (IDC) Programs or other categories of Providers) continue to meet Partner Organization eligibility criteria;
 - b) total number of Providers by type, specialty, and location for each Partner organization;
 - c) number of Participants seen by each Provider;
 - d) Provider recruitment efforts and results including volumes of Participants seen by newly recruited Providers;
 - e) areas of concern and recommendations regarding Provider eligibility criteria; and
 - f) an explanation by Provider type of the number of audits performed or why audits were deemed unnecessary for a particular Provider type or specific Provider, refer to *SOW Section 6.26 Provider Audit Services*.

Provider Deregistration

- 6.5.9 The Contractor must update each Partner Organization Provider list annually and deregister Providers who have been inactive, for that Partner Organization, for 18 months. The Partner Organization(s) will identify any exclusions to this requirement. The Contractor must document the deregistration date. The deregistered Provider must remain in the Provider system, showing as deregistered, and included in the Provider search available through the Departmental Portal, but not included in the Provider search available to Participants.
- 6.5.10 The Contractor must develop and implement a Provider deregistration process. The process must include escalation procedures to address problems that are identified associated with a Provider. The Contractor must ensure the escalation process includes problem resolution methods and procedures to deregister a Provider if the issue is not resolved. The escalation procedures must be approved by the Project Authority and made available in the Standard Operation Procedures manual.
- 6.5.11 The escalation process may be initiated by the Contractor or the Partner Organization(s).

The Contractor must obtain written approval from the impacted Partner Organization(s) prior to initiating an escalation. The Contractor must keep the Project Authority and the impacted Partner Organization(s) informed of the status of the escalation.

- 6.5.12 The Contractor must officially inform Providers when their registration status is changed.
- 6.5.13 The Contractor must not pay Providers for services provided after date of deregistration without the approval of the Partner Organization.
- 6.5.14 The Contractor must engage the Partner Organizations during a process to deregister a Provider for any reason other than non-provision of benefits or services in the preceding 18 months.
- 6.5.15 Providers who have been deregistered must apply to be re-registered. Providers who have been deregistered for any reason other than non-provision of benefits or services in the preceding 18 months, must be reviewed by the Partner Organization(s) and approved before they can be reregistered.

Provider Support Services

- 6.5.16 The Contractor must provide support services for Providers, including:
 - a) a *Contact Centre*, refer to SOW Section 5.8;
 - b) a *Provider Portal*, refer SOW Section 5.10;
 - c) Provider training; and
 - d) problem resolution procedures to address issues identified and raised by Providers.
- 6.5.17 The Contractor must conduct regular Provider Satisfaction Surveys on a schedule approved by the Project Authority, collect Provider feedback, and propose measures for improvement based on the information collected. The Provider feedback must be made available to the Partner Organizations.

6.6 Contact Centre Services

- 6.6.1 The Contractor must establish and maintain a Participant Contact Centre, including digital contact services (live chat and secure messaging/email), and dedicated toll-free North American phone number(s) to meet the needs of VAC, CAF and RCMP Participants.
- 6.6.2 Additionally, the Contractor must provide Out of Country Participants with Contact Centre services, refer to *SOW Section 6.21 Out of Country Services and Allied Veterans Services*.
- 6.6.3 Participant Contact Centre Services must be provided in Canada's official languages with Contact Centre representatives (currently English and French) available 0830 – 1630 in each Canadian time zone, Monday to Friday Federal statutory holidays excluded. The Participant Contact Centre must offer information and services including, but not limited to:
 - a) status of an authorization or claim;
 - b) assistance with FHCPs digital services (e.g., registration and use of the Participant Secure Portal);
 - c) how to sign up for direct deposit;

- d) benefit and services eligibility and how to obtain an authorization;
 - e) assistance with a claim; and
 - f) request for forms or other documents.
- 6.6.4 The Contractor must establish and maintain a Provider Contact Centre, including digital contact services (live chat and secure message/email), and a dedicated toll-free North American phone number.
- 6.6.5 Additionally, the Contractor must provide Out of Country Providers with Contact Centre services, refer to *SOW Section 6.21 Out of Country Services and Allied Veterans Services*.
- 6.6.6 Provider Contact Centre Services must be provided in Canada's official languages with Contact Centre representatives (currently English and French) available 0830 – 1630 in each Canadian time zone, Monday to Friday Federal statutory holidays excluded. The Provider Contact Centre must offer information and services to Providers including, but not limited to:
- a) Provider registration;
 - b) how to sign up for Direct Deposit;
 - c) explanation of Provider criteria;
 - d) authorizations;
 - e) escalation of issues to Provider relations staff;
 - f) clarification or verification of service or benefit eligibility and pricing rules;
 - g) verification of Participant eligibility for a benefit or service;
 - h) confirmation/response resulting from a verbal request for authorization;
 - i) explanation of general claims processing procedures and claims submission assistance;
 - j) determination of the status of Provider's claims;
 - k) interpretation of claims processing, including payments, overpayments, and amount paid or unpaid;
 - l) requests for forms or other documents; and
 - m) claim reversals for Electronic Claims.
- 6.6.7 Provider Contact Centre Services must accommodate the specific requirements of prescription drug authorizations 24 hours a day, seven (7) days a week using a process approved by the Project Authority during the Implementation Phase.
- 6.6.8 Prior to providing any information to Participants, Providers or Partner Organization staff through Contact Centre Services (Phone or Live Chat), the Contractor must authenticate the identity of Participant, Provider or Partner Organization staff member (identity verification for the secure message/email occurs through the Portals via the secure username and password process). Identity verification procedures will be established by the Contractor in consultation with the Partner Organizations, and approved by the Project Authority during the Implementation Phase.
- 6.6.9 The Contact Centre Operations, including its back-up site(s) and records (data storage, both electronic and paper based) must be located within Canada.
- 6.6.10 The Contractor must maintain appropriately outfitted facilities, with the appropriate number of Contact Centre operators, contact centre managers and qualified professionals to meet the Contact Centre service standards, refer to *SOW Section 6.35 performance and Service Standards*.
- 6.6.11 The Contractor must manage a digital secure messaging/email service for Participants to

be able to send their questions 24 hours a day seven (7) days a week, refer to *SOW Section 6.7 Participant Portal*. This service will be available to all Participants regardless of geographic location and messages will be responded to by Contractor staff within two (2) business days, refer to *SOW Section 6.35 Performance and Service Standards*.

- 6.6.12 The Contractor must ensure Contact Centre staff have direct access to the Contractor's trained health professionals, to answer Participant, Provider, and Partner Organization staff inquiries as efficiently as possible via the first contact resolution process.
- 6.6.13 The Contractor must use telephone systems that allow for the warm transfer of calls to Partner Organizations where required (e.g., to the CAF Drug Exception Centre, to VAC's Veteran call centre, etc.).
- 6.6.14 The Contractor must develop, review and maintain scripts in Canada's official languages, for use by Contact Centre staff in answering frequently asked questions. Scripts need to be reviewed with the Partner Organizations yearly at a minimum using a GBA Plus lens to take into consideration the potential changes in culture and issues facing under-represented participants. In addition, the Contractor must develop and implement procedures for identifying new questions which become frequent and develop the required scripts. All scripts require approval of the Project Authority prior to utilization. Scripts may be modified, added or removed as programs evolve and the Project Authority may request scripts be changed at any time. The publishing of plain language scripts to address frequently asked questions on the Participant, Provider and Departmental portals will be required to enhance customer service and reduce the need for digital or telephone inquiries.
- 6.6.15 Contact Centre staff must have completed all necessary training to respond to Participant, Provider, and Partner Organization staff inquiries, refer to *SOW Section 5.21 Training Strategy and Plan* and *SOW Section 6.30 Training and User Support*. Training Plans will be approved by the Project Authority and a schedule for training will be established in and approved as a part of the Implementation Plan and Integrated Schedule to train Contact Centre staff prior to the First Day of Operations. Training for new Contractor Contact Centre staff will be provided on an ongoing basis and training costs will be the responsibility of the Contractor.
- 6.6.16 The Contact Centre must provide a standard greeting advising Participants, Providers and Partner Organization staff using digital or telephone services of the expected wait time, of the call-back option, and how they could access additional FHCPs information, with the goal being both awareness of response times as well as enhancing digital and self-serve capacity (e.g., pointing callers using the telephone to the secure messaging capacity within the Portals, or online Frequently Asked Questions).
- 6.6.17 The Contractor must record the details of all inquiries received through the Contact Centre to ensure there is a record of each contact. The information captured for Participant or Provider contacts (digital and telephone) must include at a minimum, Participant or dependant information, subject, details, resolution or information provided to the Participant or their representative, if the call was passed along to a specialty area within the Contractor's FHCPs organization to call the Participant back, etc. The Contractor must ensure that the telephone or digital communication data is connected to the Participant's file and available to Partner Organization staff through the applicable Departmental Portal.
- 6.6.18 The Contractor must immediately inform the applicable Partner Organization of any urgent issues so appropriate direction can be provided to the Contractor. Further details on the business rules for Participant escalations, including definitions of urgent issues,

will be provided by the Partner Organizations during the Implementation Phase.

- 6.6.19 The Contractor must have equipment to accommodate hearing impaired Participants, Providers and Partner Organization staff including a dedicated TTY line.
- 6.6.20 The Contractor must record all calls, live chats, and secure messages/emails from Participants, Providers and Partner Organization staff.
- 6.6.21 The Contractor must provide electronic records of recorded communication to the Project Authority upon request for training or validation purposes. The Contractor may also be required to transcribe phone calls. The Project Authority will advise the Contractor of the length of retention of information during the Implementation Phase.
- 6.6.22 The Contractor must use an electronic call management distribution and reporting system which can route calls, has voicemail capability, and can produce a variety of reports to allow for sufficient oversight of the Contact Centre.
- 6.6.23 The Contractor must establish a process to track feedback from Participants, Providers and Partner Organization staff who use the Contact Centre Services, regarding satisfaction or concerns. A survey mechanism connected directly to the Contact Centre services (e.g., ability to leave feedback or respond to a survey after a telephone call, secure message/email or live chat session) is required. This information must be provided to the Project Authority in alignment with the Partner Organizations' feedback architecture, refer to *SOW Section 6.31 Quality Assurance*.
- 6.6.24 In the spirit of the *Accessible Canada Act*, Partner Organizations would like to hear about any accessibility-related feedback received by the Contractor from Participants and staff. This will help us learn more about accessibility barriers encountered and how they can be prevented or removed.
- 6.6.25 The Contractor must provide Contact Centre reporting services as outlined in *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.
- 6.6.26 The Contractor must adhere to Contact Centre Service Standards, refer to *SOW Section 6.35 Performance and Service Standards*.

6.7 Participant Portal

- 6.7.1 The Contractor must work with the Partner Organizations and Project Authority to promote the use of the Participant Portal.
- 6.7.2 The Contractor must provide technical and user support for the Participant Portal directly to Participants who require this support in the official language of the Participant's choice.
- 6.7.3 The Contractor must notify Participants of any changes or updates to the Participant Portal through a notification process. All notifications and communications will require approval by the Project Authority.
- 6.7.4 The Contractor must ensure any data or information, held in the Contractor's system, displays accurately to Participants through the Participant Portal.

- 6.7.5 The Contractor must ensure that the Participant Portal is under a state of continuous improvement based on the needs and feedback of users. Plans for updates to FHCPs digital services available through the Participant Portal will be included in the Annual Plan, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*.
- 6.7.6 The Contractor must adhere to the Service Standards for the Participant Portal. For Service Standard details, refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.7.7 The Contractor will be required to produce reports for the management of the Participant Portal. For reporting details, refer to *SOW Section 6.25 Reporting Services and SOW Appendix E Reporting*.

6.8 Provider Portal

- 6.8.1 The Contractor must maintain all functionality for the Provider Portal outlined in *SOW Section 5.10 Provider Portal Set-up* for the duration of the Contract.
- 6.8.2 The Contractor must provide information to impacted Providers, through the Provider Portal, when there are changes to FHCPs benefits and services. All Provider information, including advising Providers of changes to the Benefit Grids, must be approved by the Partner Organizations prior to posting.
- 6.8.3 The Contractor must provide technical and user support for the Provider Portal directly to Providers in the official language of their choice.

6.9 Departmental Portal

- 6.9.1 The Contractor must maintain all functionality for the Departmental Portal, for each Partner Organization, refer to *SOW Section 5.11 Departmental Portal Set-up*, for the duration of the Contract.
- 6.9.2 The Contractor must be proactive in identifying innovative opportunities to improve the functionality of the Departmental Portal, refer to *SOW Section 4.6, Service Innovation and SOW Section 6.34 On-Going Innovation*, that would result in positive changes for Participant Organization staff, or processes or communications between the Contractor and the Partner Organizations, and implement those improvements as part of the Annual Operations Management Plan, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*
- 6.9.3 The Contractor must obtain Project Authority approval prior to making any changes to the Departmental Portal. After approval, the Contractor must integrate any changes into the IT release and roadmap processes.
- 6.9.4 The Contractor must provide technical and user support for the Departmental Portal directly to Partner Organization staff in the official language of their choice.
- 6.9.5 The Contractor must adhere to the Service Standards for the Departmental Portal, refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.9.6 The Contractor will be required to produce reports for the management of the Departmental Portal. For reporting details, refer to *SOW Section 6.25 Reporting Services and SOW Appendix E Reporting*.

6.10 Benefit Grids

- 6.10.1 The Contractor must maintain the Benefit Grids, and all associated functionality, as developed during the Implementation Phase.
- 6.10.2 The Contractor must have the ability to utilize Provincial and Association fee schedules in the administration of FHPCS benefits. There are situations where the Partner Organizations have some benefits/services which will have different rules and fee guides which are contained in agreements, (contained in MOUs or Standing Offer Agreements, etc.) negotiated by the Partner Organizations.

An example of a physician's fee schedule for Ontario can be found at the following link:

https://www.health.gov.on.ca/en/pro/programs/ohip/sob/physserv/sob_master.pdf

- 6.10.3 The Contractor must provide a monthly electronic copy of the Benefit Grids suitable for posting on the online locations determined by the Partner Organizations during the Implementation Phase.
- 6.10.4 The Contractor must regularly monitor industry and associated usual and customary rates for benefits and services based on claims experience and industry standard when provincial or association fee guides do not exist. The Benefit Grids must be maintained and current at all times, and updated annually at a minimum. The Contractor must obtain approval from the Partner Organizations prior to changing rates and services on their Benefit Grids.
- 6.10.5 The Contractor must provide regular advice to the Partner Organizations regarding benefit grid rules including: frequencies (across multiple benefit sets), dollar limits, etc. and identify requirements for adding or removing benefits or changes in the parameters 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 Partner Organizations.
- 6.10.6 The Contractor must, in partnership with the Partner Organizations, communicate to Providers, in advance where possible, when changes are being made to the Benefit Grids.
- 6.10.7 The Contractor must archive previous versions of the Benefit Grids and have them viewable through the Provider and Departmental Portals.
- 6.10.8 The Contractor must, where possible, provide linkages between authorizations/treatment benefit claims and Veteran travel, refer to *SOW Section 6.17 Veterans Travel – Treatment (VAC)*.
- 6.10.9 The Contractor must adhere to the service standards for Benefit Grid changes, refer to *SOW Section 6.35 Performance and Service Standards*.

6.11 Communications Materials

- 6.11.1 The Contractor must maintain all Communications functionality and adhere to all Communications requirements as outlined in *SOW Section 5.13 Communications Plans and Materials*.
- 6.11.2 The Contractor is responsible for translating all Communications materials and must

have all translated content approved by the Project Authority. Ad hoc translation requests into an Indigenous language may be made on an ad hoc basis by the Project Authority. The translation of content must be carried out by a certified language specialist (i.e., certified translator) and reviewed by another certified language specialist (i.e., certified reviser).

- 6.11.3 All FHCPS communication products developed or modified by the Contractor must be submitted to the Project Authority for review. The Contractor must revise the communication products to incorporate any required changes and/or modifications requested by the Project Authority. The Contractor must subsequently obtain Project Authority approval of the revised communications product prior to distribution or posting.

6.12 Treatment / Health Care Benefits

- 6.12.1 Currently, treatment and health care benefits and services are categorized into programs which are outlined in this section. Authorization details for Treatment and Health Care benefits can be found in the Benefit Grids, refer to *SOW Section 6.10 Benefit Grids*. For general authorization requirements, refer to *SOW Section 6.13 Treatment / Health Care Authorizations*. For claims processing requirements, refer to *SOW Section 6.24 Claims Processing Services*.

- 6.12.2 **Aids to Daily Living (ADL):** provides devices and accessories, including necessary repairs, designed to assist Participants in the activities of daily living. For example: walking, self-help bedroom and bathroom aids.

Providers who are eligible to be registered under this program could range from pharmacies who provide medical supplies and equipment, independent contractors, and any other businesses who provide equipment identified under the benefit grid for this program.

- 6.12.3 **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. Providers who are eligible to be registered under Ambulance Services must be licensed ambulance operators, in the province or territory in which they operate.

- 6.12.4 **Audio Services:** which include the provision of hearing aids, accessories and other devices for the hearing impaired. For example: hearing accessories, telephone amplifiers, hearing aids. Provision of other audio benefits can be considered on an exceptional basis if the participant'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.

There is a Memorandum of Understanding (MOU) between the Hearing Industry Association of Canada (HIAC) and VAC, RCMP, CAF, and Non Insured Health Benefits. The MOU describes the arrangement whereby HIAC members provide hearing products and services to hearing health care professionals for eligible participants. Some of the items covered by the MOU include preferential pricing for hearing products and services, provision of free accessories with selected orders, service and loss/damage warranties, and communications between parties. The Contractor's system will be required to adjudicate claims based on what is outlined in this MOU.

Providers who are eligible to be registered under this program must be specialists, clinical audiologists or a provincially licensed dispenser of hearing equipment.

- 6.12.5 **Dental Services:** include the most cost-effective treatment essential for good oral

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 all dental services are billed using provincial fee codes, which originate from the appropriate professional association and are individually approved within each province by a provincial association.

Providers who are eligible to be registered under this program may include dentists who are registered in their province, provincially approved denturists and provincially registered dental hygienists. CAF does not recognize denturists and does not access services from denturists. It should also be noted that in those cases where a service has been provided by denturists, this service 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 dentist, denturist or dental hygienist is governed by the applicable provincial legislation. For CAF Participants, all dental services must be pre-authorized by the CAF before the service is provided.

Dental authorizations are further described in *SOW Section 6.14 Dental Authorizations*.

- 6.12.6 **Hospital / Clinic Services:** include benefits for treatment services provided in an acute care, chronic care, or rehabilitative care hospital or clinic. It includes both inpatient and out-patient services in an accredited provincial hospital, health facility, or clinic.

Providers who are eligible to be registered under this program may be provincially accredited hospitals, interdisciplinary or multidisciplinary clinics, laboratory or diagnostic imaging clinics.

This Program also includes multidisciplinary clinics (MDCs) and interdisciplinary clinics (IDCs). The Partner Organizations may register and pay IDCs and MDCs using different methods. VAC is currently registering individual Programs within IDCs.

MDCs consist of various health professionals working in one location (that may have varied care approaches) to provide treatments to Participants. IDCs are clinics which also consist of various health professions but provide a coordinated approach to the care of the Participant.

Approved IDC programs have approved health professionals from three (3) or more disciplines. An IDC's program may also include, as part of the interdisciplinary team, non-health professionals, working under the direction of a regulated health professional, who provide adjunct or complementary therapy as part of the interdisciplinary program.

- 6.12.7 **Medical Services:** consist of the full range of medical care provided by physicians including specialists such as psychiatrists. Medical services can include medical examinations, psychiatric assessments, treatment or reports required by the Partner Organizations

Authorizations will be established and claims processed using provincial fee guide codes and in some situations, the professional association fee guides. The Contractor will be required to adjudicate on provincial codes used, including Provider specialty codes.

These codes differ amongst all provinces and must be mapped by the Contractor toward a common reporting code (or a unique category) to allow the reconciliation of information from expenditures made against Medical Services.

Providers who are eligible to be registered under this program include physicians including specialists such as psychiatrists who are licensed to practice in the province/territory where the services are provided and who provide the medical services within the scope of their profession.

- 6.12.8 **Medical Supplies:** are medical equipment, surgical equipment, and supplies normally used by an individual in a non-hospital setting. These medical supplies are essential to effectively monitor or treat an illness or injury. They are primarily used to serve a medical purpose. For example: incontinence supplies and bandages.

Providers who are eligible to be registered under this program could range from pharmacies, specialty service stores, or any other businesses providing supplies or equipment identified in the benefit grid. For VAC only, Providers can also include federal licensed sellers (of cannabis), provincial or territorial cannabis retail stores.

- 6.12.9 **Nursing Services:** refer to nursing services provided in a Participant's home or other approved facility. These services normally consist of conducting evidence-based assessments, developing and implementing care plans; medication administration; assisting with activities of daily living; providing health related education; collaborating with Participants and their families; and support systems to achieve optimal well-being.

For VAC, requests specifically for nursing visits and nursing assessments will be authorized by VAC.

- 6.12.10 **Oxygen Therapy:** provides required equipment and supplies to Participants 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.

Providers who are eligible to be registered under this program include respiratory technologists and representative oxygen supply companies.

- 6.12.11 **Prescription Drugs:** refer to any pharmaceutical product prescribed by a regulated health care professional and approved under VAC, CAF and RCMP programs. This may include: products which have a Drug Identification Number (DIN), 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. Included under the Partner Organization programs are:

Standard Benefits include over-the-counter and prescription drugs, plus medical devices that are considered by the Partner Organizations to represent "common" therapies. All products under standard benefits are readily accessible to eligible Participants who provide a prescription or other acceptable information connecting the benefit to a medical need.

Special Authorization Benefits provide eligible Participants with less common or higher cost therapies approved by the authorized Partner Organization as part of a managed health care approach. Participants need a prescription and must be able to demonstrate a medical need that is most appropriately met with the requested therapy. Participants may be required to submit medical test results and/or asked to try more

common therapies before being approved for these benefits.

Non-Formulary Products are products which are not included on the formularies but which may be approved on an exceptional individual basis, based on medical need and demonstrated or predictable benefit.

Providers who are eligible to be registered under this program include pharmacies, provided that they are licensed to dispense prescriptions, requiring and non-prescription requiring drugs in the province/territory where the benefits are being obtained.

Pharmacy authorizations are further described in *SOW Section 6.15 Pharmacy Authorizations*.

- 6.12.12 **Prosthetics and Orthotics:** refers to 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. Example of excluded benefit: off-the-shelf footwear.

Providers who are eligible to be registered under this program include Providers who are provincially licensed to provide prosthesis or orthoses.

- 6.12.13 **Related Health Services:** refers to health-related services that are recognized as being beneficial to Participants' 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 health professional services which have been approved by the Partner Organizations.

These health professionals must be licensed by a licensing authority recognized by the province or territory in which these services are provided, or if not licensed in that specific province or territory, approved by the Partner Organization. Therapies prescribed by health professionals in support of a treatment program may also be recognized by the Partner Organizations.

Providers who are eligible to be registered under this program could include health professionals, specialists and physicians licensed to practice by the province or territory in their respective specialty, or other health professionals approved by the Partner Organization.

- 6.12.14 **Special Equipment:** includes devices, therapeutic aids and any other equipment designed to address a functional health need. Home adaptations to accommodate this equipment are also included for some of the Partner Organizations. These benefits must be prescribed by an approved health professional, 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 an excluded benefit: mattresses for a regular bed.

For VAC, all benefits under Special Equipment are authorized by VAC.

Providers who may be eligible to be registered for this program may include individuals or companies engaged in the sale, rental, delivery, installation and repair of special

equipment, and carpentry or construction companies as outlined in the Benefit Grids.

- 6.12.15 **Vision Care:** includes benefits and services to correct sight impairments, equipment, supplies as well as services provided by the Canadian National Institute for the Blind (CNIB). Examples of benefits: bifocal lenses, frames, eye examinations.

CAF negotiates special rates with local Providers for the provision of eye glasses.

Providers registered for this program could include optometrists, ophthalmologists, and opticians licensed to practice in the province/territory in which the Participant receives the services. The CNIB is also a Provider and is included with this group.

6.13 Treatment / Health Care Authorizations

- 6.13.1 The Contractor must receive requests for authorization of benefits and services from Providers and Partner Organizations. Authorizations are to be automated wherever possible, as in the case of dental and pharmacy authorizations most commonly. In some cases, Partner Organizations will authorize services independently and submit those authorizations using the Contractor's system. CAF and RCMP will primarily create their own authorizations while VAC will utilize the services of the Contractor to create the majority of authorizations.

- 6.13.2 Treatment / Health Benefit Authorization Services encompass activities to receive and process requests for authorization of treatment benefits and services for programs, refer to *SOW Section 6.12 Treatment / Health Care Benefits*. Authorization services include reviewing authorization requests against business rules defined by the Partner Organization and rendering and documenting the results of that review, and accepting authorizations made directly by the Partner Organizations and ensuring those authorizations are captured on the Participant's file to ensure seamless claims processing.

For additional details on Dental Authorizations, refer to *SOW Section 6.14*, for Pharmacy Authorizations, refer to *SOW Section 6.15*, for Cannabis for Medical Purposes, refer to *SOW Section 6.18*.

Details for authorizations that do not fall under treatment / health benefits authorizations can be found in their own sections. Authorizations for the VIP program (VAC only), refer to *SOW Section 6.19 Veterans Independence Program (VIP)*, for the Veteran's Travel (VAC only), refer to *SOW Section 6.17 Veterans Travel – Treatment and (VAC)*, for *Long Term care (VAC only)* refer to *SOW Section 6.20*.

- 6.13.3 The Contractor must receive and process authorization requests from registered Providers and authorized Partner Organization staff. Authorizations and authorization requests must be able to be accepted through the Provider or Departmental Portals, or by paper or phone as required.

Departmental Portal functionality for Partner Organization staff to submit authorization requests and authorizations

- 6.13.4 The Contractor must provide a mechanism through the Departmental Portal for authorized users from the Partner Organizations to submit authorization requests, and authorizations. The authorization functionality must provide prepopulated electronic forms or data fields based on Partner Organization specifications which will be finalized with the Contractor during the Implementation Phase. The authorization request must contain, but is not limited to:

- a) Partner Organization and staff member ID;
- b) Contractor staff member ID if Contractor issuing for Partner Organization updates or changes;
- c) Participant demographics;
- d) Provider demographics;
- e) Program or benefit;
- f) benefit code;
- g) effective/expiry dates;
- h) if the authorization is exceptional; and
- i) field for free flow text comments.

6.13.5 In the authorization functionality within the Departmental Portal, when a Partner Organization staff member inserts a benefit code, the Contractor must automatically link the request to the Partner Organization's eligibility rules or mapping (many of which will be provided in the Benefit Grids). Those fields should fill automatically and details must include, but are not limited to:

- a) maximum number of occurrences / frequencies;
- b) allowed maximum amount;
- c) prescriber type; and
- d) recommender type.

6.13.6 Authorization functionality must enable Partner Organization staff to create text to be included in authorization results/letter for Providers and Participants.

6.13.7 Within the Authorization functionality, the Contractor must provide Partner Organization staff the ability to override, modify/suspend, approve or deny authorization requests and print the authorization letter. Partner Organization staff must have the ability to waive limits such as eligibility, maximum amount, frequency, prescriber, etc. This functionality will avoid the claim from being suspended during the adjudication process, even though not within the limits established, was properly approved in advance by authorized Partner Organization staff.

Contractor adjudicating authorizations

6.13.8 Manual authorization adjudications may be required by the Contractor when a relationship between a requested benefit and a participant's eligibility cannot be established by rules-based automated adjudication or in other cases identified by the Partner Organizations.

6.13.9 When completing an authorization (manual or automated), the Contractor must:

- a) verify submissions against the Participant eligibility for the benefit/service against the following;
 - i. Participant ID;
 - ii. service or benefit requested;
 - iii. Participant history;
 - iv. prescriber and recommender requirements; and
 - v. maximum financial limits as well as number of approved occurrences for the benefit or service;
- b) communicate with Providers, prescribers, Partner Organization staff and Participants if needed to:

- i. obtain additional information regarding a participant's treatment benefits and services;
 - ii. acquire additional medical information to support the authorization request; and
 - iii. refer complex authorization requests to VAC for input;
- c) prepare documents for Contractor's health professional review as required (e.g. medical history, radiographs and requests for benefit extension);
- d) communicate the results of the authorization request to Providers, which must contain authorization details in response to an authorization request;
- e) display authorization adjudication results in the Participant, Provider and Departmental Portals; and
- f) issue a letter each time an authorization is made or amended and distribute within one business day of the authorization record update.

6.13.10 Authorizations for treatment / health benefits have varying degrees of complexity; therefore, the professional resource requirements and the resource time required to render and record adjudications will vary. The Contractor must have access to health professionals, as referenced in *SOW Appendix D, Contractor Resources*, to provide medical and/or administrative recommendations and adjudicate authorization requests. The Contractor's health professionals involved in the authorization process may:

- a) establish a link between Program and Disability Benefits entitled condition (VAC only) and requested benefit;
- b) provide medically needs-based recommendations for exceptional cases such as ineligible benefits, or requests above frequency or dollar limits; and
- c) provide advice to analysts authorizing services.

6.13.11 If Participants require more sessions than the frequency limit for a benefit, Providers can submit a request for extension. The Contractor must:

- a) accept requests for extensions from Providers through reports, letters, treatment plans or forms;
- b) review requests for extensions and adjudicate based on business rules;
- c) obtain additional information from the Provider if required;
- d) engage with health professionals within the Contractor's operations if required;
- e) provide the documentation submitted with the request for extension, and notes documenting recommendations and rationale on authorizations available for view by authorized staff through the Departmental Portal;
- f) communicate the results of the authorization request to Participants, including:
 - i. authorization details; and
 - ii. appeal rights where applicable;
- g) communicate the results of the authorization request to Providers, including authorization details; and
- h) display authorization details in the Participant, Provider and Departmental Portals.

Communicating authorization adjudication results

6.13.12 Once an authorization is approved, the results and details must be retained by the Contractor, and provided to Participants and Providers, and available for reference for Participants, Providers and Partner Organization staff.

6.13.13 All authorization results must be issued in the Participant's official language of choice, issued each time an authorization is amended, distributed as per the Participant's communication preferences or Partner Organization business rules, and retained in the

Participant, Provider (where applicable) and Departmental portals. Wording for authorization results/letters will differ by Partner Organization and will be provided during the Implementation Phase. Authorization details must include, but are not limited to:

- a) date created;
- b) authorization number;
- c) active dates including effective and expiry dates;
- d) Partner Organization;
- e) Participant information;
- f) Provider information;
- g) benefit code;
- h) benefit description and limits; and
- i) appeal rights where applicable.

- 6.13.14 The Contractor must provide the functionality for Partner Organization staff to download and electronically export or print a copy of the authorization results (including any authorization extension results) and supporting documents from the Departmental Portal.
- 6.13.15 The Contractor must provide authorization results in real time to Providers and Partner Organizations, where possible.
- 6.13.16 The Contractor must provide authorized Partner Organization staff the functionality to search for an authorization by authorization number both within the Participant's file, and separately in the Departmental Portal.

Service Standards and Reporting

- 6.13.17 The Contractor must adhere to authorization service standards, refer to *SOW Section 6.35 Performance and Service Standards*
- 6.13.18 The Contractor must adhere to all authorization services reporting requirements, refer to *SOW Section 6.25 Reporting Services and Appendix E, Reporting*.

6.14 Dental Authorizations

- 6.14.1 Dental services are treatment/health benefits which provide coverage for basic dental care and some pre-authorized non-basic and major dental services subject to the specifications outlined in the Partner Organizations policy, the Benefit Grids, and in the fee schedule for the associated provincial/territorial Dental Association.

VAC Dental Services

- 6.14.2 There are different categories under the VAC Dental Services:

Basic Dental Services: include services such as diagnostic, preventative and restorative services that fall within the basic dental limits and frequencies of the program. For example: exams, x-rays, cleanings and restorations.

Non-Basic Dental Services: include services such as crowns, bridgework, bruxism appliances and periodontal services. Authorization is required for all Non-Basic Dental services.

Excluded Dental Services: include services such as equilibrated dentures, implants and implant related treatment. These services are not normally a covered benefit.

Denture Services: include services such as standard dentures and denture related services. These services are subject to frequency and dollar limits.

- 6.14.3 Dental authorization requests for VAC Participants can be received through recognized dental software which allows dental practices to interact with the Contractor. Requests can also be received through the Provider portal, by paper, phone, or fax as required.
- 6.14.4 Contractor dental staff will work in collaboration with designated dental representatives from VAC.

CAF Dental Services

- 6.14.5 The internal CAF function of the dental authorization is to advise the Contractor the Canadian Forces Health Services Centre (CFHSC) or Dental Detachment (Dental Det) have reviewed the Member's profile and the referred benefit meets all of the criteria found in the Spectrum of Care (SoC). The need for an authorization will be specified within the CAF Benefit grid which will also indicate where the Contractor has authority to provide authorizations based on criteria provided by the CAF. Some reasons an authorization must be completed include:
 - a) Member is not eligible but has been approved for services by appropriate medical authority;
 - b) benefit is not found in the CAF benefit grid and the "other" code is used;
 - c) condition for an authorization is set out as a requirements in the benefit grid;
 - d) Member exceeded the frequency limit set out in the benefit grid; and
 - e) request will exceed the dollar limit set out in the benefit grid.

RCMP Dental Services

Supplemental Health Care – Dental

- 6.14.6 RCMP Members are eligible to receive a maximum calendar year allowance of \$2,000 for eligible dental services in accordance with the RCMP Benefits Grid, reimbursed up to 100% in accordance with the current provincial dental fee guides for general practitioners or specialist and eligible to a maximum lifetime allowance of \$2,200 for orthodontic services. The Contractor might receive requests for preauthorization of a treatment plan, outlined on a Standard Dental Claim Form. The Contractor must outline the eligibility of the proposed treatment plan as well as how much they will be reimbursed.

Occupational Health Care – Dental

- 6.14.7 Any dental claims resulting from a workplace injury/illness or fitness for duty are referred to the RCMP for an internal review and pre-authorized by the RCMP DG Occupational Health and Safety Branch. Once authorized, the claims are submitted to the Contractor for processing under the Occupational Health Care dental codes. The Contractor must ensure that paid amounts do not impact the Supplemental Health Care maximum dollar allowances.
- 6.14.8 Dental claims for coverage under RCMP Occupational Health Care benefits are submitted via the CDA Standard Dental Form and the Standard Dental claim form through Association des chirurgiens dentistes du Québec (ACDQ) and via the RCMP Health Benefits claim form. The Contractor will be required to enable non-electronic and digital Member and/or dental Provider submission of the required dental claim

information. The Contractor must:

- a) duplicate the Canadian Dental Association codes with the Occupational Health Care identifier which is separated from the Supplemental Health Care dental codes;
- b) provide a comparison on codes paid under Occupational Health Care - Canadian Dental Association codes versus Provincial Worker's Compensation board/provincial fee guide;
- c) review each Occupational Health Care dental treatment request and determine if it is in accordance with the RCMP criteria. Criteria will include details so the Contractor can make a clear recommendation on the following:
 - i. whether or not the injury/illness was duty-related; and
 - ii. if the proposed treatment is reasonable for the injury/illness;
- d) request further information or supporting documentation during the process. The Member use of the current RCMP Member identification card authorizes the Contractor to obtain additional information;
- e) where the initial Dental Consultant was unable to make a clear determination, the request will be reviewed by a second Dental Consultant. If after a second review a determination cannot be made, the request, along with the supporting information will be sent to RCMP Health Benefits Program (HBP) for review and final decision;
- f) prepare and send a letter to both the Provider and Member detailing the decision. The letter must be viewable in the Participant, Provider and Departmental portals; and
- g) if applicable, adjust claims history of the claims initial reimbursement under Supplemental Health Care benefit with Occupational Health Care benefits coverage.

Contractor Dental Resources and Processes (all Partner Organizations)

- 6.14.9 The Contractor must staff a unit of analysts who have a dental background as referenced in *SOW Appendix D, Contractor Resources*.
- 6.14.10 The Contractor must ensure Dental Authorization Services have access to dental professionals, refer to *SOW Appendix D, Contractor Resources* for requests requiring dental consultation.
- 6.14.11 The Contractor must have an understanding of dental fee codes including a familiarity with dental services normally comprised of sets of distinct procedures with an understanding of the procedures included in a service and those which should not be coded separately.
- 6.14.12 The Contractor must ensure the Dental Benefit Grids are current and accurate reflecting fee guides published by the respective provincial/territorial dental associations. The Contractor must update the Dental Benefit Grids on an annual basis in collaboration with the effective date of the fee guide from the provincial/territorial dental associations. Historical changes to the Dental Benefit Grids must be retained and displayed including start and end dates.
- 6.14.13 The Contractor must obtain Partner Organization approval to update the list of procedure codes and fees included in Dental Services.
- 6.14.14 The Contractor must provide Partner Organization staff with the ability to view and export procedure codes and fees (including laboratory fees) in the Departmental Portal.

6.14.15 The Contractor must ensure Partner Organization staff have access to view the Dental Benefit Grids through the Departmental Portal, and be able to search parameters such as:

- a) jurisdiction;
- b) dental specialty;
- c) procedure code;
- d) equivalent code;
- e) schedule type;
- f) professional fee;
- g) commercial lab eligibility and fee;
- h) internal lab eligibility and fee;
- i) start date;
- j) end date;
- k) procedure name;
- l) alternative procedure name;
- m) alternative procedure code;
- n) policy rule values for:
 - i. tooth class and sub-class;
 - ii. dentition code;
 - iii. age predetermination if required;
 - iv. provincial plan min/max age;
 - v. provincial plan COB required;
 - vi. frequency limits over time;
 - vii. program verification edit reference/description; and
 - viii. other policy related values as required;
- o) data from the Provincial-Territory Pricing Table:
 - i. Province/Territory;
 - ii. dental specialty;
 - iii. procedure code;
 - iv. effective date (start);
 - v. expiry date (end);
 - vi. professional fee;
 - vii. commercial lab fee eligibility, and fee if applicable; and
 - viii. internal lab fee eligibility, and fee if applicable.

Service Standards and Reporting

6.14.16 The Contractor must adhere to dental authorization service standards, refer to SOW *Section 6.35 Performance and Service Standards*.

6.14.17 The Contractor must adhere to all dental authorization reporting requirements, refer to SOW *Section 6.25 Reporting Services and Appendix E Reporting*.

6.15 Pharmacy Authorizations

Background, all Partner Organizations

6.15.1 Veterans Affairs Canada provides coverage for prescription drugs and other pharmaceutical benefits under the authority of the *Veterans Health Care Regulations*. The Drug Benefit list (also called Drug Formulary) is a list of standard and special authorization drugs and supplies related to drug administration that are considered benefits. Items that are not on the drug formulary, called Non-formulary products (NFP), are assessed on a case by case basis. Prescription drugs are provided through the

Pharmacy Program.

- 6.15.2 The Canadian Armed Forces (CAF) provides a wide variety of both prescription and non-prescription drugs to its eligible participants. These medications are an integral part of the pharmacy program and are defined as unrestricted in the Drug Benefit List (also called a Drug Formulary). The medications on this list must generally be proven to provide a therapeutic effect. Other products, such as selected medical devices or supplies may also be included as Drug Benefits if there is evidence available to support their therapeutic value. Certain medications are only approved for use in specific conditions, generally because their therapeutic potential may be limited or their side effects are more significant: these medications require Special Authorization to confirm that criteria for use have been met, and to thereby ensure optimal drug therapy.

Pharmacy Program eligible Participants will primarily include CAF personnel serving on long- and short-term contracts (i.e., Regular and Reserve Force personnel, respectively), as well as other individuals for whom the department is mandated to provide health care. Examples of the latter include Members of foreign military forces serving in Canada on reciprocal agreements and their dependents, selected civilian Contractors, and individuals enrolled in the Valcartier Grenade Incident Program (VGIP).

- 6.15.3 The Royal Canadian Mounted Police provide coverage for drug products and other pharmaceutical benefits under the authority of the *RCMP Regulations Sec. 43.(1), 43.(2), 44.(1)*, following the Commissioner's approved directives.

Pharmacy, all Partner Organizations

- 6.15.4 Pharmacy Program benefits are prescribed by health professionals authorized to do so under the laws in force where the pharmaceuticals are provided. Prescriptions can be written or electronic. The validity period for a prescription will be no longer than one year from the date the prescription was transcribed.
- 6.15.5 The formularies encompass both standard benefits and special authorization benefits and include:
- a) drugs which can only be legally dispensed under the authority of a prescription from an authorized prescriber. These drugs must be identified using either an established identification number (e.g., Drug Identification Number (DIN) or Natural Product Number (NPN) issued by Health Canada), or a Product Identification Number (PIN) or pseudo-DIN;
 - b) drugs which do not require a prescription by law but may be required by a Department and can be obtained "over the counter"; and
 - c) pharmaceutical products, medical devices, pharmacy services and supplies related to drug administration.

Some of these products may also be available through another Program (e.g., Medical Supplies). Drug formularies also fall under the category of Benefit Grids, refer to *SOW Section 6.10, Benefit Grids*.

Standard Benefits

- 6.15.6 Standard benefit products on the Drug Formulary are eligible for reimbursement with a valid prescription. Standard Benefits may also be referred to as Regular Benefits.
- 6.15.7 Standard benefits include prescription drugs, many over-the-counter drugs, plus medical

devices, that are considered by the Partner Organizations to represent common therapies. Approximately 80% of all drug benefits fall into this category and most have a Drug Identification Number (DIN) assigned by Health Canada. Standard benefits are readily accessible to eligible participants who have a prescription from their certified health professional.

Special Authorization Benefits

6.15.8 Special Authorization Benefits provide eligible Participants with certain medications which are only approved for use in specific conditions, are less common or higher cost therapies approved by the authorized Partner Organization. Participants need a prescription from a certified health professional, and the health professional must be able to demonstrate a medical need that is most appropriately met with the requested therapy. In some situations with specific Partner Organizations, Participants may be required to submit medical test results prior to being approved for these benefits. Participants may be asked to try more common therapies before receiving special authorization benefits. Special Authorization benefits must be preapproved to confirm criteria for use have been met.

6.15.9 The Contractor must:

- a) work with the Partner Organizations to establish products which will require Special Authorization. These product lists will vary between the Partner Organizations.
- b) link Contractor staff working on special authorizations to retail pharmacies through a real-time adjudication pharmacy network. These staff are authorized to provide medically needs-based approvals;
- c) support pharmacy authorizations by allowing transmission of information related to reimbursements to service Providers through computer technology; telecommunications, written and oral medium, and secure email concerning the eligibility of participants to receive pharmacy products that have been determined to require special authorization by each Partner Organization;
- d) action Special Authorization requests received both during and after normal hours;
- e) provide the technology and expertise necessary to respond to specific questions; relating to drugs, medical conditions and health considerations; and
- f) be able to receive, analyze, research and respond to requests in a timely and professional manner, ensuring results are made based on Partner Organization established criteria, and authorizations are consistent with Partner Organization legislation, policies and guidelines.

Formularies (Drug Benefit Lists)

6.15.10 The Contractor must create a system to house and maintain a formulary of drugs and supplies for Standard Benefits and Special Authorization Benefits:

- a) products contained in the Formulary may vary by Partner Organization;
- b) formularies are approved by the Partner Organizations and are communicated to the Contractor; and
- c) an electronic copy of the formularies must be provided monthly in a format identified by the Partner Organizations for posting on the Participant, Provider and Departmental Portals, and Partner Organization external websites.

6.15.11 Data contained in the formulary must include, but are not limited to:

- a) generic name;

- b) benefit status (Standard benefit or Special Authorization);
 - c) Special Authorization criteria;
 - d) DIN/NPN/PDIN;
 - e) strength;
 - f) ingredients;
 - g) dosage form;
 - h) chemical name;
 - i) Anatomical Therapeutic Chemical (ATC) Class;
 - j) manufacturer; and
 - k) whether product is discontinued or not.
- 6.15.12 The Contractor must ensure that all catalogued items on the drug formularies have been assigned a code from the current version of the World Health Organization (WHO) Anatomical Therapeutic Chemical (ATC) index. If an ATC code has not been previously assigned to a specific item, Partner Organization drug plan personnel will be consulted.
- 6.15.13 The Contractor must maintain functionality to distinguish between medications which are unrestricted and those which are subject to limits as specified by the Partner Organizations.
- 6.15.14 The Contractor must allow for implementation of department-specific cost-management initiatives, such as identification and substitution of lower cost alternatives including use of generic equivalents. It is a standard practice of the Partner Organizations to utilize generic substitutions wherever possible.
- 6.15.15 The Contractor must maintain pricing details of all Pharmacy items ensuring pricing is current and based on information from the provincial and territorial plans or any other agreed on pricing source. Pricing structure must be approved by the Partner Organizations. In some jurisdictions, the Partner Organizations have negotiated agreements with provincial pharmacy associations which defines pricing for pharmacy benefits and services.
- 6.15.16 The Contractor must identify and add generics and bioidenticals/biosimilars as they become available, on the Canadian market.
- 6.15.17 The Contractor must ensure Partner Organization staff are able to:
- a) view and export the Partner Organization formularies including authorization requirements to a file format acceptable to the Partner Organizations, through the Departmental Portal; and
 - b) access related pharmacy Partner Organization documents.
- 6.15.18 Data points displayed on the Participant, Provider and Departmental Portals, and Provider Organization external websites may differ by audience for usability purposes. The details of the design will be provided by the Participant Organizations during the Implementation Phase.
- 6.15.19 The Contractor must maintain the functionality to develop specialized sub-formularies for distinct Participant groups or individuals. These specialized formularies could be based on, but not be limited to: Participant eligibility, disability benefit entitled conditions (VAC only) and individual Participants.

Non-formulary Products (NFP)

- 6.15.20 Non-formulary products (NFPs) include prescription drugs and other products not included in the formularies. All requests for NFPs are reviewed on an individual basis for potential exceptional approval. Participants will need to provide a medical diagnosis and a prescription from a certified health professional, a list of any medication(s) that have been tried to treat the condition(s) and the result of the treatment(s), and why this product has been selected to treat the medical condition(s).

Pharmacy Authorizations

- 6.15.21 Pharmacy authorizations must be supported through prescriptions from authorized health professionals. The authorization requirements referenced in *SOW Section 6.13 Treatment / Health Care Authorizations*, generally are applicable to Pharmacy Authorizations. The following requirements are unique to Pharmacy authorizations.
- 6.15.22 The Contractor must receive requests from prescribers such as pharmacists, departmental staff, physicians, other health care Providers and Partner Organization staff, and have the ability to acquire necessary medical information on Participants through contacts with pharmacists, physicians, other health care Providers, and staff in the Partner Organizations through phone contacts, as well as in writing and electronically.
- 6.15.23 The Contractor must authorize an interim supply at the time of the call when a final determination cannot be reached while awaiting required medical information. Following the call, the Contractor must obtain the necessary information, and process the authorization request within two (2) business days. For CAF only, if unable to process the authorization with the information at the time, the Contractor must forward the request to Canadian Forces Drug Exception Centre (CFDEC). During the Implementation Phase the Partner Organizations will provide the Contractor with business rules for provision and approval timelines for interim prescription drugs.
- 6.15.24 The Contractor must receive requests electronically (preferred method), and by telephone, mail and fax. Pharmacy team members will regularly dialogue and work with Partner Organizations stakeholder groups, including:
- a) VAC Program Management and Health Professionals;
 - b) VAC Area Offices;
 - c) VAC National First and Second Level Appeals;
 - d) CAF Drug Exception Centre;
 - e) CAF On-Base Pharmacies; and
 - f) RCMP Divisions.
- 6.15.25 The Contractor must receive, review and process authorization requests, and communicate results to Providers and Participants. The Contractor must provide automated, system generated responses to authorization requests where possible to prevent delays in the Participant's receipt of benefits. The Partner Organizations must approve wording for any communication to Providers and Participants.
- 6.15.26 The Contractor must ensure Pharmacy Authorization Services have access to health professionals for requests requiring medical consultation.
- 6.15.27 The Contractor must establish Point of Sale / electronic authorization and claims processing functionality for Providers to submit requests for prescription drugs.

- 6.15.28 The Contractor must establish a 24 hour, 7 day a week, 1-800 phone service for pharmacies to contact the Contractor to request approval of prescription drugs.
- 6.15.29 The Contractor must prepare documents for the Contractor's health professional review as required (e.g. medical history).

CAF Specific Requirements

- 6.15.30 The Contractor must collaborate with the CFDEC. The CFDEC is responsible for adjudicating requests for medications for CAF Members that are not included as benefits on the CF Drug Benefit List (also called a formulary), including medications that do not meet Special Authorization criteria. The Contractor must provide special authorization services for CAF Members both during and after CFDEC normal hours.
- 6.15.31 The Contractor must provide CFDEC access to claims adjudication system with a pharmacy claims management program specific to CAF, and grant access to patient medication history profile and all other Member claims information.
- 6.15.32 The Contractor must develop technological support to allow CFDEC to create unique authorization by electronic means in the claims adjudication system. The CFDEC must have access to the letters sent to Providers.
- 6.15.33 For adjudication of CAF specific pharmacy claims, the Contractor must:
- a) consistently adjudicate and compile information on benefits and non-benefits dispensed to Participants at both retail and CAF pharmacies (referred to as CAF On-Base Pharmacy transactions). CAF pharmacies, whether located at a base in Canada or with an overseas connection, must have a level of functionality equivalent to those of retail pharmacies licensed in Canada;
 - b) provide real-time electronic response to pharmacies regarding the coverage of specific prescriptions via the computer terminal located in the pharmacy where the claim was initiated. Where the medication is not covered as an unrestricted benefit, information will be displayed to enable the dispensing pharmacist to identify alternate therapies for the patient or to facilitate further assessment for items subject to restrictions (e.g., Special Authorization criteria);
 - c) detect potentially inappropriate dispensing patterns among individual Participants (e.g., exceeding authorized dosages or quantity limits; duplicate therapy obtained from multiple pharmacies) and transmit relevant real-time warnings (alerts) to the dispensing pharmacist;
 - d) implement hard or soft blocks for specific alert messages, per CAF specifications, which will require pharmacists to enter intervention codes or other information to process the claim;
 - e) calculate the maximum allowed dispensing fee based on predetermined factors such as number of days for which product has been supplied or separate professional fee billed as part of the same transaction;
 - f) allow other province-specific interventions to be implemented to optimize care for patients or reduce expenditure to the drug plan. Examples of such interventions include provincially regulated caps on co-payments or mark-ups; service fees billed per negotiated memorandums of understanding; and standing offer agreements with provincial pharmacy associations;
 - g) enable individual requests for non-formulary products to be identified, prioritized, and efficiently reviewed for potential coverage by drug program staff. This applies equally for items that are not currently listed on the formulary that have been delisted or specifically excluded from coverage, as well as those which do not meet established criteria for reimbursement; and

- h) allow for restrictions on the total quantity or the duration of coverage for specific medications used by individual Participants.

6.15.34 CAF pharmacy has unique requirements for a pharmacy system interface. The Contractor must design, configure/customize, or build a system interface that meets the goals of its users. The system must follow the following standards:

- a) relevant data fields should be grouped together in a format that permits their efficient review, in accordance with accepted clinical practice standards in Canada, including:
 - i. full name, date of birth, and one unique identifier is required at minimum to allow for definitive identification of a patient using at least two data elements;
 - ii. non-numeric drug fields (e.g., product name/description, therapeutic classification, route of admin, benefit/scheduling status) must be provided in addition to the DIN/PIN/NPN, to allow requests for urgently required medications to be readily identified for priority review;
 - iii. patient profiles should be displayed in formats similar to those established for pharmacy dispensing software (e.g., all transactions captured; each transactions displayed on a single line; default display is in reverse chronological order, with sorting functions available); and
 - iv. prescriber information should include sufficient information to enable positive identification (e.g., full name, professional qualification, licensing authority, location, registration number); and
- b) the interface must allow for the accurate capture of information by dispensing pharmacists, in the form of either pre-set inputs (e.g., override codes) and/or freeform comments. All entries should be clearly attributable to identifiable users and meet standards established for health records in Canada. This will enable sharing of relevant information among involved parties and timely notification to patients regarding their medication coverage.

Service Standards and Reporting for all Participant Organizations

6.15.35 The Contractor must adhere to pharmacy authorization service standards, refer to *SOW Section 6.35 Performance and Service Standards*

6.15.36 The Contractor must adhere to all pharmacy authorization reporting requirements, refer to *SOW Section 6.25 Reporting Services and Appendix E Reporting*.

6.16 Drug Utilization Review Services

6.16.1 The Contractor must provide a Drug Utilization Review (DUR) service that gathers, analyzes and reports on information relating to drug utilization, prescribing practices and dispensing patterns among pharmacists. This service must include both concurrent and retrospective reviews.

Note: DUR could also be used for the Cannabis for Medical Purposes program for VAC only. For example, to review the usage rate of other prescription drugs when the Participant is also authorized for reimbursement of cannabis for medical purposes.

Concurrent Review

6.16.2 For the Concurrent reviews, the Contractor must deliver user-friendly information to the dispensing pharmacist in real-time so interventions can be made to address drug-related

problems such as, but not limited to, drug–drug interaction, drug-disease interaction, drug dosing, and over-utilization, etc. For additional details on Drug Utilization Review Edits, refer to *SOW Section 6.24 Claims Processing Services*.

Retrospective Review

- 6.16.3 For VAC retrospective reviews, the Contractor must gather, analyze and report on drug utilization by the Veteran population. Population level reports must be available in accordance with reporting requirements, refer to *SOW Section 6.9 Departmental Portal*, within the Documentation and Reporting Database.
- 6.16.4 For CAF and RCMP retrospective reviews, the Contractor must gather and analyze information across defined data fields to generate reports that will permit assessment of trends and patterns in the prescribing, dispensing, and Participant consumption of medications. Reports must be available in accordance with reporting requirements and placed on the Departmental Portal. The DUR will produce information and reports that allows patterns to be assessed, highlight potential issues, identify actions to make improvements and enhance quality of care; and measures results arising from interventions.
- 6.16.5 The DUR detailed requirements will be further developed in conjunction with the Contractor during the Implementation Phase and may vary for each Partner Organization. The DUR requirements may change throughout the duration of the contract.

6.17 Veteran Travel – Treatment (VAC only)

- 6.17.1 Veterans can be reimbursed for travel related expenses when travelling to receive healthcare services or benefits. Related travel expenses can include items such as transportation, parking, meals, lodging, and when required, someone to accompany the Veteran when receiving treatment. Veterans are instructed to submit Travel claims for reimbursement within eighteen (18) months of the Veteran’s medical appointment. Travel is predominately within Canada but can also include travel for Veterans who live out of the country, refer to *SOW Section 6.21 Out of Country. Services and Allied Veterans Services*.
- 6.17.2 The Contractor must, on receipt of request for reimbursement from the Veteran, determine the eligibility of the expenses, the amount of payment, and reimburse the Veteran.
- 6.17.3 In addition to reimbursement for Veteran travel for treatment related benefits for which the FHCPS covers the cost of the benefit, VAC may also cover travel reimbursement to some health care services covered by the Provincial/Territorial health care system if the service is related to the Veteran’s FHCPS Health Care coverage. Travel reimbursement for provincially/territorially covered services requires confirmation the travel was related to the Participant’s FHCPS eligibility.
- 6.17.4 Preauthorization is required for some specific travel. Examples where preauthorization of travel is required include requests for airline travel, trains, overnight accommodations, travel to appointments which are beyond the nearest treatment centre, request to cover expenses for a person to accompany the Veteran, etc.
- 6.17.5 For travel reimbursement requests where preauthorization is required, the Contractor must accept requests via the Participant and Departmental portals, telephone, or mail.

- 6.17.6 For travel reimbursement requests where preauthorization is required, the Contractor must ensure the requests capture the following information:
- a) Participant name and identification number
 - b) Provider name and identification number if available;
 - c) Participant medical condition and type of treatment being requested (benefit code);
 - d) planned date(s) of service and travel; and
 - e) travel details and anticipated costs.
- 6.17.7 The Contractor must communicate the approval or denial of the preauthorization request to the Veteran in writing. The text for Participant communications will be approved by the Project Authority.
- 6.17.8 The Contractor must address VAC Participant escalations (e.g., requests for reimbursements to participants who have presented as being in financial distress, etc.) in accordance with business rules which will be provided by VAC during the Implementation Phase.
- 6.17.9 The Contractor must consult VAC staff on Veteran Travel requests which fall outside of the authorization rules or preauthorization process. A process for exceptional Veteran travel reimbursements will be proposed by the Contractor and approved by the Project Authority during the Implementation Phase.
- 6.17.10 The Contractor must process reimbursements for health related travel and collect the required data to determine the amount of the reimbursement. This process to submit claims must be available on the Participant Portal as an easy to use fillable, submittable webform with guidance provided to the Veteran on how to complete the form, including, but not limited to an explanation of travel limits, rates for meals, reasons for exceptions, etc. (sometimes referred to as a guided webform), and a paper based form for Veterans who require it. The Contractor will design the form in partnership with VAC during the Implementation Phase with a goal of using data to automate the payment reimbursement processes wherever possible. Data to be collected will include, but is not limited to:
- a) Participant name;
 - b) Participant identification number;
 - c) date(s) of service;
 - d) medical condition for which they are being assessed, or receiving treatment benefits;
 - e) service Provider and type of appointment;
 - f) travel details and amounts requested to be reimbursed.
- 6.17.11 For Veterans receiving travel reimbursement for treatment related benefits funded by VAC, the Contractor must:
- a) ensure travel was completed for the purpose of health care treatment, as outlined in the Benefit Grids or business rules for the Participant's FHCPs coverage;
 - b) determine if the travel reimbursement request falls automatically within prescribed business rules and can be paid with no further consultation (and potentially automated), or requires preauthorization and if so, ensure the authorization was obtained. Business rules will be provided during the Implementation Phase and the Contractor is encouraged to work towards automation where possible; and
 - c) travel reimbursements should not exceed the number of occurrences in the Benefits Grids for the benefit, plus any approved request(s) for extension.

- 6.17.12 The Contractor must follow all applicable general claims processing steps for the reimbursement of Veteran travel. For general claims processing services, refer to SOW *Section 6.24 Claims Processing Services*.
- 6.17.13 When requests for Veteran Travel reimbursements are received, the Contractor must verify the nearest treatment centre and most convenient and economical travel means. VAC will reimburse travel claims for the most convenient and economical means between a Participant's home and the nearest appropriate treatment center. A Participant's health condition and individual circumstances will be taken into consideration when determining the nearest treatment centre for the purposes of processing a reimbursement. Transportation costs may be partially reimbursed if the transportation used was not the most economical means considering the Participants' health condition or if it was not to the nearest appropriate treatment center. The Contractor must verify distance travelled by Participant and reimburse requests based on the VAC's business rules, which will be supplied during the Implementation Phase.
- 6.17.14 The Contractor must reimburse the Veteran, based on the business rules, in the payment method of their choice and issue an understandable claim statement with every payment including the following information:
- a) Participant name and identification number;
 - b) claim identification number;
 - c) date(s) of service;
 - d) Provider information;
 - e) benefit code and description;
 - f) amount submitted;
 - g) amount paid;
 - h) appeal information; and
 - i) other information as determined by VAC and approved by the Project Authority during implementation.
- 6.17.15 Veteran Health Related Travel expenditures will only be reimbursed up to the maximum permitted by VAC Legislation and business rules. Business rules will be provided to the Contractor during the implementation phase. Automation of reimbursements, where possible based on business rules, is expected.
- 6.17.16 The Contractor must be able to track the status of a Veteran Travel reimbursement claim from initiation of the request, through the stages of the payment cycle until adjudication and payment is complete. Status tracking will be available to view through the Participant and Departmental Portals.
- 6.17.17 The Contractor must have the capability to link travel requests to authorized or billed health care benefits or services to support payment verification.
- 6.17.18 The Contractor must provide Post Payment Verification (PPV) services for Veteran Travel Claims. The Contractor will use methodology and criteria provided by VAC to capture a sample of claimants each month to conduct a post payment verification of claims paid. The Contractor will review and verify the sample of claims to ensure the information was processed correctly adhering to VAC business rules. For appointments which cannot be verified through the Contractor's system or when receipts are not present with the claim, contact with the participant may be required. Additionally, a monthly summary report listing FHCPs Contractor's findings as well as actions taken will be provided to VAC. Collaboration with VAC Program Management will be required to ensure the analysis being performed meets the objectives of the PPV process.

- 6.17.19 If required as a result of conducting Veterans travel post payment activity, or when requested by VAC, the Contractor must have the capability to place and remove notifications on Participant files requiring receipts be submitted with future Veteran travel claims; and be able to track those notification and provide a summary, including the date that the notification was added or removed. The Veteran must be informed of need for receipts when this notification is in place. The requirements will be finalized with VAC during the Implementation Phase.
- 6.17.20 The Contractor must adhere to the Service Standards for Veteran Travel, refer to SOW *Section 6.35 Performance and Service Standards*.
- 6.17.21 The Contractor will be required to produce and provide reports for the management of the Veteran Travel program. For reporting details refer to SOW *Section 6.25 Reporting Services* and SOW *Appendix E Reporting*.

6.18 Cannabis for Medical Purposes (VAC only)

- 6.18.1 VAC may reimburse cannabis for medical purposes (CMP) for Participants who meet VAC's eligibility criteria and who have obtained the product in accordance with Health Canada's [Cannabis Regulations](#). Reimbursement for CMP is administered through the Treatment Benefits Program under the authority of the [Veterans Health Care Regulations \(VHCRs\)](#).
- 6.18.2 In accordance with the Reimbursement Policy for Cannabis for Medical Purposes (the Reimbursement Policy), VAC may reimburse eligible Participants up to a maximum amount of grams per day of dried cannabis, or its equivalent in other forms, up to a maximum rate as established by VAC. In addition, requests for reimbursement in excess of the established maximum amount of grams per day are considered on an exceptional basis (referred to as exceptional requests) and require additional supporting information as outlined in the Reimbursement Policy.
- 6.18.3 Cannabis products must be purchased from federal licensed sellers (FLS) in Canada. FLS are Providers who are approved by Health Canada. Cannabis purchased from provincial or territorial retail stores is not eligible for VAC reimbursement. Once a Participant is authorized for VAC reimbursement of CMP, VAC may reimburse cannabis products within any of the five (5) Health Canada classes: fresh cannabis, dried cannabis, cannabis topicals, cannabis edibles and cannabis extracts. In the majority of cases, Participants choose to have their FLS (or FLSs) invoice directly.

Note: Recognizing the use of CMP continues to be an emerging practice, VAC will continue to monitor developments in research, and medical practice and experience, and adjust the policy provisions as required. Some program requirements may change as a result.

- 6.18.4 Eligibility is determined by VAC and communicated to the Contractor. To be eligible for VAC reimbursement of CMP, Participants require:
 - a) entitlement to VAC Disability Benefits for the diagnosed condition for which cannabis is authorized (Group A Participants); or
 - b) entitlement to treatment for a health condition that is not an insured service under a provincial or territorial health care system (Group B Participants).
- 6.18.5 In addition to the above-noted requirement, Participants must meet other eligibility

criteria to be considered for VAC reimbursement of CMP, including:

- a) a valid medical authorization document(s) signed by a health care practitioner which indicate(s) the number of grams of cannabis authorized per day (per Health Canada's [Cannabis Regulations](#), currently valid for up to 1 year);
- b) a completed registration with a FLS (or FLSs) in Canada of the Participant's choice;
- c) a VAC reimbursement authorization form completed by the Participant's health care practitioner, with required information, including the diagnosed condition(s) for which CMP is authorized;
- d) for exceptional requests only, supporting documentation, from a medical specialist with expertise in the diagnosed condition for which cannabis is authorized, that includes all required information; and
- e) other requirements that may be necessary as a result of changes to Health Canada's [Cannabis Regulations](#) or the evolution of the CMP reimbursement program.

6.18.6 The following groups are not eligible for VAC reimbursement of CMP:

- a) Veterans who are in receipt of health care benefits and services exclusively through the Rehabilitation Program (administered through a separate Contract) or early access to Mental Health Benefits; and
- b) Members who are still serving or have re-enrolled full-time in the Canadian Armed Forces or the Royal Canadian Mounted Police.

6.18.7 The Contractor must receive and evaluate documentation, including but not limited to the medical authorization document, the Participant's FLS registration(s), and the VAC Reimbursement form in support of a request for VAC authorization for reimbursement of CMP to determine if the Participant meets the eligibility criteria established in the Reimbursement Policy.

6.18.8 The Contractor must confirm the Participant has coverage:

- a) if the Participant is a Group A Participant only, the Contractor must determine if there is a link between the diagnosed condition(s) noted on the medical authorization document(s) and the Participant's Disability Benefits entitled condition(s) in keeping with the established business rules; and
- b) if the Participant is a Group B Participant, the diagnosed condition(s) noted on the medical authorization document(s) does not need to be linked to a Disability Benefits entitled condition. All Group B Participants may be eligible for VAC reimbursement of CMP.

6.18.9 The Contractor must confirm the location of the Participant in Canada or out of country, refer to Out of Country requirements identified in *SOW Section 6.21, Out of Country Services and Allied Veterans Services* and confirm that they are not currently enrolled full-time in the CAF or the RCMP.

6.18.10 The Contractor must review the medical authorization document(s) as outlined in the business rules to verify:

- a) the validity period of the medical authorization document(s) has/have not elapsed;
- b) the Participant identity is correct using a specific number of identifiers;
- c) the document(s) contain(s) the number of grams authorized per day;

- d) the document(s) has/have been provided by a single health care practitioner (in some cases, more than one medical authorization document is received, i.e., when the Participant is registered with multiple FLSs);
- e) the health care practitioner is a member in good standing with their regulatory body and is credentialed to complete a medical authorization document(s) for CMP; and
- f) the medical authorization document(s) is/are signed by the authorizing health care practitioner.

6.18.11 The Contractor must review the Participant's completed registration with a FLS (or FLSs) in keeping with the established business rules to verify that:

- a) the FLS has a license to sell CMP in accordance with Health Canada's Cannabis Regulations;
- b) the FLS is registered as a Provider with FHCPS; and
- c) the Participant identity is correct using a specific number of identifiers.

6.18.12 The Contractor must review the VAC reimbursement authorization form as outlined in the business rules to ensure that:

- a) the Participant identity is correct;
- b) all mandatory sections have been completed by the authorizing health care practitioner and the request meets eligibility requirements, including:
 - i. the amount of grams per day recommended;
 - ii. confirmation that there are no contraindications to the use of CMP or that a benefit/risk analysis for any existing contraindications has been provided;
 - iii. information on current medications and alternative treatments that were tried and why they were deemed unsuccessful;
 - iv. limitations on THC(tetrahydrocannabinol)/CBD (Cannabidiol) levels and/or methods of use have been established by the authorizing health care practitioner;
 - v. health outcomes expected for the Participant's use of CMP are identified by the authorizing health care practitioner;
 - vi. a follow-up schedule for monitoring has been provided by the authorizing health care practitioner; and
 - vii. any additional information required as a result of CMP reimbursement program evolution; and
- c) the VAC reimbursement authorization form has been signed by the authorizing health care practitioner noted on the medical authorization(s).

6.18.13 For exceptional requests only, the Contractor must ensure efficient processing of request, including reviewing supporting documentation, to ensure that:

- a) the Participant identity is correct using a specific number of identifiers;
- b) the medical specialist has expertise in the diagnosed condition for which cannabis is authorized;
- c) the medical specialist has no restrictions from their regulatory or governing body pertaining to the authorization of CMP;
- d) the validity period of the supporting documentation has not lapsed as outlined in the business rules; and
- e) all required information outlined in the Reimbursement Policy and business rules has been provided, which could include, but is not limited to:
 - i. validation the medical specialist agrees with the authorizing health care practitioner's recommendation that an exceptional amount of CMP is

required to treat the Participant's condition, the total amount of grams per day, THC/CBD limitations and/or methods of administration imposed by the authorizing health care practitioner (if the medical specialist does not agree, they can provide their own recommendation);

- ii. a medical rationale for the exceptional amount of CMP recommended;
- iii. information on current medications and alternative treatments that were tried and why they were deemed unsuccessful;
- iv. confirmation that there are no contraindications to the use of CMP or a benefit/risk analysis for any existing contraindications (as identified by Health Canada or VAC) has been provided; and
- v. any additional information required as a result of CMP reimbursement program evolution.

- 6.18.14 The Contractor must clearly communicate issues and errors when processing requests for VAC authorizations for reimbursement of CMP. This may include informing:
- a) FLSs, health care practitioners and/or medical specialists of errors or missing non-medical information in the documentation provided to support the request;
 - b) FLSs and/or VAC of any errors made by the Contractor when processing the request; and
 - c) the Participant when required.
- 6.18.15 The Contractor must notify the Participant and the FLS (or FLSs) of results on requests for VAC authorization for reimbursement of CMP, including, but not limited to:
- a) sending letters to Participants and Providers;
 - b) and posting letters electronically on the Participant, Provider and Departmental Portals
- 6.18.16 The Contractor must receive and review follow-up assessment forms from health care practitioners at intervals established by the business rules to monitor Participant progress against the health outcomes established by the authorizing health care practitioner, and communicate results to VAC. This includes, but is not limited to:
- a) requesting, collecting, monitoring and tracking information provided by the authorizing health care practitioner on the progress made toward the achievement of identified health outcomes for the Participant treatment with CMP;);
 - b) identifying Participants who are achieving suboptimal results with their CMP treatment and referring for medical consultation services;
 - c) identifying and notifying VAC of Participants who may be at high risk for negative outcomes and may require additional supports per the risk monitoring framework;
 - d) ensuring the authorizing health care practitioner is compliant in sending follow-up assessment forms within intervals established in the business rules; and
 - e) communicating all results to VAC.
- 6.18.17 The Contractor must monitor the use of CMP as a treatment option by health care practitioners and medical specialists and take corrective action as necessary including, but not limited to:
- a) keeping up to date on best practices, guidelines and directives governing the use of CMP as a treatment option;
 - b) identifying all instances where health care practitioners and medical specialists are not exercising their due diligence when authorizing CMP as a treatment option; and

- c) referring instances of non-compliance to the appropriate governing body for resolution.

6.18.18 The Contractor must provide medical consultation services by health professionals, refer to *SOW Appendix D, Contract Resources* to:

- a) review and provide a medical opinion to VAC on whether the medical rationale provided for specific requests for VAC authorization for reimbursement of CMP is sufficient and other request specific issues, as necessary;
- b) contact the Participant's authorizing health care practitioner or medical specialist to advise and resolve when:
 - i. contraindications to the use of CMP may be present (which have not already been considered/addressed);
 - ii. the request for VAC authorization of reimbursement for CMP is missing relevant medical information;
 - iii. the proposed THC/CBD limitations or methods of administration are inappropriate for the treatment of a specific condition or for the Participant; and
 - iv. adjustments may be required to the Participant's treatment as a result of suboptimal results being reported.
- c) provide direction, guidance and education to Participants on CMP product selection and dosages, including, but not limited to initial and subsequent CMP product selection and dosage (product selection may change as a result of suboptimal outcomes);
- d) provide direction and guidance to VAC on topics which may include, but are not limited to:
 - i. best practices when using CMP as a treatment option, including amounts of CMP, THC and CBD content and methods of consumption;
 - ii. content for resource materials for Participants and the medical community regarding the use of CMP as a treatment option; and
 - iii. the development or modification of business rules, tools, the risk management framework (e.g., VAC forms) and other business requirements.

6.18.19 The Contractor must collect data from requests for VAC authorization for reimbursement of CMP and the follow-up assessment form for reporting purposes. This includes, but is not limited to:

- a) collecting data points from the medical authorization document(s) submitted with the authorization request, VAC reimbursement form and supporting documentation from medical specialists (for exceptional requests only) including, but not limited to:
 - i. the diagnosed condition for which cannabis is recommended;
 - ii. the amount of grams per day of CMP authorized;
 - iii. any special handling flags;
 - iv. limitations established by the authorizing health care practitioner and/or medical specialist (for exceptional requests only) including, but not limited to TCH or CBD levels; limitations on methods of consumption; and limitations on cannabis product classes;
 - v. current medications, and other medications or treatments tried and deemed ineffective;
 - vi. contraindications to the use of CMP;
 - vii. the name and address (or email) of the authorizing health care practitioner; and

- viii. the name and address (or email) of the medical specialist providing supporting documentation and their area of specialization (for exceptional requests only).
- b) collecting data points from the follow-up assessment form including, but not limited to:
 - i. the health outcomes identified by the health care practitioners for Participants as a result of treatment with CMP;
 - ii. progress made by Participants in achieving the outcomes identified by the authorizing health care practitioner;
 - iii. the number of Participants referred to VAC for additional supports; and
 - iv. other requirements to measure Participant well-being as a result of the evolution of the CMP reimbursement program.

6.18.20 The Contractor must document details pertaining to the VAC authorization of reimbursement of CMP to facilitate claims processing and for use in standard and ad hoc reports including, but not limited to:

- a) the start and end dates for the approved VAC authorization for reimbursement of CMP;
- b) the total grams per day approved;
- c) limitations to the VAC authorization for reimbursement of CMP including, but not limited to:
 - i. CBD and/or THC levels;
 - ii. methods of consumption; and
 - iii. classes of cannabis products;
- d) the reasons for decline, when necessary;
- e) the name of the FLS (or FLSs) through which the Participant is authorized;
- f) the requirement for a medical consultation with a health professional (at VAC or with the Contractor) and their resulting recommendation;
- g) any direction given by VAC regarding the authorization results; and
- h) all other pertinent information.

6.18.21 The Contractor must amend, suspend or cancel a Participant's existing authorization for reimbursement of CMP as outlined in the business rules including, but not limited to:

- a) amending the VAC authorization for reimbursement of CMP when a request is received from a FLS (or FLSs) on behalf of a Participant to transfer their existing medical authorization to a new FLS;
- b) suspending or cancelling the VAC authorization for reimbursement of CMP when requested by the Participant or VAC Program Management;
- c) suspending the VAC authorization for reimbursement of CMP when the follow-up assessment form has not been received within the required timeframe; and
- d) cancelling the VAC authorization for reimbursement of CMP when:
 - i. a new VAC authorization request for reimbursement of CMP is approved (e.g., for an increase or decrease in grams per day, different authorizer);
 - ii. the Participant has re-enrolled full time in the CAF or RCMP and no longer has VAC eligibility;
 - iii. on notification of the Participant's death; or
 - iv. when there is noncompliance from the health care practitioner with the provision of outcomes and/or follow-up assessment reports.

6.18.22 The Contractor must process electronic (primary focus) and hard-copy claims from FLSs, Participants and/or authorized third parties, refer to *SOW Section 6.24 Claims Processing Services*. The payment of claims for CMP is based on the details in the VAC authorization for CMP which may include, but is not limited to:

- a) the start and end dates of the approved VAC authorization for reimbursement of CMP;
 - b) the total grams per day approved; and
 - c) limitations to the VAC authorization for reimbursement of CMP which may include:
 - i. CBD and/or THC levels;
 - ii. methods of consumption; and
 - iii. classes of cannabis products.
- 6.18.23 The Contractor must adhere to all CMP reporting requirements, refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E, Reporting*.
- 6.18.24 The Contractor must conduct analysis of trends and issues affecting the delivery of the CMP reimbursement program on a regular and ad hoc basis and provide written analyses and recommendations as required by VAC, including:
- a) conducting an annual review of the average price of CMP products in each of the five classes to ensure they are usual and customary and no more than any Canadian would pay;
 - b) analyzing issues and trends in the authorization of CMP as a treatment option by health care practitioners ;
 - c) analyzing the effectiveness of CMP products being used to treat specific conditions from information obtained from the follow-up assessment form; and
 - d) any other analysis required by VAC.
- 6.18.25 The Contractor must adhere to authorization and claims processing service standards, refer to *SOW Section 6.35 Performance and Service Standards*.

6.19 Veterans Independence Program (VAC only)

- 6.19.1 The Veterans Independence Program (VIP) assists eligible VAC recipients to remain in their homes and communities for as long as possible by providing financial assistance towards the costs of services and benefits that support their independence. The VIP is administered under the authority of the *Veterans Health Care Regulations* (VHCRs). For additional VIP program eligibility information refer to *SOW Appendix A, Overview of Partner Organizations and Participant Eligibility*.
- 6.19.2 To be eligible for support under the VIP, a Veteran must have an established need for services, and be:
- a) in receipt of, or qualified for, a Disability Benefit, or
 - b) in receipt of, or qualified for, the War Veterans Allowance, or
 - c) in receipt of the Prisoner of War Compensation and be totally disabled, or
 - d) eligible for long term care and awaiting placement to a contract bed.
- 6.19.3 The VIP provides annual tax-free funding towards the cost of home care, ambulatory healthcare, transportation, home adaptations, and intermediate care services for Veterans.
- 6.19.4 VIP also provides funding for grounds maintenance and housekeeping services for eligible Primary Caregivers (PCGs) and Survivors. These two groups have different eligibility requirements:

- a) a PCG is eligible to receive only the housekeeping and/or grounds maintenance services that the Veteran they cared for was receiving. To establish their own need, PCGs must submit a program application and submit information required to complete the initial Grant Determination Tool (GDT) to VAC; and
- b) Survivors are eligible to receive funding to assist with the cost of grounds maintenance and housekeeping if a need is established, and:
 - i. their Veteran spouse was in receipt of a disability benefit and/or the War Veterans Allowance
 - ii. the Survivor is in receipt of the Guaranteed Income Supplement (GIS) under the *Old Age Security Act*; or approved for the Disability Tax Credit under Section 118.3 of the *Income Tax Act*:

6.19.5 The Contractor must receive and process Survivor VIP renewals. The Contractor must confirm the Survivor is in receipt of the GIS or Disability Tax Credit.

6.19.6 VIP is paid in the following ways:

- a) a semi-annual grant (Housekeeping and Grounds Maintenance only);
- b) Participant reimbursement (Participant pays Provider and submits a claim for reimbursement);
- c) Provider reimbursement (Provider must be registered); and/or
- d) Participant issued semi-annual, annual, or monthly advance payment (exceptional circumstances only).

VIP Claims Processing

6.19.7 The Contractor must, receive, review, and process claims submitted by Veterans and Registered Providers.

6.19.8 The Contractor system must provide the ability to electronically create unique authorizations based on an annual benefit arrangement. The Contractor must process all claims submitted for VIP reimbursement for the following: access to nutrition, healthcare and support, personal care, ambulatory healthcare, transportation, home adaptations and intermediate care.

6.19.9 VAC staff will determine Participant eligibility and level of VIP funding for services. Claims reimbursements to the Veteran or Provider may be issued as invoiced. In exceptional circumstances, payments may also be issued as advanced payments. VAC will determine when advance payments are required and communicate this to the Contractor. The Contractor must process submitted claims and advanced payments and deduct each amount paid from the total approved benefit amount.

6.19.10 Each year on January 1, in accordance with the *Veterans Health Care Regulations*, the maximum rates for the VIP are increased based on the Consumer Price Index. The maximum rates established may be exceeded in certain situations when approved by VAC. VAC is responsible for establishing the annual rate increase and communicating the new rates to the Contractor and the Contractor is responsible for updating the new rates annually in their system.

6.19.11 The Contractor must:

- a) have an agreed on mechanism and process to register Providers to be reimbursed for services provided to Veterans;
- b) allow Veterans (or their legal representatives) and registered Providers to submit claims electronically, or by mail;

- c) update the system to reflect rates provided by VAC on an annual basis;
- d) review claims and verify the information submitted matches that received from VAC systems, to confirm:
 - i. the Veteran is eligible for the service the claim references;
 - ii. the dates of service are within the Veteran's benefit arrangement(s); and
 - iii. there are appropriate funds in the benefit arrangement to process the claim;
- e) utilize an agreed on and consistent method of contacting VAC staff for guidance on specific claims processing issues including but not limited to: issues with data, eligibility, service dates, insufficient funds available for the benefit arrangement, etc. clearly communicate problems and errors when claims processing issues arise (e.g., why claims cannot be processed) to Providers, Participants, and VAC staff to action as required;
- f) provide a payment summary to Veterans and Providers that accompanies processed claims including, but not limited to, the following information:
 - i. program;
 - ii. benefit/authorization code;
 - iii. dates of service;
 - iv. submission source (e.g., mail, Provider Portal, VAC system, etc.);
 - v. amount paid and/or amount not paid/held;
 - vi. explanation of why amounts were not paid , if applicable;
 - vii. amount remaining in benefit arrangement (Veteran only); and
 - viii. any additional supporting information.
- g) display the details of the payment summary of each claim received and actioned in the Departmental Portal, including but not limited to, the following information:
 - i. Participant ID;
 - ii. Provider ID
 - iii. benefit/authorization code;
 - iv. claim status (held/pended rejected, or processed);
 - v. actions completed (e.g., amount paid and/or amount not paid); and
 - vi. actions required (VAC to update file, claim requires additional information, etc.).
- h) provide payments to Participants in their preferred method (e.g., cheque, direct deposit, third party payments);
- i) ensure small dollar payments are not created or issued to Veterans or Providers. VAC will define small dollar amount in the Implementation Phase; and
- j) issue advance payments to a small number of VIP Participants who receive funding in advance of receiving service (Participants are required to keep receipts as proof of service). VAC will provide the payment amounts and payment frequency. This happens infrequently as an exception only.

Housekeeping and Grounds Maintenance Grant Payments

6.19.12 The Contractor must issue grant payments for housekeeping and grounds maintenance services to eligible Participants paid in two installments annually. The first payment is issued at the beginning of the benefit arrangement year (start date) and the second is issued six (6) months later. The amount to be paid out will be received through data transfer from VAC systems. Each recipient of VIP has a unique benefit arrangement start and end date, with a regular payment schedule agreed on by VAC and the Contractor. A Veteran can be in receipt of VIP reimbursement and grant benefits at the same time. VIP recipients are not required to keep or submit receipts to VAC for Housekeeping/Grounds Maintenance grant payments.

6.19.13 For housekeeping and grounds maintenance grant payments, the Contractor must:

- a) update the maximum rates payable for VIP services and benefits on annual basis, with rates provided by VAC:
- b) provide a payment summary including, but not limited to, the following details:
 - i. program;
 - ii. benefits/authorization codes;
 - iii. associated benefit arrangement dates;
 - iv. amount approved;
 - v. amount paid; and
 - vi. any additional supporting information required;
- c) ensure small dollar payments are not created or issued to Participants or Providers. VAC will define small dollar amount in the Implementation Phase; and
- d) ensure accurate grant payments are issued the following business day after receiving information from VAC systems.

Annual Follow Up

- 6.19.14 The Contractor must complete annual follow ups for Veterans and Primary Caregivers, and ensure their VIP needs are being met.
- 6.19.15 The Contractor will be responsible for contacting VIP recipients (or their legal representatives) on an annual basis to confirm their continued or additional need for the program. The Contractor will be required to review and process renewals of VIP recipient benefit arrangements for grounds maintenance and housekeeping services. VAC will provide the Contractor with business rules and scripts to follow when contacting VIP recipients and processing renewals. VAC will also provide the Contractor with a prioritized monthly contact report identifying the VIP recipients requiring contact by electronic means or telephone/paper for those without electronic means to complete follow up activities for each specific month. Canada reserves the right to modify the approach for conducting VIP follow ups which could increase or decrease the number of follow ups to be completed by the Contractor on an annual basis.
- 6.19.16 The Contractor must:
 - a) contact VIP recipients identified by VAC as requiring follow up, via electronic means or telephone, and maintain the capacity to receive electronic messages and inbound calls for this process:
 - i. If speaking to an individual other than the VIP recipient, confirm authority exists to discuss their file. If not, initiate the process by sending the appropriate forms or advising where they can be located;
 - b) administer a VIP follow up by electronic and/or other means, to determine if the VIP recipient has experienced a change in need in terms of VIP benefits and/or services:
 - i. if the VIP recipient is no longer eligible for benefits or services (e.g., they have moved to a long-term care facility), the Contractor must cancel the benefit arrangement, document the reason for termination, create and finalize a decrease/cancelled benefit letter to the VIP recipient and/or their legal representative. If cancelling a recipients VIP benefits/services, the Contractor must contact the VAC to ensure Treatment Benefits t coverage is not lost as a result; this does not apply to Primary Caregivers or Survivors;
 - ii. if no change in need is identified, the Contractor will renew the current benefit arrangement; and
 - iii. if a change in need is identified in housekeeping or grounds maintenance services, the Contractor will work with the Participant to complete the VAC

Grant Determination Tool (GTD). The information will be used to calculate the annual dollar amounts for grounds maintenance and housekeeping services grants to which clients are eligible. The Contractor must complete a benefit arrangement with the new funding amount, document actions taken on Participant files, and create and send/upload reassessment/amendment letters, where appropriate, to the Participant and/or their legal representative. VAC is open to suggestions for modifying this process; using the Contractor's system to complement this process;

- c) create and provide letters to VIP recipients including, but not limited to, those identifying changes in benefits and funding amounts. All letter content for the VIP Program will be provided by VAC during the Implementation Phase;
- d) direct Veterans to the Participant Portal to obtain requested forms and/or send hard copies of requested forms to Participants;
- e) direct calls regarding VIP reimbursement services to the appropriate VAC staff based on rules provided by VAC during Implementation;
- f) advise VAC when VIP recipients provide a change in contact information (e.g., living address, mailing address, telephone number, legal representation, etc.). Method of contact will be confirmed during the Implementation Phase;
- g) collaborate with VAC staff to address complex issues as they arise as per business rules provided by VAC;
- h) track all Participant contact attempts and actions each time a file is accessed and record this information in a manner which can be accessed by VAC indicating the purpose and including, but not limited to:
 - i. Participant ID;
 - ii. action completed (e.g., contacted Participant, completed follow-up questionnaire, completed GDT, updated benefit arrangement, sent renewal letters, no action required, etc.);
 - iii. any additional relevant information; and
 - iv. advise VAC when Participants indicate changes in need regarding VIP reimbursement services or benefits.

6.19.17 The Contractor must complete annual renewal process for VIP benefits for Survivors.

6.19.18 Survivors must renew VIP housekeeping and/or ground maintenance benefits each year by completing an annual renewal process and providing proof they are in receipt of the Guaranteed Income Supplement under the *Old Age Security Act* or approved for the Disability Tax Credit. The Contractor is responsible for the annual renewal process for Survivor benefits/services. VAC Program Management will provide the Contractor with regular reports, as defined by VAC, that will identify all Survivors with a benefit period due to expire within the month.

6.19.19 The Contractor must:

- a) review provided weekly reports and Survivor files for proof the renewal form was issued and submitted. If there is no form on file or proof one was sent to the Survivor, advise where forms can be downloaded and/or send the form on behalf of VAC;
- b) access and review the Survivor Renewal form and associated income documents when received and take necessary actions:
 - i. if proof of receipt of the Guaranteed Income Supplement or Disability Tax Credit is not received, the Contractor must attempt to contact the Survivor to obtain the information. If contact is unsuccessful, the Contractor must suspend the current benefit arrangement, based on rules provided by VAC.

- ii. If review of the form indicates a change in personal circumstances (e.g., Survivor has moved, is living with another individual, etc.) the Contractor must contact the Survivor (or legal representative):
 - if the Survivor is no longer eligible for benefits or services (e.g., they have moved to a long term care facility), the Contractor must cancel the benefit arrangement, document the reason for termination, create and finalize a decrease/cancelled benefit letter to the Participant and/or their legal representative;
 - if a change in funding supports is not established on communicating with the Survivor, the Contractor will renew the benefit arrangement based on existing entitlement; and
 - if a change in need is identified, the Contractor will administer the GDT to calculate the annual dollar amounts for grounds maintenance and housekeeping services grants. The Contractor must complete a benefit arrangement with the new funding amount, document actions taken in the system, and create and send reassessment/amendment letters (digital or via paper according to participant preference) to the participant and/or their legal representative;
- c) create and provide letters to Survivor including, but not limited to, those identifying changes in benefits and funding amounts;
- d) direct Survivor to an online resource to access or send paper copies of requested forms;
- e) track all Survivor contact attempts and actions on the client files each time a file is accessed indicating the purpose and including, but not limited to:
 - i. Survivor ID;
 - ii. action completed (e.g., contacted Survivor, completed follow-up questionnaire, completed GDT, updated benefit arrangement, sent renewal letters, no action required, etc.); and
 - iii. any additional relevant information.

Service Standards and Reporting

- 6.19.20 The Contractor must adhere to the Service Standards for VIP, refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.19.21 The Contractor will be required to produce reports to VAC for the management of the VIP program. For reporting details refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

6.20 Long Term Care (VAC only)

- 6.20.1 The Long Term Care (LTC) Program provides financial support to eligible Veterans who require facility based long term care. The Program also assists Veterans with the cost of their accommodation and meals for long term care and provides financial support to some long term care facilities for an increased level of services and benefits. The LTC program is administered under the authority of the *Veterans Health Care Regulations (VHCRs)*.
- 6.20.2 To be eligible for VAC long term care support a Veteran must be assessed as needing long term care by a health care professional and meet service eligibility requirements. Eligibility varies depending on type and location of military service, income, health care need, and/or a need linked to a service-related disability. Eligibility is determined by VAC and communicated to the Contractor. Additional program eligibility details are found in *Appendix A, Overview of Partner Organizations and Participant Eligibility*.

- 6.20.3 The Contractor must receive, review, and process claims submitted by long term care facilities and Veteran Participants. The Contractor must process:
- a) all community bed claims for long term care under the LTC program and Veterans Independence Program Intermediate Care Component ; and
 - b) some claims for contract bed payments under the LTC program.
- 6.20.4 VAC will provide the Contractor with a detailed list of facilities for which invoices for contract beds should and should not be paid. VAC's systems are currently set up to identify payment type for individual Veterans (e.g., payments that are processed by VAC and those processed by the Contractor), this information will be provided electronically to the Contractor.
- 6.20.5 The Contractor must have a mechanism for long term care facilities (Providers) and Veteran Participants (or their legal representatives) to submit claims electronically, or by paper.
- 6.20.6 The Contractor must review claims to ensure the information submitted matches the information received from VAC systems:
- a) the facility has been approved by VAC for providing Veteran care;
 - b) dates of stay (service) are accurate;
 - c) submitted per diem and/or monthly rates match those approved by VAC; and
 - d) Veteran's Accommodation & Meals (A&M) rate is accurate and deducted from the claim total.
- 6.20.7 The Contractor must utilize an agreed on and consistent method of contacting VAC for guidance on claims processing issues including but not limited to:
- a) issues with data (e.g., submitted claim rates do not match system rates); and
 - b) issues with coverage (e.g., Veteran long term care eligibility information is missing, or claim is for outside the service dates provided).
- 6.20.8 The Contractor must clearly communicate problems and errors, using an agreed on system and process, when claims processing issues arise (e.g., why claims cannot be processed), to Providers, Participants, and/or VAC staff to enable an understanding of the issue and determine corrective action required.
- 6.20.9 The Contractor must provide a statement to Participants and Providers that accompanies paid claims, indicating:
- a) benefit/authorization code;
 - b) dates of service;
 - c) submission source (e.g., mail, Provider portal, VAC system)
 - d) amount paid and/or amount not paid/held; and
 - e) explanation of why amounts were not paid, if applicable.
- 6.20.10 The Contractor must enable the details of each claim received and actioned to be accessed by VAC staff, including but not limited to, the following details:
- a) client ID;
 - b) Provider ID;
 - c) program;
 - d) benefit/authorization code;

- e) claim status (held/pended rejected, or processed);
- f) actions completed (e.g., amount paid, amount held, etc.); and
- g) actions required (VAC update file, claim requires additional information, etc.).

6.20.11 The Contractor must issue payments to Participants and Providers.

6.20.12 The Contractor must create and distribute Long Term Care Accommodation and Meals (A&M) letters to Veterans (Participants), their legal representatives and facilities. With some exceptions, Veterans are required to contribute to the cost of long term care, up to a maximum monthly amount. VAC refers to this contribution as the Accommodation and Meals (A&M) rate. The maximum A&M rate and income exemptions are updated annually on October 1. Veterans (or their legal representatives) and facilities receive an annual letter by August of each year, advising of the amount they are expected to contribute as of October 1 of that same year. VAC systems calculate annual A&M rates. VAC will provide the Contractor with this information.

6.20.13 The Contractor must:

- a) prepare and send A&M letters to Veterans, their legal representatives, and long term care facilities;
- b) have a mechanism in place for the letter recipient to choose the format they receive the A&M letters (e.g., electronically, or by paper/by mail); and
- c) complete quality assurance reviews of letters to ensure the information matches what is provided by VAC.

6.20.14 The Contractor must adhere to the Service Standards for Long Term Care, refer to *SOW Section 6.35 Performance and Service Standards*.

6.20.15 The Contractor will be required to produce reports to VAC for the management of the Long Term Care program. For reporting details, refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

6.21 Out of Country Services and Allied Veterans Services

6.21.1 The three Partner Organizations have unique requirements associated with Out of Country services provided to Participants. Canada is requesting proposals which will address the complexities associated with provision of these services, with a focus on timely responses to requests and maximization of a digital first approach in the areas of Provider registration, authorization of benefits and services, claims submission and payment and management of inquiries.

Veterans Affairs Canada – Out of Country Services

6.21.2 Canadian Veterans residing or travelling outside Canada are eligible to receive Treatment Benefits directly related to a Disability Benefits entitled condition using FHCPS, with some exceptions which will be provided by the Partner Organizations during the Implementation Phase. Out of Country Participants receive a Health Care Identification Card, access to the Participant Portal and receive the same level of service as if they were in Canada.

6.21.3 The Contractor must establish secure digital functionality for services being provided to Canadian Veterans residing outside Canada to:

- a) clearly explain to health care Providers and Veterans the process to submit a request for the authorization for treatment benefits, how to submit supporting information and how to submit claims;
- b) register commonly used Providers located outside Canada and ensure the health care Provider meets acceptable registration criteria;
- c) allow Providers and Veterans to submit requests for authorization of treatment benefits along with supporting documentation;
- d) allow Providers and Veterans to submit claims for treatment benefits along with supporting documentation;
- e) have payments issued to Providers and Veterans by direct deposit in the currency of the claim submitted;
- f) allow health care Providers and Veterans to electronically submit inquiries regarding requests for treatment benefits; and
- g) allow registered Providers and Veterans to view their authorizations, claims and correspondence on-line through the Provider and Participant Portals.

Provider and Participant Contact Centre Services

6.21.4 The Contractor will be required to establish flexible processes to allow Providers and Veterans located outside Canada to contact the Contractor for authorization of treatment benefits, claims submission and general inquiry.

6.21.5 The Contractor must as a minimum:

- a) establish and operate a 24 hours a day, 7 days a week, 365 days a year toll free phone service/collect phone number to receive inquiries from Providers and Canadian Veterans residing outside Canada;
- b) provide service in Canada's official languages and establish processes to respond to callers who are not able to communicate in either of Canada's official languages;
- c) establish a process to warm transfer calls, where possible during Canadian working hours, to VAC from Veterans residing or travelling outside of Canada; and
- d) access translation services for written correspondence received from Out of Country Providers and Veterans.

Authorization of Treatment Benefits

6.21.6 VAC will work with the Contractor during the Implementation Phase to establish detailed business process for the authorization of treatment benefits for Canadian Veterans residing outside of Canada.

6.21.7 The Contractor must process authorization requests for treatment benefits for Veterans residing outside Canada. Requests may originate from Providers, directly from the Veteran or from VAC. Authorization requests may be received after the service has been provided.

6.21.8 For certain treatment benefits, VAC is responsible for providing authorization. In these cases, the Contractor must direct requests to VAC for authorization. The Contractor must process the request according to VAC's direction.

6.21.9 The Contractor must establish a single point of contact, within the Contractor's organization, for all Out of Country Providers, Veterans and VAC staff requesting authorization of treatment benefits.

- 6.21.10 The Contractor must be capable of accepting request for treatment benefit authorizations from Providers and Veterans located outside Canada through a number of different channels including: Participant, Provider and Departmental Portals, mail, fax, phone, etc. Requests for treatment benefit authorizations from outside Canada may be sent in a variety of languages.
- 6.21.11 The Contractor must record authorization requests for treatment benefits, within one day of the receipt of the request, in a system which is viewable by Providers, Veterans, or VAC staff.
- 6.21.12 The Contractor must establish capability for system-based automated adjudication of authorization requests, where possible, using VAC business rules, Benefit Grids, mapping of disability benefits medical conditions and Participant eligibility data. These rules are generally the same as the rules for Veterans residing in Canada, with some exceptions which will be provided to the Contractor during the Implementation Phase.
- 6.21.13 The Contractor must establish processes, based on VAC business rules and Benefit Grids (which are generally the same as the rules for Veterans residing in Canada, with some exceptions which will be provided to the Contractor during the Implementation Phase), to manually process authorization requests and establish the medical relationship between a requested treatment benefit and a Veteran's service-related injury or illness.
- 6.21.14 Authorization requests from outside Canada have varying degrees of complexity. The processing of Out of Country authorization requests generally follow the same business rules as authorization requests for those within the Country, refer to *SOW Section 6.13 Treatment Health Care Authorizations*, *6.14 Dental Authorizations* and *6.15 Pharmacy Authorizations*.
- 6.21.15 Access to health care professional resources is required to process requests. The Contractor must have available health professionals who will review cases when required to (this is the same as the process for Participants living in Canada):
- a) provide advice to analysts authorizing treatment benefits;
 - b) establish the link between the Veteran's disability benefits entitled condition and the requested treatment benefit;
 - c) provide recommendations for exceptional cases; and
 - d) provide medically needs-based recommendations as indicated by the respective VAC policy.
- 6.21.16 The Contractor will forward complex requests for authorization of treatment benefits to VAC for review and decision. Complexity will be defined during the Implementation Phase.
- 6.21.17 The Contractor must process authorization requests by:
- a) verifying the Veteran's eligibility and linking the disability benefits entitled condition to the requested treatment benefit;
 - b) reviewing medical/product/service history;
 - c) ensuring benefit or service is an eligible treatment benefit on VAC Benefit Grids or VAC Drug Formulary;
 - d) verifying the appropriate prescriber requirements;
 - e) determining if the authorization request is within the monetary limits in VAC Benefit Grids;
 - f) ensuring request is in compliance with business rules; and

g) engaging Contractor health professionals, as required.

6.21.18 The Contractor must ensure authorizations capture the following information:

- a) Veteran's name;
- b) identification number;
- c) period of the authorization;
- d) benefit code and description
- e) monetary amount and occurrences authorized; and
- f) any applicable information to explain why an authorization differs from the benefit grid.

6.21.19 To ensure timely processing of authorization requests, the Contractor must establish processes to efficiently request additional information from Providers or Veterans to support an authorization request using Portals, other electronic means or phone. Mail should only be used when no other means of communication is possible.

6.21.20 The Contractor must create functionality to allow VAC to create authorizations for treatment benefits for Veterans located outside Canada directly in the Departmental portal, with the same functionality used for authorizations for Participants within Canada. This functionality will include the ability of VAC staff to:

- a) enter, approve and amend authorization requests;
- b) link the authorized services to specific periods of time;
- c) identify the monetary limits and occurrences for approved benefits;
- d) suspend requests; and
- e) decline requests.

6.21.21 The Contractor must communicate treatment benefit authorization results to Providers and Veterans located outside Canada processed by the Contractor and VAC. This communication must be viewable on the Provider, Participant and Departmental portals and also sent by regular mail. Information must include:

- a) details on the treatment benefit requested;
- b) an approval, partial approval or decline of the authorization request;
- c) authorization details (monetary limit, number of sessions, effective dates to obtain service, etc.);
- d) process to submit claims;
- e) formal appeal rights; and
- f) process to contact the Contractor for inquiries.

Rates

6.21.22 Where treatment benefits are provided in a country outside Canada, the rate at which the treatment benefit will be reimbursed will be defined by VAC during the Implementation Phase.

Claims Processing

6.21.23 VAC will work with the Contractor to establish detailed business processes for the processing of claims for treatment benefits for Canadian Veterans residing outside Canada. The processing of claims submitted by Veterans living or traveling outside of Canada generally follow the same business rules as claims processing for claims submitted by Canadian Providers, refer to *SOW Section 6.24 Claims Processing Services*.

- 6.21.24 The Contractor must establish a single point of contact for all Out of Country Providers, Veterans and VAC staff for claims processing services.
- 6.21.25 The Contractor will be required to process all claims for eligible treatment benefits for Veterans residing outside Canada. These requests may originate from Providers or directly from the Veteran. Claims have varying degrees of complexity; therefore, access to health care professional resources is required to process these claims.
- 6.21.26 The Contractor must be capable of accepting claims and supporting information from Providers and Veterans, located outside Canada through a number of different channels including: FHCPs Portals, mail, fax, or digitally from VAC, etc. Claims submissions from outside Canada may be sent in a variety of languages.
- 6.21.27 The Contractor must record claims received, and provide Participants, Providers and Partner Organization staff the ability to track the status of claims through their respective Portals. Status tracking for Out of Country claims will provide the same level of information as those from Canadian Providers, refer to *SOW Section 6.24 Claims Processing Services*.
- 6.21.28 The Contractor must, where possible, establish capability to allow for system based adjudication of claims information in the Benefit Grids, mapping of and Participant eligibility data.
- 6.21.29 When processing claims manually the Contractor must:
- a) verify the Participant information and confirm an authorization has been previously established or take the necessary steps to confirm treatment benefit eligibility and create an authorization;
 - b) adjudicate and process claim based on the Benefit Grids and business rules provided by VAC; and
 - c) develop and implement control procedures to ensure the accuracy and completeness of the claims processing.
- 6.21.30 To ensure timely processing of claims for treatment benefits, the Contractor must establish clear processes to efficiently request additional information from the Out of Country Provider or Veteran to support the claim, using the Portals, other electronic means, or phone. Mail should only be used when no other means of communication is possible.
- 6.21.31 The Contractor will forward complex claims for treatment benefits received from health care Providers and Veterans located outside Canada to VAC for review. The criteria for complex claims will be defined during the Implementation Phase
- 6.21.32 The Contractor must be capable of issuing payments to Providers, Veterans or third-parties in the currency of their choice (Canadian dollars or other currencies).
- 6.21.33 The Contractor must be capable of issuing payments to Providers and Veterans by direct deposit in the currency of the claim to a financial instruction outside of Canada. The Contractor must use the [Bank of Canada website](#) as the main currency converter. If a country is not listed on this website, use the [OANDA](#).
- 6.21.34 The Contractor must communicate the results of claims processing to Providers and Veterans located outside Canada. This information must be viewable on the Provider

and Participant and Departmental portals. Information must include:

- a) details on the treatment benefit requested;
- b) an approval, partial approval or decline of the claimed amount;
- c) explanation for amounts not reimbursed (not an eligible benefit, exceeds VAC limits, not related to Veterans' Disability Benefits entitled condition, etc.);
- d) amount paid;
- e) formal appeal rights (Participant only); and
- f) process to contact the Contractor for inquiries.

Re-establish coverage for Group B Veterans Returning to Canada

- 6.21.35 The Contractor must re-establish Group B coverage for Canadian Veterans who have eligibility and have returned to Canada. VAC will provide the Contractor with business rules associated with Veterans who have returned to Canada during the Implementation Phase.

Canadian Armed Forces – Out of Country Services (OOC)

- 6.21.36 Within Canada and three locations outside Canada, health care for serving CAF Members is provided by the Canadian Forces Health Services Centres. These centres are located across Canada and Geilenkirchen (Germany), Casteau (Belgium) and Washington (USA). However, CAF Members can be deployed or posted anywhere around the world. When CAF medical support is not available or insufficient, Out of Country CAF participants fully rely on FHPCS processes to pay for their medical care.

- 6.21.37 There are three types of Out of Country (OOC) CAF Members that could require OOC medical services:

- a) CAF Members posted and living out of country;
- b) CAF Members on out of country Operations; and
- c) CAF Members on non-operational leisure travel.

- 6.21.38 Respective claim processes will be further defined in the CAF business rules, which will be provided to the Contractor during the Implementation Phase.

- 6.21.39 The Contractor must deliver and maintain a toll-free Out of Country Contact Centre service for Out of Country Medical Emergencies for CAF Members. The Out of Country Call Centre is the first point of contact for all CAF participants requiring medical care or goods/services outside of Canada if no CAF medical care is available. It is also the first point of contact for Providers situated outside of Canada requesting authorization or approval to provide care or medical benefits or services.

- 6.21.40 The Contractor must ensure the Out of Country (OOC) Contact Centre will:

- a) direct Participants on location and availability of medical care in the area;
- b) guide Out of Country Providers through the registration process;
- c) clarify and/or verify product or service eligibility and pricing rules;
- d) confirm participant eligibility for a benefit or service where participant has provided consent;
- e) provide information on claim submission process;
- f) when necessary, make advance payment to health care service Provider on behalf of the participant;
- g) inform Providers and Participants on reimbursement requirements; and

- h) within 24 hours or the next business day, liaise with the CAF representative when emergency medical services were requested.

6.21.41 The Contractor must:

- a) establish an OOC Contact Centre, including a dedicated toll-free North American phone number and a collect call phone number for outside North America, which must appear on the Health Care Identification Card, the participant portal, departmental portal and the FHPCS mobile platform;
- b) provide an assistance network with 24 hours a day, 7 days a week phone service, world-wide;
- c) 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 must be approved by CAF;
- d) use an electronic call management reporting system to verify 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);
- e) provide services of equal quality in both Official Languages;
- f) authenticate participant prior to releasing information;
- g) provide direct authorization of the initial emergency treatment in accordance with CAF direction;
- h) follow-up with the caller within one hour of initial contact if requested;
- i) provide equipment to accommodate hearing impaired callers;
- j) provide a mechanism to process and track the resolution of all requests, as well as complaints, concerns and issues conveyed to the Call Centre;
- k) provide a telephone interpretation service;
- l) negotiate discounts with Out of Country Providers on behalf of CAF to obtain reasonable and customary rates, and report on discounts obtained and associated fees; and
- m) track all authorizations to ensure the service Provider is paid for approved services.

6.21.42 For non-emergencies, the Participant will receive guidance from their CAF internal medical liaison officer, as required. If requested, the Contractor must work with the CAF medical liaison officers to determine the most optimal care, negotiate rates with medical facilities and agree on a method of payment as described below under the advance payment requirement.

6.21.43 The Contractor must meet the following Emergency Travel Assistance and Comprehensive Coverage Contact Centre Service Levels (which must be reported monthly to the Project Authority):

Emergency Travel Assistance:

- a) 90% Calls answered in less than 20 seconds;
- b) maximum 1% Abandoned Calls;
- c) 99.9% Call Centre Availability; and
- d) 90% of all calls that require a call back are done so within 1 hour.

6.21.44 The Contractor must create and maintain an Out of Country Provider Registry. The Contractor is responsible to gather well sourced information related to Out of Country medical services Providers and facilities. Sources can be, but are not limited to:

- a) Canadian Embassy recommendations;
- b) Joint Commission International accreditation;
- c) Paid subscription programs like *Shoreland Travax*; and
- d) Other Out of Country registered Providers.

6.21.45 The Contractor must create an Out of Country Provider registry or address book that can be used by the Out of County Contact Centre to direct the Participants to the most optimal healthcare solution based on health condition and location.

6.21.46 The Contractor must provide information on Out of Country services online (accessible via mobile devices) with features which include but are not limited to: medical facility locator (i.e. International hospital, walk-in clinic), Medication dictionary, FHCPs travel unit contact information, FHCPs documentation for travelling (forms, etc.).

6.21.47 The Contractor must list the services offered by the Out of Country Providers when available. The Contractor must continuously assess Out of Country Providers in reference to the quality of care and build a system to pre-qualify Providers. The information used to build the ranking can come from resources above and participant's review of the service received.

6.21.48 The Contactor must allow Out of Country Providers to be registered as Providers if requested by CAF (i.e. following a CAF medical reconnaissance).

6.21.49 The Contractor must develop and maintain an advance payment capability on behalf of the Participant. Advance payment is defined as a payment to the Provider before the service is rendered. Many countries require a deposit as soon as their facility is entered or to be seen by a medical professional. Advance payment also includes any amounts required by the Provider to treat the participant when a promise of payment by the contractor is not sufficient. However, advance payment is not the preferred method of payment. In certain instances, only advance payment will allow participants to receive optimal healthcare.

6.21.50 The Contractor must:

- a) liaise directly with the Provider to negotiate rates and discuss payment method(s);
- b) in the event a promise of payment is not sufficient, arrange for advance payment of hospital and medical expenses;
- c) provide the service 24 hours a day, 7 days a week world-wide for medical emergencies. Liaison with Providers for non-urgent care can be done during regular business hours;
- d) track all authorizations to ensure claims are paid in a timely manner;
- e) keep records in the Participant's system file;
- f) pay the Provider. The Contractor must have the ability to pay the Provider in a foreign currency; and
- g) pay Members who have paid out of pocket in Canadian Dollars.

Royal Canadian Mounted Police Services - Out of Country Services

6.21.51 Eligible RCMP Members traveling, for personal or on-duty reasons, or working outside of Canada may incur expenses for health care services that may be eligible for health benefits coverage provided by the RCMP.

6.21.52 The coverage, with specific limits and criteria outlined in the *RCMP Health Care Benefits coverage* policy is considered in following instances:

- a) member requires a health care service in the country of their international Liaison Officer (LO) posting;
 - b) member requires a health care service in another country if it is not available in the country of international posting;
 - c) member requires emergency health care services when travelling outside the country of international posting, on duty or for personal reasons;
 - d) if the injury and/or illness is determined to be work related, then coverage under Occupational Health Care is subject to the determination process;
 - e) member, who is posted in Canada, requires emergency health services when travelling outside of Canada, for personal reasons or on duty; and
 - f) member, who is posted in Canada, requires a health care service in another country if it is not available in Canada.
- 6.21.53 The health benefits coverage for eligible Out of Country health care services is subject to maximum allowances (Canadian dollars) and must be reimbursed in the currency of the country where the benefit was obtained.
- 6.21.54 Inquiries for RCMP health benefits coverage of Out of Country health care services, requiring RCMP preauthorization, are reviewed and authorized by a divisional manager, or the International Health Service/Director General Occupational Health and Safety Branch (OHSB) as per delegated financial authority.
- 6.21.55 The Contractor must process eligible Out of Country health claims in accordance with RCMP Health Benefit Grids, RCMP *Health Care Benefits Coverage Policy*, and associated operating procedures.
- 6.21.56 The Contractor must ensure the Out of Country (OOC) Contact Centre will:
- a) direct Participants on location and availability of medical care in the area;
 - b) guide Out of Country Provider through the registration process;
 - c) clarify and/or verify product or service eligibility and pricing rules;
 - d) confirm participant eligibility for a benefit or service where participant has provided consent;
 - e) provide information on claim submission process;
 - f) when necessary, make advance payment to health care service Provider on behalf of the participant;
 - g) inform Providers and Participants on reimbursement requirements; and
 - h) within 24 hours or the next business day, liaise with the RCMP representative when emergency medical services were requested.
- 6.21.57 The Contractor must create and maintain an Out of Country Provider Registry. The Contractor is responsible to gather well sourced information related to Out of Country medical services Providers and facilities. Sources can be, but are not limited to:
- a) Canadian Embassy recommendations;
 - b) Joint Commission International accreditation;
 - c) Paid subscription programs like *Shoreland Travax*; and
 - d) Other Out of Country registered Providers.
- 6.21.58 The Contractor must create an Out of Country Provider registry or address book that can be used by the Out of County Contact Centre to direct the Participants to the most optimal healthcare solution based on health condition and location.
- 6.21.59 The Contractor must list the services offered by the Out of Country Providers when available. The Contractor must continuously assess Out of Country Providers in

reference to the quality of care and build a system to pre-qualify Providers. The information used to build the ranking can come from resources above and participant's review of the service received.

RCMP Posted in Canada and Traveling Out of Country

- 6.21.60 RCMP Members posted in Canada when travelling Out of Country, on duty or for personal reasons, receive emergency medical coverage only.
- 6.21.61 The Contractor must provide 24-hour access for RCMP Members to an Emergency Travel Assistance (ETA) Services which includes a world-wide network of professionals who provide health care services to Canadian standard and at the usual or customary service fee levels or fees accepted by the RCMP and a Global toll-free number and Web-Portal live-chat.
- 6.21.62 The Contractor must create a dedicated Travel Unit as a single point of service contact centre with the appropriate resources, tools and capabilities to support and resolve incoming requests for coverage of Out of Country health services.
- 6.21.63 The Contractor must ensure that ETA services provided through FHCPS are delivered in accordance with the RCMP policy, benefits grid and procedures. The Contractor must ensure that ETA services provide direct authorization of the initial emergency treatment in accordance with RCMP direction.
- 6.21.64 The Contractor must reimburse Out of Country claims based on recommendation provided by ETA services and in accordance with RCMP policy, grid and procedures.
- 6.21.65 The Contractor must liaise with ETA service Providers and the RCMP Divisional OHSS Offices and/or Occupational Health and Safety Branch (OHSB) for review of cases that require specific direction.
- 6.21.66 The Contractor, in collaboration with ETA Services provider must regularly update its network list of countries according to world conditions and post it to the Participant and Departmental Portals.
- 6.21.67 The Contractor must communicate clear provisions concerning the availability, quality, or result of the medical treatment received by the Participant or for the failure to obtain medical treatment.
- 6.21.68 The Contractor must produce monthly and annual activity reports, which must include volumes of calls and reimbursement.
- 6.21.69 Contractor must maintain the health claims records and make this information available for review.
- 6.21.70 The Contractor, based on recommendations provided by ETA service Provider and RCMP requirements concerning health benefits coverage of Out of Country services, must process Providers and Members health claims and arrange payment for direct reimbursement.
- 6.21.71 Contractor must conduct full investigation of requests for exceptional coverage, and provide the case summary with recommendations for RCMP approval process.
- 6.21.72 The Contractor must arrange for advance payment of hospital and medical expenses, Advance payment is defined as a payment to the Provider before the service is rendered. Advance payment also includes any amounts required by the Provider to treat

the Member when a promise of payment by the Contractor is not sufficient. Advance payment is not the preferred method of payment. The Member must sign an authorization form allowing the ETA to recover payment from the provincial/territorial health insurance plan.

6.21.73 In cases where a Member sought emergency travel services, the Contractor must secure, where applicable, timely recoveries from provincial/territorial health insurance plans and report on such recoveries and return the funds to the RCMP. The Contractor must also negotiate discounts with Out of Country service Providers on behalf of the RCMP, and report on discounts obtained and associated fees.

6.21.74 The Contractor must create special benefit codes to process Out of Country claims and transactions must be recorded in the Member's claim history.

RCMP Liaison Officers (LO's) International Posting

6.21.75 Members posted to a Foreign Service Office under the International Liaison Officer Program are eligible for RCMP health benefits coverage for Basic and Supplemental health services received in the country of posting. They also may be eligible for RCMP Occupational Health Care benefits coverage.

6.21.76 Basic Health Care: In order to be reimbursed for basic health care an LO will be required to provide proof their Provincial or Territorial Health Insurance Plans coverage has temporarily ceased for the duration of their deployment.

6.21.77 Liaison Officer's eligible health claims are processed in FHCPS through the Member reimbursement process after the International Health Services (IHS) office has reviewed and authorized the claim. Once authorized, IHS submits the claim to the FHCPS Contractor for payment. The LO's health benefits coverage are subject to the limitations and exceptions (e.g. dental fee guide, etc.) outlined in the RCMP national policy and procedures.

6.21.78 The Contractor must process LO's health claims reimbursement requests in accordance with the RCMP policy, Benefits grid and procedures.

6.21.79 The Contractor must enable LO's to submit their Supplemental Health Care invoices that do not require a preauthorization via online claim submission and be directly reimbursed based on the annual allowable eligible health benefits coverage available and the RCMP benefits grid.

6.21.80 The Contractor must process LO's reimbursement requests for Supplemental Health Care benefits coverage, after RCMP preauthorization by the RCMP International Health Service Division.

6.21.81 The Contractor must provide Health Professional consulting services and provide advice and recommendation on request, e.g. review of the drug that is not recognized in Canada, etc.

6.21.82 The Contractor must ensure all benefits are adjudicated based on the RCMP Benefit Grids and ensure the allowance/frequencies are not exceeded.

6.21.83 The Contractor must monitor and/or determine Providers' usual and customary fees in accordance with industry standards and accepted practice by Canadian public health care plans.

6.21.84 Create special benefit codes to process LO's Out of Country basic health claims.

RCMP Emergency Travel Assistance Service

6.21.85 The Contractor must provide Emergency Travel Assistance (ETA) services to Members travelling outside of Canada and in need for immediate, emergency medical treatment.

6.21.86 The Contactor must provide a Global toll-free, or where not possible a global collect call service which will be available to Members 24-hours a day, 7 days a week, 365 days a year, to a network of hospitals/clinics and health care Providers that spans the globe.

6.21.87 The Contractor must develop and maintain scripts in Canada's official languages for use by Contact 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 must be approved by RCMP.

6.21.88 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);

6.21.89 The Contractor must provide access to ETA services via desktop, mobile, and tablet devices with features which include but are not limited to: International hospital locator, Medication dictionary, FHCPS travel unit contact information, FHCPS documentation for travelling (forms, etc.).

6.21.90 The Contractor must ensure that ETA Specialists will guide Members to the most optimal healthcare solution based on health condition and location, arrange payment on behalf of Member whenever possible, and share important information and next steps related to the claim in accordance to RCMP policy, Grid, and procedures.

6.21.91 RCMP ETA will include as a minimum the following services:

- a) pre-departure Assistance (provide or direct Members to information regarding the travel destination mandatory documents concerning health insurance/ benefits coverage; provide information of clinics or hospitals close to travel accommodations, e.g. location, level of care standard, service fees, etc.);
- b) medical Assistance (locate and access medical or dental facilities; monitor Member's treatment information, update Contractor claims unit and Member's Health Service Officer, etc.);
- c) medical Evacuation Services (coordinate required transportation for the Member and the companion if medically recommended, to a medical facility in Canada to continue treatment, etc.); and
- d) general Assistance (translation services related to emergency treatment or invoices; liaise with Contractor for benefits coverage authorization and direct Provider payment; etc.).

NOTE: RCMP does not have requirement for ETA in case of Member's death.

Allied Veterans Services (VAC only)

6.21.92 Allied Veterans in Canada are able to access health care benefits and services using FHCPS with authorizations from the Allied Countries. Reciprocal agreement/arrangements exist between Canada and applicable Allied Countries to

deliver these services. To facilitate the production of the Health Care Identification Card, VAC will provide the Contractor with Participant data for Allied Veterans.

Allied Veterans Residing in Canada

- 6.21.93 Reciprocal agreements/arrangements exist between Canada and specific Allied countries to provide benefits and services for Allied Veteran's residing in Canada for service-related disability conditions.
- 6.21.94 VAC has reciprocal agreements/arrangements with:
- a) United States Department of Veterans Affairs;
 - b) Veterans United Kingdom;
 - c) Australia Department of Veterans' Affairs;
 - d) Veterans' Affairs New Zealand; and
 - e) Republic of South Africa Department of Military Veterans
- 6.21.95 The Contractor must issue Health Care Identification Cards to eligible USA Allied Veterans, refer to *SOW Sections 5.5 Participant Enrolment Set-up* and *5.6 Health Care Identification Card Set-up*.
- 6.21.96 Health Care Identification Cards are not issued to United Kingdom, Australian, New Zealand or South African Veterans. These Veterans should be referred back to their country of service for assistance.
- 6.21.97 The Contractor must refer Veterans of Countries where VAC does not have a reciprocal agreement back to their county of service (or embassy) for assistance with obtaining authorizations for health care benefits and services.

United States of America (USA) Allied Veterans

- 6.21.98 The Contractor must receive requests, obtain authorizations, adjudicate and pay claims from USA Veterans living in Canada. Requests may be received from Veterans or Providers.
- 6.21.99 The Contractor must obtain the following information for each authorization request:
- a) benefit or service requested;
 - b) health condition being treated;
 - c) name and contact information of Provider;
 - d) quantity, frequency and/or duration of service;
 - e) cost per occurrence; and
 - f) if request is for prescription drugs include name and Drug Identification Number (DIN); effective date and termination date (or ongoing) and any quantity limitations.
- 6.21.100 The Contractor must communicate with the Veteran or Provider to obtain clarification or request additional information as required.
- 6.21.101 The Contractor must prepare a summary and forward to USA Veteran Affairs to obtain authorization. VAC will provide the Contractor with the contact information for the USA Veterans Affairs. USA Veterans Affairs will review the authorization request and will advise the Contractor of their decision.
- 6.21.102 The Contractor must set up the authorization in FHPCS according to the USA Veterans

Affairs decision letter.

**United Kingdom (UK), Australia (AU), New Zealand (NZ) and South Africa (SA)
Allied Veterans**

- 6.21.103 Allied Veterans under the Reciprocal Agreement from the above countries must have benefits pre-authorized by the applicable Allied Government. Allied Veterans from these countries must contact their country of service directly to obtain preauthorization. Allied Veterans (from UK, AU, NZ, SA) will submit claims directly to the Contractor and are required to submit supporting approval documentation from their country of service with their claim.
- 6.21.104 The Contractor must process requests for claims reimbursement from United Kingdom (UK), Australia (AU), New Zealand (NZ), South Africa (SA) Allied Veterans
- 6.21.105 The Contractor must be capable of accepting claims and supporting information for Allied Veterans from Providers and Veterans through a number of different channels including: FHCPS Portals, mail, fax, phone, etc.
- 6.21.106 The Contractor must record claims received, within one day of the receipt of the claim, in a system which is viewable by Providers and Veterans. This must include real time information regarding:
- a) date claim was received;
 - b) benefits being claimed;
 - c) status of processing;
 - d) date claim was adjudicated/processed; and
 - e) results of claim processing (paid, partially paid or not paid) in Canadian currency.
- 6.21.107 When processing claims manually the Contractor must:
- a) verify the Participant information and confirm an authorization has been previously established or take the necessary steps to confirm eligibility and create an authorization;
 - b) adjudicate and process claim based on the Benefit Grids and business rules provided by VAC; and
 - c) develop and implement control procedures to ensure the accuracy and completeness of the claims processing.
- 6.21.108 To ensure timely processing of claims for Allied Veterans, the Contractor must establish clear processes to efficiently request additional information from the Provider or Veteran to support the claim, using FHCPS Portals or electronic means, or phone. Mail should only be used when no other means of communication is possible.
- 6.21.109 The Contractor will forward complex claims received from Providers and Allied Veterans to VAC for review.
- 6.21.110 The Contractor must communicate the results of claims processing to health care Providers and Allied Veterans. This information must be viewable on the Provider and Participant and Departmental portals. Information must include:
- a) details on the treatment benefit requested;
 - b) an approval, partial approval or decline of the claimed amount;

- c) explanation for amounts not reimbursed (not and eligible benefit, exceeds approved limits, etc.);
- d) amount paid; and
- e) process to contact the Contractor for inquiries.

Refer to *SOW Section 6.24 Claims Processing Services* for additional details on processing claims.

6.21.111 The Contractor must provide VAC with monthly Allied Veterans payment summary reports with data including but not limited to:

- a) Participant country (i.e., US, United Kingdom, Australian, New Zealand, South Africa),
- b) Veteran name,
- c) identification number,
- d) benefit code,
- e) benefits descriptions,
- f) Provider type, name and identification,
- g) date of service, and
- h) dollar amounts reimbursed.

Reporting and Service Standards

6.21.112 The Contractor must adhere to the Service Standards for Out of Country Services and Allied Veterans Services, refer to *SOW Section 6.36 Performance and Service Standards*.

6.21.113 The Contractor will be required to produce reports for the management of the Out of Country Services and Allied Veterans Services. For reporting details, refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

6.22 Alignment of Treatment Benefits

6.22.1 Alignment of Treatment Benefits seeks to ensure releasing Canadian Armed Forces (CAF) Members can make informed decisions on their future healthcare needs. Releasing CAF Members can request a review of their current treatment benefits to see what may be covered by VAC once they release.

On request from the releasing CAF Member, the Contractor must review the information provided and the CAF treatment benefits information history in FHCPS, for the previous twelve (12) months. This information will be examined against the CAF Member's currently approved VAC disability benefits to determine what may be covered by VAC after release. When analysis of the file is complete, the Participant will receive a letter based on the results of the review.

6.22.2 For releasing CAF Members to request the Alignment of Treatment Benefits evaluation, the Contractor must provide a digital mechanism through the Participant Portal, such as a fillable and submittable electronic webform, which includes prepopulated data from both CAF and VAC Participant files, and fillable fields for the Participant to provide additional needed data and information.

6.23.3 The Contractor must also accept requests for the Alignment of Treatment Benefits evaluation from releasing CAF Members over the phone, or through a letter mailed from the Member. Paper forms are not required to request this service.

- 6.22.4 To qualify for Alignment of Treatment Benefits, the Participant must:
- a) be a Canadian Armed Forces (CAF) Member within six months of their anticipated release date; and
 - b) have an existing VAC Disability Benefit.
- 6.22.5 The releasing CAF Member will provide, through the Participant Portal, phone or letter, pertinent information for the analysis of treatment benefits. Data for this evaluation will be drawn from both CAF and VAC systems and must include:
- a) VAC ID number (VAC data);
 - b) CAF Member ID Number (CAF data);
 - c) address (CAF data);
 - d) telephone number (CAF data);
 - e) email address (CAF data);
 - f) all active health related treatments and services; and
 - g) anticipated release date.
- 6.22.6 The Contractor must obtain consent from Participants to allow the Contractor to access their Participant file and validate entitlement. Consent can be obtained via the Participant Portal, or through a statement read by the Contractor if the request is taken over the phone.
- 6.22.7 The Contractor must create a specific file for the Alignment of Treatment Benefits information which include but are not limited to:
- a) claims history;
 - b) existing authorizations and benefits; and
 - c) clearly and easily identified exceptional health care benefits and services.
- 6.22.8 The Contractor must complete an analysis on Participant provided information and historical benefit file information in correlation with VAC benefits and business rules to determine what may be covered by VAC after release.
- 6.22.9 The Contractor must prepare and send a letter to the Participant with the results of the analysis. Letter contents will be provided to the Contractor during the Implementation Phase.
- 6.22.10 Once the Participant is released from the CAF, the Contractor must confirm the release date of the Participant to enable sharing the information with VAC. The release date will be provided electronically by CAF to the Contractor after the release date has occurred.
- 6.22.11 The Contractor must provide access to the results letter to VAC, through the Departmental Portal, after the confirmed release date is passed. VAC cannot have access to letter prior to release due to privacy implications and limited authorities under the *Veterans Health Care Regulations*.
- 6.22.12 The Contractor must have trained staff to liaise with eligible participants who apply for Alignment of Treatment Benefits services, refer to *SOW Appendix D, Contractor Resources*.
- 6.22.13 The Contractor's staff must review and validate eligibility and release information, and research Participant files to identify treatments and services provided by CAF that:

- a) will be available to the Participant because of their VAC approved Disability Benefit;
 - b) will not be available to the Participant through VAC; and/or
 - c) may be available pending further information from the Participant and Providers.
- 6.22.14 The Contractor must complete benefit analysis in correlation with VAC's Benefit Grids and business rules, prepare and send results to Participants, and track files opened for the purpose of providing Alignment of Treatment Benefits services and ensure all Participants receive the required information.
- 6.22.15 The Contractor must create and maintain scripts, workflows and correspondence templates, for the Alignment of Treatment Benefits, to ensure accurate data collection, and accurate and complete analysis.
- 6.22.16 The Contractor must adhere to the Service Standards for Alignment of Treatment Benefits service. For Service Standard details refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.22.17 The Contractor must provide reporting for the Alignment of Treatment Benefits, refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

6.23 Early Access to Mental Health Benefits (VAC only)

- 6.23.1 Canadian Armed Forces Veterans, as well as part-time Reservists, who apply for a Veterans Affairs Canada (VAC) disability benefit for certain mental health conditions qualify for early access to mental health benefits. The goal is to support the mental health of Veterans while their disability benefits application is being processed. Early access to mental health benefits will last for two years from the date VAC receives a disability benefits application or until a Veteran receives a favorable disability benefits decision, which would then make them eligible for regular FHCPS mental health treatment benefits. Receiving early access to MHB does not impact a Veteran's eligibility for other FHCPS benefits or services. Current and former RCMP members are not eligible for early access to Mental Health Benefits. However, RCMP members with CAF service may be eligible if their application relates to a mental health condition that arose during or was aggravated by their CAF service.
- 6.23.2 Early access to mental health benefits includes treatment benefits for service-related mental health conditions such as anxiety and depressive disorders, or trauma-and-stressor-related disorders. Treatment benefits include specified related prescription drugs and mental health services like assessments and treatment by psychologists, occupational therapists, counsellors, social workers, or other VAC approved mental health professionals. Treatment benefits may be covered for eligible Participants when not already covered by their province, territory or country of residence.
- 6.23.3 Cannabis for Medical Purposes, and reimbursement for Veteran Travel are not included in the early access to mental health benefits.
- 6.23.4 VAC notifies the Contractor of the early access to mental health benefits eligibility start and end date.
- 6.23.5 Authorizations, and claims processing, for early access to mental health benefits are described in *SOW Section 6.13 Treatment / Health Care Authorizations* and *SOW Section 6.24 Claims Processing Services*. Participant enrolment described in *SOW Section 5.5 Participant Enrolment Set-up*.

- 6.23.6 If the Veteran is approved for a the mental health related VAC Disability Benefit, they will be eligible for Treatment Benefits, which include regular mental health benefits. For additional information associated with Treatment Benefits, refer to *SOW Section 6.12 Treatment / Health Care Benefits*.
- 6.23.7 Participants receiving early access to Mental Health benefits will receive a Health Care Identification Card and welcome package, and have access to the Participant Portal in the same manner as all Participants.
- 6.23.8 The Contractor must ensure that Veterans with the early access to mental health benefits is clearly indicated on the Departmental Portal as a separate data field so it is not confused with regular treatment benefits.
- 6.23.9 The Contractor must provide authorization and claims processing services for early access to mental health benefits for the earlier of two (2) years from the date the Disability Benefits application was received by VAC, or until the Veteran receives a favorable Disability Benefit decision at which point they will be eligible for VAC Treatment Benefits. For people who are still serving with the CAF at time of Disability Benefits application, mental health benefit eligibility starts the day after their release if they do not yet have a decision on their applicable Disability Benefits application.
- 6.23.10 To administer the early access to mental health benefits, the Contractor must:
- a) receive and record the Early Access to Mental Health Benefits eligibility start date identified by VAC for the mental health condition;
 - b) receive and record the eligibility end date identified by VAC for the condition
 - c) accept a modified eligibility end date as required and communicated by VAC
 - d) prepare and send a letter, Health Care Identification Card, and modified welcome package to the Veteran within ten (10) business days of Participant eligibility start date outlining the terms of the entitlement, including:
 - i. duration of entitlement;
 - ii. how to use the Health Care Identification Card and access mental health benefits and services; and
 - iii. how to submit a claim if using an unregistered Provider;
 - e) prepare and send a letter to the Veteran sixty (60) days prior to the two (2) year anniversary of the Disability Benefits application received date to inform the Veteran of the upcoming termination, if the Veteran does not have a favorable Disability Benefits decision by that time or has already received an unfavorable decision; and
 - f) prepare and send a letter within five (5) days of a cancelation notification from VAC as required (not common).
- 6.23.11 The Contractor must prepare and send a letter to the Veteran on the first business day after a favorable Disability Benefit decision to indicate coverage transfer to regular Treatment Benefits. Note: Existing pre-approvals already on file must continue to be honored under the Treatment Benefits Program.
- 6.23.12 The Contractor must follow the authorization and claims processing service standards, refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.23.13 The Contractor must provide reporting for the early access to mental health benefits refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

6.24 Claims Processing Services

- 6.24.1 This section describes the general requirements which are applicable to FHCPs claims. In addition, the claim types noted below have outlined specific or unique details associated with claims processing procedures in their individual SOW sections.
- 6.24.2 The Contractor must provide claims processing services for the following types of claims:
- a) Treatment/Health Care Benefits (including early access to mental health benefits);
 - b) Dental;
 - c) Pharmacy;
 - d) Out of Country Claims;
 - e) Veterans Travel (VAC only);
 - f) Cannabis for Medical Purposes (VAC only);
 - g) Veterans Independence Program (VAC only); and
 - h) Long Term Care (VAC only).
- 6.24.3 The Contractor must process all claims whether submitted in paper or electronic format.
- 6.24.4 The Contractor must digitize paper claims to electronic format, and include the date received. The required information to be submitted for each claim type varies by Partner Organization and claim type. General requirements for information required for most claims includes:
- a) Participant name and identification number;
 - b) Provider name and identification number;
 - c) Participant/Provider signature requirements (where applicable);
 - d) benefit codes and/or descriptions;
 - e) date of service information;
 - f) dollar value of claim submitted; and
 - g) other specific claim details as specified by the business rules.
- 6.24.5 The Partner Organizations will provide business rules for claims processing by claim type during the Implementation Phase. The Contractor must document all processes and procedures for the Claims Processing Services in the FHCPs Standard Operating Procedures (SOP) manual which will be developed during the Implementation Phase and approved by the Partner Organizations.
- 6.24.6 The Contractor must process claims and claim adjustments submitted by Providers, Participants or their representatives, Partner Organization staff on behalf of Participants, or third parties, as per the approved SOP manual.
- 6.24.7 The Contractor must develop through the Departmental Portal and provide functionality that enables Partner Organizations to receive claim requests which require Partner Organization input to complete the adjudication.
- 6.24.8 The Contractor must provide various claims submission and claim adjustment methods to users including electronic industry interfaces (for example, POS for Pharmacy and Cannabis for Medical Purposes, the CAF Pharmacy Claims Management System, systems used by Dental professionals to submit claims, etc.), and submission via the Participant, Provider and Departmental portals.

- 6.24.9 The Contractor must provide ability for Providers to submit claims through the Provider Portal. This claims submission method must:
- a) be based on current standard format and processes of Provider Associations and updated as standards evolve;
 - b) meet industry automated claims verification requirements;
 - c) allow Providers to adjust claims;
 - d) allow for information associated with the claim to be linked to the authorization where required;
 - e) allow Providers to attach supporting documents;
 - f) include a real-time Drug Utilization Review, refer to *SOW Section 6.16 Drug Utilization Review Services*; and
 - g) comply with all established security and privacy requirements, refer to *SOW Section 6.28 Security* and *SOW Section 6.33 Access to Information and Privacy*.
- 6.24.10 The Contractor must provide ability for Partner Organization staff to submit claims through the Departmental Portal. This claims submission method must:
- a) include a claims submissions screen to allow Partner Organization staff to submit claims which guides the user and ensures they cannot submit the claim without the required information (information would include ensuring the authorization is current where required and will vary by Partner Organization and will be provided to the Contractor during the Implementation Phase);
 - b) allow for information associated with the claim to be linked to the authorization where required;
 - c) allow Partner Organization staff to attach supporting documents;
 - d) allow Partner Organization staff to request claim adjustments; and
 - e) Comply with all established security and privacy requirements, refer to *SOW Section 6.28 Security* and *SOW Section 6.33 Access to Information and Privacy*.
- 6.24.11 The Contractor must provide ability for Participants to submit claims through the Participant Portal. This claims submission method must:
- a) include a claims submissions screen to allow Participants to submit claims which guides the user and ensures they cannot submit the claim without the required information (information would include ensuring the authorization is current where required and will vary by Partner Organization and will be provided to the Contractor during the Implementation Phase);
 - b) allow for information associated with the claim to be linked to the authorization where required;
 - c) allow Participants to attach supporting documents; and
 - d) Comply with all established GC security requirements, refer to *SOW Section 6.28 Security*.
- 6.24.12 The Contractor must provide forms made available on a public facing website, and printable forms in the Participant, Provider and Departmental Portals for those who require paper processes.
- 6.24.13 The Contractor must propose approaches to streamline claims processing which must be approved by the Project Authority, at any point during the Contract.
- 6.24.14 The Contractor must capture all required claim information, including but not limited to:

- a) claim ID number;
 - b) Participant name (full name);
 - c) Participant identification number;
 - d) Provider name;
 - e) Provider identification number;
 - f) Provider invoice number;
 - g) Clinic Program identification number where applicable;
 - h) Prescriber/recommender;
 - i) date of service(s);
 - j) date of claim submission or receipt of claim;
 - k) date claim paid;
 - l) authorization number, when required;
 - m) benefit code, per the Benefits Grid;
 - n) health care benefits or service provided and costs;
 - o) medical invoice or receipt, as required by the business rules;
 - p) Partner Organization's approval documents, when different from the Authorization number; and
 - q) other specific claim details as specified by the business rules.
- 6.24.15 The Contractor must develop and implement control procedures to ensure the accuracy and completeness of the claims data captured, and document as an aspect of the Contractor's QA plan, refer to *SOW Section 6.31 Quality Assurance*.
- 6.24.16 The Contractor must create a unique claim ID for each claim. The Contractor must track all details of claims, including but not limited to; claim ID, date of receipt, Provider, submission method (paper or electronic), status of claim, etc.
- 6.24.17 The Contractor must electronically adjudicate, provide adjudication results to the sender of the claim, and verify claims and claim reversals in real-time where applicable.
- 6.24.18 The Contractor must track claims status, through stages of the process. Claims status tracking must be available to view through the Participant, Provider and Departmental Portals and requirements will be finalized with the Partner Organizations during the Implementation Phase. Claims status tracking must be developed using a user experience (UX) methodology approved by the Partner Organizations and tested by users early and often prior to implementation. At a minimum, a claim must be tracked through the following status steps:
- a) claim received (including the date);
 - b) adjudication or processing (including date processed); and
 - c) claim finalized (including date claim is processed and amount paid, including those with zero amount).
- 6.24.19 The Contractor must implement electronic processes within the Participant, Provider and Departmental Portals for claims that guides the user, requires the user to submit the required information with the claim, and stops the user from submitting without the required information.
- 6.24.20 The Contractor must clearly communicate problems and errors, when processing claims or tracking issues arise, to Providers, Participants, and/or Partner Organization staff. Communication will be approved by the applicable Partner Organization.
- 6.24.21 The Contractor must ensure claim information is separated by Partner Organization and only available to the appropriate Partner Organization for viewing. This includes situations where the Participant has dual eligibility, refer to *Sow Section 5.5 Participant*

Enrolment Set-up. Any exceptions must be approved by the applicable Partner Organizations.

- 6.24.22 The Contractor's system must have the ability to adjudicate claims separately for Participants who have eligibility under more than one Partner Organization. The Contractor's system must have the ability to restrict the payments where Participants have more than one eligibility based on the business rules which will be provided by the Partner Organizations during Implementation. Claims submitted by serving CAF Members using their VAC coverage must be flagged by the Contractor's system and the Provider or Participant advised no payment will be issued as the Participant has other coverage.
- 6.24.23 The Contractor must adjudicate and pay claims based on the Benefit Grids, and/or business rules provided by each Program and Partner Organization. These rules differ from benefit to benefit, province to province and by Partner Organization. The Partner Organizations will individually define the adjudication rules. Through the provision of the Benefit Grids, including formularies, and the VAC Authorization for Reimbursement of CMP (VAC only). Each Partner Organization will provide complete listings of all benefits and services, together with a unique benefit code for each of these benefits and services. This information will be provided to the Contractor to build the system during the Implementation Phase. Although many of the same benefit codes are used by all of the Partner Organizations, the adjudication rules may differ. Also, the rules for one benefit code may differ depending on the province or territory, or other agreements. Additional information on Benefit Grids is referenced in *SOW Section 6.10 Benefit Grids*.
- 6.24.24 The Contractor must adjudicate claims submitted against the Partner Organization's Benefit Grids at the time the benefits were rendered.
- 6.24.25 The Contractor must support the reversal and/or the resubmission of claims requiring adjustment.
- 6.24.26 The Contractor must support automated adjudication by providing rules-based functionality (i.e. mapping) which links a Medical Pension Code to eligibility for specific group(s) of benefits and benefit codes for VAC:
- a) the rules-based functionality must be linked to an index or table which relates individual benefits to each specific Disability Benefits entitled condition; and
 - b) during the Implementation Phase, the Project Authority will provide the Contractor with this table which supports automated rules-based adjudication.
- 6.24.27 The Contractor must process claims using the individual Partner Organization's Program edits which may result in the claim being:
- a) accepted for payment as invoiced;
 - b) paid, but adjusted to comply with the individual Partner Organization's pricing rules (partial payments due to dollar limits or frequency edits);
 - c) rejected/suspended due to frequency/occurrence rules;
 - d) returned/suspended due to insufficient information;
 - e) rejected/suspended due to ineligibility;
 - f) rejected due to wrong prescriber, recommender, Provider;
 - g) suspended due to missing authorization; or
 - h) suspended for Contractor's or Partner Organizations' review.
- 6.24.28 During the claims submission process, the Contractor must communicate to Participants or Providers to request information which was missing from the claim, to avoid a claim

being returned/suspended for insufficient information. The Partner Organizations will identify mandatory claims information to support valid claims entries during the Implementation Phase.

6.24.29 The Contractor must adjudicate claims against Partner Organization Benefit Grids and other business rules. Rules (called edits below) include, but are not limited to:

- a) General verification edits, verify:
 - i. all information required has been submitted;
 - ii. claim is not a duplicate; and
 - iii. claim has been submitted within the required timeframe from the date of service.
- b) Provider verification edits, verify:
 - i. Provider is registered in the FHCPS System;
 - ii. Provider or Clinic Program is authorized to provide the benefit claimed based on their area of specialization; and
 - iii. date of service falls within the Provider's effective period of being registered.
- c) Participant verification edits, verify:
 - i. Participant identification number, first name, last name, and date of birth matches information in the FHCPS system;
 - ii. date of service is within the Participant eligibility coverage period; and
 - iii. Participant is eligible for the benefit, including level of eligibility.
- d) Benefit verification edits, verify:
 - i. services meet the benefit rules of the Partner Organization;
 - ii. for VAC Disability participants, the benefit is related to treatment of a Disability Benefits entitled condition for which Participant has entitlement under the Disability program (Group A Participants);
 - iii. Provincial Fee guide codes are used for processing some benefit types, which may differ between the Partner Organization and will be outlined in the Partner Organization business rules which will be provided during the Implementation Phase;
 - iv. authorization has been established where required; and
 - v. claims that exceed a frequency limitation or maximum dollar limits have the necessary authorization to be adjudicated and paid.
- e) Co-Pay edits, verify:
 - i. if the Participant has coverage from a third party to facilitate coordination of benefits;
 - ii. co-pay amounts; and
 - iii. Veterans Accommodation and Meals (A&M) portion of Long-Term Care is the amount approved by VAC.
- f) Drug Utilization Review edits, verify drug prior approvals and drug claims, using industry standards.
- g) Pricing verification edits, verify:
 - i. claims are paid at the lower of the amount submitted, or the amount allowed under the Partner Organizations' Benefit Grids, or association /provincial/territorial fee schedules;
 - ii. where the claim is processed retroactively, the applicable pricing rules are followed; and
 - iii. applicable taxes are properly paid.
- h) System edits, verify:
 - i. eligibility is based on date benefit received and not the date the claim is processed;
 - ii. no payment is issued for CAF On-Base pharmacy transactions entered in the system; and
 - iii. payments to pharmacies for CAF participants adhere to CAF business

rules.

- 6.24.30 The Contractor must maintain a complete history of benefits received by Participants which is viewable on the Participant and Departmental Portals.
- 6.24.31 The Contractor must individually process claims received from Providers which contain information associated with more than one Participant.
- 6.24.32 The Contractor must issue payments for adjudicated claims to registered Providers, Participants, Participant representatives and authorized third parties. The Contractor must:
- a) issue payments to Providers on a schedule agreed on between the Contractor and the Project Authority during the Implementation Phase;
 - b) issue payments to Participants the day following claims processing;
 - c) issue payments by electronic funds transfer (EFT) or paper cheque;
 - d) publish the Provider Payment Calendar on a public facing website, the Provider portal, and Departmental portal;
 - e) consolidate payments for the same Participant processed on the same day;
 - f) have the capacity to make payments to Providers due to retroactive changes to service rates. The Contractor must identify affected Providers, calculate adjustments, and issue payment as required;
 - g) update the Participant's payment history with claim and payment details when there is a payment to providers or participants/third party. Details include but are not limited to:
 - i. claim ID number;
 - ii. Provider name;
 - iii. Provider ID number;
 - iv. Provider invoice number
 - v. clinic Program identification number where applicable;
 - vi. dates of service(s);
 - vii. date of claim submission or receipt of claim;
 - viii. date claim paid
 - ix. authorization number, when required,
 - x. benefit code;
 - xi. description of benefit provided;
 - xii. number of hours or occurrences utilized;
 - xiii. cost per benefit;
 - xiv. invoice number;
 - xv. amount submitted; and
 - xvi. amount paid.
 - h) provide each Partner Organization an electronic file, twice per month, of all payments in order of the Participant identification number; and
 - i) ensure payments issued to a Participant following death are issued to the Estate of the Deceased Participant.
- 6.24.33 The Contractor must produce and distribute Claims Statements for Participants and Providers. Partner Organizations have unique requirements regarding the information to be displayed on the statements. Information must include, but is not limited to:
- a) Participant name and ID number;
 - b) Provider name and ID number;
 - c) Provider invoice number;
 - d) date of service;

- e) results of claim processed;
- f) amount paid, adjustments and/or amount not paid;
- g) rationale for any amount not paid;
- h) missing information required to support claim if applicable;
- i) appeal rights where applicable (Participant only);
- j) how to resubmit a claim (if applicable);
- k) process to contact the Contractor for inquiries, and
- l) additional information when requested by Partner Organizations.

- 6.24.34 The Contractor must work with the Partner Organizations during the Implementation Phase to finalize the format and content of Claim Statements for Participants and Providers.
- 6.24.35 Claims Statements must be available on the Provider, Participant and Departmental portals. The Contractor must ensure portal users have the ability to export and print statements. The Contractor must use a digital first approach, refer to *SOW Section 4.12 Digital First Approach*.
- 6.24.36 The Contractor must have the ability to electronically suppress the payment of a claim, and/or distribution of Participant Claim Statement on request by a Partner Organization.
- 6.24.37 The Contractor must have the ability to suppress small dollar payments as per applicable Partner Organization rules. The Partner Organizations will work with the Contractor during the Implementation Phase to define the monetary limit below which a payment may be suppressed and define the ability to accumulate unissued payments for a future payment release. The applicable Partner Organization must approve any situation or instance where the low dollar payment would be suppressed.
- 6.24.38 The Contractor must be able to trace a payment, and if applicable, cancel it and issue a new cheque or EFT, as required.
- 6.24.39 The Contractor must annually analyze the cause of claim rejections (claim not paid or partially paid) and propose solutions, for Partner Organizations' approval, to reduce the future rejection rate. The Contractor must apply Partner Organizations' approved solutions aimed at reducing the claim rejection rate.
- 6.24.40 The Contractor must follow the claims processing service standards, refer to *SOW Section 6.35 Performance and Service Standards*.
- 6.24.41 The Contractor must provide reporting for claims processing refer to *SOW Section 6.25 Reporting Services* and *SOW Appendix E Reporting*.

Online Purchasing

- 6.24.42 In addition to traditional methods of purchasing benefits and services, using registered Providers or purchasing locally, Participants may be interested in using online Providers to obtain items such as pharmaceutical products, eyeglasses and medical supplies. Generally, reimbursements for items purchased online must be procured from a Canadian Provider.
- 6.24.43 The Contactor must:
- a) provide advice guidance and recommendations to the Partner Organizations describing in detail acceptable online purchasing of benefits and services which can be submitted for reimbursement by Participants;

- b) ascertain which items would be lowest risk to allow Participants to purchase online;
- c) review the Provider criteria/credentials for claims received prior to adjudicating the claim;
- d) create unique benefit codes associated with items purchased online; and
- e) mitigate risk by including a disclaimer on the Participant claim statement indicating the Partner Organization does not pay shipping charges, and is not responsible for repairs or replacement of damaged goods or costs of returning items.

6.25 Reporting Services

- 6.25.1 The Contractor must produce and maintain the series of scheduled reports, interactive management dashboards, and annual reports as approved by the Project Authority during the Implementation Phase.
- 6.25.2 The Contractor must maintain the established reporting frequencies for each report (i.e. daily, monthly, quarterly, etc.). Once the reporting frequencies are approved during implementation, the Contractor must generate and post the static reports to the applicable Departmental Portal in accordance with the established schedule. Frequencies are subject to change on request from the Partner Organizations.
- 6.25.3 Annual reports will follow the schedule and requirements, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*.
- 6.25.4 Once reports have been validated and posted to the applicable Departmental Portal and emailed to Partner Organization staff as required, by the Contractor, they may not be altered without obtaining Project Authority approval.
- 6.25.5 All static reports must remain on the applicable Departmental Portal(s) until the Project Authority authorizes their removal.
- 6.25.6 The Static Reports must meet the following Service Levels for each report as developed during the Implementation Phase, unless specified otherwise by the Project Authority:
 - a) daily reports: within the next business day;
 - b) weekly reports: within one (1) business day after the end of the period covered by the reports.
 - c) bi-weekly and monthly reports: within two (2) business days after the end of the period covered by the reports; and
 - d) quarterly reports: within five (5) business days after the end of the period covered by the reports.
- 6.25.7 A review period must take place after the initial posting of each report to the applicable Departmental Portal to allow the Project Authority to conduct an evaluation of the report once populated with actual FHCPs data. During the review period, the Contractor must implement changes to reporting components as requested by the Project Authority. Examples of changes include, but are not limited to, modifications to the data elements, frequency of reporting components, and the removal or replacement of reports and dashboards to the applicable Departmental Portal. The Contractor must implement requested changes within an agreed to timeframe at no additional cost to Canada.

- 6.25.8 The Contractor must make changes to existing pre-defined reports, queries, and dashboards, or add new reports, queries, and dashboards to the Reporting Service as identified by the Project Authority, to meet the Partner Organizations current and future reporting requirements during the Contract. Changes to reports can include changing the report template and structure, adding/removing components, changing distribution frequency and file format, etc.
- 6.25.9 All reports, regardless of the formats they are stored in, remain the property of the Government of Canada. They are to be designed so that Canada will be able to migrate the reports in their entirety to a subsequent service arrangement or the Partner Organizations, as applicable.
- 6.25.10 The Project Authority will determine, in consultation with the Contractor, which reports will accompany invoices as supporting documentation.
- 6.25.11 The Contractor must maintain the self-serve reporting tool and all additional querying tools developed during the Implementation Phase and approved by the Project Authority during the Operations Phase.
- 6.25.12 The Contractor must maintain the self-serve reporting tool, and query tool(s), with a focus on promoting self-service reporting for Partner Organization staff.
- 6.25.13 The Contractor must provide ongoing training and support to Partner Organization staff on the use of query tools and reporting services.
- 6.25.14 The Contractor must meet annually with the Partner Organizations to review the existing FHPCS reporting services components, explore opportunities to improve the quality of the information, and identify enhanced reporting solutions. This annual review of reporting services will take place during the annual planning process, refer to *SOW Section 6.1 Annual Operations and Management Plan and Annual Report*.

6.26 Provider Audit Services

- 6.26.1 The Contractor must develop and maintain a risk based FHPCS Provider Audit service. These services are intended to verify payments and Provider activities are consistent with the Provider agreement. The Contractor must conduct audits of registered Providers, including when working as a part of, or not, an approved IDC Program, who have submitted claims through the FHPCS, and report audit results to the appropriate Partner Organization.
- 6.26.2 Provider Audits must, at a minimum:
- a) verify claim submissions and financial transactions between the Contractor and Providers are correct and consistent with the Legislation, policies and business rules of the Partner Organizations, the Contract, and any relevant Provider Agreements, Standard Operating Procedures (SOPs), and fee guides;
 - b) verify Provider credentialing services and onboarding processes;
 - c) verify Provider credentials are current and in good standing;
 - d) must verify if any billing issues;
 - e) assess and report on inappropriate claim submission activities;
 - f) confirm Providers have retained appropriate documentation in support of processed claims; and
 - g) educate Providers on Partner Organization requirements and the Terms and

Conditions contained in the Provider Agreement.

- 6.26.3 The Contractor must produce an annual Provider Audit Plan which must include, but is not limited to, the following details:
- a) the total number of audits (onsite or remote) by benefit area;
 - b) methodology including the risk-based considerations to be used to identify Providers to be audited; and
 - c) methodology to be used to complete the audits of identified Providers.

Refer to in *SOW Section 6.1 Annual Operations Management Plan and Annual Report* for additional information.

- 6.26.4 The Contractor's proposed risk based methodology used to develop the Provider Audit Plan must incorporate profiling results, past audit results, industry best practices, and other relevant information.
- 6.26.5 The Contractor must place Provider claims in logical groupings and when conducting Provider audit activity and use statistically valid sampling (95% confidence level and 2% margin of error). The claim type groupings must be recommended by the Contractor and approved by the Project Authority. Claims selected for one audit component may not be used as part of the sample for another audit component.
- 6.26.6 The Contractor must consider the use of artificial intelligence (AI) in the analysis, datamining and profiling solutions involved in Provider Audit services. The Contractor must work with the Partner Organizations on the use of AI to ensure all GOC requirements are met prior to using any AI tools. Use of AI must be approved by the Project Authority prior to its use.
- 6.26.7 The Contractor must have the capacity to receive responses to audit requests from Providers electronically through a secure channel (e.g. FHCPS Provider Portal) approved for up to and including Protected B information.
- 6.26.8 Each quarter the Contractor must identify Providers who will be audited and the basis of selection. This information must be provided to the Partner Organization within twenty (20) business days prior to the start of the quarter. Provider audits must be approved by the applicable Partner Organization.
- 6.26.9 The Contractor must use analytics to inform the selection of Providers for audit each quarter. The analysis of Providers must consider and review all claims data for all registered Providers and apply a series of weighted tests to assess the Providers in terms of risk and identify potentially unusual billing patterns.

Participant Confirmation Audits

- 6.26.10 The Contractor must contact a sample of Participants each month to verify receipt of benefits for Provider submitted claims were provided as invoiced. The sample of confirmation audits must be selected from claims processed the previous month and based on a risk based methodology and cover all Provider types.
- 6.26.11 The Contractor must conduct appropriate analysis of the results of the confirmation audits and complete follow-up activities on any anomalies to resolve all issues and take appropriate actions to verify compliance with the

Provider Agreement. The Contractor must provide the applicable Partner Organization the results of the Participant confirmation audits request on a monthly basis.

Provider Verification Audits

- 6.26.12 The Contractor must conduct Provider Claim Verification Audits (remote and onsite). The Contractor must select and review a statistically valid sample (95% confidence level and 2% margin of error) of Provider claims to ensure the claims are in compliance with the Provider Agreement.

Next Day Claim Verification Audits

- 6.26.13 The Contractor must conduct Next Day Claim Verification Audits using a statistically valid sample of claims (95%, confidence level and a 2% margin of error). The Next Day Claim Verification Audits must consist of a review of claims processed the previous day to confirm the accuracy of the payment.
- 6.26.14 The Contractor must use a risk-based approach for the selection of claims for review. Claims must be selected based on an automated filtration using selected components determined by the Contractor and approved by the Project Authority. The analysis of Prior Day Claims would identify anomalies and confirm compliance with FHCPs business rules.
- 6.26.15 The Contractor must investigate and conduct follow-up activities with applicable Providers to resolve all issues arising from the Prior Day Claim Verification Audits.

Long Term Care claims and Accommodation and Meal Charges Audits

- 6.26.16 The Contractor must conduct Long Term Care claims and Accommodation and Meal (A&M) charges audits to review and validate charges for A&M to ensure charges are invoiced appropriately. The approach for conducting these audits will be based on recommendations proposed by the Contractor and approved by the Project Authority. Audits must include, at a minimum:
- a) verification of all claims for services; and
 - b) confirmation that A&M charges were invoiced appropriately.

Data Mining

- 6.26.17 The Contractor must maintain a data mining tool that captures all FHCPs claims for all Provider types and all submission methods. The data mining tool must be maintained to conduct comprehensive benefit utilization reviews against defined FHCPs risk criteria and tests. The Contractor must complete appropriate follow-up activities if concerns are identified.
- 6.26.18 The benefit utilization reviews using data mining must include dynamic criteria that reflect the current health benefits environment and areas of perceived risk.
- 6.26.19 The specific risk criteria, thresholds and tests used must be recommended by the Contractor and provided to the Project Authority for approval. The Contractor must work with the Project Authority to identify enhancements to the data mining tool on

an annual basis.

Targeted Audits

- 6.26.20 The Contractor or Partner Organizations may request a targeted Provider audit at any point in the Contract. Audits may also be required as a result of tips received by the Contractor or the Partner Organizations.

Audit Monitoring and Reporting

- 6.26.21 The Contractor must produce an audit report for each Provider Audit conducted and provide the report to the applicable Partner Organization for review and approval and confirmation of required action based on the findings of the audit. Details regarding the required format and content of the audit report will be finalized during the Implementation Phase.
- 6.26.22 The Contractor must post Audit results to the Secure Reporting and Documentation Website, within five (5) business days of the approval of the final audit report by the applicable Partner Organization. Audit results include but are not limited to, the date the errors were identified, applicable Provider type and name, all claims in error, error types, and associated dollar amounts recovered/recoverable.
- 6.26.23 Where audits of claims identify matters of professional practice the Contractor must engage the applicable Partner Organization and determine required action to engage the Providers governing body.
- 6.26.24 The Contractor must recommend and seek Project Authority approval to deregister Providers from the FHCPS based on Provider Audit findings.
- 6.26.25 The Contractor must meet on a monthly basis with each Partner Organization to review active audits.

Audit Recoveries

- 6.26.26 The Contractor must identify, track and collect audit recoveries. Partner Organizations will provide direction during the Implementation Phase regarding collection activities which will be used to recover amounts identified by the audits. For additional information refer to *SOW Section 6.29, Financial Operations*.
- 6.26.27 The Contractor must provide monthly detailed reporting on the Documentation and Reporting website of audit recoveries identified and collected, as well as any outstanding amounts, by Partner Organization.

Provider Audit Review and Annual Report

- 6.26.28 The Contractor must produce an annual Provider Audit Report, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*. The Provider Audit Report must include, at a minimum:
- a) the number of Provider Audits conducted by benefit type, and Partner Organization;
 - b) the results of the activities described in the Annual Plan;
 - c) the total amount of recoveries; and

d) recommendations to reduce risks.

6.26.29 The Contractor must evaluate, on an ongoing basis, audit results and modify or adopt new audit approaches to address emerging risks.

6.26.30 The Contractor must propose enhancements to the Provider Audit services to the Project Authority for approval.

Provider Audit details specific to Cannabis for Medical Purposes (VAC only)

6.26.31 The Contractor must review claims quarterly and provide reports to VAC identifying if Cannabis for Medical Purposes (CMP) products, associated medical supplies (e.g., reusable cannabis vaporizers) and shipping fees charged by Federal Licensed Sellers (FLS) are appropriate and accurately reflect the benefits received by Participants. The Contractor must confirm, at a minimum, if the FLS is:

- a) authorized to sell CMP per Health Canada regulations;
- b) set up correctly as a registered Provider;
- c) not billing or shipping at a higher cost than advertised on their website or charged to other customers;
- d) providing CMP products or associated medical supplies (e.g., reusable vaporizers) as invoiced to Participants;
- e) dispensing products to Veteran in keeping with the maximum amount of grams per day, method of consumption and THC/CBD limit authorized by their health care practitioner;
- f) not submitting claims for CMP products before the VAC authorization for reimbursement is in place; and
- g) dispensing CMP products within legal limits.

6.27 Business Continuity and Disaster Recovery

6.27.1 The Contractor must update the Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP) annually, as part of the annual plan, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*, based on the requirements contained in *Section 5.16 Business Continuity Plan and Disaster Recovery Plan Set-up..* These updates are to ensure the continuous delivery of critical services during an interruption such as: contact centres, authorizations, claims receipt and payment processing, portals and other contracted services. The updated BCP and DRP must be approved annually by the Project Authority.

6.27.2 The BCP and DRP must ensure the Contractor is able to resume standard business practices, including recovering the Contractor's facility, FHCPs data and assets. The Contractor must ensure the BCP and DRP identify the necessary resources to support all types of business interruptions, including: personnel, information, equipment, financial operations, infrastructure and accommodations, etc. The BCP and DRP must establish clear lines of responsibility for managing an interruption.

6.27.3 The Contractor must ensure the DRP includes a strategy to recover, test and perform system and service operations at an alternate facility.

6.27.4 The Contractor must identify on an ongoing basis, and annually as part of the annual plan, the potential interruptions to services and mitigation strategies to reduce the risk of such interruptions.

6.27.5 The Contractor and the Partner Organizations will test the DRP and BCP annually.

- 6.27.6 The Contractor must identify in the DRP and BCP plans all interdependencies which exist between the Contractor, Partner Organizations, suppliers, vendors, sub-contractors. The Contractor is responsible for ensuring sub-contractors, suppliers and vendors dependencies are addressed in the annual DRP and BCP testing.
- 6.27.7 The Contractor must annually perform the following in preparing, conducting and reviewing the tests of the DRP and BCP:
- a) submit the annual test plans to the Project Authority for review and approval no less than sixty (60) days prior to the test dates;
 - b) confirm with the Project Authority if Partner Organization participation in the testing either on-site, or virtually, will be required;
 - c) conduct testing and submit reports detailing the results of the tests to the Project Authority no later than twenty (20) business days following the tests; and
 - d) address issues identified in the DRP and BCP testing report, on a schedule approved by the Project Authority.
- 6.27.8 The Contractor and the Project Authority must both sign the DRP and BCP test reports.
- 6.27.9 The Contractor must update and test the DRP and BCP whenever material operational or system changes have been implemented.
- 6.27.10 The Contractor will be responsible for all costs to address issues identified during the DRP and BCP testing and any work necessary to address deficiencies found.
- 6.27.11 Where a service interruption is deemed to be short-term (less than two hours) the Contractor must:
- a) immediately inform the Project Authority and the Partner Organizations of the interruption;
 - b) provide the Project Authority with an overview of the issue and an estimated time when services will resume;
 - c) communicate with Partner Organization system users there has been an interruption in services, (the Project Authority will be required to approve the communication in advance);
 - d) advise Participants and Providers of the interruption in services;
 - e) provide periodic updates to the Project Authority; and
 - f) provide the Project Authority with a written report within five (5) business days which defines the problem, measures taken to resolve the issue and action taken or to be taken to address the cause of the interruption.
- 6.27.12 The Contractor must immediately invoke the DRP and/or the BCP for emergency interruptions disaster/long-term interruptions as applicable, or for any time the Project Authority deems necessary.
- 6.27.13 In the event of an emergency interruption or disaster/long-term interruption, the Contractor must immediately:
- a) have direct contact with the Project Authority and the Partner Organizations after becoming aware of an interruption;
 - b) initiate the appropriate DRP and/or BCP measure(s) as applicable;
 - c) officially inform the Project Authority in writing when the DRP and/or BCP is to be initiated:

- d) provide the Project Authority with updates at least every two hours during the initial period of the interruption. If the interruption lasts longer than one calendar day the, the frequency updates to be provided by the Contractor will be defined by the Project Authority; provide timely and on-going communication with Partner Organization staff, Providers and Participants throughout the service interruption;
- e) develop, with input from the Project Authority, a communication strategy associated with the interruption;
- f) submit a detailed report associated with the interruption to the Project Authority no later than ten (10) business days following the end of the interruption. The report must include a report on the integrity and completeness of any data restored; and
- g) submit a postmortem report within twenty (20) business days of the interruption to the Project Authority which will describe the interruption, causes, remedial action, and preventative measures put in place to reduce the risk of a future interruption.

6.27.14 The Contractor will be responsible for all costs associated with an interruption in services including costs to implement measures to reduce the risk of an interruption in the future.

6.28 Security

- 6.28.1 The Contractor must maintain all security requirements developed during the Implementation Phase, refer to *SOW Section 5.17 Security and Privacy Set-up*.
- 6.28.2 The security obligations apply to the Contractor and to any Sub-contractor and/or Sub-Processors to the extent applicable. The Contractor is accountable to ensure their sub-contractors and/or Sub-Processors comply with these security obligations when applicable.
- 6.28.3 The Contractor must ensure that Government of Canada security standards are maintained at all times when handling up to and including Protected B material as outlined in *SOW Section 5.17 Privacy and Security Set-up*
- 6.28.4 Operational approval for the system will have an expiry date which will be identified by the Project Authority during the Implementation Phase. 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 five (5) business days of the request.
- 6.28.5 In the event of a major change/ fix/release, a new or updated report may be conducted, as identified by the Project Authority. Assessment of a major change will be decided between the Project Authority and the Contractor. It is the Contractor's responsibility to notify the Contract Authority before placing any new or materially changed Systems or services into Production and, if directed by the Contract Authority, the Contractor must, at their expense submit to any additional security assessment processes and/or audits, deemed necessary by the Contract Authority.
- 6.28.6 The Contractor must, through an independent third party security firm and at its own cost, complete annual vulnerability assessments throughout the Contract to verify the security configuration of the Contractor systems' 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 as soon as possible without delay within ten (10) business days of the completion of the vulnerability assessment.

- 6.28.7 If the Contract Authority and the Contractor agree to allow the Contract Authority to perform the Internal Vulnerability Assessment testing, the Contractor must provide:
- a) logical access to the location where Organizational Data and/or service infrastructure is located and operated;
 - b) network access or accesses to Organizational Data and/or service infrastructure to allow for the scanning of network and host devices; and
 - c) assistance for the duration of any portion of the Internal Vulnerability Assessment of at least one (1) technical resource who is familiar with the technical aspects of the Organizational Data and/or service infrastructure (i.e., the software and network products and their configuration).
- 6.28.8 If the Contract Authority and the Contractor agree to allow the Contractor to conduct its own Internal Vulnerability Assessment testing, the Contractor must:
- a) submit a Vulnerability Assessment Plan to the Contract Authority for its prior approval;
 - b) include within the scope of the plan, the scanning of all network and host devices hosting Organizational Data and/or service infrastructure;
 - c) conduct the vulnerability assessment testing of Organizational Data and/or service infrastructure; and
 - d) provide the results to the Contract Authority for review and analysis. The Contract Authority may require implementation of Contractor initiated changes based on review and analysis.
- 6.28.9 The Contract Authority may conduct External Vulnerability Assessment testing against Organizational Data and/or service infrastructure and provide a Vulnerability Assessment Report to the Contractor that will identify the vulnerabilities that were detected by the Contract Authority.
- 6.28.10 The Contractor must complete automated code vulnerability assessments against application programming code that implements custom features of the FHCPS when there is a change made to a system and when there is notification of a new vulnerability in open source or other libraries being used for FHCPS.

Personnel Security

- 6.28.11 All contractors, including sub-contractors, working for, or hired by the Contract Authority require a valid security clearance prior to commencing any work. If the Contractor personnel will have access to Partner Organization data, the required Clearance must be at the appropriate level. Contractor personnel must submit to verification by the Contract Authority prior to being granted access to sensitive information, systems, assets and/or facilities. The Contract Authority reserves the right to deny access to any of the Contractor personnel at any time.
- 6.28.12 The Contractor must ensure that Government of Canada security standards are met at all times and all Contractor personnel resources have a valid security status appropriate to the work being done prior to commencing work. When unscreened personnel are required, the roles must be identified and pre-approved by the Contract Authority.

6.29 Financial Operations

Financial Management and Internal Controls

- 6.29.1 The objective of Financial Management is to ensure all aspects of business transactions conducted by the Contractor for the FHCPS are valid, accurate, efficient, secure, and free from errors. The Contractor must ensure that Financial Management Services and Internal Controls support all aspects of business transactions conducted by the Contractor for the FHCPS including contract administration, plan operations and transactional monitoring and reporting. The services and controls must be efficient and reliable to respond to audit requirements, deliver accurate and concise operational documents, business information and financial requirements.
- 6.29.2 The Contractor must develop, document and implement financial controls and procedures, to support the FHCPS financial operations sixty (60) business days prior to the First Day of Operation. These procedures must be documented in the FHCPS Standard Operating Procedures Manual and must be updated quarterly by the Contractor following the Project Authority approval of the change.
- 6.29.3 The Contractor must maintain Financial Management Services and Controls established during the Implementation Phase and for the duration of the Contract.
- 6.29.4 The Contractor is responsible for the development and implementation of an adequate system of controls over the Contract and Program funds expended on the Partner Organization's behalf. The system of control must be documented and provided to the Project Authority for approval sixty (60) business days prior to the First Day of Operation.
- 6.29.5 The system of internal controls must address:
- a) 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;
 - b) roles and responsibilities of staff and sub-contractors who will have access to the system/systems used to deliver FHCPS services;
 - c) payments to Participants and Providers: establish adequate controls to provide reasonable assurances the goods and services were supplied, the payee is entitled to or eligible for the payment, and any other terms and conditions have been met including price, quantity and quality; and
 - d) the requirements of generally accepted accounting principles.

Pre-Payment Verification Program Expenditures

- 6.29.6 The Contractor must establish a pre-payment verification process for program expenditures. This process will be, operated by the Contractor and will be used daily to verify the claims processing activities for compliance with applicable Partner Organization business rules. The pre-payment verification process will be completed before payments are issued to Participants or Providers. The pre-payment verification approach must be approved by the Project Authority.

Claim Expenditure Funding Requests

- 6.29.7 The Contractor must submit claims expenditure funding requests (contents of request to be determined jointly by the Contractor and the Project Authority) for program costs paid by the Contractor twice per month (claims processed from day one of the month up to and including the 15th day of the month; and from the 16th day of the month up to and including the last day of the month) to the Project Authority and the Partner Organizations. All taxes must be reported separately. The FHCPS claims expenditure funding request and supporting detail must be posted on the Departmental Portal within three (3) business days after the 15th day of each month and within three (3) business days after the last day of each month. Invoices must also be issued by the Contractor to the applicable Partner Organization, Project Authority, and the Contract Authority.
- 6.29.8 The Contractor must develop and provide queries and associated logic for each Partner Organization, suitable to the Project Authority, to allow for the reconciliation of the claim expenditure funding request. These queries must be available to Partner Organizations on the Departmental Portal for self service. The queries must allow for information to be broken down by program, benefit code, province, CAF Base, RCMP Division and VAC Area Office. Format and content of the claim expenditure funding request will be agreed to by the Contractor and the Partner Organizations.
- 6.29.9 The Contractor must provide a report of all manual claims adjustments which have been processed in the period covered by the Claims Expenditure Funding Request. The report must include detailed information about the claim adjustments. This manual adjustment report must be posted on the Departmental Portal twice per month.
- 6.29.10 The Project Authority and the Partner Organizations will verify the FHCPS Claims Expenditure Funding Request. The Contractor must answer and resolve any questions or issues identified by the Partner Organizations or 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. Invoices for claims will be verified and processed through the Partner Organization's payment system within five (5) business days of receipt of invoices from the Contractor, assuming all issues are resolved. The timing of deposit of the payment into the Contractor's bank account will be dependent on the banking system.
- 6.29.11 The Contractor must work with the Project Authority and the Partner Organizations to resolve outstanding issues in relation to the Claim Expenditure Funding Request. If a claim expenditure funding request is determined to be in error, as identified by the Contractor or the Project Authority, the Contractor must take corrective measures, including reissuing a new invoice with a new version number. The new invoice must replace the previous version and must be posted to the Departmental Portal.
- 6.29.12 The results of the queries must reconcile with the Claims Expenditure Request submitted by the Contractor before any payment can be made to the Contractor.
- 6.29.13 The Contractor must accept a payment settlement process prescribed by the Canada.

Contracted Services Expenditures:

- 6.29.14 The Contractor must submit invoices monthly for FHCPS contracted services expenditures to the Project Authority. Format and content of invoices to be determined jointly by the Contractor and the Project Authority. The invoices must be consistent with billable services contained in the *Basis of Payment*. All taxes must be reported separately. All invoices for FHCPS contracted services expenditures

must be posted on the Departmental Portal within five (5) business days after the end of each month, or as agreed to and approved by the Project Authority.

- 6.29.15 The Contractor must develop and provide queries and logic where possible to verify the contracted services expenditures being invoiced. These queries must be available to Partner Organizations on the Departmental Portal for self service. The queries will be used to reconcile invoiced contracted services expenditure charges, queries will include: transaction charges, authorization services, VIP follow-up activity, etc. These queries must allow for information to be broken down by program, benefit code, province, CAF Base, RCMP Division and VAC Area Office. These queries must be approved by the Project Authority.
- 6.29.16 The Contractor must provide detailed supporting information with all invoices for contracted services expenditures where invoiced amounts will not be validated using queries. As a minimum where applicable the supporting information will need to include: hours worked by staff identification number with applicable rate, hours worked by sub-contractor including: name, resource type, nature of the work and amount of expenditure, etc. Specific details to be included in the detailed supporting information will be agreed to by the Contractor and the Project Authority. All supporting information must be posted on the Departmental Portal at the same time as the related invoices and must clearly identify which invoice it supports.
- 6.29.17 The Contractor must submit with all invoices associated with approved Task Authorizations the requirements outlined in the approved Task Authorization and any additional information which will be identified in the Business Requirements Document which will be agreed to by the Contractor and the Project Authority.
- 6.29.18 The Contractor must provide a report of all manual adjustments which have been processed in the period covered by the contracted services expenditure request. The report must include detailed information about the adjustments. This manual adjustment report must be posted on the FHPCS Departmental Portal within three (3) business days after the 15th day of each month and within three (3) business days after the last day of each month.
- 6.29.19 The Project Authority and the Partner Organizations will verify the FHPCS contracted services expenditures invoices. The Contractor must answer and resolve any questions or issues brought forward by the Partner Organizations or the Project Authority prior to payment to the Contractor.
- 6.29.20 The results of the queries must reconcile with the contracted services expenditures invoice before the invoice can be approved and paid by Canada. If an invoice is determined to be in error, as identified by the Contractor or the Project Authority, the Contractor must take corrective measures, including reissuing a new invoice with a new version number. The new invoice must replace the previous version and must be posted to the Departmental Portal. No funds will be transferred until all outstanding issues are resolved to the Project Authority's satisfaction. Invoices will be processed through the GOC payment system within thirty (30) calendar days of the posting of the correct invoice. The timing of deposit of the payment into the Contractor's bank account will be dependent on the banking system.
- 6.29.21 The Contractor agrees to accept a payment settlement process prescribed by Canada.

Payment Management Service

- 6.29.22 The Contractor must maintain a payment management service that at a minimum includes: information on payments issued (paper cheques and direct deposits), payment reversals and cancellations, the administration of stale-dated cheques and timely payment reconciliations.
- 6.29.23 The Contractor must ensure the payment management service also includes procedures for re-issuing cancelled cheques (i.e., stale-dated cheques, lost cheques, etc.) without impacting the claims adjudication service. In circumstances where the original cheque was issued in error, the Contractor must ensure the cheque is canceled, recoveries are made where applicable, and if required, the Claim is re-processed through the claims adjudication service.
- 6.29.24 The Contractor must track, report and post to the Departmental Portal, by Partner Organization, a monthly outstanding cheques list which includes at a minimum; the Payee, cheque number, amounts and date of cheque issue.

Recoveries, Refunds and Credits

- 6.29.25 The Contractor must collect amounts receivable from Providers, sub-contractors and third parties, as a result of audits, claims processing errors, corrections, adjustments and any other reason.
- 6.29.26 Monies collected as part of recoveries from Provider audits, must be remitted individually to each Partner Organization within ten (10) business days of the end of each quarter, commencing April 1 each year. Payments are to be made payable to the Receiver General of Canada. Detailed backup information must be submitted with these payments identifying the amount being remitted by Provider.
- 6.29.27 The Contractor must provide a monthly Provider audit report by Partner Organization detailing the Provider name, reason for the recovery, amount identified to be recovered, recovered amounts and amounts outstanding. This report must be posted to the Departmental Portal within five (5) business days of the end of the month.
- 6.29.28 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 have been taken to recover amounts owing and ensure an appropriate level of collection activity is undertaken. Additional information will be provided during the Implementation Phase.
- 6.29.29 The Contractor is responsible to identify the Participant overpayments and inform the Partner Organizations. The Partner Organizations will confirm the responsibility for recovering Participant overpayments during the Implementation Phase. It will be the Contractor's responsibility to recover Provider overpayments which were a result of the Contractors work.
- 6.29.30 The Contractor will work with the Project Authority and the Partner Organizations to determine collections processes/procedures to be used for recovery, processing, and remittance to the Partner Organizations associated with amounts due.
- 6.29.31 Once it has been determined, after all appropriate collection activity has been carried out, an amount owed or due cannot be collected the Contractor will advise the Project Authority who will provide the required direction to address the matter.
- 6.29.32 The Contractor must track and report on amounts related to stale-dated cheques (cheques not cashed within twelve (12) months from the cheque issue date) and payments stopped or cancelled. If a cheque is not cashed within twelve (12) months of the cheque issue date, the full amount must be remitted within ten (10) days of the end of each respective quarter to each Partner Organization payable to the Receiver General of Canada. Separate payments are to be issued to each Partner Organization.

Detailed backup information must be submitted with these payments identifying the amount being remitted by Participant and or Provider.

- 6.29.33 If a request to reissue a payment which was previously stale-dated is received from a Provider, Participant or approved third party, the Contractor must forward the request and supporting documentation to the Project Authority for action.
- 6.29.34 The Contractor must reimburse the respective Partner Organization for all program and Contract costs where operational or financial errors were a result of the Contractors actions.
- 6.29.35 The Contractor must bear all costs associated with the collection of all overpayments.

Pricing Discounts and Rebates

- 6.29.36 The Contractor must maintain a FHCPS Pricing Discount and Rebate Service to actively credit Canada for discounts and rebates obtained through all current and future discount, rebate, refund programs associated with program expenditures processed through the FHCPS on behalf of the Partner Organizations. These include discounts and rebates negotiated by Canada or the Contractor, for example Product Listing Agreements for prescription drugs.
- 6.29.37 The Contractor must ensure the FHCPS Pricing Discount and Rebate service includes, at a minimum, the following:
 - a) a method to inform the Project Authority about current and future pricing discount or rebate agreements;
 - b) a monthly summary report broken down by Partner Organization which outlines the rebate type (e.g., point of sale discounts, provider discounts, manufacturer discounts and any other rebates/refunds/discounts) and rebate amount to be remitted to Canada;
 - c) auditable records to sufficiently support an external audit of records on discounts and rebates received by the Contractor and subsequently credited to each Partner Organization;
 - d) a process to remit all price discounts, rebates or any other forms of refunds to each Partner Organization on a monthly basis, payable to the Receiver General for Canada; and
 - e) monthly posting of the FHCPS pricing Discount and Rebate report to the Departmental Portal.

Budgeting and Forecasting

- 6.29.38 The Contractor must provide the Contract Authority and the Partner Organizations with forecasted program and Contract expenditures twenty (20) business days prior to April 1st each year of the Operations Phase of the Contract. The forecasts must be broken down in a method that best assists the Partner Organizations and based on the Government's fiscal year (April 1st to March 31st).
- 6.29.39 The forecasted Contract expenditure information must be broken down based on the structure of the *Basis of Payment* and be further identified by Partner Organization where possible.

Audits

- 6.29.40 The Contractor must have an annual CSAE 3416 Report on Controls at a Service Organization audit conducted by an independent third party. The annual CSAE 3416 report must report on the period of contract operations from April 1st to March 31st and be provided to the project Authority by August 1st each year. The audit must address the

Contractor's controls in place including, but not limited to: internal controls, authorization services controls, claims processing controls, system processing and access controls, etc.

- 6.29.41 The Contractor must ensure all Contract work is done in a manner that permits and facilitates an assurance audit in accordance with the CSAE 3416 standard. If subcontracts are engaged the sub-contractor is subject to the same CSAE 3416 requirements as the prime Contractor and is to provide the following:
- a) a description of the related control objectives and controls at the sub-contractor's organization;
 - b) a written assertion, to be included in, or attached to the prime Contractor's description of the organization's system of internal control; and
 - c) a letter of representation.
- 6.29.42 The annual assurance CSAE 3416 audit report must contain:
- a) Contractor's description of the systems used to deliver FHCPs services;
 - b) Contractor's description of the system of internal control fairly presents the organization's system of internal control;
 - c) the controls related to the control objectives stated in the Contractor's description of the system of internal control were suitably designed and operated throughout the specified period to achieve the control objectives; and
 - d) charges for claim expenditure funding requests, contracted services expenditures and recoveries, refunds and credits associated with FHCPs were accurate.
- 6.29.43 The Contractor is solely responsible for all costs associated with the CSAE 3416 audit, including participation in the audit. If the audit opinion includes a reservation or denial of opinion or other control (exception) issues; the Contractor (sub-contractors) must provide the planned corrective action to the Project Authority, within twenty (20) business days, for its concurrence. The Contractor is solely responsible for costs associated with any corrective actions taken, to address issues identified in the CSAE 3416 audit.
- 6.29.44 If the CSAE 3416 includes a denial of opinion, Canada may request a CAS 805 audit (Special Considerations Audit) of the Contractor and any sub-contractors) be conducted by an independent party. The Contractor must secure the contract for the independent auditor, with the Project Authority's participation and approval. 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 a CAS 805 audit. The Project Authority will prescribe the scope of the audit. If the CAS 805 findings are deemed to be material and the corrective measures are not put in place by the Contractor within sixty (60) business days remedial action may be taken including holdback of payment or application of fee credits.
- 6.29.45 The Contractor's and sub-contractors' records and invoices related to all operations of the Contract may be subject to audit at any time (whether conducted by one or more of the Partner Organizations, PSPC, an external government organization or a third-party appointed by the Partner Organizations). The Contractor will be advised of the scope of any such audit. The Contractor is responsible to ensure the same audit access applies to sub-contractors, 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 information, invoices, receipts and vouchers relating thereto. The Contractor must provide access to all personnel, facilities, information and systems, etc. for such audits and ensure the same access to sub-contractors. Any amounts found to be owing to Canada as a result of an audit must be paid back to the Receiver General of Canada. Canada will be responsible for the costs of audits described in this section. The Contractor will be

responsible, at no additional cost to Canada, to participate in the audit and make staff and information available and address the issues identified resulting from the audit.

- 6.29.46 The Project Authority will, at its discretion, perform post payment verification reviews of financial records related to Claim Expenditure Funding Requests or Contracted Services Expenditures.
- 6.29.47 The Contractor must ensure all Work is done in a manner that permits and facilitates all audits of records and information. The Contractor must participate in all audits and implement any identified recommendations as a result of the audit. The Project Authority must agree to the Contractor's proposed actions and associated timelines to address the audit recommendations.

6.30 Training and User Support

- 6.30.1 The Contractor must maintain all training functionality and requirements, refer to *SOW Section 5.21 Training Strategy and Plan*.
- 6.30.2 The Contractor must provide ongoing user support for the Departmental Portal to Partner Organization staff.
- 6.30.3 The Contractor must ensure Partner Organization staff are current in their knowledge of the Departmental Portal and changes to business rules.
- 6.30.4 The Contractor must deliver on-going training to Partner Organization staff. The Contractor must:
 - a) develop new training materials as system functionality and features change and make these training materials available to staff through the Departmental Portals;
 - b) provide ad-hoc training as needed at the request of the Project Authority; and
 - c) deliver live training as outlined in the Annual Operations Management Plan and Annual Report, refer to *SOW Section 6.1*, that:
 - i. reviews the Departmental Portal, its use, and highlights the existing tools such as the manual and learning modules; and
 - ii. provides a question and answer opportunity for Partner Organization staff.
 - iii. delivers other training as requested by the Partner Organizations during the annual planning process.

6.31 Quality Assurance

- 6.31.1 The purpose of maintaining a Quality Assurance (QA) Program is to assure the Contractor is meeting the contractual requirements and standards, quantitative and qualitative, for operational performance and is delivering services that meet the expectations of Participants and Providers. The QA plan and processes work together with the performance and service standards, refer to *SOW Section 6.35 Performance and Service Standards*, to provide a holistic view of Contractor performance and compliance with business rules, as well as insights into possible improvements.
- 6.31.2 The Contractor must implement the QA Plan as approved by the Project Authority, review it annually as part of the Annual Plan, refer to *SOW Section 6.1 Annual Operations Management Plan and Annual Report*, and make adjustments as required by the Project Authority.
- 6.31.3 The requirements for the QA plan apply to all operational units and services covered by

the Contract.

- 6.31.4 The QA plan will ensure the Contractor has documented activities in place for continual assessment and improvement.
- 6.31.5 The QA Plan must include a methodology for conducting regular QA Reviews. The QA Review must, at a minimum, verify the accuracy of the work completed, and the degree of conformance to the business rules and Benefit Grids. The results of the QA Reviews will be used in the determination of Incentives and Fee Credits, and are subject to audit by the Project Authority. The Contractor must:
 - a) develop a template for the QA Reviews that includes assessment criteria and rating scale. The template must be approved by the Project Authority;
 - b) evaluate, at a minimum, privacy, access to information and information management to ensure the quality, authenticity and integrity of information collected, created, used, disclosed, and retained during the provision of services;
 - c) propose an appropriate sampling method and size to be approved by the Project Authority;
 - d) provide a monthly report, within ten (10) business days of the end of each month, to the Project Authority detailing the results of the QA Reviews, the issues that were discovered, and recommendations for improvement; and review each program, using the minimum assessment criteria contained in *SOW Appendix G Assessment Criteria for Quality Assurance Reviews*.
- 6.31.6 The QA Plan must outline the activities that will be implemented to monitor, review and report on the Performance and Service Standards detailed in *SOW Section 6.35*. The activities must also include reviews for the accuracy and consistency of the service standards reports. The results must be provided to the Project Authority on a monthly basis, within ten (10) business days of the end of each month, unless otherwise specified by the Project Authority.
- 6.31.7 The QA Plan must include activities to ensure that documentation for business rules and procedures is properly developed and maintained in accordance with industry standards.
- 6.31.8 The Contractor must support the Partner Organizations' QA activities to ensure the documented business rules used by the Contractor are aligned with the Partner Organizations' business rules and comply with the current legislation and policy.
- 6.31.9 The QA Plan must outline a methodology for conducting Quality Control Checks prior to payments being released. The Quality Control Checks must be completed using industry-standard sampling methods and sizes. Payments include both paper cheques and direct deposits to both Participants and Providers. The Contractor must provide a monthly report to the Project Authority detailing the results of the Quality Control Checks, issues that were discovered, and recommendations for improvement.
- 6.31.10 The QA Plan must include activities to measure, monitor, and report on Participant and Provider satisfaction. This must include, but is not limited to, satisfaction levels for:
 - a) communications with the Contactor (digital, phone, and print);
 - b) processing of authorizations and claims;
 - c) annual follow-ups and reviews for VIP (VAC only); and
 - d) the accessibility, completeness and usability of the Participant and Provider Secure Portals
- 6.31.11 The QA Plan must include a process to receive, track and respond to feedback from Participants, Providers, Partner Organizations and the Project Authority, including a mechanism to measure Participant satisfaction. The process must include a mechanism

for prioritizing feedback, and recommending service improvements.

- 6.31.12 In the spirit of the *Accessible Canada Act*, the Contractor must provide Partner Organizations accessibility-related feedback received by the Contractor from Participants, Providers and Partner Organization staff. This will help us learn more about accessibility barriers encountered and how they can be prevented or removed.
- 6.31.13 The QA Plan must outline the activities that will be implemented to ensure that all written and oral communications are clear, accurate and consistent for all service delivery channels, and meet all accessibility requirements.
- 6.31.14 The QA Plan, and all processes and materials used in application of this Plan, implemented by the Contractor must comply with Government of Canada Legislation regarding the collection and protection of personal information.
- 6.31.15 The Contractor must support the Project Authority's QA activities to ensure that services are being delivered in compliance with the Contract and are satisfying the needs of the Partner Organizations. Canada reserves the right to audit the work of the Contractor, including the quality assurance work completed, at any time.
- 6.31.16 The Contractor must engage an independent third-party to conduct an annual review of the Contractor's QA Plan. The third-party must meet FHCPS security clearance specifications and privacy requirements. The Contractor must ensure that all work is done in a manner that permits and facilitates the review. The Contractor must participate in the review and implement any identified areas of improvement, on a schedule outlined by the Project Authority. The review will:
 - a) allow during the first year of the Operations Phase of the Contract, the third party to work with the Contractor and the Project Authority to design a QA scorecard, which will be agreed on by the Contractor and the Project Authority. The scorecard will measure the quality of Contracted services delivered and be used to determine performance incentives and fee credits;
 - b) allow for the Project Authority to work with the Contractor and the independent third-party to determine the scope and objectives of the annual review;
 - c) ensure all Contract work is performed in a manner that permits and facilitates the independent third-party review. If subcontracts are engaged the sub-contractor is subject to the same requirements as the Contractor;
 - d) express an opinion on the soundness of the Quality Assurance Plan in place and confirm it operated effectively for the period under review;
 - e) identify opportunities to improve the Quality Assurance Plan and the Contractor's performance of the required Quality Assurance activities; and
 - f) result in the preparation of an annual written report from the independent third-party which must report on the period of Contract operations from April 1st to March 31st, with the report being provided to the Project Authority by September 1st each year.

6.32 Information Management

Ownership of Information

- 6.32.1 The Partner Organizations maintain ownership of all information collected, used, processed, handled, stored or recorded by the Contractor, when fulfilling the requirements outlined in the Contract.
- 6.32.2 The Contractor agrees that it will not release information belonging to each Partner Organization to any person, firm, corporation, association, or any other entity, for any reason or purpose whatsoever, other than authorized as pursuant to the Contract.
- 6.32.3 Each Partner Organization has the right to access all records relative to their FHPCS services provided by the Contractor.
- 6.32.4 The Contractor must ensure:
- a) any and all records created in any form to fulfill the obligations of this Contract, regardless of the medium and the physical characteristics, remain the property of the GOC. All applicable federal legislations apply under all circumstances, even when such information is in the sole custody of the Contractor;
 - b) all information which is collected, used, processed, handled, stored, and recorded by the Contractor to fulfill the obligations of this Contract, is managed effectively and efficiently, throughout its life cycle;
 - c) further, it will only collect the information directly required for the purpose of the Contract and this information will not be used for any other purpose than to perform the work; and
 - d) any and all records, created in any form to fulfill the obligations of this Contract, are not used, disclosed or disposed of, without prior written authorization from the Project Authority.
- 6.32.5 On delivery of the final requirements of the Contract, the Contractor will ensure all information referenced above is transferred or disposed of, following a process approved by the Project Authority, as per the Contract Close-out Phase, refer to *SOW Section 7.0*.

Storage of Documents and Records

- 6.32.6 All Partner Organization documents and records must be logically segregated from each Partner Organization and segregated from all other data maintained by the Contractor. Documents and records must be labelled, filed, and stored in a logical and organized manner, using each Partner Organization's Participant identification number, which will enable proper disposition or an effective and efficient transfer of documents.
- Any paper records received by the Contractor must be converted into a digital format, which meet accessibility requirements and based on business rules provided to the Contractor during the Implementation Phase. Once the paper record is converted and compliant with the business rules, the digital copy will be considered the official record. The Partner Organizations will also identify retention periods for paper records during the Implementation Phase.
- 6.32.7 Documents and records, regardless of format or media, must be stored in a way that protects them from unauthorized access, change, loss or destruction, including theft and disaster. The Contractor must put measures in place to ensure:
- a) the storage environment and method of storage is secure and meets Protected B and Partner Organization security requirements;
 - b) protective materials and special handling procedures are used where required;
 - c) routine protection and monitoring of physical and information security; and

- d) the development and testing of authorized disaster planning and recovery procedures and the training of relevant personnel.

6.32.8 The Contractor must use an Electronic Document and Records Management System (EDRMS) which meets Government of Canada requirements on the [Standard on Systems that Manage Information and Data](#).

6.32.9 The Contractor must include records management metadata about each electronic record it collects, creates or holds during the performance of the work, regardless of format, in accordance with the TBS [Standard on Metadata](#).

Retention and Disposition

6.32.10 The Contractor must meet the retention periods provided by each of the Partner Organizations during the Implementation Phase, for all types of information, both non-electronic and electronic, collected, created, captured, received, or held by the Contractor. Canada reserves the right to modify this retention period requirement.

6.32.11 When retention periods have expired, the Contractor must seek written permission from the Project Authority and the applicable Partner Organization prior to disposing of any type of information. Information, documentation, and records must not be sold, donated, auctioned, or discarded, unless directed to do so by the Project Authority and the applicable Partner Organization.

6.32.12 On approval of the Project Authority, the Contractor must dispose of the information in accordance with GOC standards concerning the disposal of up to and including Protected B information and Partner Organization security requirements. The Contractor must provide the Project Authority with a certificate of secure destruction, which details the date and volume of records, including a listing of the destroyed records within twenty (20) business days of the destruction.

6.33 Access to Information and Privacy

6.33.1 The Contractor agrees and understands information under the ownership of each Partner Organization (whether in the possession of the Contractor or Partner Organization) is subject to the terms and conditions of the [Access to Information Act](#) and the [Privacy Act](#).

6.33.2 The Contractor must develop and maintain Standard Operating Procedures (SOPs), in consultation with each Partner Organization's Access to Information and Privacy (ATIP) Coordinator, during the Implementation Phase to include details associated with:

- a) a potential breach of personal information;
- b) requests for information, including the retrieval process; and
- c) correction of personal information.

These procedures must be approved by each Partner Organization.

Requests for Information

6.33.3 Should the Contractor receive a request for information, collected or used for the purposes of the Contract, the Contractor must follow the SOP developed in cooperation with each Partner Organization during the Implementation Phase.

Privacy Impact Assessment

- 6.33.4 The Contractor must work with the Partner Organizations to complete a new PIA if there are significant FHCPs system changes. Requirements outlined in SOW *Section 5.17 Security Set-up and Privacy*, will be followed.

Collection of Personal Information

- 6.33.5 In accordance with Section 4 of the [Privacy Act](#), the Contractor must not collect personal information unless it relates directly to FHCPs.
- 6.33.6 Collection of personal information by the Contractor must be authorized in each Partner Organization's legislation and:
- a) be collected directly from the individual with the individual's express consent; or
 - b) be transferred from each Partner Organization; or
 - c) if information is collected from a third party, be collected with the individual's consent.
- 6.33.7 The Contractor must have administrative controls in place so the collection of personal information is limited to what is necessary for the FHCPs; and be able to demonstrate the need for each piece of personal information collected.
- 6.33.8 The Contractor must obtain the approval of each Partner Organization for any data collected and/or changes to the data collected or used in administering the FHCPs.

Accuracy of Personal Information

- 6.33.9 The Contractor must make every reasonable effort to ensure the accuracy and completeness of any personal information used in the adjudication process.

Correction of Personal Information

- 6.33.10 The Contractor must annotate or correct the information in accordance with the [Privacy Act](#) and the [TBS Directive on Personal Information Requests and Correction of Personal Information](#), within ten (10) business days of receiving a written direction from each Partner Organization. The Contractor must create and follow the SOPs to correct personal information that are based on business rules provided by the Partner Organization during the Implementation Phase.

Use of Personal Information

- 6.33.11 The Contractor must, unless otherwise directed in writing, use all personal information of individuals solely for the purpose(s) for which the information was collected and for uses consistent with that purpose.
- 6.33.12 Any other uses of personal information not identified within the Contract must be approved by each Partner Organization in consultation with the Partner Organization's ATIP Coordinator.

Disclosure of Personal Information

- 6.33.13 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, and with the written permission of the Partner Organization to which the information belongs.

- 6.33.14 If the Contractor receives a 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 Partner Organization's ATIP Coordinator about the request, or demand for disclosure, and must not disclose the information without the written permission of the Partner Organization to which the information belongs.
- 6.33.15 Information from any specific Partner Organization must not be shared with any of the other Partner Organizations unless authorized by the specific Partner Organization to which the information belongs.

Audit and Inspection of Records

- 6.33.16 Each respective Partner Organization may, at any time and on reasonable notice to the Contractor, enter the Contractor's facilities 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 and the Contractor must co-operate with any such audit or inspection.
- 6.33.17 The Contractor must maintain specific information to enable the conduct of information audits, including inspection of:
- a) any personal information in the possession of the Contractor;
 - b) any of the Contractor's information management policies; and
 - c) practices relevant to its management of personal information.
- 6.33.18 The Contractor must provide access to the Partner Organizations to all FHCPS information and Contractor staff for the purpose of conducting audits and inspections. The Contractor must participate and provide reasonable assistance to any such audits or inspections.

Complaints

- 6.33.19 The Information Commissioner of Canada (OIC) and the Privacy Commissioner of Canada (OPC) 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](#).
- 6.33.20 Each Partner Organization and the Contractor must immediately notify each other when complaints are received pursuant to the [Access to Information Act](#) and the [Privacy Act](#).
- 6.33.21 The Contractor must provide any requested information to each Partner Organization that may be required to respond to complaints received from the OIC and/or OPC.

Notification of Breach of Privacy

- 6.33.22 The Contractor must immediately notify each Partner Organization, in writing, of any non-compliance with the privacy provisions of the contract in any respect. The notification must include the particulars of the non-compliance and the proposed measures taken to address or prevent recurrence of the non-compliance.
- 6.33.23. The Contractor must immediately notify each Partner Organization when it becomes aware of a potential privacy incident or occurrence of a breach of privacy. The Treasury Board Secretariat [defines a privacy breach](#) as being the improper or unauthorized collection, use, disclosure, retention or disposal of personal information.

- 6.33.24 In the case of a breach of privacy, the Contractor must appoint an individual to coordinate the incident response and act as a point of contact for communication for the Partner Organization(s).
- 6.33.25 The Contractor must work with the Partner Organization to address any Privacy Breach identified and achieve resolution and compliance with GOC privacy requirements.
- 6.33.26 The Contractor must follow the Access to Information and Privacy SOPs developed by each Partner Organization during the Implementation Phase.
- 6.33.27 The Contractor will be required to indemnify the government for any liability in connection with any breach of its obligations under the contract.

6.34 On-going Innovation

- 6.34.1 Canada understands that Participant, Provider and Partner Organization staff service experience and government operations are improved through digital transformation approaches. The Partner Organizations support a digital first approach to service delivery, green procurement, and innovation in service delivery, information management, data management, IT, and cyber security. To ensure on-going innovation, the Contractor must:
 - a) implement ongoing improvements to processes, systems and technology used. The Contractor will generally be expected to fund these improvements internally;
 - b) submit, as part of the Annual Operation Management Plan, specific innovation initiatives to be examined in the upcoming year; and
 - c) have all innovation initiatives, or proposed improvements to processes, systems and technology, approved by the Project Authority.
- 6.34.2 The Contractor will be responsible for managing quarterly innovation meetings with the Partner Organizations. During these meetings it is expected that the Contractor and Partner Organizations will identify innovation initiatives, including but not limited to opportunities to: improve services, improve efficiency of operations, utilize existing and new technology, improve business processes, control contract and program cost, etc.
- 6.34.3 Where innovation initiatives are deemed, by the Project Authority and PSPC, to be outside the scope of services included in the Contract, the Contractor will provide the Contract Authority with a detailed written description of the initiative along with cost estimates and implementation timelines for the initiative. No work on innovation initiatives will be reimbursed by Canada unless the Project Authority and where required, the Contract Authority have approved, in writing, the innovation initiative.
- 6.34.4 The Project Authority and Partner Organizations may also identify innovation initiatives to be examined.

6.35 Performance and Service Standards

The Contractor must comply with the following performance and service standards and ensure reporting is provided to the Project Authority on a monthly basis, unless specified otherwise by the Project Authority.

1. Provider Registration

#	Service Requirement	Details	Standard
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1.1	Health Care Provider Registration	The Contractor will ensure Providers requesting registration meet applicable Partner Organization criteria.	Provider requests for registration processed within ten (10) business days, 98% of the time, measured on a monthly basis.
1.2	De-registration of Providers	The Partner Organizations may, at any time, request the de-registration of a Provider.	De-registration completed within one (1) business day, 100% of the time, measured on a monthly basis.

2. Web Portals

#	Service Requirement	Details	Standard
2.1	Portal Availability	Participants, Providers, and staff of Partner Organizations will be able to complete business online with the Contractor using web-based products.	All Contractor provided IT Systems and Technology enabled services must be available 24 hours a day, 365 days a year with an up-time guarantee of 99.5%, measured on a monthly basis.

3. Contact Center

#	Service Requirement	Details	Standard
3.1	Contact Center Hours of Service	Live operators will be available to communicate with Participants, Providers, and staff from Partner Organizations via phone, secure messaging/emails, and live chat. Participants and Providers can send secure messages/emails at any time, the service standard is for when staff would be available for response.	Hours of Service are 8h30 to 16h30 in each Canadian time zone, Monday to Friday, federal statutory holidays excluded.
3.2	Provider Line for Prescription Drug Authorization Calls	The Contractor must respond to Providers who call regarding Prescription Drug Authorizations outside of the defined Hours of Service.	24 hours a day, seven (7) days a week.
3.3	Grade of Service - Inbound Calls	Participants, Providers and Partner Organization staff are able to contact the Contractor for services through a toll-free number.	Calls answered within two (2) minutes, 80% of the time, measured on a monthly basis.
3.4	First Call Resolution - Inbound Calls	Required information provided to caller during initial contact, with no need for follow-up.	Requested information provided to caller on first contact, 95% of the time, measured on a monthly basis.

3.5	Inbound Call System Functionality	The Contractor's system must present callers with an initial greeting advising them of the current average wait time. The option will be given periodically to provide the option of a call-back. At no time will the system disconnect a caller or present them with a busy signal. Calls which enter the system during Hours of Service will continue to be answered until no calls remain in the queue.	Call-back option offered to caller after one (1) minute wait, offer repeated every one (1) minute until either the call is answered, the caller leaves a call-back number, or the caller disconnects.
3.6	Grade of Service - Call-Back Left During Hours of Service	Callers have the option to leave a call-back during hours of service in lieu of waiting to speak to a Contractor representative.	Call-back returned within one (1) business day, 98% of the time, measured on a monthly basis.
3.7	Hold Time - During Call	Once the call has been answered by the Contractor's representative the expectation is the caller will not be placed on hold for an excessive period of time.	Callers will be placed on hold no longer than two (2) consecutive minutes with an average of 30 seconds or less, 95% of the time, measured on a monthly basis.
3.8	Call Transfers to Partner Organizations Contact Centres (VAC/CAF only)	If a caller must be transferred to a Partner Organization Contact Centre, where available, for any reason, i.e., escalation or redirection, the Contractor representative will provide a warm transfer when possible.	Contractor representative will attempt warm transfer for up to two (2) minutes, at this point the representative will inform the caller they will be transferred into the Partner Organization queue.
3.9	Grade of Service - Live Chat	Participants, Providers and Partner Organization staff will provide the ability to communicate via live chat with Contractor representatives during regular hours of service, 0830 – 1630 in each Canadian time zone, Monday – Friday, federal statutory holidays excluded. The chat request queue must be cleared at the end of each business day, meaning chat requests initiated during Hours of Service are not abandoned.	Live chat answered by Contractor representative within two (2) minutes of request, 80% of the time, measured on a monthly basis.
3.10	First Contact Resolution - Live Chat and Secure Messaging/Email	Required information provided to user during the chat, with no need for follow-up after the initial contact.	Requested information provided on first contact, 95% of the time, measured on a monthly basis.
3.11	Grade of Service - Secure Messaging/Email	The portals serving Participants, Providers and Partner Organization staff will allow users to send secure messages/emails to the Contractor. This functionality is distinct from live chat as it can be accessed outside Hours of Service.	Messages will be responded to within two (2) business days, 95% of the time, measured on a monthly basis.

4. Authorizations

Health Benefits and Services			
#	Service Requirement	Details	Standard
4.1	Pharmacy Authorizations	Standard applicable regardless of method used to communicate request	Authorization processed within three (3) business days of receipt of required information, 98% of the time, measured on a monthly basis.
4.2	Dental Authorizations	Standard applicable regardless of method used to communicate request	Authorization processed within ten (10) business days of receipt of required information, 98% of the time, measured on a monthly basis.
4.3	Health Authorizations	Standard applicable regardless of method used to communicate request	Authorization processed within ten (10) business days of receipt of required information, 98% of the time, measured on a monthly basis.
4.4	Long Term Care (VAC only)	Standard applicable regardless of method used to communicate request	Request processed within ten (10) business days of receipt of required information, 98% of the time, measured on a monthly basis.
4.5	Cannabis for Medical Purposes Authorizations – regular requests (VAC only)	Standard defines length of time to process Cannabis for Medical Purposes Authorizations – regular requests	Authorization processed within ten (10) business days of receipt of required information, 98% of the time, measured on a monthly basis.
4.6	Cannabis for Medical Purposes Authorizations – Exceptional requests (VAC only)	Standard defines length of time to process Cannabis for Medical Purposes Authorizations – exceptional requests (those in excess of the established standard amount)	Authorization processed within thirty (30) business days of receipt of required information, 98% of the time, measured on a monthly basis.
4.7	Veteran Travel - Authorization Requests (VAC only)	Service standard applicable regardless of method used to communicate request	Authorization processed within ten (10) business days of receipt of required information, 98% of the time, measured on a monthly basis.

Alignment of Treatment Benefits			
#	Service Requirement	Details	Standard
4.8	Alignment of Treatment Benefits Review - Processing Turnaround Time	The Contractor must review Alignment of Treatment Benefits documentation for releasing CAF Participants.	Documentation reviewed within ten (10) business days of request, 98% of the time measured on a monthly basis

5. Claims Processing

#	Service Requirement	Details	Standard
5.1	Claim Status Tracking	Contractor will electronically record claims status tracking viewable online on the Participant, Provider and Department Portal.	Claim recorded within one (1) business day of receipt, 98% of the time, measured on a monthly basis.
5.2	Manual Processing	Provider and Participant claims received by the Contractor	Claim processed within ten (10) business days of receipt, 98% of the time, measured on a monthly basis.
5.3	Automated Processing	Provider claims submitted directly to the Contractor through POS, the Provider Portals, or Participant claims that can be digitized into data and submitted through the Participant Portal.	Electronically Adjudicated Claims are processed in real-time.
5.4	Payment of Participant Claims	Issue of direct deposit or cheque and corresponding statement.	Payment issued within one (1) business day of claim processing.
5.5	Payment of Provider Claims	Issue of direct deposit or cheque and corresponding statement.	Provider payments are issued weekly for claims processed the previous week.
5.6	Financial Accuracy	The financial accuracy of processed claims will be audited on a monthly basis.	Processed claims will be free of financial errors, 99% of the time, measured on a monthly basis.
5.7	Non-Financial Accuracy	The non-financial (i.e., addresses, names, etc.) accuracy of processed claims will be audited on a monthly basis.	Processed claims will be free of non-financial errors, 99% of the time, measured on a monthly basis.

6. VIP Follow-up and grant payments (VAC Only)

#	Service Requirement	Details	Standard
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6.1	VIP Follow-Up Renewals	VAC will provide the Contractor with a list of VIP Follow-ups to be completed within the next month. The list is to be provided five (5) business days before the end of the current month. Participants will be contacted the following month either through telephone or electronic means. If the Participant does not respond, the Contractor must document a total of three (3) attempts to complete the Follow-Up.	VIP Follow-up list actioned completely, 100% of the time, measured on a monthly basis.
6.2	VIP Survivor Renewals	VIP Survivors submit an annual request to renew their VIP benefits (income tested).	VIP Survivor Renewal completed within ten (10) business days of receipt of required documentation, 98% of the time, measured on a monthly basis.
6.3	VIP Grant Payments	VIP Grant payments for housekeeping and grounds maintenance services are issued to eligible participants two times per year (at six month intervals).	VIP Grant payments issued to eligible Participants two times per year 100% of the time.

7. Out of Country

VAC - Contact Center Service Standards - Inquiries from Out of Country			
#	Service Requirement	Details	Standard
7.1	VAC Out of Country Participants	VAC Participants residing Out of Country are to receive the same level of service as if they were residing in Canada. Additional service standards are listed below.	All relevant service standards apply to services for VAC Participants residing outside of Canada.
7.2	VAC Out of Country Participant Inbound Calls – Hours of Service and Grade of Service	The Contractor must support VAC Participants who reside Out of Country by establishing a toll free/collect phone number.	Hours of service for phone calls are 8h30 to 16h30 in each Canadian time zone, Monday to Friday, federal statutory holidays excluded. Calls answered within two (2) minutes, 80% of the time, measured on a monthly basis.
7.3	Grade of Service - Voicemail	VAC Out of Country Participants have the option to leave a voicemail in lieu of waiting to speak to a Contractor representative. Note, only Out of Country Participants will have this voicemail option.	Voice mail capacity for Out of Country Participants is 24 hours a day, seven (7) days a week. Voicemail returned within one (1) business day, 98% of the time, measured on a monthly basis.

CAF – Contact Center Service Standards - Inquiries from Out of Country			
#	Service Requirement	Details	Standard
7.4	CAF Out of Country Participants	CAF Participants who are Out of Country are to receive the same level of service as if they were in Canada. Additional Service standards are listed below.	All relevant service standards apply to services for CAF Participants outside of Canada.
7.5	CAF Out of Country Participant Inbound Calls for Medical Emergency Authorizations – Hours of Service	The Contractor must support CAF Participants who are Out of Country by establishing a medical emergency toll free/collect phone number.	24 hours a day, seven (7) days a week.
7.6	Grade of Service – Medical Emergency Authorizations Inbound Calls	CAF Participants and CAF staff are able to contact the Contractor in the case of a medical emergency through a toll-free/collect number.	Calls answered within 20 seconds, 90% of the time, measured on a monthly basis.
7.7	Abandoned Calls – Medical Emergency Authorizations Inbound Calls	CAF Participants and CAF staff are able to contact the Contractor in the case of a medical emergency through a toll-free/collect number.	Maximum Abandoned Call Rate of 1%
7.8	Medical Emergency Authorizations Call Centre Availability	CAF Participants and CAF staff are able to contact the Contractor in the case of a medical emergency through a toll-free/collect number.	Available 99.9% of the time
7.9	Grade of Service – Call Backs	CAF Out of Country Participants have the option to leave a voicemail in lieu of waiting to speak to a Contractor representative. Note, only Out of Country Participants will have this voicemail option	Voicemail returned within one (1) hour, 90% of the time, measured on a monthly basis.
7.10	Inform CAF Representative when Medical Services have been Requested	To advise CAF when a CAF Participant has requested emergency medical care.	Within one (1) business day 100% of the time.

RCMP - Contact Center Service Standards - Inquiries from Out of Country			
#	Service Requirement	Details	Standard
7.11	RCMP Out of Country Participants	RCMP Participants who are Out of Country are to receive the same level of service as if they were in Canada. Additional Service standards are listed below.	All relevant service standards, apply to services for RCMP Participants outside of Canada.

7.12	RCMP Out of Country Participant Inbound Calls for Medical Emergency Authorizations – Hours of Service	The Contractor must support RCMP Participants who are Out of Country by establishing a medical emergency toll free/collect phone number. RCMP Out of Country Participants have the option to leave a voicemail in lieu of waiting to speak to a Contractor representative. Note, only Out of Country Participants will have this voicemail option	24 hours a day, seven (7) days a week.
7.13	Inform RCMP Representative when Medical Services have been Requested	To advise RCMP when a CAF Participant has requested medical care.	Within 24 hours, or the next business day.

VAC - Out of Country Authorization Services			
#	Service Requirement	Details	Standard
7.14	Pharmacy, Dental and Health Authorizations - OOC	Standard applicable regardless of method used to communicate request i.e., secure message/email, phone, Portal, facsimile etc.	Authorization processed within ten (10) business days of receipt of required information, 98% of the time, measured on a monthly basis.

VAC, CAF and RCMP - Out of Country Claims Processing			
#	Service Requirement	Details	Standard
7.15	Claim Tracking	Contractor will electronically record received claims which are viewable online on the Participant, Provider and Department Portal.	Claim recorded within one (1) business day of receipt, 98% of the time, measured on a monthly basis.
7.16	Manually Processed Claims	This includes both Participant and Provider claims.	Claim processed within ten (10) business days of receipt, 98% of the time, measured on a monthly basis.
7.17	Electronically Adjudicated Claims	This includes Provider claims submitted directly to the Contractor.	Electronically Adjudicated Claims are processed in real time.
7.18	Payment of Claims - Participants	Issue of direct deposit or cheque and corresponding statement.	Payment issued no later than the business day following claim processing.
7.19	Financial Accuracy	The financial accuracy of processed claims will be audited on a monthly basis.	Processed claims will be free of financial errors, 99% of the time, measured on a monthly basis.

7.20	Non-Financial Accuracy	The non-financial (i.e., addresses, names, etc.) accuracy of processed claims will be audited on a monthly basis.	Processed claims will be free of non-financial errors, 99% of the time, measured on a monthly basis.
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8. Administrative Services

Service Requests (Included in Operations and Maintenance Funding)			
#	Service Requirement	Details	Standard
8.1	Routine Service Request	Routine requests for information from the Contractor –Two (2) business days or less of Contractor effort to address	Requested information provided within two (2) business days.
8.2	Intermediate Service Request	Request for information from the Contractor requiring an intermediate level of effort. – More than two (2) and less than five (5) business days of Contractor effort to address.	Requested information provided within five (5) business days.
8.3	Complex Service Request	Complex request for information from the Contractor. – More than five (5) business days of Contractor effort to address.	Requested information provided within ten (10) business days.

Task Authorizations (Billable - As and When Requested Services)			
#	Service Requirement	Details	Standard
8.4	Task Authorization Standards	Task Authorizations are initiated by Canada for services to be provided under the Contract on an As and When Requested Services basis.	Upon sign off of the Task Authorization, the service standard will be agreed on by the Contractor and the Project Authority.

Changes to Letters			
#	Service Requirement	Details	Standard
8.5	Minor Changes to Letters	Requests for changes to letters requiring a minimal level of effort. Minor changes will be defined during the Implementation Phase.	Requested changes made within ten (10) business days.
8.6	Complex Changes to Letters	Requests for changes to letters requiring a higher level of effort. Complex changes will be defined during the Implementation Phase.	Requested changes made within thirty (30) business days.

Benefit Grid Changes			
#	Service Requirement	Details	Standard
8.7	Benefits Grid - Regular Mapping Changes	Changes requested for fewer than twenty (20) existing or new individual benefit codes.	Changes implemented within five (5) business days of request, 98% of the time, measured on a monthly basis.

8.8	Benefits Grid - Larger Mapping Changes	Changes requested for twenty (20) or more existing or new individual benefit codes.	Changes implemented within ten (10) business days of request, 98% of the time, measured on a monthly basis.
8.9	Benefit Grid Changes -Communications	Refers to the Benefit Grids being posted to Partner Organization and Contractor websites/portals.	Websites/Portals to be updated within one (1) business day of any change to the Benefit Grids.

Health Care Identification Cards			
#	Service Requirement	Details	Standard
8.10	Provision of Health Care Identification Cards – New Eligible Participant	Participants are provided a physical Health Care Identification Card after receiving eligibility for Health Care Benefits. Note: Participants can print or download a digital card from the Participant Portal on enrolment	Sent to Participant within ten (10) business days of Participant receiving eligibility for Health Care Benefits.
8.11	Provision of Health Care Identification Cards - Replacement (lost or stolen cards, name change, etc.)	Participants may request a new physical copy of their Health Care Identification Card. Note: Participants can print or download a digital card from the Participant Portal at all times.	Sent to Participant within ten (10) business days of request.

Veteran Travel Post Payment Verification			
#	Service Requirement	Details	Standard
8.12	Veteran Travel Post Payment Verification	Identified Participants will be requested to submit documentation to support their travel claim.	Post Payment Verification must be initiated within ten (10) business days of identifying the claim to be reviewed.

System Access			
#	Service Requirement	Details	Standard
8.13	Granting User Access to FHCPS System	Refers to the length of time for the Contractor to action an approved request from Partner Organizations to grant or update user access to the FHCPS system.	Access granted within one (1) business day of receipt of completed request, 100% of the time.
8.14	Provision of System User Logs	The Partner Organizations may request the user activity logs of any individual with access to the Contractor's system.	System user logs provided within ten (10) business days of request, 100% of the time.

Access to Information, Privacy and Security Incidents			
#	Service Requirement	Details	Standard

8.15	Reply to Access to Information and Privacy (ATIP) Requests	Requests for either documents or summaries will be provided by the Partner Organizations to the Contractor.	Contractor must reply within five (5) business days of request, 100% of the time.
8.16	Access to Information and Privacy (ATIP)	The Contractor must annotate or correct personal information relating to the Participants in accordance with the <i>Privacy Act</i> when requested in writing by a Partner Organization.	Contractor must action requests within ten (10) business days, 100% of the time.
8.17	Security Incidents	Security incident reporting will be submitted to the Project Authority and the Partner Organizations.	Contractor must provide security incident report within one (1) business day, 100% percent of the time. Note: security incidents will be reported through phone or email immediately.

9. System

System Performance			
#	Service Requirement	Details	Standard
9.1	System Response Time – Between Contractor and Partner Organization	Measures the response time of FHCPs systems when accessed by Partner Organization Users.	Response time average of two (2) seconds, no longer than five (5) seconds, net of latency introduced by Partner Organization's networks, must be met 99.9% of the time.
9.2	On Demand Information Requests	The FHCPs System must provide the capability to electronically request and receive complete FHCPs individual Participant information. Including identifiers, individual services, eligibility information, payment history, and recent account transactions history.	Response time within two (2) seconds and no longer than five (5) seconds net of latency on transactions; must be met 99.9% of the time.
9.3	Data Exchange	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 Partner Organizations within set time.	Committed data queued within an average of 15 seconds and no longer than 30 seconds, met 99.9% of the time.
9.4	Real-Time Client Account Status Update Functionality	The FHCPs System must provide the functionality to automatically process Partner Organization transactional data needed to create, update, or terminate Participant account status information in real-time. Note: It is anticipated only VAC will be transmitting data in real-time; however, CAF and RCMP may require real-time data transfer functionality during the contract.	Transactions deposited in the message queue must be committed to the FHCPs database within an average of 15 seconds and no longer than 30 seconds, met 99.9% of the time. Scheduled downtime excluded.

9.5	User Timeout Functionality	The length of time of user inactivity before requiring reauthentication.	Project Authority will define the timeout functionality during implementation.
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System Backups			
#	Service Requirement	Details	Standard
9.6	FHCPS Daily Backup	Refers to the regular backup of database and system assets.	Backed up daily, stored minimum seven (7) calendar days.
9.7	FHCPS Weekly Backup	Refers to the regular backup of database and system assets.	Backed up weekly, stored minimum five (5) weeks.
9.8	FHCPS Monthly Backup	Refers to the regular backup of database and system assets.	Backed up monthly, stored minimum of two (2) years.
9.9	FHCPS Yearly Backup	Refers to the regular backup of database and system assets.	Backed up annually. Length of time data to be stored will be defined during the Implementation Phase.
9.10	Restoration from Backup	Refers to the success rate of a restoration of the system or database using a backup.	Successful 100% of the time.

6.36 As and When Requested Services

- 6.36.1 In addition to the provision of services as defined in the Implementation Phase and the Operations and Maintenance Phase of this SOW, Task Authorizations may be ordered by the Project Authority to use As and When Requested Services. As and When Requested Services will not be used for work described in the SOW or defined during the Implementation Phase.
- 6.36.2 The Project Authority must approve in writing all work to be completed by the Contractor using As and When Requested Services. This approval must be in writing and be obtained by the Contractor in advance of any billable work commencing.
- 6.36.3 As and When Requested Services may include:
- a) changes to Partners Organization's programs and business needs after Contract award which are not defined in SOW or during the Implementation Phase which require changes to the Contractor's systems and processes;
 - b) non-Routine Provider audits not included in the scope of the Contractor's on-going Provider Audit services;
 - c) supplementary training associated with the implementation of major changes requested by a Partner Organization;
 - d) supplementary communications materials development and distribution not included in the Implementation or Operations and Maintenance phases;
 - e) professional practitioner/consultant services on research projects, treatment plans and any other aspect of FHCPS not included within the Implementation Phase and Operations Phases;

- f) supplementary systems development, testing and implementation to accommodate changes to legislation, policy, procedures, programs, client base, eligibility which were not specifically identified in the SOW; and
 - g) other changes, modifications, additions not described in the SOW.
- 6.36.4 The Contractor is expected to provide and implement standard practices using technology in the health authorization and claims processing industry as part of the Operations Phase funding in the Contract. As and When Requested Services will not be used to implement technology changes which are a normal part of the Contractor's industry.
- 6.36.5 The Contractor must:
- a) establish a process, using the Departmental Portals, to allow the Partner Organizations and the Project Authority to initiate, track and approve Task Authorizations to request the use of As and When Requested Services;
 - b) consult with the Project Authority and Partner Organizations to prioritize Task Authorizations;
 - c) provide the Partner Organizations with the ability to monitor and track all Task Authorizations;
 - d) obtain Project Authority written approval prior to starting any billable work;
 - e) produce an As and When Requested Services Business Requirements Document (BRD), to be approved by the Project Authority, Partner Organization, Contract Authority where applicable, and the Contractor which will provide detailed information on:
 - i. work to be performed;
 - ii. business analysis, including business case requirements and user acceptance test plan;
 - iii. deliverables;
 - iv. implementation options;
 - v. milestones and timelines to complete the work;
 - vi. risks; and
 - vii. costs and proposed payment schedule.
- 6.36.6 The development of Business Requirements Documents is intended to be a collaborative process between the Partner Organization(s), Project Authority and the Contractor. PSPC may also be engaged in the development and approval of a Task Authorization.
- 6.36.7 The Project Authority reserves the right to terminate any Contractor work which has commenced associated with a Task Authorization or Business Requirement Document. The Contractor will be entitled to be reimbursed for costs incurred to the date of Termination.
- 6.36.8 Rates for pricing work included in Task Authorizations will use the hourly labour rates identified in the approved Task Authorization. Firm all-inclusive Hourly Rates for labour Categories not identified in *SOW Appendix D, Contractor Resources* or the *Basis of Payment* which are required for As and When Requested Services will be negotiated by PSPC. Hourly rates must be fair and reasonable and the Contractor must demonstrate they are not in excess of the best price for similar type, quality and quantity of work which the Contractor charges other customers. 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.

- 6.36.9 Other direct costs, reasonably and properly incurred as part of Work carried out using As and When Requested Services (for example, printing and mailing costs) must be preauthorized by the Project Authority. The Contractor will be reimbursed at actual cost with no provision for overhead and profit. All costs must be supported by receipts and documentation satisfactory to the Project Authority.
- 6.36.10 The Contractor must complete the Work authorized in the approved BRD including problem and incident management, implementation change management, risk management, and cost management and maintain records on progress.
- 6.36.11 The Contractor must establish functionality in the Departmental Portal, refer to *SOW Section 5.11 Departmental Portal Set-up* and *SOW Section 6.9 Departmental Portal*, which can be used to monitor and track Task Authorization and Business Requirements Documents in progress.
- 6.36.12 The Contractor must provide monthly reports, suitable to the Project Authority, on the status of all outstanding Task Authorizations and Business Requirement Documents associated with As and When Requested Services. The Contractor must propose a monthly reporting approach to the Project Authority for approval. As a minimum, the report must provide details broken down by Task Authorizations and Business Requirement Documents and include:
 - a) Contractor staff assigned to manage the project;
 - b) hourly rate and hours worked by day for each employee/sub-contractor;
 - c) employee/sub-contractor labour category;
 - d) progress against milestones in the Business Requirements Document;
 - e) risks and challenges impacting the work; and
 - f) budget and expenditure tracking against the Business Requirement Document.
- 6.36.13 The monthly report for Task Authorizations must be posted to the Departmental portal within five business days after the end of the month.

7.0 CLOSE-OUT PHASE

7.1 Close-out Phase

- 7.1.1 The Close-out phase will commence on formal written notification from Canada to the Contractor and will end when the Contract amendment signifying the contract has ended has been signed by the Contractor and the Contract Authority.
- 7.1.2 During the Close-out phase, the Contractor must continue to perform Operations Phase activities and simultaneously assist Canada and the subsequent supplier to undertake activities to ensure the smooth, efficient, and complete transition to a new arrangement for FHCPS Operations without interruption of service delivery to the Partner Organizations, Participants and Providers.
- 7.1.3 The Contractor must maintain computer, data communications, and Provider, Participant, and Partner Organization communications functions and allow all users to

access the existing systems until the transition to the new arrangement for delivery of FHCPS.

- 7.1.4 The Contractor must submit a comprehensive Contract Close-out Plan and schedule on a date prescribed by the Project Authority. The Close-out Plan must include a strategy to transfer all SOW activities from the Contractor to the subsequent supplier or the Partner Organizations as determined by the Project Authority, without service disruptions to Providers, Participants or Partner Organization staff. The Contractor must cooperate with the subsequent supplier to execute the Close-out plan.
- 7.1.5 The Contract Close-out Plan and schedule must be approved by the Project Authority and must ensure the efficient, economical, complete and secure transitioning of Operations to the subsequent supplier or other service arrangement. The Close-out Plan must contain the following, at a minimum:
- a) proposed methodology and approach for the transition of services, assets, data, information and licensing agreements. This includes but is not limited to: materials and data which must be transferred to the Project Authority, Partner Organizations or the subsequent supplier at Close-out of the contract, claim data, authorization data, eligibility data, Provider data, code tables with rules and descriptions, benefit code mapping, prescription drug formularies, documentation relating to Providers, information contained on the Participant Portal, Provider Portal and Departmental Portals, all ongoing/in-progress work such as negotiations, audits and recoveries, provider credentialing information, agreements with Providers/associations negotiated and used by the Contractor in delivering FHCPS services; for example, dental, audio and pharmacy agreements, etc.;
 - b) a Close-out schedule and detailed Work Plan, including resources, roles, responsibilities, milestones and reporting for each service contained in the Contract to be transitioned to the subsequent supplier or service delivery arrangement;
 - c) details regarding how outstanding authorizations and unprocessed claims will be resolved by the Contractor or transferred to the subsequent supplier;
 - d) details regarding how the Contractor will maintain communications with the Project Authority, maintain computer facilities, and allow access to such facilities until the end date of the Contract or other subsequent date designated by Canada, whichever is earlier;
 - e) details regarding how the Contractor will work with the Partner Organizations and subsequent supplier to negotiate data transfers, explain data fields, explain codes for healthcare benefits and services, along with general consulting to explain specific administrative procedures and practices, which are not proprietary to the Contractor, to ensure continuity of service after the end of the Operations Phase of the Contract;
 - f) details regarding how the Contractor will ensure the delivery of contracted services to Participants, Providers and Partner Organizations until the subsequent supplier assumes responsibility or another service delivery arrangement is put in place;
 - g) a proposed methodology and approach for knowledge transfer to the subsequent supplier, Project Authority or a delegated third party; and
 - h) any additional activities related to Close-out to ensure the full transition of FHCPS , to the subsequent supplier or service arrangement.
- 7.1.6 The Contractor must attend regular Close-out coordination meetings which will be

scheduled and chaired by the Project Authority. The Contractor must provide any data and information as requested by the Project Authority in accordance with their request at least five (5) business days in advance of the next Closeout coordination meeting.

- 7.1.7 The Contractor must undertake all obligations contained within the Contract Close-out Plan, in accordance with the Contract Close-out schedule approved by the Project Authority.
- 7.1.8 The Contractor must transfer, at no cost, all existing Contractor Business Rules used to deliver FHCPS to the subsequent supplier or service arrangement.
- 7.1.9 The Contractor must respond to inquiries regarding Contract Phase-out activities and any in progress work to ensure a smooth Close-out of the Contract and the uninterrupted transition of Providers, Participants and Partner Organization users to any new service arrangement defined by the Project Authority.
- 7.1.10 During the Contract Close-out period, the Contractor is responsible for maintaining Operations as per the requirements in the Contract, and the completion of any in progress work, in accordance with the Contract Close-out Plan.
- 7.1.11 During the contract Close-out phase Authorizations, Claims Processing and other contracted services will be managed as follows:
 - a) the Contractor will be responsible for resolving within sixty (60) business days after the last day of the operations phase of the contract all authorizations, claims and other contracted services which were submitted but not settled prior to and including the last day of the Operations phase of the contract. As part of the Close-out Plan, the Contractor must submit a plan for review and obtain Project Authority approval to address any authorizations and claims which are not resolved at the end of the Operations phase of the contract;
 - b) all authorization requests and claims received by the Contractor after the last day of Operations Phase of the Contract (regardless of date of service) must be forwarded to the subsequent supplier in accordance with instructions provided by the Project Authority;
 - c) the Contractor will be responsible for completing all investigations and ongoing Provider audits which were commenced but not completed at the end of the Operations phase of the contract, unless transferred to the subsequent supplier at the request of the Project Authority;
 - d) the Contractor must maintain computer, data communications, and Provider communications facilities and allow the Project Authority to access the service until they have resolved their last authorizations and claims and for inquiry purposes as noted and approved in the Close-out Plan;
 - e) the Contractor must provide the Partner Organizations an electronic record of the complete claims history file in a form and layout approved by the Project Authority, on the schedule as outlined in the approved Close-out Plan. A description of the form and layout must be submitted to the Project Authority for approval;
 - f) the Contractor must format the records to be transitioned in a format suitable to the Project Authority and for importing into the data management system of the subsequent supplier or service arrangement, on the scheduled as outlined in the approved Close-out Plan; and
 - g) the Contractor must provide the Project Authority a copy of all electronic files and tables required to interpret the above claims history file as per the Close-out Plan.
- 7.1.12 The Contractor must ensure timely communication to existing Providers, Participants and

Partner Organization staff regarding the change in FHCPS services, including provision of appropriate contact information for the subsequent supplier.

- 7.1.13 The Contractor must transition, at no cost, FHCPS data, information and materials to the subsequent supplier or service arrangement or the Project Authority (including the information contained within the Contractor's databases relating to Participants and Providers). No data or information will be destroyed by the Contractor without the written permission of the Project Authority.
- 7.1.14 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 FHCPS data, information and materials is to be returned and/or transferred.
- 7.1.15 After all requested FHCPS data, information and materials has been transitioned, the Contractor must decommission the Contractor's facilities and capabilities associated with FHCPS (following authorization from the Project Authority). Prior to decommissioning the Contractor must identify the information and data not being transitioned. Only after all information and data have been transitioned can the destruction of all copies of data remaining on the Contractor's sites and systems (including back-up copies) commence as well as the shutdown of the Contractor's operated FHCPS IT systems and tools (including all websites and telecommunications facilities). The Contractor must keep required records for the legally required periods (i.e., contractual, Canada Revenue Agency, etc.). When records and data are destroyed, the Contractor must provide evidence of destruction to the Project Authority.
- 7.1.16 The Contractor agrees to submit all outstanding claims funding requests to the Partner Organizations no later than sixty (60) business days after the end of the operations phase of the contract.
- 7.1.17 The Contractor agrees to submit all outstanding charges for Contract services to the Partner Organizations no later than ninety (90) days after the end of the Operation Phase of the Contract.
- 7.1.18 The Contractor must respond to all inquiries made by the Project Authority during the Close-out phase. The Contractor must log all inquiries with time of receipt, expected date of response/resolution and date responded to and addressed. The Contractor must deliver, at a frequency defined by the Project Authority, reports on outstanding inquiries to the Project Authority.
- 7.1.19 The Contractor must deliver to the Project Authority all FHCPS financial reports relating to the management and disbursements of all funds, no later than ninety (90) business days following the end of the Operations phase of the contract. The Contractor must return any and all funds owing to the Receiver General of Canada; including, stale-dated cheques, un-cashed cheques, audit recoveries or any other amounts owing.
- 7.1.20 All Close-out activities must be completed no later than 120 business days following the end of the Operations Phase of the Contract.
- 7.1.21 The Contractor must provide a Close-out final report, no later than 120 business days following the end of the Operations Phase of the Contract, detailing all activities.
- 7.1.22 The Contractor will be required to approve a Contract Amendment at the end of the Contract to confirm the total amount spent associated with the contract and confirm there are no outstanding unpaid program or Contract charges.

APPENDICES

Appendix A: Overview of Partner Organizations and Participant Eligibility

Appendix A provides an overview of the Partner Organizations, and Participant eligibility for health care benefits and services. The information is based on current Legislation and policy and is subject to change.

Veterans Affairs Canada (VAC)

Veterans Affairs Canada fulfills its mandate through the delivery of programs such as disability benefits, financial benefits, health care programs, rehabilitation, and pension advocacy. The Department also works to commemorate the achievements and sacrifices of Canadians during periods of war, military conflict and peace.

The *Department of Veterans Affairs Act* provides authority to the Minister of Veterans Affairs to administer Acts of Parliament and orders in council as are not by law assigned to any other federal department or any Minister for the care, treatment and re-establishment in civil life of Veterans and the care of their dependents and survivors, and such other matters as the Governor in Council may assign.

VAC operates within a needs-based, Veteran centred service approach. This means each Participant's needs are assessed on an individual basis. Once needs are assessed, VAC staff work with the Participant to see those needs are met wherever possible. Participant needs may be met through VAC programs and services. Whenever possible within legislative parameters, VAC will resolve decisions in favour of the Participant. As a result, exceptional decisions are not uncommon within VAC program delivery.

VAC Participants may obtain health care benefits and services from the health professional or Provider of their choice. VAC approves eligible services where the Provider meets the criteria specified by the Department for the applicable benefit or service. Benefits and Services are grouped in the Benefit Grids under similar types of benefits which are managed under FHCPs. For in-person benefits and services, VAC Participants 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 discontinues services in their community. If exceptional circumstances dictate the need for benefits and services outside of their immediate area, VAC will render a payment decision on an individual basis.

Service Delivery Branch

This branch is responsible for administration of VAC health care programs to respond to the needs of Veterans and their families. Service delivery is provided by the Head Office, a network of 38 Area Offices/Service Locations across the country and three Operational Centres (Kirkland Lake, Winnipeg and Vancouver).

Eligibility for VAC Health Care Benefits and Services

Eligibility for FHCPs health care benefits includes individuals:

- a) who have been granted disability entitlement from VAC;
- b) who are qualified as being an income-qualified Participant or a Canada Service Veteran;
- c) who have had overseas service and are waiting to be admitted to a facility in Canada where VAC has a contractual agreement for beds;
- d) who are eligible for early access to Mental Health Benefits;

- e) who are eligible for home care and other benefits under the Veterans Independence Program (VIP);
- f) who are eligible for Long Term Care (LTC); or
- g) who have an exceptional health need.

Once Participants have been confirmed that they meet eligibility to specific VAC programs they may be entitled to access Health Care Programs under VAC legislation. Programs include Treatment Benefits, Cannabis for Medical Purposes, LTC, VIP and, early access to Mental Health Benefits.

Treatment Benefit Program Participant Eligibility

Eligibility for VAC's Treatment Benefit program is described in VAC legislation. For ease of understanding, eligibility has been divided into the following groups:

- Group A Participants;
- Group B Participants;
- Combined eligibility access (both Group A and B Participants);
- Limited Access Participants; and
- Allied Veterans

Group A Participants

This group is eligible to receive specific benefits and services if directly related to the care or treatment of an entitled medical condition for which the Participant has entitlement under the Disability Benefits Program. VAC covers eligible treatment benefits costs for their service related disability. VAC may, under certain circumstances, award extra coverage if a benefit or service forms part of treatment or care considered beneficial to their disability entitled condition(s). VAC pays up to a maximum of the provincial rate for provincially insured services. VAC is first payor for benefits under Group A coverage.

Group A coverage is also extended to RCMP pensioned discharged regular Members, including pensioned discharged special constable Members, as well as pensioned serving or pensioned retired civilian Members, through a VAC-RCMP Memoranda of Understanding.

Group B Participants

This group is eligible to receive treatment benefits in Canada for any health condition if they have a demonstrated health need and to the extent that the benefit is not available to the Participant as an eligible resident of their province or territory. Participants in this group must first access other federal, provincial or territorial, municipal health care plan or any plan for which they may have coverage as a Member or former Member of the Canadian Armed Forces.

Combined eligibility access (both Groups A and B Participants)

This group includes Participants who are receiving benefits from more than one VAC program. These Participants 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.

Limited Access Participants

This group includes Participants undergoing a disability benefit assessment or engaged in an Appeal. VAC covers mental health benefits expenses for Veterans who have applied for certain mental health Disability Benefits.

Allied Veterans

This group includes Veterans living in Canada who served for Allied countries. Health benefits are extended through VAC's Allied government reciprocal agreements to eligible Allied Veterans residing in Canada. All benefits and services must be preauthorized.

Cannabis for Medical Purposes Eligibility (VAC only)

To be eligible for reimbursement of Cannabis for Medical Purposes (CMP), Participants require:

- a) entitlement to a VAC Disability benefit for the diagnosed condition for which cannabis is authorized (Group A Participants); or
- b) entitlement to care for a health condition that is not an insured service under a provincial or territorial health care system (Group B Participants).

Participants must meet the following eligibility criteria to be considered for reimbursement of CMP:

- a) a valid medical authorization document(s) signed by a health care practitioner which indicates the number of grams of cannabis authorized per day (per Health Canada's [Cannabis Regulations](#), currently valid for up to 1 year);
- b) a completed registration with a Federal Licensed Seller(s) located in Canada of the Participant's choice;
- c) a VAC reimbursement authorization form completed by the Participant's health care practitioner which includes the diagnosed condition(s) for which CMP is authorized that meets all requirements identified in VAC's [Reimbursement Policy](#) and associated business rules;
- d) for exceptional requests only, supporting documentation from a medical specialist with expertise in the diagnosed condition for which cannabis is authorized that meets all requirements identified in VAC's [Reimbursement Policy](#) and associated business rules; and
- e) other requirements as a result of changes to Health Canada's *Cannabis Regulations* or the evolution of VAC's CMP reimbursement program.

The following groups are not eligible for VAC reimbursement of CMP:

- a) Veterans who are in receipt of health care benefits and services exclusively through the Rehabilitation program or the early access to Mental Health Benefits program;
- b) serving Regular Force Members of the CAF and full-time Reserve class Members; and
- c) serving Members of the Royal Canadian Mounted Police.

VIP Benefits Eligibility (VAC only)

VAC staff determine VIP eligibility. RCMP receiving services from VAC are not eligible for the VIP program. To be eligible for assistance under VIP the Participant must be assessed as needing benefits and services, and meet at least one of the following criteria:

- a) be in receipt of (or qualified for) a Disability Benefit,
- b) be in receipt of (or qualified for) the War Veterans Allowance, or
- c) be in receipt of the Prisoner of War Compensation and considered totally disabled.

VIP benefits and services are paid by three methods: reimbursement to the Participant or Provider; advance payments issued monthly, semi-annually or annually; or by grant payments issued semi-annually. Advanced payments are provided in exceptional circumstances only. Currently, VIP benefits which are paid through reimbursement or advance payment include: Ambulatory Health Care, Health and Support Services, Access to Nutrition, Personal Care, Social Transportation, Home Adaptations, and Intermediate Care. VIP benefits which are paid by semi-annual grant are Housekeeping (Routine and Non-Routine) and Grounds Maintenance.

Primary Caregivers (PCGs) and Survivors of Veterans may be eligible for grounds maintenance and/or housekeeping services only. These two groups have different eligibility requirements.

Primary Caregivers are individuals (over the age of 18 years) are responsible for ensuring care was provided to a Veteran for a continuous period of at least one year at the Veteran's residence prior to the Veteran being admitted into a long-term care facility or passing away. Most Primary Caregivers are spouses.

Survivors are spouses of Veterans who served in WWII or the Korean War, were not in receipt of VIP housekeeping or grounds maintenance services at the time of Veteran's death, and do not meet the eligibility requirements of the PCG (e.g., their Veteran spouse was not receiving VIP services prior to entering a long-term care facility or passing away). To be eligible for VIP, their Veteran spouse must have been in receipt of a disability benefit and/or the War Veterans Allowance. Survivors must be in receipt of the Guaranteed Income Supplement under the *Old Age Security Act*, or be approved for the Disability Tax Credit under [section 118.3 of the Income Tax Act](#). Survivors need to reapply for VIP services each year and show proof they are approved for, or in receipt of, the Guaranteed income Supplement or Disability Tax Credit.

Long Term Care Benefits Eligibility (VAC only)

The Long Term Care (LTC) program is administered under the authority of the [Veterans Health Care Regulations \(VHCRS\)](#) which extend program eligibility to Veterans only. Spouses and Members of the Royal Canadian Mounted Police (RCMP) are not eligible for the LTC program.

VAC staff determine Veteran eligibility to the LTC Program. To be eligible for LTC a Veteran must be assessed as needing long term care by a health care professional and meet service eligibility requirements. Eligibility varies depending on type and location of military service, income, health care need, and/or a need linked to a service-related disability.

Veterans may be eligible for care in two types of settings:

- a) Community facilities with long term care beds that are available to all provincial residents, including Veterans, which are referred to as community beds; and
- b) Community facilities where VAC maintains contractual agreements with the province, health authority, and/or facility, which are referred to as contract beds. Access to contract beds is limited to Canadian Veterans who served during war time (Second World War and Korean War).

Veterans who served with the Canadian Armed Forces (after the Korean War), or in Canada only during war time, as well as Veterans who served with Allied Forces, may be eligible for long term care support in community beds only.

Rehabilitation Program Eligibility

The VAC Rehabilitation Program is designed to support Participants making the transition to civilian life. Through this Program, Veterans 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.

A distinct contract is in place to provide Rehabilitation services. Rehabilitation benefits will not be part of this contract. VAC will coordinate eligibility for FHCPS benefits for Veteran Participants as they complete the Rehabilitation program and transition to FHCPS benefits and services. Some Veterans receiving services under the Rehabilitation services contract may also receive benefits and services under FHCPS.

Canadian Armed Forces (CAF)

The responsibility for health care for CAF Members rests with the CAF as outlined in the [Queen's Regulations and Orders for the Canadian Forces \(QR&O\)](#). Within the CAF, health care services are provided by Canadian Forces Health Services Centres (CFHSC) and managed by the Commander of the Canadian Forces Health Services (CFHS).

The CAF maintains medical and dental units as the primary points of care for CAF Members. These CAF health organizations, consisting of CF health services centres, clinical detachments and dental detachments, are generally co-located with major military installations. Within these CAF health facilities, a varying range of health services are offered, depending on the population served and the CAF 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 CAF 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 CAF health facilities are not available, civilian Providers generally deliver services off-base. However, the CF Health Services Centres remain the primary points of care for CAF 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 CAF policy document called the *CAF Spectrum of Care*. The Contractor will find the CAF Spectrum of Care (SoC) document which describes the health care benefits and services (medical and dental) that are available and publicly funded for Members of the CAF and other eligible persons at the following link: [About the CAF spectrum of care - Canada.ca](#)

CAF Members have access to a standard of health services that is comparable overall to that received by Canadians under provincial health care plans. CAF 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, CAF 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 CAF policy and will be provided by CF Health Services Centres, Clinical Detachments or Dental Detachments located on CAF Bases, unless otherwise specified.

CAF 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.

CAF Structure

The CAF 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, Dental Unit Headquarters and the CF Drug Exception Centre (CFDEC). The CFDEC is responsible for handling all CAF requests for funding of medications that do not meet predetermined Special Authorization (SA) criteria and requests for non-benefit medications during normal business hours (0800-1600 hours EST Mon-Fri). CFDEC is also responsible for the maintenance of the Drug Benefit List (DBL) following Pharmacy and Therapeutics Committee decisions, and coordinating with the Contractor and the Directorate of Health Informatics to add and remove medications and implement SA criteria changes in the claims adjudication system, the pharmacy dispensing software, as well as the pharmacy system maintained at 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 Thunder Bay;
Quebec: Bagotville, St-Jean, Longue-Pointe and Valcartier;
New Brunswick: Gagetown;
Nova Scotia: Halifax and Greenwood;
Newfoundland: St-John's, Gander and Goose Bay;
NWT: Yellowknife.

26 CF Health Services Centers/Detachments have fully functional Base Pharmacies and 26 Dental Detachments. The CAF also has clinics in Geilenkirchen (Germany), Casteau (Belgium), and Washington, DC.

CAF - Eligibility for Health Care

CAF Members eligible to receive treatment under the *Queen's Regulations and Orders for the Canadian Armed Forces* (QR&O) include:

Regular Force: Depending on the medical requirement, Regular Force Members may be entitled to the goods/services outlined in the CAF Spectrum of Care (SoC).

Reserve Force (including Canadian Rangers): 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 (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 SoC): 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 CAF SoC for the duration of their contract.
- d) Class C (full SoC): 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 CAF SoC.

Cadets: The CAF 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 will be available to process any claims. Once the patient's treatment has been completed, the cadet's provision of health services from the CAF will cease.

Valcartier Grenade Incident Program (VGIP): Approved by the Minister of Defence the Directorate of Medical Policy may authorize health care support to former cadets who were injured in the 1974 Valcartier Grenade Incident. These clients are eligible to participate in the 1974

Valcartier Grenade Incident Program and may be provided supplemental funding for health care services and medications for injuries they sustained in the 1974 incident.

Foreign Service: 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.

Some Foreign Service Members are also entitled to costs associated with health care services under FHCPs. Foreign Service Members are covered through reciprocal agreements and/or Memorandums of Understandings (MOUs) with North Atlantic Treaty Organization (NATO) and/or other foreign countries. The current list of MOUs is as follows: (This list may change over time):

- a) American service members and their dependants (this includes members of the American Embassy, NORAD, Exchange Officers and their dependants. They are currently the only country for which we cover dependants);
- b) Australian (Exchange) service members;
- c) British (Exchange and Liaison) service members;
- d) French (Exchange) service members; and
- e) German (Liaison) service members.

MTCP Foreign students: Some Foreign students may be entitled to health services via The Military Training Cooperation Programme (MTCP) which trains annually an average of 2,000 foreign military personnel from more than 55 member countries and hosts in Canada approximately 350 foreign students on language, staff/professional development, and peace support training activities at various locations across Canada.

Any other military force, as directed by the Minister may also be deemed eligible for health care services through the SoC.

Royal Canadian Mounted Police (RCMP)

The health care benefits coverage provision of treatments for Regular Members (RMs) and Special Constable Member (S/Cst. Member) are subject to approval by the Commissioner pursuant to *RCMP Regulations*.

Delegated authority for the management of the RCMP Occupational Health and Safety Branch programs, including Occupational Health, Management and Accommodation, Occupational Safety and Prevention, Work Place Well-Being, Member Benefits, and associated policies rests with the Director General, Occupational Health and Safety Branch (OHSB).

The Collective Agreement between the Treasury Board and the National Police Federation for RCMP Regular Members (below the rank of Inspector) and Reservists came into force on August 6, 2021 and expires on March 31, 2023. This agreement does not have new provisions concerning Members' health benefits but is subject to on-going review and consultation.

The RCMP Health Benefits Program provides eligible, RMs and S/Cst. Members with Supplemental Health Care (SHC) benefits (including Dental), Occupational Health Care (OHC) benefits and health benefits coverage outside Canada within eligibility and entitlement limitations outlined in the RCMP policy, *Administration Manual XIV.1 Health Care Benefits Coverage*. The RCMP policy is published internally and the Contractor can obtain a copy on request.

RCMP Occupational Health Programs and Services - Structure

The RCMP occupational health service model, is governed by the national policy centre,

Occupational Health and Safety Branch (OHSB), and a network of divisional Occupational Health Service (OHS). This is an integral part of the RCMP Human Resources (HR) Sector, and directly contributes to the RCMP Members' occupational health, fitness for duty and workplace wellness.

RCMP International Health Services (IHS) is part of Federal Policing under the International Liaison and Deployment Centre (ILDC). The RCMP IHS section ensures the highest level of care is offered to all RCMP Regular Members, Civilian Members, and police officers from partners' agencies throughout the international deployment cycle, including the reintegration phase. The RCMP IHS office is located in Ottawa, ON.

RCMP Divisional OHS facilitates direct service to RCMP Members concerning their fitness for duty, occupational health, disability case management and accommodation, workplace well-being and access to eligible benefits. Divisional OHS are delivered by occupational health professionals and experts (Health Service Officer, Psychologist, Occupational Health Nurse, Disability Case Manager and Advisor), administrative, management and corporate staff. RCMP occupational health professionals do not provide primary health care to RCMP Members but rather, in accordance with applicable RCMP national policies and procedures, facilitate support for RCMP Members' access to community health care services.

Divisional OHS sections are located in:

St. John's, Newfoundland ('B' Division);
Dartmouth, Nova Scotia ('H' Division);
Fredericton, New Brunswick ('J' Division);
Charlottetown, Prince Edward Island (L Division);
Westmount, Quebec ('C' Division);
Ottawa, Ontario ('A' National Division, 'W' Division, 'V' Division, Nunavut, 'National Headquarters' and Federal Policing - International Health Protection Division);
Newmarket, Ontario ('O' Division, Greater Toronto Area, North East District, and South West District);
Winnipeg, Manitoba ('D' Division, Manitoba and);
Regina, Saskatchewan ('F' Division and "T" Division 'Depot', Cadet Training);
Edmonton, Alberta ('K' Division, and 'G' Division, Yellowknife);
Surrey, British Columbia ('E' Division and 'M' Division, Yukon);

RCMP OHSB is composed of a national team of occupational health professionals, policy analysts and advisors, and administrative and management professionals. It is responsible for RCMP Occupational Health and Safety policies and administration of associated programs. Director General, OHSB has delegated policy and financial authority for Members' health care benefits, and technical authority for the RCMP requirements in FHCPS.

RCMP Health Benefits Program, Member Benefits, OHSB is responsible for national health benefits research and policy development; health benefits expenditure monitoring and reporting; functional guidance to OHS / IHS on policy and standard operating procedures; national authorization process for health benefits coverage and grievances; the oversight of program's inter-departmental agreements; and 3rd party procurement services, including FHCPS. RCMP OHSB and the Health Benefits Program sections are located in Ottawa, ON.

Eligibility for RCMP Health Care Benefits Coverage:

RCMP eligible Members include:

serving RMs and S/Cst. Members; and
serving RMs or S/Cst. Members in receipt of a VAC Disability Pension.

NOTE: RM or S/Cst. Member coverage of OHC benefits ceases at discharge. Discharged RM or S/Cst. Members with a VAC disability pension provision may be eligible for VAC health benefits as they become VAC clients.

RCMP Supplemental Health Care Benefits

Supplemental Health Care (SHC) Benefits represents the type of health benefits coverage that might normally be available to Members of other police services and federal employees, generally through health benefit insurance plans. Currently, SHC is available at no cost to an eligible Member within entitlement and allowance limitations outlined in RCMP *Health Care Benefits Coverage* policy.

Most of RCMP SHC Benefits do not require RCMP authorization, therefore, to receive coverage, an eligible RCMP Member must ensure they are accessing a health treatment/services from a qualified Canadian health care Provider of their choice in accordance with FHCPS Provider criteria approved by the RCMP, and health benefits requirements, outlined in FHCPS Benefit Grids and the RCMP *Health Care Benefits Coverage* policy.

Certain RCMP SHC Benefits require preauthorization by the Member's divisional Health Service Officer in accordance with RCMP health benefits requirements, outlined in FHCPS Benefit Grids and the RCMP *Health Care Benefits Coverage* policy.

The RCMP does not have a requirement for travel claims to be processed via FHCPS.

Supplemental Health Care Benefits Coverage - Out of Province

RCMP Members traveling, for personal reason or on-duty, or working outside of their province or territory of residence, may incur expenses for health claims that may be eligible for RCMP reimbursement under RCMP SHC benefits coverage.

RCMP coverage of eligible SHC benefits for health care services received out of P/T of residence, are paid in FHCPS in accordance with RCMP health benefits requirements, outlined in FHCPS Benefit Grids and RCMP *Health Care Benefits Coverage* policy.

Post-discharge health benefits coverage:

RCMP SHC Benefits coverage will continue for one additional month following the end of the month of discharge.

If a grievance is adjudicated after the Member's discharge, RCMP health care benefits coverage will be provided in accordance with the terms of the adjudication ruling.

RCMP coverage of eligible health care benefits after Members' discharge, are paid in FHCPS through the RCMP Member Health Claims Reimbursement process. The authorized health claims are processed by using the RCMP Benefit Grids codes assigned to this exceptional coverage.

RCMP Occupational Health Care Benefits

The Occupational Health Care (OHC) Benefit is an extra level of health benefits coverage that the RCMP, as an employer, may provide to minimize limitations and restrictions affecting an eligible RCMP Member's fitness for duty, and to maximize employability.

This level of health benefits coverage is provided on a case by case basis and must be pre-authorized by the RCMP

The OHC Benefit preauthorization process is initiated by an RCMP Member or their health care Provider through FHCPs, by contacting their Divisional OHS, or, if posted out of country, RCMP IHS.

Authorization of RCMP OHC Benefits coverage is comprised of two processes:

- a) Determination of a Member's injury/illness work relatedness, and
- b) Approval of health care that is necessary, appropriate, and sufficient as a result of the injury/illness or fitness for duty limitation.

Requests for RCMP OHC benefits coverage of medical services are reviewed by a Member's RCMP Health Service Officer, and approved by RCMP delegated financial authorities. The FHCPs Contractor's Medical Consultant services will be used on an ad hoc basis in either of the two processes of RCMP OHC Benefits authorization.

Requests for RCMP OHC benefits coverage of dental services are reviewed by the FHCPs Contractor's Dental Consultant in both RCMP authorization processes, and approved by the RCMP delegated financial authority.

The RCMP FHCPs Benefit Grid will have functions and rules for processing of eligible health claims under authorized OHC benefits coverage with specific data indicators in order to enable OHC benefits expenditure reporting, quality assurance and audit of RCMP OHC benefits authorization and FHCPs reimbursement processes.

RCMP Exceptional coverage:

Provincial/Territorial Medical and Hospital Service Fees

Eligible RCMP Members receive coverage for medical and hospital services through their respective Provincial/Territorial health care insurance plans. A Member, on an exceptional basis, may be eligible for the RCMP coverage of Medical and Hospital services, in the following instances:

The RCMP will cover eligible health care services endorsed by the RCMP for Members posted outside of Canada as well as Members accompanying their spouse posted abroad (Leave with out Pay(LWOP)/Spousal relocation) during which their provincial or territorial health insurance coverage ceased temporarily or health care services abroad may not be fully covered by the provincial or territorial health care plan. The following details apply:

- a) upon the Members return to Canada, RCMP will provide coverage up to and including the maximum three-month waiting period until coverage under the Member's P/T health insurance plan re-commences;
- b) for Members who are temporarily deployed outside of their P/T place of residence and incurs P/T Medical and Hospital Services expenses otherwise covered through their respective P/T insurance plans, the RCMP will cover the fee difference not covered by the Member's P/T place of residence;
- c) for Members residing in Quebec is temporarily deployed to another P/T, the RCMP will cover any fee difference not covered by the Régie de l'assurance maladie du Québec (RAMQ);
- d) Members transferred from Quebec to another to another P/T, will receive coverage of any fee difference not covered by RAMQ up to and including the maximum three-month waiting period before the new P/T health insurance plan coverage commences.

- e) If the Member is not recognized as a resident by their P/T of posting, the RCMP will cover any fee difference for P/T health care services not covered by the Members home P/T, until the coverage under the P/T of posting becomes effective.

Temporary coverage of above listed medical and hospital service fees requires authorization from the Member's divisional Occupation Health Services (OHS) and is paid through FHCPS via RCMP Member Health Claims Reimbursement process. The authorized health claims are processed by using the RCMP Benefit Grids benefits codes assigned to this temporary coverage.

Health Care Coverage outside Canada

Eligible RCMP Members traveling, for personal reason or on-duty, or working outside of Canada may incur expenses for health care services that may be eligible for a health benefits coverage provided by the RCMP.

The coverage, with specific limits and criteria outlined in the *RCMP Health Care Benefits coverage* policy, is considered in the following instances:

- a) Member requires a health care service in the country of their international Liaison Officer (LO) posting;
- b) Member requires a health care service in another country if it is not available in the country of international posting;
- c) Member requires emergency health care services when travelling outside the country of international posting, on duty or for personal reasons;
- d) Member, who is posted in Canada, requires emergency health care services when travelling outside of Canada for personal reasons or on duty;
- e) Member, who is posted in Canada, requires a health care service in another country if it is not available in Canada.

The health benefits coverage for eligible Out of Country health care services is subject to maximum allowances (CDN) and it is reimbursed in the currency of the country where the benefit was obtained.

Inquiries for RCMP health benefits coverage of Out of Country health care services, requiring RCMP preauthorization, are reviewed and authorized by the divisional manager, International Health Service/DG OHSB as per delegated financial authority.

Members or representatives are required to contact the Emergency Travel Assistance Services available to RCMP Members. Inquiries received by the FHCPS Contractor Travel Unit and its Emergency Travel Assistance Services will be determined for Member eligibility, authorization and health claims payment.

The FHCPS Contractor will process eligible Out of Country health claims in accordance with the RCMP FHCPS Benefit Grids, RCMP Health Care Benefits Coverage Policy, and associated operating procedures.

Appendix B: Reference Documents

Appendix B lists documents which provide guidance for the provision of services for FHCPS. The Contractor must conform to and maintain a working knowledge of Government of Canada requirements, including but not limited to all amendments thereto, any superseding instruments and any subsequent requirements (i.e., regulations, directives, standards, etc.).

Canadian Centre for Cyber Security

[*Baseline Security Requirements for Network Security Zones \(ITSP.80-022\)*](#)

[*Canadian Centre for Cyber Security*](#)

[*Cryptographic Algorithms for UNCLASSIFIED, PROTECTED A, and PROTECTED B Information*](#)

[*Guidance on the security categorization of cloud-based services \(ITSP.50.103\)*](#)

[*Guidance on Securely Configuring Network Protocols \(ITSP.40.062\)*](#)

[*GC Cloud Guardrails*](#)

[*Harmonized TRA Methodology \(TRA-1\)*](#)

[*IT Media Sanitization \(ITSP.40.006\)*](#)

[*IT Security Risk Management: A Lifecycle Approach*](#)

[*Network Security Zoning - Design Considerations for Placement of Services within Zones \(ITSG-38\)*](#)

[*Transport and Transmittal of Protected and Classified information \(G1-009\)*](#)

[*User Authentication Guidance for Information Technology Systems:\(ITSP.30.031.v3\)*](#)

Canadian Standard of Assurance

[*CSAE 3419, Reporting of Controls at a Service Organization*](#)

Department of Justice

[*Accessible Canada Act*](#)

[*Access to Information Act*](#)

[*Canadian Forces Members and Veterans Re-establishment and Compensation Act \(CFMVRCA\)*](#)

[*Cannabis Act*](#)

[Cannabis Regulations](#)

[Civilian War Related Benefits Act \(CWRBA\)](#)

[Department of Veterans Affairs Act](#)

[Income Tax Act](#)

[Library and Archives of Canada Act](#)

[National Defence Act](#)

[Official Languages Act](#)

[Old Age Security Act](#)

[Pension Act](#)

[Personal Information Protection and Electronic Documents Act](#)

[Privacy Act](#)

[RCMP Pension Continuation Act](#)

[RCMP Regulations, 2014](#)

[RCMP Acts and Regulations](#)

[Royal Canadian Mounted Police Superannuation Act](#)

[Veterans Allowance Regulations](#)

[Veterans Health Care Regulations](#)

[Veterans Hiring Act](#)

[Veterans Well-being Act](#)

[Veterans Well-being Regulations](#)

[War Veterans Allowance Act](#)

Library and Archives Canada

[Cataloguing and Metadata](#)

National Joint Council

[Travel Directive](#)

Public Services and Procurement Canada and Public Safety

[*Business Continuity Planning for Public Safety*](#)

[*Contract Security Program of Public Works and Government Services Canada*](#)

[*Contract Security Manual*](#)

[*Disaster recovery*](#)

[*IOS Business Continuity Management Systems Requirements*](#)

[*Phase 2 of changes to the security screening process*](#)

[*Security Requirements for Contracting with the Government of Canada*](#)

Statistics Canada

[*Data Quality Toolkit \(2017\)*](#)

Treasury Board of Canada

[*Content Style Guide*](#)

[*Directive on Personal Information Requests and Correction of Personal Information*](#)

[*Directive on Privacy Impact Assessment- Canada.ca*](#)

[*Directive on the Management of Communications*](#)

[*Directive on the Duty to Accommodate*](#)

[*Directive on Security Management*](#)

[*Directive on Telework*](#)

[*GC InfoBase – Infographic for Veterans Affairs Canada*](#)

[*Gender-based Analysis Plus*](#)

[*Operational Security Standard: Business Continuity Planning \(BCP\) Program*](#)

[*Operational Security Standard: Management of Information Technology Security \(MITS\)*](#)

[*Policy on Access to Information*](#)

[*Policy on Communications and Federal Identity*](#)

[*Policy on Government Security*](#)

[*Policy on Management of Information Technology*](#)

[*Policy on Privacy Protection*](#)

[Policy on Results](#)

[Policy on Service and Digital](#)

[Privacy Breaches](#)

[Privacy Impact Act \(PIA\)](#)

[Procedures for Publishing](#)

[Standard on Security Screening](#)

[Security Requirements Check List \(SRCL\)](#)

[Standard on Identity and Credential Assurance](#)

[Standard on Metadata](#)

[Standard on Optimizing Websites and Applications for Mobile Devices](#)

[Standard on Web Accessibility](#)

[Web Experience Toolkit](#)

Other

[Oanda Currency Calculator](#)

[Canadian Information Centre for International Credentials](#)

[Queen's Regulations and Orders For the Canadian Armed Forces](#)

[About the CAF Spectrum of Care](#)

RCMP Administration Manual, Health Benefits and Entitlements
(copy available upon request)

Appendix C: Acronyms and Glossary of Terms

Appendix C contains a list of acronyms and a glossary of the terms used in the SOW or common to the Partner Organizations.

Acronyms:

ATC – Anatomical Therapeutic Chemical Classification System

ATIP – Access to Information and Privacy

A & M – Accommodation and Meals

BCP – Business Continuity Plan

CAF – Canadian Armed Forces

CDA – Canadian Dental Association

CDAnet – Canadian Dental Association Network

CFDEC – Canadian Forces Drug Exception Centre

CFHIS – Canadian Forces Health Information System

CFHSC – Canadian Forces Health Services Centre

CFHS GP HQ – Canadian Forces Health Services Group Head Quarters

CISD – Canadian Industrial Security Directorate

CMP – Cannabis for Medical Purposes

CNIB – Canadian National Institute for the Blind

CSE – Communication Security Establishment

DBL – Drug Benefit List

DES – Data Encryption Standard

DIN – Drug Identification Number

DND – Department of National Defense

DNS – Domaine Name System

DR – Disaster Recovery

DTC – Disability Tax Credit

DUR – Drug Utilization Review

EFT – Electronic Funds Transfer

EMF – Enhanced Management Framework

ERS – Enhanced Reliability Status

FAX – Facsimile

FHCPS – Federal Health Claims Processing Service

FIP – Federal Identify Program

FLS – Federal Licensed Seller

GDT – Grant Determination Tool

GIS – Guaranteed Income Supplement

GST – Goods and Services Tax

HP – Health Professionals

HSO – Health Services Officer (RCMP only)

HST – Harmonized Sales Tax

HTRA – Harmonized Threat Risk Assessment

HVAC – Heating, Ventilation and Air Conditioning

ID – Identification Number

ISC – Interdisciplinary Clinic

IDS – Intrusion Detection System

IM – Information Management

IT – Information Technology

LAN – Local Area Network

LPN – Licensed Practitioner Nurse

LTC – Long-term Care

MHB – Mental Health Benefits

MAC – Message Authentication Code

MIS – Management Information System

MITS – Management of Information Technology Security

MGI – Management of Government Information

MLLP – Minimal Lower Layer Protocol

MOU – Memorandum of Understanding

MPLS - Multiprotocol Label Switching

NCR – National Capital Region

NFP – Non-Formulary Product

NOC – Notice of Compliance

NOS – Network Operating System

NPN – Natural Product Number

OHS – Occupational Health Services (RCMP)

OHSB – Occupational Health and Safety Branch (RCMP)

OOC – Out of Country

PCG – Primary Caregiver

PDF – Portable Document Format

PIA – Privacy Impact Assessment

PIN – Product Identification Number

PIPEDA - Personal Information Protection and Electronic Documents Act

POS – Point of Service or Point of Sale

PSPC – Public Services and Procurement Canada

PST – Provincial Sales Tax

QA – Quality Assurance

QR&O – Queen’s Regulations and Orders

RCMP – Royal Canadian Mounted Police

RegF – CAF Regular Force

ResF – CAF Reserve Force

REST – Representational State Transfer

RS – Reliability Status

SA&A – Security Assessment and Authorization

SFTP – Secure File Transfer Protocol

SHC – Supplemental Health Care

SIM – Security Information Management

SLA – Service Level Agreement

SoC – Spectrum of Care

SOP – Standard Operating Procedure

SOW – Statement of Work

SRCL – Security Requirements Check List

TA – Task Authorization

TAT – Turn Around Time

TB – Treasury Board or Treatment Benefits

TBS – Treasury Board Secretariat

USA – United States of America

UX – User Experience

VAC – Veterans Affairs Canada

VGIP - Valcartier Grenade Incident Program

VHCR – Veterans Health Care Regulations.

VIP – Veterans Independence Program

WCAG - Web Content Accessibility Guidelines from the World Wide Web Consortium (W3C).

WVA – War Veterans Allowance

XML - Extensible Markup Language

Glossary of Terms

Active Providers: Providers who are registered with the FHCPS and have submitted a claim within the last 18 months. Providers may be active with one or more Partner Organization at a time.

Ad Hoc: One time service or report requested by one of the Partner Organizations.

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.

Advance payment: In exceptional circumstances, some Participants receive advance payments

for the services they are entitled to under the VIP (VAC only). The amounts and frequencies are pre-determined by VAC. In exceptional circumstances, some Out of Country Providers may receive advance payments for services they will render to eligible CAF participants for medical care.

Authorization: Requirement for the health service Provider to obtain approval from the appropriate Partner Organization to be paid for the delivery of services or benefits to one of the Partner Organization's eligible Participants.

Benefit: A product, service or drug that can be paid in full or partially under the FHCPs.

Benefit Grid: Itemized description of benefits or services offered under each benefit group type produced by the Contractor for health Providers.

Bulletin: Information directed to all or a specific group of Providers.

Canadian Forces Health Services Centre (CFHSC): 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 CAF.

CFHS GP HQ – Canadian Forces Health Services Group Head Quarters for all health-related policy and administration for the Canadian Armed Forces.

Claim: An individual electronic or paper-based submission for payment of health benefits or services rendered to a Participant. A claim may be comprised of one or more transactions. For example, a claim submitted for eyeglasses, 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 statement: A statement that explains the status of the claim and results of adjudication for each of the claims processed for a Provider.

Cloud Computing: A model for enabling ubiquitous, convenient, on-demand network access to a shared pool of configurable computing resources (e.g., networks, servers, storage, applications, and services) that can be rapidly provisioned and released with minimal management effort or service Provider interaction.

Compromise: A breach of government security which includes, but is not limited to:

- a) unauthorized access to, disclosure, modification, use, interruption, removal, or destruction of sensitive information or assets, causing a loss of confidentiality, integrity, availability or value;
- b) any action, conduct, threat or gesture of a person toward an employee in the workplace or an individual within federal facilities that caused harm or injury to that employee or individual; and,
- c) events causing a loss of integrity or availability of government services or activities.

Consultations: A process that seeks direct participation from the public or specific stakeholders on a range of issues to inform government decisions about policies, programs, services, and legislative and regulatory initiatives, whether in person or online.

Contract Authority: The Public Services and Procurement Canada (PSPC) representative responsible for the management of the Contract

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 VAC and the Participant are recorded. The amounts and frequencies are pre-determined by VAC.

Digital-first: Modern end-to-end digital services that maximize the use of technology and are designed from a Participant centric perspective.

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

Deregister (Provider): A Provider may be de-registered on the authority of the Partner Organizations for not following the Program policies. The deregistered 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 Exception Centre The CF Drug Exception Centre (CFDEC) handles all prior approval requests for CAF drug benefits.

Eligibility: Criteria required in order to qualify for a benefit or service to be covered (e.g. cost of benefit/service paid by the Partner Organizations).

Exception/Exceptional: Exceptional decisions/events require Partner Organization's prior approval or pre-determination and are considered on a case-by-case basis where there is written medical or dental justification.

Federal Identity Program (FIP): The corporate identity of the Government of Canada that ensures that departments, programs, services, assets and activities are clearly identified to the public in Canada and abroad through the consistent use of departmental titles and symbols.

First Day of Operations: The First Day of the Operations Phase of the Contract.

Fiscal year: The Government fiscal year includes twelve months from April 1st to March 31st of the following year.

Interdisciplinary Clinic Program: An Interdisciplinary Clinic Program is a VAC approved program provided by an Interdisciplinary Clinic (IDC), where three or more VAC approved health professionals provide a coordinated team approach to assessing and treating Veterans with complex health needs.

Invoice: In the context of the SOW document, an invoice is a document issued by a health Provider to the Contractor, or the Partner Organizations, listing benefits and services supplied to a Participant and stating the sum of money due.

Live Chat: An online communication toll that enables Participants, Providers or Partner Organization staff to communicate with the Contractor electronically in real-time.

Medical Pension Code (MPC): coding used by VAC to indicate medical condition for which a Participant has entitlement to a disability pension or a disability award.

Multidisciplinary Clinic: A Multidisciplinary Clinic (MDC) consists of various health professionals working in one location (that may have varied care approaches) to provide treatments.

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.

On-Base Pharmacy Transaction: The Canadian Armed 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 claim's history. The Contractor's system captures all claims submitted by both off-base civilian pharmacies and CAF on-base pharmacies. The system adjudicates these pharmacy claims, stores the information and reports on this activity to the CAF. While the on-base CAF 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 CAF pharmacy transactions in the system.

Operations Phase: Operations Phase starts on the First Day of Operations and is when the FHCPS Services begin to be used by Participants.

Organizational Data: Data that was created and is owned by the Partner Organizations or Canada. The data may reside within a cloud service or on any end point. This information or data can include all text, sound, video, or image files, log data, user names and passwords, software and related metadata, regardless of form or format: (A) disclosed by Partner Organization staff, Participants, joint venture participants, licensors, vendors or suppliers through the use of the Cloud Services; (B) disclosed by End Users of the Cloud Services; or (C) collected, used, processed by, or stored within the Cloud Services; which is directly or indirectly disclosed to the Contractor or sub-contractors by or on behalf of the Partner Organizations or through the use of the Cloud Services including any such information or data to which (i) the Contractor or any sub-contractors obtains access, intentionally or inadvertently; (ii) resident on any network, System or Hardware used or managed for the Partner Organizations by the Contractor for the Cloud Services and Contractor's services, including Contractor Infrastructure.

Participant: Refers to anyone receiving FHCPS benefits and services paid for by VAC, CAF or RCMP through the FHCPS Contract.

Partner Organizations: Refers to all three organizations: Veterans Affairs Canada, the Canadian Armed Forces and the Royal Canadian Mounted Police partnering for the FHCPS Contract.

Participant identification number: A unique number assigned to Participants by the VAC, CAF, and RCMP. Length and configuration of the Participant identification number may differ for each Partner Organization

Personal Information: Information about an identifiable individual and recorded in any form, as defined in section 3 of the *Privacy Act*. Examples include, but are not limited to the information relating to race, nationality, ethnic origin, religion, age, marital status, address, education as well as the medical, criminal, financial or employment histories of an individual. Personal information also includes any identifying number or symbol, such as the social insurance number, assigned to an individual.

Portals - A secure website or web page providing access to secure services for Participants, Provider or Partner Organizations Staff. The word Portal may be used interchangeably with secure website in some sections of the SOW – and always means the information is within the secure (i.e., password protected) environment although there can also be links to other non-secure

information on websites etc., as required.

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-determination: 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.

Prior Approval: Prior Approvals are authorizations provided by Partner Organization 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 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 Authority: The entity responsible for the management of the contract. Any changes to the contract must be authorized in writing by the Project Authority, and the Contractor must not perform work in excess or outside of the scope of the contract based on verbal or written requests or instructions from anyone other than the Project Authority.

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.

Protected Information: Information or assets that if compromised, could reasonably be expected to cause injury to a non-national interest – that is, an individual interest such as a person or an organization.

Provider: A Provider is a registered professional, business, institution or agency licensed to practice by the applicable professional authority or an individual service supplier qualified to provide eligible medical supplies and equipment in the province or territory in which a Participant obtains the good or service. Provider Registration criteria are specific and specified by each Partner Organization.

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.

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 group of persons.

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.

Record: Any hard copy document or any data in a machine-readable format containing Personal Information

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.

Secure File Transfer: This refers to an electronic exchange of files between any of the Partner Organizations 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.

Secure Messaging/email: A secure electronic means to enable communication between Participants, Providers, Partner Organization staff and the Contractor. This feature is noted under the various portal sections but could also be a secure email via a different medium. Regardless of medium, the functionality must meet all security guidelines for Protected B information.

Security Authority: The entity within an organization who is authorized to approve contract security and retains the Security Requirements Checklist (SRCL) signing authority.

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.

Security Clearance means the necessary security clearance, such as Reliability Status, Enhanced Reliability Status or Secret Clearance, designated by Partner Organization Security, which may include some or all of the security screening steps listed in the appropriate Security Clause.

Security Event: Any event, omission or situation that may be detrimental to government security, including threats, vulnerabilities and security incidents.

Security Incident event (or collection of events), act, omission or situation that has resulted in a compromise. Examples of cyber security incidents: Active exploitation of one or more identified vulnerabilities, exfiltration of data, failure of a security control, breach of a cloud-hosted or managed Government of Canada (GC) service, etc.

Service Request: is typically used when submitting a general question or inquiry to the Contractor, often through the Portals. This includes, but is not limited to, inquiries associated with eligibility, authorizations, claims, portal functionality, etc.

Special Authorization for Pharmacy: Provides interactive results to Providers through computer technology, telecommunications, written and oral medium concerning the eligibility of Participants

to receive health benefits requiring special authorization, as defined by the Partner Organizations, and as prescribed under the Pharmacy Program.

Sub-contractors : A firm or person that carries out work for a company as part of a larger project. Sub Contractors must meet all security requirements outlined in the SOW.

Sub-Processor is any a natural or legal person, public authority, agency or other body which processes personal data on behalf of a data controller or Contractor.

Suspend: A temporary status for Providers that prevents Providers from receiving payment for submitted claims.

Task Authorization (TA): is typically used by the Partner Organizations when submitting a request for the Contractor to perform work which will be charged to the “As and When Requested Services” contained in the contract.

Telework: An agreement between a Contractors’ employee and the Project Authority to carry out some or all of their work duties from a remote location. Telework requires the completion of a telework agreement between the employee and the Project Authority.

Transaction: The processing of a single benefit code included in a claim. Transactions are processed either through automated submission (electronic) or manually by the Contractor. Automated transactions (electronic) refer to those where no manual data entry is required on the part of the Contractor, with their adjudication system automatically processing the transaction. Manual transactions are those where Contractor staff must key information into the adjudication system in order to complete processing of the transaction.

For billing purposes, Transactions are one (1) of two (2) varieties: electronic or manual. Electronic transactions are system to system transactions, Partner Organization 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 Partner Organizations, referring to health care benefits and services that are administered and delivered through the respective programs.

Valcartier Grenade Incident Program: 1974 Valcartier Grenade Incident Program On March 9, 2017, Defence Minister Harjit S. Sajjan announced a comprehensive program of financial recognition and health care support for the victims of the 1974 accidental grenade explosion at the Canadian Forces Base Valcartier cadet camp.

Appendix D: Contractor Resources

Appendix D contains the general resource requirements for the FHCPS Contractor. The Contractor must have resources in sufficient numbers during the Contract to deliver services defined in the SOW. The resources must be assigned by the Contractor at various phases of the Contract. The Contractor must have sufficient capacity in all operational areas supporting the FHCPS to ensure service delivery in Canada’s official languages.

This *Appendix* identifies the key Contractor Resources and associated qualifications. The Contractor Resources identified in this *Appendix* are not exhaustive. In addition to the key resources noted, there will be other Contractor resources required to support all phases of the Contract.

Section A: Implementation Phase Resources

Implementation Phase – The Contractor resources required for the Implementation Phase are to be included in the Contractor’s “Firm All-Inclusive Price for Implementation” funding in the *Basis of Payment*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resource	Minimum Resource Qualifications
<p>Executive Sponsor:</p> <p>A dedicated senior executive resource with overall responsibility, on behalf of the Contractor. The Executive Sponsor will be solely dedicated to the FHCPS contract. The Executive Sponsor should be at an executive level within the Contractor’s organization. The Executive Sponsor will be an escalation point for issues that cannot be resolved by the Implementation/Project Manager or Service Delivery Manager (as applicable) and must be clearly identified in the Contractor’s proposed project governance model.</p>	<p>The Executive Sponsor must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada); or an acceptable level of relevant education, training and experience; - Five (5) years of cumulative experience, within the last seven (7) years, managing a business relationship relevant to health claims processing and support services; - Experience working, at the executive level, with programs with annual health care expenditures greater than \$100M; and - One (1) reference project which had a minimum of 50,000 participants/members/clients.
<p>Implementation Manager:</p> <p>A dedicated senior management resource with responsibility at an operational level, on behalf of the Contractor, for implementation of the contract.</p>	<p>The Implementation Manager must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained

	<p>outside Canada); or a professional project management designation; or an acceptable level of education, training and experience, and.</p> <ul style="list-style-type: none"> - Five (5) cumulative years experience within the last seven (7) years, related directly to the implementation of large (programs with annual health care expenditures greater than \$100M) healthcare authorization and claims processing services projects; and - Experience managing the implementation of systems (operational and IT) and related service delivery models and including at a minimum the following Service Elements: health care authorization and claims processing, Contact 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.
<p>Service Delivery Manager:</p> <p>A dedicated senior management resource who will have responsibility at an operational level, on behalf of the Contractor, for the day-to-day business relationship between Canada and the Contractor. The Service Delivery Manager will be solely dedicated to the FHCPS contract.</p> <p>The Service Delivery Manager may be required to perform various tasks, including but not limited to any combination of the following without limitation:</p> <ul style="list-style-type: none"> - Manage, on behalf of the Contractor, the day-to-day business relationship between Canada and the Contractor; primary point of contact for Canada during the period of the Contract; - Manage the Contractor's delivery team during the Operations Phase, ensure resources are made available and the service is delivered within the contracted service levels; - Report on actual service levels against contract requirements; 	<p>The Service Delivery Manager must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada); or an acceptable level of education, training and experience; - Five (5) years of cumulative experience, within the last seven (7) years, managing a business relationship relevant to health claims processing and support services; - Experience working with programs with annual health care expenditures greater than \$100M; and - One (1) reference project which had a minimum of 50,000 participants/members/clients.

<ul style="list-style-type: none"> - Formulate statements of problems; establish procedures for the development and implementation of significant, new or modified elements to solve these problems; and obtain Project Authority approval thereof; and - Report progress of the contract on an ongoing basis and at scheduled points in the life cycle. 	
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The Contractor Resources to support the Implementation Phase of the contract are to be contained in the Implementation Plan and Integrated Schedule.

Section B: Information Technology Resources to Support VAC Contract Implementation.

The contractor resources included in section B are to be included in the Contractor’s “Information Technology Resources to Support VAC Contract Implementation” funding in the *Basis of Payment*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resources	Minimum Resource Qualifications
<p>Scrum Master:</p> <p>The Scrum Master may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Coordinate with several Project Managers or Scrum Masters at VAC each of whom is responsible for an element of the project and its associated project team; -Manage the development team during the development, implementation and operations start-up by ensuring that resources are made available and that the project is developed and is fully operational within previously agreed time, cost and performance parameters; - Formulate statements of problems; establish procedures for the development and implementation of significant, new or modified project elements to solve these problems; and obtain approval thereof; -Support the Product Owner, specifically in the Product Backlog;; - Report progress of the project on an ongoing basis and at scheduled points in the life cycle; 	<p>The Scrum master must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science, business, engineering, or information technology, or an equivalent combination of education, training, and experience; -Certification of Scrum Master from Scrum.org or Scrum Alliance; and -Three years of experience within the past five years working in an agile environment

<ul style="list-style-type: none"> - Prepare plans, charts, tables and diagrams to assist in analyzing or displaying problems; work with a variety of project management tools; and 	
<p>IT Developers:</p> <p>IT Developers may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Create and modify code and software; - Create and modify screens and reports; - Gather and analyze data for the conduct of studies to establish the technical and economic feasibility of proposed computer systems, and for the development of functional and system design specifications; - Design methods and procedures for small computer systems, and sub-systems of larger systems; - Develop, test and implement small computer systems, and sub-systems of larger Systems; and - Produce forms, manuals, programs, data files, and procedures for systems and/or applications. 	<p>Each IT Analyst / Developer must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science, or an equivalent combination of education, training, and experience; - Three years of cumulative experience, within the last five years as an IT Analyst/Developer with experience in: <ul style="list-style-type: none"> - Powerbuilder - Microsoft Dynamics CRM
<p>IT Testers:</p> <p>The IT Tester may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> -Test planning and coordination; - Supervision of testing in accordance with the plan; -Management and monitoring of test plans for all levels of testing; - Management of walkthroughs and reviews related to testing and implementation readiness; - Status reporting; 	<p>Each IT Tester must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science, <u>or</u> an equivalent combination of education, training, and experience; - Three years of cumulative experience, within the last five years as an IT Analyst/Developer with experience in testing.

<ul style="list-style-type: none"> - Development of test scenarios and test scripts. - Establishing and maintaining source and object code libraries for a multi-platform, multi-operating system environment; - Establishing software testing procedures for unit test, integration testing and regression testing with emphasis on automating the testing procedures; - Establishing and operating interoperability testing procedures to ensure that the interaction and co-existence of various software elements, which are proposed to be distributed on the common infrastructure, conform to appropriate departmental standards (e.g., for performance, compatibility, etc.) and have no unforeseen detrimental effects on the shared infrastructure; and - Establishing a validation and verification capability which assumes functional and performance compliance. 	
<p>Integration Developer:</p> <p>An Integration Developer may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Create and modify code and software; - Create and modify screens and reports; - Develop and maintain unit and integration tests; - Develop Application Programming Interfaces for multi-system integrations; - Gather and analyse data for the conduct of studies to establish the technical and economic feasibility of proposed computer systems, and for the development of functional and systems design specifications; - Design methods and procedures for small computer systems, and sub-system of larger systems; - Develop, test and implement small computer 	<p>The Integration Developer must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science, or an equivalent combination of education, training, and experience; - Three years of cumulative experience, within the last five years, in Integration Development

<p>systems, and sub-systems of larger systems; and</p> <ul style="list-style-type: none"> - Produce forms, manuals, programs, data files, and procedures for systems and/or applications. 	
<p>Business Analysts:</p> <p>Business Analysts may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Develop and document statements of requirements; - Perform business analyses of functional requirements to identify information and procedures, and design processes, workflows and decision flows; - Evaluate existing procedures and methods, identify and document items such as database content, structure, application subsystems; - Define and document interfaces of manual to automated operations within application subsystems, to external systems, and between new and existing systems; - Identify candidate business processes for re-design, prototype potential solutions, provide trade-off information and suggest a recommended course of action. Identify the modifications to the processes; - Support and use the selected VAC departmental methodologies; - Establish acceptance test criteria with Participant; - Plan, coordinate, conduct and document testing; and - Perform system troubleshooting. 	<p>Each Business Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), <u>or</u> an equivalent combination of education, training, and experience; - Three years of cumulative experience, within the last five years as a business analyst.

Section C: Operations Phase Resources (Fixed Cost)

All Contractor Resources required during the Operations Phase not specifically funded through another section of the *Basis of Payment* will be funded through the “Operations Phase (Fixed Cost) Firm All-Inclusive Price” contained in the *Basis of Payment*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resource	Minimum Resource Qualifications
<p>Executive Sponsor:</p> <p>A dedicated senior executive resource with overall responsibility, on behalf of the Contractor. The Executive Sponsor will be solely dedicated to the FHCPS contract. The Executive Sponsor should be at an executive level within the Contractor’s organization. The Executive Sponsor will be an escalation point for issues that cannot be resolved by the Implementation/Project Manager or Service Delivery Manager (as applicable) and must be clearly identified in the Contractor’s proposed project governance model.</p>	<p>The Executive Sponsor must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada); or an acceptable level of relevant education, training and experience; - Five (5) years of cumulative experience, within the last seven (7) years, managing a business relationship; - Experience working at the executive level with programs with annual health care expenditures greater than \$100M; and - One (1) reference project which had a minimum of 50,000 participants/members/clients.
<p>Service Delivery Manager: :</p> <p>A dedicated senior management resource who will have responsibility at an operational level, on behalf of the Contractor, for the day-to-day business relationship between Canada and the Contractor. The Service Delivery Manager will be solely dedicated to the FHCPS contract.</p> <p>The Service Delivery Manager may be required to perform various tasks, including but not limited to any combination of the following,:</p> <ul style="list-style-type: none"> - Manage, on behalf of the Contractor, the day-to-day business relationship between Canada and the Contractor; 	<p>The Service Delivery Manager must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada); or an acceptable level of education, training and experience; - Five (5) years of cumulative experience, within the last seven (7) years, managing a business relationship; - Experience working with programs with annual health care expenditures greater than \$100M; and

<ul style="list-style-type: none"> - Primary point of contact for Canada during the period of the Contract - Manage the Contractor's delivery team during the Operations Phase, and ensure resources are made available and the service is delivered within the contracted service levels; - Report on actual service levels against contract requirements; - Formulate statements of problems; establish procedures for the development and implementation of significant, new or modified elements to solve these problems, and obtain Project Authority approval thereof; and - Report progress of the contract on an ongoing basis and at scheduled points in the life cycle. 	<ul style="list-style-type: none"> - One (1) reference project which had a minimum of 50,000 participants/members/clients.
<p>Manager, Business Analysis Services:</p> <p>The Manager, Business Analysis Services may be required to perform various tasks including but not limited to any combination of the following,:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad based Business Analysis program; - Ensure all Service Requests from Participants and Partner Organizations are processed within service standard; - Work with Partner Organizations to identify business impacts associated with required changes to systems, processes and programs; - Manage Task Authorizations, creation of Business Requirement Documents, budgeting and implementation; - Manage, on behalf of the Contractor, the planning and execution of project activities with agreed on scope, schedule and budget limitations; - Formulate statements of problems; establish procedures for the development and 	<p>The Manager Business Analysis Services must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada), or an equivalent combination of education, training, and experience. - Two years of cumulative management experience within the last five years performing any combination of the following tasks and activities: <ul style="list-style-type: none"> - Experience in leading business requirements definition, including the discovery, analysis and documentation of business requirements, process flows, use cases and test plans; - Experience in the management of work requested of the Contractor by a client (herein called Task Authorizations);

<p>implementation of significant, new or modified elements to solve these problems; and obtain Project Authority approval thereof;</p> <ul style="list-style-type: none"> - Report progress of the project on an ongoing basis and at scheduled points in the project life cycle; - Analyze data to identify anomalies; perform cyclical reviews to ensure data is complete, accurate and consistent with established standards and procedures; - Provide user support to Partner Organizations in the data query tools used by the Contractor; - Maintain the Data Dictionary to ensure consistent authoritative data definitions, including access control and maintenance; - Verify all benefit mapping within the system based on Partner Organization requirements; - Work with business, IT resources, technical users and end users to develop solutions to business problems and changes; - Maintain project documentation and application and system libraries; and - Maintain and update relevant system and user manuals. 	<ul style="list-style-type: none"> - Experience in data or metadata management support within a corporate or enterprise architecture in the IM/IT industry; - Experience in analyzing data to identify anomalies; perform cyclical reviews to ensure that the data collected is complete, accurate, timely, and consistent with established standards and procedure; - Experience in delivery or management of data query user support services;
<p>Health Care Authorization Managers:</p> <p>Health Care Authorization Managers may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - conceptualize, lead, manage and promote the delivery of a major broad-based Contact Centre program; - manage the health authorization processing services for prescription drugs, cannabis for medical purposes, dental and other health benefits; and - resolve complex health care authorization requests. 	<p>Each Health Care Authorization Managers must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada), or an equivalent combination of education, training, and experience. - A health care certification in the discipline associated with the operational work being performed, and two (2) years experience in that discipline (e.g., dental, pharmacy, etc.). - Two (2) years experience in the management

	<p>of health care authorizations;</p> <ul style="list-style-type: none"> - Experience overseeing the processing of specialized benefits; - Experience in providing direct service to clients; - Experience in the management of healthcare authorizations for prescription drugs, dental or other health benefits. - Experience in making decisions based on established rules; and - Experience making decisions based on facts and reasonableness of treatment.
<p>Claims Processing Managers:</p> <p>Claims Processing Managers may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> -Conceptualize, lead, manage and promote the delivery of Claims Processing; and - manage the claims processing services for prescription drugs, cannabis for medical purposes, dental and other health benefits. 	<p>Each Claims Processing Managers must possess, as a minimum:</p> <ul style="list-style-type: none"> - A degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada), or an equivalent combination of education, training, and experience. - Two (2) years experience in the management of a health care claims processing service; - Experience overseeing the processing of specialized benefits; - Experience in providing direct client service to clients; - Experience in making decisions based on established rules; and - Experience making decisions based on facts and reasonableness of treatment.
<p>Manager Contact Centre:</p> <p>The Contact Centre Manager may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> -- Conceptualize, lead, manage and promote the delivery of a major broad- 	<p>The Manager Contact Centre must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), or an equivalent

<p>based Contact Centre program;</p> <ul style="list-style-type: none"> - Manage the Contact Centre which handles inquiries (telephone, portals, and other electronic media) from Participants, Providers and Partner Organization staff; -Ensure appropriate levels of staff are in place to receive all calls, analyze the nature of the calls, resolve the calls or research the issues, forward the calls to technical support or any other appropriate area of responsibility and follow up, ensure closure and maintain a record of these calls; - Develop scripts for Contact Centre staff use, and obtain Approval of the Project Authority; and - Analyze and report on Contact Centre activity. 	<p>combination of education, training, and experience;</p> <ul style="list-style-type: none"> - Two (2) years of cumulative experience, within the last five (5) years in a managerial position in a call/contact centre; and - Ability to communicate (written and oral) fluently in both English and French.
<p>Contact Centre Analysts:</p> <p>Contact Centre Analysts may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Provide expert advice on and/or develop, implement, and support computer enabled contact or telephone call centers that permit service agents to efficiently and effectively respond to Participant and Partner Organization staff requests received by telephone and other electronic media. 	<p>Each Contact Centre Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - A high school diploma; - Two years of experience in the direct provision of client services; and - Experience in responding to client inquiries.
<p>Manager, Provider Relations:</p> <p>The Manager Provider Relations may be required to perform various tasks as required, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based Provider relations program; - Ensure health care Providers meet criteria established by the Partner Organizations; 	<p>The Manager Provider Relations must possess, as a minimum:</p> <ul style="list-style-type: none"> - A university degree or college diploma in public relations, communications, marketing, health care administration or a related field; and - Three (3) years of experience as a Provider Relations Manager or in a related occupation.

<ul style="list-style-type: none"> - Review and escalate issues and concerns regarding health care practitioners as required (i.e., to a governing body, Partner Organization, etc); - Communicate with health care Providers and practitioners; - Address inquiries from Providers regarding program requirements and associated policies; - Respond to Provider questions regarding billings and payments; and - All other Provider relations matters. 	
<p>Manager, E-Learning and Training:</p> <p>The Manager, E-Learning and Training may be required to perform various tasks as required , including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based e-learning and training program; - Update or create new training materials; - Maintain a document version control on any produced documentation or training material; - Revise or edit documents and training material to correct grammar or spelling errors, adjust documents to ensure consistency with standardized formats, terminologies, acronyms and reporting standards; - Develop engaging, accurate, and instructionally sound eLearning materials for use in stand-alone e-Learning (web based or in classroom); - Create storyboards that form the design of compelling e-Learning content; - Work with the Contractor's Subject Matter 	<p>The manager E-Learning and Training must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), in business, communications or a related field, <u>or</u> an equivalent combination of education, training, and experience; - Three (3) years of cumulative experience, within the last five years, writing or editing materials, proofing or editing, revising document drafts for a training curriculum based on an IT product, as part of a quality assessment review before dissemination for a health benefits program or for a similar specialized program; and - Three (3) years of cumulative experience, within the last five years, creating or editing e-Learning training material in a technical environment using eLearning authoring software such as Articulate 360, iSpring Suite, Camtasia, Adobe Captivate, etc. - The ability to write fluently in English and French.

<p>Experts to ensure that the eLearning content is technically accurate and utilizes FHCPS data.</p> <ul style="list-style-type: none"> - Deliver training to staff of Partner Organizations; and - Evaluate training program effectiveness. 	
<p>Manager, Provider Audit Services:</p> <p>The Manger, Provider Audit may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based audit services program; - Plan, direct and control the routine audit activities of a project team within scheduled time and cost parameters; - Notify the Project Authority of any potential issues; - Work with the Partner Organizations in the development and implementation of audit and accountability frameworks. These frameworks are used to conduct audit verifications of Providers to ensure adherence to the terms and conditions of the FHCPS and to ensure that public funds are being distributed appropriately; - Seek corrective action by Providers where audit results indicate non-compliance to the plan's terms and conditions; - Recommend to the Contract Authority recovery of overpayments to Providers, to de-list Provider Agreements, recommend civil or criminal actions where evidence indicates fraudulent actions by Providers; and - Plan, develop, direct and undertake Provider and Participant data mining analysis to assist in evaluating Provider and Participant billing patterns and identify potential financial risk to the plan. 	<p>The Manager Provider Audit Services must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), in business, communications or a related field, <u>or</u> an equivalent combination of education, training, and experience; - A Relevant Professional Certification in the audit field; - Five (5) years of cumulative experience, within the last ten (10) years, related directly to the provision of benefits auditing services including knowledge of advanced profiling and data mining techniques, methods, concepts and practices; and - Two (2) years of cumulative experience, within the last five (5) years as a Manager of Provider audit services.
<p>Provider Auditor:</p>	

<p>Audit staff may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Organize and conduct activities for various audits and follow-up activities, and prepare draft and/or final reports including audit observations, conclusions and recommendations; - Determine the most appropriate audit activity to be performed based on risk analysis; - Develop, design and carry out significant segments of complex audit projects; - Review and identify potential discrepancies when Provider and Participant responses have been received; and - Determine the most appropriate audit activity when potential abuse or misuse is detected to evaluate the selection of statistically valid samples of claims, and ensure that accurate and timely audits are completed. 	<p>Each Auditor staff must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), in business, communications or a related field, <u>or</u> an equivalent combination of education, training, and experience; and - A relevant Professional Certification in the audit field.
<p>Manager, Quality Assurance:</p> <p>The Manager Quality Assurance (QA) may be required to perform various tasks as required, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based QA program; - Work with the Partner Organizations in the development of the QA plan and any ongoing updates; - Apply appropriate QA techniques to ensure the quality and reliability of all operational processes; - Ensure QA methodology and standards are adhered to; - Lead the development of test strategies and plans (including test situations, test cases, and reporting on test results); 	<p>The Manager, Quality Assurance must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), in business, communications or a related field, <u>or</u> an equivalent combination of education, training, and experience; - Relevant Professional Certification, or an equivalent combination of education, training, experience; - Three (3) years of cumulative experience, within the last five years, managing Quality Assurance activities in the health authorization and claims processing sector;

<ul style="list-style-type: none"> - Work with analysts, developers and business partners to ensure the testing strategy and results satisfy the business requirements; - Engage and work with external third parties who will be conducting Quality Assurance work on the Contractors processes; and - Prepare QA review reports. 	<ul style="list-style-type: none"> - Experience in developing, reviewing and assessing the appropriateness and effectiveness of a Quality Assurance process.
<p>Manager, Communications Services:</p> <p>The Communications Service Manager may be required to perform various tasks as required, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based communications program; and plan, develop and implement service delivery and frameworks for communications activities; - Provide advice on communications issues, trends and strategic direction; - Develop strategic, business and operational plans and business cases; - Consult with Participants and Partner Organizations to develop and recommend communications strategies and courses of action; - Advise Participants on the resolution of communications issues, and the development, selection, implementation and management of communications strategies; - Lead project teams involved in analyzing and developing communications strategies and initiatives; prepare analysis, briefings and reports; and deliver presentations; - Prepare Participant and Provider communication products (paper and electronic) for the approval of the Partner Organizations; 	<p>The Communications Services Manager must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), in business, marketing, communications, <u>or</u> an equivalent combination of education, training, and experience; - Five years (5) of cumulative experience, within the last ten (10) years, in the field of communications; - Experience in managing a public relations or communications team; and - Experience in developing and executing strategic communication plans, media response lines and communication materials.

<ul style="list-style-type: none"> - Develop a critical knowledge base of issues and the related public environment; and - Manage communications service delivery. 	
<p>Manager, Privacy and Security (physical and IT):</p> <p>The Privacy and Security Manager may be required to perform various tasks, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based Privacy and Security program; - Ensure compliance with physical, IT and personnel security policies, standards, guidelines and procedures – both Governmental and internal; - Review existing security and privacy policies, standards, guidelines and procedures and provide advice as to their appropriateness and effectiveness; - Conduct security and privacy threat and risk assessments of facilities, applications systems and communications, as per Government of Canada direction and policies; - Investigate security and privacy incidents and report causes and related weaknesses and recommend solutions to the Project Authority; - Develop and deliver security and privacy awareness and training programs for Contractor staff; - Develop IT security and privacy policies, standards, guidelines and procedures based on Government of Canada policies; - Conduct compliance reviews of IT operations, application systems and infrastructure as part of the Annual Operations Management plan; - Conduct reviews of backup and recovery plans, and make recommendations as required; 	<p>The Privacy and Security Officer must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada), or an equivalent combination of education, training, and experience; - Three (3) years of cumulative experience, within the last five (5) years, providing facilities and security management at a corporate level; - Experience in ensuring personnel compliance with security and privacy policies and standards; - Experience in conducting vulnerability and security threat and risk assessments of facilities and communications; and - Experience in investigating security incidents and reporting causes and related weaknesses and recommending solutions.

<ul style="list-style-type: none"> - Based on input and approval from the Project Authority, design the security framework and implement the security components of IT infrastructure required to protect assets and to support application systems; - Provide advice within the Contractor's organization on the security aspects of application systems under development; - Develop and deliver Privacy & IT Security awareness and training programs to Contractor staff; and - Analyze statements of sensitivity to assess the collection, retention, use, disclosure, and disposal of personal information; and/or coordinate and support any privacy related audits. 	
<p>Manager, IT Services:</p> <p>The Manager IT Services may be required to perform various tasks as required, including but not limited to any combination of the following:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of major broad-based IT Services; - Approve the development of criteria for testing new systems or enhancing existing systems and services; - Conduct cost/benefit analysis and feasibility studies to evaluate proposed systems and make recommendations to the Project Authority for approval; provide consultation to management on the effective use of technology; determine priorities and deliverables, monitor service levels and evaluate against success measures; - Participate on working groups and committees engaged in recommending solutions, options, and alternatives for the enhancement of IT services; - Write reports and other documentation to transfer knowledge, and prepare 	<p>The Manager IT Services must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science, , or an equivalent combination of education, training, and experience; and - Five (5) years of cumulative experience, within the last ten (10) years, in systems analysis, data administration, software engineering, network design or computer programming, including supervisory experience.

<p>presentations concerning the technical aspects of the Contract; and</p> <ul style="list-style-type: none"> - Define and document development team objectives, determine budgetary requirements, the composition, roles and responsibilities and terms of reference for the team; 	
<p>IT Analysts/Developers:</p> <p>IT Analysts / Developers may be required to perform various tasks as required, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Analyze, design and develop IT solutions based on approved business requirements and Service Requests or task authorization requirements; - Ensure compliance with IT policies, standards, guidelines and procedures; - Define requirements for data, workflow, logical processes, interface design, hardware and operating system environment, interfaces with other systems, internal and external checks, controls, and outputs; - Contribute to defining timetables and project plans; analyze and estimate feasibility, cost, time, and compatibility with hardware and other programs; - Ensure that expected application performance levels are achieved; and - Coordinate or perform design, coding, testing, debugging and implementation, as required. 	<p>Each IT Analyst / Developer must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science or information technology or an equivalent combination of education, training, and experience; and - Three (3) years of cumulative experience, within the last five (5) years as an IT Analyst/Developer.
<p>IT Application Testers:</p> <p>IT Application Testers may be required to perform various tasks as required, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Perform software testing and identify issues or errors that require correction; - Develop test scenarios and test scripts 	<p>IT Application Testers must possess, at a minimum the following qualifications relevant to software testing procedures and Quality Assurance services:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science or information

<p>including regression testing, stress testing and security related testing requirements;</p> <ul style="list-style-type: none"> - Document results of test cases and scenarios with a goal to document errors or code issues that require debugging and reimplementation in software code; and - Develop automated testing procedures. 	<p>technology or an equivalent combination of education, training, and experience; and</p> <ul style="list-style-type: none"> - Minimum of one (1) year of cumulative experience, within the last three (3) years, testing software applications; - Experience managing and monitoring test plans for all levels of software testing; - Experience in the development of test scenarios and test scripts, including security-related testing requirements for software; - Experience executing the test cases scenarios and documenting the test results against the expected results for the development of functional and system design specifications; and - Experience establishing software testing procedures for unit test, integration testing and regression testing with emphasis on automating the testing procedures.
<p>IT Security Specialist:</p> <p>The IT Security Specialist may be required to perform various tasks as required, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Review, analyze, and/or apply the following: threat agents analysis tools and other emerging technologies including privacy enhancement, predictive analysis, VoIP, data visualization and fusion, wireless security devices, PBX and telephony firewall; War dialers, password crackers; Public Domain IT vulnerability advisory services; Network scanners and vulnerability analysis tools such as SATAN, ISS, Portscan & NMap; Networking Protocols (HTTP, FTP, Telnet); Internet security protocols such as SSL, S-HTTP, S-MIME, IPSec, SSH, TCP/IP, UDP, DNS, SMTP, SNMP. Wireless security; Intrusion detection systems, firewalls and content checkers; and 	<p>The IT Security Specialist must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in the computer science or engineering, or an equivalent combination of education, training, and experience; - A Certified Information Systems Security Professional (CISSP) Designation; - Five (5) years of cumulative experience, within the last ten (10) years, as an IT Security Specialist; and - Five (5) years of cumulative experience, within the last ten (10) years, in cyber security (i.e. packet vulnerability, malware, exploit analysis, mobile platforms, firewalls, VPNs).

<ul style="list-style-type: none"> - Host and network intrusion detection and prevention systems - Anti-virus management; - Identify threats to, and technical vulnerabilities of, networks; - Conduct on-site reviews and analysis of system security logs; - Collect, collate, analyze and disseminate public domain information related to networked computer threats and vulnerabilities, security incidents and incident responses; - Prepare and/or deliver IT security threat, vulnerability and/or risk briefings; - Complete tasks directly supporting the departmental IT security and cyber protection program; and - Develop and deliver training material relevant to security. 	
<p>Database Administrator:</p> <p>The Database Administrator may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Develop or maintain a relational database at any stage of the database life cycle (feasibility, design, development and service delivery); - Develop security requirements for all data elements in a database; and - Manage and organize electronic relational databases to ensure coherence, accuracy and integrity to meet business requirements. 	<p>The Database Administrator must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science or information technology or an equivalent combination of education, training, and experience; and - Two years of cumulative experience, within the last five years, administering a minimum of one relational database system;; - Experience providing specialized expertise and practical assistance in the use of relational 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); - Experience defining security requirements for all data elements; and

	<ul style="list-style-type: none"> - Experience defining and customizing data conversion strategies, specifications and routines.
<p>Digital Services Manager:</p> <p>The Digital Services Manager may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Conceptualize, lead, manage and promote the delivery of a major broad-based digital services and innovation program; - Provide advice on digital service delivery and on the use of technology, digitization and innovation to enhance business activities; - Draft and finalize proposals, presentations for the Project Authority concerning the digitization and innovative aspects of proposals; - Conduct cost/benefit analysis and feasibility studies to evaluate proposed innovative solutions and make recommendations to Partner Organizations; and - Plan, direct, monitor, and control the activities for implementation of digital and IT projects within scheduled goals, objectives and milestones. 	<p>The Digital Services Manager must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) in computer science, business administration, commerce or engineering or an equivalent combination of education, training, and experience; and - Five (5) years of cumulative experience, within the last ten years, in an account manager, product owner or supervisory position managing digital or IT systems.
<p>Physician:</p> <p>The full time Physician may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health and medical history of individual Participants to make recommendations to the Contractor and Partner Organization staff regarding claims administration. This includes but is not limited 	<p>The Physician must possess, as a minimum:</p> <ul style="list-style-type: none"> - A Doctor of Medicine (MD) degree from a recognized Canadian university (or the equivalent if obtained outside Canada); - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, practicing as a Physician.

<p>to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis;</p> <ul style="list-style-type: none"> - Apply defined criteria, rules and policy provided by the Partner Organizations concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers, in line with the Benefit Grids and business rules, etc. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with departmental staff, including, but not limited to, consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Develop or provide input into the development of service Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to, information required to negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices; 	
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<ul style="list-style-type: none"> - Participate in committees as required; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and ensure that accurate and timely audits are completed; and - Recommend, collaborate-on, implement, and report on treatment outcomes, as required. 	
<p>Pharmacist</p> <p>The full time Pharmacist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health history of individual Participants to make recommendations regarding claims administration or authorizations. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient medical rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, 	<p>The Pharmacist must possess, as a minimum:</p> <ul style="list-style-type: none"> - Graduation with a degree in pharmacy from a recognized Canadian university (or equivalent if obtained outside Canada); - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, working as a Pharmacist.

<p>Provider issues, treatment requests, procedures and processes;</p> <ul style="list-style-type: none"> - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Provider Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Analyze and interpret Program data (examples include drug usage patterns and cost trends) which will inform the various drug review committees. - Update and maintain the drug formulary - Participate in drug to Medical Pension Code mapping review process; - Provide recommendations for drug formulary listings to the Partner Organizations including improved controls and cost saving measures; -Coordinate implementation of the recommendations from the various drug review committees; -Participate in committees as required; and -Support and implement ad hoc pharmacy related requests as required. 	
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Contractor Resources in this section must include all other Contractor Resources required to support the Operations Phase of the contract not specifically identified in this section and not included in another Contractor Resource section.

Section D Operations Phase (Variable cost)

The resources contained in this section are for with the operational work performed by the Contractor associated with Authorization Services and Claims Processing. The resources in this Section are to be funded from the “Authorization Services” and “Claims Processing Sections of the *Basis of Payment*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resource	Minimum Resource Qualifications
<p>Dental Authorization Analysts:</p> <p>Dental Authorization Analysts may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Apply Partner specific business rules when processing authorizations; - Interact with dental practices; and - Consult with Contractor health professionals for complex cases involving the care and treatment of Participants. 	<p>Each Dental Authorization Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - Two years of cumulative experience, within the last five years working in the area of dental benefits/authorization or claims processing services or a dental practice; or - Must have a diploma from a recognized post-secondary educational program in the dental services field either as a dental assistant or dental hygienist.
<p>Prescription Drug and/or Cannabis for Medical Purposes Authorization Analysts:</p> <p>Prescription Drug and/or Cannabis for Medical Purposes Authorization Analysts may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Apply Partner specific business rules when processing authorizations; - Interact with Pharmacies, authorizers and prescribers; and - Consult with Contractor health professionals for complex cases involving the care and treatment of Participants. 	<p>Each Prescription Drug and/or Cannabis for Medical Purposes Authorization Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - A diploma from an accredited post-secondary educational program in the Pharmacy Technician program, or equivalent; or - At least 2 years full-time or equivalent of demonstrated experience, within the last 5 years, in a pharmacy environment or authorizing prescription drugs.
<p>Health Benefits Authorization Services Analysts:</p> <p>Health Benefits Authorization Services Analysts may be required to perform various tasks, including but not limited to any</p>	<p>Each Health Benefits Authorization Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - A high school diploma; and

<p>combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Apply Partner specific business rules when processing Health Benefit authorizations; - Complete VIP follow up and survivor renewals; - Interact with prescribers; and - Consult with Contractor health professionals for complex cases involving the care and treatment of Participants. 	<ul style="list-style-type: none"> - Experience in administration, preferably in a claims processing environment.
<p>Claims Processing Analysts</p> <p>Claims Analysts may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Apply Partner specific business rules when processing claims from Providers and Participants; and - Consult with health professionals for complex cases involving the care and treatment of Participants. 	<p>Each Claims Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - A high school diploma; and - Experience in authorization or processing of health benefits.

Contractor Resources in this section must include all other Contractor Resources required to perform the Authorization and Claims Processing services not specifically identified in this section and not included in another Contractor Resource section.

Section E Health Professional Services Resources

These resources are included in the “Health Care Professionals” funding in the *Basis of payment*, with the exception of a full time Physician and full time Pharmacist who are included in this *Appendix, Section B Operations Phase Resources (Fixed Cost)*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resource	Minimum Resource Qualifications
<p>Occupational Therapist:</p> <p>The Occupational Therapist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; 	<p>The Occupational Therapist must possess, as a minimum:</p> <ul style="list-style-type: none"> -- Graduation with a diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) with an acceptable specialization leading to the designation of Occupational Therapist;

<ul style="list-style-type: none"> -Review and interpret the health and functional history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education, and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards;; - Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of service Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice including written reports when required, on professional products and services. This includes but is not limited to information required to 	<ul style="list-style-type: none"> - Be registered members in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, practicing as an Occupational Therapist with clinical experience in both physical and mental health service areas.
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<p>negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices;</p> <ul style="list-style-type: none"> - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Recommend, collaborate-on, implement, and report on treatment outcomes including cost-effectiveness measures; and -Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to inform Program management. 	
<p>Physician:</p> <p>Note: This resource may be required to supplement the full time Physician resource outlined in Section B Operations Phase Resources (Fixed Cost).</p> <p>The Physician may be required to perform various tasks, including but not limited to, any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; -Review and interpret the health and medical history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not 	<p>The Physician must possess, as a minimum:</p> <ul style="list-style-type: none"> - A Doctor of Medicine (MD) degree from a recognized Canadian university (or the equivalent if obtained outside Canada); - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, practicing as a Physician.

<p>limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards;</p> <ul style="list-style-type: none"> - Liaise with Partner Organization staff, including, but not limited to, consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Provide input into the development of service Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice including written reports when required, on professional products and services. This includes but is not limited to, information required to negotiate pricing agreements, recommendations for coverage of new products and services, cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Recommend, collaborate-on, implement, and report on treatment outcomes as required; and - Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program management. 	
<p>Audiologist:</p>	

<p>The Audiologist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health and medical history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with departmental staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; 	<p>The Audiologist must possess, as a minimum:</p> <ul style="list-style-type: none"> - A Masters Degree from a recognized Canadian university (or the equivalent if obtained outside Canada) in audiology or speech language pathology recognized by the Canadian Association of Speech-Language Pathologists and Audiologists; - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, practicing as an Audiologist.
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<ul style="list-style-type: none"> - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Recommend, collaborate-on, implement, and report on treatment outcomes as required; and - Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program Management. 	
<p>Dentist:</p> <p>The Dentist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health and dental history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for 	<p>The Dentist must possess, as a minimum:</p> <ul style="list-style-type: none"> - Graduation from a recognized school of dentistry; - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, practicing as a Dentist.

<p>products, services and treatment;</p> <ul style="list-style-type: none"> - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Recommend, collaborate-on, implement, and report on treatment outcomes as required; and -Analysis and interpretation of program data 	
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<p>(examples include usage patterns and cost trends) to advise Program Management.</p>	
<p>Respiratory Therapist:</p> <p>The Respiratory Therapist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health and medical history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with departmental staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; 	<p>The Respiratory Therapist must possess, as a minimum:</p> <ul style="list-style-type: none"> - Graduation with a diploma or degree from a recognized Canadian university or college (or equivalent if obtained outside Canada) with an acceptable specialization leading to the designation of Registered Respiratory Therapist; - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and -Five years of full-time equivalent cumulative experience, within the last ten years, as a Respiratory Therapist.

<ul style="list-style-type: none"> - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements, recommendations for coverage of new products and services, cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and ensure that accurate and timely audits are completed; and - Recommend, collaborate-on, implement, and report on treatment. -Analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program Management. 	
<p>Registered Nurse:</p> <p>The Registered Nurse may be required to perform various tasks, including, but not limited to, any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health and functional history of individual Participants to make recommendations regarding authorizations. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an 	<p>The Registered Nurse must possess, as a minimum:</p> <ul style="list-style-type: none"> - A Registered Nursing degree from a recognized Canadian university or college (or the equivalent if obtained outside Canada); - Be a registered member in good standing and have an unrestricted license to practice in the province/territory in which they are practicing; and - Five years of full-time equivalent cumulative experience, within the last ten years, practicing as a clinical Registered Nurse.

<p>exceptional basis;</p> <ul style="list-style-type: none"> - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; 	
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<ul style="list-style-type: none"> - Recommend, collaborate-on, implement, and report on treatment outcomes, as required; -Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program management. 	
<p>Registered Psychologist:</p> <p>The Registered Psychologist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the clinical history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a requested treatment can be linked to the service related condition to be treated, and/or recommendations on whether or not there is a sufficient clinical rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; 	<p>The Registered Psychologist must possess, as a minimum:</p> <ul style="list-style-type: none"> - A Doctorate in Clinical Psychology; - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five (5) years of cumulative experience, within the last seven (7) years, practicing as a clinical Registered Psychologist.

<ul style="list-style-type: none"> - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Recommend, collaborate-on, implement, and report on treatment outcomes, as required; - Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program management. 	
<p>Pharmacist:</p> <p>Note: This resource may be required to supplement the full time Pharmacist resource outlined in Section B Operations Phase Resources (Fixed Cost).</p> <p>The Pharmacist may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p>	<p>The Pharmacist must possess, as a minimum:</p> <ul style="list-style-type: none"> - Graduation with a degree in pharmacy from a recognized Canadian university (or equivalent if obtained outside Canada); - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing;

<ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health history of individual Participants to make recommendations regarding claims administration or authorization. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient medical rationale to approve non-benefit items on an exceptional basis; - Apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; - Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to information required to negotiate pricing agreements recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Provider Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and 	<p>and</p> <ul style="list-style-type: none"> - Five years of cumulative experience, within the last seven years, working as a Pharmacist.
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<p>to ensure that accurate and timely audits are completed;</p> <ul style="list-style-type: none"> - Analysis and interpretation of Program data (examples include drug usage patterns and cost trends) which will inform the various drug review committees. - Participate in drug to Medical Pension Code mapping review process; - Provide recommendations for drug formulary listings including improved controls and cost saving measures; - Coordinate implementation of the recommendations from the various drug review committees; - Participate in committees as required; and - Support and implement ad hoc pharmacy related requests as required. 	
<p>Chiropractor:</p> <p>The Chiropractor may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> -Provide professional support in rendering authorizations that require greater professional discretion; -Review and interpret the health and medical history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; -Apply defined criteria, rules and policy concerning the individual health needs and treatment; -Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, 	<p>The Chiropractor must possess, as a minimum:</p> <ul style="list-style-type: none"> - Graduation from an accredited Chiropractic Program; - Canadian Chiropractic Examination Board Certificate; - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and -Five years of cumulative experience, within the last seven years of contract award, practicing as a Chiropractor.

<p>identify and resolve issues regarding adherence to professional standards, etc.;</p> <ul style="list-style-type: none"> -Liaise with Partner Organization staff, including but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; -Liaise with Partner Organizations to align inter-departmental approach to treatment benefits; -Consult on research projects, treatment plans and any other aspect of health programs management, as required; -Provide expert advice, including written reports when required, on professional products and services. This includes but is not limited to, information required to negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices, etc.; -Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; -Recommend, collaborate-on, implement, and report on treatment outcomes; and -Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program management. 	
<p>Dietitian:</p> <p>The Dietitian may be required to perform</p>	<p>The Dietitian must possess, as a minimum:</p>

<p>various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - Provide professional support in rendering authorizations that require greater professional discretion; - Review and interpret the health and medical history of individual Participants to make recommendations regarding claims administration. This includes but is not limited to the review of requests for benefits and services to provide recommendations on whether or not a treatment can be linked to service, and/or recommendations on whether or not there is sufficient health and functional rationale to approve non-benefit items on an exceptional basis; apply defined criteria, rules and policy concerning the individual health needs for products, services and treatment; - Act as professional support to provide direction, education and issue resolution with external Providers. This includes but is not limited to requirements to follow up with service Providers who do not provide adequate reports, identify and resolve issues regarding adherence to professional standards; - Liaise with departmental staff, including, but not limited to consultation for non-benefit grid items, Provider recruitment, Provider issues, treatment requests, procedures and processes; - Participate in the development of Provider bulletins, letter templates, and various other tools to effectively communicate with the service Provider population; - Network with relevant health regulatory bodies and professional organizations to recruit new Providers; - Liaise with Partner Organizations to align inter-departmental approach to treatment benefit; - Consult on research projects, treatment plans and any other aspect of health programs management, as required; 	<ul style="list-style-type: none"> - Bachelor's or master's degree in dietetics, nutrition or a related field such as food and nutritional science or biochemistry and a period of supervised practical training; - Be a registered member in good standing and have an unrestricted license in the province/territory in which they are practicing; and - Five years of cumulative experience, within the last seven years, practicing as a Dietician.
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<ul style="list-style-type: none"> - Provide expert advice including written reports when required, on professional products and services. This includes but is not limited to, information required to negotiate pricing agreements, recommendations for coverage of new products and services, and cost effective and evidence based practices; - Support the Audit program, recommend the most appropriate audit activity when potential abuse or misuse is detected, assist to evaluate the selection of statistically significant samples of claims, and to ensure that accurate and timely audits are completed; - Recommend, collaborate-on, implement, and report on treatment outcomes, as required; and -Complete analysis and interpretation of program data (examples include usage patterns and cost trends) to advise Program management. 	
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Section F: Veterans Travel Post Payment Verification (VAC only) – These resources are included in the “Veterans Travel Post Payment Verification” funding in the *Basis of payment*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resource	Minimum Resource Qualifications
<p>Veterans Travel Post Payment Verification Analyst:</p> <p>The Veterans Travel Post Payment Verification Analyst may be required to perform various tasks, including but not limited to any combination of the following, without limitation:</p> <ul style="list-style-type: none"> - request Participants submit proof of travel expenses; - ensure claims processed match submitted expenses; and - ensure only eligible benefits were reimbursed. 	<p>The Veterans Travel Post Payment Verification Analyst must possess, as a minimum:</p> <ul style="list-style-type: none"> - Two (2) years of cumulative experience, within the last five (5) years working in claims processing.

Section G: As and When Requested Services Resources

These resources are included in the “As and When Requested Services” funding in the *Basis of payment*.

Note: All Resources must not be in a Conflict of Interest with any other activity.

Resource	Minimum Resource Qualifications
<p>The following are some of the resources which may be engaged using As and When Requested Services resources:</p> <ul style="list-style-type: none">- Project Managers;- Business Analysts;- Managers and supervisors;- Health professionals not defined in <i>Appendix D</i>;- VAC IT Resources to support implementation; and- other resources identified during the contract not specifically funded from another section of the <i>Basis of Payment</i>.	<p>Where the minimum qualifications for the resources have already been defined in <i>Appendix D</i>, those qualifications shall apply.</p> <p>Where a resource must be engaged where the minimum qualifications for the resource has not been defined in <i>Appendix D</i>, the Contractor will propose qualifications for acceptance of the Project Authority.</p>

Appendix E: Reporting

Appendix E contains a summary of standard reports and their types, a list of data fields that will be required for the standard reports and/or the self-serve query tool, and some report examples. All reporting information and report examples are being provided for illustrative purposes only and are not exhaustive. Reporting details will be finalized with the Partner Organizations during the Implementation Phase.

Standard Report Categories

The table below outlines the various Standard Report categories, report category definitions, and the approximate number of different Standard Reports that are anticipated to be required during the Operations Phase and required to be developed during Implementation. The list of reporting categories and report examples are being provided for illustrative purposes and is not exhaustive. Reporting details and frequencies will be finalized during the Implementation Phase.

Report Category	Report Category definitions	Approximate Number of Reports
Annual Report	The annual report is described in SOW section 6.1 and will contain a summary of data from various FHCPs areas, as well as other qualitative reporting details on accomplishments of the year, etc.	1
Management Dashboards	A monthly interactive management dashboard for the Project Authority and each of the Partner Organizations.	3
Financial Reports	Various financial reports required for the functioning of the FHCPs Contract, expenses associated by programs, journal voucher, out of balance, claims processing and transactions reports, invoice reports, audit recovery reports, remittance reports, etc.	11
Participant, Provider, and Program/Benefit and Services reports	Reports summarizing Participant, Provider and Program details for each Partner Organization, including reports on Participants by eligibility, different Provider types including IDC Programs, Provider exception reporting, etc.	53
Authorizations	Reports on types and methods of authorizations, automated vs manual, partner organization authorizations vs Contractor authorizations, often broken down by Partner organization and program and user statistics	17
Transactions	Record of Transactions and Payments (Participant reimbursements, Provider payments, grants, etc.)	29
Pharmacy and Drug Utilization	Record of Pharmacy and Drug usage by categories, including reports on new Biosimilars and Non-Generics	17
Claims	Reports on types of claims, amounts, Provider, categories, automated vs manual intervention required, often broken down by Partner organization and program	25
Portal details, and other IT related reports	Detailed reports on the usage of the Participant, Provider and Departmental Portals including usage and various analytic reports;	12
Contact Centre reports	Reports on Contact Center usage (telephone, live chat, secure message/email) and reports on service standard measures.	2
Correspondence	Numbers of letters/correspondence by program and letter/correspondence ID, electronic vs paper, etc. ,	7

Health Care Identification Card reports	Report on Cards mailed for new or as replacement, downloaded to a mobile device, printed from the Provider Portal,	1
Service Request and Task Authorization reports	Report on the details, by Partner Organization, on the details of Service Requests; and a detailed report on status of Task Authorizations, including status of BRDs (qualitative report)	2
Audits and Quality Assurance reports	Various Audit reports as noted throughout the SOW, QA reports as referred to in SOW Section 6.31, Quality Assurance,	11
Data Access requests	Reporting on access requests put in for VAC staff to access the package of VAC data housed on the Contractor's side	2
Service Standard Reports	Service standards as noted in SOW Section 6.35, Performance and Service Standards require one fulsome report to the Project Authority, as well as integration into various other Partner Organization and Program/ Benefit and Services reports to monitor service standards Provide a snapshot of how the operational areas are performing against the service standards.	10
Supporting documents	Documents included in the Secure Reporting Database section of the Departmental Portal and maintained throughout the Contract such as SOPs, Data Dictionary, training documents, release notes, security clearance status for Contractor employees, reports on the Veterans and Indigenous Participation plans, etc.	21

Data Fields for the Standard Reports and Self-Serve Query Tool

The below tables illustrate the minimum set of information that the Contractor must capture, manage and make accessible in support of FHCPs Reporting Services, in addition to the reports described in other sections of the SOW. This list does not include the weekly transfer of data to the Project Authority for reporting purposes as referenced in *SOW Section 5.14 Reporting Services Set-up* and *Section 6.25 Reporting Services*. The list of data elements below is not exhaustive and is provided to demonstrate the types of FHCPs information required for reporting. Data fields noted below may not be applicable to all Partner Organizations. Finalized data field requirements will be established between the Contractor and the Partner Organizations during the Implementation Phase.

The Contractor must create the necessary connections between the data tables and elements to support multidimensional reporting. For instance, reporting on Participants must be possible when reporting on transactions, reimbursements, etc. Where applicable, the data must be filterable by various indicators including geographic (province, division, base, etc.), language, Out of Country indicator, or other common factors and indicators.

The data must be reported separately for each Partner Organization, by Program name and code, and any associated Benefits and Services.

Participant Data:

DATA ITEM	DESCRIPTION
Participant Primary ID	The Participant Primary FHCPs identification number which will be sent from the Partner Organization. VAC identifier, CAF service number, RCMP regimental number. Numbers will vary in length.

Participant secondary IDs	Various IDs for Participants which may be included from the Partner Organization along with the Primary ID – e.g., VAC may include Participant CAF Service number or RCMP regimental number for VAC Participants in addition to their VAC identifier.
Participant enrolment date	Date the Participant becomes active for FHCPS services – enrollment information will be sent by the Partner Organization
Participant FHCPS Partner Organization	Affiliated Partner Organization for the Participant when enrolled in FHCPS
Participant first name, middle name, last name, maiden name, other names	Various fields for Participant name elements
Participant Date of Birth (DOB)	
Participant Date of Death (DOD)	
Participant age	
Participant sex (assigned at birth)	Biological sex
Participant current gender identity	If required for specific Partner Organization program administration
Participant ethnicity	If required for specific Partner Organization program administration
Participant marital status	
Participant language	Oral and written language preference
Participant correspondence preference	Digital (paperless), or prefers paper mail
Participant payment method	Direct Deposit information or cheque
Participant CAF service type	CAF service type: Regular Forces, Reserve Force, Foreign, VGIP etc.
Participant allied Veteran indicator	If the Participant is a Veteran under the allied Veteran Category
Participant allied country	Participant country of prior military service for Allied Veterans
Participant Out of Country indicator	An indicator to indicate if the Participant is living, working or traveling out of Canada when they submit a claim for a benefit or service
Participant address including street address, province, postal code, and accommodations for foreign country addresses	Home address or address as specified by the Partner Organization – can be a foreign country address, to be provided by the Partner Organizations
Participant type	E.g. pensioner, released Member, reservist Member, etc.,
Participant (RCMP) division	RCMP Member's division
Participant (CAF and RCMP) Occupation code	Identify the trade of the participant.
Participant Rank	Field to capture CAF or RCMP Rank at the time of the transaction
Participant CAF or RMCP title and title code	At the time of the transaction
Member RCMP collator code	
Registration effective date	
Registration end date	
Program eligible program name	
Participant eligible program name	
Participant program eligibility date	

Participant authorized medical condition	A Participants medical condition for which they are authorized to receive FHPCS benefits (e.g., VAC Disability Benefits entitled condition)
Medical condition description	
Medical condition rank	E.g., primary condition, secondary condition, etc.
Medical condition effective date	Date the specific medical condition became effective
Contraindication	
Participant risk level	E.g. high, medium, low
Participant risk factors	Includes established and yet to be determined risks. Examples of risk factors include exceptional requests, certain contraindications, product type, other medications, and combinations of risk factors.
Treatment goals	treatment goals on authorization forms
Medical condition improvements	Tracked improvements
Associated Measures	
Number of participants	Number of participants by Partner Organization, by Program, by Provider, by benefit code, etc. Broken down by age, location, Out of Country indicator, correspondence preference (electronic or paper), :
Members applied, Members rejected, rejected reason, rejected brief explanation	
Member registration missing/different information	Measures which outline details and any errors with registration
Eligibility files	CAF data field
Locked eligibility files	Locked eligibility files that cannot be updated
Eligibility files default processing	Identify where default processing is applied, i.e., given name and middle name default to initials etc.
Eligibility files - rejected updated	Rejected updates by invalid personnel
Eligibility files - Foreign Service personnel and dependents added	

Provider, Clinic and Clinic Program Data:

DATA ITEM	DESCRIPTION
Provider ID	
Provider registration number	
Provider registration application date	
Provider registration date	Date registration approved
Provider first name, middle name, last name	
Provider Company name	If the Provider has a company name
Provider address/location	Street name and number, city, province, postal code. A Provider can have more than one address.
Provider email	
Provider phone number (s)	
Provider toll-free number	
Provider type	
Provider occupational category	Code and description, i.e. Vision care, General practitioner, Physical therapy, Social services & mental health, Audio services, etc.
Provider specialty	Specialty code and description
Provider trade	Trade code and description, e.g. social worker (SW)

Provider specific treatments	Specific treatments that that are available, e.g. specialized in eating disorder
Provider treatment methods	Provider treatment methods such as inpatient facility, offers virtual treatment, etc.
Provider diagnostic code	
Provider procedural codes	
Provider active code	Active or inactive/deregistered
Provider credential description	Credential description (e.g., name, regulatory body, level of education, etc.)
Provider credential status	Status of credential (e.g. confirmed, pending, expired, etc.)
Provider credential expiry date	
Provider Deregistration date	If applicable
Reason for deregistration	i.e. VC/CAF/RCMP requested, no billing, credentials, volunteer, etc.
Provider special approval	Yes or No / if the Provider received special approval from the CAF to be registered
Provider Benefit code limitation	
Provider billing information	
Federal licensed seller	CMP federal licensed seller – can be a Provider type
Clinic or facility ID	Unique ID given to each clinic – clinics may include also approved clinic programs and be associated with various Providers
Clinic or facility name	
Clinic Program ID	Approved Program within a clinic – Providers may be associated with more than one clinic or clinic program
Clinic Program name	
Clinic Program details	Details on IDC clinics broken down by reportable data fields
Clinic or facility type	CAF data field
Clinic billing information	
Clinic or facility location	
Clinic or Facility's types of treatment	types of conditions treated
Clinic health professionals ID	
Clinic program health professionals occupational category	Occupation category for all health professional members of the clinic, for one specialty or interdisciplinary if an approved clinic program
Clinic, facility or clinic program health professionals credential description	Credential description (e.g., name, regulatory body, level of education, etc.) for all health professional embers of the clinic
Clinic program Provider credential status	Status of credential for all health professional members of the clinic (e.g. confirmed, pending, expired, etc.)
Clinic health professionals credential expiry date	Expiry date of license for all health professional Members of the clinic
Pharmacy name	
Pharmacy category	Military vs civilian
Pharmacy type	Description of Provider type (may identify compounding or hospital-based pharmacy)
Pharmacy address	
Pharmacy registration number	
CAF Pharmacist services	Utilization data of new Pharmacist Services in Quebec (based on agreement with the Association Québécoise des pharmaciens propriétaires - AQPP).
Associated Measures	
Number of Providers	Providers by Partner Organization, specialty, address,

	broken down by Provider search details, etc.
Number of Provider transactions for the last 18 months	
Registered providers, clinics and clinic programs	Providers registered/active, Providers deregistered, Clinics registered, Clinic programs registered, Providers, clinics and clinic programs by specialty/services offered, payments per Provider, clinic or clinic program, etc.
Provider transactions	Provider payments/transactions should be filterable by individual providers, dates of service, benefit code/code description, province, amounts claimed/paid, transaction date, and others
Providers Clinic relationship	Indicate Providers who work for several different clinics, and/or who work for both themselves and for a clinic

Transaction Data:

DATA ITEM	DESCRIPTION
Transaction number	Each transaction must have a unique identifier.
Transaction type	Payment by Provider, third party, participant
Transaction method	direct deposit or cheque payments
Transaction status	active or inactive
Transaction base	
Transaction submission method	The transaction types, non-electronic and electronic (by Pharmacy System, electronic communication network, and FHCPs Portal types)
Transaction created date	Date the transaction was created
Transaction submitted date	
Future dated transactions	
Reversal Flag	Indicates that the transaction is a reversal of a previous transaction
Transaction cost	Transaction amount in Canadian Dollars
Submitted amount	
Transaction adjustments	
Transaction adjustments reason	E.g. voided claim
Participant financial information	
Provider payments	
Adjudication date	
Date of service	
Original adjudication date	
New Rx vs. Refill	Identifies whether transaction is for a new or a refill prescription
Billing and reconciliation	CAF and RCMP Billing and NCTAF reconciliation
Claims processing invoices	Data required to validate Contractor claims processing invoices
Payment list	Record of payments
Payment payee	The party who is receiving the payment
Payment number	Including cheque ID number, including stale-dated cheques
Payment Status	Including if payment was stopped, cancelled, pending, etc.
Payment amount	The amount paid in Canadian Dollars
Payment issued date	
Cheque cashed date	Date the cheque was cashed
Cheque remitted amount	If a cheque is stale-dated, detailed backup information must be submitted with these payments identifying the amount being remitted by Participant and/or Provider.

Rebate type	e.g., point of sale discounts, Provider discounts, manufacturer discounts and any other rebates/refunds/discounts
Rebate amount	Rebate amount to be remitted to Canada
Reimbursement ID	
Reimbursement method received	Reimbursements received by mail or fax
Redirected mail	Total number of redirected mail externally (VAC, CAF, RCMP), internally (HRT, VIP, Claims, etc.), and mental health reports
Reimbursement amount	Reimbursed dollars
Reimbursed amount range	Includes shipping costs
Reimbursement source	
Reimbursement status	received, processed, on hand, pending, incoming, etc.
Reimbursement authorizations ID	
Reimbursement authorizations status	approved, declined, open/active, etc.
Authorization comments	
Reimbursement participants	
Reimbursement authorizations active indicator	
Grants	
Grant primary rationale	
Grant secondary rationale	Grants and/or Advance pay benefits that will be paid due to a decrease to a grant in the last payment period that is effective in the first, etc.
Grants status	Paid, suspended, etc.
Grant recipient	Veteran, Primary Caregiver, Survivor, etc.
Reassessments	
Amendments	
Associated Measures	
Total number of Transactions (claims volume)	As there is a processing fee for each transaction we need to know the total number of transactions
Total transactions processed	Number of transactions (electronic and non-electronic separately) processed
Transactions percentage	Percentage of transactions (electronic and non-electronic) processed
Total amount	Price of the Provider's services/goods, amounts reimbursed either to the Provider or Participant
Total occurrences	
Average transaction amount	Average transaction amount in Canadian Dollars
Transaction invoice volume	Total transaction invoice volume for VAC & RCMP, and VAC & CAF
Reconciliation invoice volume	Reconciliation of invoice volumes for VAC & RCMP, and VAC & CAF, including: transaction invoices, refund invoices, treatment authorization invoices, including data related to all Special Authorizations transactions and CMP
Reimbursement turnaround time	Average turnaround time, percent of reimbursements within the average turnaround time, etc.
Percent increase of reimbursements	

Pharmacy and Drug Utilization Data:

DATA ITEM	DESCRIPTION
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Drug Identification Number (DIN) and/or Product Identification Number (PIN)	Identification number assigned to a specific commercial product; number may be assigned by Health Canada or claims administrator
pseudo-Drug Identification Numbers (pDINs)	List of pDINs from the formulary and Pharmacy System
Anatomical Therapeutic Chemical (ATC) code	Medication identification code (coding system maintained by World Health Organization; codes assigned to all commercial products by Health Canada)
ATC description	Chemical name of medication or drug class (in English)
Drug generic name	
Drug trade name	
Drug type	e.g. Non-Formulary Products drugs, prescription drugs, opioid drugs, special authorization drugs, drugs on the formulary for Regular Benefits, mental health drugs, etc. The extensive list of drugs will be provided during implementation.
CMP product type	CMP product type including THC and CBD make up. Categories can include >9% THC products, THC Dominant products, Blended, CBD dominant, CBD only, etc.
THC limit	
Drug description	
Drug consumption method	
Product name	
Product type	E.g. medical, recreational, etc.
Product class	
Product cost	prices invoiced by Federal Licensed Sellers
Product market price	
Veteran cost	out of pocket costs for Veterans
Shipping cost	cost of shipping and claim lines for shipping CMP
Product supply	
Medication category	Regulatory categorization of drug product (e.g., Over-the counter (drug; OTC), Narcotic)
Medication category description	Description of the drug schedule, in English
RCMP Occupational Health Services and Safety (OHSS) Offices	
Drug Exception Centre	Drug Exception Centre activity and their operator activity.
Strength / Unit Dosage	Amount of product in a single unit of dispensed medication
Formulary status	Indicates status of the drug on benefit list (Regular, Special Authorization, Non-Formulary)
Special authorization drugs criteria	Criteria of special authorization drugs
Generic drug flag	Indicates if the product is a generic drug
Ultra generic drug flag	Indicates if the product is an ultra-generic drug
Main ingredient in compound	Primary ingredient -- May be highest cost, highest concentration, Controlled substance
Other ingredients in compound	All other active ingredients incorporated into the compound
Amount billed for compounding	Identifies the charge associated to preparing a compound
Amount reimbursed for compounding	Charge accepted for preparing a compound
Mark-up, billed	Additional amounts billed (as percentage of another cost)
Mark-up, reimbursed	Additional amounts billed and reimbursed
Drug quantity dispensed	
Drug quantity submitted	
Billed drug quantity	

Paid drug quantity	
Days supplied	Indicates number of treatment days associated with the amount dispensed
Benefit Authorization Flag	Indicates if the claim was accepted or rejected
Acquisition cost	Cost associated with drug product specifically (=purchase price)
Drug cost, reimbursed	Total amount reimbursed for provision of the drug
Professional fee	Cost for professional services provided (in association with medication)
Professional fee accepted	Amount reimbursed for professional services provided
Special services fee	Additional fees billed for special services
Special services fee accepted	Amount paid for additional special services
Special services code	Assigned code indicating the specific service
Drug approved indications	
Drug transaction	
Current prescription number	
Original prescription number	
Original prescription filled date	
Drug expenditure	
Drug reimbursed amount	
Drug approval	If each Non-Formulary Products drug request was approved or not
Participant diagnosis information	
Drug approved amount	Approved drug amount (grams/day)
Drug utilization	i.e. CMP recipients and their utilization of non-CMP prescription drugs, utilization of special authorization drugs for Treatment Benefits, etc.
Drug class	
Drug mapping	Identify a drug mapping to Medical Condition Codes using Drug Identification Numbers (DIN) and benefit packages.
Coverage/Entitlement type	Coverage/Entitlement type (Group A coverage or Group B coverage,) a benefit was paid under
Dual coverage	
Coverage status	I.e. active or inactive
Member effective coverage date	
Member expiry coverage dates	
Drug link	Drug link to Pension Medical Codes
Unlisted Compound value	To identify a compound vs. non-compound claim
Unlisted Compound description	
Invoicing validation drug data	Drug data sent directly to manufacturers as a part of invoicing validation.
Prescriber ID	
Prescriber Name(s)	
Prescriber License Type	
Prescriber Category	
Prescriber Location	
Appointment type category	Category code and description. I.e. Surgery, Assessment, consultation, Diagnostic, Emergency, in-Hospital days, etc.
Appointment type specialty category	Specialty category code and description. I.e. Neurology, Hematology, Cardiology, Dermatology, etc.
Participant review - excess ATC	
Participant review - excess dose	
Participant review - excess	

pharmacies	
Participant review - excess physicians	
Participant review - criteria matched	
Drug type - excess dose	

Benefits and Services Data:

DATA ITEM	DESCRIPTION
Benefit Code	Benefit Code, list of codes will be provided during implementation.
Benefit Description	Benefit detail description, with specific product names in the case of drugs.
Program	Program that the Participant has eligibility (current list of programs or revised)
Program description	
Benefit type	
Benefit Status	Benefit status for all benefit codes. E.g. approved, declined, suspended, de-list, etc.
Benefit rationale	Rationale to suspend or de-list a benefit
Benefit code associated comments	
Benefit package code	
Benefit package description	
Benefit transaction	Transactions that exceeds established benefit grid rules (rates, occurrences, etc..) for all benefit codes
Benefit amount requested	
Benefit amount reimbursed	
Benefit amount declined	
Benefit created date and time	
Benefit paid in full or partially	
Benefit usage/payment information	
CAF and RCMP Termed benefit code indicator	
Extension requests	Requests to go above/beyond the typical frequency for a benefit
RCMP Benefit red-flag indicator	Flagged benefit criteria will be discussed during implementation.
Billed benefit codes	
Benefit Maximums	Maximum dollar amount specific to one Benefit Code
Benefit combination maximums	Combination maximum dollar allowance for a number of benefit codes
Benefit grid parameters	
Benefit grid	Maximum benefit grid limit
Benefit arrangement decision	failed decision
Benefit arrangement expiration date	
Benefit expiration follow-up	
Benefit duration	Short-term versus long term benefit
Treatment type	Type of treatments used by participants, such as therapeutic treatments, etc.
Treatment status	Resulting status of participant (success)
Treatment plan type	
Treatment plan status	received, authorized, pending, denied, etc.
Alternate benefit	Alternate benefit identified as an option when applicable
Level of care	

Tooth code (Dental)	
Dental fee	
Dental service info code	
Alignment of Treatment benefit requests – status	Alignment of Treatment Benefits - Transitions from CAF to VAC benefit requests
Alignment of Treatment benefits requests status	pending, closed, etc.
Alignment of Treatment benefits status reason	reason pending, closed, etc.
Alignment of Treatment benefits request name	Name of Participant and also name of requestor if other than Participant
Alignment of Treatment benefits request file created date	
Alignment of Treatment benefits request release date	
Alignment of Treatment benefits request contact method	
Alignment of Treatment benefits request Member eligibility status	
Alignment of Treatment benefits request date pended	
Alignment of Treatment benefits request closed date	
Alignment of Treatment benefits request date archived	
Alignment of Treatment benefits request date first contact	
Alignment of Treatment benefits request Member releasing status	
Alignment of Treatment benefits request benefit received indicator	
Alignment of Treatment benefits request consent received indicator	
Alignment of Treatment benefits request attachment received indicator	
Alignment of Treatment benefits request item type	
Transitioned benefit request file path	
Medical condition code	Medical condition code
Medical condition description	Medical condition description
Associated Measures	
Number of benefit occurrences	Number of occurrences per participant, per Provider, per participant by Provider
Total benefit/treatment cost	Total benefit cost (or treatment cost), per benefit code and per participant
Average cost of benefit code	total cost divided by total unique participants
Benefit grid variance	Degree of variance from established rules
Benefit grid limit	Maximum benefit grid limit
Benefit grid limit variance	Degree of variance from established rules
Treatment duration	Duration of treatments used by participants
Number of treatments	Number of treatments per participant, and per participant by

	Provider
Number of treatment plans	
Number of GDTs completed	Number of Grant Determination Tool (GDT)s completed or received by the Contractor.
Alignment of Treatment benefit requests	Alignment of Treatment Benefits - Transitions from CAF to VAC benefit request numbers and status of requests

Authorization Data:

DATA ITEM	DESCRIPTION
Authorization ID	
Authorization request type	Authorization requests on each FHCPs Portal and Area Office VAC follow-up authorization requests.
Authorization received date	
Authorization processed date	
Authorization type	Includes types such as Health, Dental, Pharmacy (prescription drugs, medical marijuana, etc.), VAC follow-up assignment requests, etc.
Authorization request Health Professional consultation	
Authorization Health Professional details	
Authorization status	received, processed, on hand, pending, etc.
Active authorizations	Active medical authorizations, such as for cannabis
Active authorizations date	Date the authorization became active, such as for cannabis
Authorizations oldest date	Number of authorizations at the oldest date
Authorization pending date	Date (YYYY-MM-DD) the authorization became pending
Authorization requests decision resource category	The resource category involved in the decision of the Authorization requests
Authorization intake	
Authorization decision	
Authorization decision status	I.e. approved, rejected, overturned at the appeals level, etc.
Authorization backlog	
Exceptional authorization supporting documents	Exceptional authorizations requests are for over X grams per day
Exceptional authorization supporting documents referred	Exceptional authorization supporting documentation referred to the Contractor's health professionals
Exceptional authorization supporting documents referral reason	
Grams/units authorized	
Authorized physician	
Associated Measures	
Authorizations requested	Number of authorizations received from Providers or Partner Organization staff
Authorizations processed	Number of authorizations processed by Partner Organization, Provided by Partner Organization or Contractor, automated or manual, etc.
Authorizations on hand	Number of Medical authorizations on hand within and over 30 days, and within and over 10 days,
Authorizations pending	Number of Medical authorizations pending
Authorizations Turn Around Times	Average authorization turnaround time in days, percent of authorizations within the average turnaround time, authorization results turnaround time, authorization results

	resource category turnaround time, etc.
Rate of authorized family physicians	Rate of family physicians granted authorizations versus other authorizing physicians
Total authorizations	Those that required Partner Organization staff involvement

Claims Data:

DATA ITEM	DESCRIPTION
Claim ID	
Claims registration number	
Claim submitter	Provider, Participant, third party or Partner Organization staff submitted
Claim submitter name	
Claim submitter address	
Claim method received	Categorized by method of claim received by electronic portal submission, other electronic submission, mail, fax, etc.
Claim offices description	Claims offices associated with all claims, including suspended claims, claims for all drugs types
Claim's benefit code and description	
Claim type	Electronic, non-electronic, Out of Country, on base pharmacy, out-of-site Pharmacy (SAU), Member card renewals
Claim submission method	
Claims status	submitted, processed, completed, approved, paid, rejected, pending, held (claims that cannot be paid until the systems are updated with correct data), approved, require more info, etc.
Claims rejection message	
Claims submission date	
Claims date received	
Claims adjudication date	
Claim adjudication method	Electronic or manual
Date of service	
Claims processed date	
Claims completed date	
Claim amount submitted	
Claim amounts approved	Detail the amounts approved in full, partially approved and declined
Claims amount received	Amount of money received/paid
Claims amount not received	Amount of money not received/not paid
Claim rationale	Rationale for approved amounts, including unpaid amounts
Medical reason code and description	
Medical services provincial rates	Provide provincial rates for the most common medical services using the various provincial medical fee guides, on the condition that VAC agrees to paying up to the provincial rates for provincially insured services
Medical services billings	Medical services billings to VAC by provincial codes.
Work and non-work injury/illness indicator	
Claims assigned staff member	
Claims authorization number	
Claims authorizing staff member	Staff Member who authorized the claim, including third party claims
Claim adjustments	Includes detailed information about all manual claim adjustments (Claim Expenditure Funding Requests) which have been processed in the period covered by the Claims

	Expenditure Funding Request.
Claim adjustment amount	
Pending claims pending date	
Pending claims reason	Reason for pending
Pending claim amount	
Pending claims age	Length of time the claims had a pending status
Pending claims cleared	
Pending claims cleared date	
Pending claim inquiries	
Claims cutback amount	
Associated Measures	
Claim age	Time from the claim submission date to current date, for unprocessed claims.
Claims volumes and payment details	Claims volumes and payment amounts, by claim status, Partner Organization, Benefit and Service, Program, Participant, Provider, etc.
Claims Processed Turn Around Times	Turnaround time to finish processing the claim, etc. The actual performance must be compared against contract performance and service standards.
Adjustment amounts and details	Claims adjustments, occurrences, paid, etc.
Outstanding pending claims	Total number of outstanding pending claims
Pending claims - immediate attention	Total number of pending claims that require immediate attention, characterized as having an age greater than one month.
Pending claims percent- immediate attention	Percent of pending claims that require immediate attention, characterized as having an age greater than one month.
Total pending claims	Total number of pending claims, grouped as claims with an age of two weeks or less, less than one month, within one to two months, and older than two months.
Total claims processed and unprocessed	Claims submitted, completed, approved, rejected, payment details, by status, program or benefit and Partner Organization
Participants per claim	Number of Participants for each claim
Claims record	Record and details of all claims, including claims Out of Country, drug, health, dental, pharmacy
Average cutback amount	
Total and percent cutback occurrences	
Total claims payments	Those that required Partner Organization staff involvement
Total suspension reviews and updates	Those that required Partner Organization staff involvement

Portals Data:

DATA ITEM	DESCRIPTION
Portal registration date and time	Date and time the user registered in their associated portal
Portal last login date	Last login date for each user, in each FHCPS Portal
Type of access	Type of access granted to each user in the FHCPS Portals
Portal pages descriptions	Descriptions of pages visited by users in the FHCPS Portals
Portal session region	Region the session was opened in by the user
Portal visitors indicator	Returning versus new visitors in each FHCP Portal indicator
Portal suspended accounts	
Browser	The browsers used to access each FHCPS Portal session
Browser version	The browser version used to access each FHCPS Portal session

Portal session user start date and time	User's local start date (yyyy-mm-dd) and time (hh:mm:ss) for each FHCPS Portal session
Portal session user end date and time	User's local end date (yyyy-mm-dd) and time (hh:mm:ss) for each FHCPS Portal session
Portal Terms & Conditions indicator	Indicator showing if a user accepted the Terms & Conditions for use of relevant portal technology/ inquiry platforms for each FHCPS Portal
Date Portal Terms & Conditions acceptance	Date the users accepted the Terms & Conditions for use of relevant portal technology/ inquiry platforms for each FHCPS Portal
Associated Measures	
Portal session frequency	Number of unique sessions in each FHCPS Portal
Portal users frequency	Number of unique users who have access to each FHCPS Portal
Portal page load time	Average page load time for each FHCPS Portal page, per month
Portal page load sample	The number of page views that were sampled to calculate the average page-load time
Portal pages visits	Number of visits to each FHCPS Portal page
Portal session page visits	Number of pages users visit in each FHCPS Portal session
Portal session duration	Average session duration in each FHCPS Portal
Activity quantity	Quantity of activities that are being carried out by Departmental staff within the applicable Departmental Portal(s)
Activity type	Type of activities that are being carried out by Departmental staff within the applicable Departmental Portal(s)

Contact Centre and Correspondence data:

DATA ITEM	DESCRIPTION
Contact initiation type	Contact by Participants, Providers and Departmental Staff
Contact method	Types of inquiry and contact methods including telephone, live chat , secure message/email, etc.
Contact date	Date of contact
Call status	E.g. offered, answered, abandoned, tracked, etc.
Contact primary reason	Primary reason/inquiry in the call, message (line of business code), etc
Inquiry subcategory	Any line of business subcategories
Inquiry time of receipt	Length of call, live chat, etc.
Inquiry date responded to/addressed	Date for secure message/email response
Correspondence ID	Correspondence (letter) created by the Contractor and sent to Participants
Correspondence name	Title of correspondence (letter)
Correspondence category and type	Partner Organization, Program or Benefit or Service (treatment benefit, dental, pharmacy, etc.), subcategory, etc.
Correspondence created date & time	
Correspondence status	In progress, finalized, distributed, etc.
Correspondence distribution method	Electronic, paper, etc.
Correspondence (Letter) sender	Contractor ID of letter creator (automated, staff ID if manual, etc)
Letter receiver	E.g. Veterans, Long Term Care facilities
Participant verification letters sent	
Follow-up questionnaires	List of follow-up questionnaires for the Contractor
Follow-up questionnaires status	i.e. received, completed, actioned

Follow-up requests details	Details to be determined during implementation
Follow-up requests status	E.g. outstanding, actioned, etc.
Follow-up request contact direction	Follow-up from VAC to the Contractor, or from the Contractor to VAC
Associated Measures	
Calls/live chats offered	Total number of calls/live chats offered
Calls answered	Total number of calls/live chats answered
Calls abandoned	Total number of calls/live chats abandoned, and number of calls/live chats abandoned before and after the GoS/threshold
Contacts Tracked	Total number of contacts (calls, live chats, secure message/email) tracked in a time period
Grade of Service (GoS)	Percentage of calls answered within the GoS/threshold, compared to the GoS service level.
Rate of Response (RoR)	Total number of calls answered vs offered, compared to the RoR service level.
Average delay answering	Average speed answering a call/live chat.
Maximum delay answering	Maximum speed answering a call/live chat.
Secure message/email inquiries received	Total number of secure message/emails received
Secure message/email inquiries responded	Total number of secure message/email inquiries responded
Percent Electronic inquiries responded	Percentage of electronic inquiries offered within a service standard turnaround time
Correspondence (Letters) created	Numbers of letters created by Partner Organization, Program (e.g., VIP, LTC, CMP, etc.), benefit, by category
Correspondence (Letters) distribution method	Numbers and percentages of digital correspondence vs paper mail
Participant verification letters rate of return	Counts of returned correspondence (letters) by category
Treatment follow-ups	Frequency of follow-ups

Service Request and Task Authorization Data:

DATA ITEM	DESCRIPTION
Request type	Service Requests or Task Authorizations (TA)
Request ID	Request assigned ID/Number
Request created date	
Request status	
Request requestor name	
Request description	
Request active/inactive	
Requests processed	Requests processed (and unprocessed)
Request priority rank	The method of priority ranking
Request associated document status	
Request attached documents	Attached documents to the Request must be accessible
Request status updates	
Request date of status updates	
Request age	Age (time from created to end date) of the Service Request
Request assigned Contractor	Contractor staff assigned to manage the Service Request.
Request assigned Contractor hours worked	Hours worked by day for each employee/sub-contractor on a Service Request
Request assigned Contractor hourly rate	Hourly rate for each employee/sub-contractor for a Service Request
Request employee/sub-contractor	

labour category	
Request risk	Risks and challenges impacting the work on the Service Request
Associated Measures	
Request progress	Numbers and details on Service Requests, Progress against milestones and service standards in the Service Request
Request expenditure tracking	Number, details, budget and expenditure tracking against the Request

Audit Data:

DATA ITEM	DESCRIPTION
File number	
File name	
Reason for audit	
Audit status	E.g. active, completed, in progress, not yet initiated, etc.
Audit status date	Date for every audit status change
Audit type	E.g. one-time, continuous etc.
Open files	A record of open files from the Contractor
Aged files	A record of aged files from the Contractor
Closed files	A record of closed files from the Contractor
Closed files - previous contract	A record of closed files from the previous contract
File date opened	
File case number	
File case source	
File log	
File log date	
File status	
File investigator name	
File recovery date	
Audit time spent (minutes)	
Audit time remaining (minutes)	hours remaining in any open treatment authorizations
Audit cost	Expenditures incurred to carry out the audits
Travel cost	
Identified recovery amount	
Approved recovery amount	
Recovered amount	
Recovered amount date	
Amounts outstanding	
Potential loss	
Adjustments	
Verification reviews record	
Verification reviews type	
File balance owing	
File customer/partner	
Yearly opening balance	
File current year outstanding balance	
Audit additional information	Any relevant details about direction received from the Department to which the Provider is registered
Operational Units Quality Assurance sample size and accuracy - Target	
Operational Units processed	Volumes of Operational Units processed
Operational Units on hand	Volumes of Operational Units on hand
Tracking code	Uniquely assigned tracking codes, detailing types of work

	being handled by the Contractor on a regular basis, such as for the ongoing activities and work relating to pharmacy authorizations
Contribution agreements	Details of expiring contribution agreements, which are not subject to automatic renewal
Contribution agreement dates	
Contribution agreement available funds	The remaining balance of available approved funds and time.
Provider issues	Instances of service Provider issues identified
Provider issues - actions taken	
Provider issues - resolution timeframe	
Provider issues - resolution status	
Provider issues - recommendations	Recommendations for quality improvement going forward
Associated Measures	
Total cost	Audit + travel cost
Total file recoveries	Total recoveries made over a pre-defined period
Operational Units Quality Assurance sample size and accuracy - attained percentage	
Operational Units TAT	Turnaround targets for the Contractor's Operational Units service levels.
Average Operational Units	Volumes of Operational Units on average
Audit Files Record	A record of files from the Contractor. Includes audit plan tasks, routine and non-routine activities, initiatives listed in the FHCPS Annual plan, Participant and Provider audits,, etc.

Health Care Identification Card data:

DATA ITEM	DESCRIPTION
Health Care Identification Card file name	File name of the Health Care Identification Card
Health Care Identification Card status	E.g. ordered, created, processed, shipped, rejected, etc.
Health Care Identification Card ordered date	Date the Health Care Identification Card was ordered
Health Care Identification Card created date	Date the Health Care Identification Card was created
Health Care Identification Card processed date	Date the Health Care Identification Card was processed
Health Care Identification Card shipped date	Date the Health Care Identification Card was shipped
Health Care Identification Card rejected date	Date the Health Care Identification Card was rejected
Returned Health Care Identification Cards	Health Care Identification Cards, by Partner Organization, mailed to the appropriate address or base but returned to the Contractor, by Partner Organization.
Associated Measures	
Health Care Identification Cards ordered	Number of ordered Health Care Identification Cards
Health Care Identification Cards created	Number of created Health Care Identification Cards
Health Care Identification Cards produced	Number of produced Health Care Identification Cards
Health Care Identification Cards rejected	Number of rejected Health Care Identification Cards

Health Care Identification Card Turnaround time	The turnaround time from the created date of the Health Care Identification Card, to its shipping date. This measure may be redefined during implementation.
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Data Access Requests:

DATA ITEM	DESCRIPTION
Data access requests	Access requests put in for VAC staff to access the package of VAC data housed on the Contractor's side.
Data access request - requested date	
Data access requests status	E.g. approved, refused, escalated
Data access request - escalation date	
Data access request - approved date	
Data access requests disposition	
Associated Measures	
Data access request TAT	Turnaround time to approve and refuse the request, and access the data

Report Template Examples:

Report Template examples will be added with the final RFP.

Appendix F: ICT Accessibility Requirements

Appendix F contains the Information and Communications Technology (ICT) accessibility requirements from the Harmonised European Standard. The *Appendix* was generated on 15 July 2022.

ICT Accessibility Requirements (Based on EN 301 549 v2.1.2)

What is ICT?

Information and Communications Technology (ICT) includes hardware, software, voice communication, video capabilities and digital content (including web and non-web based information).

What is ICT accessibility and why is it important?

"ICT accessibility ensures that people with and without disabilities can access the same information, perform the same tasks, and receive the same services using information technology. It is the digital equivalent to accessibility in the physical environment —the curb cuts, ramps, railings, etc., of the digital age. While ICT accessibility can provide usability benefits to everyone who uses ICT, it is a vital necessity to many people with disabilities." - [NASCIO - Accessibility in IT Procurement](#)

About this document

This document lists relevant ICT accessibility requirements from the EN 301 549 v2.1.2 (2018-08) Harmonised European Standard "Accessibility requirements for ICT products and services", which includes the Web Content Accessibility Guidelines (WCAG) 2.1 level AA.

At first glance, some requirements may appear to be unrelated to this product or service. They have been included for consideration since the full feature set of a Vendor's product or service may not be known. For example, a video may be embedded into product documentation, so accessibility requirements for video and audio may become relevant.

Appendices include definitions, references, and practical guidance on creating accessible documentation.

Sources used to compile this document

- [EN 301 549 v2.12 \(2018-08\) Harmonised European Standard "Accessibility requirements for ICT products and services" \(PDF\)](#)
- [Web Content Accessibility Guidelines \(WCAG\) 2.1](#) (W3C Recommendation 05 June 2018)
- [Understanding WCAG 2.1](#) (Updated 16 November 2018)
- [How to Meet WCAG 2.1 \(Quick Reference\)](#)
- [VPAT@ 2.3 EU](#)

Part A - Functional performance statements

These are explanatory (non-testable) statements that introduce the core aspects that the offered product or service must provide to be considered accessible.

4.2.1. Usage without vision: Where ICT provides visual modes of operation, some users need ICT to provide at least one mode of operation that does not require vision.

- NOTE 1: A web page or application with a well formed semantic structure can allow users without vision to identify, navigate and interact with a visual user interface.
- NOTE 2: Audio and tactile user interfaces may contribute towards meeting this clause.

4.2.2. Usage with limited vision: Where ICT provides visual modes of operation, some users will need the ICT to provide features that enable users to make better use of their limited vision.

- NOTE 1: Magnification, reduction of required field of vision and control of contrast, brightness and intensity can contribute towards meeting this clause.
- NOTE 2: Where significant features of the user interface are dependent on depth perception, the provision of additional methods of distinguishing between the features may contribute towards meeting this clause.
- NOTE 3: Users with limited vision may also benefit from non-visual access (see clause 4.2.1).

4.2.3. Usage without perception of colour: Where ICT provides visual modes of operation, some users will need the ICT to provide a visual mode of operation that does not require user perception of colour.

- NOTE: Where significant features of the user interface are colour-coded, the provision of additional methods of distinguishing between the features may contribute towards meeting this clause.

4.2.4. Usage without hearing: Where ICT provides auditory modes of operation, some users need ICT to provide at least one mode of operation that does not require hearing.

- NOTE: Visual and tactile user interfaces may contribute towards meeting this clause.

4.2.5. Usage with limited hearing: Where ICT provides auditory modes of operation, some users will need the ICT to provide enhanced audio features.

- NOTE 1: Enhancement of the audio clarity, reduction of background noise, increased range of volume and greater volume in the higher frequency range can contribute towards meeting this clause.
- NOTE 2: Users with limited hearing may also benefit from non-hearing access (see clause 4.2.4).

4.2.6. Usage without vocal capability: Where ICT requires vocal input from users, some users will need the ICT to provide at least one mode of operation that does not require them to generate vocal output.

- NOTE 1: This clause covers the alternatives to the use of orally-generated sounds, including speech, whistles, clicks, etc.
- NOTE 2: Keyboard, pen or touch user interfaces may contribute towards meeting this clause.

4.2.7. Usage with limited manipulation or strength: Where ICT requires manual actions, some users will need the ICT to provide features that enable users to make use of the ICT through alternative actions not requiring manipulation or hand strength.

- NOTE 1: Examples of operations that users may not be able to perform include those that require fine motor control, path dependant gestures, pinching, twisting of the wrist, tight grasping, or simultaneous manual actions.
- NOTE 2: One-handed operation, sequential key entry and speech user interfaces may contribute towards meeting this clause.
- NOTE 3: Some users have limited hand strength and may not be able to achieve the level of strength to perform an operation. Alternative user interface solutions that do not require hand strength may contribute towards meeting this clause.

4.2.8. Usage with limited reach: Where ICT products are free-standing or installed, the operational elements will need to be within reach of all users.

- NOTE: Considering the needs of wheelchair users and the range of user statures in the placing of operational elements of the user interface may contribute towards meeting this clause.

4.2.9. Minimize photosensitive seizure triggers: Where ICT provides visual modes of operation, some users need ICT to provide at least one mode of operation that minimizes the potential for triggering photosensitive seizures.

- NOTE: Limiting the area and number of flashes per second may contribute towards meeting this clause.

4.2.10. Usage with limited cognition: Some users will need the ICT to provide features that make it simpler and easier to use.

- NOTE 1: This clause is intended to include the needs of persons with limited cognitive, language and learning abilities.
- NOTE 2: Adjustable timings, error indication and suggestion, and a logical focus order are examples of design features that may contribute towards meeting this clause.

4.2.11. Privacy: Where ICT provides features that are provided for accessibility, some users will need their privacy to be maintained when using those ICT features that are provided for accessibility.

- NOTE: Enabling the connection of personal headsets for private listening, not providing a spoken version of characters being masked and enabling user control of legal, financial and personal data are examples of design features that may contribute towards meeting this clause.

Part B - Functional accessibility requirements

Explanation of the table columns

- **"EN 301 549 clause"** includes all clauses of the EN 301 549 v2.12 that may apply to the ICT product or service. If WCAG 2.1 is referenced, we include the full text of the WCAG success criterion along with links to the criterion, "Understanding the requirement", "How to meet the requirement" and definitions of standardized words.
- **"Determination of compliance"** describes how to test if you have met the requirement. These are copied from EN 301 549 v2.12 Annex C.

Scope

The following Functional Accessibility Requirements are applicable to the Functional Performance Statements in Part A. If a solution meets all of these it is considered to have met the Functional Performance Statements and is therefore deemed to conform with EN 301 549 v2.12.

Clauses 5, 5.2, 5.4, 7, 7.1, 7.1.1, 7.1.2, 7.1.3, 7.2, 7.2.1, 7.2.2, 7.2.3, 9, 9.0, 9.1, 9.1.1, 9.1.1.1, 9.1.2, 9.1.2.1, 9.1.2.2, 9.1.2.3, 9.1.2.4, 9.1.2.5, 9.1.3, 9.1.3.1, 9.1.3.2, 9.1.3.3, 9.1.3.4, 9.1.3.5, 9.1.4, 9.1.4.1, 9.1.4.2, 9.1.4.3, 9.1.4.4, 9.1.4.5, 9.1.4.10, 9.1.4.11, 9.1.4.12, 9.1.4.13, 9.2, 9.2.1, 9.2.1.1, 9.2.1.2, 9.2.1.4, 9.2.2, 9.2.2.1, 9.2.2.2, 9.2.3, 9.2.3.1, 9.2.4, 9.2.4.1, 9.2.4.2, 9.2.4.3, 9.2.4.4, 9.2.4.5, 9.2.4.6, 9.2.4.7, 9.2.5, 9.2.5.1, 9.2.5.2, 9.2.5.3, 9.2.5.4, 9.3, 9.3.1, 9.3.1.1, 9.3.1.2, 9.3.2, 9.3.2.1, 9.3.2.2, 9.3.2.3, 9.3.2.4, 9.3.3, 9.3.3.1, 9.3.3.2, 9.3.3.3, 9.3.3.4, 9.4, 9.4.1, 9.4.1.1, 9.4.1.2, 9.4.1.3, 9.5, 10, 10.0, 10.1, 10.1.1, 10.1.1.1, 10.1.2, 10.1.2.1, 10.1.2.2, 10.1.2.3, 10.1.2.4, 10.1.2.5, 10.1.3, 10.1.3.1, 10.1.3.2, 10.1.3.3, 10.1.3.4, 10.1.3.5, 10.1.4, 10.1.4.1, 10.1.4.2, 10.1.4.3, 10.1.4.4, 10.1.4.5, 10.1.4.10, 10.1.4.11, 10.1.4.12, 10.1.4.13, 10.2, 10.2.1, 10.2.1.1, 10.2.1.2, 10.2.1.4, 10.2.2, 10.2.2.1, 10.2.2.2, 10.2.3, 10.2.3.1, 10.2.4, 10.2.4.2, 10.2.4.3, 10.2.4.4, 10.2.4.6, 10.2.4.7, 10.2.5, 10.2.5.1, 10.2.5.2, 10.2.5.3, 10.2.5.4, 10.3, 10.3.1, 10.3.1.1, 10.3.1.2, 10.3.2, 10.3.2.1, 10.3.2.2, 10.3.3, 10.3.3.1, 10.3.3.2, 10.3.3.3, 10.3.3.4, 10.4, 10.4.1, 10.4.1.1, 10.4.1.2, 10.5, 10.6, 11, 11.0, 11.1, 11.1.1, 11.1.1.1, 11.1.1.1.1, 11.1.1.1.2, 11.1.2, 11.1.2.1, 11.1.2.1.1, 11.1.2.1.2, 11.1.2.1.2.1, 11.1.2.1.2.2, 11.1.2.2, 11.1.2.3, 11.1.2.3.1, 11.1.2.3.2, 11.1.2.4, 11.1.2.5, 11.1.3, 11.1.3.1, 11.1.3.1.1, 11.1.3.1.2, 11.1.3.2, 11.1.3.2.1, 11.1.3.2.2, 11.1.3.3, 11.1.3.4, 11.1.3.5, 11.1.4, 11.1.4.1, 11.1.4.2, 11.1.4.3, 11.1.4.4, 11.1.4.4.1, 11.1.4.4.2, 11.1.4.5, 11.1.4.5.1, 11.1.4.5.2, 11.1.4.10, 11.1.4.10.1, 11.1.4.10.2, 11.1.4.11, 11.1.4.12, 11.1.4.13, 11.2, 11.2.1, 11.2.1.1, 11.2.1.1.1, 11.2.1.1.2, 11.2.1.2, 11.2.1.4, 11.2.1.4.1, 11.2.1.4.2, 11.2.2, 11.2.2.1, 11.2.2.2, 11.2.3, 11.2.3.1, 11.2.4, 11.2.4.3, 11.2.4.4, 11.2.4.6, 11.2.4.7, 11.2.5, 11.2.5.1, 11.2.5.2, 11.2.5.3, 11.2.5.4, 11.3, 11.3.1, 11.3.1.1, 11.3.1.1.1, 11.3.1.1.2, 11.3.2, 11.3.2.1, 11.3.2.2, 11.3.3, 11.3.3.1, 11.3.3.1.1, 11.3.3.1.2, 11.3.3.2, 11.3.3.3, 11.3.3.4, 11.4, 11.4.1, 11.4.1.1, 11.4.1.1.1, 11.4.1.1.2, 11.4.1.2, 11.4.1.2.1, 11.4.1.2.2, 11.5, 11.5.1, 11.5.2, 11.5.2.1, 11.5.2.2, 11.5.2.3, 11.5.2.5, 11.5.2.6, 11.5.2.7, 11.5.2.8, 11.5.2.9, 11.5.2.10, 11.5.2.11, 11.5.2.12, 11.5.2.13, 11.5.2.14, 11.5.2.15, 11.5.2.16, 11.5.2.17, 11.6, 11.6.2, 11.7, 11.8, 11.8.1, 11.8.2, 11.8.3, 11.8.4, 11.8.5, 12, 12.1, 12.1.1, 12.1.2, 12.2, 12.2.1, 12.2.2, 12.2.3 and 12.2.4 have been deemed relevant to this ICT.

EN 301 549 clause	Determination of compliance
5 Generic requirements	---
<p data-bbox="240 1245 837 1276">5.2 Activation of accessibility features</p> <p data-bbox="240 1308 837 1465">Where ICT has documented accessibility features, it shall be possible to activate those documented accessibility features that are required to meet a specific need without relying on a method that does not support that need.</p>	<p data-bbox="846 1245 1393 1276">C.5.2 Activation of accessibility features</p> <p data-bbox="846 1308 1089 1339">Type of assessment</p> <p data-bbox="846 1371 971 1402">Inspection</p> <p data-bbox="846 1434 1019 1465">Pre-conditions</p> <p data-bbox="846 1497 1393 1570">1. The ICT has documented accessibility features to meet a specific need.</p> <p data-bbox="846 1602 971 1633">Procedure</p> <p data-bbox="846 1665 1393 1759">1. Check that it is possible to activate those accessibility features without relying on a method that does not support that need.</p> <p data-bbox="846 1791 927 1822">Result</p>

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	Pass: Check 1 is true Fail: Check 1 is false
<p>5.4 Preservation of accessibility information during conversion</p> <p>Where ICT converts information or communication it shall preserve all documented non-proprietary information that is provided for accessibility, to the extent that such information can be contained in or supported by the destination format.</p>	<p>C.5.4 Preservation of accessibility information during conversion</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The non-proprietary information provided for accessibility is documented. 2. The ICT converts information or communication. 3. The non-proprietary information provided for accessibility can be contained in the destination format. 4. The non-proprietary information provided for accessibility can be supported by the destination format. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the non-proprietary information provided for accessibility is preserved when the ICT converts information or communication. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>7 ICT with video capabilities</p>	<p>---</p>
<p>7.1 Caption processing technology</p>	<p>---</p>
<p>7.1.1 Captioning playback</p> <p>Where ICT displays video with synchronized audio, it shall have a mode of operation to display the available captions. Where closed captions are provided as part of the content, the ICT shall allow the user to choose to display the captions.</p>	<p>C.7.1.1 Captioning playback</p> <p>Type of assessment</p> <p>Test 1</p> <p>Pre-conditions</p>

EN 301 549 clause	Determination of compliance
<p>NOTE: Captions may contain information about timing, colour and positioning. This caption data is important for caption users. Timing is used for caption synchronization. Colour can be used for speaker identification. Position can be used to avoid obscuring important information.</p>	<p>1. The ICT displays or processes video with synchronized audio.</p> <p>2. Captions are provided in the video.</p> <p>Procedure</p> <p>1. Check that there is a mechanism to display the captions.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p> <p>Type of assessment</p> <p>Test 2</p> <p>Pre-conditions</p> <p>1. The ICT displays or processes video with synchronized audio.</p> <p>2. Closed captions are provided by the content.</p> <p>Procedure</p> <p>1. Check that there is a mechanism to choose to display the captions.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>7.1.2 Captioning synchronization</p> <p>Where ICT displays captions, the mechanism to display captions shall preserve synchronization between the audio and the corresponding captions.</p>	<p>C.7.1.2 Captioning synchronization</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p>

EN 301 549 clause	Determination of compliance
	<p>1. The ICT has a mechanism to display captions.</p> <p>Procedure</p> <p>1. Check that the mechanism to display the captions preserves the synchronization between the audio and corresponding captions.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>7.1.3 Preservation of captioning</p> <p>Where ICT transmits, converts or records video with synchronized audio, it shall preserve caption data such that it can be displayed in a manner consistent with clauses 7.1.1 and 7.1.2.</p> <p>Additional presentational aspects of the text such as screen position, text colours, text style and text fonts may convey meaning, based on regional conventions. Altering these presentational aspects could change the meaning and should be avoided wherever possible.</p>	<p>C.7.1.3 Preservation of captioning</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT transmits converts or records video with synchronized audio.</p> <p>Procedure</p> <p>1. Check that the ICT preserves caption data such that it can be displayed in a manner consistent with clauses 7.1.1 and 7.1.2.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>7.2 Audio description technology</p>	<p>---</p>
<p>7.2.1 Audio description playback</p> <p>Where ICT displays video with synchronized audio, it shall provide a mechanism to select and play available audio description to the default audio channel.</p> <p>Where video technologies do not have explicit and separate mechanisms for audio description, an ICT is deemed to satisfy this requirement if the</p>	<p>C.7.2.1 Audio description playback</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p>

EN 301 549 clause	Determination of compliance
<p>ICT enables the user to select and play several audio tracks.</p> <p>NOTE 1: In such cases, the video content can include the audio description as one of the available audio tracks.</p> <p>NOTE 2: Audio descriptions in digital media sometimes include information to allow descriptions that are longer than the gaps between dialogue. Support in digital media players for this "extended audio description" feature is useful, especially for digital media that is viewed personally.</p>	<p>1. The ICT displays video with synchronized audio.</p> <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that there is an explicit and separate mechanism for audio description. 2. Check that there is a mechanism to select and play the audio description to the default audio channel. 3. Check that the ICT enables the user to select and play several audio tracks. <p>Result</p> <p>Pass: Check 1 and 2 are true or 1 is false and 3 is true</p> <p>Fail: Check 1 is true and 2 is false or 1 is false and 3 is false</p>
<p>7.2.2 Audio description synchronization</p> <p>Where ICT has a mechanism to play audio description, it shall preserve the synchronization between the audio/visual content and the corresponding audio description.</p>	<p>C.7.2.2 Audio description synchronization</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT has a mechanism to play audio description. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the synchronization between the audio/visual content and the corresponding audio description is preserved. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>7.2.3 Preservation of audio description</p> <p>Where ICT transmits, converts, or records video with synchronized audio, it shall preserve audio</p>	<p>C.7.2.3 Preservation of audio description</p> <p>Type of assessment</p>

EN 301 549 clause	Determination of compliance
<p>description data such that it can be played in a manner consistent with clauses 7.2.1 and 7.2.2.</p>	<p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT transmits converts or records video with synchronized audio.</p> <p>Procedure</p> <p>1. Check that the ICT preserves audio description data such that it can be played in a manner consistent with clauses 7.2.1 and 7.2.2.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9 Web</p>	<p>---</p>
<p>9.0 General (informative)</p> <p>Requirements in clause 9 apply to web pages (as defined in clause 3.1) including:</p> <ul style="list-style-type: none"> • Conformance with WCAG 2.0 Level AA is equivalent to conforming with clauses 9.1.1, 9.1.2, 9.1.3.1 to 9.1.3.3, 9.1.4.1 to 9.1.4.5, 9.2.1.1, 9.2.1.2, 9.2.1.4, 9.2.1.1, 9.2.1.2, 9.2.2, 9.2.3, 9.2.4, 9.3, 9.4.1.1, 9.4.1.2 and the conformance requirements of clause 9.5 of the present document. • Conformance with WCAG 2.1 Level AA is equivalent to conforming with all of clauses 9.1 to 9.4 and the conformance requirements of clause 9.5 of the present document. • Requirements for other documents and software are provided in clauses 10 and 11 respectively. <p>NOTE 1: When evaluating web sites they are evaluated as individual web pages. Web applications, mobile web applications etc. are covered under the definition of web page which is quite broad and covers all web content types.</p>	<p>C.9.0 General (informative)</p> <p>Clause 9.0 is informative only and contains no requirements requiring test.</p>

EN 301 549 clause	Determination of compliance
<p>The web content requirements in clauses 9.1 to 9.4 set out all of the Level A and Level AA Success Criteria from the</p> <p>W3C Web Content Accessibility Guidelines (WCAG 2.1) [5]:</p> <ul style="list-style-type: none"> • Web Pages conforming to WCAG 2.0 Level A and AA also conform to clauses 9.1.1.1 to 9.1.3.3, 9.1.4.1 to 9.1.4.5, 9.2.1.1, 9.2.1.2, 9.2.2.1 to 9.2.4.7, 9.3.1.1 to 9.4.1.2 and the conformance requirements of clause 9.5. • Web Pages that conform to WCAG 2.1 Level AA conform to all of clauses 9.1 to 9.4 and the conformance requirements of clause 9.5. • Web Pages conforming to clauses 9.1.1.1 to 9.1.3.3, 9.1.4.1 to 9.1.4.5, 9.2.1.1, 9.2.1.2, 9.2.2.1 to 9.2.4.7, 9.3.1.1 to 9.4.1.2, and the conformance requirements of clause 9.5, also conform to WCAG 2.0 Level AA. • Web Pages that conform to all of clauses 9.1 to 9.4, and the conformance requirements of clause 9.5, conform to WCAG 2.1 Level AA. <p>NOTE 2: WCAG 2.0 is identical to ISO/IEC 40500 (2012): "Information technology - W3C Web Content Accessibility Guidelines (WCAG) 2.0" [4].</p> <p>The requirements in clauses 9.1 to 9.4 are written using the concept of satisfying success criteria (defined in clause 3.1).</p> <p>A web page satisfies a WCAG success criterion when the success criterion does not evaluate to false when applied to the web page. This implies that if the success criterion puts conditions on a specific feature and that specific feature does not occur in the web page, then the web page satisfies the success criterion.</p> <p>NOTE 3: For example, a web page that does not contain pre-recorded audio content in synchronized media will automatically satisfy WCAG success criterion 1.2.2 (captions - pre-recorded) and, in consequence, will also conform to clause 9.1.2.2.</p>	

EN 301 549 clause	Determination of compliance
<p>In addition to Level AA success criteria, the Web Content Accessibility Guidelines also include success criteria for Level AAA.</p> <p>NOTE 4: The body of the present document does not include the Level AAA success criteria, both to avoid confusion with the Level A and Level AA based requirements and for harmonisation with other procurement standards.</p> <p>Web authors and procurement accessibility specialists are encouraged to improve accessibility beyond the requirements of the present document and should therefore consider whether any of the WCAG Level AAA success criteria offer suggestions that may be applicable and relevant to their project, as well as potentially beneficial to some users.</p> <p>NOTE 5: The W3C states that "It is not recommended that Level AAA conformance be required as a general policy for entire sites because it is not possible to satisfy all Level AAA Success Criteria for some content".</p>	
9.1 Perceivable	---
9.1.1 Text alternatives	---
<p>9.1.1.1 Non-text content</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.1.1 Non-text content.</p> <p>WCAG 2.1 Success Criterion 1.1.1 Non-text content</p> <p>Understanding Non-text Content</p> <p>How to Meet Non-text Content</p> <p>(Level A)</p> <p>All non-text content that is presented to the user has a text alternative that serves the equivalent purpose, except for the situations listed below.</p> <ul style="list-style-type: none"> • Controls, Input: If non-text content is a control or accepts user input, then it has a name that describes its purpose. (Refer to Success Criterion 4.1.2 for additional requirements for controls and content that accepts user input.) 	<p>C.9.1.1.1 Non-text content</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.1.1 Non-text content.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<ul style="list-style-type: none"> • Time-Based Media: If non-text content is time-based media, then text alternatives at least provide descriptive identification of the non-text content. (Refer to Guideline 1.2 for additional requirements for media.) • Test: If non-text content is a test or exercise that would be invalid if presented in <i>text</i>, then text alternatives at least provide descriptive identification of the non-text content. • Sensory: If non-text content is primarily intended to create a specific sensory experience, then text alternatives at least provide descriptive identification of the non-text content. • CAPTCHA: If the purpose of non-text content is to confirm that content is being accessed by a person rather than a computer, then text alternatives that identify and describe the purpose of the non-text content are provided, and alternative forms of CAPTCHA using output modes for different types of sensory perception are provided to accommodate different disabilities. • Decoration, Formatting, Invisible: If non-text content is pure decoration, is used only for visual formatting, or is not presented to users, then it is implemented in a way that it can be ignored by assistive technology. 	
9.1.2 Time-based media	---
<p>9.1.2.1 Audio-only and video-only (prerecorded)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded).</p> <p>WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded)</p> <p>Understanding Audio-only and Video-only (Prerecorded)</p> <p>How to Meet Audio-only and Video-only (Prerecorded)</p> <p>(Level A)</p>	<p>C.9.1.2.1 Audio-only and video-only (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded).</p>

EN 301 549 clause	Determination of compliance
<p>For prerecorded audio-only and prerecorded video-only media, the following are true, except when the audio or video is a media alternative for text and is clearly labeled as such:</p> <ul style="list-style-type: none"> • Prerecorded Audio-only: An alternative for time-based media is provided that presents equivalent information for prerecorded audio-only content. • Prerecorded Video-only: Either an alternative for time-based media or an audio track is provided that presents equivalent information for prerecorded video-only content. 	<p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.2.2 Captions (prerecorded)</p> <p>Where ICT is a web page, it shall satisfy the WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded)</p> <p>Understanding Captions (Prerecorded)</p> <p>How to Meet Captions (Prerecorded)</p> <p>(Level A)</p> <p>Captions are provided for all prerecorded audio content in synchronized media, except when the media is a media alternative for text and is clearly labeled as such.</p>	<p>C.9.1.2.2 Captions (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.2.3 Audio description or media alternative (prerecorded)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded)</p> <p>Understanding Audio Description or Media Alternative (Prerecorded)</p>	<p>C.9.1.2.3 Audio description or media alternative (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p>

EN 301 549 clause	Determination of compliance
<p>How to Meet Audio Description or Media Alternative (Prerecorded)</p> <p>(Level A)</p> <p>An alternative for time-based media or audio description of the prerecorded video content is provided for synchronized media, except when the media is a media alternative for text and is clearly labeled as such.</p>	<p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.2.4 Captions (live)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.2.4 Captions (Live).</p> <p>WCAG 2.1 Success Criterion 1.2.4 Captions (Live)</p> <p>Understanding Captions (Live)</p> <p>How to Meet Captions (Live)</p> <p>(Level AA)</p> <p>Captions are provided for all live audio content in synchronized media.</p>	<p>C.9.1.2.4 Captions (live)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.2.4 Captions (Live).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.2.5 Audio description (prerecorded)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p> <p>WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded)</p> <p>Understanding Audio Description (Prerecorded)</p> <p>How to Meet Audio Description (Prerecorded)</p> <p>(Level AA)</p> <p>Audio description is provided for all prerecorded video content in synchronized media.</p>	<p>C.9.1.2.5 Audio description (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p>

EN 301 549 clause	Determination of compliance
	Result Pass: Check 1 is true Fail: Check 1 is false
9.1.3 Adaptable	---
<p>9.1.3.1 Info and relationships</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.3.1 Info and Relationships.</p> <p>WCAG 2.1 Success Criterion 1.3.1 Info and Relationships</p> <p>Understanding Info and Relationships</p> <p>How to Meet Info and Relationships</p> <p>(Level A)</p> <p>Information, structure, and relationships conveyed through presentation can be programmatically determined or are available in text.</p>	<p>C.9.1.3.1 Info and relationships</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.3.1 Info and Relationships.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.3.2 Meaningful sequence</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence.</p> <p>WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence</p> <p>Understanding Meaningful Sequence</p> <p>How to Meet Meaningful Sequence</p> <p>(Level A)</p> <p>When the sequence in which content is presented affects its meaning, a correct reading sequence can be programmatically determined.</p>	<p>C.9.1.3.2 Meaningful sequence</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>9.1.3.3 Sensory characteristics</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics</p> <p>Understanding Sensory Characteristics</p> <p>How to Meet Sensory Characteristics</p> <p>(Level A)</p> <p>Instructions provided for understanding and operating content do not rely solely on sensory characteristics of components such as shape, color, size, visual location, orientation, or sound.</p> <p>Note: For requirements related to color, refer to Guideline 1.4.</p>	<p>C.9.1.3.3 Sensory characteristics</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.3.4 Orientation</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.3.4 Orientation.</p> <p>WCAG 2.1 Success Criterion 1.3.4 Orientation</p> <p>Understanding Orientation</p> <p>How to Meet Orientation</p> <p>(Level AA)</p> <p>Content does not restrict its view and operation to a single display orientation, such as portrait or landscape, unless a specific display orientation is <i>essential</i>.</p> <p>Note: Examples where a particular display orientation may be essential are a bank check, a piano application, slides for a projector or television, or virtual reality content where binary display orientation is not applicable.</p>	<p>C.9.1.3.4 Orientation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.3.4 Orientation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.3.5 Identify input purpose</p>	<p>C.9.1.3.5 Identify input purpose</p> <p>Type of assessment</p>

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<p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose.</p> <p>WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose</p> <p>Understanding Identify Input Purpose</p> <p>How to Meet Identify Input Purpose</p> <p>(Level AA)</p> <p>The purpose of each input field collecting information about the user can be programmatically determined when:</p> <ul style="list-style-type: none"> • The input field serves a purpose identified in the Input Purposes for User Interface Components section; and • The content is implemented using technologies with support for identifying the expected meaning for form input data. 	<p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.4 Distinguishable</p>	<p>---</p>
<p>9.1.4.1 Use of colour</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>WCAG 2.1 Success Criterion 1.4.1 Use of Color</p> <p>Understanding Use of Color</p> <p>How to Meet Use of Color</p> <p>(Level A)</p> <p>Color is not used as the only visual means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.</p> <p>Note: This success criterion addresses color perception specifically. Other forms of perception are covered in Guideline 1.3 including programmatic access to color and other visual presentation coding.</p>	<p>C.9.1.4.1 Use of colour</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.4.2 Audio control</p>	<p>C.9.1.4.2 Audio control</p>

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<p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.2 Audio Control.</p> <p>WCAG 2.1 Success Criterion 1.4.2 Audio Control</p> <p>Understanding Audio Control</p> <p>How to Meet Audio Control</p> <p>(Level A)</p> <p>If any audio on a Web page plays automatically for more than 3 seconds, either a mechanism is available to pause or stop the audio, or a mechanism is available to control audio volume independently from the overall system volume level.</p> <p>Note: Since any content that does not meet this success criterion can interfere with a user's ability to use the whole page, all content on the Web page (whether or not it is used to meet other success criteria) must meet this success criterion. See Conformance Requirement 5: Non-Interference.</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.2 Audio Control.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.4.3 Contrast (minimum)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum).</p> <p>WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum)</p> <p>Understanding Contrast (Minimum)</p> <p>How to Meet Contrast (Minimum)</p> <p>(Level AA)</p> <p>The visual presentation of text and images of text has a contrast ratio of at least 4.5:1, except for the following:</p> <ul style="list-style-type: none"> • Large Text: Large-scale text and images of large-scale text have a contrast ratio of at least 3:1; • Incidental: Text or images of text that are part of an inactive user interface component, that are pure decoration, that 	<p>C.9.1.4.3 Contrast (minimum)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>are not visible to anyone, or that are part of a picture that contains significant other visual content, have no contrast requirement.</p> <ul style="list-style-type: none"> Logotypes: Text that is part of a logo or brand name has no contrast requirement. 	
<p>9.1.4.4 Resize text</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.4 Resize text.</p> <p>WCAG 2.1 Success Criterion 1.4.4 Resize text</p> <p>Understanding Resize text</p> <p>How to Meet Resize text</p> <p>(Level AA)</p> <p>Except for captions and images of text, text can be resized without assistive technology up to 200 percent without loss of content or functionality.</p>	<p>C.9.1.4.4 Resize text</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.4 Resize text.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.4.5 Images of text</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>Understanding Images of Text</p> <p>How to Meet Images of Text</p> <p>(Level AA)</p> <p>If the technologies being used can achieve the visual presentation, text is used to convey information rather than images of text except for the following:</p>	<p>C.9.1.4.5 Images of text</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<ul style="list-style-type: none"> • Customizable: The image of text can be visually customized to the user's requirements; • Essential: A particular presentation of text is essential to the information being conveyed. <p>Note: Logotypes (text that is part of a logo or brand name) are considered essential.</p>	
<p>9.1.4.10 Reflow</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.10 Reflow.</p> <p>WCAG 2.1 Success Criterion 1.4.10 Reflow</p> <p>Understanding Reflow</p> <p>How to Meet Reflow</p> <p>(Level AA)</p> <p>Content can be presented without loss of information or functionality, and without requiring scrolling in two dimensions for:</p> <ul style="list-style-type: none"> • Vertical scrolling content at a width equivalent to 320 CSS pixels; • Horizontal scrolling content at a height equivalent to 256 CSS pixels. <p>Except for parts of the content which require two-dimensional layout for usage or meaning.</p> <p>Note: 320 CSS pixels is equivalent to a starting viewport width of 1280 CSS pixels wide at 400% zoom. For web content which are designed to scroll horizontally (e.g. with vertical text), the 256 CSS pixels is equivalent to a starting viewport height of 1024px at 400% zoom.</p> <p>Note: Examples of content which require two-dimensional layout are images, maps, diagrams, video, games, presentations, data tables, and interfaces where it is necessary to keep toolbars in view while manipulating content.</p>	<p>C.9.1.4.10 Reflow</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.10 Reflow.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.4.11 Non-text contrast</p>	<p>C.9.1.4.11 Non-text contrast</p> <p>Type of assessment</p>

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<p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.</p> <p>WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast</p> <p>Understanding Non-text Contrast</p> <p>How to Meet Non-text Contrast</p> <p>(Level AA)</p> <p>The visual presentation of the following have a contrast ratio of at least 3:1 against adjacent color(s):</p> <ul style="list-style-type: none"> • User Interface Components: Visual information required to identify user interface components and states, except for inactive components or where the appearance of the component is determined by the user agent and not modified by the author; • Graphical Objects: Parts of graphics required to understand the content, except when a particular presentation of graphics is essential to the information being conveyed. 	<p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.1.4.12 Text spacing</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.12 Text spacing.</p> <p>WCAG 2.1 Success Criterion 1.4.12 Text spacing</p> <p>Understanding Text Spacing</p> <p>How to Meet Text Spacing</p> <p>(Level AA)</p> <p>In content implemented using markup languages that support the following text style properties, no loss of content or functionality occurs by setting all of the following and by changing no other style property:</p>	<p>C.9.1.4.12 Text spacing</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.12 Text spacing.</p> <p>Result</p> <p>Pass: Check 1 is true</p>

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<ul style="list-style-type: none"> • Line height (line spacing) to at least 1.5 times the font size; • Spacing following paragraphs to at least 2 times the font size; • Letter spacing (tracking) to at least 0.12 times the font size; • Word spacing to at least 0.16 times the font size. <p>Exception: Human languages and scripts that do not make use of one or more of these text style properties in written text can conform using only the properties that exist for that combination of language and script.</p>	<p>Fail: Check 1 is false</p>
<p>9.1.4.13 Content on hover or focus</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus.</p> <p>WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus</p> <p>Understanding Content on Hover or Focus</p> <p>How to Meet Content on Hover or Focus</p> <p>(Level AA)</p> <p>Where receiving and then removing pointer hover or keyboard focus triggers additional content to become visible and then hidden, the following are true:</p> <ul style="list-style-type: none"> • Dismissible: A mechanism is available to dismiss the additional content without moving pointer hover or keyboard focus, unless the additional content communicates an input error or does not obscure or replace other content; • Hoverable: If pointer hover can trigger the additional content, then the pointer can be moved over the additional content without the additional content disappearing; • Persistent: The additional content remains visible until the hover or focus trigger is removed, the user dismisses it, or its information is no longer valid. 	<p>C.9.1.4.13 Content on hover or focus</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>Exception: The visual presentation of the additional content is controlled by the user agent and is not modified by the author.</p> <p>Note: Examples of additional content controlled by the user agent include browser tooltips created through use of the HTML title attribute.</p> <p>Note: Custom tooltips, sub-menus, and other non-modal popups that display on hover and focus are examples of additional content covered by this criterion.</p>	
9.2 Operable	---
9.2.1 Keyboard accessible	---
<p>9.2.1.1 Keyboard</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.1.1 Keyboard.</p> <p>WCAG 2.1 Success Criterion 2.1.1 Keyboard</p> <p>Understanding Keyboard</p> <p>How to Meet Keyboard</p> <p>(Level A)</p> <p>All functionality of the content is operable through a keyboard interface without requiring specific timings for individual keystrokes, except where the underlying function requires input that depends on the path of the user's movement and not just the endpoints.</p> <p>Note: This exception relates to the underlying function, not the input technique. For example, if using handwriting to enter text, the input technique (handwriting) requires path-dependent input but the underlying function (text input) does not.</p> <p>Note: This does not forbid and should not discourage providing mouse input or other input methods in addition to keyboard operation.</p>	<p>C.9.2.1.1 Keyboard</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.1.1 Keyboard.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.1.2 No keyboard trap</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap.</p>	<p>C.9.2.1.2 No keyboard trap</p> <p>Type of assessment</p> <p>Inspection</p>

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<p>WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap</p> <p>Understanding No Keyboard Trap</p> <p>How to Meet No Keyboard Trap</p> <p>(Level A)</p> <p>If keyboard focus can be moved to a component of the page using a keyboard interface, then focus can be moved away from that component using only a keyboard interface, and, if it requires more than unmodified arrow or tab keys or other standard exit methods, the user is advised of the method for moving focus away.</p> <p>Note: Since any content that does not meet this success criterion can interfere with a user's ability to use the whole page, all content on the Web page (whether it is used to meet other success criteria or not) must meet this success criterion. See Conformance Requirement 5: Non-Interference.</p>	<p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.1.4 Character key shortcuts</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts.</p> <p>WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts</p> <p>Understanding Character Key Shortcuts</p> <p>How to Meet Character Key Shortcuts</p> <p>(Level A)</p> <p>If a keyboard shortcut is implemented in content using only letter (including upper- and lower-case letters), punctuation, number, or symbol characters, then at least one of the following is true:</p> <ul style="list-style-type: none"> • Turn off: A mechanism is available to turn the shortcut off; • Remap: A mechanism is available to remap the shortcut to use one or more 	<p>C.9.2.1.4 Character key shortcuts</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>non-printable keyboard characters (e.g. Ctrl, Alt, etc.);</p> <ul style="list-style-type: none"> Active only on focus: The keyboard shortcut for a user interface component is only active when that component has focus. 	
9.2.2 Enough time	---
<p>9.2.2.1 Timing adjustable</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable.</p> <p>WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable</p> <p>Understanding Timing Adjustable</p> <p>How to Meet Timing Adjustable</p> <p>(Level A)</p> <p>For each time limit that is set by the content, at least one of the following is true:</p> <ul style="list-style-type: none"> Turn off: The user is allowed to turn off the time limit before encountering it; or Adjust: The user is allowed to adjust the time limit before encountering it over a wide range that is at least ten times the length of the default setting; or Extend: The user is warned before time expires and given at least 20 seconds to extend the time limit with a simple action (for example, "press the space bar"), and the user is allowed to extend the time limit at least ten times; or Real-time Exception: The time limit is a required part of a real-time event (for example, an auction), and no alternative to the time limit is possible; or Essential Exception: The time limit is essential and extending it would invalidate the activity; or 20 Hour Exception: The time limit is longer than 20 hours. <p>Note: This success criterion helps ensure that users can complete tasks without unexpected changes in content or context that are a result of a</p>	<p>C.9.2.2.1 Timing adjustable</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>time limit. This success criterion should be considered in conjunction with Success Criterion 3.2.1, which puts limits on changes of content or context as a result of user action.</p>	
<p>9.2.2.2 Pause, stop, hide</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide.</p> <p>WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide</p> <p>Understanding Pause, Stop, Hide</p> <p>How to Meet Pause, Stop, Hide</p> <p>(Level A)</p> <p>For moving, blinking, scrolling, or auto-updating information, all of the following are true:</p> <ul style="list-style-type: none"> • Moving, blinking, scrolling: For any moving, blinking or scrolling information that (1) starts automatically, (2) lasts more than five seconds, and (3) is presented in parallel with other content, there is a mechanism for the user to pause, stop, or hide it unless the movement, blinking, or scrolling is part of an activity where it is essential; and • Auto-updating: For any auto-updating information that (1) starts automatically and (2) is presented in parallel with other content, there is a mechanism for the user to pause, stop, or hide it or to control the frequency of the update unless the auto-updating is part of an activity where it is essential. <p>Note: For requirements related to flickering or flashing content, refer to Guideline 2.3.</p> <p>Note: Since any content that does not meet this success criterion can interfere with a user's ability to use the whole page, all content on the Web page (whether it is used to meet other success criteria or not) must meet this success criterion. See Conformance Requirement 5: Non-Interference.</p>	<p>C.9.2.2.2 Pause, stop, hide</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>Note: Content that is updated periodically by software or that is streamed to the user agent is not required to preserve or present information that is generated or received between the initiation of the pause and resuming presentation, as this may not be technically possible, and in many situations could be misleading to do so.</p> <p>Note: An animation that occurs as part of a preload phase or similar situation can be considered essential if interaction cannot occur during that phase for all users and if not indicating progress could confuse users or cause them to think that content was frozen or broken.</p>	
9.2.3 Seizures and physical reactions	---
<p>9.2.3.1 Three flashes or below threshold</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold.</p> <p>WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold</p> <p>Understanding Three Flashes or Below Threshold</p> <p>How to Meet Three Flashes or Below Threshold</p> <p>(Level A)</p> <p>Web pages do not contain anything that flashes more than three times in any one second period, or the flash is below the general flash and red flash thresholds.</p> <p>Note: Since any content that does not meet this success criterion can interfere with a user's ability to use the whole page, all content on the Web page (whether it is used to meet other success criteria or not) must meet this success criterion. See Conformance Requirement 5: Non-Interference.</p>	<p>C.9.2.3.1 Three flashes or below threshold</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
9.2.4 Navigable	---
<p>9.2.4.1 Bypass blocks</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.1 Bypass Blocks.</p>	<p>C.9.2.4.1 Bypass blocks</p> <p>Type of assessment</p> <p>Inspection</p>

EN 301 549 clause	Determination of compliance
<p>WCAG 2.1 Success Criterion 2.4.1 Bypass Blocks</p> <p>Understanding Bypass Blocks</p> <p>How to Meet Bypass Blocks</p> <p>(Level A)</p> <p>A mechanism is available to bypass blocks of content that are repeated on multiple Web pages.</p>	<p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.1 Bypass Blocks.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.4.2 Page titled</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.2 Page Titled.</p> <p>WCAG 2.1 Success Criterion 2.4.2 Page Titled</p> <p>Understanding Page Titled</p> <p>How to Meet Page Titled</p> <p>(Level A)</p> <p>Web pages have titles that describe topic or purpose.</p>	<p>C.9.2.4.2 Page titled</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.2 Page Titled.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.4.3 Focus Order</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.3 Focus Order.</p> <p>WCAG 2.1 Success Criterion 2.4.3 Focus Order</p> <p>Understanding Focus Order</p> <p>How to Meet Focus Order</p>	<p>C.9.2.4.3 Focus Order</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p>

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<p>(Level A)</p> <p>If a Web page can be navigated sequentially and the navigation sequences affect meaning or operation, focusable components receive focus in an order that preserves meaning and operability.</p>	<p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.3 Focus Order.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.4.4 Link purpose (in context)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context)-</p> <p>WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context)</p> <p>Understanding Link Purpose (In Context)</p> <p>How to Meet Link Purpose (In Context)</p> <p>(Level A)</p> <p>The purpose of each link can be determined from the link text alone or from the link text together with its programmatically determined link context, except where the purpose of the link would be ambiguous to users in general.</p>	<p>C.9.2.4.4 Link purpose (in context)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.4.5 Multiple ways</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.5 Multiple Ways.</p> <p>WCAG 2.1 Success Criterion 2.4.5 Multiple Ways</p> <p>Understanding Multiple Ways</p> <p>How to Meet Multiple Ways</p> <p>(Level AA)</p> <p>More than one way is available to locate a Web page within a set of Web pages except where the Web Page is the result of, or a step in, a process.</p>	<p>C.9.2.4.5 Multiple ways</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.5 Multiple Ways.</p> <p>Result</p>

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	Pass: Check 1 is true Fail: Check 1 is false
<p>9.2.4.6 Headings and labels</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.6 Headings and Labels.</p> <p>WCAG 2.1 Success Criterion 2.4.6 Headings and Labels</p> <p>Understanding Headings and Labels</p> <p>How to Meet Headings and Labels</p> <p>(Level AA)</p> <p>Headings and labels describe topic or purpose.</p>	<p>C.9.2.4.6 Headings and labels</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.6 Headings and Labels.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.4.7 Focus visible</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.4.7 Focus Visible.</p> <p>WCAG 2.1 Success Criterion 2.4.7 Focus Visible</p> <p>Understanding Focus Visible</p> <p>How to Meet Focus Visible</p> <p>(Level AA)</p> <p>Any keyboard operable user interface has a mode of operation where the keyboard focus indicator is visible.</p>	<p>C.9.2.4.7 Focus visible</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.4.7 Focus Visible.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.5 Input modalities</p>	<p>---</p>
<p>9.2.5.1 Pointer gestures</p>	<p>C.9.2.5.1 Pointer gestures</p>

EN 301 549 clause	Determination of compliance
<p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures.</p> <p>WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures</p> <p>Understanding Pointer Gestures</p> <p>How to Meet Pointer Gestures</p> <p>(Level A)</p> <p>All functionality that uses multipoint or path-based gestures for operation can be operated with a single pointer without a path-based gesture, unless a multipoint or path-based gesture is essential.</p> <p>Note: This requirement applies to web content that interprets pointer actions (i.e. this does not apply to actions that are required to operate the user agent or assistive technology).</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.5.2 Pointer cancellation</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation.</p> <p>WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation</p> <p>Understanding Pointer Cancellation</p> <p>How to Meet Pointer Cancellation</p> <p>(Level A)</p> <p>For functionality that can be operated using a single pointer, at least one of the following is true:</p> <ul style="list-style-type: none"> • No Down-Event: The down-event of the pointer is not used to execute any part of the function; • Abort or Undo: Completion of the function is on the up-event, and a mechanism is available to abort the function before completion or to undo the function after completion; • Up Reversal: The up-event reverses any outcome of the preceding down-event; 	<p>C.9.2.5.2 Pointer cancellation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

EN 301 549 clause	Determination of compliance
<ul style="list-style-type: none"> Essential: Completing the function on the down-event is essential. <p>Note: Functions that emulate a keyboard or numeric keypad key press are considered essential.</p> <p>Note: This requirement applies to web content that interprets pointer actions (i.e. this does not apply to actions that are required to operate the user agent or assistive technology).</p>	
<p>9.2.5.3 Label in name</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.5.3 Label in Name.</p> <p>WCAG 2.1 Success Criterion 2.5.3 Label in Name</p> <p>Understanding Label in Name</p> <p>How to Meet Label in Name</p> <p>(Level A)</p> <p>For user interface components with labels that include text or images of text, the name contains the text that is presented visually.</p> <p>Note: A best practice is to have the text of the label at the start of the name.</p>	<p>C.9.2.5.3 Label in name</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.5.3 Label in Name.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.2.5.4 Motion actuation</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 2.5.4 Motion Actuation.</p> <p>WCAG 2.1 Success Criterion 2.5.4 Motion Actuation</p> <p>Understanding Motion Actuation</p> <p>How to Meet Motion Actuation</p> <p>(Level A)</p> <p>Functionality that can be operated by device motion or user motion can also be operated by user interface components and responding to the</p>	<p>C.9.2.5.4 Motion actuation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 2.5.4 Motion Actuation.</p>

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<p>motion can be disabled to prevent accidental actuation, except when:</p> <ul style="list-style-type: none"> Supported Interface: The motion is used to operate functionality through an accessibility supported interface; Essential: The motion is essential for the function and doing so would invalidate the activity. 	<p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
9.3 Understandable	---
9.3.1 Readable	---
<p>9.3.1.1 Language of page</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.1.1 Language of Page.</p> <p>WCAG 2.1 Success Criterion 3.1.1 Language of Page</p> <p>Understanding Language of Page</p> <p>How to Meet Language of Page</p> <p>(Level A)</p> <p>The default human language of each Web page can be programmatically determined.</p>	<p>C.9.3.1.1 Language of page</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.1.1 Language of Page.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.1.2 Language of parts</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.1.2 Language of Parts.</p> <p>WCAG 2.1 Success Criterion 3.1.2 Language of Parts</p> <p>Understanding Language of Parts</p> <p>How to Meet Language of Parts</p> <p>(Level AA)</p>	<p>C.9.3.1.2 Language of parts</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p>

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<p>The human language of each passage or phrase in the content can be programmatically determined except for proper names, technical terms, words of indeterminate language, and words or phrases that have become part of the vernacular of the immediately surrounding text.</p>	<p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.1.2 Language of Parts.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.2 Predictable</p>	<p>---</p>
<p>9.3.2.1 On focus</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.2.1 On Focus.</p> <p>WCAG 2.1 Success Criterion 3.2.1 On Focus</p> <p>Understanding On Focus</p> <p>How to Meet On Focus</p> <p>(Level A)</p> <p>When any user interface component receives focus, it does not initiate a change of context.</p>	<p>C.9.3.2.1 On focus</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.2.1 On Focus.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.2.2 On input</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.2.2 On Input.</p> <p>WCAG 2.1 Success Criterion 3.2.2 On Input</p> <p>Understanding On Input</p> <p>How to Meet On Input</p> <p>(Level A)</p> <p>Changing the setting of any user interface component does not automatically cause a change of context unless the user has been</p>	<p>C.9.3.2.2 On input</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.2.2 On Input.</p> <p>Result</p>

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<p>advised of the behavior before using the component.</p>	<p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.2.3 Consistent navigation</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.2.3 Consistent Navigation.</p> <p>WCAG 2.1 Success Criterion 3.2.3 Consistent Navigation</p> <p>Understanding Consistent Navigation</p> <p>How to Meet Consistent Navigation</p> <p>(Level AA)</p> <p>Navigational mechanisms that are repeated on multiple Web pages within a set of Web pages occur in the same relative order each time they are repeated, unless a change is initiated by the user.</p>	<p>C.9.3.2.3 Consistent navigation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.2.3 Consistent Navigation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.2.4 Consistent identification</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.2.4 Consistent Identification.</p> <p>WCAG 2.1 Success Criterion 3.2.4 Consistent Identification</p> <p>Understanding Consistent Identification</p> <p>How to Meet Consistent Identification</p> <p>(Level AA)</p> <p>Components that have the same functionality within a set of Web pages are identified consistently.</p>	<p>C.9.3.2.4 Consistent identification</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.2.4 Consistent Identification.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.3 Input assistance</p>	<p>---</p>
<p>9.3.3.1 Error identification</p>	<p>C.9.3.3.1 Error identification</p>

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<p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.3.1 Error Identification.</p> <p>WCAG 2.1 Success Criterion 3.3.1 Error Identification</p> <p>Understanding Error Identification</p> <p>How to Meet Error Identification</p> <p>(Level A)</p> <p>If an input error is automatically detected, the item that is in error is identified and the error is described to the user in text.</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.3.1 Error Identification.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.3.2 Labels or instructions</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions.</p> <p>WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions</p> <p>Understanding Labels or Instructions</p> <p>How to Meet Labels or Instructions</p> <p>(Level A)</p> <p>Labels or instructions are provided when content requires user input.</p>	<p>C.9.3.3.2 Labels or instructions</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.3.3 Error suggestion</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.3.3 Error Suggestion.</p> <p>WCAG 2.1 Success Criterion 3.3.3 Error Suggestion</p>	<p>C.9.3.3.3 Error suggestion</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p>

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<p>Understanding Error Suggestion</p> <p>How to Meet Error Suggestion</p> <p>(Level AA)</p> <p>If an input error is automatically detected and suggestions for correction are known, then the suggestions are provided to the user, unless it would jeopardize the security or purpose of the content.</p>	<p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.3.3 Error Suggestion.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.3.3.4 Error prevention (legal, financial, data)</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data).</p> <p>WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data)</p> <p>Understanding Error Prevention (Legal, Financial, Data)</p> <p>How to Meet Error Prevention (Legal, Financial, Data)</p> <p>(Level AA)</p> <p>For Web pages that cause legal commitments or financial transactions for the user to occur, that modify or delete user-controllable data in data storage systems, or that submit user test responses, at least one of the following is true:</p> <ul style="list-style-type: none"> • Reversible: Submissions are reversible. • Checked: Data entered by the user is checked for input errors and the user is provided an opportunity to correct them. • Confirmed: A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission. 	<p>C.9.3.3.4 Error prevention (legal, financial, data)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
9.4 Robust	---
9.4.1 Compatible	---
9.4.1.1 Parsing	C.9.4.1.1 Parsing

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<p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 4.1.1 Parsing.</p> <p>WCAG 2.1 Success Criterion 4.1.1 Parsing</p> <p>Understanding Parsing</p> <p>How to Meet Parsing</p> <p>(Level A)</p> <p>In content implemented using markup languages, elements have complete start and end tags, elements are nested according to their specifications, elements do not contain duplicate attributes, and any IDs are unique, except where the specifications allow these features.</p> <p>Note: Start and end tags that are missing a critical character in their formation, such as a closing angle bracket or a mismatched attribute value quotation mark are not complete.</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 4.1.1 Parsing.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.4.1.2 Name, role, value</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value.</p> <p>WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value</p> <p>Understanding Name, Role, Value</p> <p>How to Meet Name, Role, Value</p> <p>(Level A)</p> <p>For all user interface components (including but not limited to: form elements, links and components generated by scripts), the name and role can be programmatically determined; states, properties, and values that can be set by the user can be programmatically set; and notification of changes to these items is available to user agents, including assistive technologies.</p> <p>Note: This success criterion is primarily for Web authors who develop or script their own user interface components. For example, standard HTML controls already meet this success criterion when used according to specification.</p>	<p>C.9.4.1.2 Name, role, value</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>9.4.1.3 Status messages</p> <p>Where ICT is a web page, it shall satisfy WCAG 2.1 Success Criterion 4.1.3 Status Messages.</p> <p>WCAG 2.1 Success Criterion 4.1.3 Status Messages</p> <p>Understanding Status Messages</p> <p>How to Meet Status Messages</p> <p>(Level AA)</p> <p>In content implemented using markup languages, status messages can be programmatically determined through role or properties such that they can be presented to the user by assistive technologies without receiving focus.</p>	<p>C.9.4.1.3 Status messages</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page does not fail WCAG 2.1 Success Criterion 4.1.3 Status Messages.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>9.5 WCAG conformance requirements</p> <p>Where ICT is a web page, it shall satisfy all the following five WCAG 2.1 conformance requirements at Level AA [5].</p> <ol style="list-style-type: none"> 1. Conformance level 2. Full pages 3. Complete processes 4. Only Accessibility-Supported Ways of Using Technologies 5. Non-interference <p>NOTE 1: A Web page that meets all of requirements 9.1 to 9.4, or where a Level AA conforming alternate version (as defined in WCAG 2.1 [5]) is provided, will meet conformance requirement 1.</p> <p>NOTE 2: According to W3C: "WCAG 2.1 extends Web Content Accessibility Guidelines 2.0 [4], which was published as a W3C Recommendation December 2008. Content that conforms to WCAG 2.1 also conforms to WCAG 2.0, and therefore to policies that reference WCAG 2.0" [4].</p> <p>NOTE 3: Conformance requirement 5 states that all content on the page, including content that is not otherwise relied upon to meet conformance,</p>	<p>C.9.5 WCAG conformance requirements</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a web page.</p> <p>Procedure</p> <p>1. Check that the web page satisfies WCAG 2.1 [5] conformance requirement "1: Conformance level" at Level AA.</p> <p>2. Check that the web page satisfies WCAG 2.1 [5] conformance requirement "2: Full pages".</p> <p>3. Check that the web page satisfies WCAG 2.1 [5] conformance requirement "3: Complete processes".</p> <p>4. Check that the web page satisfies WCAG 2.1 [5] conformance requirement "4: Only</p>

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<p>meets clauses 9.1.4.2, 9.2.1.2, 9.2.2.2 and 9.2.3.1.</p> <p>WCAG 2.1 conformance requirements at Level AA [5]</p>	<p>Accessibility-Supported Ways of Using Technologies".</p> <p>5. Check that the web page satisfies WCAG 2.1 [5] conformance requirement "5: Non-interference".</p> <p>Result</p> <p>Pass: All checks are true</p> <p>Fail: Any check is false</p>
<p>10 Non-web documents</p>	<p>---</p>
<p>10.0 General (informative)</p> <p>Requirements in clause 10 apply to documents:</p> <ul style="list-style-type: none"> • that are not web pages; • that are not embedded in web pages; • that are embedded in web pages and that are not used in the rendering and that are not intended to be rendered together with the web page in which they are embedded. <p>Clause 9 provides requirements for documents that are in web pages or that are embedded in web pages and that are used in the rendering or that are intended to be rendered together with the web page in which they are embedded.</p> <p>NOTE 1: Some examples of documents are letters, spreadsheets, emails, books, pictures, presentations, and movies that have an associated user agent such as a document reader, editor or media player.</p> <p>NOTE 2: A single document may be composed of multiple files such as the video content, closed caption text, etc. This fact is not usually apparent to the end-user consuming the document/content.</p> <p>NOTE 3: Documents require a user agent in order for the content to be presented to users. The requirements for user agents can be found in clause 11.</p> <p>NOTE 4: The requirements for content that is part of software, can be found in clause 11.</p>	<p>C.10.0 General (informative)</p>

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NOTE 5: The success criteria set out in clause 10 are intended to harmonize with the Working Group Note [i.26] produced by the W3C's WCAG2ICT Task Force .	
10.1 Perceivable	---
10.1.1 Text alternatives	---
<p>10.1.1.1 Non-text content</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.1.1 Non-text Content.</p> <p>NOTE: CAPTCHAs do not currently appear outside of the Web. However, if they do appear, this guidance is accurate.</p> <p>WCAG 2.1 Success Criterion 1.1.1 Non-text Content</p> <p>Understanding Non-text Content</p> <p>How to Meet Non-text Content</p> <p>(Level A)</p> <p>All non-text content that is presented to the user has a text alternative that serves the equivalent purpose, except for the situations listed below.</p> <ul style="list-style-type: none"> • Controls, Input: If non-text content is a control or accepts user input, then it has a name that describes its purpose. (Refer to Success Criterion 4.1.2 for additional requirements for controls and content that accepts user input.) • Time-Based Media: If non-text content is time-based media, then text alternatives at least provide descriptive identification of the non-text content. (Refer to Guideline 1.2 for additional requirements for media.) • Test: If non-text content is a test or exercise that would be invalid if presented in text, then text alternatives at least provide descriptive identification of the non-text content. • Sensory: If non-text content is primarily intended to create a specific sensory experience, then text alternatives at least provide descriptive identification of the non-text content. 	<p>C.10.1.1.1 Non-text content</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.1.1 Non-text content.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<ul style="list-style-type: none"> • CAPTCHA: If the purpose of non-text content is to confirm that content is being accessed by a person rather than a computer, then text alternatives that identify and describe the purpose of the non-text content are provided, and alternative forms of CAPTCHA using output modes for different types of sensory perception are provided to accommodate different disabilities. • Decoration, Formatting, Invisible: If non-text content is pure decoration, is used only for visual formatting, or is not presented to users, then it is implemented in a way that it can be ignored by assistive technology. 	
10.1.2 Time-based media	---
<p>10.1.2.1 Audio-only and video-only (prerecorded)</p> <p>Where ICT is a non-web document, it shall satisfy WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded).</p> <p>NOTE: The alternative can be provided directly in the document - or provided in an alternate version that meets the success criterion.</p> <p>Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded)</p> <p>Understanding Audio-only and Video-only (Prerecorded)</p> <p>How to Meet Audio-only and Video-only (Prerecorded)</p> <p>(Level A)</p> <p>For prerecorded audio-only and prerecorded video-only media, the following are true, except when the audio or video is a media alternative for text and is clearly labeled as such:</p> <ul style="list-style-type: none"> • Prerecorded Audio-only: An alternative for time-based media is provided that presents equivalent information for prerecorded audio-only content. 	<p>C.10.1.2.1 Audio-only and video-only (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<ul style="list-style-type: none"> Prerecorded Video-only: Either an alternative for time-based media or an audio track is provided that presents equivalent information for prerecorded video-only content. 	
<p>10.1.2.2 Captions (prerecorded)</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>NOTE: The WCAG 2.1 definition of "captions" notes that "in some countries, captions are called subtitles". They are also sometimes referred to as "subtitles for the hearing impaired". Per the definition in WCAG 2.1, to meet this success criterion, whether called captions or subtitles, they would have to provide "synchronized visual and / or text alternative for both speech and non-speech audio information needed to understand the media content" where non-speech information includes "sound effects, music, laughter, speaker identification and location".</p> <p>WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>Understanding Captions (Prerecorded)</p> <p>How to Meet Captions (Prerecorded)</p> <p>(Level A)</p> <p>Captions are provided for all prerecorded audio content in synchronized media, except when the media is a media alternative for text and is clearly labeled as such.</p>	<p>C.10.1.2.2 Captions (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.2.3 Audio description or media alternative (prerecorded)</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>NOTE 1: The WCAG 2.1 definition of "audio description" says that "audio description" is "Also called 'video description' and 'descriptive narration'".</p>	<p>C.10.1.2.3 Audio description or media alternative (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p>

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<p>NOTE 2: Secondary or alternate audio tracks are commonly used for this purpose.</p> <p>WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>Understanding Audio Description or Media Alternative (Prerecorded)</p> <p>How to Meet Audio Description or Media Alternative (Prerecorded)</p> <p>(Level A)</p> <p>An alternative for time-based media or audio description of the prerecorded video content is provided for synchronized media, except when the media is a media alternative for text and is clearly labeled as such.</p>	<p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.2.4 Captions (live)</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.2.4 Captions (Live).</p> <p>NOTE: The WCAG 2.1 definition of "captions" notes that "in some countries, captions are called subtitles". They are also sometimes referred to as "subtitles for the hearing impaired". Per the definition in WCAG 2.1, to meet this success criterion, whether called captions or subtitles, they would have to provide "synchronized visual and / or text alternative for both speech and non-speech audio information needed to understand the media content" where non-speech information includes "sound effects, music, laughter, speaker identification and location".</p> <p>WCAG 2.1 Success Criterion 1.2.4 Captions (Live)</p> <p>Understanding Captions (Live)</p> <p>How to Meet Captions (Live)</p> <p>(Level AA)</p> <p>Captions are provided for all live audio content in synchronized media.</p>	<p>C.10.1.2.4 Captions (live)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.2.4 Captions (Live).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>10.1.2.5 Audio description (prerecorded)</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p> <p>NOTE 1: The WCAG 2.1 definition of "audio description" says that audio description is "Also called 'video description' and 'descriptive narration'".</p> <p>NOTE 2: Secondary or alternate audio tracks are commonly used for this purpose.</p> <p>WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded)</p> <p>Understanding Audio Description (Prerecorded)</p> <p>How to Meet Audio Description (Prerecorded)</p> <p>(Level AA)</p> <p>Audio description is provided for all prerecorded video content in synchronized media.</p>	<p>C.10.1.2.5 Audio description (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.3 Adaptable</p>	<p>---</p>
<p>10.1.3.1 Info and relationships</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.3.1 Info and Relationships.</p> <p>WCAG 2.1 Success Criterion 1.3.1 Info and Relationships</p> <p>Understanding Info and Relationships</p> <p>How to Meet Info and Relationships</p> <p>(Level A)</p> <p>Information, structure, and relationships conveyed through presentation can be programmatically determined or are available in text.</p>	<p>C.10.1.3.1 Info and relationships</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.3.1 Info and Relationships.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>10.1.3.2 Meaningful sequence</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence.</p> <p>WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence</p> <p>Understanding Meaningful Sequence</p> <p>How to Meet Meaningful Sequence</p> <p>(Level A)</p> <p>When the sequence in which content is presented affects its meaning, a correct reading sequence can be programmatically determined.</p>	<p>C.10.1.3.2 Meaningful sequence</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.3.3 Sensory characteristics</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>Understanding Sensory Characteristics</p> <p>How to Meet Sensory Characteristics</p> <p>(Level A)</p> <p>Instructions provided for understanding and operating content do not rely solely on sensory characteristics of components such as shape, color, size, visual location, orientation, or sound.</p> <p>Note: For requirements related to color, refer to WCAG 2.1 - Guideline 1.4.</p>	<p>C.10.1.3.3 Sensory characteristics</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.3.4 Orientation</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.3.4 Orientation.</p>	<p>C.10.1.3.4 Orientation</p> <p>Type of assessment</p> <p>Inspection</p>

EN 301 549 clause	Determination of compliance
<p>WCAG 2.1 Success Criterion 1.3.4 Orientation</p> <p>Understanding Orientation</p> <p>How to Meet Orientation</p> <p>(Level AA)</p> <p>Content does not restrict its view and operation to a single display orientation, such as portrait or landscape, unless a specific display orientation is essential.</p> <p>Note: Examples where a particular display orientation may be essential are a bank check, a piano application, slides for a projector or television, or virtual reality content where binary display orientation is not applicable.</p>	<p>Pre-conditions:</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.3.4 Orientation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.3.5 Identify input purpose</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose.</p> <p>WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose</p> <p>Understanding Identify Input Purpose</p> <p>How to Meet Identify Input Purpose</p> <p>(Level AA)</p> <p>The purpose of each input field collecting information about the user can be programmatically determined when:</p> <ul style="list-style-type: none"> • The input field serves a purpose identified in the Input Purposes for User Interface Components section; and • The content is implemented using technologies with support for identifying the expected meaning for form input data. 	<p>C.10.1.3.5 Identify input purpose</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.4 Distinguishable</p>	<p>---</p>
<p>10.1.4.1 Use of colour</p>	<p>C.10.1.4.1 Use of colour</p> <p>Type of assessment</p>

EN 301 549 clause	Determination of compliance
<p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>Understanding Use of Color</p> <p>How to Meet Use of Color</p> <p>(Level A)</p> <p>Color is not used as the only visual means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.</p> <p>Note: This success criterion addresses color perception specifically. Other forms of perception are covered in Guideline 1.3 including programmatic access to color and other visual presentation coding.</p>	<p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.4.2 Audio control</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.1.</p> <p>Table 10.1: Document success criterion: Audio control</p> <p>If any audio in a document plays automatically for more than 3 seconds, either a mechanism is available to pause or stop the audio, or a mechanism is available to control audio volume independently from the overall system volume level.</p> <p>NOTE 1: Since any part of a document that does not meet this success criterion can interfere with a user's ability to use the whole document, all content in the document (whether or not it is used to meet other success criteria) shall meet this success criterion.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 1.4.2 Audio Control, replacing "on a Web page" with "in a document", "any content" with "any part of a document", "whole page" with "whole document", "on the Web page" with "in the document", removing "See</p>	<p>C.10.1.4.2 Audio control</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.1.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

EN 301 549 clause	Determination of compliance
<p>Conformance Requirement 5: Non-Interference" and adding note 1.</p> <p>WCAG 2.1 Success Criterion 1.4.2 Audio Control</p> <p>Understanding Audio Control</p> <p>How to Meet Audio Control</p> <p>(Level A)</p>	
<p>10.1.4.3 Contrast (minimum)</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum).</p> <p>WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum)</p> <p>Understanding Contrast (Minimum)</p> <p>How to Meet Contrast (Minimum)</p> <p>(Level AA)</p> <p>The visual presentation of text and images of text has a contrast ratio of at least 4.5:1, except for the following:</p> <ul style="list-style-type: none"> • Large Text: Large-scale text and images of large-scale text have a contrast ratio of at least 3:1; • Incidental: Text or images of text that are part of an inactive user interface component, that are pure decoration, that are not visible to anyone, or that are part of a picture that contains significant other visual content, have no contrast requirement. • Logotypes: Text that is part of a logo or brand name has no contrast requirement. 	<p>C.10.1.4.3 Contrast (minimum)</p> <p>Type of assessment: Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.4.4 Resize text</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.4.4 Resize Text.</p>	<p>C.10.1.4.4 Resize text</p> <p>Type of assessment</p> <p>Inspection</p>

EN 301 549 clause	Determination of compliance
<p>NOTE 1: Content for which there are software players, viewers or editors with a 200 percent zoom feature would automatically meet this success criterion when used with such players, unless the content will not work with zoom.</p> <p>NOTE 2: This success criterion is about the ability to allow users to enlarge the text on screen at least up to 200 % without needing to use assistive technologies. This means that the application provides some means for enlarging the text 200 % (zoom or otherwise) without loss of content or functionality or that the application works with the platform features that meet this requirement.</p> <p>WCAG 2.1 Success Criterion 1.4.4 Resize Text</p> <p>Understanding Resize text</p> <p>How to Meet Resize text</p> <p>(Level AA)</p> <p>Except for captions and images of text, text can be resized without assistive technology up to 200 percent without loss of content or functionality.</p>	<p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.4 Resize text.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.4.5 Images of text</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>WCAG 2.1 Success Criterion 1.4.5 Images of Text</p> <p>Understanding Images of Text</p> <p>How to Meet Images of Text</p> <p>(Level AA)</p> <p>If the technologies being used can achieve the visual presentation, text is used to convey information rather than images of text except for the following:</p> <ul style="list-style-type: none"> • Customizable: The image of text can be visually customized to the user's requirements; 	<p>C.10.1.4.5 Images of text</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

EN 301 549 clause	Determination of compliance
<ul style="list-style-type: none"> Essential: A particular presentation of text is essential to the information being conveyed. <p>Note: Logotypes (text that is part of a logo or brand name) are considered essential.</p>	
<p>10.1.4.10 Reflow</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.2.</p> <p>Table 10.2: Document success criterion: Reflow</p> <p>Content can be presented without loss of information or functionality, and without requiring scrolling in two dimensions for:</p> <ul style="list-style-type: none"> Vertical scrolling content at a width equivalent to 320 CSS pixels; Horizontal scrolling content at a height equivalent to 256 CSS pixels. <p>Except for parts of the content which require two-dimensional layout for usage or meaning.</p> <p>NOTE 1: 320 CSS pixels is equivalent to a starting viewport width of 1280 CSS pixels wide at 400% zoom. For documents which are designed to scroll horizontally (e.g. with vertical text), the 256 CSS pixels is equivalent to a starting viewport height of 1024px at 400% zoom.</p> <p>NOTE 2: Examples of content which require two-dimensional layout are images, maps, diagrams, video, games, presentations, data tables, and interfaces where it is necessary to keep toolbars in view while manipulating content.</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 1.4.10 Reflow replacing the original WCAG 2.1 notes with notes 1 and 2, above.</p> <p>WCAG 2.1 Success Criterion 1.4.10 Reflow</p> <p>Understanding Reflow</p> <p>How to Meet Reflow</p>	<p>C.10.1.4.10 Reflow</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.2.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>(Level AA)</p> <p>10.1.4.11 Non-text contrast</p> <p>Where ICT is a non-web document, it shall satisfy WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.</p> <p>WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.</p> <p>Understanding Non-text Contrast</p> <p>How to Meet Non-text Contrast</p> <p>(Level AA)</p> <p>The visual presentation of the following have a contrast ratio of at least 3:1 against adjacent color(s):</p> <ul style="list-style-type: none"> • User Interface Components: Visual information required to identify user interface components and states, except for inactive components or where the appearance of the component is determined by the user agent and not modified by the author; • Graphical Objects: Parts of graphics required to understand the content, except when a particular presentation of graphics is essential to the information being conveyed. 	<p>C.10.1.4.11 Non-text contrast</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document that does not have a fixed size content layout area that is essential to the information being conveyed.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.4.12 Text spacing</p> <p>Where ICT is a non-web document that does not have a fixed size content layout area that is essential to the information being conveyed, it shall satisfy WCAG 2.1 Success Criterion 1.4.12 Text spacing.</p> <p>WCAG 2.1 Success Criterion 1.4.12 Text spacing</p> <p>Understanding Text Spacing</p> <p>How to Meet Text Spacing</p> <p>(Level AA)</p>	<p>C.10.1.4.12 Text spacing</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.12 Text spacing.</p>

EN 301 549 clause	Determination of compliance
<p>In content implemented using markup languages that support the following text style properties, no loss of content or functionality occurs by setting all of the following and by changing no other style property:</p> <ul style="list-style-type: none"> • Line height (line spacing) to at least 1.5 times the font size; • Spacing following paragraphs to at least 2 times the font size; • Letter spacing (tracking) to at least 0.12 times the font size; • Word spacing to at least 0.16 times the font size. <p>Exception: Human languages and scripts that do not make use of one or more of these text style properties in written text can conform using only the properties that exist for that combination of language and script.</p>	<p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.1.4.13 Content on hover or focus</p> <p>Where ICT is a non-web document, it shall satisfy WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus.</p> <p>WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus.</p> <p>Understanding Content on Hover or Focus</p> <p>How to Meet Content on Hover or Focus</p> <p>(Level AA)</p> <p>Where receiving and then removing pointer hover or keyboard focus triggers additional content to become visible and then hidden, the following are true:</p> <ul style="list-style-type: none"> • Dismissible: A mechanism is available to dismiss the additional content without moving pointer hover or keyboard focus, unless the additional content communicates an input error or does not obscure or replace other content; • Hoverable: If pointer hover can trigger the additional content, then the pointer can be moved over the additional content without the additional content disappearing; 	<p>C.10.1.4.13 Content on hover or focus</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

EN 301 549 clause	Determination of compliance
<ul style="list-style-type: none"> Persistent: The additional content remains visible until the hover or focus trigger is removed, the user dismisses it, or its information is no longer valid. <p>Exception: The visual presentation of the additional content is controlled by the user agent and is not modified by the author.</p> <p>Note: Examples of additional content controlled by the user agent include browser tooltips created through use of the HTML title attribute.</p> <p>Note: Custom tooltips, sub-menus, and other nonmodal popups that display on hover and focus are examples of additional content covered by this criterion.</p>	
10.2 Operable	---
10.2.1 Keyboard accessible	---
<p>10.2.1.1 Keyboard</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 2.1.1 Keyboard.</p> <p>WCAG 2.1 Success Criterion 2.1.1 Keyboard</p> <p>Understanding Keyboard</p> <p>How to Meet Keyboard</p> <p>(Level A)</p> <p>All functionality of the content is operable through a keyboard interface without requiring specific timings for individual keystrokes, except where the underlying function requires input that depends on the path of the user's movement and not just the endpoints.</p> <p>Note: This exception relates to the underlying function, not the input technique. For example, if using handwriting to enter text, the input technique (handwriting) requires path-dependent input but the underlying function (text input) does not.</p> <p>Note: This does not forbid and should not discourage providing mouse input or other input methods in addition to keyboard operation.</p>	<p>C.10.2.1.1 Keyboard</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.1.1 Keyboard.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>10.2.1.2 No keyboard trap</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.3.</p> <p>Table 10.3: Document success criterion: No keyboard trap</p> <p>If keyboard focus can be moved to a component of the document using a keyboard interface, then focus can be moved away from that component using only a keyboard interface, and, if it requires more than unmodified arrow or tab keys or other standard exit methods, the user is advised of the method for moving focus away.</p> <p>NOTE 1: Since any part of a document that does not meet this success criterion can interfere with a user's ability to use the whole document, it is necessary for all content in the document (whether or not it is used to meet other success criteria) to meet this success criterion.</p> <p>NOTE 2: Standard exit methods may vary by platform. For example, on many desktop platforms, the Escape key is a standard method for exiting.</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap replacing "page" and "Web page" with "document", removing "See Conformance Requirement 5: Non-Interference" and with the addition of note 2 above and with note 1 above re-drafted to avoid the use of the word "must".</p> <p>WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap</p> <p>Understanding No Keyboard Trap</p> <p>How to Meet No Keyboard Trap</p> <p>(Level A)</p>	<p>C.10.2.1.2 No keyboard trap</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.3.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.1.4 Character key shortcuts</p> <p>Where ICT is a non-web document, it shall satisfy WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts.</p>	<p>C.10.2.1.4 Character key shortcuts</p> <p>Type of assessment</p> <p>Inspection</p>

EN 301 549 clause	Determination of compliance
<p>WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts</p> <p>Understanding Character Key Shortcuts</p> <p>How to Meet Character Key Shortcuts</p> <p>(Level A)</p> <p>If a keyboard shortcut is implemented in content using only letter (including upper- and lower-case letters), punctuation, number, or symbol characters, then at least one of the following is true:</p> <ul style="list-style-type: none"> • Turn off: A mechanism is available to turn the shortcut off; • Remap: A mechanism is available to remap the shortcut to use one or more non-printable keyboard characters (e.g. Ctrl, Alt, etc.); • Active only on focus: The keyboard shortcut for a user interface component is only active when that component has focus. 	<p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure:</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.2 Enough time</p>	<p>---</p>
<p>10.2.2.1 Timing adjustable</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.4.</p> <p>Table 10.4: Document success criterion: Timing adjustable</p> <p>For each time limit that is set by the document, at least one of the following is true:</p> <ul style="list-style-type: none"> • Turn off: The user is allowed to turn off the time limit before encountering it; or • Adjust: The user is allowed to adjust the time limit before encountering it over a wide range that is at least ten times the length of the default setting; or • Extend: The user is warned before time expires and given at least 20 seconds to extend the time limit with a simple action (for example, "press the space bar"), and the user is allowed to extend the time limit at least ten times; or 	<p>C.10.2.2.1 Timing adjustable</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.4.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<ul style="list-style-type: none"> • Real-time Exception: The time limit is a required part of a real-time event (for example, an auction), and no alternative to the time limit is possible; or • Essential Exception: The time limit is essential and extending it would invalidate the activity; or • 20 Hour Exception: The time limit is longer than 20 hours. <p>NOTE 1: This success criterion helps ensure that users can complete tasks without unexpected changes in content or context that are a result of a time limit. This success criterion should be considered in conjunction with WCAG 2.1 Success Criterion 3.2.1, which puts limits on changes of content or context as a result of user action.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable replacing "the content" with "documents" and with the words "WCAG 2.1" added before the word "Success Criterion" in note 1 above.</p> <p>WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable</p> <p>Understanding Timing Adjustable</p> <p>How to Meet Timing Adjustable</p> <p>(Level A)</p>	
<p>10.2.2.2 Pause, stop, hide</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.5.</p> <p>Table 10.5: Document success criterion: Pause, stop, hide</p> <p>For moving, blinking, scrolling, or auto-updating information, all of the following are true:</p> <ul style="list-style-type: none"> • Moving, blinking, scrolling: For any moving, blinking or scrolling information that (1) starts automatically, (2) lasts more than five seconds, and (3) is presented in parallel with other content, there is a mechanism for the user to pause, stop, or 	<p>C.10.2.2.2 Pause, stop, hide</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.5.</p>

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<p>hide it unless the movement, blinking, or scrolling is part of an activity where it is essential; and</p> <ul style="list-style-type: none"> • Auto-updating: For any auto-updating information that (1) starts automatically and (2) is presented in parallel with other content, there is a mechanism for the user to pause, stop, or hide it or to control the frequency of the update unless the auto-updating is part of an activity where it is essential. <p>NOTE 1: For requirements related to flickering or flashing content, refer to WCAG 2.1 Guideline 2.3.</p> <p>NOTE 2: Since any part of a document that does not meet this success criterion can interfere with a user's ability to use the whole document, it is necessary for all content in the document (whether it is used to meet other success criteria or not) to meet this success criterion.</p> <p>NOTE 3: Content that is updated periodically by software or that is streamed to the user agent is not required to preserve or present information that is generated or received between the initiation of the pause and resuming presentation, as this may not be technically possible, and in many situations could be misleading to do so.</p> <p>NOTE 4: An animation that occurs as part of a preload phase or similar situation can be considered essential if interaction cannot occur during that phase for all users and if not indicating progress could confuse users or cause them to think that content was frozen or broken.</p> <p>NOTE 5: This success criterion is identical to the WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide replacing "page" and "Web page" with "document", removing "See Conformance Requirement 5: Non-Interference" in note 2 of the success criterion, with the words "WCAG 2.1" added before the word "Guideline" in note 1 above and with note 2 above re-drafted to avoid the use of the word "must".</p> <p>Guideline 2.3 Seizures and Physical Reactions</p>	<p>Result</p> <p>Pass: Check 1 is true Fail: Check 1 is false</p>

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<p>Do not design content in a way that is known to cause seizures or physical reactions.</p> <p>WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide</p> <p>Understanding Pause, Stop, Hide</p> <p>How to Meet Pause, Stop, Hide</p> <p>(Level A)</p>	
<p>10.2.3 Seizures and physical reactions</p>	<p>---</p>
<p>10.2.3.1 Three flashes or below threshold</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.6.</p> <p>Table 10.6: Document success criterion: Three flashes or below threshold</p> <p>Documents do not contain anything that flashes more than three times in any one second period, or the flash is below the general flash and red flash thresholds.</p> <p>NOTE 1: Since any part of a document that does not meet this success criterion can interfere with a user's ability to use the whole document, it is necessary for all content in the document (whether it is used to meet other success criteria or not) to meet this success criterion.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold replacing "Web pages" with "documents", "the whole page" with "the whole document", "the Web page" with "the document" and removing "See Conformance Requirement 5: Non-Interference" and with note 1 above re-drafted to avoid the use of the word "must".</p> <p>WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold</p> <p>Understanding Three Flashes or Below Threshold</p> <p>How to Meet Three Flashes or Below Threshold</p> <p>(Level A)</p>	<p>C.10.2.3.1 Three flashes or below threshold</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.6.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>10.2.4 Navigable</p>	<p>---</p>
<p>10.2.4.2 Document titled</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.7.</p> <p>Table 10.7: Document success criterion: Document titled</p> <p>Documents have titles that describe topic or purpose.</p> <p>NOTE 1: The name of a document (e.g. document, media file) is a sufficient title if it describes the topic or purpose.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.4.2 Page Titled replacing "Web pages" with "documents" and with the addition of note 1 above.</p> <p>WCAG 2.1 Success Criterion 2.4.2 Page Titled</p> <p>Understanding Page Titled</p> <p>How to Meet Page Titled</p> <p>(Level A)</p>	<p>C.10.2.4.2 Document titled</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.7.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.4.3 Focus Order</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.8.</p> <p>Table 10.8: Document success criterion: Focus order</p> <p>If a document can be navigated sequentially and the navigation sequences affect meaning or operation, focusable components receive focus in an order that preserves meaning and operability.</p> <p>NOTE: This success criterion is identical to the WCAG 2.1 Success Criterion 2.4.3 Focus Order replacing "Web page" with "document".</p> <p>WCAG 2.1 Success Criterion 2.4.3 Focus Order</p> <p>Understanding Focus Order</p>	<p>C.10.2.4.3 Focus Order</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.8.</p> <p>Result</p> <p>Pass: Check 1 is true Fail: Check 1 is false</p>

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<p>How to Meet Focus Order</p> <p>(Level A)</p>	
<p>10.2.4.4 Link purpose (in context)</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context).</p> <p>WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context)</p> <p>Understanding Link Purpose (In Context)</p> <p>How to Meet Link Purpose (In Context)</p> <p>(Level A)</p> <p>The purpose of each link can be determined from the link text alone or from the link text together with its programmatically determined link context, except where the purpose of the link would be ambiguous to users in general.</p>	<p>C.10.2.4.4 Link purpose (in context)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.4.6 Headings and labels</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 2.4.6 Headings and Labels.</p> <p>WCAG 2.1 Success Criterion 2.4.6 Headings and Labels</p> <p>Understanding Headings and Labels</p> <p>How to Meet Headings and Labels</p> <p>(Level AA)</p> <p>Headings and labels describe topic or purpose</p>	<p>C.10.2.4.6 Headings and labels</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.4.6 Headings and Labels.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.4.7 Focus visible</p>	<p>C.10.2.4.7 Focus visible</p>

EN 301 549 clause	Determination of compliance
<p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 2.4.7 Focus Visible</p> <p>WCAG 2.1 Success Criterion 2.4.7 Focus Visible</p> <p>Understanding Focus Visible</p> <p>How to Meet Focus Visible</p> <p>(Level AA)</p> <p>Any keyboard operable user interface has a mode of operation where the keyboard focus indicator is visible.</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.4.7 Focus Visible.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.5 Input modalities</p>	<p>---</p>
<p>10.2.5.1 Pointer gestures</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.9.</p> <p>Table 10.9: Document success criterion: Pointer gestures</p> <p>All functionality that uses multipoint or path-based gestures for operation can be operated with a single pointer without a path-based gesture, unless a multipoint or path-based gesture is essential.</p> <p>NOTE 1: This requirement applies to documents that interpret pointer actions (i.e. this does not apply to actions that are required to operate the user agent or assistive technology).</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures replacing the original WCAG 2.1 note with note 1 above.</p> <p>WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures</p> <p>Understanding Pointer Gestures</p>	<p>C.10.2.5.1 Pointer gestures</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.9</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>How to Meet Pointer Gestures</p> <p>(Level A)</p>	
<p>10.2.5.2 Pointer cancellation</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.10.</p> <p>Table 10.10: Document success criterion: Pointer cancellation</p> <p>For functionality that can be operated using a single pointer, at least one of the following is true:</p> <ul style="list-style-type: none"> • No Down-Event: The down-event of the pointer is not used to execute any part of the function; • Abort or Undo: Completion of the function is on the up-event, and a mechanism is available to abort the function before completion or to undo the function after completion; • Up Reversal: The up-event reverses any outcome of the preceding down-event; • Essential: Completing the function on the down-event is essential. <p>NOTE 1: Functions that emulate a keyboard or numeric keypad key press are considered essential.</p> <p>NOTE 2: This requirement applies to a document that interprets pointer actions (i.e. this does not apply to actions that are required to operate the user agent or assistive technology).</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation replacing the original WCAG 2.1 note with notes 1 and 2 above.</p> <p>WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation</p> <p>Understanding Pointer Cancellation</p> <p>How to Meet Pointer Cancellation</p> <p>(Level A)</p>	<p>C.10.2.5.2 Pointer cancellation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the success criterion in Table 10.10</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>10.2.5.3 Label in name</p> <p>Where ICT is a non-web document, it shall satisfy WCAG 2.1 Success Criterion 2.5.3 Label in Name.</p> <p>WCAG 2.1 Success Criterion 2.5.3 Label in Name</p> <p>Understanding Label in Name</p> <p>How to Meet Label in Name</p> <p>(Level A)</p> <p>For user interface components with labels that include text or images of text, the name contains the text that is presented visually.</p> <p>Note: A best practice is to have the text of the label at the start of the name.</p>	<p>C.10.2.5.3 Label in name</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.5.3 Label in Name.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.2.5.4 Motion actuation</p> <p>Where ICT is a non-web document, it shall satisfy WCAG 2.1 Success Criterion 2.5.4 Motion Actuation.</p> <p>WCAG 2.1 Success Criterion 2.5.4 Motion Actuation</p> <p>Understanding Motion Actuation</p> <p>How to Meet Motion Actuation</p> <p>(Level A)</p> <p>Functionality that can be operated by device motion or user motion can also be operated by user interface components and responding to the motion can be disabled to prevent accidental actuation, except when:</p> <ul style="list-style-type: none"> Supported Interface: The motion is used to operate functionality through an accessibility supported interface; Essential: The motion is essential for the function and doing so would invalidate the activity. 	<p>C.10.2.5.4 Motion actuation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 2.5.4 Motion Actuation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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10.3 Understandable	---
10.3.1 Readable	---
<p>10.3.1.1 Language of page</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.11.</p> <p>Table 10.11: Document success criterion: Language of page</p> <p>The default human language of each document can be programmatically determined.</p> <p>NOTE: This success criterion is identical to the WCAG 2.1 Success Criterion 3.1.1 Language of Page replacing "web page" with "document".</p> <p>WCAG 2.1 Success Criterion 3.1.1 Language of Page</p> <p>Understanding Language of Page</p> <p>How to Meet Language of Page</p> <p>(Level A)</p>	<p>C.10.3.1.1 Language of page</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.11.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.3.1.2 Language of parts</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.12.</p> <p>Table 10.12: Document success criterion: Language of parts</p> <p>The human language of each passage or phrase in the document can be programmatically determined except for proper names, technical terms, words of indeterminate language, and words or phrases that have become part of the vernacular of the immediately surrounding text.</p> <p>NOTE 1: There are some document technologies where there is no assistive technology supported method for marking the language for the different passages or phrases in the document, and it would not be possible to meet this success criterion with those technologies.</p> <p>NOTE 2: Inheritance is one common method. For example a document provides the language that it</p>	<p>C.10.3.1.2 Language of parts</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.12.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>is using and it can be assumed that all of the text or user interface elements within that document will be using the same language unless it is indicated.</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 3.1.2 Language of Parts replacing "content" with "document" and with the addition of notes 1 and 2 above.</p> <p>WCAG 2.1 Success Criterion 3.1.2 Language of Parts</p> <p>Understanding Language of Parts</p> <p>How to Meet Language of Parts</p> <p>(Level AA)</p>	
<p>10.3.2 Predictable</p>	<p>---</p>
<p>10.3.2.1 On focus</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 3.2.1 On Focus.</p> <p>NOTE: Some compound documents and their user agents are designed to provide significantly different viewing and editing functionality depending upon what portion of the compound document is being interacted with (e.g. a presentation that contains an embedded spreadsheet, where the menus and toolbars of the user agent change depending upon whether the user is interacting with the presentation content, or the embedded spreadsheet content). If the user uses a mechanism other than putting focus on that portion of the compound document with which they mean to interact (e.g. by a menu choice or special keyboard gesture), any resulting change of context would not be subject to this success criterion because it was not caused by a change of focus.</p> <p>WCAG 2.1 Success Criterion 3.2.1 On Focus</p> <p>Understanding On Focus</p> <p>How to Meet On Focus</p> <p>(Level A)</p>	<p>C.10.3.2.1 On focus</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 3.2.1 On Focus.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>When any user interface component receives focus, it does not initiate a change of context.</p>	
<p>10.3.2.2 On input</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 3.2.2 On Input.</p> <p>WCAG 2.1 Success Criterion 3.2.2 On Input</p> <p>Understanding On Input</p> <p>How to Meet On Input</p> <p>(Level A)</p> <p>Changing the setting of any user interface component does not automatically cause a change of context unless the user has been advised of the behavior before using the component.</p>	<p>C.10.3.2.2 On input</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 3.2.2 On Input.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.3.3 Input assistance</p>	<p>---</p>
<p>10.3.3.1 Error identification</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 3.3.1 Error Identification.</p> <p>WCAG 2.1 Success Criterion 3.3.1 Error Identification</p> <p>Understanding Error Identification</p> <p>How to Meet Error Identification</p> <p>(Level A)</p> <p>If an input error is automatically detected, the item that is in error is identified and the error is described to the user in text.</p>	<p>C.10.3.3.1 Error identification</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 3.3.1 Error Identification.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.3.3.2 Labels or instructions</p>	<p>C.10.3.3.2 Labels or instructions</p> <p>Type of assessment</p>

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<p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions.</p> <p>WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions</p> <p>Understanding Labels or Instructions</p> <p>How to Meet Labels or Instructions</p> <p>(Level A)</p> <p>Labels or instructions are provided when content requires user input.</p>	<p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.3.3.3 Error suggestion</p> <p>Where ICT is a non-web document, it shall satisfy the WCAG 2.1 Success Criterion 3.3.3 Error Suggestion.</p> <p>WCAG 2.1 Success Criterion 3.3.3 Error Suggestion</p> <p>Understanding Error Suggestion</p> <p>How to Meet Error Suggestion</p> <p>(Level AA)</p> <p>If an input error is automatically detected and suggestions for correction are known, then the suggestions are provided to the user, unless it would jeopardize the security or purpose of the content.</p>	<p>C.10.3.3.3 Error suggestion</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail WCAG 2.1 Success Criterion 3.3.3 Error Suggestion [4].</p> <p>Result:</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.3.3.4 Error prevention (legal, financial, data)</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.13.</p> <p>Table 10.13: Document success criterion: Error prevention (legal, financial, data)</p> <p>For documents that cause legal commitments or financial transactions for the user to occur, that modify or delete user-controllable data in data</p>	<p>C.10.3.3.4 Error prevention (legal, financial, data)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p>

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<p>storage systems, or that submit user test responses, at least one of the following is true:</p> <ol style="list-style-type: none"> 1. Reversible: Submissions are reversible. 2. Checked: Data entered by the user is checked for input errors and the user is provided an opportunity to correct them. 3. Confirmed: A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission. <p>NOTE: This success criterion is identical to the WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data) replacing "web pages" with "documents".</p> <p>WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data)</p> <p>Understanding Error Prevention (Legal, Financial, Data)</p> <p>How to Meet Error Prevention (Legal, Financial, Data)</p> <p>(Level AA)</p>	<p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.13.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
10.4 Robust	---
10.4.1 Compatible	---
<p>10.4.1.1 Parsing</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.14.</p> <p>Table 10.14: Document success criterion: Parsing</p> <p>For documents that use markup languages, in such a way that the markup is separately exposed and available to assistive technologies and accessibility features of software or to a user-selectable user agent, elements have complete start and end tags, elements are nested according to their specifications, elements do not contain duplicate attributes, and any IDs are unique, except where the specifications allow these features.</p> <p>NOTE 1: Start and end tags that are missing a critical character in their formation, such as a</p>	<p>C.10.4.1.1 Parsing</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p> <p>1. Check that the document does not fail the Success Criterion in Table 10.14.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>closing angle bracket or a mismatched attribute value quotation mark are not complete.</p> <p>NOTE 2: Markup is not always available to assistive technology or to user selectable user agents such as browsers. In such cases, conformance to this provision would have no impact on accessibility as it can for web content where it is exposed.</p> <p>NOTE 3: Examples of markup that is separately exposed and available to assistive technologies and to user agents include but are not limited to: documents encoded in HTML, ODF, and OOXML. In these examples, the markup can be parsed entirely in two ways: (a) by assistive technologies which may directly open the document, (b) by assistive technologies using DOM APIs of user agents for these document formats.</p> <p>NOTE 4: This success criterion is identical to the WCAG 2.1 Success Criterion 4.1.1 Parsing replacing "In content implemented using markup languages" with "For documents that use markup languages, in such a way that the markup is separately exposed and available to assistive technologies and accessibility features of software or to a user-selectable user agent" with the addition of notes 2 and 3 above.</p> <p>WCAG 2.1 Success Criterion 4.1.1 Parsing</p> <p>Understanding Parsing</p> <p>How to Meet Parsing</p> <p>(Level A)</p>	
<p>10.4.1.2 Name, role, value</p> <p>Where ICT is a non-web document, it shall satisfy the success criterion in Table 10.15.</p> <p>Table 10.15: Document success criterion: Name, role, value</p> <p>For all user interface components (including but not limited to: form elements, links and components generated by scripts), the name and role can be programmatically determined; states, properties, and values that can be set by the user can be programmatically set; and notification of</p>	<p>C.10.4.1.2 Name, role, value</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is a non-web document.</p> <p>Procedure</p>

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<p>changes to these items is available to user agents, including assistive technologies.</p> <p>NOTE 1: This success criterion is primarily for software developers who develop or use custom user interface components. Standard user interface components on most accessibility-supported platforms already meet this success criterion when used according to specification.</p> <p>NOTE 2: For document formats that support interoperability with assistive technology, standard user interface components often meet this success criterion when used according to the general design and accessibility guidance for the document format.</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value replacing the original WCAG 2.1 note with note 1 and with the addition of note 2 above.</p> <p>WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value</p> <p>Understanding Name, Role, Value</p> <p>How to Meet Name, Role, Value</p> <p>(Level A)</p>	<p>1. Check that the document does not fail the Success Criterion in Table 10.15.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>10.5 Caption positioning</p> <p>Where ICT is a non-web document that contains synchronized media with captions, the captions should not obscure relevant information in the synchronized media.</p>	<p>C.10.5 Caption positioning</p> <p>Clause 10.5 contains no requirements requiring test.</p>
<p>10.6 Audio description timing</p> <p>Where ICT is a non-web document that contains synchronized media with audio description, the audio description should not interfere with relevant audio information in the synchronized media.</p>	<p>C.10.6 Audio description timing</p> <p>Clause 10.6 contains no requirements requiring test.</p>
<p>11 Software</p>	<p>---</p>
<p>11.0 General (informative)</p> <p>This clause provides requirements for:</p> <ul style="list-style-type: none"> • platform software; • software that provides a user interface including content that is in the software; 	<p>C.11.0 General (informative)</p> <p>Clause 11.0 is advisory only and contains no requirements requiring test.</p>

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<ul style="list-style-type: none"> • authoring tools; • software that operates as assistive technology. <p>NOTE 1: User agents are examples of software that provide a user interface.</p> <p>NOTE 2: The requirements for Web content, including software that is Web content, can be found in clause 9.</p> <p>NOTE 3: The requirements for documents, that may be presented by user agents, can be found in clause 10.</p> <p>NOTE 4: Although the accessibility of command line interfaces is not dealt with in the present document, accessibility may be achieved by context specific requirements, some of which may be found in clauses 5 or 11.</p> <p>Requirements in clauses 11.1 to 11.5 apply to software:</p> <ul style="list-style-type: none"> • that is not a web page; • not embedded in web pages nor used in the rendering or functioning of the page. <p>Clause 9 provides requirements for software that is in web pages or that is embedded in web pages and that is used in the rendering or that is intended to be rendered together with the web page in which it is embedded.</p> <p>Some requirements in clauses 11.1 to 11.5 have different versions for open or closed functionality. In those cases, the corresponding clause will be divided into two subclauses.</p> <p>The success criteria set out in clauses 11.1 to 11.5 are intended to harmonize with the W3C Working Group Note [i.26] produced by the W3C's WCAG2ICT Task Force.</p> <p>NOTE 5: Software that provides a user interface includes its own content. Some examples of content in software include: the controls and text displayed in a menu bar of a graphical user interface application, images that appear in a toolbar, prompts spoken in an auditory user interface, other user interaction controls, and other</p>	

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text, graphics or material that is not loaded from outside the software.	
11.1 Perceivable	---
11.1.1 Text alternatives	---
11.1.1.1 Non-text content	---
<p>11.1.1.1.1 Non-text content (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall satisfy WCAG 2.1 Success Criterion 1.1.1 Non-text Content.</p> <p>NOTE: CAPTCHAs do not currently appear outside of the Web. However, if they do appear, this guidance is accurate.</p> <p>WCAG 2.1 Success Criterion 1.1.1 Non-text Content</p> <p>Understanding Non-text Content</p> <p>How to Meet Non-text Content</p> <p>(Level A)</p> <p>All non-text content that is presented to the user has a text alternative that serves the equivalent purpose, except for the situations listed below.</p> <ul style="list-style-type: none"> • Controls, Input: If non-text content is a control or accepts user input, then it has a name that describes its purpose. (Refer to Success Criterion 4.1.2 for additional requirements for controls and content that accepts user input.) • Time-Based Media: If non-text content is time-based media, then text alternatives at least provide descriptive identification of the non-text content. (Refer to Guideline 1.2 for additional requirements for media.) • Test: If non-text content is a test or exercise that would be invalid if presented in text, then text alternatives at least provide descriptive identification of the non-text content. • Sensory: If non-text content is primarily intended to create a specific sensory experience, then text alternatives at least 	<p>C.11.1.1.1 Non-text content (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to assistive technologies for screen reading. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail WCAG 2.1 Success Criterion 1.1.1 Non-text Content. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>provide descriptive identification of the non-text content.</p> <ul style="list-style-type: none"> • CAPTCHA: If the purpose of non-text content is to confirm that content is being accessed by a person rather than a computer, then text alternatives that identify and describe the purpose of the non-text content are provided, and alternative forms of CAPTCHA using output modes for different types of sensory perception are provided to accommodate different disabilities. • Decoration, Formatting, Invisible: If non-text content is pure decoration, is used only for visual formatting, or is not presented to users, then it is implemented in a way that it can be ignored by assistive technology. 	
<p>11.1.1.1.2 Non-text content (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading, it shall meet requirement 5.1.3.6 (Speech output for non-text content).</p>	<p>C.11.1.1.1.2 Non-text content (closed functionality)</p> <p>Type of assessment</p> <p>Testing</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The user interface is closed to assistive technologies for screen reading. 3. Non-text content is presented to users via speech output. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that speech output is provided as an alternative for non-text content. 2. Check that the non-text content is not pure decoration. 3. Check that the non-text content is not used only for visual formatting. 4. Check that the speech output follows the guidance for "text alternative" described in

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	<p>WCAG 2.1 Success Criterion 1.1.1 Non-text Content.</p> <p>Result</p> <p>Pass: Check (1 and 2 and 3 and 4 are true) or (1 and 2 are false) or (1 and 3 are false)</p> <p>Fail: Checks (1 true and 2 false) or (1 true and 3 false) or (1 and 2 and 3 are true and 4 is false)</p>
11.1.2 Time-based media	---
11.1.2.1 Audio-only and video-only (prerecorded)	---
<p>11.1.2.1.1 Audio-only and video-only (prerecorded - open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading and where pre-recorded auditory information is not needed to enable the use of closed functions of ICT, it shall satisfy the WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded).</p> <p>NOTE: The alternative can be provided directly in the software - or provided in an alternate version that meets the success criterion.</p> <p>Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded)</p> <p>Understanding Audio-only and Video-only (Prerecorded)</p> <p>How to Meet Audio-only and Video-only (Prerecorded)</p> <p>(Level A)</p> <p>For prerecorded audio-only and prerecorded video-only media, the following are true, except when the audio or video is a media alternative for text and is clearly labeled as such:</p> <ul style="list-style-type: none"> • Prerecorded Audio-only: An alternative for time-based media is provided that presents equivalent information for prerecorded audio-only content. 	<p>C.11.1.2.1.1 Audio-only and video-only (prerecorded - open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to assistive technologies for screen reading. 3. Pre-recorded auditory information is not needed to enable the use of closed functions of ICT. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail WCAG 2.1 Success Criterion 1.2.1 Audio-only and Video-only (Prerecorded). <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<ul style="list-style-type: none"> Prerecorded Video-only: Either an alternative for time-based media or an audio track is provided that presents equivalent information for prerecorded video-only content 	
11.1.2.1.2 Audio-only and video-only (prerecorded - closed functionality)	---
11.1.2.1.2.1 Prerecorded audio-only (closed functionality) Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading and where pre-recorded auditory information is needed to enable the use of closed functions of ICT, the functionality of software that provides a user interface shall meet requirement 5.1.5 (Visual output for auditory information).	C.11.1.2.1.2.1 Prerecorded audio-only (closed functionality) Type of assessment Inspection Pre-conditions 1. ICT is non-web software that provides a user interface. 2. The user interface is closed to assistive technologies for screen reading. 3. Pre-recorded auditory information is needed to enable the use of closed functions of ICT. Procedure 1. Check that the visual information is equivalent to the pre-recorded auditory output. Result Pass: Check 1 is true Fail: Check 1 is false
11.1.2.1.2.2 Prerecorded video-only (closed functionality) Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading, it shall meet requirement 5.1.3.7 (Speech output for video information).	C.11.1.2.1.2.2 Prerecorded video-only (closed functionality) Type of assessment Inspection Pre-conditions

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	<p>1. ICT is non-web software that provides a user interface.</p> <p>2. The user interface is closed to assistive technologies for screen reading.</p> <p>3. Pre-recorded video content is needed to enable the use of closed functions of ICT.</p> <p>4. Speech output is provided as non-visual access to non-text content displayed on closed functionality.</p> <p>Procedure</p> <p>1. Check that the speech output presents equivalent information for the pre-recorded video content.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.2.2 Captions (prerecorded)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>NOTE: The WCAG 2.1 definition of "captions" notes that "in some countries, captions are called subtitles". They are also sometimes referred to as "subtitles for the hearing impaired". Per the definition in WCAG 2.1, to meet this success criterion, whether called captions or subtitles, they would have to provide "synchronized visual and / or text alternative for both speech and non-speech audio information needed to understand the media content" where non-speech information includes "sound effects, music, laughter, speaker identification and location".</p> <p>WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded)</p> <p>Understanding Captions (Prerecorded)</p> <p>How to Meet Captions (Prerecorded)</p>	<p>C.11.1.2.2 Captions (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.2.2 Captions (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>(Level A)</p> <p>Captions are provided for all prerecorded audio content in synchronized media, except when the media is a media alternative for text and is clearly labeled as such.</p>	
<p>11.1.2.3 Audio description or media alternative (prerecorded)</p>	<p>---</p>
<p>11.1.2.3.1 Audio description or media alternative (prerecorded - open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall satisfy the WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>NOTE 1: The WCAG 2.1 definition of "audio description" says that "audio description" is "also called 'video description' and 'descriptive narration'".</p> <p>NOTE 2: Secondary or alternate audio tracks are commonly used for this purpose.</p> <p>WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded)</p> <p>Understanding Audio Description or Media Alternative (Prerecorded)</p> <p>How to Meet Audio Description or Media Alternative (Prerecorded)</p> <p>(Level A)</p> <p>An alternative for time-based media or audio description of the prerecorded video content is provided for synchronized media, except when the media is a media alternative for text and is clearly labeled as such.</p>	<p>C.11.1.2.3.1 Audio description or media alternative (prerecorded - open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to assistive technologies for screen reading.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.2.3 Audio Description or Media Alternative (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.2.3.2 Audio description or media alternative (prerecorded - closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading, it shall meet requirement 5.1.3.7 (Speech output for video information).</p>	<p>C.11.1.2.3.2 Audio description or media alternative (prerecorded - closed functionality)</p> <p>Type of assessment</p> <p>Inspection</p>

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	<p>Pre-conditions</p> <ol style="list-style-type: none"> 1. ICT is non-web software that provides a user interface. 2. The user interface is closed to assistive technologies for screen reading. 3. Speech output is provided as non-visual access to non-text content displayed on closed functionality. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the speech output presents equivalent information for the pre-recorded video content. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.2.4 Captions (live)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.2.4 Captions (Live).</p> <p>NOTE: The WCAG 2.1 definition of "captions" notes that "in some countries, captions are called subtitles". They are also sometimes referred to as "subtitles for the hearing impaired". Per the definition in WCAG 2.1, to meet this success criterion, whether called captions or subtitles, they would have to provide "synchronized visual and / or text alternative for both speech and non-speech audio information needed to understand the media content" where non-speech information includes "sound effects, music, laughter, speaker identification and location".</p> <p>WCAG 2.1 Success Criterion 1.2.4 Captions (Live)</p> <p>Understanding Captions (Live)</p> <p>How to Meet Captions (Live)</p>	<p>C.11.1.2.4 Captions (live)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail WCAG 2.1 Success Criterion 1.2.4 Captions (Live). <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>(Level AA)</p> <p>Captions are provided for all live audio content in synchronized media.</p>	
<p>11.1.2.5 Audio description (prerecorded)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p> <p>NOTE 1: The WCAG 2.1 definition of "audio description" says that audio description is "Also called 'video description' and 'descriptive narration'".</p> <p>NOTE 2: Secondary or alternate audio tracks are commonly used for this purpose.</p> <p>WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p> <p>Understanding Audio Description (Prerecorded)</p> <p>How to Meet Audio Description (Prerecorded)</p> <p>(Level AA)</p> <p>Audio description is provided for all prerecorded video content in synchronized media.</p>	<p>C.11.1.2.5 Audio description (prerecorded)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.2.5 Audio Description (Prerecorded).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.3 Adaptable</p>	<p>---</p>
<p>11.1.3.1 Info and relationships</p>	<p>---</p>
<p>11.1.3.1.1 Info and relationships (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall satisfy the WCAG 2.1 Success Criterion 1.3.1 Info and Relationships.</p> <p>NOTE: In software, programmatic determinability is best achieved through the use of accessibility services provided by platform software to enable interoperability between software and assistive technologies and accessibility features of software. (see clause 11.5 Interoperability with assistive technology).</p>	<p>C.11.1.3.1.1 Info and relationships (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to assistive technologies for screen reading.</p>

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<p>WCAG 2.1 Success Criterion 1.3.1 Info and Relationships</p> <p>Understanding Info and Relationships</p> <p>How to Meet Info and Relationships</p> <p>(Level A)</p> <p>Information, structure, and relationships conveyed through presentation can be programmatically determined or are available in text.</p>	<p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.3.1 Info and Relationships.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.3.1.2 Info and relationships (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading and where information is displayed on the screen, the ICT should provide auditory information that allows the user to correlate the audio with the information displayed on the screen.</p> <p>NOTE 1: Many people who are legally blind still have visual ability, and use aspects of the visual display even if it cannot be fully comprehended. An audio alternative that is both complete and complementary includes all visual information such as focus or highlighting, so that the audio can be correlated with information that is visible on the screen at any point in time.</p> <p>NOTE 2: Examples of auditory information that allows the user to correlate the audio with the information displayed on the screen include structure and relationships conveyed through presentation.</p>	<p>C.11.1.3.1.2 Info and relationships (closed functionality)</p> <p>This clause is informative only and contains no requirements requiring test.</p>
<p>11.1.3.2 Meaningful sequence</p>	<p>---</p>
<p>11.1.3.2.1 Meaningful sequence (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall satisfy the WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence.</p> <p>WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence</p>	<p>C.11.1.3.2.1 Meaningful sequence (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p>

EN 301 549 clause	Determination of compliance
<p>Understanding Meaningful Sequence</p> <p>How to Meet Meaningful Sequence</p> <p>(Level A)</p> <p>When the sequence in which content is presented affects its meaning, a correct reading sequence can be programmatically determined.</p>	<p>2. The software provides support to assistive technologies for screen reading.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.3.2 Meaningful Sequence.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.3.2.2 Meaningful sequence (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading and where information is displayed on the screen, the ICT should provide auditory information that allows the user to correlate the audio with the information displayed on the screen.</p> <p>NOTE 1: Many people who are legally blind still have visual ability, and use aspects of the visual display even if it cannot be fully comprehended. An audio alternative that is both complete and complementary includes all visual information such as focus or highlighting, so that the audio can be correlated with information that is visible on the screen at any point in time.</p> <p>NOTE 2: Examples of auditory information that allows the user to correlate the audio with the information displayed on the screen include structure and relationships conveyed through presentation.</p>	<p>C.11.1.3.2.2 Meaningful sequence (closed functionality)</p> <p>This clause is informative only and contains no requirements requiring test.</p>
<p>11.1.3.3 Sensory characteristics</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>Success Criterion 1.3.3 Sensory Characteristics</p> <p>Understanding Sensory Characteristics</p>	<p>C.11.1.3.3 Sensory characteristics</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p>

EN 301 549 clause	Determination of compliance
<p>How to Meet Sensory Characteristics</p> <p>(Level A)</p> <p>Instructions provided for understanding and operating content do not rely solely on sensory characteristics of components such as shape, color, size, visual location, orientation, or sound.</p>	<p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.3.3 Sensory Characteristics.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.3.4 Orientation</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.3.4 Orientation.</p> <p>WCAG 2.1 Success Criterion 1.3.4 Orientation</p> <p>Understanding Orientation</p> <p>How to Meet Orientation</p> <p>(Level AA)</p> <p>Content does not restrict its view and operation to a single display orientation, such as portrait or landscape, unless a specific display orientation is essential.</p> <p>Note: Examples where a particular display orientation may be essential are a bank check, a piano application, slides for a projector or television, or virtual reality content where binary display orientation is not applicable.</p>	<p>C.11.1.3.4 Orientation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.3.4 Orientation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.3.5 Identify input purpose</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose.</p> <p>WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose</p> <p>Understanding Identify Input Purpose</p> <p>How to Meet Identify Input Purpose</p>	<p>C.11.1.3.5 Identify input purpose</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p>

EN 301 549 clause	Determination of compliance
<p>(Level AA)</p> <p>The purpose of each input field collecting information about the user can be programmatically determined when:</p> <ul style="list-style-type: none"> • The input field serves a purpose identified in the Input Purposes for User Interface Components section; and • The content is implemented using technologies with support for identifying the expected meaning for form input data. 	<p>2. The software provides support to at least one assistive technology.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.3.5 Identify Input Purpose.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4 Distinguishable</p>	<p>---</p>
<p>11.1.4.1 Use of colour</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>WCAG 2.1 Success Criterion 1.4.1 Use of Color</p> <p>Understanding Use of Color</p> <p>How to Meet Use of Color</p> <p>(Level A)</p> <p>Color is not used as the only visual means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.</p> <p>Note: This success criterion addresses color perception specifically. Other forms of perception are covered in Guideline 1.3 including programmatic access to color and other visual presentation coding.</p>	<p>C.11.1.4.1 Use of colour</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.4.1 Use of Color.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4.2 Audio control</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.1.</p> <p>Table 11.1: Software success criterion: Audio control</p>	<p>C.11.1.4.2 Audio control</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p>

EN 301 549 clause	Determination of compliance
<p>If any audio in a software plays automatically for more than 3 seconds, either a mechanism is available to pause or stop the audio, or a mechanism is available to control audio volume independently from the overall system volume level.</p> <p>NOTE 1: Since any part of a software that does not meet this success criterion can interfere with a user's ability to use the whole software, all content in the software (whether or not it is used to meet other success criteria) shall meet this success criterion.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 1.4.2 Audio Control replacing "on a Web page" with "in a software", "any content" with "any part of a software", "whole page" with "whole software", "on the Web page" with "in the software", removing "See Conformance Requirement 5: Non-Interference" and adding note 1.</p> <p>WCAG 2.1 Success Criterion 1.4.2 Audio Control</p> <p>Understanding Audio Control</p> <p>How to Meet Audio Control</p> <p>(Level A)</p>	<p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.1.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4.3 Contrast (minimum)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum).</p> <p>WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum)</p> <p>Understanding Contrast (Minimum)</p> <p>How to Meet Contrast (Minimum)</p> <p>(Level AA)</p> <p>The visual presentation of text and images of text has a contrast ratio of at least 4.5:1, except for the following:</p>	<p>C.11.1.4.3 Contrast (minimum)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.4.3 Contrast (Minimum).</p> <p>Result</p>

EN 301 549 clause	Determination of compliance
<ul style="list-style-type: none"> • Large Text: Large-scale text and images of large-scale text have a contrast ratio of at least 3:1; • Incidental: Text or images of text that are part of an inactive user interface component, that are pure decoration, that are not visible to anyone, or that are part of a picture that contains significant other visual content, have no contrast requirement. • Logotypes: Text that is part of a logo or brand name has no contrast requirement. 	Pass: Check 1 is true Fail: Check 1 is false
11.1.4.4 Resize text	---
<p>11.1.4.4.1 Resize text (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to enlargement features of platform or assistive technology, it shall satisfy the WCAG 2.1 Success Criterion 1.4.4 Resize Text.</p> <p>NOTE 1: Content for which there are software players, viewers or editors with a 200 percent zoom feature would automatically meet this success criterion when used with such players, unless the content will not work with zoom.</p> <p>NOTE 2: This success criterion is about the ability to allow users to enlarge the text on screen at least up to 200 % without needing to use assistive technologies. This means that the application provides some means for enlarging the text 200 % (zoom or otherwise) without loss of content or functionality or that the application works with the platform features that meet this requirement.</p> <p>WCAG 2.1 Success Criterion 1.4.4 Resize text</p> <p>Understanding Resize text</p> <p>How to Meet Resize text</p> <p>(Level AA)</p> <p>Except for captions and images of text, text can be resized without assistive technology up to 200 percent without loss of content or functionality.</p>	<p>C.11.1.4.4.1 Resize text (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to enlargement features of platform or assistive technology. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail WCAG 2.1 Success Criterion 1.4.4 Resize text. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

EN 301 549 clause	Determination of compliance
<p>11.1.4.4.2 Resize text (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is not able to access the enlargement features of platform or assistive technology, it shall meet requirement 5.1.4 (Functionality closed to text enlargement).</p> <p>NOTE: Because the text rendering support in a closed environment may be more limited than the support found in user agents for the Web, meeting 11.1.4.4.2 in a closed environment may place a much heavier burden on the content author.</p>	<p>C.11.1.4.4.2 Resize text (closed functionality)</p> <p>Type of assessment</p> <p>Inspection and measurement</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. ICT is non-web software that provides a user interface. 2. The user interface is closed to enlargement features of platform or assistive technology. 3. A viewing distance is specified by the supplier. <p>Procedure</p> <ol style="list-style-type: none"> 1. Measure the height of a capital letter H. 2. Check that it subtends an angle of at least 0,7 degrees at the specified viewing distance. <p>Result</p> <p>Pass: Check 2 is true</p> <p>Fail: Check 2 is false</p>
<p>11.1.4.5 Images of text</p>	<p>---</p>
<p>11.1.4.5.1 Images of text (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall satisfy the WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>Criterion 1.4.5 Images of Text.</p> <p>Understanding Images of Text</p> <p>How to Meet Images of Text</p> <p>(Level AA)</p>	<p>C.11.1.4.5.1 Images of text (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to assistive technologies for screen reading.

EN 301 549 clause	Determination of compliance
<p>If the technologies being used can achieve the visual presentation, text is used to convey information rather than images of text except for the following:</p> <ul style="list-style-type: none"> • Customizable: The image of text can be visually customized to the user's requirements; • Essential: A particular presentation of text is essential to the information being conveyed. <p>Note: Logotypes (text that is part of a logo or brand name) are considered essential.</p>	<p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.4.5 Images of Text.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4.5.2 Images of text (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading, it does not need to meet the WCAG 2.1 Success Criterion 1.4.5 Images of Text because there is no need to impose a requirement on all closed functionality that text displayed on the screen actually be represented internally as text (as defined by WCAG 2.1), given that there is no interoperability with assistive technology.</p> <p>Criterion 1.4.5 Images of Text.</p> <p>Understanding Images of Text</p> <p>How to Meet Images of Text</p> <p>(Level AA)</p> <p>If the technologies being used can achieve the visual presentation, text is used to convey information rather than images of text except for the following:</p> <ul style="list-style-type: none"> • Customizable: The image of text can be visually customized to the user's requirements; • Essential: A particular presentation of text is essential to the information being conveyed. <p>Note: Logotypes (text that is part of a logo or brand name) are considered essential.</p>	<p>C.11.1.4.5.2 Images of text (closed functionality)</p> <p>This clause is informative only and contains no requirements requiring test.</p>
<p>11.1.4.10 Reflow</p>	<p>---</p>

EN 301 549 clause	Determination of compliance
<p>11.1.4.10.1 Reflow (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall satisfy the success criterion in Table 11.2.</p> <p>Table 11.2: Document success criterion: Reflow (open functionality)</p> <p>Content can be presented without loss of information or functionality, and without requiring scrolling in two dimensions for:</p> <ul style="list-style-type: none"> • Vertical scrolling content at a width equivalent to 320 CSS pixels; • Horizontal scrolling content at a height equivalent to 256 CSS pixels; <p>Except for parts of the content which require two-dimensional layout for usage or meaning.</p> <p>NOTE 1: 320 CSS pixels is equivalent to a starting viewport width of 1280 CSS pixels wide at 400% zoom. For non-web software which are designed to scroll horizontally (e.g. with vertical text), the 256 CSS pixels is equivalent to a starting viewport height of 1024 px at 400% zoom.</p> <p>NOTE 2: Examples of content which require two-dimensional layout are images, maps, diagrams, video, games, presentations, data tables, and interfaces where it is necessary to keep toolbars in view while manipulating content.</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 1.4.10 Reflow replacing the original WCAG 2.1 notes with notes 1 and 2, above.</p> <p>WCAG 2.1 Success Criterion 1.4.10 Reflow</p> <p>Understanding Reflow</p> <p>How to Meet Reflow</p> <p>(Level AA)</p>	<p>C.11.1.4.10.1 Reflow (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to at least one assistive technology. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail the Success Criterion in Table 11.2 <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4.10.2 Reflow (closed functionality)</p>	<p>C.11.1.4.10.2 Reflow (closed functionality)</p>

EN 301 549 clause	Determination of compliance
<p>Where ICT is non-web software that provides a user interface which is not able to access the enlargement features of platform or assistive technology, it shall meet requirement 5.1.4 (Functionality closed to text enlargement).</p>	<p>Type of assessment</p> <p>Inspection and measurement</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. A functionality of the ICT is closed to enlargement features of platform or assistive technology. 3. A viewing distance is specified by the supplier. <p>Procedure</p> <ol style="list-style-type: none"> 1. Measure the height of a capital letter H. 2. Check that it subtends an angle of at least 0,7 degrees at the specified viewing distance. <p>Result</p> <p>Pass: Check 2 is true</p> <p>Fail: Check 2 is false</p>
<p>11.1.4.11 Non-text contrast</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.</p> <p>WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast</p> <p>Understanding Non-text Contrast</p> <p>How to Meet Non-text Contrast</p> <p>(Level AA)</p> <p>The visual presentation of the following have a contrast ratio of at least 3:1 against adjacent color(s):</p> <ul style="list-style-type: none"> • User Interface Components: Visual information required to identify user 	<p>C.11.1.4.11 Non-text contrast</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to at least one assistive technology. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail the Success Criterion WCAG 2.1 Success Criterion 1.4.11 Non-text Contrast.

EN 301 549 clause	Determination of compliance
<p>interface components and states, except for inactive components or where the appearance of the component is determined by the user agent and not modified by the author;</p> <ul style="list-style-type: none"> Graphical Objects: Parts of graphics required to understand the content, except when a particular presentation of graphics is essential to the information being conveyed. 	<p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4.12 Text spacing</p> <p>Where ICT is non-web software that provides a user interface and that does not have a fixed size content layout area that is essential to the information being conveyed, it shall satisfy WCAG 2.1 Success Criterion 1.4.12 Text spacing.</p> <p>WCAG 2.1 Success Criterion 1.4.12 Text spacing</p> <p>Understanding Text Spacing</p> <p>How to Meet Text Spacing</p> <p>(Level AA)</p> <p>In content implemented using markup languages that support the following text style properties, no loss of content or functionality occurs by setting all of the following and by changing no other style property:</p> <ul style="list-style-type: none"> Line height (line spacing) to at least 1.5 times the font size; Spacing following paragraphs to at least 2 times the font size; Letter spacing (tracking) to at least 0.12 times the font size; Word spacing to at least 0.16 times the font size. <p>Exception: Human languages and scripts that do not make use of one or more of these text style properties in written text can conform using only the properties that exist for that combination of language and script.</p>	<p>C.11.1.4.12 Text spacing</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> The ICT is non-web software that provides a user interface. The software provides support to at least one assistive technology. <p>Procedure</p> <ol style="list-style-type: none"> Check that the software does not fail the Success Criterion WCAG 2.1 Success Criterion 1.4.12 Text spacing. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.1.4.13 Content on hover or focus</p>	<p>C.11.1.4.13 Content on hover or focus</p>

EN 301 549 clause	Determination of compliance
<p>Where ICT is a non-web software that provides a user interface, it shall satisfy WCAG 2.1 Success Criterion 1.4.13 Content on hover or focus.</p> <p>WCAG 2.1 Success Criterion 1.4.13 Content on Hover or Focus</p> <p>Understanding Content on Hover or Focus</p> <p>How to Meet Content on Hover or Focus</p> <p>(Level AA)</p> <p>Where receiving and then removing pointer hover or keyboard focus triggers additional content to become visible and then hidden, the following are true:</p> <ul style="list-style-type: none"> • Dismissible: A mechanism is available to dismiss the additional content without moving pointer hover or keyboard focus, unless the additional content communicates an input error or does not obscure or replace other content; • Hoverable: If pointer hover can trigger the additional content, then the pointer can be moved over the additional content without the additional content disappearing; • Persistent: The additional content remains visible until the hover or focus trigger is removed, the user dismisses it, or its information is no longer valid. <p>Exception: The visual presentation of the additional content is controlled by the user agent and is not modified by the author.</p> <p>Note: Examples of additional content controlled by the user agent include browser tooltips created through use of the HTML title attribute.</p> <p>Note: Custom tooltips, sub-menus, and other nonmodal popups that display on hover and focus are examples of additional content covered by this criterion.</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 1.4.13 Content on hover or focus.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
11.2 Operable	---
11.2.1 Keyboard accessible	---
11.2.1.1 Keyboard	---

EN 301 549 clause	Determination of compliance
<p>11.2.1.1.1 Keyboard (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to keyboards or a keyboard interface, it shall satisfy the WCAG 2.1 Success Criterion 2.1.1 Keyboard.</p> <p>NOTE: This does not imply that software is required to directly support a keyboard or "keyboard interface". Nor does it imply that software is required to provide a soft keyboard. Underlying platform software may provide device independent input services to applications that enable operation via a keyboard. Software that supports operation via such platform device independent services would be operable by a keyboard and would comply.</p> <p>WCAG 2.1 Success Criterion 2.1.1 Keyboard</p> <p>Understanding Keyboard</p> <p>How to Meet Keyboard</p> <p>(Level A)</p> <p>All functionality of the content is operable through a keyboard interface without requiring specific timings for individual keystrokes, except where the underlying function requires input that depends on the path of the user's movement and not just the endpoints.</p> <p>Note: This exception relates to the underlying function, not the input technique. For example, if using handwriting to enter text, the input technique (handwriting) requires path-dependent input but the underlying function (text input) does not.</p> <p>Note: This does not forbid and should not discourage providing mouse input or other input methods in addition to keyboard operation.</p>	<p>C.11.2.1.1.1 Keyboard (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to keyboards or a keyboard interface. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail WCAG 2.1 Success Criterion 2.1.1 Keyboard. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.1.1.2 Keyboard (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to keyboards or keyboard interface, it shall meet requirement 5.1.6.1 (Operation without keyboard interface: Closed functionality).</p>	<p>C.11.2.1.1.2 Keyboard (closed functionality)</p> <p>Type of assessment</p> <p>Inspection</p>

EN 301 549 clause	Determination of compliance
	<p>Pre-conditions</p> <p>1. ICT is non-web software that provides a user interface.</p> <p>2. The user interface is closed to keyboards or keyboard interfaces.</p> <p>Procedure</p> <p>1. Check that all functionality of the user interface is operable without vision.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.1.2 No keyboard trap</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.3.</p> <p>Table 11.3: Software success criterion: No keyboard trap</p> <p>If keyboard focus can be moved to a component of the software using a keyboard interface, then focus can be moved away from that component using only a keyboard interface, and, if it requires more than unmodified arrow or tab keys or other standard exit methods, the user is advised of the method for moving focus away.</p> <p>NOTE 1: Since any part of a software that does not meet this success criterion can interfere with a user's ability to use the whole software, it is necessary for all content in the software (whether or not it is used to meet other success criteria) to meet this success criterion.</p> <p>NOTE 2: Standard exit methods may vary by platform. For example, on many desktop platforms, the Escape key is a standard method for exiting.</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap replacing "content", "page" and "Web page"</p>	<p>C.11.2.1.2 No keyboard trap</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.3.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

EN 301 549 clause	Determination of compliance
<p>with "software", removing "See Conformance Requirement 5: Non-Interference" and with the addition of note 2 above " and with note 1 above re-drafted to avoid the use of the word "shall".</p> <p>WCAG 2.1 Success Criterion 2.1.2 No Keyboard Trap</p> <p>Understanding No Keyboard Trap</p> <p>How to Meet No Keyboard Trap</p> <p>(Level A)</p>	
<p>11.2.1.4 Character key shortcuts</p>	<p>---</p>
<p>11.2.1.4.1 Character key shortcuts (open functionality)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts.</p> <p>WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts</p> <p>Understanding Character Key Shortcuts</p> <p>How to Meet Character Key Shortcuts</p> <p>(Level A)</p> <p>If a keyboard shortcut is implemented in content using only letter (including upper- and lower-case letters), punctuation, number, or symbol characters, then at least one of the following is true:</p> <ul style="list-style-type: none"> • Turn off: A mechanism is available to turn the shortcut off; • Remap: A mechanism is available to remap the shortcut to use one or more non-printable keyboard characters (e.g. Ctrl, Alt, etc.); • Active only on focus: The keyboard shortcut for a user interface component is only active when that component has focus. 	<p>C.11.2.1.4.1 Character key shortcuts (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 2.1.4 Character Key Shortcuts.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>11.2.1.4.2 Character key shortcuts (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to keyboards or keyboard interface, it shall meet requirement 5.1.6.1 (Operation without keyboard interface: Closed functionality).</p>	<p>C.11.2.1.4.2 Character key shortcuts (closed functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. ICT functionality is closed to keyboards or keyboard interfaces.</p> <p>Procedure</p> <p>1. Check that all functionality is operable without vision.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.2 Enough time</p>	<p>---</p>
<p>11.2.2.1 Timing adjustable</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.4.</p> <p>Table 11.4: Software success criterion: Timing adjustable</p> <p>For each time limit that is set by the software, at least one of the following is true:</p> <ul style="list-style-type: none"> • Turn off: The user is allowed to turn off the time limit before encountering it; or • Adjust: The user is allowed to adjust the time limit before encountering it over a wide range that is at least ten times the length of the default setting; or • Extend: The user is warned before time expires and given at least 20 seconds to extend the time limit with a simple action (for example, "press the space bar"), and the user is allowed to extend the time limit at least ten times; or • Real-time Exception: The time limit is a required part of a real-time event (for 	<p>C.11.2.2.1 Timing adjustable</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.4.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>example, an auction), and no alternative to the time limit is possible; or</p> <ul style="list-style-type: none"> • Essential Exception: The time limit is essential and extending it would invalidate the activity; or • 20 Hour Exception: The time limit is longer than 20 hours. <p>NOTE 1: This success criterion helps ensure that users can complete tasks without unexpected changes in content or context that are a result of a time limit. This success criterion should be considered in conjunction with WCAG 2.1 Success Criterion 3.2.1, which puts limits on changes of content or context as a result of user action.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable replacing "the content" with "software" and with the words "WCAG 2.1" added before the word "Success Criterion" in note 1 above.</p> <p>WCAG 2.1 Success Criterion 2.2.1 Timing Adjustable</p> <p>Understanding Timing Adjustable</p> <p>How to Meet Timing Adjustable</p> <p>(Level A)</p>	
<p>11.2.2.2 Pause, stop, hide</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.5.</p> <p>Table 11.5: Software success criterion: Pause, stop, hide</p> <p>For moving, blinking, scrolling, or auto-updating information, all of the following are true:</p> <ul style="list-style-type: none"> • Moving, blinking, scrolling: For any moving, blinking or scrolling information that (1) starts automatically, (2) lasts more than five seconds, and (3) is presented in parallel with other content, there is a mechanism for the user to pause, stop, or hide it unless the movement, blinking, or 	<p>C.11.2.2.2 Pause, stop, hide</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.5.</p> <p>Result</p>

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<p>scrolling is part of an activity where it is essential; and</p> <ul style="list-style-type: none"> • Auto-updating: For any auto-updating information that (1) starts automatically and (2) is presented in parallel with other content, there is a mechanism for the user to pause, stop, or hide it or to control the frequency of the update unless the auto-updating is part of an activity where it is essential. <p>NOTE 1: For requirements related to flickering or flashing content, refer to WCAG 2.1 Guideline 2.3.</p> <p>NOTE 2: This success criteria is applicable to all content in the software (whether or not there is an alternate accessible mode of operation of the software) since any part of a software that does not meet this success criterion can interfere with a user's ability to use the whole software (including a user interface element that enables the user to activate the alternate accessible mode of operation).</p> <p>NOTE 3: Content that is updated periodically by software or that is streamed to the user agent is not required to preserve or present information that is generated or received between the initiation of the pause and resuming presentation, as this may not be technically possible, and in many situations could be misleading to do so.</p> <p>NOTE 4: An animation that occurs as part of a preload phase or similar situation can be considered essential if interaction cannot occur during that phase for all users and if not indicating progress could confuse users or cause them to think that content was frozen or broken.</p> <p>NOTE 5: This is to be applied to all content. Any content, whether informative or decorative, that is updated automatically, blinks, or moves may create an accessibility barrier.</p> <p>NOTE 6: This success criterion is identical to the WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide replacing "page" and "Web page" with "software", removing "See Conformance Requirement 5: Non-Interference" in note 2 of the success criterion, with the words "WCAG 2.1" added before the word "Guideline" in note 1 above, with note 2 above re-drafted to avoid the</p>	<p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>use of the word "must" and with the addition of note 5 above.</p> <p>WCAG 2.1 Success Criterion 2.2.2 Pause, Stop, Hide</p> <p>Understanding Pause, Stop, Hide</p> <p>How to Meet Pause, Stop, Hide</p> <p>(Level A)</p>	
<p>11.2.3 Seizures and physical reactions</p>	<p>---</p>
<p>11.2.3.1 Three flashes or below threshold</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.6.</p> <p>Table 11.6: Software success criterion: Three flashes or below threshold</p> <p>Software does not contain anything that flashes more than three times in any one second period, or the flash is below the general flash and red flash thresholds.</p> <p>NOTE 1: This success criteria is applicable to all content in the software (whether or not there is an alternate accessible mode of operation of the software) since any part of a software that does not meet this success criterion can interfere with a user's ability to use the whole software (including a user interface element that enables the user to activate the alternate accessible mode of operation).</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold replacing "Web pages" with "software", "the whole page" with "the whole software", "the Web page" with "the software" and removing "See Conformance Requirement 5: Non-Interference" and with note 1 above re-drafted to avoid the use of the word "must".</p> <p>WCAG 2.1 Success Criterion 2.3.1 Three Flashes or Below Threshold</p> <p>Understanding Three Flashes or Below Threshold</p>	<p>C.11.2.3.1 Three flashes or below threshold</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.6.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>How to Meet Three Flashes or Below Threshold</p> <p>(Level A)</p>	
<p>11.2.4 Navigable</p>	<p>---</p>
<p>11.2.4.3 Focus order</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.7.</p> <p>Table 11.7: Software success criterion: Focus order</p> <p>If software can be navigated sequentially and the navigation sequences affect meaning or operation, focusable components receive focus in an order that preserves meaning and operability.</p> <p>NOTE: This success criterion is identical to the WCAG 2.1 Success Criterion 2.4.3 Focus order replacing "Web page" with "software".</p> <p>WCAG 2.1 Success Criterion 2.4.3 Focus Order</p> <p>Understanding Focus Order</p> <p>How to Meet Focus Order</p> <p>(Level A)</p>	<p>C.11.2.4.3 Focus order</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.7.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.4.4 Link purpose (in context)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context).</p> <p>WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context)</p> <p>Understanding Link Purpose (In Context)</p> <p>How to Meet Link Purpose (In Context)</p> <p>(Level A)</p> <p>The purpose of each link can be determined from the link text alone or from the link text together with its programmatically determined link context, except where the purpose of the link would be ambiguous to users in general.</p>	<p>C.11.2.4.4 Link purpose (in context)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 2.4.4 Link Purpose (In Context).</p> <p>Result</p>

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	Pass: Check 1 is true Fail: Check 1 is false
<p>11.2.4.6 Headings and labels</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 2.4.6 Headings and Labels.</p> <p>NOTE: In software, headings and labels are used to describe sections of content and controls respectively. In some cases it may be unclear whether a piece of static text is a heading or a label. But whether treated as a label or a heading, the requirement is the same: that if they are present they describe the topic or purpose of the item(s) they are associated with.</p> <p>WCAG 2.1 Success Criterion 2.4.6 Headings and Labels</p> <p>Understanding Headings and Labels</p> <p>How to Meet Headings and Labels</p> <p>(Level AA)</p> <p>Headings and labels describe topic or purpose.</p>	<p>C.11.2.4.6 Headings and labels</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 2.4.6 Headings and Labels.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.4.7 Focus visible</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 2.4.7 Focus Visible.</p> <p>WCAG 2.1 Success Criterion 2.4.7 Focus Visible</p> <p>Understanding Focus Visible</p> <p>How to Meet Focus Visible</p> <p>(Level AA)</p> <p>Any keyboard operable user interface has a mode of operation where the keyboard focus indicator is visible.</p>	<p>C.11.2.4.7 Focus visible</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 2.4.7 Focus Visible.</p> <p>Result</p> <p>Pass: Check 1 is true</p>

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	Fail: Check 1 is false
11.2.5 Input modalities	---
<p>11.2.5.1 Pointer gestures</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.8.</p> <p>Table 11.8: Software success criterion: Pointer gestures</p> <p>All functionality that uses multipoint or path-based gestures for operation can be operated with a single pointer without a path-based gesture, unless a multipoint or path-based gesture is essential.</p> <p>NOTE 1: This requirement applies to non-web software that interprets pointer actions (i.e. this does not apply to actions that are required to operate the user agent or assistive technology).</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures replacing the original WCAG 2.1 note with note 1 above.</p> <p>WCAG 2.1 Success Criterion 2.5.1 Pointer Gestures</p> <p>Understanding Pointer Gestures</p> <p>How to Meet Pointer Gestures</p> <p>(Level A)</p>	<p>C.11.2.5.1 Pointer gestures</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.8.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.5.2 Pointer cancellation</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.9.</p> <p>Table 11.9: Software success criterion: Pointer cancellation</p> <p>For functionality that can be operated using a single pointer, at least one of the following is true:</p>	<p>C.11.2.5.2 Pointer cancellation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p>

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<ul style="list-style-type: none"> • No Down-Event: The down-event of the pointer is not used to execute any part of the function; • Abort or Undo: Completion of the function is on the up-event, and a mechanism is available to abort the function before completion or to undo the function after completion; • Up Reversal: The up-event reverses any outcome of the preceding down-event; • Essential: Completing the function on the down-event is essential. <p>NOTE 1: Functions that emulate a keyboard or numeric keypad key press are considered essential.</p> <p>NOTE 2: This requirement applies to non-web software that interprets pointer actions (i.e. this does not apply to actions that are required to operate the user agent or assistive technology).</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation replacing the original WCAG 2.1 note with notes 1 and 2 above.</p> <p>WCAG 2.1 Success Criterion 2.5.2 Pointer Cancellation</p> <p>Understanding Pointer Cancellation</p> <p>How to Meet Pointer Cancellation</p> <p>(Level A)</p>	<p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.9.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.5.3 Label in name</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy WCAG 2.1 Success Criterion 2.5.3 Label in Name.</p> <p>WCAG 2.1 Success Criterion 2.5.3 Label in Name</p> <p>Understanding Label in Name</p> <p>How to Meet Label in Name</p> <p>(Level A)</p>	<p>C.11.2.5.3 Label in name</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p>

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<p>For user interface components with labels that include text or images of text, the name contains the text that is presented visually.</p> <p>Note: A best practice is to have the text of the label at the start of the name.</p>	<p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 2.5.3 Label in Name.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.2.5.4 Motion actuation</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy WCAG 2.1 Success Criterion 2.5.4 Motion Actuation.</p> <p>WCAG 2.1 Success Criterion 2.5.4 Motion Actuation</p> <p>Understanding Motion Actuation</p> <p>How to Meet Motion Actuation</p> <p>(Level A)</p> <p>Functionality that can be operated by device motion or user motion can also be operated by user interface components and responding to the motion can be disabled to prevent accidental actuation, except when:</p> <ul style="list-style-type: none"> Supported Interface: The motion is used to operate functionality through an accessibility supported interface; Essential: The motion is essential for the function and doing so would invalidate the activity. 	<p>C.11.2.5.4 Motion actuation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>2. The software provides support to at least one assistive technology.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 2.5.4 Motion Actuation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
11.3 Understandable	---
11.3.1 Readable	---
11.3.1.1 Language of software	---
<p>11.3.1.1.1 Language of software (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to</p>	<p>C.11.3.1.1.1 Language of software (open functionality)</p> <p>Type of assessment</p>

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<p>assistive technologies for screen reading, it shall satisfy the success criterion in Table 11.10.</p> <p>Table 11.10: Software success criterion: Language of software</p> <p>The default human language of software can be programmatically determined.</p> <p>NOTE 1: Where software platforms provide a "locale / language" setting, applications that use that setting and render their interface in that "locale / language" would comply with this success criterion. Applications that do not use the platform "locale / language" setting but instead use an accessibility-supported method for exposing the human language of the software would also comply with this success criterion. Applications implemented in technologies where assistive technologies cannot determine the human language and that do not support the platform "locale / language" setting may not be able to meet this success criterion in that locale / language.</p> <p>NOTE 2: This success criterion is identical to the WCAG 2.1 Success Criterion 3.1.1 Language of page, replacing "each web page" with "software" and with the addition of note 1 above.</p> <p>WCAG 2.1 Success Criterion 3.1.1 Language of Page</p> <p>Understanding Language of Page</p> <p>How to Meet Language of Page</p> <p>(Level A)</p>	<p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to assistive technologies for screen reading. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail the Success Criterion in Table 11.10. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.3.1.1.2 Language of software (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading, it shall meet requirement 5.1.3.14 (Spoken languages).</p>	<p>C.11.3.1.1.2 Language of software (closed functionality)</p> <p>Type of assessment</p> <p>Testing</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. ICT is non-web software that provides a user interface.

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	<p>2. The user interface is closed to assistive technologies for screen reading.</p> <p>3. The speech output is provided as non-visual access to closed functionality.</p> <p>4. The speech output is not proper names, technical terms, words of indeterminate language, and words or phrases that have become part of the vernacular of the immediately surrounding text.</p> <p>5. The content is not generated externally and is under the control of the ICT vendor.</p> <p>6. The displayed languages can be selected using non-visual access.</p> <p>7. The user has not selected a speech language that is different from the language of the displayed content.</p> <p>Procedure</p> <p>1. Check that the speech output is in the same human language of the displayed content provided.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
11.3.2 Predictable	---
<p>11.3.2.1 On focus</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 3.2.1 On Focus.</p> <p>NOTE: Some compound documents and their user agents are designed to provide significantly different viewing and editing functionality depending upon what portion of the compound document is being interacted with (e.g. a presentation that contains an embedded spreadsheet, where the menus and toolbars of the user agent change depending upon whether the user is interacting with the presentation content, or the embedded spreadsheet content). If the user</p>	<p>C.11.3.2.1 On focus</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p>

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<p>uses a mechanism other than putting focus on that portion of the compound document with which they mean to interact (e.g. by a menu choice or special keyboard gesture), any resulting change of context would not be subject to this success criterion because it was not caused by a change of focus.</p> <p>WCAG 2.1 Success Criterion 3.2.1 On Focus</p> <p>Understanding On Focus</p> <p>How to Meet On Focus</p> <p>(Level A)</p> <p>When any user interface component receives focus, it does not initiate a change of context.</p>	<p>1. Check that the software does not fail WCAG 2.1 Success Criterion 3.2.1 On Focus.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.3.2.2 On input</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 3.2.2 On Input.</p> <p>WCAG 2.1 Success Criterion 3.2.2 On Input</p> <p>Understanding On Input</p> <p>How to Meet On Input</p> <p>(Level A)</p> <p>Changing the setting of any user interface component does not automatically cause a change of context unless the user has been advised of the behavior before using the component.</p>	<p>C.11.3.2.2 On input</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 3.2.2 On Input.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.3.3 Input assistance</p>	<p>---</p>
<p>11.3.3.1 Error identification</p>	<p>---</p>
<p>11.3.3.1.1 Error identification (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to assistive technologies for screen reading, it shall</p>	<p>C.11.3.3.1.1 Error identification (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p>

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<p>satisfy the WCAG 2.1 Success Criterion 3.3.1 Error Identification.</p> <p>WCAG 2.1 Success Criterion 3.3.1 Error Identification</p> <p>Understanding Error Identification</p> <p>How to Meet Error Identification</p> <p>(Level A)</p> <p>If an input error is automatically detected, the item that is in error is identified and the error is described to the user in text.</p>	<p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to assistive technologies for screen reading. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail WCAG 2.1 Success Criterion 3.3.1 Error Identification. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.3.3.1.2 Error Identification (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to assistive technologies for screen reading, it shall meet requirement 5.1.3.15 (Non-visual error identification).</p>	<p>C.11.3.3.1.2 Error Identification (closed functionality)</p> <p>Type of assessment</p> <p>Testing</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. ICT is non-web software that provides a user interface. 2. The user interface is closed to assistive technologies for screen reading. 3. Speech output is provided as non-visual access to closed functionality. 4. An input error is automatically detected. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that speech output identifies the item that is in error. 2. Check that the speech output describes the item that is in error. <p>Result</p>

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	Pass: Checks 1 and 2 are true Fail: Check 1 or check 2 false
<p>11.3.3.2 Labels or instructions</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions.</p> <p>WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions</p> <p>Understanding Labels or Instructions</p> <p>How to Meet Labels or Instructions</p> <p>(Level A)</p> <p>Labels or instructions are provided when content requires user input.</p>	<p>C.11.3.3.2 Labels or instructions</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion 3.3.2 Labels or Instructions.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.3.3.3 Error suggestion</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the WCAG 2.1 Success Criterion 3.3.3 Error Suggestion.</p> <p>WCAG 2.1 Success Criterion 3.3.3 Error Suggestion</p> <p>Understanding Error Suggestion</p> <p>How to Meet Error Suggestion</p> <p>(Level AA)</p> <p>If an input error is automatically detected and suggestions for correction are known, then the suggestions are provided to the user, unless it would jeopardize the security or purpose of the content.</p>	<p>C.11.3.3.3 Error suggestion</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail WCAG 2.1 Success Criterion WCAG 2.1 Success Criterion 3.3.3 Error Suggestion.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>11.3.3.4 Error prevention (legal, financial, data)</p> <p>Where ICT is non-web software that provides a user interface, it shall satisfy the success criterion in Table 11.11.</p> <p>Table 11.11: Software success criterion: Error prevention (legal, financial, data)</p> <p>For software that cause legal commitments or financial transactions for the user to occur, that modify or delete user-controllable data in data storage systems, or that submit user test responses, at least one of the following is true:</p> <ol style="list-style-type: none"> 1. Reversible: Submissions are reversible. 2. Checked: Data entered by the user is checked for input errors and the user is provided an opportunity to correct them. 3. Confirmed: A mechanism is available for reviewing, confirming, and correcting information before finalizing the submission. <p>NOTE: This success criterion is identical to the WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data) replacing "web pages" with "software".</p> <p>WCAG 2.1 Success Criterion 3.3.4 Error Prevention (Legal, Financial, Data)</p> <p>Understanding Error Prevention (Legal, Financial, Data)</p> <p>How to Meet Error Prevention (Legal, Financial, Data)</p> <p>(Level AA)</p>	<p>C.11.3.3.4 Error prevention (legal, financial, data)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The ICT is non-web software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software does not fail the Success Criterion in Table 11.11.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
11.4 Robust	---
11.4.1 Compatible	---
11.4.1.1 Parsing	---
<p>11.4.1.1.1 Parsing (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to any assistive technologies, it shall satisfy the success criterion in Table 11.12.</p>	<p>C.11.4.1.1.1 Parsing (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p>

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<p>Table 11.12: Software success criterion: Parsing</p> <p>For software that uses markup languages, in such a way that the markup is separately exposed and available to assistive technologies and accessibility features of software or to a user-selectable user agent, elements have complete start and end tags, elements are nested according to their specifications, elements do not contain duplicate attributes, and any IDs are unique, except where the specifications allow these features.</p> <p>NOTE 1: Start and end tags that are missing a critical character in their formation, such as a closing angle bracket or a mismatched attribute value quotation mark are not complete.</p> <p>NOTE 2: Markup is not always available to assistive technology or to user selectable user agents such as browsers. In such cases, conformance to this provision would have no impact on accessibility as it can for web content where it is exposed.</p> <p>NOTE 3: Examples of markup that is separately exposed and available to assistive technologies and to user agents include but are not limited to: documents encoded in HTML, ODF, and OOXML. In these examples, the markup can be parsed entirely in two ways: (a) by assistive technologies which may directly open the document, (b) by assistive technologies using DOM APIs of user agents for these document formats.</p> <p>NOTE 4: Examples of markup used internally for persistence of the software user interface that are never exposed to assistive technology include but are not limited to: XUL, GladeXML, and FXML. In these examples assistive technology only interacts with the user interface of generated software.</p> <p>NOTE 5: This success criterion is identical to the WCAG 2.1 Success Criterion 4.1.1 Parsing replacing "In content implemented using markup languages" with "For software that uses markup languages, in such a way that the markup is separately exposed and available to assistive technologies and accessibility features of software</p>	<p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to at least one assistive technology. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail the Success Criterion in Table 11.12. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>or to a user-selectable user agent" with the addition of notes 2, 3 and 4 above.</p> <p>WCAG 2.1 Success Criterion 4.1.1 Parsing</p> <p>Understanding Parsing</p> <p>How to Meet Parsing</p> <p>(Level A)</p>	
<p>11.4.1.1.2 Parsing (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to all assistive technology it shall not have to meet the "Parsing" success criterion in Table 11.10 because the intent of this success criterion is to provide consistency so that different user agents or assistive technologies will yield the same result.</p>	<p>C.11.4.1.1.2 Parsing (closed functionality)</p> <p>Clause 11.4.1.1.2 contains no requirements requiring test.</p>
<p>11.4.1.2 Name, role, value</p>	<p>---</p>
<p>11.4.1.2.1 Name, role, value (open functionality)</p> <p>Where ICT is non-web software that provides a user interface and that supports access to any assistive technologies, it shall satisfy the success criterion in Table 11.13.</p> <p>Table 11.13: Software success criterion: Name, role, value</p> <p>For all user interface components (including but not limited to: form elements, links and components generated by scripts), the name and role can be programmatically determined; states, properties, and values that can be set by the user can be programmatically set; and notification of changes to these items is available to user agents, including assistive technologies.</p> <p>NOTE 1: This success criterion is primarily for software developers who develop or use custom user interface components. Standard user interface components on most accessibility-supported platforms already meet this success criterion when used according to specification.</p> <p>NOTE 2: For conforming to this success criterion, it is usually best practice for software user interfaces to use the accessibility services</p>	<p>C.11.4.1.2.1 Name, role, value (open functionality)</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The ICT is non-web software that provides a user interface. 2. The software provides support to at least one assistive technology. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the software does not fail the Success Criterion in Table 11.13. <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>provided by platform software. These accessibility services enable interoperability between software user interfaces and both assistive technologies and accessibility features of software in standardised ways. Most platform accessibility services go beyond programmatic exposure of name and role, and programmatic setting of states, properties and values (and notification of same), and specify additional information that could or should be exposed and / or set (for instance, a list of the available actions for a given user interface component, and a means to programmatically execute one of the listed actions).</p> <p>NOTE 3: This success criterion is identical to the WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value replacing the original WCAG 2.1 note with: "This success criterion is primarily for software developers who develop or use custom user interface components. Standard user interface components on most accessibility-supported platforms already meet this success criterion when used according to specification." and the addition of note 2 above.</p> <p>WCAG 2.1 Success Criterion 4.1.2 Name, Role, Value</p> <p>Understanding Name, Role, Value</p> <p>How to Meet Name, Role, Value</p> <p>(Level A)</p>	
<p>11.4.1.2.2 Name, role, value (closed functionality)</p> <p>Where ICT is non-web software that provides a user interface which is closed to all assistive technology it shall not have to meet the "Name, role, value" success criterion in Table 11.11 because this success criterion requires information in a programmatically determinable form.</p>	<p>C.11.4.1.2.2 Name, role, value (closed functionality)</p> <p>Clause 11.4.1.2.2 contains no requirements requiring test.</p>
<p>11.5 Interoperability with assistive technology</p>	<p>---</p>
<p>11.5.1 Closed functionality</p> <p>Where the closed functionality of software conforms to clause 5.1 (Closed functionality) it shall not be required to conform with clause 11.5.2 to clause 11.5.2.17.</p>	<p>C.11.5.1 Closed functionality</p> <p>Type of assessment</p>

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	<p>Inspection</p> <p>Pre-conditions</p> <p>1. The software has closed functionality.</p> <p>Procedure</p> <p>1. Check that the closed functionality conforms to clause 5.1.</p> <p>Result</p> <p>If check 1 is true, the software is not required to conform to clauses 11.5.2 to 11.5.17</p> <p>If check 1 is false the software is required to conform to clauses 11.5.2 to 11.5.17</p>
11.5.2 Accessibility services	---
<p>11.5.2.1 Platform accessibility service support for software that provides a user interface</p> <p>Platform software shall provide a set of documented platform services that enable software that provides a user interface running on the platform software to interoperate with assistive technology.</p> <p>Platform software should support requirements 11.5.2.5 to 11.5.2.17 except that, where a user interface concept that corresponds to one of the clauses 11.5.2.5 to 11.5.2.17 is not supported within the software environment, these requirements are not applicable. For example, selection attributes from 11.5.2.14 (Modification of focus and selection attributes) may not exist in environments that do not allow selection, which is most commonly associated with copy and paste.</p> <p>NOTE 1: These define the minimum functionality of software providing user interfaces when using platform services.</p> <p>NOTE 2: In some platforms these services may be called accessibility services, but in some other platforms these services may be provided as part of the user interface services.</p> <p>NOTE 3: User interface services that provide accessibility support by default are considered to</p>	<p>C.11.5.2.1 Platform accessibility service support for software that provides a user interface</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is platform software.</p> <p>Procedure</p> <p>1. Check that the platform software documentation includes information about platform services that may be used by software that provides a user interface to interoperate with assistive technology.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>be part of the services provided to conform to this clause (e.g. the service for creating a new user interface element provides role, state, boundary, name and description).</p> <p>NOTE 4: To comply with this requirement the platform software can provide its own set of services or expose the services provided by its underlying platform layers, if those services conform to this requirement.</p> <p>NOTE 5: Within specific programming environments, the technical attributes associated with the user interface properties described in clauses 11.5.2.5 to 11.5.2.17 might have different names than those used within the clauses.</p>	
<p>11.5.2.2 Platform accessibility service support for assistive technologies</p> <p>Platform software shall provide a set of documented platform accessibility services that enable assistive technology to interoperate with software that provides a user interface running on the platform software.</p> <p>Platform software should support the requirements of clauses 11.5.2.5 to 11.5.2.17 except that, where a user interface concept that corresponds to one of the clauses 11.5.2.5 to 11.5.2.17 is not supported within the software environment, these requirements are not applicable. For example, selection attributes from 11.5.2.14 (Modification of focus and selection attributes) may not exist in environments that do not allow selection, which is most commonly associated with copy and paste.</p> <p>NOTE 1: These define the minimum functionality available to assistive technologies when using platform services.</p> <p>NOTE 2: The definition of platform in clause 3.1 applies to software that provides services to other software, including but not limited to, operating systems, web browsers, virtual machines.</p> <p>NOTE 3: In some platforms these services may be called accessibility services, but in some other platforms these services may be provided as part of the user interface services.</p>	<p>C.11.5.2.2 Platform accessibility service support for assistive technologies</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is platform software.</p> <p>Procedure</p> <p>1. Check that the platform software documentation includes information about platform accessibility services that enables assistive technology to interoperate with software that provides a user interface running on the platform software.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

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<p>NOTE 4: Typically these services belong to the same set of services that are described in clause 11.5.2.1.</p> <p>NOTE 5: To comply with this requirement the platform software can provide its own set of services or expose the services provided by its underlying platform layers, if those services conform to this requirement.</p>	
<p>11.5.2.3 Use of accessibility services</p> <p>Where the software provides a user interface it shall use the applicable documented platform accessibility services. If the documented platform accessibility services do not allow the software to meet the applicable requirements of clauses 11.5.2.5 to 11.5.2.17, then software that provides a user interface shall use other documented services to interoperate with assistive technology.</p> <p>NOTE: The term "documented platform accessibility services" refers to the set of services provided by the platform according to clauses 11.5.2.1 and 11.5.2.2.</p> <p>It is best practice to develop software using toolkits that automatically implement the underlying platform accessibility services.</p>	<p>C.11.5.2.3 Use of accessibility services</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the software uses the applicable documented platform accessibility services.</p> <p>2. Check that the software can meet the applicable requirements 11.5.2.5 to 11.5.2.17 whilst using the documented platform accessibility services.</p> <p>3. Check that the software can meet requirements 11.5.2.5 to 11.5.2.17 whilst using the documented platform accessibility services and other documented services.</p> <p>Result</p> <p>Pass: Check 1 is true and check 2 or check 3 is true</p> <p>Fail: Check 1 or check 3 is false</p>
<p>11.5.2.5 Object information</p> <p>Where the software provides a user interface it shall, by using the services as described in clause 11.5.2.3, make the user interface elements' role, state(s), boundary, name, and description programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.5 Object information</p> <p>Type of assessment</p> <p>Inspection</p>

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	<p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>Procedure</p> <p>1. Check that the user interface element's role is programmatically determinable by assistive technologies.</p> <p>2. Check that the user interface element's state(s) is programmatically determinable by assistive technologies.</p> <p>3. Check that the user interface element's boundary is programmatically determinable by assistive technologies.</p> <p>4. Check that the user interface element's name is programmatically determinable by assistive technologies.</p> <p>5. Check that the user interface element's description is programmatically determinable by assistive technologies.</p> <p>Result</p> <p>Pass: Checks 1, 2, 3, 4 and 5 are true</p> <p>Fail: Check 1 or 2 or 3 or 4 or 5 is false</p>
<p>11.5.2.6 Row, column, and headers</p> <p>Where the software provides a user interface it shall, by using the services as described in clause 11.5.2.3, make the row and column of each cell in a data table, including headers of the row and column if present, programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.6 Row, column, and headers</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are data tables in the user interface.</p> <p>Procedure</p>

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	<p>1. Select a data table in which the tests are to be performed.</p> <p>2. Check that each cell's row is programmatically determinable by assistive technologies.</p> <p>3. Check that each cell's column is programmatically determinable by assistive technologies.</p> <p>4. Check that each cell's row header, if the row header exists, is programmatically determinable by assistive technologies.</p> <p>5. Check that each cell's column header, if the column header exists, is programmatically determinable by assistive technologies.</p> <p>Result</p> <p>Pass: Checks 2, 3, 4 and 5 are true</p> <p>Fail: Check 2 or 3 or 4 or 5 is false</p>
<p>11.5.2.7 Values</p> <p>Where the software provides a user interface, it shall, by using the services as described in clause 11.5.2.3, make the current value of a user interface element and any minimum or maximum values of the range, if the user interface element conveys information about a range of values, programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.7 Values</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are user interface elements that can have values.</p> <p>Procedure</p> <p>1. Select a user interface element that can have a value.</p> <p>2. Check that the current value is programmatically determinable by assistive technologies.</p>

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	<p>3. If the user interface element conveys information about a range of values, check that the minimum value is programmatically determinable by assistive technologies.</p> <p>4. If the user interface element conveys information about a range of values, check that the maximum value is programmatically determinable by assistive technologies.</p> <p>Result</p> <p>Pass: Checks 2, 3 and 4 are true</p> <p>Fail: Check 2 or 3 or 4 is false</p>
<p>11.5.2.8 Label relationships</p> <p>Where the software provides a user interface it shall expose the relationship that a user interface element has as a label for another element, or of being labelled by another element, using the services as described in clause 11.5.2.3, so that this information is programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.8 Label relationships</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are user interface elements that are labels of other user interface elements.</p> <p>Procedure</p> <p>1. Obtain the information of each user interface element.</p> <p>2. Check that the user interface element's information includes the relationship with the user interface element that is its label, if the current user interface element has a label, and that this relationship is programmatically determinable by assistive technologies.</p> <p>3. Check that the user interface element's information includes the relationship with the user interface element that it is labelling, if the current user interface element is a label, and that this relationship is programmatically determinable by assistive technologies.</p> <p>Result</p>

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	Pass: Checks 2 or 3 are true Fail: Check 2 and 3 are false
<p>11.5.2.9 Parent-child relationships</p> <p>Where the software provides a user interface it shall, by using the services as described in clause 11.5.2.3, make the relationship between a user interface element and any parent or children elements programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.9 Parent-child relationships</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The software evaluated is software that provides a user interface. 2. There are user interface elements that are parents of other user interface elements in a hierarchical structure. <p>Procedure</p> <ol style="list-style-type: none"> 1. For user interface elements that have a parent, check that the user interface element's information includes the relationship with the user interface element that is its parent. 2. Check that the user interface elements that are parents of the user interface element selected in check 1, include the relationship with the user interface elements that are its children in their information, and that this relationship is programmatically determinable by assistive technologies. 3. For user interface elements that are a parent of other user interface elements, check that the user interface element's information includes the relationship with the user interface elements that are its children, and that this relationship is programmatically determinable by assistive technologies. 4. Check that the user interface elements that are a child of the user interface element selected in check 3, include the relationship with the user interface elements that are its parents in their information, and that this relationship is programmatically determinable by assistive technologies.

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	<p>Result</p> <p>Pass: Checks 1 or 2 is true and check 3 or 4 is true</p> <p>Fail: Checks 1 and 2 are false or check 3 and 4 are false</p> <p>NOTE: For this requirement it is enough that one of the two directions of a parent-child relationship is programmatically determinable. This is the reason why the requirement checks are in pairs and why the requirement is met if one member of each pair is true.</p>
<p>11.5.2.10 Text</p> <p>Where the software provides a user interface it shall, by using the services as described in clause 11.5.2.3, make the text contents, text attributes, and the boundary of text rendered to the screen programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.10 Text</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The software evaluated is software that provides a user interface. 2. There is text rendered to the screen. <p>Procedure</p> <ol style="list-style-type: none"> 1. For instances of text rendered to the screen, check that the text's information includes its text content, and that this information is programmatically determinable by assistive technologies. 2. For instances of text rendered to the screen, check that the text's information includes its attributes, and that this information is programmatically determinable by assistive technologies. 3. For instances of text rendered to the screen, check that the text's information includes its boundary, and that this information is programmatically determinable by assistive technologies. <p>Result</p>

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	Pass: Checks 1, 2 and 3 are true Fail: Check 1 or 2 or 3 is false
<p>11.5.2.11 List of available actions</p> <p>Where the software provides a user interface it shall, by using the services as described in clause 11.5.2.3, make a list of available actions that can be executed on a user interface element, programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.11 List of available actions</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are user interface elements that have actions that can be executed by the user.</p> <p>Procedure</p> <p>1. Check that the user interface element's information includes the list of actions that can be executed.</p> <p>2. Check that this list is programmatically determinable by assistive technologies.</p> <p>Result</p> <p>Pass: Checks 1 and 2 are true</p> <p>Fail: Check 1 or 2 is false</p>
<p>11.5.2.12 Execution of available actions</p> <p>Where permitted by security requirements, software that provides a user interface shall, by using the services as described in clause 11.5.2.3, allow the programmatic execution of the actions exposed according to clause 11.5.2.11 by assistive technologies.</p> <p>NOTE 1: In some cases the security requirements imposed on a software product may forbid external software from interfering with the ICT product. Examples of systems under strict security requirements are systems dealing with intelligence activities, cryptologic activities related to national security, command and control of military forces.</p>	<p>C.11.5.2.12 Execution of available actions</p> <p>Type of assessment</p> <p>Inspection and testing</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are user interface elements that have actions that can be executed by the user.</p>

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<p>NOTE 2: Assistive technologies may be required to maintain the same level of security as the standard input mechanisms supported by the platform.</p>	<p>3. The security requirements permit assistive technology to programmatically execute user actions.</p> <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the user interface element's information includes the list of actions that can be executed by assistive technologies according to 11.5.2.11. 2. Check that all the actions in the list can successfully be executed by assistive technologies. <p>Result</p> <p>Pass: Checks 1 and 2 are true</p> <p>Fail: Check 1 or 2 is false</p>
<p>11.5.2.13 Tracking of focus and selection attributes</p> <p>Where software provides a user interface it shall, by using the services as described in clause 11.5.2.3, make information and mechanisms necessary to track focus, text insertion point, and selection attributes of user interface elements programmatically determinable by assistive technologies.</p>	<p>C.11.5.2.13 Tracking of focus and selection attributes</p> <p>Type of assessment</p> <p>Inspection and testing</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The software evaluated is software that provides a user interface. 2. There are user interface elements that enable text editing. <p>Procedure</p> <ol style="list-style-type: none"> 1. Check that the user interface element's information includes mechanisms to track focus, text insertion point and selection attributes. 2. Check that this information is programmatically determinable by assistive technologies. 3. Activate those tracking mechanisms.

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	<p>4. As a user, use the text editing functionality in the evaluated software product.</p> <p>5. Check that the tracking of focus, text insertion point and selection attributes work.</p> <p>Result</p> <p>Pass: Checks 2 and 5 are true</p> <p>Fail: Check 1 or 5 is false</p>
<p>11.5.2.14 Modification of focus and selection attributes</p> <p>Where permitted by security requirements, software that provides a user interface shall, by using the services as described in clause 11.5.2.3, allow assistive technologies to programmatically modify focus, text insertion point, and selection attributes of user interface elements where the user can modify these items.</p> <p>NOTE 1: In some cases the security requirements imposed on a software product may forbid external software from interfering with the ICT product and so this requirement would not apply. Examples of systems under strict security requirements are systems dealing with intelligence activities, cryptologic activities related to national security, command and control of military forces.</p> <p>NOTE 2: Assistive technologies may be required to maintain the same level of security as the standard input mechanisms supported by the platform.</p>	<p>C.11.5.2.14 Modification of focus and selection attributes</p> <p>Type of assessment</p> <p>Testing</p> <p>Pre-conditions</p> <ol style="list-style-type: none"> 1. The software evaluated is software that provides a user interface. 2. There are user interface elements that can receive focus or that enable text editing. 3. The security requirements permit platform software to programmatically modify focus, text insertion point and selection attributes of user interface elements. <p>Procedure</p> <ol style="list-style-type: none"> 1. For user interface elements that can receive focus and where the focus can be modified by a user without the use of assistive technology, check that the focus can be programmatically modified by assistive technologies. 2. For user interface elements that enable text editing by a user without the use of assistive technology, check that the position of the text insertion point can be programmatically modified by assistive technologies. 3. For user interface elements that enable text editing, check that the selection attributes can be programmatically modified by

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	<p>assistive technologies where they can be modified by user without the use of assistive technology.</p> <p>Result</p> <p>Pass: All checks are true</p> <p>Fail: Any check is false</p>
<p>11.5.2.15 Change notification</p> <p>Where software provides a user interface it shall, by using the services as described in clause 11.5.2.3, notify assistive technologies about changes in those programmatically determinable attributes of user interface elements that are referenced in requirements 11.5.2.5 to 11.5.2.11 and 11.5.2.13.</p>	<p>C.11.5.2.15 Change notification</p> <p>Type of assessment</p> <p>Inspection and testing</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>Procedure</p> <p>1. Activate notifications of changes in the user interface elements.</p> <p>2. Check that notifications about changes in object information (role, state, boundary, name and description) are sent to assistive technologies, if this information changes in the software user interface.</p> <p>3. Check that notifications about changes in row, column and headers of data tables are sent to assistive technologies, if this information changes in the software.</p> <p>4. Check that notifications about changes in values (current value, minimum value and maximum value) are sent, if this information changes in the software.</p> <p>5. Check that notifications about changes in label relationships are sent to assistive technologies, if this information changes in the software.</p> <p>6. Check that notifications about changes in parent-child relationships are sent to assistive</p>

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	<p>technologies, if this information changes in the software.</p> <p>7. Check notifications about changes in text (text contents, text attributes and the boundary of text rendered to the screen) are sent to assistive technologies, if this information changes in the software.</p> <p>8. Check that notifications about changes in the list of available actions are sent to assistive technologies, if this information changes in the software.</p> <p>9. Check that notifications about changes in focus, text insertion point and selection attributes are sent to assistive technologies, if this information changes in the software.</p> <p>Result</p> <p>Pass: Checks 2, 3, 4, 5, 6, 7, 8 and 9 are true</p> <p>Fail: Check 2, 3, 4, 5, 6, 7, 8 or 9 is false</p>
<p>11.5.2.16 Modifications of states and properties</p> <p>Where permitted by security requirements, software that provides a user interface shall, by using the services as described in clause 11.5.2.3, allow assistive technologies to programmatically modify states and properties of user interface elements, where the user can modify these items.</p> <p>NOTE 1: In some cases the security requirements imposed on a software product may forbid external software from interfering with the ICT product and so this requirement would not apply. Examples of systems under strict security requirements are systems dealing with intelligence activities, cryptologic activities related to national security, command and control of military forces.</p> <p>NOTE 2: Assistive technologies may be required to maintain the same level of security as the standard input mechanisms supported by the platform.</p>	<p>C.11.5.2.16 Modifications of states and properties</p> <p>Type of assessment</p> <p>Testing</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are user interface elements whose state or properties can be modified by a user without the use of assistive technology.</p> <p>3. The security requirements permit assistive technology to programmatically modify states and properties of user interface elements.</p> <p>Procedure</p> <p>1. Check that the state of user interface elements, whose state can be modified by a user without the use of assistive technology,</p>

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	<p>can be programmatically modified by assistive technologies.</p> <p>2. Check the properties of user interface elements, whose properties can be modified by a user without the use of assistive technologies, can be programmatically modified by assistive technologies.</p> <p>Result</p> <p>Pass: All checks are true</p> <p>Fail: Any check is false</p>
<p>11.5.2.17 Modifications of values and text</p> <p>Where permitted by security requirements, software that provides a user interface shall, by using the services as described in clause 11.5.2.3, allow assistive technologies to modify values and text of user interface elements using the input methods of the platform, where a user can modify these items without the use of assistive technology.</p> <p>NOTE 1: In some cases the security requirements imposed on a software product may forbid external software from interfering with the ICT product and so this requirement would not apply. Examples of systems under strict security requirements are systems dealing with intelligence activities, cryptologic activities related to national security, command and control of military forces.</p> <p>NOTE 2: Assistive technologies may be required to maintain the same level of security as the standard input mechanisms supported by the platform.</p>	<p>C.11.5.2.17 Modifications of values and text</p> <p>Type of assessment</p> <p>Testing</p> <p>Pre-conditions</p> <p>1. The software evaluated is software that provides a user interface.</p> <p>2. There are user interface elements whose values or text can be modified by a user without the use of assistive technology.</p> <p>3. The security requirements permit assistive technology to programmatically modify values and text of user interface elements.</p> <p>Procedure</p> <p>1. Check that the values of user interface elements, whose values can be modified by a user without the use of assistive technology, can be modified by assistive technologies using the input methods of the platform.</p> <p>2. Check that the text of user interface elements, whose text can be modified by a user without the use of assistive technology, can be modified by assistive technologies using the input methods of the platform.</p> <p>Result</p>

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	Pass: all checks are true Fail: any check is false
11.6 Documented accessibility usage	---
11.6.2 No disruption of accessibility features Where software provides a user interface it shall not disrupt those documented accessibility features that are defined in platform documentation except when requested to do so by the user during the operation of the software.	C.11.6.2 No disruption of accessibility features Type of assessment Testing Pre-conditions 1. There are platform features that are defined in the platform documentation as accessibility features. Procedure 1. Check if software that provides a user interface disrupts normal operation of platform accessibility features. 2. Check if the disruption was specifically requested or confirmed by the user. Result Pass: Check 1 is false or both checks are true Fail: Check 1 is true and check 2 is false
11.7 User preferences Where software provides a user interface it shall provide sufficient modes of operation that use user preferences for platform settings for colour, contrast, font type, font size, and focus cursor except for software that is designed to be isolated from its underlying platforms. NOTE: Software that is isolated from its underlying platform has no access to user settings in the platform and thus cannot adhere to them.	C.11.7 User preferences Type of assessment Inspection and Testing Pre-conditions 1. The software is software that provides a user interface. Procedure 1. Check if the software provides sufficient modes of operation that uses user preferences for platform settings for colour,

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	<p>contrast, font type, font size, and focus cursor.</p> <p>2. Check that the software documentation indicates that the software is designed to be isolated from its underlying platform.</p> <p>Result</p> <p>Pass: Check 1 is true or Check 1 is false and check 2 is true</p> <p>Fail: Check 1 is false and check 2 is false</p>
11.8 Authoring tools	---
<p>11.8.1 Content technology</p> <p>Authoring tools shall conform to clauses 11.8.2 to 11.8.5 to the extent that information required for accessibility is supported by the format used for the output of the authoring tool.</p>	<p>C.11.8.1 Content technology</p> <p>Type of assessment</p> <p>Inspection and Testing</p> <p>Pre-conditions</p> <p>1. The software is an authoring tool.</p> <p>2. The output format of the authoring tool supports information required for accessibility.</p> <p>Procedure</p> <p>1. Check if the authoring tool conforms to 11.8.2 to 11.8.5 to the extent that information required for accessibility is supported by the format used for the output of the authoring tool.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p> <p>NOTE: Where the output format of the authoring tool does not support certain types of information required for accessibility, compliance with requirements that relate to that type of information is not required.</p>
11.8.2 Accessible content creation	C.11.8.2 Accessible content creation

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<p>Authoring tools shall enable and guide the production of content that conforms to clauses 9 (Web content) or 10 (Non-Web content) as applicable.</p> <p>NOTE: Authoring tools may rely on additional tools where conformance with specific requirements is not achievable by a single tool. For example, a video editing tool may enable the creation of video files for distribution via broadcast television and the web, but authoring of caption files for multiple formats may be provided by a different tool.</p>	<p>Type of assessment</p> <p>Inspection and Testing</p> <p>Pre-conditions</p> <p>1. The software is an authoring tool.</p> <p>Procedure</p> <p>1. Check if the authoring tool has features that enable and guide the production of content that conforms to clauses 9 (Web) and 10 (Non-web documents).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.8.3 Preservation of accessibility information in transformations</p> <p>If the authoring tool provides restructuring transformations or re-coding transformations, then accessibility information shall be preserved in the output if equivalent mechanisms exist in the content technology of the output.</p> <p>NOTE 1: Restructuring transformations are transformations in which the content technology stays the same, but the structural features of the content are changed (e.g. linearizing tables, splitting a document into pages).</p> <p>NOTE 2: Re-coding transformations are transformations in which the technology used to encode the content is changed.</p>	<p>C.11.8.3 Preservation of accessibility information in transformations</p> <p>Type of assessment</p> <p>Inspection and Testing</p> <p>Pre-conditions</p> <p>1. The software is an authoring tool.</p> <p>2. The authoring tool provides restructuring transformations or re-coding transformations.</p> <p>Procedure</p> <p>1. For a restructuring transformation, check if the accessibility information is preserved in the output.</p> <p>2. For a restructuring transformation, check if the content technology supports accessibility information for the restructured form of the information.</p> <p>3. For a re-coding transformation, check if the accessibility information is preserved in the output.</p>

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	<p>4. For a re-coding transformation, check if the accessibility information is supported by the technology of the re-coded output.</p> <p>Result</p> <p>Pass: Check 1 is true or checks 1 and 2 are false or check 3 is true or checks 3 and 4 are false</p> <p>Fail: Check 1 is false and check 2 is true</p>
<p>11.8.4 Repair assistance</p> <p>If the accessibility checking functionality of an authoring tool can detect that content does not meet a requirement of clauses 9 (Web) or 10 (Non-web documents) as applicable, then the authoring tool shall provide repair suggestion(s).</p> <p>NOTE: This does not preclude automated and semi-automated repair which is possible (and encouraged) for many types of content accessibility problems.</p>	<p>C.11.8.4 Repair assistance</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software is an authoring tool.</p> <p>2. The accessibility checking functionality of the authoring tool can detect that content does not meet a requirement of clauses 9 (Web) or 10 (Non-web documents) as applicable.</p> <p>Procedure</p> <p>1. The authoring tool provides repair suggestions when content does not meet a requirement of clauses 9 or 10 (as applicable).</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>11.8.5 Templates</p> <p>When an authoring tool provides templates, at least one template that supports the creation of content that conforms to the requirements of clauses 9 (Web) or 10 (Non-web documents) as applicable shall be available and identified as such.</p>	<p>C.11.8.5 Templates</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. The software is an authoring tool.</p>

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	<p>2. The authoring tool provides templates.</p> <p>Procedure</p> <p>1. Check that the authoring tool provides at least one template that supports the creation of content that conforms to requirements of clauses 9 (Web content) or 10 (Documents) as applicable.</p> <p>2. Check that at least one template identified in step 1 is available and is identified as conforming to clauses 9 or 10 (as applicable).</p> <p>Result</p> <p>Pass: Checks 1 and 2 are true</p> <p>Fail: Check 1 or 2 is false</p> <p>NOTE: The identification as conforming to the requirements of clauses 9 or 10 (as applicable) described in check 2 may be described in terms such as "Conformant to WCAG 2.1". Where the identification does not explicitly state that all of the requirements identified in clauses 9 or 10 (as appropriate) are covered, it may be necessary to use the template to create a web site or document and then test that web site or document according to the requirements of clauses 9 or 10 to provide full assurance that the template behaves as required.</p>
12 Documentation and support services	---
12.1 Product documentation	---
<p>12.1.1 Accessibility and compatibility features</p> <p>Product documentation provided with the ICT whether provided separately or integrated within the ICT shall list and explain how to use the accessibility and compatibility features of the ICT.</p> <p>NOTE: Accessibility and compatibility features include accessibility features that are built-in and accessibility features that provide compatibility with assistive technology.</p>	<p>C.12.1.1 Accessibility and compatibility features</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. Product documentation is supplied with the ICT.</p> <p>Procedure</p>

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	<p>1. Check that product documentation provided with the ICT lists and explains how to use the accessibility and compatibility features of the ICT.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>12.1.2 Accessible documentation</p> <p>Product documentation provided with the ICT shall be made available in at least one of the following electronic formats:</p> <ul style="list-style-type: none"> a. a Web format that conforms to the requirements of clause 9, or b. a non-web format that conforms to the requirements of clause 10. <p>NOTE 1: This does not preclude the possibility of also providing the product documentation in other formats (electronic or printed) that are not accessible.</p> <p>NOTE 2: It also does not preclude the possibility of providing alternate formats that meet the needs of some specific type of users (e.g. Braille documents for blind people or easy-to-read information for persons with cognitive impairments).</p> <p>NOTE 3: Where the documentation is integral to the ICT it will be provided through the user interface which is accessible.</p> <p>NOTE 4: A user agent that supports automatic media conversion would be beneficial to enhancing accessibility.</p>	<p>C.12.1.2 Accessible documentation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. Product documentation in electronic format is supplied with the ICT.</p> <p>Procedure</p> <p>1. Check that product documentation in electronic format provided with the ICT conforms to the requirements of clauses 9 or 10 as appropriate.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>12.2 Support services</p>	<p>---</p>
<p>12.2.1 General (informative)</p> <p>ICT support services include, but are not limited to: help desks, call centres, technical support, relay services and training services.</p>	<p>C.12.2.1 General (informative)</p> <p>Clause 12.2.1 is informative only and contains no requirements requiring test.</p>
<p>12.2.2 Information on accessibility and compatibility features</p>	<p>C.12.2.2 Information on accessibility and compatibility features</p>

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<p>ICT support services shall provide information on the accessibility and compatibility features that are included in the product documentation.</p> <p>NOTE: Accessibility and compatibility features include accessibility features that are built-in and accessibility features that provide compatibility with assistive technology.</p>	<p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. ICT support services are provided.</p> <p>Procedure</p> <p>1. Check that the ICT support services provide information on the accessibility and compatibility features that are included in the product documentation.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>
<p>12.2.3 Effective communication</p> <p>ICT support services shall accommodate the communication needs of individuals with disabilities either directly or through a referral point.</p>	<p>C.12.2.3 Effective communication</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. ICT support services are provided.</p> <p>Procedure</p> <p>1. Check that the ICT support services accommodate the communication needs of individuals with disabilities either directly or through a referral point.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p> <p>NOTE: The provision of any level of support for the communication needs of individuals with disabilities constitutes a pass of this requirement. Suppliers may wish to provide further information about the level of support</p>

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	that is provided to enable the adequacy and quality of the support to be judged.
<p>12.2.4 Accessible documentation</p> <p>Documentation provided by support services shall be made available in at least one of the following electronic formats:</p> <p style="margin-left: 40px;">a. a Web format that conforms to clause 9; or b. a non-web format that conforms to clause 10.</p> <p>NOTE 1: This does not preclude the possibility of also providing the documentation in other formats (electronic or printed) that are not accessible.</p> <p>NOTE 2: It also does not preclude the possibility of providing alternate formats that meet the needs of some specific type of users (e.g. Braille documents for blind people or easy-to-read information for persons with cognitive impairments).</p> <p>NOTE 3: A user agent that supports automatic media conversion would be beneficial to enhancing accessibility.</p>	<p>C.12.2.4 Accessible documentation</p> <p>Type of assessment</p> <p>Inspection</p> <p>Pre-conditions</p> <p>1. Documentation is provided by the ICT support services.</p> <p>Procedure</p> <p>1. Check that documentation in electronic format provided by the ICT support services conforms to the requirements of clauses 9 or 10 as appropriate.</p> <p>Result</p> <p>Pass: Check 1 is true</p> <p>Fail: Check 1 is false</p>

Annex - References (from EN 301 549)

2.1 Normative references

References are specific, identified by date of publication and/or edition number or version number. Only the cited version applies.

Referenced documents which are not found to be publicly available in the expected location might be found at [ETSI References in docbox](#).

- NOTE: While any hyperlinks included in this clause were valid at the time of publication, ETSI cannot guarantee their long term validity.

The following referenced documents are necessary for the application of the present document.

[1] ETSI ETS 300 381 (Edition 1) (December 1994): "Telephony for hearing impaired people; Inductive coupling of telephone earphones to hearing aids".

[2] ETSI ES 200 381-1 (V1.2.1) (October 2012): "Telephony for hearing impaired people; Inductive coupling of telephone earphones to hearing aids Part 1: Fixed-line speech terminals".

[3] ETSI ES 200 381-2 (V1.1.1) (October 2012): "Telephony for hearing impaired people; Inductive coupling of telephone earphones to hearing aids; Part 2: Cellular speech terminals".

[4] W3C Recommendation (December 2008) /ISO/IEC 40500:2012: "Web Content Accessibility Guidelines (WCAG) 2.0".

- NOTE: Available at [WCAG 2.0](#).

[5] W3C Proposed Recommendation (June 2018): "Web Content Accessibility Guidelines (WCAG) 2.1".

- NOTE: Available at [WCAG 2.1](#).

2.2 Informative references

References are either specific (identified by date of publication and/or edition number or version number) or non-specific. For specific references, only the cited version applies. For non-specific references, the latest version of the referenced document (including any amendments) applies.

- NOTE: While any hyperlinks included in this clause were valid at the time of publication, ETSI cannot guarantee their long term validity.

The following referenced documents are not necessary for the application of the present document but they assist the user with regard to a particular subject area.

[i.1] ANSI/IEEE C63.19 (2011): "American National Standard Method of Measurement of Compatibility between Wireless Communication Devices and Hearing Aids".

[i.2] ANSI/TIA-4965: "Receive volume control requirements for digital and analogue wireline terminals".

[i.3] European Commission M 376-EN: "Standardization Mandate to CEN, CENELEC and ETSI in support of European accessibility requirements for public procurement of products and services in the ICT domain".

[i.4] ETSI EG 201 013: "Human Factors (HF); Definitions, abbreviations and symbols".

[i.5] ETSI ES 202 975: "Human Factors (HF); Requirements for relay services".

[i.6] ETSI ETS 300 767: "Human Factors (HF); Telephone Prepayment Cards; Tactile Identifier".

[i.7] ETSI CEN/CENELEC/ETSI TR 101 550: "Documents relevant to EN 301 549 "Accessibility requirements suitable for public procurement of ICT products and services in Europe"".

[i.8] ETSI CEN/CENELEC/ETSI TR 101 551: "Guidelines on the use of accessibility award criteria suitable for publicly procured ICT products and services in Europe".

[i.9] ETSI TR 102 612: "Human Factors (HF); European accessibility requirements for public procurement of products and services in the ICT domain (European Commission Mandate M 376, Phase 1)".

[i.10] ETSI TS 126 114: "Universal Mobile Telecommunications System (UMTS); LTE; IP Multimedia Subsystem (IMS); Multimedia telephony; Media handling and interaction (3GPP TS 26.114)".

[i.11] ETSI TS 122 173: "Digital cellular telecommunications system (Phase 2+) (GSM); Universal Mobile Telecommunications System (UMTS); LTE; IP Multimedia Core Network Subsystem (IMS) Multimedia Telephony Service and supplementary services; Stage 1 (3GPP TS 22.173)".

[i.12] ETSI TS 134 229: "Universal Mobile Telecommunications System (UMTS); LTE; Internet Protocol (IP) multimedia call control protocol based on Session Initiation Protocol (SIP) and Session Description Protocol (SDP); User Equipment (UE) conformance specification (3GPP TS 34.229)".

[i.13] IETF RFC 4103 (2005): "RTP Payload for Text Conversation".

[i.14] ISO/IEC 17007:2009: "Conformity assessment - Guidance for drafting normative documents suitable for use for conformity assessment".

[i.15] ISO 9241-11:1998: "Ergonomic requirements for office work with visual display terminals (VDTs) -- Part 11: Guidance on usability".

[i.16] ISO 9241-110:2006: "Ergonomics of human-system interaction -- Part 110: Dialogue principles".

[i.17] ISO 9241-171:2008: "Ergonomics of human-system interaction-Part 171: Guidance on software accessibility".

[i.18] ISO 26800:2011: "Ergonomics - General approach, principles and concepts".

[i.19] ISO/IEC 13066-1:2011: "Information technology - Interoperability with assistive technology (AT) - Part 1: Requirements and recommendations for interoperability".

[i.20] Recommendation ITU-T E.161 (2001): "Arrangement of digits, letters and symbols on telephones and other devices that can be used for gaining access to a telephone network".

[i.21] Recommendation ITU-T G.722 (1988): "7 kHz audio-coding within 64 kbit/s".

[i.22] Recommendation ITU-T G.722.2 (2003): "Wideband coding of speech at around 16 kbit/s using Adaptive Multi-Rate Wideband (AMR-WB)".

[i.23] Recommendation ITU-T V.18 (2000): "Operational and interworking requirements for DCEs operating in the text telephone mode".

[i.24] TIA-1083-A (2010): "Telecommunications; Telephone Terminal equipment; Handset magnetic measurement procedures and performance requirements".

[i.25] US Department of Justice: "2010 ADA Standards for Accessible Design".

[i.26] W3C Working Group Note 5 September 2013: "Guidance on Applying WCAG 2.0 to Non-Web Information and Communications Technologies (WCAG2ICT)".

- NOTE: Available at [WCAG2ICT](#).

[i.27] Commission Implementing Decision of 27.4.2017 on a standardisation request to the European standardisation organisations in support of Directive (EU) 2016/2102 of the European

Parliament and of the Council on the accessibility of the websites and mobile applications of public sector bodies.

[i.28] Directive (EU) 2016/2102 of the European Parliament and of the Council of 26 October 2016 on the accessibility of the websites and mobile applications of public sector bodies.

[i.29] ETSI EN 301 549 (V1.1.2) (04-2015): "Accessibility requirements suitable for public procurement of ICT products and services in Europe".

[i.30] ETSI TR 101 552: "Guidance for the application of conformity assessment to accessibility requirements for public procurement of ICT products and services in Europe".

Annex - Definitions and abbreviations (from EN 301 549)

3.1 Definitions

For the purposes of the present document, the terms and definitions given in ETSI EG 201 013 [i.4] and the following apply:

accessibility: extent to which products, systems, services, environments and facilities can be used by people from a population with the widest range of characteristics and capabilities, to achieve a specified goal in a specified context of use (from ISO 26800 [i.18])

- NOTE 1: Context of use includes direct use or use supported by assistive technologies.
- NOTE 2: The context in which the ICT is used may affect its overall accessibility. This context could include other products and services with which the ICT may interact.

assistive technology: hardware or software added to or connected to a system that increases accessibility for an individual

- NOTE 1: Examples are Braille displays, screen readers, screen magnification software and eye tracking devices that are added to the ICT.
- NOTE 2: Where ICT does not support directly connected assistive technology, but which can be operated by a system connected over a network or other remote connection, such a separate system (with any included assistive technology) can also be considered assistive technology.

audio description: additional audible narrative, interleaved with the dialogue, which describes the significant aspects of the visual content of audio-visual media that cannot be understood from the main soundtrack alone

- NOTE: This is also variously described using terms such as "video description" or variants such as "descriptive narration".

authoring tool : software that can be used to create or modify content

- NOTE 1: An authoring tool may be used by a single user or multiple users working collaboratively.
- NOTE 2: An authoring tool may be a single stand-alone application or be comprised of collections of applications.
- NOTE 3: An authoring tool may produce content that is intended for further modification or for use by end-users.

caption: synchronized visual and/or text alternative for both speech and non-speech audio information needed to understand the media content (after WCAG 2.1 [5])

- NOTE: This is also variously described using terms such as "subtitles" or variants such as "subtitles for the deaf and hard-of-hearing".

closed functionality : functionality that is limited by characteristics that prevent a user from attaching, installing or using assistive technology

content: information and sensory experience to be communicated to the user by means of software, including code or mark-up that defines the content's structure, presentation, and interactions (after WCAG2ICT [i.26])

- NOTE: Content occurs in three places: web pages, documents and software. When content occurs in a web page or a document, a user agent is needed in order to communicate the content's information and sensory experience to the user. When content occurs in software, a separate user agent is not needed in order to communicate the content's information and sensory experience to the user - the software itself performs that function.

context of use: users, tasks, equipment (hardware, software and materials), and the physical and social environments in which a product is used (from ISO 9241-11 [i.15])

open functionality: functionality that supports access by assistive technology

- NOTE: This is the opposite of Closed Functionality.

operable part : component of ICT used to activate, deactivate, or adjust the ICT

- NOTE: Operable parts can be provided in either hardware (see mechanically operable parts, above) or software. An on-screen button is an example of an operable part provided by software.

platform software : collection of software components that runs on an underlying software or hardware layer, and that provides a set of software services to other software components that allows those applications to be isolated from the underlying software or hardware layer (after ISO/IEC 13066-1 [i.19])

- NOTE: A particular software component might play the role of a platform in some situations and a client in others.

programmatically determinable : able to be read by software from developer-supplied data in a way that other software, including assistive technologies, can extract and present this information to users in different modalities

- NOTE: WCAG 2.1 uses "determined" where this definition uses "able to be read" (to avoid ambiguity with the word "determined").

real-time text : form of a text conversation in point to point situations or in multipoint conferencing where the text being entered is sent in such a way that the communication is perceived by the user as being continuous

satisfies a success criterion: success criterion does not evaluate to "false" when applied to the ICT (after WCAG 2.1 [5])

terminal: combination of hardware and/or software with which the end user directly interacts and that provides the user interface

- NOTE 1: The hardware may consist of more than one device working together e.g. a mobile device and a computer.
- NOTE 2: For some systems, the software that provides the user interface may reside on more than one device such as a telephone and a server.

user agent: software that retrieves and presents content for users (after WCAG 2.1 [5])

- NOTE 1: Software that only displays the content contained within it is treated as software and not considered to be a user agent.
- NOTE 2: An example of software that is not a user agent is a calculator application that does not retrieve the calculations from outside the software to present it to a user. In this case, the calculator software is not a user agent, it is simply software with a user interface.
- NOTE 3: Software that only shows a preview of content such as a thumbnail or other non-fully functioning presentation is not providing user agent functionality.

user interface: all components of an interactive system (software or hardware) that provide information and/or controls for the user to accomplish specific tasks with the interactive system (from ISO 9241-110 [i.16])

user interface element: entity of the user interface that is presented to the user by the software (after ISO 9241-171 [i.17])

- NOTE 1: This term is also known as "user interface component".
- NOTE 2: User-interface elements can be interactive or not.

web content: content that belongs to a web page, and that is used in the rendering or that is intended to be used in the rendering of the web page

web page: non-embedded resource obtained from a single URI using HTTP plus any other resources that are used in the rendering or intended to be rendered together with it by a user agent (after WCAG 2.1 [5])

3.2 Abbreviations

For the purposes of the present document, the following abbreviations apply:

ADA Americans with Disabilities Act

ANSI American National Standards Institute

AT Assistive Technology

CIF Common Intermediate Format

CSS Cascading Style Sheets

DOM Document Object Model

EU European Union

FPS Frames Per Second

FXML XML-based user interface markup language

HTML HyperText Markup Language

HTTP HyperText Transfer Protocol

ICT Information and Communication Technology

IETF Internet Engineering Task Force

IMS IP Multimedia System

IP Internet Protocol

JWG Joint Working Group (of CEN/CENELEC/ETSI)

ODF Open Document Format

OOXML Office Open eXtensible Markup Language

PSTN Public Switched Telephone Network

QCIF Quarter Common Intermediate Format

RFC Request For Comment

RTT Real-Time Text

SC Success Criterion

SIP Session Initiation Protocol

URI Uniform Resource Identifier

USB Universal Serial Bus

VoIP Voice over IP

W3C World Wide Web Consortium

WCAG Web Content Accessibility Guidelines (of W3C)

XML eXtensible Markup Language

XUL XML User interface Language

Annex - Practical guidance for accessible non-web documentation

In WCAG “success criteria” are all technology agnostic. The requirements for non-web documents are based on the WCAG 2.1 level AA requirements, which means all level A and AA criteria relevant to documents must be met.

The W3C publishes [sufficient techniques](#) to meet WCAG success criteria, including techniques for non-web document formats such as PDF. Using a given technique is considered “sufficient” to meet the criteria relevant to the technique, but you can also meet the criteria in other ways.

Shared Services Canada has created a set of guides for producing accessible documents in Microsoft Office:

- [How to create accessible documents](#)

Various software vendors and organizations offer supplementary material that provides instructions for making documents accessible:

- [Adobe PDF accessibility](#)
- [Accessible Digital Office Document \(ADOD\) Project](#)
- [Microsoft Accessibility Checker](#)
- [Webaim: Microsoft Word Techniques](#)
- [Webaim: PDF Techniques](#)
- [Canada.ca Content Style Guide](#)
- [Google Docs – Make your document or presentation accessible](#)
- [Web Accessibility Perspectives - Compilation of 10 Topics/Videos](#)
- [18F Web Accessibility Guide](#)
- [University of Washington Accessible Document Guides](#)

NOTE: Following the guidance given in the links above does not guarantee compliance with WCAG 2.1. Links are provided for reference only.

Appendix G: Assessment Criteria for Quality Assurance Reviews

Appendix G lists the minimum assessment criteria to be used when conducting Quality Assurance (QA) Reviews, as outlined in *SOW Section 5.22 Quality Assurance Set-up* and *SOW Section 6.31 Quality Assurance*. The assessment criteria will be used as a means to measure the accuracy of the Contractor's work and the level of conformance to business rules for each of the programs. The assessment criteria will be finalized with the Partner Organizations during the Implementation Phase.

Authorizations (treatment/health benefits, dental, pharmacy, etc.):

Criteria to be assessed includes:

- Is the Participant eligible?
- Does the Provider meet VAC/CAF/RCMP's criteria of a recognized health professional?
- If Participant resides in a different province/country than the Provider, is the Provider qualified to offer services in that province/country?
- Were the Benefit Grids/other parameters followed?
- Was rationale provided if authorizing outside Benefit Grid limits?
- Was the authorization set up correctly in the system (e.g., correct dates, notes)?
- If required, were requests for extension processed correctly?
- If required, was the escalation process followed appropriately?
- If required, was the Special Authorization or exceptional process followed appropriately?
- Was authorization communication sent to the Provider?
- Was all authorization information available for the Participant to view in the Participant Portal?
- Were appropriate consultations conducted (e.g., medical consultant, dental consultant, etc. contacted)?

Provider and Participant claims and reimbursements (Treatment Benefits/Health Benefits, dental, pharmacy, etc.)

Criteria to be assessed includes:

- Is the Participant eligible?
- Are the dates of service within the past 18 months?
- Does the Provider meet Partner Organization criteria of a recognized health professional?
- Was the claim submitted correctly (Providers)?
- If the claim was submitted incorrectly, was the Provider educated?
- Were the Benefit Grid parameters or other parameters followed?
- Was rationale provided if authorizing outside of the parameters?
- Was the benefit or service authorized, if applicable?
- Was the claim applied to the correct authorization number?
- If required, was the proper dollar amount coded to the right benefit code(s) (e.g., benefit code and tax code)?
- If required, was the escalation process followed appropriately?
- If documentation was submitted, was the claim processed properly with it?
- Was the correct communication message used?
- Were appropriate consultations had (e.g., medical consultant contacted) by the Provider?
- Were business rules followed?
- If a non-Benefit Grid item or an exceptional process in place, were business rules applicable and followed?
- Is the approval/decline available to view on the system?

- Was the reimbursement made using the preferred payment method?
- If the Provider is not registered, was a request made to Provider services to contact the Provider to have them registered?
- If Participant resides in a different province/country than the Provider, is the Provider qualified to offer services in that province/country?

Long Term Care (LTC) (VAC only):

Receive, review, and process claims for LTC assessing the following:

- Is the Veteran eligible?
- Are dates of service submitted on the claim within approved service authorization dates?
- Does the facility name on the invoice match that in VAC Systems?
- Was the payment accurate (e.g. amount paid matches amount submitted, minus applicable Accommodation and Meals (A&M) rates)?
- Was the Veteran's A&M rate deducted accurately?
- Was the payment summary completed and accurate?

Assess Long Term Care A&M letters for the following:

- Did the Veteran (or legal representative) identified by VAC, receive an A&M letter?
- Was the letter sent prior to the annual cutoff date ?
- Did the letter indicate the correct A&M rate the Veteran is required to contribute to their long term care costs for the year (October 1 to September 30), as provided by VAC?
- Did the facility receive a summary list of each residing Veteran's individual A&M amounts for the year (October 1 to September 30)?

Veterans Independence Program (VIP) (VAC only):

review, VIP claims and assess the following:

- Is the Participant eligible for the type of service/benefit submitted?
- Are dates of service submitted on the claim within approved service authorization dates?
- Was the payment accurate (e.g. amount paid matches amount submitted)?
- Was the total amount paid accurately deducted from the approved benefit year amount?
- Was the payment summary completed and accurate?
- If the total dollar amount was under the predefined 'small dollar' limit amount, and a cheque payment requested, were business rules followed and the cheque not issued or pulled?
- If the claim was submitted for access to nutrition, at a rate over the maximum daily rate, was the claim accurately reduced and paid at the maximum daily rate?
- If the claim was submitted for VIP-Intermediate Care, was the Veteran's A&M rate deducted?

Review VIP grant payments for housekeeping and grounds maintenance services assessing the following:

- Is the Participant eligible for the type of grant (housekeeping or grounds maintenance) paid?
- Was the grant payment released on the appropriate date?
- Was the payment accurate (e.g. amount paid matches the amount provided by VAC systems)?
- Was the payment summary complete and accurate?

Review annual follow up calls for the VIP assessing the following:

- Was the Participant identified by VAC as requiring follow-up, contacted or an appropriate number of attempts made?
- Was the VIP Follow-Up Tool (VAC 1305) completed and saved to the Participant's file?
- If a change in need or eligibility was identified on contact, was the Grant Determination Tool (GDT) completed?
- If the GDT resulted in a change in grant funding, was the benefit arrangement updated accurately (amended/reassessed) with the dollar amounts indicated on the GDT?
- Was the amendment, reassessment, or termination letter sent out as appropriate?
- If a change in current VIP reimbursements or a new request for reimbursement services was received, was a referral made to VAC for follow up?
- If a change in personal information (address, legal representation, etc.) was identified, was a referral made to VAC for follow up?
- Were all Participant interactions for follow ups, file changes, and contact attempts indicated on the Participant's file.?

Review annual renewals for VIP benefits for Survivors assessing the following:

- If the Annual Renewal of VIP for Survivors (VAC753) form received was incomplete, did the Contractor reach out to the Participant to obtain additional information (e.g. proof of Guaranteed Income Supplement (GIS) or Disability Tax Credit)?
- If the form identified a change in need, was the Participant contacted and the GDT completed?
- If the GDT resulted in a change in grant funding, was the benefit arrangement updated accurately (amended/reassessed) with the dollar amounts indicated on the GDT?
- Was the renewal, reassessment, and/or termination letter sent out as appropriate?
- Were all Participant interactions, file changes, and contact attempts indicated on the Participant's file?

Cannabis for Medical Purposes (VAC only):

Criteria to be assessed includes:

- Was all electronic and hard-copy documentation to support the authorization request received and stored (i.e., no documentation was lost or overlooked from receipt to processing)?
- Was all pertinent data from documentation supporting the authorization request gathered and stored in the system?
- Was the authorization request correctly processed?
- Was the Veteran's identity confirmed?
- Was the Veteran eligible for VAC reimbursement in keeping with the business rules (including exceptional requests)?
- Was the medical authorization document provided by an appropriate health care practitioner?
- Was the medical authorization valid?
- Was supporting documentation provided by an appropriate medical specialist (for exceptional requests only)?
- Were referrals made appropriately to health professionals for consultation?
- Were the start and end dates for the VAC authorization for reimbursement accurate (if approved)?
- Was the federal licensed seller (FLS) notified of the authorization results?
- Was the Veteran notified of the authorization results?
- Were details pertaining to the VAC authorization for reimbursement set up appropriately in the system (for approvals only)?

Complete annual quality assurance reviews of claims processing assessing the following:

- Were electronic and non-electronic claims/invoices received and stored (i.e., no claim was lost or overlooked from receipt to payment)?
- Was pertinent data from claims/invoices gathered and stored in the system?
- Was the claim eligible for payment?
- Was all required information provided?
- Was missing information obtained?
- Was the FLS registered with the contractor?
- Was the date of service within 18 months?
- Was the claim payable based on the authorization for VAC reimbursement? (i.e., within the Veteran's authorized grams per day, was the product was for an approved method of consumption and CBD/THC level)?
- Was the claim processed correctly including, but not limited to:
- Was the claim paid only up to the maximum reimbursement rate?
- Were the appropriate tax rates used?
- Was the outcome of claims processing communicated to the FLS, Veteran or authorized third party?
- Was a clear explanation provided as to why a claim was denied or adjusted (if applicable)?
- Was the correct payment issued to the FLS, Veteran or authorized third party?

Veterans Travel (VAC only):

Criteria to be assessed includes:

- Is the Veteran eligible?
- Was the correct person paid (e.g., participant or Provider)?
- Does the Provider meet VAC criteria for Veteran Travel?
- If documentation was submitted, was the claim processed properly with it?
- Was the claim processed properly with the signature present?
- Was the correct region/province/Provider type/Provider number used?
- Was the correct coverage available/used?
- Were the correct pre-approvals present (e.g., escort, taxi waiver, etc.)?
- Was the number of kilometers validated?
- Was the hotel rate validated?
- Were meals acknowledged and processed correctly?
- Are the dates of service within 18 months?
- Was the escalation process followed appropriately if required?
- Was the correct communication sent to participant or Provider, if applicable?
- Is the approval/decline available to view on the system?

Out of Country

Criteria to be assessed includes:

- Were the correct number of occurrences paid?
- Was the correct date of service entered?
- Were correct amounts paid?
- Does the Provider meet VAC/CAF/RCMP's criteria of a recognized health professional?
- Was the correct Participant or Provider statement message used?
- Was the reimbursement made using the preferred payment method?
- Was the correct currency conversion used?
- Was the escalation process followed appropriately if required?

Contact Centre:

Criteria to be assessed includes:

Phone calls:

- Was the caller greeted properly?
- Was the caller properly verified?
- Was the call handled according to the business rules?
- Was the caller provided with the information requested or was their question resolved?
- If required, were appropriate follow ups or next steps completed to have the question resolved?
- Was the call properly summarized and closed?
- Was the call properly documented?
- Was the staff member professional in their communication?

Live Chat:

- Was the chat handled according to the business rules?
- Was the Participant / Provider provided with the information requested or was their question resolved?
- Was the call properly summarized and closed?
- Was the call properly documented?
- Was the staff member professional in their communication?

Secure Messages / Emails:

- Was the message handled according to the business rules?
- Was the Participant / Provider provided with the information requested or was their question resolved?
- Was the secure message/email properly summarized and closed?
- Was the secure message/email properly documented?
- Was the staff member professional in their communication?

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009
File No. - N° du dossier
STJ-1-44001

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

ANNEX B
BASIS OF PAYMENT

Federal Health Claims Processing Services (FHCPS)

For

Veterans Affairs Canada (VAC)
Canadian Armed Forces (CAF)
Royal Canadian Mounted Police (RCMP)

The Contractor will be paid for costs reasonably and properly incurred in the performance of the Work, as detailed below. Applicable taxes are extra.

1. Implementation Phase

The Contractor will be paid a firm one-time all-inclusive price for implementation including but not limited to, facilities, equipment, materials, labour, overhead and profit for all goods and services utilized or provided during the Implementation Phase. The Implementation phase begins upon Contract Award and ends with the commencement of the Operations Phase. Refer to SOW Sections 4, General Requirements and SOW Section 5, Implementation Phase for the work and deliverables required. This does not include the Initial Communications Materials outlined in Section 2 or the Information Technology Resources to Support VAC Contract Implementation outlined in Section 3 of this Basis of Payment. At the completion of this phase, the FHCPs must be ready to commence operations.

Implementation Phase: \$ _____ Firm One-time All-inclusive Price for Implementation

Following the evaluation process, Canada will require a detailed breakdown of the Firm One-time All-inclusive Price for Implementation from the successful bidder prior to Contract award.

The Firm One-time All-inclusive Price for Implementation is not subject to Economic Price Adjustment (EPA).

2. Initial Communications Materials

The Contractor will be paid a firm one-time all-inclusive unit price including but not limited to, materials, labour, overhead and profit for all goods and services utilized for the development, production and distribution of the Health Identification Cards and Welcome Package for Participants upon Initial Enrolment, defined in Table 2.1. Refer to SOW Sections 5.5 Participant Enrolment Set-up and 5.6 Health Care Identification Card Set-up.

Bidders are advised the quantities provided in the “Estimated Volume” column in Table 2.1 represent a reasonable estimate of expected volume; however, are provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual volume of Communication Materials required. The Contractor will be paid only for Units and quantities ordered, authorized and required by Canada.

Table 2.1: Firm One-Time All-Inclusive Unit Price for the Development, Production and Distribution of Health Identification Cards and Welcome Package for Participants upon Initial Enrolment

Initial Communications Materials	Estimated Volume	Firm One-Time All-Inclusive Unit Price per Card	Total Price
Health Identification Cards and Welcome Package for Participants upon Initial Enrolment	300,000	\$ _____	\$ _____

The Contractor will be paid a firm one-time all-inclusive price including but not limited to, materials, labour, overhead, and profit for all goods and services utilized or provided for the development and

communication of Initial Electronic Communication Materials for Participants and Healthcare Providers, defined in Table 2.2. Refer to SOW Sections 5.5 Participant Enrolment Set-up, 5.7 Provider Recruitment and Registration Set-up, 5.9 Participant Portal Set-up, 5.10 Provider Portal Set-up and 5.11 Departmental Portal Set-up.

Communication materials will be digital for Participants and Providers. The firm one-time all-inclusive price is only for the development of initial electronic communication materials. There will be no mass distribution of paper communications materials.

Table 2.2: Firm One-Time All-Inclusive Prices for the Development of Initial Electronic Communications Materials

Communication Materials	Development of Initial Electronic Communication Materials - Firm One-Time All-Inclusive Price
Initial Communications Materials for Participants	\$ _____
Initial Communications Materials for Providers	\$ _____
Initial Communications Materials for Partner Organizations	\$ _____
Total	\$ _____

The Firm One-Time All-Inclusive Unit Price for the Development, Production and Distribution of Health Identification Cards and Welcome Package for Participants upon Initial Enrolment and the Firm One-Time All-Inclusive Prices for the Development of Initial Electronic Communications Materials are not subject to Economic Price Adjustment (EPA).

3. Information Technology Resources to Support VAC Contract Implementation

The Contractor will be paid a firm all-inclusive hourly rate for the Contractor IT Resources defined in Table 3.1 to develop and/or modify internal VAC systems to support the requirements outlined in SOW Section 4.9 Contractor Resources.

This price **does not include** work described in Section 1, Implementation Phase, of this Basis of Payment.

Bidders are advised the quantities provided in the “Estimated Hours” column represent reasonable estimates of expected hourly requirements for each category of Information Technology Resource listed; however, they are provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual hours of work required.

Table 3.1: Firm All-Inclusive Hourly Rates for Information Technology Resources to Support VAC Contract Implementation

Information Technology Resource	Estimated Hours	Firm All-Inclusive Hourly Price	Total
Scrum Master	2,700	\$ _____	\$ _____
IT Developers	5,400	\$ _____	\$ _____
IT Testers	5,400	\$ _____	\$ _____
Integration Developer	2,700	\$ _____	\$ _____
Business Analysts	5,400	\$ _____	\$ _____
Total			\$ _____

The Firm All-Inclusive Hourly Rates for Information Technology Resources to Support VAC Contract Implementation are not subject to Economic Price Adjustment (EPA).

4. Operations Phase – Firm Annual All-Inclusive Price

The Contractor will be paid a firm annual all-inclusive price for operations including but not limited to service requests, facilities, equipment, materials, labour, overhead and profit required to complete the work. Refer to SOW Section 4.9 Contractor Resources and SOW Section 6, Operations Phase for additional information. This price **does not include** work described in other sections of this Basis of Payment.

Operations Phase: \$ _____ Firm Annual All-Inclusive Price for Operations

Following the evaluation process, Canada will require a detailed breakdown of the Firm Annual All-Inclusive Price for Operations from the successful bidder prior to Contract award. Human Resources and any other resources included in the Firm Annual All-Inclusive Price for Operations will not be included under any other section of this Basis of Payment.

The Firm Annual All-Inclusive Price for Operations is subject to annual Economic Price Adjustment (EPA).

5. Operations Phase – Based on Unit Pricing

The Contractor will be paid a per-unit price for work identified in this section of the Basis of Payment. The human resources and any other resources required to complete the work outlined in this section of the Basis of Payment are not to be included in the Operations Phase firm annual all-inclusive price in Section 4 of this Basis of Payment or any other sections of the Basis of Payment.

5.1 Manual Authorization of Health Benefits and Services

The Contractor will be paid in accordance with the firm all-inclusive manual authorization unit prices for Health Benefits and Services, defined in Table 5.1 below. These rates include, but are not limited to, facilities, equipment, labour, materials, overhead and profit and all other costs related to the Manual Authorization of Health Benefits and Services. Refer to SOW Sections 6.15 Treatment Authorizations, 6.14 Dental Authorizations, 6.15 Pharmacy Authorizations, 6.19 Cannabis for Medical Purposes and 6.20 Veterans Independence Program.

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009
File No. - N° du dossier
STJ-1-44001

Buyer ID - Id de l'acheteur
stj002
CCC No./N° CCC - FMS No./N° VME

The Contractor will be paid the firm all-inclusive authorization unit price **for each corresponding benefit code** the Contractor has manually processed (approved, partially approved or declined). This price does not include automated authorizations or those which have been entered in the system by Partner Organization staff.

Canada expects the volume of manual authorizations to be performed on annual basis, outlined in Table 5.1, will decrease based on the expanded automation of the authorization of health benefits and services.

Bidders are advised the quantities provided in the "Estimated Annual Volume" column in Table 5.1 represent reasonable estimates of expected volumes; however, are provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual volume received by the Contractor.

Table 5.1: Firm All-Inclusive Manual Authorization Unit Prices for Health Benefits and Services

Category of Authorization	Estimated Annual Authorization Volume	Firm All-Inclusive Manual Authorization Unit Price	Total
Treatment (VAC, CAF and RCMP)	120,000	\$ _____	\$ _____
Dental (VAC, CAF and RCMP)	15,000	\$ _____	\$ _____
Pharmacy (VAC, CAF and RCMP)	21,000	\$ _____	\$ _____
Cannabis for Medical Purposes – Regular Requests (VAC Only)	35,000	\$ _____	\$ _____
Cannabis for Medical Purposes – Exceptional Requests (VAC Only)	2,500	\$ _____	\$ _____
Veterans Independence Program – Follow-Up (VAC Only)	13,000	\$ _____	\$ _____
Veterans Independence Program – Survivor Renewals (VAC Only)	2,000	\$ _____	\$ _____
Total			\$ _____

The Firm All-Inclusive Manual Authorization Unit Prices for Health Benefits and Services are subject to annual Economic Price Adjustment (EPA).

5.2 Firm Unit Prices for Health Benefit and Services Transactions

Transactions are defined as the processing of a single benefit code included in a claim. Transactions are processed either through automated submission (electronic) or manually by the Contractor. Automated transactions (electronic) refer to those where no manual data entry is required on the part of the Contractor, with their adjudication system automatically processing the transaction. Manual transactions are those where Contractor staff must key information into the adjudication system in order to complete processing of the transaction.

The Contractor will be paid in accordance with the Firm All-Inclusive Unit Price for the Automated (Electronic) Processing of Health Benefit and Services Transactions, defined in Table 5.2.1, and the Firm All-Inclusive Unit Price for the Manual Processing of Health Benefit and Services Transactions, defined in Table 5.2.2. The prices include, but are not limited to, facilities, equipment, labour, materials, overhead and profit, and all other costs related to Contractor resources preparing and data capturing claims, processing, adjudication, payment, network line charges and call center services for Participants, Healthcare Providers, and Partner Organization Staff, refer to SOW Section 6.25 Claims Processing Services for general information.

Canada expects the volume of manually processed Health Benefit and Services Transactions outlined in Table 5.2.2 will decrease based on the expanded automation of the processing of these transactions.

Bidders are advised the quantities provided in the "Estimated Automated (Electronic) Transaction Volume" and "Estimated Manual Transaction Volume" columns in tables 5.2.1 and 5.2.2 respectively, represent reasonable estimates of expected volumes; however, are provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual volume received by the Contractor.

The Contractor will not be paid by Canada for any transactions (either automated or manually processed) where the Contractor is responsible for errors which necessitate the re-processing of the transaction.

Table 5.2.1: Firm All-Inclusive Unit Prices for the Automated (Electronic) Processing of Health Benefit and Services Transactions

Health Benefit and Service Program	Annual Estimated Automated (Electronic) Transaction Volume	Firm All-Inclusive Unit Price per Electronic Transaction	Total
Treatment Benefits (VAC, CAF and RCMP)	2.9M	\$ _____	\$ _____
On-Base Pharmacy (CAF)	550,000	\$ _____	\$ _____
Pharmacy (VAC)	2.5M	\$ _____	\$ _____
Veterans Travel (VAC)	473,000	\$ _____	\$ _____
Cannabis for Medical Purposes (VAC)	700,000	\$ _____	\$ _____
Veterans Independence Program Recurring Grant Payments (VAC)	250,000	\$ _____	\$ _____
Total			\$ _____

The Firm All-Inclusive Unit Prices for the Automated (Electronic) Processing of Health Benefit and Services Transactions are subject to annual Economic Price Adjustment (EPA).

Table 5.2.2: Firm All-Inclusive Unit Prices for the Manual Processing of Health Benefit and Services Transactions

Health Benefit and Service Program	Annual Estimated Manual Transaction Volume	Firm All-Inclusive Unit Price per Manual Transaction	Total
Treatment Benefits (VAC, CAF and RCMP)	1.4M	\$ _____	\$ _____
Pharmacy (VAC)	500,000	\$ _____	\$ _____
Veterans Travel (VAC)	202,000	\$ _____	\$ _____
Veterans Independence Program (VAC) (Recurring Grant Payments Excluded)	400,000	\$ _____	\$ _____
Long-Term Care (VAC)	20,000	\$ _____	\$ _____
Out-of-Country (VAC, CAF and RCMP)	17,000	\$ _____	\$ _____
Total			\$ _____

The Firm All-Inclusive Unit Prices for the Manual Processing of Health Benefit and Services Transactions are subject to annual Economic Price Adjustment (EPA).

6. Operations Phase – On-going Health Identification Card Production

The Contractor will be paid a firm all-inclusive unit price including but not limited to, materials, labour, overhead and profit for all goods and services utilized for the Production and Distribution of Health Identification Cards and Associated Documentation for New Participants and the Requests

for Replacement Cards, defined in Table 6.1.

Bidders are advised the quantities provided in the “Estimated Annual Volume” columns represent reasonable estimates of expected volumes; however, are provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual volume of work required by the Contractor.

Table 6.1: Firm All-Inclusive Unit Price for the on-going Production and Distribution of Health Identification Cards

	Annual Estimated Volume	Firm All-Inclusive Unit Price per Card	Total Price
Health Identification Cards and Associated Documentation	25,000	\$ _____	\$ _____

The Firm All-Inclusive Unit Price for the on-going Production and Distribution of Health Identification Cards is subject to annual Economic Price Adjustment (EPA).

7. Healthcare Professional Services

The Contractor will be paid a firm all-inclusive hourly rate for Healthcare Professional resources to support the requirements outlined within the SOW. Refer to SOW Section 4.9 Contractor Resources and SOW Section 6, Operations Phase for additional information. These prices **do not include** the full-time Physician and Pharmacist who are included in the firm annual all-inclusive price for operations described in Section 4 of this Basis of Payment.

Bidders are advised the quantities provided in the “Estimated Annual Hours” column represent reasonable estimates of expected hourly requirements for each category of Healthcare Professional listed; however, they are provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimates provided and the actual hours of work required.

Canada reserves the right to add additional Healthcare Professional resource types during the contract, the Firm All-Inclusive Hourly Rate will be negotiated with the Contractor.

Table 7.1: Firm All-Inclusive Hourly Rates for Healthcare Professionals

Healthcare Professional	Estimated Annual Hours	Firm All-Inclusive Hourly Rate	Total
Occupational Therapist	1,000	\$ _____	\$ _____
Physician	2,000	\$ _____	\$ _____
Audiologist	400	\$ _____	\$ _____
Dentist	350	\$ _____	\$ _____
Respiratory Therapist	450	\$ _____	\$ _____
Registered Nurse	1,350	\$ _____	\$ _____
Registered Psychologist	2,000	\$ _____	\$ _____
Pharmacist	200	\$ _____	\$ _____
Dietician	50	\$ _____	\$ _____
Physiotherapist	50	\$ _____	\$ _____
Chiropractor	100	\$ _____	\$ _____
Total			\$ _____

The Firm All-Inclusive Hourly Rates for Healthcare Professionals are subject to annual Economic Price Adjustment (EPA).

8. Veterans Travel Post Payment Verification

The Contractor will be paid a Firm All-Inclusive Hourly Rate for Veterans Travel Post Payment Verification Resources to deliver services outlined in SOW Section 6.17 Veteran Travel – Treatment and Disability Assessment (VAC). The prices, defined in Table 8.1, include, but are not limited to, facilities, equipment, labour, materials, overhead and profit, and all other costs related to Veterans Travel Post Payment Verification.

During the Contract, if Canada determines any other Health Benefit and Service Programs require post payment verification, the Firm All-inclusive Hourly Rate for Veterans Travel Post Payment Verification will apply.

Bidders are advised the quantity provided in the “Estimated Annual Hours” column represents a reasonable estimate of expected hourly requirements; however, it is provided by Canada for the purposes of evaluation only. Canada accepts no liability for any variation between the estimate provided and the actual hours of work required.

Table 8.1: Firm All-Inclusive Hourly Rate for Veterans Travel Post Payment Verification Resources

Resource Category	Estimated Annual Hours	Firm All-Inclusive Hourly Rate	Total
Veterans Travel Post Payment Verification Analyst	2,000	\$ _____	\$ _____

The Firm All-Inclusive Hourly Rate for Veterans Travel Post Payment Verification Resources is subject to Economic Price Adjustment (EPA).

9. Annual Independent Third-Party Review of Contractor’s Quality Assurance Program

The Contractor will be provided with a firm annual cash allowance which must cover all costs associated with engaging an independent third-party to conduct an annual review of the Contractor’s Quality Assurance Program. Refer to SOW Section 6.32 Quality Assurance and Appendix H, Assessment Criteria for Quality Assurance Reviews.

The actual value of work will be negotiated annually, based on the scope of the review of the Contractor’s quality assurance program. The allowances must be considered as full compensation for the net cost of labour and other authorized expenses incurred in performing the work. The Contract Price will be adjusted by an amendment to provide for an excess or deficit to each cash allowance. Payments on accounts of work authorized under each cash allowance shall be included in the Contractor’s monthly invoice for payment.

**Independent Third-Party Review of Contractor’s Quality Assurance Program:
 Firm Cash Allowance \$200,000**

10. As and When Requested Services

The Contractor will be paid firm one-time payments required to carry out “As and When Requested Services” work which will be negotiated with the Contractor by the Contracting Authority. As and When Requested Services are used to pay for unforeseen charges, related to but not limited to, changes in legislation, policy or any other requirements determined to be within the scope (as determined by the Contract Authority) of this Contract as detailed in the SOW. Canada reserves the right to apply Contract Cost Principles 1031-2 and the PWGSC Departmental Profit Policy in effect at the time. The negotiated costs will only apply to the approved Task Authorizations for which they were negotiated unless incorporated into the Contract through a formal Contract amendment issued by the Contracting Authority.

Costs included in a Task Authorization **CAN NOT** be for human resources or any other resources included in any other section of the Basis of Payment.

11. Contractor Travel

The Contractor will be reimbursed its authorized travel 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 [National Joint Council \(NJC\) Travel Directive](#) and with the other provisions of the Directive referring to "travelers", rather than those referring to "employees". Refer to SOW Section 4.4 Travel Requirements. All Contractor travel must have the prior authorization of the Project Authority.

12. Options for Goods and/or Services

Should Canada exercise its right to acquire and/or remove goods and/or services in support of health benefit plans and/or programs, Contract Cost Principles 1031-2 and the PWGSC departmental Profit Policy will apply.

Canada will have the right to remove in whole or in part the goods and/or services listed in Annex 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 they will be paid in accordance with the applicable provisions as set out in this Basis of Payment.

Canada may exercise the right at any time, during the Contractor 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.

13. Holdbacks, Performance Incentives and Fee Credits, Operations Phase

13.1 Holdbacks:

The Contractor must perform the Work to meet all of the requirements set out in the SOW during the Operations Phase. During the Operations Phase of the Contract, payment of the various fees indicated in the Basis of Payment is predicated on the completion and acceptance (as applicable) of the requirements specified in the SOW by the Project Authority. Failure of the Contractor to meet any of the requirements of the SOW not already covered as a Fee Credit in this section may result, at the discretion of Canada, in the application of holdbacks on payments for contracted services.

Holdbacks to be applied will not exceed 20% of any billed amount for the Section of the Basis of Payment associated with the applicable services as defined in the SOW. The percentage of the applicable holdback, as determined by Canada, will be based on both the inherent value of the requirement and the degree to which the requirement was not met. The balance owing from the Holdback Account related to this article will be paid to the Contractor upon the Contractor's delivery of the relevant services defined in the SOW.

13.2 Performance Incentives:

Canada intends to encourage the Contractor to provide the management, labour and supervision required to exceed the performance requirements under the Contract. Canada recognizes the Contractor adds value when key service standards are meaningfully exceeded; however, it would be commercially impracticable or extremely difficult to determine the exact value of this exceptional work. The Contractor agrees the Performance Incentives described in this section of the Basis of Payment constitute fair compensation for the added value delivered to Canada.

13.3 Fee Credits:

Actual damages, which would be sustained by Canada in the event the Contractor fails to meet the SOW requirements, would be commercially impracticable or extremely difficult to determine. The Contractor agrees the fee credits described in this Section of the Basis of Payment constitute liquidated damages and are the best pre-estimate of the loss to Canada in the event of the applicable requirements in the SOW are not fully met; these fee credits are not intended to be construed as a penalty.

In extraordinary circumstances, the Contractor can make application to Canada to waive Fee Credits. Fee Credits may be waived at Canada's sole discretion if the Contractor can demonstrate their inability to meet requirements was beyond their control, was a result of a government policy/program change or circumstances Canada considers exceptional.

Nothing in this article is to be interpreted as limiting the rights and remedies to which Canada may otherwise be entitled under this Contract, including the right to terminate the Contract for default.

13.4 Performance Incentives and Fee Credits applied to Key Service Standards:

Performance Incentives and Fee Credits will apply to Contractor invoices associated with the Basis of Payment sections linked to Key Service Standards, defined in Table 13.4.

Performance Incentives will only apply when **all** Key Service Standards listed in Table 13.4 are being met or exceeded by the Contractor.

A Performance Incentive of 5% will be applied to the Contractor invoices for the work related to the key service standards defined in Table 13.4 for that month where the level of service achieved meets or exceeds the threshold defined in Table 13.4 as "Exceptional Performance".

If the Contractor exceeds multiple Key Service Standards which apply to the same section of this Basis of Payment, the Performance Incentive to be applied will not exceed 10% of Contractor invoices for the applicable Section of the Basis of Payment.

A Fee Credit of 5% will be applied to the Contractor invoices for the work related to the key service standards defined in Table 13.4 when the level of service is below standard for three (3) consecutive months.

If the Contractor is unable to meet multiple Key Service Standards which apply to the same section of this Basis of Payment, the Fee Credits to be applied will not exceed 10% of Contractor invoices for the applicable Section of the Basis of Payment.

There are three sections of this Basis of Payment to which Performance Incentives and Fee Credits apply:

- Section 4 - Operations Phase – Firm Annual All-Inclusive Price
- Section 5.1 - Manual Authorization of Health Benefits and Services
- Section 5.2 - Firm Unit Prices for Health Benefit and Services Transactions

Performance Incentive Example: *In the month of May, the Contractor has met the "exceptional performance" threshold for three key service standards which apply to section 4 of this Basis of Payment while also meeting the Contract Standard for all other Key Service Standards defined in*

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51019-211004

Amd. No. - N° de la modif.
009
File No. - N° du dossier
STJ-1-44001

Buyer ID - Id de l'acheteur
stj002
CCC No./N° CCC - FMS No./N° VME

*Table 13.4. While there is a 5% incentive for each of the key service standards, the Contractor has reached the 10% limit for Performance Incentives associated with Section 4 of this Basis of Payment. The Contractor will receive a Performance Incentive of 10% of the May invoice for Section 4 of this Basis of Payment. Note: if the Contractor was below standard on **ANY** of the other key service standards for the month of May no Performance Incentive will be paid.*

Fee Credit Example: The Contractor has been below standard for three key service standards which apply to Section 4 of this basis of payment for three consecutive months (May, June and July). While a fee credit of 5% for each is applicable, the Contractor has reached the 10% limit fee credit applicable to Section 4 of this Basis of Payment. A Fee Credit of 10%, calculated using the July invoice for Section 4 of this Basis of Payment will apply.

Table 13.4: Key Service Standard Based Performance Incentives and Fee Credits

Key Service Standard	Applicable Basis of Payment Section	Below Standard	Contract Standard	Exceptional Performance
Contact Centre - Grade of Service Inbound Calls	Section 4	<80%	80%	>90%
Contact Centre - Grade of Service Live Chat	Section 4	<80%	80%	>90%
Contact Centre - Grade of Service Portal Messaging	Section 4	<95%	95%	>98%
Contact Centre – First Call Resolution Inbound Calls	Section 4	<95%	95%	>98%
Contact Centre – First Contact Resolution Live Chat and Secure Messaging/Email	Section 4	<95%	95%	>98%
CAF and RCMP Out-of-Country - Grade of Service Medical Emergency Inbound Calls	Section 4	<90%	90%	>95%
Authorizations (Dental, Health, Long Term Care, Alignment of Benefits, CMP Regular and Veterans Travel)	Section 5.1	Less than 98% within 10 Business Days	98% within 10 Business Days	98% less than 7 Business Days
VIP Survivor Renewal	Section 5.1	Less than 98% within 10 Business Days	98% within 10 Business Days	98% less than 7 Business Days
Out-of-Country - Pharmacy, Dental and Health Authorizations	Section 5.1	Less than 98% within 10 Business Days	98% within 10 Business Days	98% less than 7 Business Days
Manual Transaction Processing	Section 5.2	Less than 98% within 10 Business Days	98% within 10 Business Days	98% less than 7 Business Days
Out-of-Country – Manual Claims Processing	Section 5.2	Less than 98% within 10 Business Days	98% within 10 Business Days	98% less than 7 Business Days

13.5 Performance Incentive - Indigenous Participation Plan:

The Contractor must submit a plan to outline their proposal for the provision of specific and agreed upon quantifiable and measurable benefits for Indigenous Persons and/or Indigenous Business, refer to SOW Section 4.10 Indigenous Participation Plan.

Canada recognizes the value of an effective and well implemented Indigenous Participation plan and will make available an annual performance incentive defined in Table 13.5.

The annual incentive will be calculated based on Contract Expenditures directly related to Indigenous participation. Program Expenditures paid to Participants and Providers will not be considered when calculating this incentive. The annual incentive will be calculated at the end of each Government fiscal year, ending March 31.

Table 13.5: Annual Incentives Related to Indigenous Participation

Annual Contract Expenditures – Directly Related to Indigenous Participation	Annual Incentive
\$500,000 - \$1,000,000	2.5%
>\$1,000,000	5%

This section of the Basis of Payment will not be considered as part of the financial bid evaluation process.

The Contractor must provide a detailed annual report identifying contract expenditures associated with Indigenous Participation.

13.6 Performance Incentive for the Veteran Participation Plan:

The Contractor must submit a plan to outline their proposal for the provision of specific and agreed upon quantifiable and measurable benefits for former Members of the CAF and/or family members of serving or former CAF Members, refer to SOW Section 4.11 Veteran Participation Plan.

Canada recognizes the value of an effective and well implemented Veteran Participation plan and will make available an annual performance incentive defined in Table 13.6.

The annual incentive will be calculated based on Contract Expenditures directly related to Veteran participation. Program Expenditures paid to Participants and Providers will not be considered when calculating this incentive. The annual incentive will be calculated at the end of each Government fiscal year, ending March 31.

Table 13.6: Annual Incentives Related to Veteran Participation

Contract Expenditures – Directly Related to Veteran Participation	Annual Incentive
\$500,000 - \$1,000,000	2.5%
>\$1,000,000	5%

This section of the Basis of Payment will not be considered as part of the financial bid evaluation process.

The Contractor must provide a detailed annual report identifying contract expenditures associated with Veteran participation.

13.7 Performance Incentives or Fee Credits Related to Quality of Contracted Services

The Contractor will engage an independent third party during the first year of the Operations Phase to design a quality assurance scorecard which will be agreed upon by the Contractor and Project Authority, refer to SOW Sections 5.22 Quality Assurance Set-up, 6.32 Quality Assurance and Section 9 of this Basis of Payment. Commencing in year two of the Operations Phase this scorecard will be used annually to determine the incentive or fee credit, as defined in Table 13.7, associated with the quality of contracted services delivered.

Table 13.7: Performance Incentives or Fee Credits Related to Quality of Contracted Services

Quality of Services Delivered	Incentive or Fee Credit
Did Not Meet Expectations	(\$100,000)
Exceeded Expectations	\$100,000

Performance Incentives or Fee Credits Related to Quality of Contracted Services is subject to Economic Price Adjustment (EPA).

14. Annual Economic Price Adjustment

The provisions defined in this section apply to the sections of this Basis of Payment where it is indicated an annual Economic Price Adjustment (EPA) will be applied.

The first EPA will be applied to the Contractor's proposed rates on April 1, 2024.

The EPA methodology outlined below will apply to all subsequent years of the contract. The Contract will be amended annually to reflect the changes resulting from EPA.

The escalation factor is based on the percentage increase or decrease, nearest two decimal places, in the annual average index of the Consumer Price Index for Canada, All-Items (Not Seasonally Adjusted), published by [Statistics Canada](#) in accordance with the following formula, rounded to the nearest two decimals:

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

Where:

A = Average of the Consumer Price Index, annual average, not seasonally adjusted, All-Items, for the calendar year prior to the year the EPA calculation is completed.

B = Average of the Consumer Price Index, annual average, not seasonally adjusted, All-Items, for the calendar year prior to that described in A.

If the calculated escalation index is less than zero, an escalation equal to zero will be used in the calculation of the subsequent year's fees and rates.

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.

15. Contract Close-Out

The Contractor will be paid a fee which will be negotiated with the Contractor by the Contracting Authority for the completion of all Contract Close-Out Work described in SOW Section 7.0 Contract Close-Out Phase. This Work will be authorized through the Task Authorization process.

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51019-211004

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009
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STJ-1-44001

Buyer ID - Id de l'acheteur
stj002
CCC No./N° CCC - FMS No./N° VME

ANNEX C

SECURITY REQUIREMENTS CHECK LIST

Federal Health Claims Processing Services (FHGPS)

For

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



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 <i>Veterans Affairs Canada</i>	2. Branch or Directorate / Direction générale ou Direction <i>Service Delivery</i>			
3. a) Subcontract number / Numéro du contrat de sous-traitance <i>N/A</i>	3. b) Name and address of subcontractor / Nom et adresse du sous-traitant <i>N/A</i>			
4. Brief description of work / Brève description du travail <i>New procurement for the Federal Health Claims Processing Services on behalf of VAC, CAF and RCMP.</i>				
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 <i>The supplier will have access to client/member eligibility information (Protected B).</i>				
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? (Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c) <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 <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Canada <input checked="" type="checkbox"/></td> <td style="width: 33%;">NATO / OTAN <input type="checkbox"/></td> <td style="width: 33%;">Foreign / Étranger <input type="checkbox"/></td> </tr> </table>		Canada <input checked="" type="checkbox"/>	NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>
Canada <input checked="" type="checkbox"/>	NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>		
7. b) Release restrictions / Restrictions relatives à la diffusion <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> No release restrictions / Aucune restriction relative à la diffusion <input checked="" type="checkbox"/> Not releasable / À ne pas diffuser <input type="checkbox"/> Restricted to: / Limité à: <input type="checkbox"/> Specify country(ies): / Préciser le(s) pays: </td> <td style="width: 33%; vertical-align: top;"> All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/> Restricted to: / Limité à: <input type="checkbox"/> Specify country(ies): / Préciser le(s) pays: </td> <td style="width: 33%; vertical-align: top;"> No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/> Restricted to: / Limité à: <input type="checkbox"/> Specify country(ies): / Préciser le(s) pays: </td> </tr> </table>		No release restrictions / Aucune restriction relative à la diffusion <input checked="" type="checkbox"/> Not releasable / À ne pas diffuser <input type="checkbox"/> Restricted to: / Limité à: <input type="checkbox"/> Specify country(ies): / Préciser le(s) pays:	All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/> Restricted to: / Limité à: <input type="checkbox"/> Specify country(ies): / Préciser le(s) pays:	No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/> Restricted to: / Limité à: <input type="checkbox"/> Specify country(ies): / Préciser le(s) pays:
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7. c) Level of information / Niveau d'information <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> PROTECTED A / PROTÉGÉ A <input type="checkbox"/> PROTECTED B / PROTÉGÉ B <input checked="" type="checkbox"/> PROTECTED C / PROTÉGÉ C <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"/> </td> <td style="width: 33%; vertical-align: top;"> NATO UNCLASSIFIED / NATO NON CLASSIFIÉ <input type="checkbox"/> NATO RESTRICTED / NATO DIFFUSION RESTREINTE <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"/> </td> <td style="width: 33%; vertical-align: top;"> PROTECTED A / PROTÉGÉ A <input type="checkbox"/> PROTECTED B / PROTÉGÉ B <input type="checkbox"/> PROTECTED C / PROTÉGÉ C <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"/> </td> </tr> </table>		PROTECTED A / PROTÉGÉ A <input type="checkbox"/> PROTECTED B / PROTÉGÉ B <input checked="" type="checkbox"/> PROTECTED C / PROTÉGÉ C <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 UNCLASSIFIED / NATO NON CLASSIFIÉ <input type="checkbox"/> NATO RESTRICTED / NATO DIFFUSION RESTREINTE <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"/>	PROTECTED A / PROTÉGÉ A <input type="checkbox"/> PROTECTED B / PROTÉGÉ B <input type="checkbox"/> PROTECTED C / PROTÉGÉ C <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"/>
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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 / Non Yes / 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 / Non Yes / 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 type="checkbox"/> RELIABILITY STATUS COTE DE FIABILITÉ	<input type="checkbox"/> CONFIDENTIAL CONFIDENTIEL	<input checked="" 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: The procurement of FHCPS will allow bidders to submit proposal using Cloud based
Commentaires spéciaux: computing. As a result Secret personnel security screening is required.

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 / Non Yes / Oui

If Yes, will unscreened personnel be escorted?
Dans l'affirmative, le personnel en question sera-t-il escorté? No / Non Yes / 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 / Non Yes / 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 / Non Yes / 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 / Non Yes / Oui

INFORMATION TECHNOLOGY (IT) MEDIA

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 / Non Yes / 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 / Non Yes / Oui



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	TOP SECRET / TRÈS SECRET	NATO RESTRICTED / NATO DIFFUSION RESTRIENTE	NATO CONFIDENTIAL / NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET / COSMIC TRÈS SECRET	PROTECTED / PROTÉGÉ			CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET
											A	B	C			
Information / Assets / Renseignements / Biens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT Media / Support TI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT Link / Lien électronique	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 the 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 indiquez qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).



Contract number / Numéro du contrat 51019-211004
Security Classification / Classification de sécurité

PART D - AUTHORIZATION / PARTIE D - AUTORISATION

13. Organization Project Authority / Chargé de projet de l'organisme			
Name (print) - Nom (en lettres moulées) Kathy Norrie		Title - Titre Senior Director, FHCPS 2024 Procurement	Signature
Telephone No. - N° de téléphone 902-218-1495	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel kathy.norrie@veterans.gc.ca	Date
14. Organization Security Authority / Responsable de la sécurité de l'organisme			
Name (print) - Nom (en lettres moulées) Jason Broussard		Title - Titre Personnel Security Officer	Signature
Telephone No. - N° de téléphone 782-377-0216	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel jason.broussard@veterans.gc.ca	Date
15. Are there additional instruction (e.g. Security Guide, Security Classification Guide) attached? Des instructions supplémentaires (p. ex. Guide de sécurité, Guide de classification de la sécurité) sont-elles jointes? <input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui			
16. Procurement Officer / Agent d'approvisionnement			
Name (print) - Nom (en lettres moulées) Sandra Lomax		Title - Titre Supply Team Leader	Signature
Telephone No. - N° de téléphone 506-639-8503	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel sandra.lomax@tpsgc-pwgsc.gc.ca	Date
17. Contracting Security Authority / Autorité contractante en matière de sécurité			
Name (print) - Nom (en lettres moulées)		Title - Titre	Signature
Telephone No. - N° de téléphone	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel	Date

Instructions for completion of a Security Requirements Check List (SRCL)

The instruction sheet should remain attached until Block # 17 has been completed.

GENERAL - PROCESSING THIS FORM

The project authority shall arrange to complete this form.

The organization security officer shall review and approve the security requirements identified in the form, in cooperation with the project authority.

The contracting security authority is the organization responsible for ensuring that the suppliers are compliant with the security requirements identified in the SRCL.

All requisitions and subsequent tender/contractual documents including subcontracts that contain PROTECTED and/or CLASSIFIED requirements must be accompanied by a completed SRCL.

It is important to identify the level of PROTECTED information or assets as Level "A", "B" or "C", when applicable; however, certain types of information may only be identified as "PROTECTED". No information pertaining to a PROTECTED and/or CLASSIFIED government contract may be released by suppliers, without prior written approval of the individual identified in Block 17 of this form.

PART A - CONTRACT INFORMATION

Contract Number (top of form)

This number must be the same as that found on the requisition and should be the one used when issuing an RFP or contract. This is a unique number (i.e., no two requirements will have the same number). A new SRCL must be used for each new requirement or requisition (e.g., new contract number, new SRCL, new signatures).

1. **Originating Government Department or Organization**
Enter the department or client organization name or the prime contractor name for which the work is being performed.
2. **Directorate/Branch**
This block is used to further identify the area within the department or organization for which the work will be conducted.
3. a) **Subcontract Number**
If applicable, this number corresponds to the number generated by the Prime Contractor to manage the work with its subcontractor.
b) **Name and Address of subcontractor**
Indicate the full name and address of the Subcontractor if applicable.
4. **Brief Description of Work**
Provide a brief explanation of the nature of the requirement or work to be performed.
5. a) **Will the supplier require access to Controlled Goods?**
The *Defence Production Act* (DPA) defines "Controlled Goods" as certain goods listed in the Export control List, a regulation made pursuant to the *Export and Import Permits Act* (EIPA). Suppliers who examine, possess, or transfer Controlled Goods within Canada must register in the Controlled Goods Directorate or be exempt from registration. More information may be found at www.cgd.gc.ca.
b) **Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Controlled Regulations?**
The prime contractor and any subcontractors must be certified under the U.S./Canada Joint Certification Program if the work involves access to the unclassified military data subject to the provisions of the Technical Data Control Regulations. More information may be found at www.dlis.dla.mil/jcp.
6. **Indicate the type of access required**
Identify the nature of the work to be performed for this requirement. The user is to select one of the following types:
 - a) **Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets?**
The supplier would select this option if they require access to PROTECTED and/or CLASSIFIED information or assets to perform the duties of the requirement.
 - 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.**
The supplier would select this option if they require regular access to government premises or a secure work site only. The supplier will not have access to PROTECTED and/or CLASSIFIED information or assets under this option.

c) Is this a commercial courier or delivery requirement with no overnight storage?

The supplier would select this option if there is a commercial courier or delivery requirement. The supplier will not be allowed to keep a package overnight. The package must be returned if it cannot be delivered.

7. Type of information/Release restrictions/Level of information

Identify the type(s) of information that the supplier may require access to, list any possible release restriction, and if applicable, provide the level(s) of the information. The user can make multiple selections based on the nature of the work to be performed.

Departments must process SRCLs through PWGSC where:

- contracts that afford access to PROTECTED and/or CLASSIFIED foreign government information and assets;
- contracts that afford foreign contractors access to PROTECTED and/or CLASSIFIED Canadian government information and assets; or
- contracts that afford foreign or Canadian contractors access to PROTECTED and/or CLASSIFIED information and assets as defined in the documents entitled identifying INFOSEC and INFOSEC Release.

a) Indicate the type of information that the supplier will be required to access.

Canadian government information and/or assets

If Canadian information and/or assets are identified, the supplier will have access to PROTECTED and/or CLASSIFIED information and/or assets that are owned by the Canadian government.

NATO information and/or assets

If NATO information and/or assets are identified, this indicates that as part of this requirement, the supplier will have access to PROTECTED and/or CLASSIFIED information and/or assets that are owned by NATO governments. NATO information and/or assets are developed and/or owned by NATO countries and are not to be divulged to any country that is not a NATO member nation. Persons dealing with NATO information and/or assets must hold a NATO security clearance and have the required need-to-know.

Requirements involving CLASSIFIED NATO information must be awarded by PWGSC. PWGSC/CIISD is the Designated Security Authority for industrial security matters in Canada.

Foreign government information and/or assets

If foreign information and/or assets are identified, this requirement will allow access to information and/or assets owned by a country other than Canada.

b) Release restrictions

If **Not Releasable** is selected, this indicates that the information and/or assets are for **Canadian Eyes Only (CEO)**. Only Canadian suppliers based in Canada can bid on this type of requirement. NOTE: If Canadian information and/or assets coexists with CEO information and/or assets, the CEO information and/or assets must be stamped **Canadian Eyes Only (CEO)**.

If **No Release restrictions** is selected, this indicated that access to the information and/or assets are not subject to any restrictions.

If **All NATO countries** is selected, bidders for this requirement must be from NATO member countries only.

NOTE: There may be multiple release restrictions associated with a requirement depending on the nature of the work to be performed. In these instances, a security guide should be added to the SRCL clarifying these restrictions. The security guide is normally generated by the organization's project authority and/or security authority.

c) Level of information

Using the following chart, indicate the appropriate level of access to information/assets the supplier must have to perform the duties of the requirement.

PROTECTED	CLASSIFIED	NATO
PROTECTED A	CONFIDENTIAL	NATO UNCLASSIFIED
PROTECTED B	SECRET	NATO RESTRICTED
PROTECTED C	TOP SECRET	NATO CONFIDENTIAL
	TOP SECRET (SIGINT)	NATO SECRET
		COSMIC TOP SECRET

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?

If yes, the supplier personnel requiring access to COMSEC information or assets must receive a COMSEC briefing. The briefing will be given to the "holder" of the COMSEC information or assets. In the case of a "personnel assigned" type of contract, the customer department will give the briefing. When the supplier is required to receive and store COMSEC information or assets on the supplier's premises, the supplier's COMSEC Custodian will give the COMSEC briefings to the employees requiring access to COMSEC information or assets. If yes, the Level of sensitivity must be indicated.

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?

If yes, the supplier must provide the Short Title of the material and the Document Number. Access to extremely sensitive INFOSEC information or assets will require that the supplier undergo a Foreign Ownership Control or influence (FOCI) evaluation by CIISD.

PART B - PERSONNEL (SUPPLIER)

10. a) Personnel security screening level required

Identify the screening level required for access to the information/assets or client facility. More than one level may be identified depending on the nature of the work. Please note that Site Access screenings are granted for access to specific sites under prior arrangement with the Treasury Board of Canada Secretariat. A site access screening only applies to individuals, and it is not linked to any other screening level that may be granted to the individuals or organizations.

RELIABILITY STATUS	CONFIDENTIAL	SECRET
TOP SECRET	TOP SECRET (SIGINT)	NATO CONFIDENTIAL
NATO SECRET	COSMIC TOP SECRET	SITE ACCESS

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

b) May unscreened personnel be used for portions of the work?

Indicating Yes means that portions of the work are not PROTECTED and/or CLASSIFIED and may be performed outside a secure environment by unscreened personnel. The following question must be answered if unscreened personnel will be used:

Will unscreened personnel be escorted?

If No, unscreened personnel may not be allowed access to sensitive work sites and must not have access to PROTECTED and/or CLASSIFIED information and/or assets.

If Yes, unscreened personnel must be escorted by an individual who is cleared to the required level of security in order to ensure there will be no access to PROTECTED and/or CLASSIFIED information and/or assets at the work site.

PART C - SAFEGUARDS (SUPPLIER)

11. INFORMATION / ASSETS

a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information and/or assets on its site or premises?

If Yes, specify the security level of the documents and/or equipment that the supplier will be required to safeguard at their own site or premises using the summary chart.

b) Will the supplier be required to safeguard COMSEC information or assets?

If Yes, specify the security level of COMSEC information or assets that the supplier will be required to safeguard at their own site or premises using the summary chart.

PRODUCTION

c) Will the production (manufacture, repair and/or modification) of PROTECTED and/or CLASSIFIED material and/or equipment occur at the supplier's site or premises?

Using the summary chart, specify the security level of material and/or equipment that the supplier manufactured, repaired and/or modified and will be required to safeguard at their own site or premises.

INFORMATION TECHNOLOGY (IT)

- d) **Will the supplier be required to use its IT systems to electronically process and/or produce or store PROTECTED and/or CLASSIFIED information and/or data?**

If Yes, specify the security level in the summary chart. This block details the information and/or data that will be electronically processed or produced and stored on a computer system. The client department and/or organization will be required to specify the IT security requirements for this procurement in a separate technical document. The supplier must also direct their attention to the following document: Treasury Board of Canada Secretariat - Operational Security Standard: Management of Information Technology Security (MITS).

- e) **Will there be an electronic link between the supplier's IT systems and the government department or agency?**

If Yes, the supplier must have their IT system(s) approved. The Client Department must also provide the Connectivity Criteria detailing the conditions and the level of access for the electronic link (usually not higher than PROTECTED B level).

SUMMARY CHART

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.

For users completing the form **online** (via the internet), the Summary Chart is Automatically populated by your responses to previous questions.

PROTECTED	CLASSIFIED	NATO	COMSEC
PROTECTED A	CONFIDENTIAL	NATO RESTRICTED	PROTECTED A
PROTECTED B	SECRET	NATO CONFIDENTIAL	PROTECTED B
PROTECTED C	TOP SECRET	NATO SECRET	PROTECTED C
	TOP SECRET (SIGINT)	COSMIC TOP SECRET	CONFIDENTIAL
			SECRET
			TOP SECRET

12. a) **Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?**

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".

- b) **Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?**

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).

PART D - AUTHORIZATION

13. Organization Project Authority

This block is to be completed and signed by the appropriate project authority within the client department or organization (e.g., the person responsible for this project or the person who has knowledge of the requirement at the client department or organization). this person may on occasion be contacted to clarify information on the form.

14. Organization Security Authority

This block is to be signed by the Departmental Security Officer (DSO) (or delegate) of the department identified in Block 1, or the security official of the prime contractor.

15. Are there additional instructions (e.g., Security Guide, Security Classification Guide) attached?

A Security Guide or Security Classification Guide is used in conjunction with the SRCL to identify additional security requirements which do not appear in the SRCL, and/or to offer clarification to specific area of the SRCL.

16. Procurement Officer

This block is to be signed by the procurement officer acting as the contract or subcontract manager.

17. Contracting Security Authority

This block is to be signed by the Contract Security Official. Where PWGSC is the Contract Security Authority, Canadian and International Industrial Security Directorate (CIISD) will complete this block.

Instructions pour établir la Liste de vérification des exigences relatives à la sécurité (LVERS)

La feuille d'instructions devrait rester jointe au formulaire jusqu'à ce que la case 17 ait été remplie.

GÉNÉRALITÉS - TRAITEMENT DU PRÉSENT FORMULAIRE

Le responsable du projet doit faire remplir ce formulaire.

L'agent de sécurité de l'organisation doit revoir et approuver les exigences de sécurité qui figurent dans le formulaire, en collaboration avec le responsable du projet.

Le responsable de la sécurité des marchés est le responsable chargé de voir à ce que les fournisseurs se conforment aux exigences de sécurité mentionnées dans la LVERS.

Toutes les demandes d'achat ainsi que tous les appels d'offres et les documents contractuels subséquents, y compris les contrats de sous-traitance, qui comprennent des exigences relatives à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS doivent être accompagnés d'une LVERS dûment remplie.

Il importe d'indiquer si les renseignements ou les biens PROTÉGÉS sont de niveau A, B ou C, le cas échéant; cependant, certains types de renseignements peuvent être indiqués par la mention « PROTÉGÉ » seulement. Aucun renseignement relatif à un contrat gouvernemental PROTÉGÉ ou CLASSIFIÉ ne peut être divulgué par les fournisseurs sans l'approbation écrite préalable de la personne dont le nom figure à la case 17 de ce formulaire.

La classification assignée à un stade particulier du processus contractuel ne signifie pas que tout ce qui se rapporte à ce stade doit recevoir la même classification. Chaque article doit être PROTÉGÉ et/ou CLASSIFIÉ selon sa propre nature. Si un fournisseur ne sait pas quel niveau de classification assigner, il doit consulter la personne dont le nom figure à la case 17 de ce formulaire.

PARTIE A - INFORMATION CONTRACTUELLE

Numéro du contrat (au haut du formulaire)

Ce numéro doit être le même que celui utilisé sur la demande d'achat et services et devrait être celui utilisé dans la DDP ou dans le contrat. Il s'agit d'un numéro unique (c.-à-d. que le même numéro ne sera pas attribué à deux besoins distincts). Une nouvelle LVERS doit être utilisée pour chaque nouveau besoin ou demande (p. ex., un nouveau numéro de contrat, une nouvelle LVERS, de nouvelles signatures).

1. **Ministère ou organisme gouvernemental d'origine**
Inscrire le nom du ministère ou de l'organisme client ou le nom de l'entrepreneur principal pour qui les travaux sont effectués.
2. **Direction général ou Direction**
Cette case peut servir à fournir plus de détails quant à la section du ministère ou de l'organisme pour qui les travaux sont effectués.
3. a) **Numéro du contrat de sous-traitance**
S'il y a lieu, ce numéro correspond au numéro généré par l'entrepreneur principal pour gérer le travail avec son sous-traitant.
b) **Nom et adresse du sous-traitant**
Indiquer le nom et l'adresse au complet du sous-traitant, s'il y a lieu.
4. **Brève description du travail**
Donner un bref aperçu de besoin ou du travail à exécuter.
5. a) **Le fournisseur aura-t-il accès à des marchandises contrôlées?**
La Loi sur la production de défense (LPD) définit « marchandises contrôlées » comme désignant certains biens énumérés dans la Liste des marchandises d'exportation contrôlée, un règlement établi en vertu de la Loi sur les licences d'exportation et d'importation (LLEI). Les fournisseurs qui examinent, possèdent ou transfèrent des marchandises contrôlées à l'intérieur du Canada doivent s'inscrire à la Direction des marchandises contrôlées ou être exemptés de l'inscription. On trouvera plus d'information à l'adresse www.cgp.gc.ca.
b) **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?**
L'entrepreneur et tout sous-traitant doivent être accrédités en vertu du Programme mixte d'agrément États-Unis/Canada si le travail comporte l'accès à des données militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques. On trouvera plus d'information à l'adresse www.dlis.dla.mil/jcp/.
6. **Indiquer le type d'accès requis**
Indiquer la nature du travail à exécuter pour répondre à ce besoin. L'utilisateur doit choisir un des types suivants :
 - a) **Le fournisseur et ses employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS?**
Le fournisseur choisit cette option s'il doit avoir accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS pour accomplir le travail requis.
 - b) **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.**
Le fournisseur choisit cette option seulement s'il doit avoir accès régulièrement aux locaux du gouvernement ou à un lieu de travail protégé. Le fournisseur n'aura pas accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS en vertu de cette option.

c) S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit?

Le fournisseur choisit cette option s'il y a nécessité de recourir à un service de messagerie ou de livraison commerciale. Le fournisseur ne sera pas autorisé à garder un colis pendant la nuit. Le colis doit être retourné s'il ne peut pas être livré.

7. Type d'information/Restriction relatives à la diffusion/Niveau d'information

Indiquer le ou les types d'information auxquels le fournisseur peut devoir avoir accès, énumérer toutes les restrictions possibles relatives à la diffusion, et, s'il y a lieu, indiquer le ou les niveaux d'information. L'utilisateur peut faire plusieurs choix selon la nature du travail à exécuter.

Les ministères doivent soumettre la LVERS à TPGSC lorsque :

- les marchés prévoient l'accès aux renseignements et aux biens de nature PROTÉGÉS et/ou CLASSIFIÉS étrangers;
- les marchés prévoient aux entrepreneurs étrangers l'accès aux renseignements et aux biens de nature PROTÉGÉS et/ou CLASSIFIÉS canadienne; ou
- les marchés prévoient aux entrepreneurs étrangers ou canadiens l'accès aux renseignements et aux biens de nature PROTÉGÉS et/ou CLASSIFIÉS tels que définis dans les documents intitulés Moyens INFOSEC déterminations et Divulgateion de INFOSEC.

a) Indiquer le type d'information auquel le fournisseur devra avoir accès

Renseignements et/ou biens du gouvernement canadien

Si des renseignements et/ou des biens canadiens sont indiqués, le fournisseur aura accès à des renseignements et/ou à des biens PROTÉGÉS et/ou CLASSIFIÉS appartenant au gouvernement canadien.

Renseignements e/ou biens de l'OTAN

Si des renseignements et/ou des biens de l'OTAN sont indiqués, cela signifie que, dans le cadre de ce besoin, le fournisseur aura accès à des renseignements et/ou à des biens PROTÉGÉS et/ou CLASSIFIÉS appartenant à des gouvernements membres de l'OTAN. Les renseignements et/ou les biens de l'OTAN sont élaborés par des pays de l'OTAN ou leur appartiennent et ne doivent être divulgués à aucun pays qui n'est pas un pays membre de l'OTAN. Les personnes qui manient des renseignements et/ou des biens de l'OTAN doivent détenir une autorisation de sécurité de l'OTAN et avoir besoin de savoir.

Les contrats comportant des renseignements CLASSIFIÉS de l'OTAN doivent être attribués par TPSGC. La DSICI de TPSGC est le responsable de la sécurité désigné relativement aux questions de sécurité industrielle au Canada.

Renseignements et/ou biens de gouvernements étrangers

Si des renseignements et/ou des biens de gouvernements étrangers sont indiqués, ce besoin permettra l'accès à des renseignements et/ou à des biens appartenant à un pays autre que le Canada.

b) Restrictions relatives à la diffusion

Si **À ne pas diffuser** est choisi, cela indique que les renseignements et/ou les biens sont **réservés aux Canadiens**. Seuls des fournisseurs canadiens installés au Canada peuvent soumissionner ce genre de besoin. **NOTA** : Si des renseignements et/ou des biens du gouvernement canadien coexistent avec des renseignements et/ou des biens réservés aux Canadiens, ceux-ci doivent porter la mention **Réservé aux Canadiens**.

Si **Aucune restriction relative à la diffusion** est choisi, les soumissionnaires doivent appartenir à un pays membre de l'OTAN.

Si **tous les pays de l'OTAN** est choisi, les soumissionnaires doivent appartenir à un pays membre de l'OTAN.

NOTA : Il peut y avoir plus d'une restriction s'appliquant à une demande, selon la nature des travaux à exécuter. Pour ce genre de contrat, un guide de sécurité doit être joint à la LVERS afin de clarifier les restrictions. Ce guide est généralement préparé par le chargé de projet et/ou le responsable de la sécurité de l'organisme.

c) Niveau d'information

À l'aide du tableau ci-dessous, indiquer le niveau approprié d'accès aux renseignements et/ou aux biens que le fournisseur doit avoir pour accomplir les travaux requis.

PROTÉGÉ	CLASSIFIÉ	NATO
PROTÉGÉ A	CONFIDENTIEL	NATO NON CLASSIFIÉ
PROTÉGÉ B	SECRET	NATO DIFFUSION RESTRIENTE
PROTÉGÉ C	TRÈS SECRET	NATO CONFIDENTIEL
	TRÈS SECRET (SIGINT)	NATO SECRET
		COSMIC TRÈS SECRET

8. Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS?

Si la réponse est Oui, les membres du personnel du fournisseur qui doivent avoir accès à des renseignements ou à des biens COMSEC doivent participer à une séance d'information COMSEC. Cette séance sera donnée au « détenteur autorisé » des renseignements ou de biens COMSEC. Dans le cas des contrats du type « personnel affecté », cette séance sera donnée par le ministère client. Lorsque le fournisseur doit recevoir et conserver, dans ses locaux, des renseignements ou des biens COMSEC, le responsable de la garde des renseignements ou des biens COMSEC de l'entreprise donnera la séance d'information COMSEC aux membres du personnel qui doivent avoir accès à des renseignements ou à des biens COMSEC.

9. Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate?

Si la réponse est Oui, le fournisseur doit indiquer le titre abrégé du document, le numéro du document et le niveau de sensibilité. L'accès à des renseignements ou à des biens extrêmement délicats INFOSEC exigera que le fournisseur fasse l'objet d'une vérification Participation, contrôle et influence étrangers (PCIE) effectuée par la DSICI.

PARTIE B - PERSONNEL (FOURNISSEUR)

10. a) Niveau de contrôle de la sécurité du personnel requis

Indiquer le niveau d'autorisation de sécurité que le personnel doit détenir pour avoir accès aux renseignements, aux biens ou au site du client. Selon la nature du travail, il peut y avoir plus d'un niveau de sécurité. Veuillez noter que des cotes de sécurité sont accordées pour l'accès des sites particuliers, selon des dispositions antérieures prises auprès du Secrétariat du Conseil du Trésor du Canada. La cote de sécurité donnant accès à un site s'applique uniquement aux personnes et n'est liée à aucune autre autorisation de sécurité accordée à des personnes ou à des organismes.

COTE DE FIABILITÉ	CONFIDENTIEL	SECRET
TRÉS SECRET	TRÉS SECRET (SIGINT)	NATO CONFIDENTIEL
NATO SECRET	COSMIC TRÉS SECRET	ACCÈS AUX EMPLACEMENTS

Si plusieurs niveaux d'autorisation de sécurité sont indiqués, un guide de classification de sécurité doit être fourni.

b) Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail?

Si la réponse est Oui, cela veut dire que certaines tâches ne sont pas PROTÉGÉS et/ou CLASSIFIÉS et peuvent être exécutés à l'extérieur d'un environnement sécurisé par du personnel n'ayant pas d'autorisation de sécurité. Il faut répondre à la question suivante si l'on a recours à du personnel n'ayant pas d'autorisation de sécurité :

Le personnel n'ayant pas d'autorisation de sécurité sera-t-il escorté?

Si la réponse est Non, le personnel n'ayant pas d'autorisation de sécurité ne pourra pas avoir accès à des lieux de travail dont l'accès est réglementé ni à des renseignements et/ou à des biens PROTÉGÉS et/ou CLASSIFIÉS.

Si la réponse est Oui, le personnel n'ayant pas d'autorisation de sécurité devra être escorté par une personne détenant la cote de sécurité requise, pour faire en sorte que le personnel en question n'ait pas accès à des renseignements et/ou à des biens PROTÉGÉS et/ou CLASSIFIÉS sur les lieux de travail.

PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

11. RENSEIGNEMENTS/BIENS :

a) La fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS?

Si la réponse est Oui, préciser, à l'aide du tableau récapitulatif, le niveau de sécurité des documents ou de l'équipement que le fournisseur devra protéger dans ses installations.

b) Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC?

Si la réponse est Oui, préciser, à l'aide du tableau récapitulatif, le niveau de sécurité des renseignements ou des biens COMSEC que le fournisseur devra protéger dans ses installations.

PRODUCTION

c) Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ?

Préciser, à l'aide du tableau récapitulatif, le niveau de sécurité du matériel que le fournisseur fabriquera, réparera et/ou modifiera et devra protéger dans ses installations.

TECHNOLOGIE DE L'INFORMATION (TI)

d) 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?

Si la réponse est Oui, préciser le niveau de sécurité à l'aide du tableau récapitulatif. Cette case porte sur les renseignements qui seront traités ou produits électroniquement et stockés dans un système informatique. Le ministère/organisme client devra préciser les exigences en matière de sécurité de la TI relativement à cet achat dans un document technique distinct. Le fournisseur devra également consulter le document suivant : Secrétariat du Conseil du Trésor du Canada - Norme opérationnelle de sécurité des technologies de l'information (GSTI).

e) Y aura-t-il un lien électronique entre les systèmes informatiques du fournisseur et celui du ministère ou de l'agence gouvernementale?

Si la réponse est Oui, le fournisseur doit faire approuver ses systèmes informatiques. Le ministère client doit aussi fournir les critères de connectivité qui décrivent en détail les conditions et le niveau de sécurité relativement au lien électronique (habituellement pas plus haut que le niveau PROTÉGÉ B).

TABLEAU RÉCAPITULATIF

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.

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.

PROTÉGÉ	CLASSIFIÉ	NATO	COMSEC
PROTÉGÉ A	CONFIDENTIEL	NATO DIFFUSION RESTREINTE	PROTÉGÉ A
PROTÉGÉ B	SECRET	NATO CONFIDENTIEL	PROTÉGÉ B
PROTÉGÉ C	TRÉS SECRET	NATO SECRET	PROTÉGÉ C
	TRÉS SECRET (SIGINT)	COSMIC TRÉS SECRET	CONFIDENTIEL
			SECRET
			TRÉS SECRET

12. a) La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?

Si la réponse est Oui, classifier le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

b) La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?

Si la réponse est Oui, classifier 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).

PARTIE D - AUTHORIZATION

13. Chargé de projet de l'organisme

Cette case doit être remplie et signée par le chargé de projet pertinent (c.-à-d.) la personne qui est responsable de ce projet ou qui connaît le besoin au ministère ou à l'organisme client. On peut, à l'occasion, communiquer avec cette personne pour clarifier des renseignements figurant sur le formulaire.

14. Responsable de la sécurité de l'organisme

Cette case doit être signée par l'agent de la sécurité du ministère (ASM) du ministère indiqué à la case 1 ou par son remplaçant ou par le responsable de la sécurité de fournisseur.

15. Des instructions supplémentaires (p. ex., Guide de sécurité, Guide de classification de la sécurité) sont-elles joints?

Un Guide de sécurité ou un Guide de classification de sécurité sont utilisés de concert avec la LVERS pour faire part d'exigences supplémentaires en matière de sécurité qui n'apparaissent pas dans la LVERS et/ou pour éclaircir certaines parties de la LVERS.

16. Agent d'approvisionnement

Cette case doit être signée par l'agent des achats qui fait fonction de gestionnaire du contrat ou du contrat de sous-traitance.

17. Autorité contractante en matière de sécurité

Cette case doit être signée par l'agent de la sécurité du marché. Lorsque TPSGC est le responsable de la sécurité du marché, la Direction de la sécurité industrielle canadienne et internationale (DSICI) doit remplir cette case.

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ANNEX D

TECHNICAL EVALUATION CRITERIA

Federal Health Claims Processing Services (FHGPS)

For

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

ANNEX D
Technical Evaluation Criteria

Canada will only accept the experience of the Bidder as defined in [Section 4 of SACC 2003 \(2022/03/29\)](#) for the purposes of meeting the mandatory requirements. The experience obtained from a Joint Venture structure will be accepted for this purpose. The experience and qualifications of a Bidder's subcontractors will not be accepted as part of the Bidder's (non-Joint Venture) experience and qualifications as it is not included in the definition of the Bidder.

MANDATORY REQUIREMENTS - A Bidder's Proposal MUST meet the following Mandatory Requirements

Mandatory Requirements	COMPLIANT (PASS/FAIL)
<p>M1 Corporate Experience</p> <p>The Bidder must have experience within the past three (3) years providing health claims authorization and claims processing services in both of Canada's official languages. A year is defined as 12 consecutive months. The experience will be calculated as of the closing date of the Request for Proposal.</p> <p>To demonstrate this experience, the Bidder must have:</p> <ul style="list-style-type: none"> a) registered and delivered provider relations services to 75,000 health care service providers; b) created 50,000 authorizations for health care benefits and services per year; c) processed 3,000,000 or more transactions with a program expenditure of \$100M per year; and d) handled a total of 50,000 Participant calls per year. <p>The Bidder must also provide and describe one (1) referenced book of business where the Bidder was/is providing the four (4) services to the extent identified above. The referenced book of business should include, at a minimum, the following information:</p> <ul style="list-style-type: none"> a) company name and address; b) name/title of Company representative; and c) telephone number and fax number. 	
<p>M2 Executive Sponsor</p> <p>The Bidder must propose an Executive Sponsor who will have overall responsibility, on behalf of the Contractor, for the delivery of contracted services.</p> <p>The Executive Sponsor will be solely dedicated to the FHPCS contract and should be at a Vice-President (equivalent, or higher level) within the Contractor's organization, refer to SOW Sections 4.9 and Appendix E Contractor Resources.</p> <p>The Bidder must submit a detailed résumé of the proposed Executive Sponsor which will be evaluated on the breadth and depth of the individual's experience regarding the provision of health claims processing and support services.</p>	

<p>The Executive Sponsor must have, as a minimum:</p> <ul style="list-style-type: none"> a) a degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside of Canada); or relevant education, training, and experience to manage services defined in the Statement of Work; b) five (5) years of cumulative experience within the last seven (7) years managing a business relationship relevant to health claims processing and support services; c) experience working at the executive level with programs with annual health care expenditures greater than \$100M; and d) experience managing services for a minimum of 50,000 participants/members/clients. 	
<p>M3 Service Delivery Manager</p> <p>The Bidder must propose a dedicated Service Delivery Manager who will have responsibility at an operational level, on behalf of the Contractor, for the day-to-day business relationship between Canada and the Contractor. The Service Delivery Manager will be solely dedicated to the FHCPS contract, refer to SOW Sections 4.9 and Appendix E Contractor Resources.</p> <p>The Bidder must submit a detailed resume of the proposed Service Delivery 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.</p> <p>The Service Delivery Manager must have, as a minimum:</p> <ul style="list-style-type: none"> a) a degree or diploma from a recognized Canadian university or college (or equivalent if obtained outside Canada); or relevant education, training, and experience to deliver services defined in the Statement of Work; b) five (5) years of cumulative experience, within the last seven (7) years, managing a business relationship relevant to health claims processing and support services; c) experience working with programs with annual health care expenditures greater than \$100M; and d) experience managing services for a minimum of 50,000 participants/members/clients. 	
<p>M4 System Customization and Integration</p> <p>The Bidder must demonstrate they have experience within the past five (5) years, with customizing and integrating their system with a customer's health authorization and claims processing application.</p> <p>To demonstrate this experience, the Bidder must provide and describe one (1) reference where the Bidder has experience customizing and integrating their health authorizations and claims processing applications with a customer's systems. The reference project must demonstrate a minimum of 3,000,000 transactions processed annually.</p> <p>The Bidder must provide one (1) corporate client reference letter including the following information:</p> <ul style="list-style-type: none"> a) company name; b) name, title, and telephone number of company representative; c) company address; d) confirmation of the complexity of IT systems development and integration; and e) the volume of transactions processed annually. 	

POINT RATED CRITERIA – General Information

Bidders are expected to demonstrate in their bid submission how they will meet all requirements in the Statement of Work (SOW). The following methodology will be used to evaluate submitted bids.

EVALUATION OF SOW ELEMENTS – Total Points Available 26,800
Minimum pass mark is 70% (18,760 Points)

The evaluation of "point rated" responses will be made using the scale detailed below. In applying this scale, the score for each element will fall into one of the six defined ratings (below) depending on the extent to which the criteria are met.

Rating (0-10)	Description
Excellent Rating of 10	<ul style="list-style-type: none"> - Provides an in-depth, well-articulated, detailed response with a clear approach to meeting the requirements. - Demonstrates an excellent understanding and knowledge of the requirements. - Demonstrates the ability to meet the requirements and identifies innovative options and solutions. - Clearly articulates the value to the client, service delivery and operations. - Provides solid evidence of ability, experience with no apparent weaknesses or gaps in meeting requirements.
Good Rating of 8	<ul style="list-style-type: none"> - Describes a satisfactory approach and plan to achieve effective results. - Demonstrates a good understanding and knowledge of the requirements. - The level of detail and clarity of content provided substantially meets the requirements. - Experience suggests the ability to substantially meet requirement, no significant weaknesses.
Adequate Rating of 6	<ul style="list-style-type: none"> - Provides an acceptable approach and plan, which would offer adequate results. - Demonstrates an adequate understanding and knowledge of the requirements. - Adequate level of detail and clarity in the content provided. - Provides a partially relevant response addressing some of the requirements. - Experience is limited though demonstrates an ability to partially meet the requirements. - Evident weaknesses which may interfere with meeting the requirements.
Fair Rating of 4	<ul style="list-style-type: none"> - Describes an inadequate approach and plan with uncertainty of meeting requirements. - Demonstrates a limited understanding and knowledge lacking an understanding of the requirement. - Minimal level of detail and information provided or is not relevant. - Approach to meet requirements is suggested but unclear. - Experience suggests an inability to meet the requirement. - Obvious weakness in key areas which will interfere with meeting the requirements.
Poor Rating of 2	<ul style="list-style-type: none"> - Extremely poor, insufficient approach and plan to meet the requirements. - Does not demonstrate understanding and knowledge of the requirements. - Insufficient detail provided and does not clearly address the requirements. - Weaknesses could not be corrected.
Unacceptable Rating of 0	<ul style="list-style-type: none"> - Insufficient information. - No detail provided. - No evidence given.

The Bid Evaluation Committee will determine, through consensus, a Rating for each Evaluation Criteria based on the table above. The points achieved for each Evaluation Criteria will be determined by multiplying the Weight Factor by the Rating assigned during the Evaluation of the bid response. For example: an Evaluation Criteria with a weight factor of 70 which has been rated 6 (Adequate, as defined above) during the Evaluation will result in 420 Points Achieved.

R1 – Knowledge and Delivery of Partner Organization Programs, Priorities and Policies – Maximum Points: 5,750				
Element	Evaluation Criteria	Weight Factor	Rating	Points Available
The Bidder's submission should clearly describe their understanding of the mission, vision and programs of VAC, CAF and RCMP presented in the Statement of Work and demonstrate how they will deliver FHCPS contracted services considering the following:	R1.1 Partner organization requirements for the delivery of health care authorization and claims processing services to Participants and healthcare providers	95	0-10	0-950
	R1.2 Maximization of the use of a Digital First Approach including automation and minimizing manual and paper-based processes:			
	R1.2.1 Provider Recruitment and Registration	65	0-10	0-650
	R1.2.2 Authorization Services	85	0-10	0-850
	R1.2.3 Claims Processing Services	85	0-10	0-850
	R1.2.4 Communications Materials	70	0-10	0-700
	R1.3 Indigenous participation in the delivery of contracted services	60	0-10	0-600
	R1.4 Veteran participation in the delivery of contracted services	60	0-10	0-600
	R1.5 Accessibility Requirements of the Government of Canada	55	0-10	0-550

R2 - Implementation - Maximum Points: 4,250				
Element	Evaluation Criteria	Weight Factor	Rating	Points Available
The Bidder's submission should outline their proposed approach which demonstrates how and when they will develop and implement all aspects of the proposed Contract, considering the following:	R2.1 Proposed Project Management and Information Technology Development Approach to Deliver Contracted Services	75	0-10	0-750
	R2.2 Design and functionality of the FHCPS Participant Portal, Provider Portal, and the Departmental Portal.	85	0-10	0-850
	R2.3 Preparation of Communications Plans and Materials	55	0-10	0-550
	R2.4 Design and Delivery of Training	60	0-10	0-600
	R2.5 Human Resources required to deliver contracted services	55	0-10	0-550
	R2.6 Security, Information Management and Privacy	60	0-10	0-600
	R2.7 Business Continuity and Disaster Recovery Planning	35	0-10	0-350

R3 - Information Technology - Maximum Points: 2,150				
Element	Evaluation Criteria	Weight Factor	Rating	Points Available
The Bidder's submission should define how FHCPS service delivery will be integrated into their IT infrastructure and operational environment in each of the following areas:	R3.1 Services and System Development and Customization	85	0-10	0-850
	R3.2 Testing of Operations and Systems, Transition-In and Data Migration	85	0-10	0-850
	R3.3 Information Technology resources to support VAC Contract implementation	45	0-10	0-450

R4 - Proposed Service Delivery Approach - Maximum Points: 9,050

Element	Evaluation Criteria	Weight Factor	Rating	Points Available
<p>The Bidder's submission should provide details which demonstrate how they will meet the requirements in each of the following areas:</p>	R4.1 Participant Enrolment and Health Care Identification Cards	60	0-10	0-600
	R4.2 Provider Recruitment, Registration, Management, and Audit	75	0-10	0-750
	R4.3 Benefit Grid administration	65	0-10	0-650
	R4.4 Administration of Health Care Benefits and Services (CAF, RCMP, VAC)	85	0-10	0-850
	R4.5 Authorizations of Health Benefits and Services (CAF, RCMP, VAC)	85	0-10	0-850
	R4.6 Claims Processing Services	85	0-10	0-850
	R4.7 Contact Centre Services (Participants and Providers)	90	0-10	0-900
	R4.8 Out of Country and Allied Veterans Services (CAF, RCMP, VAC)	60	0-10	0-600
	R4.9 Drug Utilization Review (CAF, RCMP, VAC)	25	0-10	0-250
	R4.10 Cannabis for Medical Purposes (VAC)	55	0-10	0-550
	R4.11 Veterans Independence Program (VAC)	55	0-10	0-550
	R4.12 Long Term Care (VAC)	55	0-10	0-550
	R4.13 Alignment of Treatment Benefits between CAF and VAC for Releasing Members	55	0-10	0-550
	R4.14 Financial Operations	55	0-10	0-550

R5 - Performance Measurement and Reporting - Maximum Points: 2,000				
Element	Evaluation Criteria	Weight Factor	Rating	Points Available
The Bidder's submission should describe their approach to measure performance, demonstrating their use and maximization of innovative and digital approaches for each of the following:	R5.1 Data collection, measurement, and reporting	75	0-10	0-750
	R5.2 Data analytics	55	0-10	0-550
	R5.3 Performance and Service Standards	70	0-10	0-700

R6 - Quality Assurance - Maximum Points: 2,000				
Element	Evaluation Criteria	Weight Factor	Rating	Points Available
The Bidder's submission should detail the proposed approach to address the following Quality Assurance requirements:	R6.1 Data collection, measurement, and analysis of the quality of contracted services delivered	75	0-10	0-750
	R6.2 Measurement and reporting of Participant, Provider, and Partner Organization staff user satisfaction	70	0-10	0-700
	R6.3 Reporting associated with Quality Assurance	55	0-10	0-550

R7 – Service Innovation and Change Management - Maximum Points: 1,600				
Element	Evaluation Criteria	Weight Factor	Rating	Points Available
The Bidder's submission should demonstrate an understanding and plan for Change Management and Issues Resolution using an agile, collaborative, and flexible approach for the following:	R7.1 Service Innovation	60	0-10	0-600
	R7.2 Service requests and issue resolutions	55	0-10	0-550
	R7.3 Changes associated with Government programs	45	0-10	0-450

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ANNEX E

TASK AUTHORIZATION FORM PWGSC-TPSGC 572

Federal Health Claims Processing Services (FHGPS)

For

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



Task Authorization Autorisation de tâche

Contract Number - Numéro du contrat

Contractor's Name and Address - Nom et l'adresse de l'entrepreneur	Task Authorization (TA) No. - N° de l'autorisation de tâche (AT)
	Title of the task, if applicable - Titre de la tâche, s'il y a lieu
	Total Estimated Cost of Task (Applicable taxes extra) Coût total estimatif de la tâche (Taxes applicables en sus) \$

Security Requirements: This task includes security requirements
Exigences relatives à la sécurité : Cette tâche comprend des exigences relatives à la sécurité

No - Non Yes - Oui If YES, refer to the Security Requirements Checklist (SRCL) included in the Contract
Si OUI, voir la Liste de vérification des exigences relative à la sécurité (LVERS) dans le contrat

For Revision only - Aux fins de révision seulement

TA Revision Number, if applicable Numéro de révision de l'AT, s'il y a lieu	Total Estimated Cost of Task (Applicable taxes extra) before the revision Coût total estimatif de la tâche (Taxes applicables en sus) avant la révision \$	Increase or Decrease (Applicable taxes extra), as applicable Augmentation ou réduction (Taxes applicables en sus), s'il y a lieu \$
--	--	---

Start of the Work for a TA : Work cannot commence until a TA has been authorized in accordance with the conditions of the contract.

Début des travaux pour l'AT : Les travaux ne peuvent pas commencer avant que l'AT soit autorisée conformément au contrat.

1. Required Work: - Travaux requis :

A. Task Description of the Work required - Description de tâche des travaux requis	See Attached - Ci-joint <input type="checkbox"/>
B. Basis of Payment - Base de paiement	See Attached - Ci-joint <input type="checkbox"/>
C. Cost of Task - Coût de la tâche	See Attached - Ci-joint <input type="checkbox"/>
D. Method of Payment - Méthode de paiement	See Attached - Ci-joint <input type="checkbox"/>

Contract Number - Numéro du contrat

2. Authorization(s) - Autorisation(s)

By signing this TA, the authorized client and (or) the PWGSC Contracting Authority certify(ies) that the content of this TA is in accordance with the conditions of the contract.

En apposant sa signature sur l'AT, le client autorisé et (ou) l'autorité contractante de TPSGC atteste(nt) que le contenu de cette AT respecte les conditions du contrat.

The client's authorization limit is identified in the contract. When the value of a TA and its revisions is in excess of this limit, the TA must be forwarded to the PWGSC Contracting Authority for authorization.

La limite d'autorisation du client est précisée dans le contrat. Lorsque la valeur de l'AT et ses révisions dépasse cette limite, l'AT doit être transmise à l'autorité contractante de TPSGC pour autorisation.

Name and title of authorized client - Nom et titre du client autorisé à signer

Signature

Date

PWGSC Contracting Authority - Autorité contractante de TPSGC

Signature

Date

3. Contractor's Signature - Signature de l'entrepreneur

Name and title of individual authorized - to sign for the Contractor
Nom et titre de la personne autorisée à signer au nom de l'entrepreneur

Signature

Date

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ANNEX I

VOLUMETRICS

Federal Health Claims Processing Services (FHGPS)

For

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

Annex I Volumetrics, outlines historical Federal Health Claims Processing Services (FHCPS) data. The FHCPS historical business and transactional volume data is being provided to assist with preparing proposals. 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 proposals 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.

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 volume of work processed under the contract.

Canada accepts no liability for any variation or discrepancy in the estimated volumes that have been provided in this Request for Proposal or elsewhere in the Solicitation # 51019-211004 documents regarding the actual usage/volume figures provided.

Historical data is presented based on Canada's fiscal year which commences on 1 April and ends on 31 March. The following provides historical volumetric information for 2018-19 to 2020-21. Information for 2021-22 fiscal year will be provided with the final RFP.

Some of the information presented in this Annex is impacted by the pandemic which started in March 2020 as Participants in some situations were unable to access health care benefits and services.

Some of the information presented in this *Annex* may not reconcile with other public facing information due to the way the information is presented.

Participants:

Table 1 - Number of Eligible Participants

	VAC	RCMP	CAF	Total
2018-19	139,805	19,080	117,907	276,792
2019-20	141,218	20,247	130,465	291,930
2020-21	143,945	19,897	125,383	289,225
2021-22				

Note: VAC numbers exclude Spouses

Table 2 - Number of Out of Country/Allied Veteran Participants as of 31 March 2022

Veteran Participants Residing Outside of Canada	1,447
Allied Veteran Participants Residing in Canada	507

Registered Providers:

Table 3 - Number of Registered Service Providers by Province as of 31 March 2022

Province/Territory	Total Number of Providers by Province
British Columbia	23,230
Alberta	21,776
Saskatchewan	3,898
Manitoba	5,229
Ontario	77,060
Quebec	28,154
New Brunswick	4,739
Nova Scotia	8,664

Prince Edward Island	696
Newfoundland and Labrador	2,314
Northwest Territories	104
Nunavut	18
Yukon	98
Total	175,980

Table 4 - Number of Registered Service Providers by Program as of 31 March 2022

Treatment Program	Total Number of Providers
Aids for Daily Living	14,431
Ambulance Services / Health Related Travel (VAC only)	546
Audio (Hearing) Services	14,960
Dental Services	44,722
Hospital Services	2,789
Medical Services	31,443
Medical Supplies	15,768
Nursing Services	3,548
Oxygen Therapy	12,968
Prescription Drugs	13,239
Prosthetics and Orthotics	16,878
Related Health Services	102,407
Special Equipment	3,790
Vision (Eye) Care	20,551
Veterans Independence Program	3,852
Long Term Care	2,113
Total:	304,005

Note: Providers may be registered for more than one of the above Programs

Table 5 - Number of Registered Service Providers by Specialties

Provider Specialty	Total Number of Providers
Dental	45,699
Massage Therapist	40,030
Medical Services	30,942
Physiotherapist	22,306
Pharmacy	12,913
Chiropractor	10,105
Vision (Eye) Care Services	8,910
Psychologist	8,267
Acupuncturist	4,389
Nurse Practitioner/ Registered Nurse/ Licensed Practical Nurse/ Registered Practical Nurse	4,016
Social Work	3,576
Psychotherapist	3,423
Occupational Therapist	2,903
Long Term Care Health	2,123

Osteopath	2,112
Intermediate Care Services	1,904
Podiatrist	1,662
Medical Supplies	1,401
Hospital	1,341
Audiologist	1,239
Hearing Instrument Practitioner	1,232
Hearing & Speech Language Pathologist	1,023
Naturopath	962
Dietitian	937
Counselor	819
Miscellaneous Providers	714
Personal Care	364
Pedorthist	355
Oxygen/Oxygen Equipment	335
Access to Nutrition Services	317
Home Adaptation Services	278
Kinesitherapist	226
Clinical Care Manager – Occupational Therapist	203
Ambulance	170
Multidisciplinary Clinic	142
Clinical Care Manager - Social Worker	82
Transportation for the Disabled	74
Housekeeping Services	73
Ambulatory Care Services	67
Federal Licensed Sellers - Cannabis for Medical Purposes	64
Taxi	61
Clinical Care Manager	57
Midwife	41
Clinical Care Manager - Nurse	39
Grounds Maintenance Services	31
Total	217,927

Note: A Provider may have access to more than one treatment program.

Call Centres:

Table 6 - Participant Calls

Fiscal Year	Average Number of Calls	Calls in English (%)	Calls in French (%)
2018-19	131,195	85%	15%
2019-20	134,602	85%	15%
2020-21	113,484	86%	14%
2021-22			

Note: In 2020-21, average call length was 6 minutes and 44 seconds.

Table 7 - Provider Calls

Fiscal Year	Average Number of Calls	Calls in English (%)	Calls in French (%)
2018-19	87,600	85%	15%
2019-20	80,905	85%	15%
2020-21	64,722	86%	14%
2021-22			

Note: In 2020-21, the average call length was 7 minutes and 16 seconds.

Manual Claims:

Table 8 - Total Number of Manual Claims - VAC Only

Fiscal Year	Health, Dental & Pharmacy	Cannabis for Medical Purposes Claims	Veterans Independence Program	Long Term Care	Health Related Travel	Out of Country/ Allied Veteran Health Claims	Total
2018-19	127,317	132,603	105,807	11,104	72,380	1,880	451,091
2019-20	116,114	158,265	89,614	10,905	79,853	2,213	456,964
2020-21	78,442	210,932	64,156	19,196	43,029	1,655	417,410
2021-22							

Note: these figures do not include electronically submitted claims.

Table 9 - Total Number of Health, Dental and Pharmacy Manual Claims - CAF, RCMP and RCMP Pensioners

Fiscal Year	CAF	RCMP	RCMP Pensioners
2018-19	257,407	60,472	180,553
2019-20	258,316	60,196	210,689
2020-21	186,102	48,097	215,071
2021-22			

Note: these figures do not include electronically submitted claims.

Transactions:

Table 10 - Number of VAC Automated (Electronic) Transactions

Fiscal Year	Health	Dental	Pharmacy	Total
2018-19	1,166,560	26,785	2,709,598	3,902,943
2019-20	1,230,981	23,024	2,378,178	3,632,183
2020-21	1,170,711	15,169	2,007,269	3,193,149
2021-22				

Table 11 - Number of VAC Manual Transactions

Fiscal Year	Health	Dental	Pharmacy	Health Related Travel	VIP	Long Term Care	Cannabis for Medical Purposes	Total
2018-19	492,153	67,935	601,574	660,453	799,895	26,797	322,762	2,971,569
2019-20	460,052	58,875	296,113	665,856	737,293	20,429	391,320	2,629,938
2020-21	363,844	36,449	409,888	384,580	645,666	14,766	641,642	2,496,835
2021-22								

Table 12 - Number of CAF Automated (Electronic) Transactions

Fiscal Year	Health	Pharmacy	Total
2018-19	266,153	641,306	907,459
2019-20	300,932	639,460	940,392
2020-21	255,751	486,592	742,343
2021-22			

Table 13 - Number of CAF Automated (Electronic Transactions) - On Base Pharmacy

Fiscal Year	Total
2018-19	556,012
2019-20	552,394
2020-21	403,222
2021-22	

Table 14 - Number of CAF Manual Transactions

Fiscal Year	Health	Dental	Pharmacy	Total
2018-19	437,586	68,060	4,994	510,640
2019-20	506,830	65,592	5,421	577,843
2020-21	366,445	36,068	3,950	406,463
2021-22				

Table 15 - Number of RCMP Automated (Electronic) Transactions

Fiscal Year	Health	Dental	Pharmacy	Total
2018-19	249,809	90,590	145,851	486,250
2019-20	276,247	92,427	155,053	523,727
2020-21	264,944	78,926	158,956	502,826
2021-22				

Table 16 - Number of RCMP Manual Transactions

Fiscal Year	Health	Dental	Pharmacy	Total
2018-19	131,236	30,294	3,962	165,492
2019-20	135,292	29,458	4,508	169,258

2020-21	113,681	21,461	3,341	138,483
2021-22				

Table 17 - Number of RCMP Pensioners Automated (Electronic) Transactions

Fiscal Year	Health	Dental	Pharmacy	Total
2018-19	72,409	161	49,217	121,787
2019-20	82,099	148	57,222	139,469
2020-21	84,136	187	56,954	141,277
2021-22				

Table 18 - Number of RCMP Pensioners Manual Transactions

Fiscal Year	Health	Dental	Pharmacy	Total
2018-19	66,184	1,051	16,681	83,916
2019-20	71,426	1,265	25,649	98,340
2020-21	48,710	973	39,459	89,142
2021-22				

Table 19 - Number of Allied and Out of Country Health Transactions

Fiscal Year	VAC	CAF	RCMP
2018-19	14,481	1,822	476
2019-20	15,817	1,573	Data not currently available
2020-21	9,128	988	366
2021-22			

Table 20 - Number of Transactions based on current Program structure – includes both automated (electronic) and manual - 2018-19

Program	VAC	CAF	RCMP	Total
Aids for Daily Living	27,958	2,523	458	30,939
Ambulance Services / Health Related Travel (VAC only)	739,914	2,574	399	742,887
Audio (Hearing) Services	290,194	5,259	4,387	299,840
Dental Services	94,720	68,060	120,884	283,664
Hospital Services	16,919	179,652	9,562	206,133
Medical Services	24,859	218,534	28,686	272,079
Medical Supplies	61,872	6,173	2,439	70,484
Nursing Services	80,925	15,495	117	96,537
Oxygen Therapy	9,649	5,588	2,680	17,917
Prescription Drugs	3,309,434	646,300	149,813	4,105,547
Prosthetics and Orthotics	8,603	5,551	2,562	16,716
Related Health Services	937,037	217,458	304,637	1,459,132
Special Equipment	104,579	788	223	105,590
Vision (Eye) Care	18,440	44,144	24,895	87,479
Veterans Independence Program	799,895	0	0	799,895
Long Term Care	26,797	0	0	26,797
Total:	6,551,795	1,418,099	651,742	8,621,636

Note: Transactions presented in this table do not reconcile with the transaction information broken down

by Partner Organization and programs above because of adjustments to processed transactions.

Table 21 - Number of Transactions based on current Program structure – includes both electronic and non-electronic - 2019-20

Program	VAC	CAF	RCMP	Total
Aids for Daily Living	24,873	1,638	494	27,005
Ambulance Services / Health Related Travel (VAC only)	741,685	2,466	397	744,548
Audio (Hearing) Services	266,430	5,432	4,688	276,550
Dental Services	81,899	65,592	121,885	269,376
Hospital Services	17,362	159,828	9,933	187,123
Medical Services	28,725	332,576	30,529	391,830
Medical Supplies	52,871	5,163	3,138	61,172
Nursing Services	73,800	13,552	301	87,653
Oxygen Therapy	9,914	5,598	3,030	18,542
Prescription Drugs	3,102,285	644,881	159,561	3,906,727
Prosthetics and Orthotics	9,137	4,688	2,855	16,680
Related Health Services	1,023,566	236,940	330,813	1,591,319
Special Equipment	94,944	475	333	95,752
Vision (Eye) Care	15,066	39,406	25,028	79,500
Veterans Independence Program	737,293	0	0	737,293
Long Term Care	20,429	0	0	20,429
Total	6,300,279	1,518,235	692,985	8,511,499

Note: Transactions presented in this table do not reconcile with the transaction information broken down by Partner Organization and programs above because of adjustments to processed transactions.

Table 22 - Number of Transactions based on current Program structure – includes both electronic and non-electronic - 2020-21

Program	VAC	CAF	RCMP	Total
Aids for Daily Living	20,830	1,544	321	22,695
Ambulance Services / Health Related Travel (VAC only)	426,898	1,655	279	428,832
Audio (Hearing) Services	226,043	3,919	3,697	230,659
Dental Services	51,618	36,068	100,387	188,073
Hospital Services	13,702	159,593	6,991	180,286
Medical Services	29,471	230,460	27,689	287,620
Medical Supplies	27,533	2,787	2,739	33,059
Nursing Services	47,142	10,651	349	58,142
Oxygen Therapy	10,436	5,430	2,935	18,801
Prescription Drugs	3,138,196	490,542	162,297	3,791,035
Prosthetics and Orthotics	8,076	3,244	2,173	13,493
Related Health Services	994,565	182,440	309,278	1,486,283
Special Equipment	79,292	386	281	79,959
Vision (Eye) Care	10,588	20,087	21,893	52,568
Veterans Independence Program	645,666	0	0	645,666
Long Term Care	14,766	0	0	14,766
Total:	5,744,822	1,148,806	641,309	7,531,937

Note: Transactions presented in this table do not reconcile with the transaction information broken down by Partner Organization and programs above because of adjustments to processed transactions.

Health Care Identification Cards:

Table 23 - Number of Health Care Identification Cards Issued (VAC, CAF and RCMP)

Fiscal Year	Health I.D. Cards
2018-19	27,956
2019-20	28,221
2020-21	22,066
2021-22	

Letters:

Table 24 – Letters sent (VAC, CAF and RCMP) not including Participant or Provider claim statements.

Fiscal Year	Authorization Letters	VIP Letters (VAC)	Pharmacy Letters	Total
2018-19	114,765	74,831	27,148	216,895
2019-20	120,841	73,987	33,121	227,949
2020-21	96,084	73,071	32,565	201,720
2021-22				

Note: Pharmacy Letters include VAC Cannabis for Medical Purposes Letters.

Program Expenditures:

Table 25 - Program Expenditures – VAC, CAF and RCMP:

Fiscal Year	VAC Program Expenditures	CAF Program Expenditures	RCMP Program Expenditures	Total
2018-19	\$765,894,554	\$155,985,739	\$67,706,126	\$989,586,419
2019-20	\$785,320,162	\$149,887,339	\$76,758,750	\$1,011,966,251
2020-21	\$797,387,960	\$136,851,410	\$75,591,172	\$1,009,830,542
2021-22				

Table 26 - Program Expenditures by Program – VAC

Program	2018-19	2019-20	2020-21	2021-22
Aids for Daily Living	\$1,730,712	\$1,632,011	\$1,428,851	
Ambulance Services/ Health Related Travel	\$25,960,970	\$28,180,891	\$17,254,829	
Audio (Hearing) Services	\$50,323,867	\$48,005,051	\$42,038,074	
Dental Services	\$9,236,288	\$7,971,635	\$5,023,709	
Hospital Services	\$18,777,284	\$20,696,926	\$20,402,668	
Medical Services	\$5,792,952	\$6,981,144	\$8,280,800	
Medical Supplies	4,567,113	\$4,300,207	\$4,627,325	
Nursing Services	\$7,394,929	\$7,097,664	\$4,952,859	
Oxygen Therapy	\$2,429,876	\$2,842,864	\$2,778,512	
Prescription Drugs	\$145,661,488	\$157,584,717	\$198,904,895	
Prosthetics and Orthotics	\$3,912,207	\$4,461,130	\$4,182,049	
Related Health Services	\$103,978,651	\$115,379,111	\$117,118,993	
Special Equipment	\$20,574,329	\$19,127,795	\$14,411,251	
Vision (Eye) Care	\$2,666,600	\$2,443,400	\$1,673,059	
Veterans Independence Program	\$342,242,855	\$339,227,522	\$339,142,567	
Long Term Care	\$20,644,433	\$19,388,094	\$15,167,519	
Total:	\$765,894,554	\$785,320,162	\$797,387,960	

Note: Prescription Drugs includes VAC Cannabis for Medical Purposes.

Table 27 - Program Expenditures by Program - CAF

Program	2018-19	2019-20	2020-21	2021-22
Aids for Daily Living	\$141,465	\$93,908	\$89,800	
Ambulance Services	\$783,203	\$670,984	\$618,138	
Audio (Hearing) Services	\$1,581,189	\$1,658,805	\$1,007,967	
Dental Services	\$14,722,673	\$15,632,485	\$9,580,142	
Hospital Services	\$63,310,344	\$53,905,550	\$53,811,105	
Medical Services	\$31,410,612	\$31,440,861	\$31,109,033	
Medical Supplies	\$515,133	\$416,329	\$363,418	
Nursing Services	\$791,577	\$866,596	\$588,685	
Oxygen Therapy	\$2,643,815	\$2,710,062	\$2,416,583	
Prescription Drugs	\$6,129,271	\$6,390,918	\$7,733,623	
Prosthetics and Orthotics	\$2,173,256	\$1,891,784	\$1,625,267	
Related Health Services	\$23,688,565	\$27,005,914	\$24,041,699	
Special Equipment	\$218,444	\$169,969	\$237,635	
Vision (Eye) Care	\$7,876,192	\$7,033,174	\$3,628,315	
Total:	\$155,985,739	\$149,887,339	\$136,851,410	

Table 28 - Program Expenditures by Program - RCMP

Program	2018-19	2019-20	2020-21	2021-22
Aids for Daily Living	\$28,770	\$55,971	\$17,764	
Ambulance Services	\$91,592	\$209,729	\$72,321	
Audio (Hearing) Services	\$522,808	\$549,914	\$464,307	
Dental Services	\$11,213,929	\$11,418,346	\$10,026,672	
Hospital Services	\$3,943,977	\$5,774,471	\$5,057,640	
Medical Services	\$4,128,432	\$5,419,368	\$5,023,270	
Medical Supplies	\$316,680	\$421,445	\$366,466	
Nursing Services	\$15,948	\$25,195	\$36,699	
Oxygen Therapy	\$1,193,623	\$1,318,061	\$1,238,983	
Prescription Drugs	\$12,198,388	\$12,976,022	\$14,000,882	
Prosthetics and Orthotics	\$706,631	\$942,573	\$691,942	
Related Health Services	\$30,054,713	\$34,178,385	\$35,496,245	
Special Equipment	\$41,916	\$95,661	\$53,940	
Vision (Eye) Care	\$3,248,719	\$3,373,609	\$3,044,041	
Total:	\$67,706,126	\$76,758,750	\$75,591,172	

Table 29 – Program Expenditures –Health Related Travel - VAC

Fiscal Year	Program Expenditures
2018-19	\$22,430,998
2019-20	\$24,617,675
2020-21	\$15,519,775
2021-22	

Note: Programs described in Tables 29 and 30 are combined in the SOW under the heading Veterans Travel

Authorizations:

Table 30 - Authorizations Created by VAC staff in the FHCPS system

Program	2019-20	2020-21	2021-22
Aids for Daily Living	14	7	
Ambulance Services / Health Related Travel	4	3	
Audio (Hearing) Services	18	10	
Hospital Services	196	252	
Medical Services	38	74	
Medical Supplies	7	18	
Nursing Services	5,401	6,446	
Oxygen Therapy	943	941	
Prescription Drugs	4	0	
Prosthetics and Orthotics	12	13	
Related Health Services	3,999	6,657	
Special Equipment	8,737	7,368	
Vision (Eye) Care	7	3	
Total:	19,380	21,792	

Table 31 - Authorizations Created by CAF staff in the FHCPS system

Program	2019-20	2020-21	2021-22
Aids for Daily Living	349	362	
Ambulance Services	75	55	
Audio (Hearing) Services	906	740	
Hospital Services	4,033	2,778	
Medical Services	2,397	2,234	
Medical Supplies	539	502	
Nursing Services	495	343	
Oxygen Therapy	1,641	1619	
Prescription Drugs	67	34	
Prosthetics and Orthotics	1,850	1480	
Related Health Services	21,906	18,368	
Special Equipment	119	107	
Vision (Eye) Care	377	301	
Total	34,754	28,923	

Table 32 - Authorizations Created by RCMP staff in the FHCPS system

Program	2019-20	2020-21	2021-22
Aids for Daily Living	34	19	
Ambulance Services	34	29	
Audio (Hearing) Services	364	496	
Hospital Services	1,855	1,412	
Medical Services	4,152	4,161	
Medical Supplies	148	151	
Nursing Services	70	118	
Oxygen Therapy	515	471	

Prescription Drugs	165	168	
Prosthetics and Orthotics	153	137	
Related Health Services	7,001	8,724	
Special Equipment	71	73	
Vision (Eye) Care	137	166	
Total	14,699	16,125	

Table 33 - Authorizations Created by Contractor - Dental – VAC, CAF, RCMP

Fiscal Year	Dental Authorizations
2018-19	12,615
2019-20	14,085
2020-21	11,127
2021-22	

Note: Authorizations in this table may contain multiple benefits

Table 34 - Authorizations Created by Contractor - Health – VAC, CAF, RCMP

Fiscal Year	Health Authorizations
2018-19	106,980
2019-20	120,145
2020-21	102,103
2021-22	

Note: Authorizations in this table may contain multiple benefits

Table 35 - Authorizations Created by Contractor - Pharmacy – VAC, CAF, RCMP

Fiscal Year	Pharmacy Authorizations
2018-19	21,126
2019-20	20,710
2020-21	17,245
2021-22	

Note: Authorizations in this table may contain multiple benefits

Cannabis for Medical Purposes (VAC Only):

Table 36 - Cannabis for Medical Purposes – Participants (VAC Only)

Fiscal Year	Number of Participants
2018-19	10,466
2019-20	13,270
2020-21	15,369
2021-22	

Table 37 - Authorizations Created by Contractor - Cannabis for Medical Purposes (VAC Only)

Fiscal Year	Three Grams or Less	More than Three Grams
2018-19	24,800	408
2019-20	33,873	1,189
2020-21	32,087	2,152
2021-22		

Table 38 - Cannabis for Medical Purposes Transactions (VAC Only):

Fiscal Year	Number of CMP Transactions
2018-19	322,762
2019-20	391,320
2020-21	641,642
2021-22	

Table 39 - Cannabis for Medical Purposes – Program Expenditures (VAC only)

Fiscal Year	Program Expenditures
2018-19	\$74,816,978
2019-20	\$85,151,847
2020-21	\$119,264,105
2021-22	

Long Term Care:

Table 40 – Long Term Care Recipients (VAC only)

Fiscal Year	Total Recipients
2018-19	1,721
2019-20	1,526
2020-21	1,164
2021-22	

Veterans Independence Program:

Table 41 - Number of VIP Participants (VAC only)

Fiscal Year	Veterans	Survivors/Primary Care Givers	Total
2018-19	52,732	33,094	85,826
2019-20	53,690	30,165	83,855
2020-21	53,536	28,173	81,709
2021-22			

Table 42 - VIP Recipients by Service or Benefit (VAC only)

Service or Benefit	2018-19	2019-20	2020-21
Nursing Home Care	2,537	2,317	2,037
Ambulatory Care	308	303	219
Nutrition	3,565	3,395	3,215
Health and Support Services	993	1,265	1,276
Personal Care	3,036	2,679	2,485
Housekeeping	75,503	73,544	71,657
Grounds Maintenance	54,358	54,679	55,023
Social Transportation	488	377	229
Home Adaptations	618	699	571

Note: Recipients may receive more than one VIP service or benefit simultaneously. Housekeeping and Grounds Maintenance recipients include Veterans, Primary Caregivers and Survivors.

Table 43 - VIP Follow-Up Completed (VAC only)

Fiscal Year	Primary Caregivers	Survivors	Veterans	Total
2018-19	11,578	3,624	16,967	32,169
2019-20	8,797	3,299	8,219	20,315
2020-21	7,220	2,003	5,088	14,311
2021-22				

Table 44 - VIP Follow-Up Calls (VAC only)

Fiscal Year	Outbound Calls	Inbound Calls
2018-19	29,723	5,317
2019-20	17,247	3,411
2020-21	12,300	1,473
2021-22		

Participant Portal:

Table 45 -Number of Participants Enrolled – Portal as of February 2022

VAC	CAF	RCMP
40,614	34,689	17,230

Table 46 – Unique Participants (VAC, CAF, RCMP) Logged into Portal, February 2022

Total Number of Participants	10,891
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Provider Audit:

Table 47 - Provider Audit Activity – VAC, CAF, RCMP

Activity	2018-19	2019-20	2020-21	2021-22
Risk-Based Profiling – Total Dollar Value of Paid Claims Reviewed	\$628,736,547	\$652,247,300	\$665,837,364	
Audits Conducted	112	213	64	
Prescription Drug Claims Review	22,376	18,595	17,826	
Participant Verification Letters	16,708	18,226	7,285	