

**Faster Care for Veterans Pilot Program**  
**Request for Information (RFI)**  
**Questions and Answers**  
**VA118-17-N-1848**  
**January 25, 2017**

<b>Number</b>	<b>Questions</b>	<b>Answers</b>
1.	<b>General</b> Do we have to register the entity with SAM.gov before we submit/to submit the RFI?	No; however, offerors must be registered in the System for Award Management (SAM) prior to award.
2.	<b>Section 508</b> Per Section 508, we believe a pilot solution should be classified under <b>1194.22</b> : “Web-based intranet and internet information and applications” and <b>NOT</b> 1194.21: “Software applications and operating systems”, 1194.23: “Telecommunications products” or any of the other designations under “Technical Standards”. Do you agree?	It is the Contractor’s responsibility to comply with all applicable Section 508 requirements. The commercial solution and VA integration is classified under 1194.21, 22, 31, and 41.
3.	We want to confirm that <b>1194.31</b> “Functional Performance Criteria” and <b>1194.41</b> “Information, Documentation, and support” also apply. Do they?	Yes.
4.	<b>Information Security</b> What evidence is required for demonstration of compliance with the <b>FISMA High</b> requirements?	See the following website for information on FISMA requirements:  <a href="http://csrc.nist.gov/groups/SMA/fisma/">http://csrc.nist.gov/groups/SMA/fisma/</a>
5.	What evidence is required for demonstration of compliance with the <b>VHA Handbook</b> requirements?	The software testing process will be designed to show the software is capable of complying with VHA Directive 1230, Outpatient Scheduling Processes and Procedures, VHA Directive 1231: Outpatient Clinic Practice Management, and VHA Directive 1232: Consult Processes and Procedures.
6.	<b>Pilot Specific Questions</b> Is the pilot going to be limited to 1 facility per each of the 3 VISNs? ...Section 4.B, “... <b>one facility</b> located in each of three different VISN’s...”	Yes. One facility in each of three VISN’s for a total of three facilities.
7.	What <b>resources</b> can a patient book within VistA; i.e., can a patient only book an appointment with a facility or can a patient book an appointment with an individual doctor or some other resource?	VHA typically uses the term providers instead of doctors. Providers delivering care can be doctors, nurses, nurse practitioners, physician assistants, clinical pharmacists, and more. Generally patients book appointments with an individual

		provider, not a facility. The expectation is that a patient can book an appointment with an individual provider.
8.	Will doctors' resources (e.g., physician assistants, nurses, etc.) also need to have bookable schedules as back-fill for doctors?	VHA typically uses the term providers instead of doctors. Providers delivering care can be doctors, nurses, nurse practitioners, physician assistants, clinical pharmacists, and more. The application will need to allow scheduling into designated clinics staffed by any provider type, but not in a linked "back-fill" scenario.
9.	Can you provide more detail about how the VA would like veteran authentication to work and how the links to/integrations with the various databases mentioned in the RFI will work?...Section 4, Technical Requirements #1: "Must be able to access a calendar / list of available appointments for the <b>authenticated</b> Veteran..."	The COTS product will need to use VA's Identify Access Management (IAM) Single Sign-on External (SSOe) for Veteran authentication and must look up Veteran care relationships through VA's Clinical Data Warehouse (CDW) as well as clinic appointment information from VistA.
10.	Do the facilities in-scope for the pilot utilize call centers for booking appointments? For these facilities, can patients call a providers' practice directly to book an appointment?	If the question pertains to facilities with "call centers," it will depend on the pilot sites selected. Not all facilities have call centers. For facilities that do have an associated call center, appointments can be booked through the call center <u>and</u> can also be booked by stopping by or directly calling the clinic itself.
11.	Will the chosen vendor have access to all in-scope VISNs/facilities from the outset to implement the solution <b>in-parallel</b> at the different VISNs/facilities, or will there be a <b>phased approach</b> to implementation (i.e., one facility/VISN at a time)?	Yes. The Contractor will have access for an in-parallel approach.
12.	Can you provide more context into what constitutes "complexity,"? ...Section 4.B, "VA leadership will designate the sites, which will include at least one <b>high complexity</b> , at least one <b>medium complexity</b> site ..."	VHA / Complexity refers to the classification of medical center. The pilot will include a mix of complex facilities. Therefore, there will be at least one 1A facility, and at least one level 3. See complexity model below.
13.	What does "Order of Magnitude" mean?...Question 6, "...provide a description of the tasks, timeline, pricing structure and Rough <b>Order of Magnitude</b> ..."	A rough order of magnitude (ROM) is an estimate of cost and level of effort.

## Summary of VHA Facility Complexity Model

The complexity model presented divides VHA facilities into five levels (not including excluded). The following table lists the number of VHA Facilities by Complexity Level:

Complexity Level	Number of VHA Facilities
1a	32
1b	17
1c	25
2	32
3	32
Excluded	3
Total	141

The numbering of the levels corresponds to the three Senior Executive Review Program (SES) pay bands adopted by VA. The model produces complexity levels as follows:

### Complexity Level 1 – High Complexity

High patient risk  
High levels of teaching and/or research

High number of Veterans Equitable Resource Allocation (VERA) Pro-Rated Persons  
Divided into three sub-levels: 1a, 1b, and 1c.

#### Complexity Level 1a

Largest levels of volume, patient risk, teaching and research  
Largest number and breadth of physician specialists.  
Level 1a facilities contain level 5 Intensive Care Unit (ICU) units. [1]

#### Complexity Level 1b

Very large levels of volume, patient risk, teaching and research  
Level 1b facilities contain level 4 and 5 ICU units. [1]

#### Complexity Level 1c

Large levels of volume, patient risk, teaching and research  
Level 1c facilities contain level 4 ICU units. [1]

### Complexity Level 2 – Medium Complexity

Medium number of VERA Pro-Rated Persons  
Medium levels of teaching/research activity  
Medium patient risk  
Some teaching and/or research  
Level 2 facilities contain level 3 and 4 ICU units

### Complexity Level 3 – Low Complexity

Low levels of patient complexity  
Smallest level in terms of volume  
Little or no teaching/research  
Lowest number of physician specialists per pro-rated person  
Level 3 facilities contain level 1 and 2 ICU units.

[1] The score of 5 represents the most complex ICU level rated 1 in healthcare analysis and information group.