

**Faster Care for Veterans Pilot Program
Request for Proposal (RFP)
Questions and Answers
VA118-17-R-1848
February 22, 2017**

Note: The answers provided below are for informational purposes, to assist potential offerors in preparing proposals, and such answers do not themselves constitute an amendment to the Solicitation. Where questions and answers necessitated such an amendment, such changes have been or will be incorporated into a formal amendment to the Solicitation. To the extent that any answers provided below conflict in any way with the Solicitation and any Amendments, the final solicitation takes precedence.

Number	Reference	Questions	Answers
1.		How are these services currently being performed? Under contract? In-house?	This is a new requirement in accordance with Public Law (PL) PL 114-286. Entirely separate from this requirement, VA has internally developed a Mobile Scheduling App, called Veteran Appointment Request (VAR), that is currently being deployed. That App, however, is not related to this effort.
2.		If these requirements are currently being performed under a contract, a. Who is the Contractor? b. What is the contract number? c. When does the contract expire? d. What is the current contract value?	This is a new requirement in accordance with PL 114-286.
3.	SF1449, E.12	The Government has indicated that this solicitation is Unrestricted, but has also identified NAICS 541512 with a size standard of \$27.5M. Additionally, on pages 127 and 131, the instructions mention Large Businesses. Will the Government clarify the size restrictions for this opportunity?	There is no socioeconomic (size) restriction for this procurement. i.e. this is not a set-aside procurement. In accordance with PL 114-286, the competition is full and open to any contractor that has an existing commercially available off-the-shelf online patient self-scheduling system.
4.	Page 129	Will the Government expand the definition of relevant past performance to include installing, integrating, testing, deploying, and maintaining applications other than commercially available online patient self-scheduling systems?	No. PL 114-286 requires the procurement of an existing commercially available off the shelf online patient self scheduling system, so relevant past performance is defined accordingly.
5.	Page 133 (E15 (2))	Will the Government clarify the scope (% of the work share or price) of the support which any subcontractors need	A major subcontractor is defined as one who will be providing VA system integration (e.g. VistA), pilot testing,

		to provide in the areas of VA system integration, pilot testing, operations & maintenance in order to qualify as a major subcontractor?	operations and maintenance support, or software licenses, or whose subcontract is for more than 25 percent of the total proposed price.
6.	General – Solution	Will the Government accept a cloud-based solution for the Faster Care for Veterans Pilot Program, or is an on-site solution preferred?	Yes, the Government will accept a cloud-based solution. The Government will not accept a solution requiring onsite VA hosting. Paragraph 3.0 of the PWS states “The Contractor shall host, install, configure the commercial software, develop the required interfaces to VA scheduling software, and conduct pilot testing of the OPSS in three VISNs for appointments in Primary Care, Specialty Care and Mental Health. The Contractor shall provide all hosting, software, hardware, training and services necessary to support installation, configuration, integration and piloting of the OPSS”
7.	General – Submittal	Due to the complexity of the requested information, will the Government please consider extending the date due for response submittal by an additional two weeks (14 days)?	Please see Amendment A00001. The proposal submission date is now March 6, 2017.
8.	B.5 Contract Administration Data, page 8	The RFP states “Invoices shall be submitted upon receipt / acceptance of deliverables in Section B.7”. What and where is Section B.7 or does this relate to Section B.6 Price Schedule?	Please see Amendment A00001. Section B.6 Rights in Computer Software was added; therefore, references to Sections B.6 and B.7 are now correct.
9.	B.5.6 Price Schedule, page 14, CLIN 0003:	Do we need to invoice separately for the pilot build and for ongoing management, as opposed to the overall price of this CLIN including all line items?	<p>The Contractor shall only invoice upon COR acceptance of the Build Acceptance Form for the number of months it took to complete the build (i.e. Build complete in 2 months: contractor invoices monthly price x 2 months).</p> <p>Once the pilot commences the contractor may invoice monthly for support of pilot operations.</p> <p>The price for Project Management CLIN 0001 including SLINs 0001AA through 0001AK shall be included in and allocated to CLINs 0003 through 0006 and if exercised, 1001 through 1004; 2001 through 2004; 3001; 4001;</p>

			4002; and 5001.
10.	B.5.6 Price Schedule, page 14, CLIN 0003:	Can we modify the Government provided Excel template to account for SLINs related to the pilot build and SLINs related to the ongoing management?	No. Please see answer to Question 9.
11.	B.5.6 Price Schedule, page 14, CLIN 0003:	Can we modify the unit and quantity of the pilot build to be a one-time implementation price, as opposed to a monthly rate?	No. Offerors are not permitted to modify the price Schedule.
12.	B.5.6 Price Schedule, page 14, CLIN 0003:	Should this CLIN include the cost of the software licenses needed to run the VA interface testing outlined in section 5.4 (related to question below on section 5.4)? CLIN 0004 seems to only cover the licenses for pilot itself, following CD2.	Any licenses required to accomplish VA system integration and interface development shall be included in the Offeror's price at CLIN 0003.
13.	5.1.3 Reporting Requirements, page 34	Will the VA be providing the Rational software tool or will each contractor need to purchase this product?	VA will provide the Rational Software Tool. PWS Paragraph 5.1.3 states "The Contractor shall use the VA's implementation of the Rational Toolset to provide a single Agile project/product lifecycle management tool to track execution details"
14.	5.1.4 Rational Tools Training, page 35	Do all members of the SCRUM team require certification?	IAW PWS paragraph 5.1.4, the Contractor and Government Project Manager shall determine which team members require access to the Rational Tool Suite. All Contractors that require access shall complete the VA TMS training.
15.	5.1.4 Rational Tools Training, page 35	Do any other additional employees working on this effort require this training?	See Answer to question number 14.
16.	5.1.4 Rational Tools Training, page 35	Do Help Desk employees require this training?	See Answer to question number 14.
17.	5.1.5 Privacy and HIPAA Training, page 35	Is this training required for all employees working this contract?	All individuals that would have access to VA networks and/or VA information would be required to complete this training.
18.	5.1.5 Privacy and HIPAA Training, page 35	If employees are already HIPAA certified, will they be required to be recertified through the VA's TMS or will providing a current certificate be acceptable?	Employees are required to be certified through TMS. If the employee is already HIPAA certified within VA's TMS then submission of current certificate of training would be

			acceptable.
19.	5.1.5 Privacy and HIPAA Training, page 35	May a contractor substitute the VA HIPPA and privacy training using their TMS system with training currently done internally covering both topics?	See answer to 18 above.
20.	5.2 VIP Development Lifecycle, page 37	The RFP states “The Contractor shall provide a Certified Scrum Master and a scrum team to follow the Agile methodology as described below and in the VIP guidelines. Is providing a Certified Scrum Master a mandatory requirement?	Yes.
21.	5.2.2.4 Sprint Execution, page 41	Can the VA provide more clarity on the open source requirements? Do the open source requirements apply to all pieces of software that are newly built and interfaced with the VA?	IAW FAR 52.227-14, VA will have unlimited rights to software code developed or first produced and delivered as part of this contract and that source code may be provided to the open source community. Neither restricted nor commercial computer software is provided to the open source community. There is no intent to compromise a contractor’s confidential, privately developed commercial software.
22.	5.2.2.4 Sprint Execution, page 41, Open Source	Referencing Open Source: a. Does this only capture code developed specifically for the VA as part for Faster Care? b. Alternatively, does this also capture all the code that underlies any software deliverable provided to the VA as part of Faster Care? i. For example, if we create a smartphone app specifically for the VA (“VA App”) that uses 99.9% of the code of our off-the-shelf offering on a publicly app store (“Public App”), is all the code of the VA app including code specifically developed for the VA App, and repurposed the Public App code open sourced?	See Answer to question number 21.
23.	5.2.2.6 Build Delivery, page 42	What is meant by “each build” – are there multiple components of the implementation that need to be delivered separately? If so, can we invoice under CLIN 0003 for each build separately or do we need to wait until all builds are complete and have a	Per the VIP Guide, “a development cycle is called a build. Builds are not to exceed three months.” There may be multiple builds required to achieve the required interface to VA systems. The Contractor may invoice under

		BAF in order to invoice?	CLIN 0003 for each build separately upon VA approval of each Build Acceptance Form.
24.	5.3 OPSS Start-Up and Configuration, page 43	The RFP states “real time” throughout this section. What is the definition of real time? (Can real time be X minutes out of sync so that it can be cached?)	Appointment availability displayed through OPSS shall be real time allowing for minimal delay related to automated data processing / network transmission etc.
25.	5.3 OPSS Start-Up and Configuration, page 43	Number 5 of the 7 mandated requirements states “Capability to provide prompts or reminders to Veterans to schedule follow-up appointments.” What types of reminders are we expected to give? Annual Physical?	These reminders are sent to patients when it is time to make follow-up appointments. Reminder queues include a list of Veterans that have been asked to make follow up appointments for any reason such as annual physical, etc. This information is currently stored in the VA Recall Reminder (RR) System.
26.	5.3 OPSS Start-Up and Configuration, #7, page 43	Number 5 states “Capability to provide prompts or reminders to Veterans to schedule follow-up appointments. May contractors use a third party to send email reminders to Veterans?”	Yes, the offeror can incorporate third party solutions to incorporate email or other reminder functionality. However, third party processing must comply with all requirements of the PWS and needs to be seamlessly integrated with the commercial solution.
27.	5.3 OPSS Start-Up and Configuration, page 43	Is the VA requesting that we run our entire exiting platform in a FISMA high datacenter (e.g. Terramark) or is Amazon Web Services (AWS) adequate? Is the VA requesting that we replicate our entire exiting platform and run an entirely separate instance of our platform exclusively for the VA?	a. Any portion of the solution that either processes or stores VA sensitive health data must be within a FISMA High environment in accordance with PWS paragraph 5.4. b. The solution proposed by the Vendor must be capable of meeting the FISMA High requirements.
28.	5.3 OPSS Start-Up and Configuration, page 44	Does the solution need to show appointments booked outside of the COTS product? Are they specific to each instance of VistA?	Yes the solution needs to show appointments booked outside of the COTS product. Yes, the appointments are specific to each instance of VistA.
29.	5.3 OPSS Start-Up and Configuration, page 44	How does a patient form a new relationship with a provider?	Relationships are formed within a visit for appointment. Please note the user base for the pilot test shall not include new patient appointments – only appointments for those patients who have had an appointment at the pilot site within the last 13 months in mental health and Specialty Care or are assigned a Primary Care Provider. See

			Amendment A00001.
30.	5.3 OPSS Start-Up and Configuration, page 44	What types of business rules are required for follow-up reminders?	<p>OPSS will send a reminder for a Veteran to make their appointment 14 days prior to the requested appointment date.</p> <p>If, no appointment is made through OPSS, VA will make two contacts (usually one phone call and a letter) reminding the patient to make their appointment.</p> <p>OPSS will document all automated contact attempts in patient's record.</p>
31.	5.3 OPSS Start-Up and Configuration, page 44	<p>What is the scheduling relationship between the Veteran and VistA?</p> <p>Can veterans only book with Clinics in VistA or a specific department in a Clinic? Or can they book with specific providers?</p>	The Veteran must be enrolled and registered at the VA Medical Center (VAMC) at which he/she is making an appointment. The Veteran must have a relationship with the clinic in which he/she is making an appointment. No, a Veteran can only book an appointment in a clinic.
32.	5.3 OPSS Start-Up and Configuration, page 44	Is there a limit to the number of outstanding appointments at any given time?	No.
33.	5.3 OPSS Start-Up and Configuration, page 44	If patients can see availability for many weeks out is the preferred booking date criteria a necessity?	Yes, the Veteran must enter a preferred date for the appointment, which is used to calculate wait times for appointments.
34.	5.3 OPSS Start-Up and Configuration, page 44	<p>Will the Government please provide more clarity on the usage of a VA Primary Care Management Module (PCMM) that is applicable per requirement #9 in this section? What mechanisms are in place to serve this data to a third party (i.e. web service)?</p> <p>a. What inputs are expected to get back veteran information?</p> <p>b. Would are the expected outputs of this service? Would this return the specific facilities the veteran is authorized to visit? Would this return the local veteran VistA identifiers?</p> <p>c. Can this information be surface via other mechanisms? i.e. VA Master Veteran Index</p>	The PCMM application is a centralized web app and may support services. Additional detail regarding PCMM will be provided after award.
35.	5.4 VA System Integration	Will the Government please provide more clarity on a specific authentication method that is	a. No data is provided to the vendor. The authentication is a web service

	and Interface Development, page 45	<p>applicable per requirement #2 in this section.</p> <p>a. For this authentication method, what veteran data will the VA provide to a vendor to complete this authentication? (Username and password?)</p> <p>b. What mechanisms are in place to service this data through a third party (i.e. web service)?</p> <p>c. How readily available is this data (e.g. real time, cached, etc.)?</p> <p>d. What is the general response time of this service?</p>	<p>call that utilizes VA provided APIs.</p> <p>b. The vendor needs to create new web services based on VA-provided APIs.</p> <p>c. There is no data.</p> <p>d. Response time varies per demand.</p>
36.	5.4 VA System Integration and Interface Development, page 45	<p>Will the Government please provide more clarity on usage of Master Veteran Index (MVI) as applicable per requirement #6 in this section.</p> <p>a. What mechanisms are in place to service this data through a third party (i.e. web service)?</p> <p>b. What inputs are expected from the Veteran information?</p> <p>i. Would a valid token from the VA IAM service suffice?</p> <p>c. What are the expected outputs of this service?</p> <p>i. Would this return the Global Veteran Identifier as well as the specific facilities the veteran is authorized to visit?</p> <p>ii. Would this return the local veteran VistA identifiers?</p>	<p>a. The vendor-developed web services will be required to interface/consume identification APIs specified and/or provided by the Government.</p> <p>b. The authentication API will provide the index needed to reference the MVI APIs. The output of the authentication API will provide the necessary resources required to access MVI.</p> <p>c. The Integration Control Number (ICN) will identify the list of facilities where the veteran has data. The ICN can be used to look up the local veteran identifiers.</p>
37.	5.4 VA System Integration and Interface Development, page 45	<p>On page 45 it states “11. Capable of maintaining logs of all access of patient data and all read/write activity to VistA.”</p> <p>a. How long do patient access logs need to be maintained?</p> <p>b. What sort of information needs to be logged and how does it need to be displayed?</p>	<p>a. Patient access logs need to be maintained through the period of performance and transitioned to VA at the conclusion of the contract. See Amendment A00001.</p> <p>b. VA requires standard audit trail information logging each transaction.</p>
38.	5.4 VA System Integration and Interface Development, page 45	<p>On page 45 it states “13. Capable of integrating with VistA using VA-approved web services, remote procedure calls (RPC), and security standards, etc.”</p> <p>a. What VA-approved web services are available?</p> <p>b. Can Vista be accessed via remote</p>	<p>VA will provide middleware /APIs for connecting back to VistA. See Amendment A00001</p>

		sessions?	
39.	5.4 VA System Integration and Interface Development, page 45	Can Veteran information necessary to book appointment (such as ICN) be stored locally?	Yes. Data stored locally must be in compliance with hosting security and privacy requirements defined in the PWS.
40.	5.4 VA System Integration and Interface Development, #1, page 45	<p>The Federal Risk and Authorization Management Program (FedRAMP) is a Government-wide program that provides a standardized approach to security assessment, authorization, and continuous monitoring for cloud products and services. NIST 800-53v4 and 800-37 are the basis for both FISMA and FedRAMP which mandates security controls specifically selected to provide protection in cloud environments. FedRAMP meets or exceeds the controls required for FISMA, and provides a framework to enable Government agencies to use cloud services securely and efficiently.</p> <p>Will the VA recognize and accept FedRAMP High Cloud Service Providers (CSPs) as adequately meeting this requirement?</p>	Yes, VA will recognize and accept FedRAMP High CSPs as adequately meeting the requirement for FISMA High as defined in National Institute of Standards and Technology (NIST) Special Publication 800-53. Note that VA still requires a new Assessment and Authorization (A&A) package with revalidation and evidence of the controls met through FedRamp in order to achieve an ATO.
41.	5.4 VA System Integration and Interface Development, #1, page 45	Will the VA accept a solution that is partially 508 compliant at time of submittal response with an understanding that the solution will be 100% 508 compliant by contract delivery?	Yes.
42.	5.5 Pilot Project Operation and Evaluation Support, page 45	What hosting FISMA High, TIC 2.0 compliant environment has the VA certified and worked with in the past?	Any FISMA High, TIC 2.0 compliant environment is acceptable to VA. A list of compliant environments cannot be provided.
43.	5.5 Pilot Project Operation and Evaluation Support, page 45	What is the process and timeline to become a FISMA High, TIC 2.0 compliant environment?	See VA Handbook 6500 and VA Handbook 6517. Timeline may vary based on resources applied. VA Handbook 6517 has been added to the list of applicable documents. See Amendment A00001
44.	5.5 Pilot Project Operation and Evaluation	Is hosting in a FedRAMP HIGH environment sufficient to meet the FISMA HIGH hosting requirement?	See answer to question 40 above.

	Support, page 45		
45.	5.5 Pilot Project Operation and Evaluation Support, page 45	For each pilot site, approximately how many clinics / offices are there, comprising the stated number of providers?	Estimate two Primary Care, three Specialty Care and four Mental Health clinics per pilot site.
46.	5.5 Pilot Project Operation and Evaluation Support, page 45	Will each provider require a specific calendar of availability, or will this be facility / clinic – based?	Clinic-based.
47.	5.5 Pilot Project Operation and Evaluation Support, page 45	How many distinct offices / teams of office manager staff will require training on the software?	The Contractor shall communicate with the VA workforce and conduct onsite training at each pilot site (estimated at one session per site).
48.	5.7.4 Incident Management, page 52	What types of incidents are within the scope of 5.7.4 Incident Management? a. Functional errors? b. Availability/uptime? c. Accessibility? d. Security incidents?	Yes, functional errors, availability/uptime, accessibility and security incidents are examples of incidents that are within the scope of PWS Task 5.7.4. See Amendment A00001.
49.	5.9 Additional SCRUM Team Support – Optional Task, page 53	Should this optional task be priced based only on the cost of a team of an assumed 5-6 FTEs, or should it be priced based on the cost of the product backlog list and assign FTEs accordingly? Is there additional travel expected with performing this optional task? Section 4.3 references additional travel only for optional task 5.10.	VA estimates that the Scrum team for the optional task will be comprised of 5-6 FTEs; however, this information is provided for estimating purposes only. PWS paragraph 5.9 requires “Throughout the PoP, VA may require additional scrum team support for implementation of OPSS at additional sites, additional configuration, or implementation of additional functionality that was not included in the initial pilot implementations. The level of effort proposed per scrum team is at the discretion of the Offeror. Travel is not anticipated to support the backlog.
50.	5.10 Optional Task, page 54	How many providers are at each of the potential additional testing sites?	It is estimated that there would be 100 to 200 providers from each facility participating in optional additional pilot testing sites, if those options are exercised.
51.	5.11	Is it a requirement that the pilot system	No

	Transition Support – Optional Task, page 54	continue to operate even if the incumbent contractor is not awarded a post-pilot contract?	
52.	5.11 Transition Support – Optional Task, page 54	Would we need to transition our own code to a potential new contractor or Government entity that performs the sustainment work post-pilot?	The VA's use of a vendor's commercial code at the time of transition will be governed by FAR 52.227-19, Any code developed or first produced and delivered during the contract will be governed by FAR 52.227-14 and VA shall have unlimited rights. To the extent a Contractor's code is Restricted Computer Software IAW FAR clause 52.227-14, Alt IV, such code would not transition to a potential new contractor or Government entity.
53.	6.2.2 Contractor Personnel Security Requirements, page 59	Regarding the submission SF85s, SF85Ps, or SF 86s utilizing the Office of Personnel Management's (OPM) Electronic Questionnaire for Investigations Processing (e-QIP) – these investigations can take several months to be completed. Can the Government please clarify personnel investigation requirements further for the VA and inform contractors what issues may develop if a delay in completion of such investigations occurs?	<p>A Contractor may be granted unescorted access to VA facilities and/or access to VA Information Technology resources (network and/or protected data) with a favorably adjudicated Special Agreement Check (SAC), completed training delineated in VA Handbook 6500.6 (Appendix C, Section 9), signed "Contractor Rules of Behavior", and with a valid, operational PIV credential for PIV-only logical access to VA's network. A PIV card credential can be issued once your SAC has been favorably adjudicated and your background investigation has been "Received" by OPM.</p> <p>Tasks not requiring access to VA systems can start upon award.</p>
54.	Addendum A – Additional VA Requirements, Consolidated & Addendum B – VA Information and Information System Security/Privacy	<p>Does the Government want prospective vendors to address the requirements in Addendum A – Additional VA Requirements, Consolidated and Addendum B – VA Information and Information System Security/Privacy Language in our response or are these provided merely as additional information to further clarify the VA's project requirements and needs?</p> <p>a. If the Government wants a response to these additional requirements and</p>	<p>Offerors are not required to specifically address PWS Addendum A or Addendum B to the extent that it is not related to the offerors approach to the technical discriminators at solicitation Section E.10(2)(c)(i).</p> <p>Contractors are required to comply with Addendum A and Addendum B of the PWS in performance of the contract.</p>

	cy Language, pages 63, 69	<p>due to the complexity of these Addendums, will the Government consider permitting responses to be included as an Attachment to our submittal?</p> <p>b. If it is required to answer to these Addendum requirements will the Government please add an additional 10 pages to the Technical Volume page allocation to address these additional requirements?</p> <p>c. Please clarify the Government's intent with providing the Addendums and any additional instructions to vendors to enable a compliant submittal when addressing the Addendums.</p>	
55.	B3. VA Information Custodial Language, #3, page 70	<p>To clarify, does the VA require Contractors to destroy all information within 30 days of termination?</p> <p>A possible reading of the paragraph is that (1) any destruction must be performed per NARA requirements (outlined in VA Directive 6300, 6300.1, and 6500.1), and (2) within 30 days of termination, Contractor must self-certify that any requested destruction requested by the VA during the term of the agreement was performed according to NARA, but if the VA never requested any destruction, then there's no additional requirement for destruction.</p>	No, VA does not require Contractors to destroy all information within 30 days of termination. The referenced section, B3, provides guidance and restrictions on how a Contractor must handle 'VA information'. The self-certification requirement applies only to the extent data destruction is done on behalf of VA.
56.	B5. Information System Hosting, Operation, Maintenance, or Use (e), page 74	<p>What type of assessment is being referenced in B5(e)? Controls assessment, Security assessment, Usability assessment, and/or Adoption assessment? Please clarify the meaning behind a "self-assessment."</p> <p>a. Would a SOC II Type 2 be sufficient or is it considered deficient?</p>	<p>B5 (e) is referring to controls assessment.</p> <p>The sufficiency of SOC II Type 2 can be determined after award.</p>
57.	B9. Training, section a, page 78	In reference to "VA information," does this include patient information received directly from veterans through our website/app offering?	Yes
58.	(d) Comptroller	Does this relate primarily to accounting and associated documents	This is a required clause and does relate primarily to accounting and

	General Examination of Record, 52.212-5(d)(2), page 85	and records?	associated documents and records. Per the clause, this permits the Comptroller General to “examine any of the Contractor’s directly pertinent records involving transactions related to this Contract.”
59.	(d) Comptroller General Examination of Record, 52.212-5(d)(2), page 85	How does this requirement for retaining records coincide with p. 70, B3(3), which contains a positive obligation to destroy certain information upon request of the VA?	These are separate requirements, as the first relates to VA information, while the second relates to the Comptroller General’s authority to examine a Contractor’s records. As defined in this clause, “records include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of form.” As also noted, this clause “does not require the Contractor to create or maintain any record that the Contractor does not maintain in the ordinary course of business or pursuant to a provision of law.”
60.	52.217-9 Option to Extend the Term of the Contract (MAR 2000), page 88	Should an extension occur, we assume that the contract will be renegotiated to include any added fees/charges occurred during the extension of the contract. Is this assumption correct?	<p>An extension to this contract may occur with the exercise of pre-priced options at CLINs 1001 and 2001 in accordance with PWS paragraph 5.8. The extension will include the price for a 6-month continuation of the pilot program to include pilot operations, licensing and hosting, help desk support and O&M.</p> <p>The Options for a 6-month extension are pre-priced and will not be renegotiated to include any added fees/charges occurred during the extension of the contract.</p>
61.	C.8 52.227-19 Commercial Computer Software License (DEC 2007), page 94	Our solution deliverables include a web based, hosted Software as a Service (SaaS) (patient facing and provider facing web sites), a mobile application, a desktop installed program, and server installed software. Which of these would be captured in the term “commercial computer software” for the purposes of use, duplication, and disclosure as noted in subpoint (a)”	Commercial computer software refers to any computer software that is a commercial item. See FAR 2.101, Definitions. However, the contract does not require the delivery of commercial computer software code. Source code first produced and (as required by the contract) delivered in the performance of this contract is necessary to support the integration of the commercial scheduling product to VA systems. The rights to such data are governed IAW FAR clause 52.227-14, Alt IV.

62.	E.12 Proposal Submission, 2.c, page 127	Will the Government please consider increasing the Technical Volume page limitations to 30 pages as the current restriction hinders providing a thorough and complete answer to all of the requirements?	The Government will increase the page count to 25 pages. See Amendment A00001.
63.	E.12 Proposal Submission, (i) Volume I – Technical Factor, #6, page 129	The RFP states “Provide a Master Schedule, Work Breakdown Structure, and identify labor categories for the Prime and any proposed team members and/or vendors for PWS Sections 5.3 through 5.7 and their associated subparagraphs.” a. Does the Government have approved labor categories they prefer contractors to use for their response? b. Please provide the approved labor categories for this solicitation.	There are no preferred approved labor categories that Offerors are required to use in their response. The Government will evaluate the proposed labor categories to determine the extent of the Offers understanding and the feasibility of the proposed approach.
64.	Past Performance, page 129	The Government requests “Offerors shall submit a list of all contracts (including Federal, State, and local Government and private) (prime contracts, task/delivery orders, and/or major subcontracts) in performance at any point during the three (3) years immediately prior to the proposal submission date, which are relevant to the efforts required by this solicitation. Due to the possibility that this list can be quite extensive (60-70 contracts), will the Government please consider limiting the number of Past Performance references to no more than 5 contracts in the last three (3) years that are relevant to the VA effort?	Please see revised Solicitation Section E.10(2)(c)(ii) at Amendment A00001 which now states. Offerors shall submit up to 10 contracts (including Federal, State, and local government and private) (prime contracts, task/delivery orders, and/or major subcontracts) in performance at any point during the three (3) years immediately prior to the proposal submission date, which are relevant to the efforts required by this solicitation.
65.	Past Performance, ii (1), page 129	Our current customer base is made up of 98% private entities. Contract price information is considered secured and confidential data. May a vendor have flexibility to answer select data as “confidential” or must all data provided be as requested in the RFP?	Failure to include the information as required may prohibit the Government from determining the recency or relevancy of the proposed past performance instances and therefore may not be evaluated. Past Performance information is not shared outside of the Government evaluation team and shall be protected IAW the Offeror’s proposal markings.
66.	Past Performance, Section 2, page 130	What type of objectives are most relevant in detailing how our past contracts are relevant to the current solicitation? (e.g. Volume of	Areas of relevance include installing, integrating, testing, deploying, and maintaining commercially available, online patient self-scheduling systems

		appointments booked, types of patients that have utilized our service?)	relative to the scale of the Faster Care for Veterans Pilot Program or VistA integration. There is no weighting for the areas of relevance.
67.	E.15 Evaluation Approach, #4, page 134	<p>The solicitation states: “ . . . the Government will assign evaluation credit for an Offeror (prime contractor) which is a Service-Disabled Veteran-Owned Small Business (SDVOSB) or a VOSB. Non-SDVOSB/VOSB Offerors proposing to use SDVOSBs or VOSBs as subcontractors will receive some consideration under this evaluation Factor.</p> <p>If an offeror is not a SDVOSB or a VOSB, and has no subcontractors meeting this criteria on their team, how many points will be deducted from their overall evaluation score? Please provide detailed evaluation point structure information.</p> <p>Will the points allocated depend upon the percentage of the overall contract allocated by a contractor to an SDVOSB or VOSB?</p> <p>c. Will a company not meeting the SDVOSB/VOSB criteria be considered for a contract award, or will they be removed from the competition without further evaluation?</p>	<p>Please see solicitation section E.15(4) for details related to the evaluation approach for the Veterans Involvement Factor.</p> <p>If an offeror is not a SDVOSB or a VOSB, and has no subcontractors meeting this criteria on its team, it will receive no credit under the Veterans Involvement Factor. Offerors with a rating of no credit in the Veterans Involvement Factor will still be considered for award.</p>
68.	RFP, Master Schedule	Can the master schedule be included as an attachment or amendment, not to count towards the technical volume 20 page limit?	<p>The master schedule required at Solicitation Section E.12(2)(c)(i)(6) will not be included in the page count of the Technical Volume. Per Solicitation Section E.12(2)(c), A Cover Page, Table of Contents, glossary of abbreviations or acronyms, and Section E.12(2)(c)(i)(6) will not be included in the page count of the Technical Volume.</p> <p>Please note that the Master Schedule, Work Breakdown Structure, and labor categories, although not included in the page count for the Technical Volume, will be evaluated by the Government in accordance with the solicitation.</p>

69.	RFP, Labor Categories	Can the detailed labor categories for the prime and team members be provided as an attachment, not to count towards the technical volume 20 page limit?	Detailed labor categories are not included in the page count. See answer to Question 68.
70.	RFP, Section Numbering	The PWS section numbering appears to be incorrect and does not align with the evaluation instructions. Please confirm correct section numbering.	See revised PWS at Amendment A00001.
71.	RFP, Pricing	In PWS, Section B.2, #2a indicates the software license would be a Perpetual license. However, B.6 and Attachment 1 are asking for license pricing in a unit of months, which is not typical of a Perpetual license. Can VA please confirm that the software license type to be delivered is a Perpetual license?	<p>The licensing is setup as a monthly unit not because it will be invoiced/paid monthly but because the duration of the license is an unknown and dependent on when pilot operations commence at the specific facility.</p> <p>For example if operations commence in month 10. Then the Government would require a license term of 9 months to coincide with the expiration of the base period. VA does not require a specific license type. The Contractor shall provide the hosting, licenses/SaaS as applicable to the commercial product proposed. See revised PWS at Amendment 00001.</p>
72.	RFP, Pricing, B.6 Price Schedule and Attachment 1 spreadsheet	In the PWS, B.6 Price Schedule, CLIN 0004 is for the OPSS licenses (and hosting). The Unit listed is MO. However, in the Attachment 1 Excel spreadsheet to submit for pricing, CLIN 0004 Unit is listed as LO. Can VA verify if they want the pricing to be as MO (month) or LO (a lot)?	Please see the revised Attachment – 002, Price Schedule at Amendment A00001.
73.	RFP, Pricing, B.6 Price Schedule	CLIN 0004 is for the OPSS licenses (and hosting). The Qty and Unit are listed 18 MO. Should the CLIN 0004 Qty be based on a unit of sites/facility instead of months (i.e. use Unit of EA)? If VA decision is to keep quantity as months, can VA confirm that the number of sites for CLIN 0004 would be for the three (3) pilot sites only?	<p>SLINs 0004AA, 0004AB, 0004AC, 1002AA, 1002AB, 1002AC, 2002AA, 2002AB, and 2002AC are hereby incorporated to price the OPSS Licenses and Hosting per VA facility.</p> <p>See Revised Price Schedule at Amendment A00001.</p>
74.	RFP, Pricing, B.6 Price Schedule and Attachment 1 spreadsheet	In order to accurately determine license cost for CLIN 4001 and O&M for 4002, can VA provide a number of additional sites proposed for PWS 5.10?	<p>The maximum number of additional sites is five.</p> <p>The 150 months cover the 5 sites if they were to be exercised from day one</p>

		<p>VA does describe how they might add sites, but to fairly evaluate pricing; please provide the quantity of sites to be added within the 150 MO timeframe. For example, does VA recommend contractor use a maximum of 15 sites to be added? (Per PWS, VA can add 1 site up to 5 times within POP. Then this option can be exercised 5 times within base period and each option period. Can VA confirm this would be a total of up to 15 sites?)</p> <p>This seems to conflict with the language in the B.6 price schedule where is says “This optional task may be exercised for a total of five additional sites. The optional task can be exercised no more than 15 times to accommodate the procurement of licenses and/or renewals throughout the period of performance. “Or would that mean it would be a total of up to 75 sites (5 additional sites exercised 15 times)?</p>	<p>of the contract. In that instance the Government would require five licenses for a period of 18 months in the base (5sites x 18mo = 90mo) + the potential renewal of the 5 sites in each option period (2 options x 5 sites x 6mo = 60). Total is 150 months of potential licensing for the five additional sites.</p>
75.	RFP, Pricing, B.6 Price Schedule and Attachment 1 spreadsheet	For CLINS 1002 and 2002, please confirm the sites for these CLINS would be the same exact 3 initial pilot sites (and that no additional sites would be included).	Confirmed.
76.	RFP, Pricing	For Optional Task 2 – Licenses for Installation At Additional Sites, there is CLIN 4001 for the licenses/hosting for additional sites. However, there would be some services (i.e. training) that would need to be delivered as additional sites are implemented. Should there be another CLIN for these types of services within Optional Task 2? Or does VA expect those services to be priced in CLINS 2001 and 3001 in the Option Period 2 and 3? If so, will CLINs 2001 and 3001 be applied/exercised for each new additional site that is added in Optional Task 2?	If services are required for the implementation of the additional sites the price for those services will be covered under optional Task 1, Additional Scrum Team Support - CLIN 3001. In that case optional task 3001 will be exercised for a specified number of months to cover the services.
77.	PWS, page 46, Section 5.5.2	PWS states “The Contractor shall communicate with the VA workforce and conduct onsite training at each	See answer to question 47.

		<p>pilot site (estimated at one session per site).”</p> <p>1. Can that one session span over several weeks?</p> <p>2. Can additional on-site sessions be done as part of Pilot Operation (5.5.4)?</p>	
78.	PWS, page 43, Section 5.3	For Congressional Mandate #5, “provide prompts or reminders to the Veteran to schedule follow-up appointments,” we’d like to request clarification. Does VA want VistA providing the follow-up notice to the portal? Or is the follow up established in the portal for later display to the patient?	VA establishes follow-up appointments in VistA that must be used to generate prompts and notifications from OPSS to the Veteran. See answers to questions 25 and 30 above.
79.	General Questions Related to Scope	What type of reporting or analysis would be necessary or requested related to appointments scheduled through the COTS?	Please see PWS Section 5.5.5.
80.		What retrieval or archive requirements does the government perceive?	Any data stored by the Contractor on behalf of the Government shall be retained for the life of the project.
81.		Does this system need to be able to track and schedule those appointments that cannot be scheduled at the VA (community)?	No.
82.	General Questions Related to Scope	VA seeks to use a COTS product but also notes (section 5.5.6) that all code developed be open source. We presume that the open source requirement is only for enabling (and not the COTS product) code?	See answer to question 21.
83.		Does the VA have a list of identified and preferred COTS tools?	VA Provides a Technical Reference Model (TRM) that lists the approved tools. https://www.va.gov/trm/
84.		Can the government name the other VA systems that the scheduling pilot will need to integrate with?	VistA Scheduling; MVI, Corporate Data Warehouse, Primary Care Management Module (PCMM), Identity and Access Management (IAM), VistA Integration Adapter (VIA), Health Data Repository (HDR)
85.	PWS Section 5.2.2.1, on page 38	System Design Document – does the government intend the system design to be the same for each pilot facility, or will each of the facilities be able to define their own requirements and system design?	The Government intends that the System Design be the same for each facility where the solution is installed.
86.	PWS Section 5.5.2, on page 46	“The Contractor shall communicate with the VA workforce and conduct onsite training at each pilot site	See answer to question 47. The vendor should assume each training session enables VA attendees to train other

		<p>(estimated at one session per site). The Contractor shall coordinate with VA to identify, notify and educate patient pilot participants at each site.”</p> <p>Is the VA going to mandate all appropriate staff attend the training session? One session is highly risky given patient needs.</p>	staff members if required.
87.	PWS Section 5.5.2, on page 46	Is the VA going to coordinate and reserve physical space, computers, and internet access at the pilot sites for the training events	Yes
88.	PWS Section 5.5.2, on page 46	Does the VA anticipate needing separate training sessions targeted for super users and non-super users?	No. See Q 47 above.
89.	PWS 5.5.3, on page 47	Do end user training materials need to be 508 compliant?	Yes.
90.	PWS 5.5.3, on page 47	Can the online Knowledge Base Repository be located in SharePoint, or does the government require another repository tool? If a tool other than SharePoint is required, can you please specify which tool?	Yes. SharePoint is acceptable
91.	PWS 5.3 items 11, 12, and 13 on page 44 of PWS	Can the government clarify the underlying business logic/need of 1) whether completed need to be stored and displayed, and 2) if they are to be stored on COTS/vendor systems or VA systems?	ROAs are required for patients to give permission for the system to access their records. ROAs will be stored on the COTS/vendor systems.
92.	CLIN 0004	What is the expected number of total users per pilot site?	VA cannot estimate the number of users. The pilot shall process at a minimum 100 successful direct scheduling events during each month at each pilot facility distributed across Primary, Specialty and Mental Health care with at least some appointments scheduled in each clinical service area (Primary, Specialty and Mental Health).
93.	CLIN 0004	We can roll user licenses (per site) into one aggregate pilot site license price. Or, we can break out pilot site and user licensing prices separately. Which approach is preferred?	<p>Offerors shall price licenses in accordance with the Price Schedule.</p> <p>SLINs 0004AA, 0004AB, 0004AC, 1002AA, 1002AB, 1002AC, 2002AA, 2002AB, and 2002AC are hereby incorporated to price the OPSS Licenses and Hosting per VA facility.</p>

			See Amendment A00001.
94.	E. 12 Volume 1 – Technical Factor – Proposal Instructions #2	The 4 items asking vendors to specifically discuss are numbered differently and in conflict with the numbered list shown on page 44 of the PWS in Section 5.3. Can the government please correct the enumeration of scheduling processes from (8, 13, 14, and 16) to (1, 6, 7, and 9) respectively?	See Amendment A00001.
95.	PWS 5.6	What are the expected volumes for calls?	The Government cannot estimate the volume of calls at this time.
96.	B.3.8 VA Information Custodial Language	Can the government please clarify as to where would be the points of connectivity to the VA network to which the Contractor will be establishing connectivity to VA environment?	VA operates 4 Trusted Internet Connections (TIC) gateways that the contractor would need to establish connections with. These are geographically dispersed to provide load-balancing and fault tolerance.
97.	B.3.8 VA Information Custodial Language	Can the government please clarify whether the VA will be responsible for the provision, operation and maintenance of the network and security equipment, at the VA side of the connections?	Yes, the Government will operate its network and security equipment, at the VA side of the connections.
98.	B.3.8 VA Information Custodial Language	Can the government please clarify whether the VA will be responsible for the circuits (provision, operation and maintenance) connecting the VA to the Contractor Cloud Services?	The Contractor would be responsible for any costs to provision circuits to connect to the VA TIC gateways.
99.	B3.8	Does VA have direct connection to Amazon Web Service AWS Direct Connect) or MS Azure Express Route , that the Contractor can utilize for connectivity between those CSP and VA VISN network for this opportunity?	The Contractor is responsible for identifying and providing an appropriate hosting environment.
100.		What connection methods are available to integrate with VistA (i.e. HL7, FHIR, WSDK)?	See answer to question 38.
101.		Does VistA have a method to cancel and reschedule appointments?	Currently, Veterans can call to cancel and reschedule appointments via the scheduler, Audiocare or Veteran Appointment Request (VAR).
102.		Are there any API's available for integration?	See answer to question 38.
103.		Validation of workflow - veteran's identity would be validated, insurance	No, the Government is not requiring that the OPSS have the ability to

		verification, allowed to schedule appointment by department and appointment, would you want the ability to collect any payments up front (co-pays/co-insurance)?	collect any payments up front. The Scheduler validates the Veteran's identity and enrollment/eligibility for VA healthcare. Insurance and copayments are downstream processes.
104.	Section 5.4	Public Law 114-286 lists 7 requirements, the last of which is the capability to integrate with the Veterans "VISTA" software architecture, "or such successor information technology system." Does the VA plan on replacing VISTA sometime during the period of performance of this pilot program? Should bidders on this fixed price program expect that there will be costs in addition to interfacing with VISTA that are associated with reprogramming the interface and perhaps other functions if a new "successor"/replacement EMR is deployed?	VA does not plan on replacing VISTA during the period of performance of this pilot program.
105.	Licensing	How does one read Sections B.1 and B.2 in conjunction with FAR Part 12.6 which is said to govern this procurement? Specifically, we are accustomed to FAR Part 12 commercial software licensing where the government accepts the typical commercial license that the contractor offers to the public, modified to exclude inconsistencies with federal procurement law and adjusted in scope to meet the minimum requirements such as those expressed in FAR 52.227-19. Here, however, in section B.1, it states that "only those provisions [of the contractor's commercial license] addressing data rights regarding the Government's use, duplication and disclosure of data" are to be made part of the agreement. Is it correct that all other commercial terms in our license are to be eliminated regardless of whether they are inconsistent with federal procurement law?	The clause is necessary to satisfy the Government's needs.
106.	Section 5.3, #14 (page 44 of 134)	Section 5.3, #14 (page 44 of 134) indicates that a mutually agreed upon EULA will be used. Will this be the EULA we currently use in our	VA Privacy regulations require a EULA on all Veteran facing applications. This VA EULA is a separate and distinct agreement from

		commercial offering modified to eliminate inconsistencies with federal procurement law under FAR Part 12, or, is a more substantial modification anticipated? (b) many VA users will also be existing users of our system under our commercial EULA/Terms of Use through private physicians or treatment facilities. If a substantial modification of the commercial EULA is expected, will there be a requirement to set up two accounts for an individual and display only VA-related information on one such account?	the commercial product EULA. It is specifically for the purpose of establishing terms and conditions over VA use and access to Veteran data.
107.	Licensing	In B.2(2) why is the non-exclusive license a perpetual license? Why would the license not end at the termination of the pilot program? In contrast, on page 17, item 0004, section 5.5.4, it suggests the license and hosting agreement would end at 18 months or co-terminate with contract expiration. How do this provision and the perpetual language in B.2(2) relate to one another?	The proposed license is not required to be perpetual. See revised PWS paragraph 5.5.4 at Amendment A00001. The Contractor shall provide the hosting, licenses/SaaS as applicable to the commercial product proposed.
108.	Open Source	What is the authority for requiring that any developed software be open source and be made available to the VA open source community? To the extent developed code might provide insight into a bidders confidential, privately developed commercial software, how might such confidential information be protected?	VA policy encourages that developed software be open source, and applicable contract clauses provide the rights to do so. IAW FAR 52.227-14, VA will have unlimited rights to software code developed or first produced and delivered as part of this contract and that source code may be provided to the open source community. Neither restricted nor commercial computer software is provided to the open source community. There is no intent to compromise a contractor's confidential, privately developed commercial software. To the extent developed code might provide such insight, VA would support selective code redactions to accomplish this goal.
109.		Where the Solicitation anticipates the delivery of source code, if what is offered is a cloud-based, web-enabled, commercial system that operates behind a bidders firewall and which the bidder hosts, what code from the	There is no requirement to deliver the source code of the successful bidder's commercial system. Only source code developed or first produced and delivered in the performance of this contract is required to be

		successful bidders commercial system is expected to be delivered for this pilot program? Would the VA consider an escrow arrangement?	delivered. An escrow arrangement does not appear necessary under these circumstances.
110.		Currently Microsoft has no CSP agreements in place with Federal Partners for Azure Government. In order to provide Azure Government Hosting Services, any potential bidder would need VA to purchase Azure on their existing Enterprise Agreement. For a potential bidder to manage the Azure subscription hosting environment, would the VA be willing to execute a Letter of Agency assigning the potential bidder to purchase, operate, and consume Azure on behalf of the VA?	Azure is not a requirement of the PWS. The Contractor is responsible for creating any agreements necessary to support a hosted self-scheduling solution.