**QUESTIONS AND ANSWERS – DRAFT MASS ID/IQ PWS**

**GENERAL QUESTIONS**

1. PWS 2.0 provides a list of applicable documents. To enhance full understanding of MASS requirements, please provide access to the VHA Business Blueprint Document, July 2014 (list item 9). A version dated May 2014 was provided May 30, 2014.

*The November 2014 revision of the BRD is provided as an attachment.*

1. Reference PWS Section 2: Can the VA provide the VHA Business Blueprint Document from July 2014? The previously released version was dated May 2014.

*See Question #1.*

1. PWS 2.0 includes several links for applicable documents using ForumforUs requiring user login: VistA Evolution Program Plan, list item 7; and VistA4 Product Plan, list item 8. Please provide access to current versions of the documents provided by the imbedded links.

*Updated links are provided in the revised PWS.*

1. PWS 4.7.1 states “VA may provide VA-specific software, as appropriate and required, in individual TOs.” However, PWS 4.7.2 states “All equipment, materials, and other property necessary to perform the work requirements and not specified for delivery to VA shall be the contractor’s responsibility.” To be consistent with PWS 4.7.1, should this be qualified to say “If not specified in the TO, all equipment, materials, and other property … etc.”?

*PWS Section 4.7.2 revised accordingly.*

1. PWS 5.4.4 states “The contractor shall integrate information from multiple scheduling solutions into a single database per the approved architecture.” Please clarify what is meant by “multiple scheduling solutions.”

*PWS Section 5.4.4 has been revised to remove this sentence.*

1. "The Contractor shall integrate information from multiple scheduling solutions into a single database per the approved architecture" Can the VA provide information regarding the existing scheduling solutions'? How many different scheduling solutions are currently in place? What are the underlying databases for the existing scheduling systems?

*See Question #5.*

1. "The Contractor shall integrate information from multiple scheduling solutions into a single database per the approved architecture" Will this data be provided by the current scheduling systems' owners in realtime or near-realtime? Or is it the MASS awardees responsibility to retrieve it from existing systems and set up the mechanism to do so?

*See Question #5.*

1. What is the single database technology referenced in the statement: "The Contractor shall integrate information from multiple scheduling solutions into a single database per the approved architecture"?

*See Question #5.*

1. Reference PWS Section 5.4.4, pg 24: Section 5.4.4 states that "The Contractor shall integrate information from multiple scheduling solutions into a single database per the approved architecture". By "multiple scheduling solutions", is VA referring to multiple instances of the VistA scheduling system, to GE's surgery scheduling tool, or other scheduling systems? Are these scheduling solutions for in-patient or out-patient scheduling?

*See Question #5.*

1. PWS Addendum B4 states “the Contractor/Subcontractor is required to design, develop, or operate a System of Records Notice (SOR) on individuals to accomplish an agency function subject to the Privacy Act of 1974.” Please clarify that MASS will be the SOR for scheduling data and that the Contractor will support VA efforts to establish MASS as the SOR.

*VA intends to maintain certain information in MASS, as it is not available/stored outside of MASS, e.g., patient preferences and special needs. MASS will be the authoritative source for medical outpatient scheduling data. Per VA Handbook 6500, VA sensitive information may not reside on other non-VA owned Other Equipment (OE) unless specifically designated and approved in advance by the appropriate VA official (supervisor), and a waiver has been issued by the VA’s CIO. The non-VA systems or devices must conform to, or exceed, applicable VA security policies or are specifically authorized by official VA policy. Users of remote systems must follow all policies and procedures outlined in this policy. VA expects the contractor to support VA efforts to establish MASS as the SOR and/or obtain appropriate security certifications.*

1. PWS Addendum C4 states “The MASS Solution shall integrate the VA provided ESB and utilize VISTA Messaging to the maximum extent possible Network Requirements. “ Please clarify this sentence.

*This sentence has been revised as follows: “The MASS Solution shall integrate with the VA provided ESB and use VISTA Messaging to the maximum extent possible.”*

1. PWS Addendum C6 identifies approximately tools that are currently in use by VA for Enterprise Monitoring. Please confirm the availability of additional Enterprise Monitoring tools such as SolarWinds, Tivoli, and System Center Operations Manager (SCOM).

*Per PWS Section 4.11, Solarwinds, Tivoli, and SCOM are approved with constraints. Constraints are identified in the Technical Reference Model.*

1. The COTS definition provided by the Government is excellent and we recommend it remain in the PWS as it is stated. This definition provides the Government with the greatest flexibility to evaluate COTS products on the market today that can meet the VA needs. We recommend a similar definition be carried over into the RFP and evaluation criteria for consistency. Providing a broad definition of COTS and their use cases and installation experience provides VA with the greatest depth and breadth of healthcare and cross industry solutions.

*Noted.*

1. Understanding the VA's desire to implement a COTS solution can you please elaborate on the requirement to integrate with MUMPS? Is it the VA's expectation that the COTS solution natively run on MUMPS?

*The COTS application can run on any technology approved in the TRM and will be required to integrate with VistA.*

1. Will it be the awardee's responsibility to provide MASS data that is able to be immediately consumed by MUMPS? Or will the MASS awardee need to provide data that will be converted through a separate ETL process but a different team?

*The awardee is expected to create interfaces with other VA systems, including VistA. ETL may be needed for initial load of some data. Awardee is expected to deliver all aspects of the ETL and interfaces.*

1. Would VA facilitate connectivity to the Business Partner Extranet exchange if an external hosting provider is used?

*Yes, however, the vendor's total hosting solution shall be isolated, air gapped, exclusive to VA, and support all certifications/ratings to include Federal Information Security Management Act (FISMA) High.*

1. What FISMA impact level will this system be designated? Will the VA sponsor an ATO for the proposed solution at the required level?

*Refer to revised PWS Section 5.7.4.*

1. Based on the existing MASS documentation, this offeror is unclear if the VA would accept a commercial cloud hosted solution (IAAS) to support the MASS solution as an eligible technical approach. Would the VA consider an externally-hosted commercial cloud solution (IAAS) as a viable alternative to an internally-hosted (VA) solution, provided the CSP has a FedRAMP ATO and could ostensibly be accredited with a VA ATO at the requisite FISMA level?

*Yes, the VA will consider an externally-hosted commercial cloud solution. The vendor's total hosting solution shall be isolated, air gapped, exclusive to VA, and support all certifications/ratings to include Federal Information Security Management Act (FISMA) High.*

1. The documents (MASS Storage Requirements in particular) seem to be written as if the VA intends to host MASS internally. From an infrastructure perspective, has VA performed an Analysis of Alternatives (AoA) to hosting MASS internally in a VA datacenter? If alternatives to internal hosting have been assessed by VA, can the VA share with industry the findings and recommendations? If industry were given visibility to the VA’s assessment (pros/cons, risks/mitigations, etc.) it would better-equip offerors to propose /strategies solutions that align with VA’s assessment and best accommodate VA objectives by offering solutions that are well-balanced in terms of cost-avoidance, elasticity/scalability, sustainment, interoperability and risk.

*The VA has not performed an Analysis of Alternatives (AoA) to hosting MASS internally in a VA datacenter.*

1. Provided a commercial cloud hosting (IAAS) infrastructure solution is allowed, we recommend the VA consider the following assertion and factor it into the final solicitation: CSPs often have varying approaches to building their cloud infrastructure which may be different from the design (requirements) outlined in the MASS storage requirements document but may yield similar/better performance and offer a lower cost than an on-site solution by comparison. If cloud storage is an eligible option, the specific configuration of the cloud infrastructure should not be required to match exactly the hardware/software/RAID config requirements outlined in the MASS storage requirements document, provided the CSP storage service can meet the performance, availability, scalability, SLA, and interoperability requirements of the system. Would VA consider acknowledging this assertion in the final solicitation?

*VA is seeking an optimal solution to its scheduling challenges. Vendors may propose solutions which they believe best meet the stated requirements.*

1. In addition to the question/comment above, would the VA provide additional clarity on what the IOPs should be for storage?

*IOPs will be heavily dependent upon the given solution and cannot be specified.*

1. How does the VA intend for vendors to ensure compliance with the following requirement without knowing the exact workload and protocol of the system prior to deployment? “The proposed solution shall not exceed a maximum of 10ms total latency of the backend disk sub system on all supported protocols.”

*Compliance shall be achieved during contract performance.*

1. Why do you require proprietary Project Management software which requires Oracle to operate?

*Primavera is VA's designated planning tool. Access to VA's tools are included in the on-boarding process.*

1. Why is Webshere mandated in ESB for WSRR and WMB, isn't that proprietary IBM products? Are you open to different solutions to ESB?

*Refer to PWS Section C4, no.*

**ACQUISITION QUESTIONS**

1. Does the Government still intend to make a contract award by December 31, 2014?

*VA anticipates an award in second quarter FY15.*

1. PWS 3.0 states the PWS “establishes the requirements for an IDIQ contract for Contractor-provided solutions in support of MASS.” Please confirm that MASS is a single award IDIQ contract.

*A single-award ID/IQ contract is anticipated.*

1. On pages 35 -36 of Draft PWS, does the term “The Contractor” indicate that only one prime contract award will be made for the MASS IDIQ?

*See Question #2 above.*

1. Reference PWS Section 3.0: The PWS states that this will be an IDIQ contract. Given the range of functional areas listed in the PWS can industry assume that there will be multiple awards? Since the set of functional areas include Independent Verification and Validation (IV&V) Support (Section 5.6) it can only be assumed that there will be multiple awardees as a single awardee cannot perform IV&V activities on its own solution. Will VA please disclose the intended number of awardees?

*See Question #2 above. The PWS states only that the Contractor shall support IV&V.*

1. Please confirm the award will be a single award ID/IQ.

*See Question #2 above.*

1. Can the VA clarify whether this will be a single- or multi-award IDIQ?

*See Question #2 above.*

1. Please confirm this is a single-award IDIQ contract.

*See Question #2 above.*

1. A Federal Computer Weekly article dated Sep 16, 2014 indicates “an agreement is in place for a team with participation from Booz Allen Hamilton, HP, IBM, MITRE Corporation and SAIC to begin an assessment of the scheduling system in accordance with the law. The NVTC team will be assessing the processes and systems that impact patient scheduling at VA medical facilities.” Does this present a conflict of interest for these companies in responding to MASS? When will the inputs and results of the study be shared with all potential offerors?

*The resulting solicitation will include Organization Conflict of Interest provisions. The NVTC findings will be made available on the Federal Register on 11/28/2014.*

1. Several Northern Virginia Technology Council members have expressed interest in bidding on the MASS opportunity and several have actively participated in, or will participate in, the NVTC’s assessment of the VA’s scheduling system.   Regarding their participation in the NVTC technology task force, and the fact these companies will be making scheduling recommendations concerning this VA scheduling procurement—does this not have the appearance of creating an OCI for the corporate members of the task force? If not, why not?

*See Question #8 above.*

1. PWS 4.2 states “The ordering period for the basic contract shall be sixty (60) months from the effective date of award with two twelve (12) month optional ordering periods.”  To accurately develop pricing, please clarify the requirements with regard to T&M labor rates. Please confirm that the basic PoP is five years and that rates will be required per year per labor category for the base PoP.

*Rates will be required per year, per labor category and will be outlined in the solicitation.*

1. PWS 4.1 states that “Individual TOs shall be issued on a performance-based FFP basis and/or T&M basis.” Based on the complexity of the MASS program, please provide a draft Price and Delivery Schedule to allow sufficient time to evaluate and develop the required pricing.

*The Price Schedule and a Pricing Worksheet will be included in the solicitation. Offerors will be provided a minimum of 30 days from date of release to submit proposals.*

1. In addition to the PWS, we recommend the VA release the draft RFP for the intended IDIQ for contractor review. This will help bidders understand the types of deliverables to be expected and the CLIN structure for pricing. We also recommend the VA clarify the concept of operations around the IDIQ. For example, will the task orders reflect a cadence of a planning task order then followed by an execution order? Having an understanding of how the VA intends to execute the program using the IDIQ can help bidders propose solution sets and services that best meet that concept of operations.

*Recommendations will be taken under consideration. Please see the revised PWS with respect to the implementation of core capabilities within the first two years of award. VA anticipates issuing a series of planning task orders that are followed by execution task orders.  For example, the first task order will plan for the development and deployment of core capabilities and the second task order will execute that plan.*

1. On page 35 of Draft PWS, what are the HUBZone, WOSB, SDB, and SDVOSB participation percentage goals to be reflected in 6.4 SMALL BUSINESS PARTICIPATION REPORT?

*The Small Business goals will be outlined in the solicitation.*

1. Section 5.12's subsection numbering skips 5.12.2 to 5.12.4. Are there additional sections?

*The resultant solicitation will contain the correct numbering.*

1. Reference PWS Section 3.0: What schedule will be used to establish rates for this IDIQ (i.e. Schedule 70, MOBIS, Alliant), or will a new rate card be established for this opportunity? Will the government be defining and mandating the labor categories and number of hours to be used for responding to this IDIQ?

*A new rate card will be established. VA will be defining the labor categories and hours in the Pricing Worksheet to be included in the solicitation.*

1. The VA expects MASS to include a COTS solution which meets the functional requirements for MASS project as identified in the BRD, Blueprint, and RSD. Based on previous communications, Industry was expecting Technical Demonstrations of the COTS products to exhibit configurable tools, integration capabilities to VistA and ancillary Web Services. The PWS does not reflect that technical demonstrations will be part of the acquisition process.

*A Sample Task will be included as part of the Technical Evaluation Factor, the sample task will consist of a structured product demonstration. Further details will be contained in the solicitation.*

1. In order to ensure fair competition in evaluating offerors' solutions, will the government consider providing sample/executable task orders for evaluation with the release of the final RFP? If so, will draft task orders be available before the RFP is released to allow for detailed Q&A?

*Sample/executable task orders are not anticipated to be released with the solicitation. A Sample Task consisting of a Structured Demonstration will however be included with the solicitation.*

1. Will the COTS solution be procured under this IDIQ or under a separate procurement, with this IDIQ focused purely on integrating, deploying, and managing the separately-procured COTS? If the COTS procurement is separate, will the contractor that wins this IDIQ be conflicted from also bidding on the COTS procurement?

*The MASS solution to include the COTS product is anticipated to be procured under the IDIQ.*

**INTELLECTUAL PROPERTY RELATED QUESTIONS**

1. The following is a question with regard to VA118-14-I-0352, Draft MASS Indefinite-Delivery, Indefinite-Quantity (IDIQ) Performance Work Statement (PWS):

Reference: With regard to Section 5.13 of the PWS, the first sentence states: The Government shall have full and unrestricted rights, in accordance with copyright laws and regulations, to use and reproduce for its own use, all documentation and software provided under this contract. With regard to Section 5.4.4, the second sentence states: All data management and implementation work (e.g. data schema, data migration, etc.) shall become the intellectual property of VA.

Clarification requested: According to the Draft PWS, the VA requires a commercially available off-the-shelf (COTS) scheduling solution. As the VA is aware, provisions like those above are problematic for a COTS software vendor as the COTS vendor has significant investment and equity value associated with its COTS software. These provisions compromising the COTS vendor intellectual property rights make it pragmatically impossible for such a vendor to offer a solution in response to the PWS. This in turn prevents the VA from maximizing the competitive field and, more importantly, limits the set of possible solutions offered to address the PWS challenges. Please confirm that any such COTS software provided is commercial computer software as defined in FAR Part 12.212 and that the government will take license to such software (and any enhancements, derivatives, modifications, or extensions to it, as well as all associated manuals and documentation) pursuant to its applicable commercial license agreement, subject to FAR 52.227-19.

Moreover, as defined by the VA, COTS is commercial acquired software. This excludes software that would be by definition not acquirable, such as certain software as a service (SaaS) solutions, which in the vast majority of implementations is neither acquirable nor reproducible (in a workable and feasible manner). To be sure, users of SaaS do acquire a license to use the software in order to receive the services, but there is no reproduction of the software as a whole (again, in the vast majority of cases). It would be technologically infeasible for such SaaS to be wholly reproducible and even if such reproduction would be possible, proper operation and maintenance would not be economically practicable.

*See PWS revisions in Section 5.14.*

1. PWS 5.4.4 states “All data management and implementation work (e.g., data schema, data migration, etc.) shall become the intellectual property of the VA.” Please confirm that this applies to products that are developed for the VA MASS solution but does not apply to data schemas, data migration tools, or other products that already exist in the COTS solution. Please provide additional clarification for this requirement.

*See PWS revisions in Section 5.4.4.*

1. PWS 5.13 states “The Government shall have full and unrestricted rights, in accordance with copyright laws and regulations, to use and reproduce for its own use, all documentation and software provided under this contract.” Unlimited use is not typically provided for COTS software. Use rights are also governed by license agreements. Please clarify the Government’s requirement for unrestricted use.

*See PWS revisions in Section 5.14.*

1. PWS 6.5.7 states “Product Data may include but is not limited to complete design disclosure (p. 38). Significant components of COTS design are proprietary in nature. Please clarify the requirement for “complete design disclosure” with regard to COTS solutions.

*FAR clauses 52.227-14 and 52.227-19 will govern as appropriate.*

1. PWS 7.2 states “The preliminary and final deliverables and all associated working papers, application source code….which has been generated by the Contractor in performance are the exclusive property of the Government or as specified in the individual TO. Request for deviation shall be approved by the CO.” This language indicates that all software, including source code for such software, must be provided to the VA with unrestricted rights.  This is contradictory to the requirement for the government to procure commercial computer software, including COTS, on commercial terms. Please confirm that licenses for commercial software, including COTS products the Contractor is required to procure and maintain per the solicitation, are to be acquired on the software manufacturer's standard commercial license agreement terms in accordance with FAR Part 12 provided such terms do not violate Federal law.

*See PWS revisions in Section 7.2.*

1. The PWS indicates that the VA is looking for a COTS solution; however, the Government Rights as described at PWS 5.13 and 5.4.4 contain language that COTS vendors will certainly find objectionable given their investment in their products. In order to convince COTS vendors to participate in effort (a) will the VA accept COTS software provided as commercial computer software as defined in FAR Part 12.212? And (b) will the VA take license to the COTS software (including enhancements, derivatives, modifications, or extensions to it, as well as all associated manuals and documentation) pursuant to its applicable commercial license agreement, subject to FAR 52.227-19?

*See PWS revisions in Sections 5.4.4 and 5.14.*

1. Reference PWS Section 5.13 and 5.4.4: We request the Government review the language in 5.4.4 and 5.13 regarding rights in software. COTS products do not normally transfer rights to the Government. Please clarify.

*See PWS revisions in Sections 5.4.4 and 5.14.*

**DRAFT PWS RELATED QUESTIONS**

1. PWS 5.4.4.1 requires “Data Migration services in support of the MASS program.”  Please provide additional information regarding Data Migration services. For example, PWS 1.0 states “there are no links between scheduled appointments and ancillary appointments, i.e. lab and radiology.” Are there any migration requirements for future lab or radiology orders? What are the projected migration requirements for historical appointment data?

*There is no requirement to migrate historical appointment data. Future appointments that are already scheduled in VistA will be migrated. The requirement for linking amongst those appointments with future lab or radiology orders will be based on the configuration of the system/business rules.*

1. PWS 1.0 VistA Evolution states “The VE architecture will adhere to key open architecture tenets, open interface specifications, and design patterns that enable an open and scalable solution for the VistA EHR”. What direction is VA planning to follow with regard to open interface specifications, i.e., RESTful, SOAP, other?

*VA will continue to support Open Source development (OSEHRA). Services may use SOAP, and ReST message level exchange standards.*

1. PWS 1.0 Future MASS and System Integration states “The COTS scheduling system shall include mechanisms to achieve the following: Web enablement to allow patients to request or view information via the Internet”. What are the FISMA security requirements for the patient facing portal? What VA-wide frameworks for identity and portal access will be used to satisfy this requirement?

*See PWS 5.7.4. The FISMA security requirements for the patient facing portal are FISMA High due to PII and PHI. The VA-wide frameworks for portal access are Identity and Access Management (IAM) services, and the VA Authentication Federation Infrastructure (VAAFI).*

1. PWS 1.0 Future MASS and System Integration states “The COTS scheduling system shall include mechanisms to achieve the following: A formalized repository of scheduling business rules maintainable without developer intervention to promote standardization of business practices across VHA”. Please provide examples of scheduling business rules to promote standardization of business practices. Who will provide the business rules and how will they be documented?

*VHA, in collaboration with the contractor, will develop and document the business rules during elaboration. An example of this type of business rule: Patients with a flag of “potentially violent” should be seen as soon as possible, to include the use of overbooking.*

1. PWS 1.0 Future MASS and System Integration states “The COTS scheduling system shall include mechanisms to achieve the following: Linkage to all VA systems”. Please clarify what is meant by “linkage to all VA systems”.

*PWS revised to state, “Interface with VA systems as required.”*

1. PWS 3.1.1 states “VistA Scheduling is dependent upon approximately 31 current VistA Packages and 71 current VistA packages are dependent upon VistA Scheduling. These dependencies represent over a thousand individual integration points”. Please expand upon what each of these packages are sending to or receiving from the current scheduling package.

*The following OSEHRA web link provides the dependencies:* [*http://code.osehra.org/dox/Package\_Scheduling.html*](http://code.osehra.org/dox/Package_Scheduling.html)

1. PWS 3.1.4 states “As shown in the notional architecture, COTS web applications services layer shall communicate with VA Enterprise Services and lower level services to provide comprehensive medical scheduling capabilities”. Please provide further clarification for this requirement. PWS 3.1.4 states “The primary core enterprise health and information services which will be used by the MASS COTS solutions include but are not limited to: Identity Management”. Please provide additional information regarding the required use of identity management from the current VA systems.

*Refer to VA Enterprise Architecture [*[*http://www.ea.oit.va.gov/*](http://www.ea.oit.va.gov/) *]*

*and VA ETA Compliance Criteria [*[*http://www.ea.oit.va.gov/EAOIT/OneVA/EAETA.asp*](http://www.ea.oit.va.gov/EAOIT/OneVA/EAETA.asp)*]*

1. PWS 3.1.5, Figure 3, MASS System Boundaries includes CRM and DEAP under VA Systems; should CVT/TSS be listed as well?

*Per PWS Section 3.1.5, MASS shall integrate with existing and to be developed VA Systems required to provide the necessary data to support the scheduling solution.*

1. We recommend the VA include in the PWS or RFP, a description of the roles and responsibilities the Government will have in this project. Governance and project management are clear. The confusion in the PWS comes in areas such as implementation, data conversions, technical infrastructure, data centers, hosting, O&M and training. It is unclear if the Government is leading those roles or participating. It will be helpful for both parties to have a conceptual understanding of the levels of participation the Government will have in the day to day design, configuration, and deployment of the project. This will help bidders ensure they are proposing the right staffing levels and have assembled contractor teams with the right skill sets to complement the Government team. An easy format for accomplishing this can be a RACI chart by PWS area. Also, we recommend the Government clarify if the contractor and Government will be working at a common site for configuring the system or remotely in project teams that come together virtually.

*A RASCI is under development and may be provided with the solicitation.*

1. Reference PWS Section 5.3 and 5.10: Due to the IDIQ nature of the contract, it may not be known at this time the specific role of the contractor in these PWS task areas. For example if a VA Data Center is used for hosting that would obviously impact facility costs for all providers as well as require an MOU so that it was clear what capabilities the data center staff might provide (e.g., Smart Hands, etc.) and what the contractor has to do. Likewise if hosting is permitted in a FEDRAMP certified cloud environment then there typically wouldn't be capital charges for servers, storage, etc. but rather service and usage charges. Our recommendation, therefore, is to provide clarity in the PWS of the potential scenarios that could result in a task order (e.g. contractor hosted prototype/development environments and Government production hosted etc.) and to be very prescriptive about any environment(s) that must be priced. This will help the contractors ensure our teams have adequate technical and functional coverage to support possible task orders as well as provide a basis for comparison across proposed solutions.

*VA is seeking an optimal solution to its scheduling challenges. Vendors may propose solutions which they believe best meet the stated requirements. The VA will consider externally-hosted commercial cloud solutions. The vendor's total hosting solution shall be isolated, air gapped, exclusive to the VA, and support all certifications/ratings to include Federal Information Security Management Act (FISMA) High.*

1. Reference PWS Section 5.10.4: We request the VA clarify the role of the MASS Service Desk in relation to the National Service Desk. Specifically, will National Service Desk support Alpha and Beta or only FOC. Clarity on the Concept of Operations the VA envisions for the Service Desk (all Tiers) will help vendors ensure the right capabilities are available.

*Per PWS Section 5.10.4 TIERS I, II, III, AND HELP DESK SUPPORT: The Contractor shall deliver the full array of services, staff, and expertise to operate and maintain Service Desk/Help Desk/Call Center functions as specified in individual Task Orders.*

1. Reference PWS Section 5.10.4, pg 29: Section 5.10.4 states that the Contractor will provide service desk/help desk/call center functions for Tier I, II, and III support, although during the Industry Day Briefing it was said that Tier I support was to be provided by existing functional groups or subcontractors at VA. First, is VA requiring this support for the internal user (e.g. VA schedulers) or is this support to be patient-facing? Is the scope of this support technical only, or does it include customer service (for instance, the ability of a patient to call to request an appointment versus using a self-service function)? Can the VA provide historical metrics and volumes for how this support is provided today for VistA scheduling?

*See Question #11.*

1. The PWS states on page 8 that MASS will "Provide scheduling appointment data within clinical workflow to provide a seamless interface to clinicians and clerical staff alike."   
   We request the VA clarify in the PWS, BRD or to be released RSD any integration requirements vendors need to be aware of to accomplish this requirement. Specifically, please provide guidance on architectural requirements to converge MASS and other components of VistA Evolution within the same look and feel and context handling in the user platform. Please also provide the specific platform.  
   Understanding what integration requirements there are for the scheduling user interface in a common user platform supporting both clinical workflow and scheduling will be helpful in understanding approaches for the VA.

*The business functionality needed to be exposed in the scheduling user interface is defined in the BRD and the associated Business Blueprint. From an architectural perspective, there is a need to support the scheduler’s use of applications that are accessed through browser based user interfaces, the CPRS thick client, and the VistA terminal based user interfaces. There is a need to support the use of scheduling user interface in conjunction with both the CPRS thick client, and eHMP browser based interfaces.*

1. Reference PWS Section 5.4.3: We recommend the VA clarify in the PWS or draft RFP, those integrations it expects the contractor to develop and those to be done by the VA. We recognize there are extensive dependencies on VistA and other core VA systems. The level of interfacing and integration may not be totally known at this time but what will help MASS contractors is to have a sense of what systems they will be responsible for. This may be GFE for services, etc.

If available, please also indicate when these services will be available for the contractor to use or work with. Any general guidance on the role VA will have in integration of legacy systems will be helpful to ensuring the MASS contractor team is staffed with the right skill sets and knowledge to deliver the product.

*The vendor shall propose the interfaces based on their proposed solution. Per PWS Section 3.1.5, MASS shall integrate with existing and to be developed VA Systems required to provide the necessary data to support the scheduling solution.*

1. Reference PWS Section 1 and 5.9: We recommend the Government clarify its definitions and expectations for Alpha, Beta and IOC. This will help the contractor understand the desired capabilities. Similarly, we recommend the Government include a RACI or some deeper definition of its concept of what the role the ACAP, VA and VAMC personnel will have in the implementation scope of the project. We understand given the IDIQ nature of the contract, some of that detail may not be known, so perhaps sharing possible scenarios would be helpful. This will allow the contractors to propose a robust set of capability to align with the VA team participating in implementation.

*“Alpha” is the first roll out of the MASS solution at two sites. (Note: there will be an “alpha” release of core capabilities and each subsequent significant release.)*

*“Beta” is the second roll out of MASS capabilities at 3 or 4 sites.*

*“IOC” is the same as the “core capabilities”*

*A RASCI is under development and may be provided with the solicitation.*

1. A key component of this MASS COTS solution is reporting and analytics. As with many COTS implementations, reporting and analytics is a defined work stream that requires dedicated effort. We recommend, therefore, adding a Reports and Analytics task area in the PWS to align with requirements in the BRD. This will enable VA to have task areas and potential task orders specifically to address reporting and analytics solutions, services and other needs.

*Recommendations will be taken under consideration.*

1. Reference PWS Section 5.4.1 and BRD Section 6, BN8: We request clarification on a design and development activity that aligns back to the BRD. What are the expectations of MASS regarding automated Coordination of Care across non-VA providers?

*These requirements will be developed during requirements elaboration.*

1. Reference PWS Section 5.4.1 and BRD BN8: We request clarification on a design and development activity that aligns back to the BRD. With regards to care agreements, please clarify your vision on how this requirement is to be implemented in MASS.

*These requirements will be developed during requirements elaboration.*

1. Reference PWS Section 5.4.1 and BRD BN9: We request clarification on a design and development activity that aligns back to the BRD. Specifically, will the VA require MASS to use the VA correspondence system (CEN) to provide printing and distribution services for notification letters?   
   Additionally, is the VA expecting the MASS contractor to physically print and distribute correspondence notification letters via mail? If the MASS contractor is required to do physical letter distribution, we recommend adding a PWS task area and associated CLIN structure to support various volumes. We need clarity in order to propose a comprehensive solution.

*MASS needs to manage all communications with users concerning all data handled by MASS. Print notifications to be mailed will be printed and mailed through external systems.*

1. It is unclear what direct communications between MASS and users (both patients and internal users) the system will need to directly handle. What channels or types of communications are within scope of MASS, versus communications or notifications that are initiated by MASS but handed off to other VA systems for handling (e.g. print/mail notification, email notification) or stored as templates in MASS for use in communication processes outside of MASS?

*See Question #19.*

1. Reference PWS Section 5.4.1: We recommend the VA clarify the role VA will have in the design and development activities. In typical COTS implementations, the contractor and a core Government team work side by side to configure and integrate the system. Many of these COTS systems have workflows and business rules that require setting up to reflect the policy of the VA and local VAMC. It will be helpful for the bidders to understand the project team structure and personnel the VA anticipates having available to the contractor to support the 5.4.1 task area. This will ensure we are staffing our teams with the right skills and skill levels to align with your teams and deliver a high quality product.

*A RASCI is under development and may be provided with the solicitation.*

1. Reference PWS Section 5.4.4: We recommend the VA clarify in the PWS or draft RFP, the roles and responsibilities of VA and the contractor responsibilities anticipated for data migration. Data migration into a COTS package can involve many components including data cleansing. It will be helpful to understand the Government’s expected plan for who will do what with regards to data. This will allow the contractor to ensure the proper services and capabilities are proposed.

*A RASCI is under development and may be provided with the solicitation.*

1. On page 7 of Draft PWS, what are the standards for “commercially available off-the-shelf (COTS)”?

*A COTS solution can refer to commercial acquired software, rebranded commercial software, or fully supported open-source software.*

1. On page 9 of Draft PWS, for the reference “Preliminary MASS Requirements Specification Document (RSD), Aug. 2014”, does the VA plan to provide a final Requirements Document as a part of the RFP package and for the contract execution? If not, how will proposed capabilities and performance be measured?

*No, a final RSD will not be included in the RFP. The functionality required in the MASS solution will be listed in a MASS Business Needs Matrix and will be included in the RFP.*

1. On page 63 of Draft PWS, what is the definition of “target level 99 % availability” in comparison to the definition for “target goal of 99.9% to end user experience”?

*See revisions in Addendum C paragraph 2.*

1. On page 64 of Draft PWS, for the statement “The MASS Solution shall integrate the VA provided ESB and utilize VISTA Messaging to the maximum extent possible Network Requirements”, will the VA provide separate funding / resources independent of IDIQ to adjust the ESB and VistA Messaging if required to support MASS integration?

*This information is not available.*

1. What is the roadmap for VA's in-patient scheduling needs and how does that impact MASS? Will MASS need to interoperate with VistA for the reservation/release of resources (such as rooms and equipment) shared/used for in-patient services?

*The MASS solution shall encompass inpatient scheduling needs. See revised PWS.*

1. Reference PWS Section 1.0, pg 6,8: User volumes presented in the draft PWS do not appear to include patient users. How many patient users should the MASS solution be able to support during the presented phases of the MASS roll-out schedule?

*The VA does not offer patient direct scheduling at this time. VA expects established patients to schedule directly for Primary Care first as the roll out progresses. The adoption rate of self-scheduling seems to be between 50% and 90%. Of the current 102 Million appointments, 40% or 43 million are primary care and between 21.5 million to 39 million appointments could be directly scheduled by patients per year. That would amount to between 2.6 to 4.8 million patients using direct scheduling for Primary Care services. Other services Specialty Care, Mental Health, etc., as the COTS product is fully deployed maybe added, this could increase the total number of patient direct scheduled appointments.*

1. Reference PWS Section 1.0, pg 6: Section 1.0 states that 85 million appointments are scheduled per year. However, the Business Requirements Document states 97 million (BRD page 2 and 4) and during the Industry Day Briefing the numbers 100 million and 113 million were also used. Can the VA please (a) confirm the total number of scheduled appointments, cancelled appointments, rescheduled appointments, and no-shows per year for a multi-year period (e.g. 2010-2013); and (b) provide some level of detail or breakdown as to the make-up of the appointments being made (e.g. locations/departments, appointment types, % single appointments versus multi-appointments, average number of appointments per patient)?

*a) From April 2014 metrics (x 12): Total appointments per year 102,395,616 (40% Primary Care, 60% Specialty Care);*

*Rescheduled appointments per year:*

*Canceled by Clinic (VHA cancels) 11.7 %*

*Canceled by Patient (The Patient Cancels) 17.13%*

*b) Please refer to the VISN statistics document.*

1. Reference PWS Section 1.0, pg 8: In terms of scheduling resources down to the equipment level, do potential vendors' solutions need to include an asset/inventory management tool or is there an existing solution that will be exposed for integration into the scheduling tool? If existing, are other scheduling tools also integrated/currently utilizing the tool?

*There is no requirement to interface to the existing tools.*

1. Reference PWS Section 1.0, pg 8: Section 1.0 states that "VA expects to deliver a core capability of the scheduling system within two years (in six month increments) of contract award followed by a series of six month incremental enhancements until full operational capability is reached." This appears to be inconsistent with Figure 1 (MASS Notional Timeline) below this statement. Can the VA provide more details on the roll out schedule?

*See revised PWS Section 1.0. Figure 1 has been removed.*

1. Reference PWS Section 3.1.1, pg 11: Section 3.1.1 states that "A successful solution would... Provide centralized scheduling services". Can the VA provide a more detailed definition for "centralized" to include the desired capabilities or end state?

*Schedulers can create, add, delete, etc. appointments across Service Lines, Clinics, Facilities, VISNs, enterprise.*

1. Reference PWS Section 5.0, pg 20: It is unclear how the COTS scheduling product itself will be evaluated amongst the requirements provided in Section 5.0. Can the VA provide additional insight into how the COTS product will be evaluated against the MASS requirements?

*The functionality required in the MASS solution will be listed in a MASS Business Needs Matrix and will be included in the RFP.*

1. Reference PWS Section 5.0, pg 20: Is it unclear how services will be organized by task order (TO). Can the VA elaborate on potential TOs or will sample TOs be included in the RFP?

*Sample task orders are not anticipated to be released with the solicitation.*

1. Reference PWS Section 5.3, pg 22: Can the VA provide details on the VA enterprise systems and services and the external provider systems that the MASS prototyping environment must support?

*Refer to PWS Section 3.1.5.*

1. Reference PWS Section C6, pg 64: Which of the enterprise monitoring tools listed are specifically applicable to the MASS solution?

*The tools listed, and any tools on the TRM can be used. Any tools that the vendor desires to use but are not on the TRM would need to be submitted for review to TRM, or waiver granted by AERB.*

1. Reference PWS Section 1.0: Under “Future MASS and System Integration” the PWS lists a set of Goals/Objectives/Outcomes from the Business Requirements Document (BRD). To aide industry in determining their ability to respond to the opportunity can VA clarify if this list of 10 bullets is intended to serve as the inclusive set of functional requirements that the COTS solution must meet?

*No, the list of 10 bullets is not intended to serve as the inclusive set of functional requirements. See updated BRD and Associated VHA Business Blueprint. In addition, the functionality required in the MASS solution will be listed in a MASS Business Needs Matrix and will be included in the RFP.*

1. Reference PWS Section 1.0: Page 8 States “VA expects to deliver a core capability of the scheduling system within two years (in six month increments) of contract award followed by a series of six month incremental enhancements until full operational capability is reached. To aide industry in determining their ability to respond to this opportunity will VA please provide this set core capabilities? As currently written the PWS defines programmatic activities that will support the implementation of a COTS solution but fails to provide any mention of the requirements that industry requires.

*See revised PWS Section 1.0. The functionality required in the MASS solution will be listed in a MASS Business Needs Matrix and will be included in the RFP.*

1. Reference PWS Section 1.0: With respect to the MASS Notional Timeline, what functional requirements is the COTS solution required to deliver at the Alpha, Beta and FOC deployment gates. Given that all COTS solutions will need to be modified to meet VA’s needs, this information is critical to accurately develop a pricing model and response.

*See Question #38.*

1. Reference PWS Section 1.0: Figure 1 provides the MASS Notional Timeline. To aide industry in their ability to respond, and properly determine the software and hardware costs associated with this opportunity industry requests additional detail. What are the actual required dates for the Alpha, Beta and FOC deployment? For the Alpha Deployment, what are the 2 VAMC’s? If unknown at this time, will they be co-located within the same VISN? The same information is requested for the Beta Deployment. What is the VA’s deployment requirement for FY17-20 between Beta and FOC deployments? This information is critical to accurately develop a pricing model and response.

*See revised PWS Section 1.0. Figure 1 has been removed. The projected locations for Alpha and Beta are not available at this time.*

1. Reference PWS Section 1.0: The MASS Notional Timeline states that at FOC the MASS will be able to support 50,000 users. In order to develop an optimal scalable architecture for MASS and also accurately provide favorably pricing to the VA, it is important to have a reasonable estimate of MASS concurrent users. Accordingly, please provide an estimate of the number of concurrent users.

*VA expects the Contractor to provide estimates of concurrent users based on the solution proposed and underlying design.  Please refer to the VISN statistics document.*

1. Reference PWS Section 1.0: Under the VistA Evolution section it states that VA will deliver VistA enhancements, including the MASS, under the VistA Evolution (VE) Program. Will VA please provide the roadmap of the VistA Evolution, including expected timing of VistA evolution implementations that may affect MASS deployments or customizations? This information is critical to accurately develop a deployment model that addresses the synchronization of the COTS-based MASS with the current VistA and the VE enhanced VistA, thus potentially affecting the pricing model and response.

*The VistA Evolutions Product Roadmap and the VistA Evolution Program Plan has been added to PWS Section 2.0 Applicable Documents, and links provided.*

1. Reference PWS Section 1.0: One of the 10 objectives for the COTS solution is “Web based Graphical User Interfaces (GUIs).” In relation to this, are there any specific mobility requirements that need to be supported? Are usage patterns available between types of devices and browsers for current scheduling and/or forecasts for future usage?

*There is a requirement for mobile access for Veteran self-scheduling capabilities. The solution also has to comply with Section 508 requirements. There are no current usage patterns between types of devices and browsers for scheduling.*

1. Reference PWS Section 2.0: To ensure the appropriate MASS solution, industry requests that the updated versions of the first 10 referenced documents listed in Section 2.0 be included with the Final PWS.

*Noted.*

1. Reference PWS Section 3.0: The PWS states: “The technical, functional and nonfunctional requirements for the MASS system are captured in this PWS and the associated support documents. The Contractor shall provide the capabilities as outlined in this PWS and the aforementioned business requirements. Specific requirements will be defined in individual Task Orders (TO). The specific tasks may supplement but not replace the task requirements identified in this base PWS.” Please explain the process the government will use or follow to identify the tasks or areas of effort to issue task orders for specific functionalities or requirements of the MASS. Some examples of individual task orders will help industry understand how we will need to implement our MASS solutions.

*VA anticipates issuing a series of planning task orders that are followed by execution task orders.  For example, the first task order will plan for the development and deployment of core capabilities and the second task order will execute that plan.*

1. Reference PWS Section 3.0: In terms of the scope of work described, are the following elements that are not listed also part of the anticipated scope: Communications/roll-out support (for VHA, providers, and veterans); and retirement of VistA scheduling system? If not contemplated for this contract, who will perform that scope?

*The contractor will provide support for communications for the roll-out, see PWS Section 3.0 revisions.*

1. Reference PWS Section 3.0: To aide industry in accurately identifying the H/W and S/W requirements for this opportunity, from a deployment standpoint, where will the solution and associated infrastructure be hosted – at a VA datacenter or vendor provided environment? Who is responsible for monitoring/managing/maintaining the infrastructure environments that will be required?

*The VA will consider an externally-hosted commercial cloud solution. The vendor's total hosting solution shall be isolated, air gapped, exclusive to the VA, and support all certifications/ratings to include Federal Information Security Management Act (FISMA) High. Responsibility for monitoring/managing/maintaining the infrastructure environments depends upon where the solution is hosted.*

1. Reference PWS Section 3.0: Can VA share with industry the number/nature of resultant Task Orders that are expected for this IDIQ contract and the expected duration of each task order?

If this is a multi-award IDIQ, can the government provide industry with insight as to any Task Orders that would be ‘set aside’ due to needs for independence, small business participation, etc.? For example, does the government envision different prime vendors performing PMO, IV&V, or Cyber Security functions as opposed to system development and integration? Are there restrictions / limitations on vendors that can provide Organizational Change Management vs. Integration?

*1) Individual TO information to cover the duration of this effort is not known at this time.*

*2) A single-award ID/IQ contract is anticipated.*

*3) VA does not understand this question.*

1. Reference PWS Section 3.1.1: This section states that the objective of the MASS program is to acquire a COTS scheduling application, integrate it with the VA enterprise, and build out all required portions of the VA infrastructure. In order for industry to respond and accurately provide pricing on the hardware requirements, will VA provide its expectations for “build out all required portions of the VA infrastructure”? This information is essential to ensure that all bidders are providing pricing information on a common set of requirements. It will also eliminate the potential for assumptions on what infrastructure elements will, or will not be provided by VA.

*The vendor shall propose any build out of VA infrastructure based on their proposed solution.*

1. Reference PWS Section 3.1.1: This section states that the “Unique/High Priority Business Needs of MASS are contained in the VHA Business Blueprint”. Is there an updated version of this document? Is the version that was released with the Sources Sought Notice the most current? This information is essential for industry to accurately respond to the RFP. Additionally, will VA provide a timeline for when these Business Needs are required to be made available within the deployment schedule?

*The November 2014 revision of the Blueprint is provided as an attachment. VA expects core capabilities to be delivered for Alpha and Beta sites, as well implemented nationwide in the first two years of the contract. All remaining capabilities will be implemented nationally throughout the contract period of performance.*

1. Reference PWS Section 3.1.3: This Section states that “the MASS will include a COTS solution which meets the functional requirements of MASS projects as identified in the BRD, Blueprint and RSD”. Are there updated versions of these documents? Industry requests the opportunity to review prior to release of the final PWS. Additionally, given that industry will need to modify COTS solutions to meet VA’s unique needs, what is the timeline for delivery of these requirements? This information is critical to determine ability to respond and accurately price this opportunity.

*The November 2014 revisions of the BRD and associated Blueprint are provided as attachments. VA expects core capabilities to be delivered for Alpha and Beta sites, as well implemented nationwide in the first two years of the contract. All remaining capabilities will be implemented nationally throughout the contract period of performance.*

1. Reference PWS Section 3.1.4: While this section does include references to “COTS web applications” there is no mention of the hosting requirements. In order for industry to determine their ability to bid on this opportunity, establish the necessary teaming agreements, and accurately price the requirements the government must prescribe the hosting requirements in an updated Draft PWS.

*The VA will consider an externally-hosted commercial cloud solution. The vendor's total hosting solution shall be isolated, air gapped, exclusive to the VA, and support all certifications/ratings to include Federal Information Security Management Act (FISMA) High*

1. Reference PWS Section 3.1.4: “Some services are existing and some will be created as part of the MASS.” – can the government identify what (if any services) from the list provided, or otherwise, will need to be created as part of the MASS contract as opposed to services that may be developed by other vendors/staff?

*Services will be created or developed based on the vendor’s proposed solution.*

1. Reference PWS Section 3.1.4: This section references the requirement to connect MASS to existing and future VA applications and IT resources. We ask that VA define these existing and future applications in an updated Draft PWS. This information and these requirements are critical to determine ability to respond and accurately price this opportunity.

*The specific requirements are not yet known, and will be defined in individual TOs.*

1. Reference PWS Section 3.1.4: This section references the requirement for integration for new capabilities, web services and other technologies. We ask that VA define these new capabilities, web services and other technologies in an updated Draft PWS. This information and these requirements are critical to determine ability to respond and accurately price this opportunity.

*The new capabilities, web services, and other technologies are not yet known, and will be defined in individual TOs.*

1. Reference PWS Section 3.1.4: The government expects the MASS COTS to interact with VA internal systems and also external system to the VA via the Enterprise ESB. Is the Enterprise ESB already available? Are the VA connecting systems already using the ESB as well?

*The ESB is presently available in production. MVI is available on the ESB.*

1. Reference PWS Section 3.1.5: This section references the requirement that MASS shall integrate with existing and to be developed VA systems. We ask that VA define and scope these to be developed VA systems in an updated Draft PWS. This information and these requirements are critical to determine ability to respond and accurately price this opportunity.

*The to be developed VA systems are not yet known, and may be defined in individual TOs.*

1. Reference PWS Section 5.1.4: A requirement of this section is to “create position descriptions needed to successfully adapt to the new system and processes”. This requirement is one that is traditionally performed by the government based on a business need vice the capabilities of a COTS solution. Can VA please provide further detail into the requirement for this task?

*This requirement has been removed in the revised PWS.*

1. Reference PWS Section 5.3: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify if the prototyping environment will be stand alone or will be able to integrate with internal development systems within VA?

*The vendor's prototyping environment is stand alone and will not integrate within the VA's firewall.*

1. Reference PWS Section 5.3: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify what software will be made available as GFE to support the MASS Prototyping environments?

*Per PWS Section 4.7.1, VA may provide VA-specific software, as appropriate and required, in individual TOs.*

1. Reference PWS Section 5.3: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify if data for the prototyping environment will be provided by VA?

*The Government may assist the vendor in creating test data to support prototyping.*

1. Reference PWS Section 5.3: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify the number of concurrent users who are expected to use the prototyping environment?

*The vendor shall determine the number of concurrent users within their prototyping environment through coordination with VA during performance.*

1. Reference PWS Section 5.4: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify the service level objectives for the MASS solution architecture so that optimization requirements can be properly estimated?

*The high level Service Level Requirements are contained in Section 9 of the updated BRD. More defined Service Level Requirements will be produced during requirements elaboration.*

1. Reference PWS Section 5.4.1: To aide industry in the proper scoping and pricing of this opportunity will VA please provide the VA Strategic plan, VistA roadmap and VA Enterprise Architecture and design patterns when the RTEP is released so that the MASS solution architecture can be accurately defined?

*See PWS Section 2.0 for a list of applicable documents and links to documents.*

1. Reference PWS Section 5.4.3: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify the systems that are expected to interface with the MASS solution?

*Refer to OSEHRA web link:* [*http://code.osehra.org/dox/Package\_Scheduling.html*](http://code.osehra.org/dox/Package_Scheduling.html)

1. Reference PWS Section 5.4.4.1: To aide industry in the proper scoping and pricing of this opportunity will VA please provide any gap analysis that has been done across the multiple scheduling systems in support of a full understanding of data standardization and migration requirements?

*The Government anticipates that a gap analysis may be included as part of an initial task.*

1. Reference PWS Section 5.7.1: Page 25 states, “The Contractor shall ensure that security controls in VA Handbook 6500 Appendix F (Access to Federal Information and Information Systems), SP 800-53 controls for Federal information systems as well as VA specific requirements, are implemented.” Will the Contractor be required to address NIST SP 800-53 Revision 3 or Revision 4 security controls?

*The Contractor will be required to address NIST SP 800-53 Revision 4 Security Controls.*

1. Reference PWS Section 5.7.4: The second paragraph of this section states “Specific activities include, but are not limited to security certifications, or comprehensive assessments of the management, operational, and technical security controls in an information system to determine the extent to which the controls are implemented correctly.” Is the VA requiring that the Contractor hire an external auditing firm to conduct an independent third-party FISMA / NIST 800-53 security control assessment or that the Contractor will need to go through a Security Control Assessment (SCA) conducted by the VA Enterprise Risk Management (ERM) team?

*The Contractor will need to go through a Security Control Assessment (SCA) conducted by the VA Enterprise Risk Management (ERM) team.*

1. Reference PWS Section 5.9: To aide industry in the proper scoping and pricing of this opportunity will VA please clarify the government’s expectations on warranty periods for the sustainment support?

*Per PWS Section 5.9, the Contractor shall provide sustainment support for all implementations of the MASS COTS application. Specific tasks and requirements will be identified in the individual TOs. Vendor shall specify warranty period and coverage separately from any licensing, upgrade and sustainment costs.*

1. Reference PWS Section 5.10: To aide industry in the proper scoping and pricing of this opportunity will VA what / how many distinct MASS environments does the vendor need to be prepared to support and maintain (from an O&M and license perspective)?

*Per PWS Section 5.10, environments requiring O&M tasks may include pre-production, production, test, training, disaster recovery/fail over, hosting, or any other combination of IT accounts. The Contractor may also be required to provide software, platform, telecommunications and storage as a service through a subscription or other means.*

1. Reference PWS Section 5.10.2: To aide industry in the proper scoping and pricing of this opportunity will VA please provide VA’s service level objectives or agreements with regard to Disaster Recovery and COOP as this information will impact the technical architecture solutioning and cost to the government?

*Refer to Section 9 of the updated BRD.*

1. Reference PWS Section 5.10.2: Is this section requesting that the Contractor develop disaster recovery documentation (business impact analysis, risk assessment, disaster recovery plan, plan maintenance, etc.)? Will the contractor be expected to develop, implement and facilitate a testing, training and evaluation program for MASS? Additionally, is an alternate location already available or will one need to be identified, acquired, configured and tested?

*1) Yes.*

*2) Yes.*

*3) This is dependent upon the vendor solution. VA has multiple data centers which may be appropriate as alternate locations. Vendors should recommend the most appropriate construct for their proposed solution.*

1. Reference PWS Section 5.10.2: Is the Contractor going to be doing the actual recovery of MASS at the alternate location or supporting VA operational staff in recovery efforts, should relocation be required?

*Externally hosted solutions will require Contractor intervention for recovery. Internally hosted solutions will be encompassed within VA disaster recover solutions. Contractor should recommend appropriate disaster recovery processes and procedures. Contractor may be requested to support disaster recovery operations in individual TOs.*

1. Reference PWS Section 5.10.2: Does the scope of this section include developing a continuity program for the functional business unit(s) supported by MASS or it is limited to the IT infrastructure and operations?

*Per PWS Section 10.2, the Contractor shall provide services related to any and all methodologies pertaining to disaster recovery and business continuity for the MASS project.*

1. Reference PWS Section 5.10.3: To aide industry in the proper scoping and pricing of this opportunity will VA please provide the expected growth of scheduling data across the period of performance?

*The total number of Veterans seeking care is going up at a rate of approximately 1.4% per year. That is about 118,000 new enrollments a year.*

1. Reference PWS Section 5.10.5: To help Industry size and estimate the technical solution, can the government provide what is known in terms of performance measures / standards / critical SLA’s that the solution will need to support? For instance, is there known performance data about current and/or projected user volumes, peak usage, concurrency, transaction volumes, response time requirements, availability, etc.?

*The high level Service Level Requirements are contained in the updated BRD. More defined Service Level Requirements will be produced during requirements elaboration.*

1. Reference PWS Section 5.10.4: To aide industry in their ability to respond, and properly determine the Technical Support costs associated with this opportunity industry requests additional detail pertaining to the NSD (National Service Desk) – specifically, how this fits into the VA desired support model for TIERS I, II, III, AND HELP DESK SUPPORT . For most applications in the VA, the NSD is the initial support access for end-users (e.g. initial / Tier I internal support requests). End-users are then handed off to Tier II product/vendor/contractor specific Technical Support. Is this the model expected for the MASS solution support as well?

*Objectively, it is VA's intent to integrate the NSD with the MASS Help Desk Support, and will be defined in future TOs.*

1. Reference PWS Section 5.11: To aide industry in their ability to respond and properly determine the software and hardware costs associated with this project (as well as sizing the technical infrastructure from a hardware/server perspective), we request additional details pertaining to the number of “technicians and other staff”. Specifically, are these aforementioned users in addition to the 50,000 users stated in the Blueprint Requirements Document? An ideal response from the VA would break down user roles/types into estimated counts. For example: Technicians = 575, Help Desk Analysts = 1,000, Schedulers = 49,000.

*Please refer to the VISN statistical information in the bidder's library.*

1. Reference PWS Section 5.11: The PWS states that “training will also include initial startup training at the Alpha and Beta site(s) where it is implemented (to include development and test centers) and future training for future capabilities”. Industry needs additional clarifications and expected scope to determine training costs and resource deployment if the vendor maintains responsibility for training end users after the completion of the initial MASS project. Based on the requirements we are trying to determine whether or not we will be responsible to train end users after project completion. Typically, we handle this via Super User training where a dedicated Customer group would be responsible for ongoing “maintenance” training – i.e. refresher trainings, trainings for new hires, etc. Please elaborate on the “future training” scope and requirements.

*VA anticipates the Contractor will provide training for a dedicated Customer group for "maintenance" training after project completion. Regarding the reference to future training for future capabilities, VA expects the Contractor to maintain training materials so that new functionality and other changes are incorporated as needed during project execution.*

1. Reference PWS Section 5.11: The following items impact Industry’s cost to provide training and were not described in the PWS. Please provide this information to clarify expected training needs for the MASS project. This will allow us to more accurately address costs and resource allocation.

* Will the VA provide the training rooms and equipment for training?
* Will the VA copy training materials and distribute training materials to end users at the various locations?

*The VA may provide training rooms. If additional equipment is needed, the contractor should plan to supply the equipment. The contractor will need to provide all training materials.*

1. What (if any) Task Orders does the government intend to release as part of the IDIQ solicitation, for purposes of evaluation? Will VA consider issuing draft Task Orders for questions prior to the release of the solicitation?

*Sample task orders are not anticipated to be released with the solicitation.*

1. Reference PWS Section 5.7.4, pg 27: Is the data center required to be FISMA High upon contract award or at some later point in the contract?

*The contractor shall support all Federal Information Security Management Act (FISMA) ratings to include low, moderate and high. The final MASS solution shall be FISMA High certified.*

1. Reference PWS Section 5.6, pg 25: Is the MASS contractor required to support a separate Independent Verification and Validation (IVV) contractor or to perform IVV tasks directly?

*The Government anticipates that the MASS Contractor shall support IV&V performed by another body.*

1. Reference PWS Section 5.7.3, pg 26: What is the system function that is required to support investigations related to Litigation Holds and Office of Inspector General?

*The security functions to support investigations related to Litigation Holds and Office of Inspector General are described in the preceding PWS paragraph.*

1. Reference PWS Section 1.0, pg 8: “VA expects to deliver a “core capability” of the scheduling system within two years.” Can you further define the construct of what is meant by the term “core capability”? What system functionality is expected at Alpha and at Beta?

*The functionality required in the MASS solution, to include core and non-core capabilities, will be listed in a MASS Business Needs Matrix and will be included in the RFP. VA expects core capabilities to be delivered for Alpha and Beta sites, as well implemented nationwide in the first two years of the contract. All remaining capabilities will be implemented nationally throughout the contract period of performance.*

1. Reference PWS Section 3.1.5, pg 15: Are the VA Systems defined in Figure 3 inclusive of all known current systems required to integrate with MASS?

*Refer to OSEHRA web link:* [*http://code.osehra.org/dox/Package\_Scheduling.html*](http://code.osehra.org/dox/Package_Scheduling.html)

1. Reference PWS Section 4.6 and 4.7.1, pg 18: Are all software development, testing, and source control required to be accomplished using Government-provided tools, accounts, and repositories?

*No, not all.*

1. Reference PWS Section 5.1.2, pg 21: Where are the referenced MASS Change and Configuration Management Plans and policies available?

*The plans and policies are anticipated to be developed in the first six months of the contract with Contractor collaboration.*

1. Reference PWS Section 5.1.3, pg 21: The PWS details a clear need for effective internal communications regarding organizational change management and training, among other tasks. Will there also be a need within this scope of work for external communications or media relations activities?

*PWS section 5.2 has been modified to reflect the contractor requirement to provide support for VA-led external communications and media relations activities.*

1. Reference PWS Section 5.3, pg 22: MASS Prototyping Environment – How many prototyping environments are anticipated? Of these, how many are Government provided/managed and how many are contractor provided? Of the contractor-provided, how many are expected to be provided by the MASS provider?

*The number of prototyping environments is dependent upon a vendor’s solution.*

1. Reference PWS Section 5.4.4, pg 24: Is the requirement to integrate into a single database intended to suggest an integrated shared schema or a single database?

*PWS Section 5.4.4 has been revised to remove this sentence.*

1. Reference PWS Section 5.9, pg 27: Are installations to be accomplished within VA Datacenters, contractor-provided hosting facilities, or a combination of both?

*This is dependent upon a vendor’s solution.*

1. Reference PWS Section 5.9, pg 27: How many unique instances are required for non-production environments of prototyping, development, QA, Integrated test, Release/Change Management, etc.?

*This is dependent upon a vendor’s solution.*

1. Reference PWS Section 5.10, pg 28: Will the hosting methodology and requirements for software, platform, telecommunications, and storage vary from TO to TO or are they to be standardized throughout the enterprise?

*Hosting methodology will be standardized across VA. Minor local variations may require adaptation/accommodation.*

1. Reference PWS Section 5.10.2, pg 29: Are there defined Recovery Point Objectives (RPO) and Recovery Time Objectives (RTO) for Disaster Recovery and Continuity of Operations?

*Per PWS Section 5.10.5, the Contractor may assist in the creation of SLAs with both internal and external stakeholders as well as third party vendors.*

1. Reference PWS Section 5.10.4, pg 29: Is the Service Desk/Help Desk/Call Center intended to support calls from VA Staff, veterans, or both?

*Objectively, it is VA's intent to integrate the NSD with the MASS Help Desk Support, and will be defined in future TOs.*

1. Reference PWS Section 5.10.4, pg 29: Is toll-free phone service required for the Service Desk?

*See Question #96.*

1. Reference PWS Section 5.10.4, pg 29: Are web access, chat, and other service desk access methods required, preferred, or not needed?

*See Question #96.*

1. Reference PWS Section 5.11, pg 30: What technicians are referred to in this training section? What roles do they perform?

*The Contractor shall identify and/or provide any additional training required by end-users, technicians, or any other staff for implementation, maintenance and use of deliverables specified in individual TOs.*

1. Reference PWS B5.g, pg 57: Does the turn-in, sanitization, and destruction of media hard drives also apply to systems hosted in a contractor-provided FISMA high environment, if the environment is a Government-only environment?

*Yes.*

1. Reference PWS Section 3.1.1, pg 12: VistA Scheduling is dependent upon approximately 31 current VistA Packages and 71 current VistA packages are dependent upon VistA Scheduling. Can you share the list of the 31 and 71 packages?

*The following OSEHRA web link provides the dependencies:* [*http://code.osehra.org/dox/Package\_Scheduling.html*](http://code.osehra.org/dox/Package_Scheduling.html)

1. Reference PWS section 3.1.5, pg 15: Figure 3 MASS System Boundaries has many VA Systems pictured, which, it could be inferred, are connected to MASS via the ESB. Could you provide more information on the VA systems in Figure 3?

*The following OSEHRA web link provides the dependencies:* [*http://code.osehra.org/dox/Package\_Scheduling.html*](http://code.osehra.org/dox/Package_Scheduling.html)

1. Reference PWS Section 1.0: Will the contractor be required to interface to the DSS system to obtain the DSS Identifiers currently used for wait time extracts?

*Yes.*

1. Reference PWS pg 11: The PWS states on page 11, that centralized scheduling is one of the MASS objectives to become a successful solution. Since centralized scheduling was effectively halted when VistA was implemented what is the VA’s current definition of centralized scheduling?

*Centralized scheduling refers to the capability to schedule appointments across Service Lines, Clinics, Facilities, VISNs, the enterprise.*

1. Reference PWS Section 5.13.1, pg 32: Should this section, Technology Insertion, be numbered as 5.14 rather than 5.13.1?

*PWS numbering has been corrected.*

1. Reference PWS Section 6.1, pg 33: The Contractor shall prepare and submit a Status Report in Microsoft Office Excel format not less than once a month. Is this the correct format for the report or should it state Microsoft Office family of products?

*Deleted the word "excel" from PWS Section 6.1.*

1. Reference PWS Section 5.12.5.1, 6.5.3, pg 31, 35, 36: Item 2 of Section 5.12.5.1 states Conduct Project Progress Reviews (PPR) and Section 6.5.3 (Project Progress Reviews) states “The Contractor shall conduct Project Management Reviews (PMR). Please clarify, are the PPR and PMR separate requirements? If so, please specific the requirements of the PPR.

*No. References to PPR are revised to PMR in revised PWS.*

1. Reference PWS Section 5.1.3, pg 21: The Organizational Change Management Strategy requirement is to develop and maintain the strategy focused on optimizing user acceptance and technology adoption of the MASS Program. Are we developing the strategy or are we developing and implementing the strategy?

*The Contractor will develop the strategy and will assist VHA in implementing the strategy.*

1. Does the MASS program scope include scheduling outpatient radiology?

*Yes. All outpatient services are expected to be represented in the MASS solution.*

1. Reference PWS Section 1.0, pg 8: Have you anticipated the Alpha and Beta deployment locations been identified?

*No.*

1. What resources will the VA make available for the implementation? How will it be staffed, nationally, by VISN, and VAMCs?

*A RASCI is under development and may be provided with the solicitation.*

1. Reference PWS Section 3.1.1, pg 12: Please define the 1,000+ individual integration points?

*Refer to OSEHRA web link:* [*http://code.osehra.org/dox/Package\_Scheduling.html*](http://code.osehra.org/dox/Package_Scheduling.html)

1. Would the government consider a pricing model that includes a subscription or transaction-based fees for the ongoing service that includes COTS software licenses, hosting, maintenance, and annual product support?

*Yes.*

1. Reference PWS Addendum C: The availability calculation subtracts Unscheduled Downtime (UD) from Total Application Uptime (TAU) before dividing the result from Total Scheduled Uptime (TSU). Please clarify whether the formula shown is correct.

*The formula is correct.*

1. Reference PWS Addendum C: Addendum C, Section C .4 states "The MASS Solution shall integrate the VA provided ESB and utilize VISTA Messaging to the maximum extent possible Network Requirements." Please clarify if Network Requirements are to be included with Addendum C?

*PWS Section C4 has been revised to state, “The MASS Solution shall integrate with the VA provided ESB and use utilize VISTA Messaging to the maximum extent possible.”*

1. Reference PWS Section 1.0: Will ACAP - established to provide/employ standard business practices across the VA - be responsible for standardizing (or eliminating) class 3 software as it relates to scheduling, or will the contractor be responsible for remediating it?

*Removal of Class 3 software may be included within the scope of the ID/IQ. A separate TO(s) will be issued as necessary. VA may choose to remove Class 3 software outside of the ID/IQ at its discretion.*

1. Reference PWS Section 1.0: Will the government consider giving the successful vendor a say with regards to Alpha/Beta site selection since there may be geographic, performance, and operational considerations that are specific to the proposed roll-out strategy?

*The Contractor may make suggestions.*

1. Reference PWS Section 1.0: Is it anticipated that Alpha Sites are fully operational in CY2016, Beta Sites are fully operational in CY2017, and Deployment fully complete in CY2020, or does "Deploys to" simply mean those are the years deployments begin?

*See revised PWS Section 1.0.*

1. Reference PWS Section 1.0: Figure 1 provides the number of anticipated users for each stage of deployment. Will the VA please provide the number and types of users included in those numbers (e.g., dedicated scheduling staff, physicians, nurses)?

*Please refer to the VISN statistical information in the bidder's library.*

1. Reference PWS Section 5.6: We anticipate IV&V (PWS 5.6) will be performed by a third party contractor, and the draft PWS states “the contractor shall support” instead of “shall provide services.” Please confirm whether the wording “shall support” means the work will be performed by a third party with contractor assistance. How does the response to this apply to other instances where the PWS references “Shall support” (e.g., 5.4.2, 5.10.1) or “shall provide XYZ support” (e.g., 5.4.3, 5.5)?

*The Government anticipates that the MASS Contractor shall support IV&V performed by another body.*

1. Reference PWS Section 3.0: Will the contractor be required to propose a specific COTS solution in their response to the eventual IDIQ RFP, or will the COTS procurement be included as a Day One Task Order?

*Offerors shall propose a specific COTS solution in response to the solicitation.*

1. Reference PWS Section 3.1.1: Will the government please clarify the extent to which the MASS solution shall provide information sharing and data exchanges external to VHA?

*These requirements will be refined during requirements elaboration.*

1. PWS, Page 15, Figure 3. What is the expected role of the ESB and what are the interface specifications for using it?

*The ESB is to proxy, mediate, and broker exchanges with VA systems and services. Interface specifications vary with systems and services. VA Enterprise Messaging Infrastructure, based on IBM WebSphere Message Broker, will be used, to include the health care adapter.*

1. PWS, Section 6.5.5, Page 37. Are Primavera licenses GFE?

*The Contractor does not need licenses for its resources to use Primavera. Access is part of the contractor on boarding process.*

1. Reference PWS Section 5.3, pg 22: Will the Government please confirm that the prototyping environments as described in Section 5.3 are for demonstration purposes only and will not accessed directly by end users?

*Prototyping environments will not be used for production purposes. Environments may be used for proof concept, debugging, demonstration and other purposes as appropriate.*

1. Reference PWS Section 5.9, pg 27: Will the Government please confirm that rollout of the MASS solution will be by VAMC and/or Region, not by functional capability, at the discretion of the Government?

*Core capabilities will be implemented nationwide in the first two years of the contract. All remaining capabilities will be implemented nationally throughout the contract period of performance.*

1. 5.5 Testing & Evaluation: What tool do you use for your test plan repository? Will the contractor have access to your repository?

*Rational. Yes.*

1. 5.5 Testing & Evaluation: What tool do you use currently for defect tracking? Will the contractor have access to this?

*Rational. Yes*

1. 5.5 Testing & Evaluation: What test servers will be utilized/provided for QA testing? Will these servers be behind your firewall? Will the contractor be granted access to these servers?

*Contractor shall provide all required test environments. Unit testing can occur outside the VA firewall and all other levels of testing will occur within the VA Firewall. The contractor shall have access per contract documents.*

1. 5.5 Testing & Evaluation: What type of documentations i.e. forms, etc. will be required?  Is there a submission process for submissions and approval of these forms?

*Documentation will be required per the Master Test Plan.*

1. 5.5 Testing & Evaluation: We will not provide test scenarios for Core Functionality.  Core Functionality needs to be agreed upon prior to entering contract.  Accepted?

*It is unclear what the question is.*

1. 5.5 Testing & Evaluation: Please describe your Requirements Traceability Process.  How is this documented?

*The MASS project will follow the appropriate ProPath processes. Requirements traceability is covered within these processes.*

1. 5.5 Testing & Evaluation: What severity level or threshold is acceptable upon release of software? Example:  All severity 1 & 2 items need to be resolved prior to release?

*Critical and severe defects are not acceptable upon release.*

1. 5.5 Testing & Evaluation: What is the test site configuration?  Is On-site testing required?

*Test-site selection is to be determined. On-site testing is required.*

1. 5.5 Testing & Evaluation: PWS mentions, performance metrics and standards.  What are your current threshold requirements for Performance?

*Refer to Section 9 of the updated BRD.*

1. 4.7.1 Government-Furnished: How will we determine whether or not the VA will provide this? Will it be specified in the contract?

*Government furnished equipment will be be defined in individual TOs.*

1. 4.7.2 Contractor-Furnished all equipment: Is this saying only CFE or will it be spelled out more clearly?

*PWS Section 4.7.2 revised.*

1. 5.12.1.1 Contracting Officer’s Representative: Will there be one COR appointed for the entire contract?

*A COR will be assigned at the IDIQ level. Individual CORs may be assigned at the TO level.*

1. 5.12.1.2 COR – Task Orders: One COR per TO? Is this in addition to the COR assigned to the contract?

*See Question #139.*

1. 6.1 Monthly Contract Status Report: Will all stakeholders be involved with this?

*The contractor shall submit a report to the COR and CO as required in the contract.*

1. 6.2 Status of GFE Report: Does this mean that GFE’s could be provided?

*Yes, see PWS Section 4.7.1.*

1. 6.3 Personnel Contractor Manpower Report: Who will we be reporting our information to for this report or will this be a working document that each stakeholder contributes to?

*PWS Section 6.3 has been removed.*

1. 6.5.4 Organizational Chart: Who will be providing this information? Could our office obtain a copy?

*This refers to the Contractor's Organizational Chart. The Contractor is responsible for preparing and submitting its Organizational Chart.*

1. 8.2 Personnel Security: Will there be a standard contract investigation level that covers all contractors?

*The position sensitivity and the level of background investigation are commensurate with the level of access required and defined at the TO level.*

1. 8.2.1 Position Risk Level and Contractor Personnel Security Requirements: Will the investigation level required be designated based on the contractor’s job description?

*See Question #145.*

1. 8.2.2 Security Requirements: Will IT be verifying this with the VA or will the contractor?

*Security requirements will be managed in accordance with VA directives.*

1. 8.5 Facility/Resource Provisions: Will GFE laptops be provided? Rescue is mentioned, but nothing specific on GFE’s.

*In the event that VA determines GFE is required, it will be included in the TO that requires it.*

1. B2 Access to VA Information and VA Information Systems: What types/levels of access will be required? Server? Admin? VistA? Also, will there be stipulations put on the VA, such as time tables to turn access requests around? This is directly related contractor and personnel security and will have a direct impact on the level of security required.

*VA anticipates that Contractor personnel shall have administrative access to test servers. To the extent that the Contractor requires any level of access to systems with which MASS will integrate, VA will facilitate timely access to those systems.*

1. 5.9 INSTALLATION, CONFIGURATION AND IMPLEMENTATION: Installing all required hardware” – Will the hardware (servers) be housed at government facilities and will access be granted to the contractor (us)?

*The deployment model will be dependent upon the solution proposed.*

1. 5.10 Operations and Maintenance (O&M): “The Contractor shall operate, repair, and maintain” – Will this be a total responsibility of the contractor?

*O&M responsibility allocation will be dependent upon the Contractor’s proposed solution.*

1. 5.10.1 – Systems Administration: Basically the same question, is the contractor expected to monitor hardware, perform repairs, create and backups, etc.?

*System Administration responsibility allocation will be dependent upon the Contractor proposed solution.*

1. 5.11 Training: What are the training expectations for ILT and OTS?

*VA expects the Contractor to provide an effective, efficient training approach.*

1. 5.11 Training: Will the contractor train the VA Site Trainers?

*Yes, VA will specify requirements for a train-the-trainer approach in individual TOs.*

1. 5.11 Training: Is there a specific type of CBT, Videos and remote training type expected?  Would VTE and simulations be acceptable?

*VA expects the contractor to provide an effective, efficient training approach.*

**Questions Pertaining to Business Requirements Document (BRD)**

1. Reference BRD Section 5, pg 3: Section 5 states that one outcome measure will be a "1-2% increase in appointment throughput without a corresponding increase in provider personnel or facilities after one year of implementation at a facility." What are the current throughputs per facility?

*VA seeks to adopt industry metrics, as applicable. The BRD table referenced by this question has been replaced by a revised set of objectives. See updated BRD and associated Business Blueprint.*

1. Reference BRD Section 5, pg 3: Section 5 states that one outcome measurement will be "Decreased time to make an appointment by at least 30 seconds through ease of use and more efficient inquiry." However, Section 7.2.3.2 (pages 28-29) states that the expected outcome is for the time to make an appointment to be reduced by at least 2 minutes. Can VA please confirm the desired outcome for this measure?

*VA seeks to adopt industry metrics, as applicable. The BRD table referenced by this question has been replaced by a revised set of objectives. See updated BRD and associated Business Blueprint.*

1. Reference BRD Section 5, pg 3: Section 5 states that one outcome measurement will be a "5% decrease in rebooked appointments." What is the current volume of rebooked appointments, and what is the breakdown of the reasons for rebooking?

*See question #2 above.*

*Current metrics: Total appointments per year 102,395,616;*

*Rescheduled appointments per year:*

*Canceled by Clinic (VHA cancels) 11.7 %*

*Canceled by Patient (The Patient Cancels) 17.13%*

1. Reference BRD Section 7.9, pg 42, 45: How does VA gauge user system adoption for appointments tools currently, and how will the Contractor be measured on adoption in comparison to these existing adoption rates?

*Possible measures of adoption rates include: How quickly productivity levels return to their baseline metric; Customer satisfaction; and process efficiency improvements. This will be determined at a later date and will be specified in a future TO(s).*

1. Reference BRD Section 7.1, pg 11: For OWNR 10.4, can VA please provide examples of the types of alerts required?

*See updated BRD and associated Business Blueprint. Please see Table 8 in the Business Blueprint.*

1. Reference BRD Section 7.1, pg 11: For OWNR 12.2, how often does this change? Can the VHA provide incremental changes, or would this be a query to the authoritative source every time an appointment is being scheduled?

*Enrollment and Eligibility information changes periodically. This would be a query to the authoritative source each time the patient scheduling event occurs.*

1. Reference BRD Section 7.1, pg 12: For OWNR 12.4, would this information be needed at time of scheduling an appointment?

*Requirements related to the DoD liaison office to gain access to Service record and medical information have been deleted.*

1. Reference BRD Section 7.1, pg 12: For OWNR 12.8, can the VA elaborate on the requirement?

*The VA requires a report that shows them when Veterans present for care at a facility where they are not registered. For example, we have a group of Veterans who we refer to as “snowbirds” who spend an extended period of time at a location away from their primary VA facility. Those Veterans often require services/care at the VA facility near their temporary / alternate location. VA needs to track this demand: Number of requests; Type of requests; when and where services are provided. There is also a need to determine when they return to their Primary facility for services. Strategically, VA will be able to see patient movement across the entire enterprise.*

1. Reference BRD Section 7.1, pg 12: For OWNR 13.1, would this be at the national level or a VISN level across facilities? Is the scheduling database considered an authoritative source for this information?

*The authoritative source for enrollment and eligibility data is the Enrollment System. This will need to be fully expored during requirements elaboration. VA intends to maintain certain information in MASS, as it is not available/stored outside of MASS, e.g., patient preferences and special needs. MASS will be the authoritative source for medical oupatient scheduling data.*

1. Reference BRD Section 7.1, pg 12: For OWNR 13.2, what data elements are required?

*These specific data elements and their sources will be determined during requirements elaboration*

1. Reference BRD Section 7.1, pg 12: For OWNR 13.6, what demographic information will be editable on MASS? What other systems would need to know these changes? Is there an authoritative source for this?

*To be determined during requirements elaboration and system design.*

1. Reference BRD Section 7.1, pg 12: For OWNR 13.7, are these alerts to be triggered on the MASS system? What would be considered minimal information?

*Yes, the alerts should be triggered on the MASS system. The "minimal information" will be determined during requirements elaboration.*

1. Reference BRD Section 7.1, pg 12: For OWNR 13.8, are these assignments pre-defined? Does MASS have to look for availability across providers to get the earliest possible appointment?

*Yes, assignments are pre-defined. Yes, MASS should have the ability to look across providers based on business rules to identify the earliest possible appointment available.*

1. Reference BRD Section 7.1, pg 12: For OWNR 13.9, what are the reporting requirements? Would MASS be querying PCMM for every appointment?

*To be determined during requirements elaboration and system design.*

1. Reference BRD Section 2: VHA Medical Scheduling is extensive, approximately 97 million appointments with 50,000 staff scheduling appointments at 150+ medical centers, 700+ Community Based Outpatient Centers (CBOCs).

* How many of the 50,000 users will be scheduling appointments simultaneously?
* How many of the 50,000 users will have view-only privileges?
* How many concurrent users will access the system during standard business hours?
* How are the 50,000 users broken down by VISN?

*Please refer to the VISN statistics document. Please refer to PWS Question #41.*

1. Reference BRD Section 2: In order to aid in determining the scope of deployment, industry needs clarification regarding expectation of Veteran access: Will Veterans utilize the MASS user interface to schedule and request appointments, or will this be handled via the existing VA patient portal?

*VA expects the existing VA patient portals to be used.*

1. Reference BRD Section 6: To assist Industry in defining the integration effort required between Surgery Scheduling and MASS (which includes interface development, configuration and management), please provide the following information:

For the Aggregate View of Clinic Profile Scheduling Grids, does this aggregate view include only the CBOCs (Community Based Outpatient Clinics), or does this also include the VAMCs (VA Medical Centers) Surgical Scheduling?

*No, the aggregate view includes providers as configured by group within the VAMC and associated health care facilities.*

1. Reference BRD Section 6: To assist Industry in defining the integration effort required between Surgery Scheduling and MASS (which includes interface development, configuration and management), please provide the following information:

For the Single Queue or Requests Lists, is this a single view for all CBOCs, or for a group of regionally located CBOCs? Does the single request list queue also include surgical request for VAMCs Surgical Scheduling?

*That section is not relevant to MASS and has been removed from the BRD.*

1. Reference BRD Section 7.1, OWNR 3.5: Industry would like clarification and additional detail of the OWNR 3.5 requirement to determine the scope of this specification. Specifically, is this functionality related to physical assignment or providers or solely logical grouping for searching for available time slots? If possible, please provide a “use case” for the following requirement: “Assign groups of providers to calendar time slots”.

*The assignment of provider groups to available time slots is based on a logical grouping. VA requires the ability to configure provider groups. For example, there may be five providers assigned to primary care team blue and four different providers assigned to primary care team red. Assignment means that each Veteran would be assigned to a primary care provider or mental health professional at each facility at which they receive care. This assignment occurs in PCMM.*

1. Reference BRD Section 6, OWNR 8.1, 8.2, 8.3, OWNR1639, OWNR1640, OWNR1641: The following question will help Industry identify the scope of development and configuration work required for definition of business rules as part of the care coordination workflow:

What level of business and workflow rules for care coordination agreements are desired in MASS? Is this maintaining these agreements as documents at various levels (facility/clinic, VISN, etc.), or are the rules within the agreements desired as workflow rules within MASS?

*Yes, care coordination agreements should be maintained as documents at the various levels (facility/clinic, VISN, etc.), and implemented as business rules and workflows.*

1. Reference BRD Section 7.1, OWNR 13.8,13.9, OWNR 19.12,19.13, OWNR 24.1,24.2,24.3, 24.4, 24.5: In order for Industry to understand the expected interface infrastructure and methodology, please provide the following information:

* How many point-to-point interfaces will the MASS
* Will an interface engine be leveraged to support the various interface requirements?
* What are the protocols that need to be supported as part of the interface deployment?

*VA Enterprise Messaging Infrastructure, based on IBM WebSphere Message Broker, will be leveraged, to include the health care adapter. The vendor will propose the solution to include interface specifications. The number of point-to-point interfaces will vary dependent upon the vendor's proposed solution. See Enterprise Shared Services Message Exchange Guidelines.*

1. Reference BRD Section 7.1, OWNR 13.8, 13.9: In order for Industry to properly assess and determine MASS solution reporting requirements, please provide additional details related to PCMM reporting requirements (including “use case” if possible).

*To be determined during requirements elaboration and system design.*

1. Reference BRD Section 7.1, OWNR 19.15.1: Upon review of the requirements, it appears that ancillary status changes should trigger an alert in the MASS solution. In order to determine which components of the solution will be affected by this alerting functionality, please describe how VA expects the status of an ancillary test to affect users in the MASS solution. If possible, please also provide a “use case” or example of this requirement.

*For instance, if a Veteran misses a radiology appointment that is required prior to an associated appointment, the clinic manager will be alerted. The alert is triggered by the updated status of the appointment as "missed" or not kept. Thus, the clinic manager can take action regarding the missed ancillary and associated appointments to avoid having the Veteran show up for an appointment without the necessary prerequisite information, which would require the appointment to be rescheduled.*

1. Reference BRD Section 7.1, OWNR 24.8: Industry recognizes there will be a variety of Non-VA provider partners with a variety of scheduling solutions with which the VA interacts. We would like to better understand the expectations and requirements set with the non-VA provider partners with regard to exchange of scheduling information. If possible, please clarify and provide additional details regarding the desired mechanism that would display and/or share appointments in non-VA systems or provider partners.

*VA expects the contractor's solution to include a mechanism for sharing scheduling data between disparate scheduling solutions. Regarding non-VA care provider partners, no agreement has been made to date. These requirements will be refined during requirements elaboration.*

1. Reference BRD Section 7.1, OWNR 27.1: Scheduling systems typically do not need to store clinical information from the medical record system. As such, Industry is requesting clarification regarding the mechanism that will transfer this data from the Medical Record system into the MASS solution, as well as the method by which this data is expected to be displayed. If possible, please provide a “use case” or example to illustrate the requirement to display consolidated patient medical record information in the MASS solution.

*This has been removed from the BRD.*

1. Reference BRD 7.1, NEED172 ARCH42 ARCH159: The MASS shall provide VHA with the ability to create a national framework of care coordination agreements (CCA) to use resources according to provider or service guidelines.

Can you please provide an example workflow or description of how CCA are related to or part of a scheduling solution?

*For example, when a service, e.g., Specialty Care, is requested by a Primary Care provider, the care coordination agreements are used to define what steps/ tests / observations must be completed before the Specialty Care appointment can be scheduled. Creating a national framework means enabling the use of and viewing of care coordination agreements across the enterprise. This will enable scheduling of appointments across facilities. Please see the Blueprint document for examples.*

1. BRD BN8, Page 9. What's the purpose of the care agreements framework referenced in: “The MASS shall provide VHA with the ability to create a national framework of care coordination agreements to use resources according to provider or service guidelines.”

*See Question #26.*

1. Reference BRD 7.1, OWNR1646: Establish global activation criteria for notification templates. Can you please provide an example of activation criteria?

*Standard notification template is made available and active on a specified date.*

1. Reference BRD 7.1, OWNR1647: Establish global deactivation criteria for notification templates. Can you please provide an example of deactivation criteria?

*Standard notification template is made available and active on a specified date.*

1. Reference BRD 7.1, OWNR1776: Search notifications by various fields and use the search results as input to process the notifications. Can you elaborate this requirement and / or give an example?

*VA expects the abilty to search for existing pending notifications and automatically update the pending notifications with the missing data, as applicable.*

1. Reference BRD 7.1, OWNR1802: Report the linkage with benefits granted to a patient though the lifecycle of the appointment and encounter. Can you provide an example of reporting a linkage?

*This has been removed from the BRD.*

1. Reference BRD, OWNR 24.5: In the Business Requirements Document, item OWNR 24.5, the requirement states “Request scheduling information from non-VA healthcare delivery sources (such as for Non-VA Medical Care).” Regarding the requirement “Request scheduling information from non-VA healthcare delivery sources (such as for Non-VA Medical Care)” how do you desire that this happens? Can the VA clarify the scheduling information to be captured from non-VA providers and the workflow/use case?

*VA expects the contractor's solution to include a mechanism for sharing scheduling data between disparate scheduling solutions. Regarding non-VA care provider partners, no agreement has been made to date. These requirements will be refined during requirements elaboration.*

1. Reference BRD, NEED173 ARCH42 ARCH159: Does the VA require the MASS Contractor to print and mail appointment reminder letters? Or does the VA have its own a print and mail service/facility that the MASS contractor will leverage?

*VA expects the Contractor to generate notifications and letters in the MASS solution and interface with our existing print/mail vendors/products.*

1. Reference BRD, NEED173 ARCH42 ARCH159: If the VA requires MASS to print and mail reminder letters, what annual volume of letters do you anticipate the MASS Contractor will need to print and mail?

*See Question #33.*

1. Reference BRD, OWNR17: Is the MASS Contractor required to provide automated appointment reminder call to Veterans? If yes, what is the expect annual volume of calls?

*No.*

1. BRD OWNR 6.8, Page 9, states “Establish a one to one (one service to one patient) time slot attribute.” Please describe what "attribute" means in this sentence.

*The VA requires the ability to establish care (type of service) that is for a single patient vs group of patients. An attribute is equivalent to a data element.*

1. BRD BN 13, Page 12. What does "outside the VA" mean in “The MASS shall provide VHA with ability to view and use Veteran information within or outside of VA.”

*This has been removed from the BRD.*

1. BRD OWNER1844, Page 21. What does "alternate" mean in the requirement "Identify a mode of care type as "alternate".

*Delivery of care that is an alternative to the care scheduled, such as telehealth, phone call, mobile health unit, etc.*

1. BRD OWNER1864, Page 23. Please define the scheduling horizon?

*How far out on a schedule appointments can be made, such as a 3 month scheduling horizon, appointments can only be scheduled if they are going to occur between today and 3 months from today.*

1. BRD IFC10, Page 26. Please describe the enrollment system?

*The authoritative source system for determining medical benefits eligibility and enrollment (E&E) information for all Veterans and beneficiaries.*

1. BRD 7.3, Page 30. Please define the anticipated interface requirements to "AITC - Houses VHA’s centralized relational database that receives data from VHA clinical information systems. Records/data collected include updated patient demographic information, the data and time of service, the practitioner(s) who provided the service, the location where the service was provided, diagnoses, and procedures, among other things."

*The interface requirements will be refined during requirements elaboration.*

1. BRD OWNR1629/1630, Page 9. What is the precise definition of ‘overbooking’ and what are the conditions by which overbooking is acceptable?

*Overbooking is booking more than one appointment in a time slot. VA requires the ability to configure overbook rules at the resource level.*

1. BRD OWNR1691, Page 12. Please provide examples of alerts and associated data entry screens referenced by "Display all alerts in a single data entry screen within security and standards constraints".

*To be determined during requirements elaboration and system design.*

1. BRD OWNR1858, Page 22. Can the VA provide the business rules for when administrative time should be set for this requirement, "Adjust a provider’s calendar to administrative work when in the event of cancellations.” For instance, is there a specific timeframe when it would be appropriate to adjust a provider’s calendar to administrative work as opposed to filling the open slot with a potential appointment?

*This has been removed from the BRD.*

1. BRD OWNR1646, Page 10. Please define and provide examples of global activation criteria in the requirement "Establish global activation criteria for notification templates."

*Standard notification template is made available and active on a specified date.*

1. BRD OWNR1772, Page 17. Please define and provide examples of assigning alerts to notification processing.

*This has been removed from the BRD.*

1. BRD OWNR1815, Page 20. Please describe the scenario where it would be necessary to do the requirement expressed as "Schedule a patient in response to an agency's request for care in situations when the patient is not yet enrolled for VA benefits”?

*For example, if a DoD patient is transitioning to VA and has not yet been enrolled in VA.*

1. BRD Goals, Objectives and Outcome Measures Table pg. 3: What are the drivers for Web based GUIs? What outcomes are anticipated to be a result of Web based GUIs? Is "web enablement" only a requirement for the portals or also for the main scheduling application?

*Efficient deployment and ease/flexibility of management and configuration. For example, it is expected that a Web based GUI simplifies training, is more user intuitive, eases deployment of software and policy changes.*

1. BRD 7.1 Business Needs/Owner Requirements OWN 2.2, pg. 7: Does each provider in the team also need to be identified or will just PACT team name, as received via interface from PCMM, suffice?

*The group can be identified by its PACT team name. The resources that make up the group need to be individually identifiable. The group of resources is a schedulable entity.*

1. BRD 7.1 Business Needs/Owner Requirements owner 3.2, pg. 7: What types of providers would be grouped?

*Provider groups, also known as a resource set, could be a provider and support staff, provider and nurse, or several primary care providers on a panel.*

1. BRD 7.1 OWNR 4.3, pg. 8: How would a whole facility be assigned to a time slot and what would the purpose of this be?

*Ability to coordinate necessary resources at the time the appointment is made based on predetermined configuration information, to include facility resource, such as a room, mobile health unit.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 6.1 and 6.2, pg. 8: How do modes of delivery impact scheduling? Do modes need to be treated departments or resources?

*Modes of delivery of care is a configurable component. This will be further defined during requirements elaboration.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 7.1 & 7.2, pg. 9: How would it be determined which is the authoritative source if both can be the authoritative source of record? Shouldn't only one be the authoritative source and feed the other system?

*VA will determine authoritative source systems.*

1. BRD 7.1 Business Needs/Owner Requirements BN8 and all sub items, pgs. 9-10: Could the VA please elaborate on care coordination agreements and provide some sample scenarios? Are CCA only between VA facilities, or also external private parties?

*Care coordination agreements are further explained in the Business Blueprint, BN1 and BN5. They are analogous to the current consult process where one service line refers a patient for care to another service line (e.g., primary care to cardiology).*

1. BRD 7.1 /OWNR 10.1: Will rules set at national level override rules made at VISN or facility level?

*VA intends to configure National rules that cannot be overridden without the appropriate security at a VISN or Facility level.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 10.3 - 10.3.2, pg. 11: Could the VA please elaborate and provide a definition of "National level workflow?"

*A master workflow can be configured at the National level, for example within a workflow VHA staff may be required to verify patient demographics during scheduling and encounter process and use specific protocols.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 10.4, pg. 11: Could the VA please provide an example of a National Level Alert?

*This will be further defined during requirements elaboration. An example would be a National level business rule configured to alert the scheduler about the policy and/or require the scheduler to enter a comment. Another example may be when business rules are changed at the National level, an alert is sent to all schedulers notifying them of the change.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 10.4.1, pg. 11: Could the VA please provide an example of security and policy constraints?

*In reference to "Allow VISN and facilities to modify alerts per security and policy constraints"; this is in the business rules section of the BRD and pertains to configuring business rules to include role-based security.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 10.4.2, pg. 11: Are National level alerts supported by the MVI currently? Please provide example?

*MVI is not related to this requirement.*

1. BRD 7.1 BN11: Would this be based on VistA keys and secondary menu options?

*User access roles may be determined by using VistA keys, but may also be determined by using a combination of enterprise access tools.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 11.3, pg. 11: Can the VA please provide examples of user configuration preferences for data display and entry screens?

*To be determined during requirements elaboration process.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 12.5, pg. 12: Does the MASS solution only need to report on non-enrolled Veterans presenting for care or does the MASS solution need to report to VistA, i.e. the NEARS list?

*The MASS solution applies to requests / appointments, to include non-enrolled Veterans.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 13.1, 12: Can this information be synchronized with the MVI, including PACT assignment?

*VA does not understand the question.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 13.3, pg. 12: Does assignments mean appointments? If not appointments, what assignments may be made outside of VA?

*Assignment means that each Veteran would be assigned to a primary care provider or mental health professional at each facility at which they receive care. This is specific to PCMM.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 13.4, pg. 12: History of every user, or just last user? All demographic fields? Want report in MASS solution, or pass data to VistA for VistA audit trails?

*To be determined during requirements elaboration process. The reporting would be in MASS.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 13.10, pg. 12: What does "assignments" mean in this instance?

*Assignment means that each Veteran would be assigned to a primary care provider or mental health professional at each facility they receive that care. This is specific to PCMM.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 16.3, pg. 13: What type of data does the VA want recorded?

*To be determined during requirements elaboration process.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 16.4, pg. 13: What type of format would the VA prefer, a report format?

*OWNR 16.4, "Display requests in a standard format" pertains to having standard, required data fields for appointment requests.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 17.3 , pg. 14: What are the workflow routing requirements? What is the current process?

*To be determined during requirements elaboration process. Current process is not applicable.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 17.4, pg. 14: What specifically would this coordination entail? What is the current process?

*OWNR 17.4: "Coordinate with triage personnel for clinical care or urgent care decisions as a result of a request." The requirements will be determined during the requirements elaboration process. Current process: Calls that are received during the day to VA staff may be received by a scheduler, nurse, provider or other staff member. They triage the request and, if needed, make or communicate an appointment request to the appropriate staff member.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 19.22.1, pg. 16: Does the highlight need to be from the User/Scheduler perspective (currently RMS displays time based on zone where the user is sitting) or from patient perspective to know what time it is where they are going?

*OWNR 19.22.1: "Highlight appointments that are scheduled in different time zones." The highlighting of the appointments in different time zones is for the Scheduler/Veteran who is scheduling the appointment.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 21.6, pg. 17: What is an example of an alert?

*Cancellation of an appointment for a patient that is a suicide risk, should trigger an alert clinic staff of the need for immediate follow up action.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 21.16, pg. 18: What would be the various status that are tracked for section 21.16?

*To be determined during requirements elaboration and system design. Examples may include: Notification sent; Notification pending contact information update; Notification sent to print/mail system; etc.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 21.17, pg. 18: What would be the various status that are tracked for section 21.17?

*See Question #73.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 22.1, pg. 18: Please clarify appointment availability, would this be based on the desired date or does this refer to Purchased Care needs?

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 22.7, pg. 18: Is allocation the same as utilization?

*No. Allocation is how the resource is consumed. Utilization is broader and managed in another process. Allocation data feeds utilization. Utilization is based on the available hours of resources. If a provider and a room are open for 2 hours and the resource provides 2 hours of service the utilization is 100%. The allocation refers to how the two hours were consumed, for example, two 30min appointments for established patients and one 60min appointment for a new patient. The utilization is 100% allocated as two 30 min Est and one 60 min New.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 23.5, pg. 19: Please provide more info on C&P (compensation/benefits) and how it impacts scheduling.

*OWNR 23.5: "Report data to indicate the C&P “lifecycle” to include the links between C&P requests, resources reserved, appointments scheduled, and the completed encounter outcome." C&P appointments are made to determine Veteran's compensation and pension via medical evaluation. Since the C&P appointment is to determine eligibility, the Veteran will not be enrolled in the system yet. Request must be coordinated with VBA and C&P coordinator.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 23.6, pg. 19: Would the benefits be required to come from the VBA system?

*Health eligibility and enrollment data is determined by the enrollment system.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 23.8, pg. 19: Are vehicle schedules part of scheduling or do they reside in another system such as Beneficiary Travel?

*Vehicle schedules are not currently part of VistA and do not reside in another system. Requirements will be defined during elaboration.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 23.11, pg. 19: What appointment data does the VA wish to have synchronized with the medical record?

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 23.12, pg. 19: Is this requirement specific to reporting of modifications to the Veteran's record within the MASS solution or other health record? If other, how does the VA envision this functioning?

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 24.9, pg. 20: What information specifically does the VA desire to synchronize with other Government agencies?

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 25.8, pg. 20: How does the VA envision this working?

*OWNR 25.8: "Receive a report when results of an ancillary appointment have a timing relationship with the primary appointment." All related appointments would be linked. If an ancillary appointment and primary appointment are tightly booked, the system should generate a report so the scheduler can call or send a patient reminder about keeping the ancillary appointment. The system should be configurable for number of days required by lab test/ancillary service could ensure primary appointments are scheduled appropriately. Requirements will be further defined during the requirements elaboration process.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 26.5, pg. 21: Does the VA prefer to treat mode of care as a data field associated with the service/procedure or as a distinct mobile health unit department?

*Mode of care can be more than just a mobile health unit. See question #38 above. Specifics will depend on the vendor solution and the requirements elaboration process.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 26.9, pg. 21: Could the VA please elaborate? Would procedures need to be associated with primary mode of care and alternate?

*See Question #38.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 26.10, pg. 21: Could the VA please elaborate or provide a scenario?

*For example, configure business rules so that only certain types of requests can be met by alternate modes of care.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 27.1, pg. 21: Is this requirement satisfied with a view of all appointments that were scheduled across all VistA instances?

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 27.3, pg. 22: Does the ability to view all appointments that have been scheduled by external partners and received as scheduled event interface transaction satisfy this requirement?

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 29.2, pg. 22: Current ForSite2020 RMS reports have been well received for addressing this area. Provide report detail in RFP response.

*This has been removed from the BRD.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 30.1, pg. 23: How does the VA envision this process being automated, check-out timestamp upon encounter completion; driven by RTLS?

*It is anticipated that there would be an interface or trigger between CPRS encounters and MASS. Specifics will depend on the vendor solution and be a part of the requirements elaboration process.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 31.5, pg. 23: Does user/date/time stamp for when appointment is scheduled satisfy requirement or is this specific to VistA encounter documentation generation? If latter, how will MASS solution be made aware of encounter documentation is generated? What is this requirement intended to achieve?

*See Question #90.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 32.2, pg. 23: Could the VA please elaborate or provide examples of national level resource and utilization reports that are sought?

*National level resource and utilization reports will be refined during requirements elaboration. See question #79 above for an example of resource and utilization reports.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 32.4.1, pg. 24: Please provide more information to develop specification for dashboard.

*To be determined during requirements elaboration process.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 33.1, pg. 24: How much of this national reporting could be addressed by consolidating information sent to the data warehouse?

*National reporting requirements are not determined by the final repository. Data may be distributed across multiple databases as required.*

1. BRD 7.1 Business Needs/Owner Requirements OWNR 34.1, pg. 24: What needs to be archived and stored in the MASS solution?

*To be determined during requirements elaboration process.*

1. BRD 7.2 Non-Functional Requirements (NFR) IM30 NONF44, pg. 26: What are the applicable approved Enterprise Service Level Agreements (SLA)?

*To be determined during requirements elaboration process.*

1. BRD 7.2 Non-Functional Requirements (NFR) IM30 NONF61, pg. 26: Please elaborate. What metrics and how will they be sent to Performance Dashboard?

*To be determined during requirements elaboration process.*