



**VA ELECTRONIC HEALTH RECORD MODERNIZATION
(EHRM) SYSTEM
PERFORMANCE WORK STATEMENT (PWS)
DEPARTMENT OF VETERANS AFFAIRS**

Office of Electronic Health Record Modernization (OEHRM)

Additional Data Migration Development for IOC

Date: July 15, 2019

TAC-19-56302

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Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

Contents

1.0	BACKGROUND.....	3
2.0	APPLICABLE DOCUMENTS.....	3
3.0	SCOPE OF WORK.....	3
3.1	APPLICABILITY.....	4
3.2	ORDER TYPE.....	4
4.0	PERFORMANCE DETAILS.....	4
4.1	PERFORMANCE PERIOD.....	4
4.2	PLACE OF PERFORMANCE.....	4
4.3	TRAVEL OR SPECIAL REQUIREMENTS.....	4
4.4	CONTRACT MANAGEMENT.....	4
4.5	GOVERNMENT FURNISHED PROPERTY.....	4
4.6	SECURITY AND PRIVACY.....	5
4.6.1	POSITION/TASK RISK DESIGNATION LEVEL(S).....	5
5.0	SPECIFIC TASKS AND DELIVERABLES.....	6
5.1	PROJECT MANAGEMENT.....	6
5.1.1	CONTRACTOR PROJECT MANAGEMENT PLAN.....	6
5.1.2	REPORTING REQUIREMENTS.....	6
5.1.3	TECHNICAL KICKOFF MEETING.....	7
5.1.4	IOC GO-LIVE COORDINATION.....	7
5.2	PCMM DATA INGESTION.....	7
5.3	SCANNED DOCUMENT, CLINICAL MULTIMEDIA, and HISTORICAL ECG MIGRATION EXECUTION.....	8
5.3.1	SCANNED DOCUMENT AND CLINICAL MULTIMEDIA IN VISTA IMAGING FOR IOC SITES.....	8
5.3.2	HISTORICAL ELECTROCARDIOGRAM (ECG) MIGRATION.....	10
5.3.3	DATA TRANSFER AND TESTING.....	11
5.4	ADDITIONAL DATA MIGRATION AND INGESTION DEVELOPMENT (OPTIONAL TASK).....	13
6.0	GENERAL REQUIREMENTS.....	14
6.1	PERFORMANCE METRICS.....	14
6.2	SECTION 508 –INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STANDARDS.....	15
6.2.1	REPRESENTATION OF CONFORMANCE.....	15
6.2.2	ACCEPTANCE AND ACCEPTANCE TESTING.....	15
6.3	DELIVERABLES.....	16

Additional Data Migration Development for IOC

TAC Number: ***TAC-19-56302***

1.0 BACKGROUND

The mission of the Department of Veterans Affairs (VA) is to provide benefits and services to Veterans of the United States. In meeting these goals, VA strives to provide high quality, effective, and efficient Information Technology (IT) services to those responsible for providing care to the Veterans at the point-of-care as well as throughout all the points of the Veterans' health care in an effective, timely and compassionate manner. VA depends on Information Management/Information Technology (IM/IT) systems to meet mission goals.

On May 17, 2018, VA entered into a ten-year indefinite-delivery, indefinite-quantity (ID/IQ) sole-source contract with Cerner Government Services, Inc. (Cerner) to acquire the Electronic Health Record (EHR) system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs, and which will enable seamless healthcare to Veterans and qualified beneficiaries. Procurement of a single common system across VA and DoD shall achieve VA's goal of seamless care for Veterans by facilitating the transition of active duty military members to VA and improving their timely access to the highest quality of care.

Cerner's EHR solution shall provide VA with a single system that can store and retrieve administrative, clinical, laboratory, radiology, pharmacy and scheduling data, and can interact with other internal and external systems. Modernization of VA's EHR will support a Veteran-centric, team-based care model, with modern decision support tools; clinical information content services; identification, communication and standardization of care paths; and resource provisioning. This will improve interoperability, performance, and user experience for the majority of the health care delivery and ancillary teams responsible for directly or indirectly providing health care services; and in turn will improve quality, safety, and timeliness of health care services delivered to Veterans.

Cerner shall provide a comprehensive EHR solution and services as specifically defined in the EHRM Basic contract. This task order (TO) requires additional data migration development, testing and execution in support of data migrations required for EHRM Initial Operating Capability (IOC).

2.0 APPLICABLE DOCUMENTS

The documents in Paragraph 3.0 in the EHRM Basic Performance Work Statement (PWS) apply to the performance of this effort; there are no additional referenced documents.

3.0 SCOPE OF WORK

The Contractor shall provide additional data migration development, testing and execution in support of data migrations required for EHRM IOC. These tasks include:

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

- a. Project Management
- b. IOC Site-Specific Data Migration/Ingestion Development
- c. Additional Technical Support

3.1 APPLICABILITY

This Task Order (TO) effort PWS is within the scope of paragraph 5.5, "VA Enterprise EHRM Baseline Preparation," of the EHRM Basic PWS.

3.2 ORDER TYPE

The effort shall be proposed on a Firm Fixed Price (FFP) basis.

4.0 PERFORMANCE DETAILS

4.1 PERFORMANCE PERIOD

The period of performance (PoP) shall be 12 months from the date of award, with one four-month option period and optional tasks that may be exercised during the PoP.

4.2 PLACE OF PERFORMANCE

Efforts under this TO shall be performed both in Contractor facilities, as well as VA facilities. Program meetings may also be held at VA Central Office, some of which may require in person attendance. Project management activities that occur at the enterprise level shall be performed at Contractor facilities.

4.3 TRAVEL OR SPECIAL REQUIREMENTS

The Government anticipates travel under this effort to support program-related meetings and IOC data migration activities throughout the period of performance (PoP). Include all estimated travel costs in your firm-fixed price line items. These costs will not be directly reimbursed by the Government.

The total estimated number of trips for this effort shall be proposed by the Contractor.

4.4 CONTRACT MANAGEMENT

All requirements of Section 9.0 of the EHRM Basic PWS apply to this effort. This TO shall be addressed in the Contractor's Monthly Progress Report as set forth in the EHRM Basic contract.

4.5 GOVERNMENT FURNISHED PROPERTY

Additional Data Migration Development for IOC

TAC Number: ***TAC-19-56302***

The Government has multiple remote access solutions available to include Citrix Access Gateway (CAG), Site-to-Site Virtual Private Network (VPN), and RESCUE VPN.

The Government's issuance of Government Furnished Equipment (GFE) is limited to Contractor personnel requiring direct access to the network to: development environments; install, configure and run Technical Reference Model (TRM) approved software and tools (e.g., Oracle, Fortify, Eclipse, SoapUI, WebLogic, LoadRunner); upload/download/ manipulate code, run scripts, and apply patches; configure and change system settings; check logs, troubleshoot/debug, and test/QA.

When necessary, the Government will furnish desktops or laptops, for use by the Contractor to access VA networks, systems, or applications to meet the requirements of this PWS. The overarching goal is to determine the most cost-effective approach to providing needed access to the VA environment coupled with the need to ensure proper Change Management principles are followed. Contractor personnel shall adhere to all VA system access requirements for on-site and remote users in accordance with VA standards, local security regulations, policies and rules of behavior. GFE shall be approved by the Contracting Officer's Representative (COR) and Program Manager (PM) on a case-by-case basis prior to issuance.

Based upon the Government assessment of remote access solutions and requirements of this TO, the Government estimates that the following GFE will be required by this effort:

Standard laptops: 8

The Government will not provide IT accessories including but not limited to Mobile Wi-Fi hotspots/wireless access points, additional or specialized keyboards or mice, laptop bags, extra charging cables, extra Personal Identity Verification card readers, peripheral devices, or additional Random Access Memory (RAM). The Contractor is responsible for providing these types of IT accessories in support of this effort as necessary and any VA installation required for these IT accessories shall be coordinated with the COR.

4.6 SECURITY AND PRIVACY

All requirements in Section 7.0 of the EHRM Basic PWS apply to this effort.

It has been determined that protected health information may be disclosed or accessed and a signed Business Associate Agreement (BAA) shall be required. The Contractor shall adhere to the requirements of the BAA executed between OEHRM and Cerner Corporation; and shall comply with VA Directive 6066 and VHA Handbook 1605.05.

4.6.1 POSITION/TASK RISK DESIGNATION LEVEL(S)

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

The position sensitivity and the level of background investigation commensurate with the required level of access for all PWS tasks is Tier3/Non-Critical Sensitive in accordance with Section 8.7 of the EHRM Basic PWS.

The Tier3/ Non-Critical Sensitive Position Sensitivity and Background Investigation requirements identify, in effect, the Background Investigation requirements for Contractor individuals, based upon the tasks the particular Contractor individual will be working. The submitted Contractor Staff Roster must indicate the required Background Investigation Level for each Contractor individual based upon the tasks the Contractor individual will be working, in accordance with their submitted proposal.

5.0 SPECIFIC TASKS AND DELIVERABLES

The Contractor shall perform the following:

5.1 PROJECT MANAGEMENT

The Contractor shall provide a single Point of Contact for management of all project tasks, with individual subject matter experts assigned to each individual task. The Contractor shall include a Communications Plan in the Contractor Project Management Plan (CPMP) to cover overall and individual POC communications as well as issue escalation procedures.

5.1.1 CONTRACTOR PROJECT MANAGEMENT PLAN

The Contractor shall deliver a CPMP that lays out the Contractor's approach, timeline and tools to be used in execution of this TO. The CPMP should take the form of both a narrative and graphic format that displays the schedule, milestones, risks and resource support. The CPMP timeline and schedule shall include Cerner as well as VA dependencies for data migration development.

The CPMP shall also include how the Contractor shall coordinate and execute planned, routine, and ad hoc data collection reporting requests as identified within the PWS. The initial baseline CPMP shall be concurred upon and updated in accordance with Section B of the TO. The Contractor shall update and maintain the VA PM approved CPMP throughout the PoP.

Deliverable:

- A. Contractor Project Management Plan

5.1.2 REPORTING REQUIREMENTS

The Contractor shall provide a Monthly Progress Report in accordance with Section 9.6.1.1 of the EHRM Basic PWS. The Monthly Progress Report shall include status and timelines on all migrations completed, in development and in the pipeline for IOC.

Additional Data Migration Development for IOC

TAC Number: ***TAC-19-56302***

For each major work element described in this TO, Cerner will provide/update applicable architectures/documentation as part of the VIP Technical Documentation required by PWS paragraph 5.2. These updates may include requirements, architecture (updates to existing OV-1, SvcV-1, SV-1), development views, data models, data flow diagram, and decision package for EHRM governance approval. Data migration activities shall not proceed without approval of the decision package from the Technical Governance Board resulting in an Authorization to Proceed (ATP).

Deliverable:

A. Monthly Progress Report

5.1.3 TECHNICAL KICKOFF MEETING

The Contractor shall hold a technical kickoff meeting within 10 days after TO award. The Contractor shall present for review by the Government, the details of the intended approach, work plan, and project schedule for each effort. The Contractor shall specify dates, locations (can be virtual), agenda (shall be provided to all attendees at least five calendar days prior to the meeting), and meeting minutes (shall be provided to all attendees within three calendar days after the meeting). The Contractor shall invite the Contracting Officer (CO), Contract Specialist (CS), COR, VA PM, VA CTO, and VA CMO, at a minimum.

5.1.4 IOC GO-LIVE COORDINATION

The Contractor shall coordinate scheduling and go-live activities with the EHRM IOC deployment team to ensure all stakeholders are informed of risks, timelines, and go-live tasks required. The Contractor shall provide monthly status updates to the deployment team focused on IOC deployment go-live activities to ensure effective communication between the relevant TO teams. These status updates will be documented in the Monthly Progress Report.

5.2 PATIENT CENTERED MANAGEMENT MODULE DATA INGESTION

The Contractor shall provide, for VA installation and usage, the HealthIntent Data Upload Utility (HIDUU), for ingestion of Patient Centered Management Module (PCMM) Web data into HealthIntent (Hel). The Contractor shall upload PCMM Web data into Hel to capture the requisite information for attribution including Patient Aligned Care Team (PACT), Behavioral Health teams, associated providers, assigned patients and other related data fields. The Contractor shall coordinate with VA to document and complete a PCMM Upload Plan including prerequisites, validation strategy, and implementation timeline. The Contractor shall provide VA access to the data source requirements. The Contractor shall coordinate with VA to design and validate the new data source in a timely manner to maintain the Integrated Master Schedule (IMS).

The Contractor shall:

Additional Data Migration Development for IOC

TAC Number: ***TAC-19-56302***

- Receive and load historical and daily data from PCMM Web application
- Standardize data by:
 - Structurally mapping PCMM Web data to the associated Hel data models
 - Mapping any PCMM Web-proprietary concepts to standard vocabularies
- Perform upload execution for extracted and converted data for the following phases: test run, initial data pull, data delta results, and final historical and daily data pulls in alignment with the Program Integrated Master Schedule
- Provide technical assistance in securing Authority to Connect to support HIDUU

Resulting mappings, file formats and Hel Data Models shall be documented in a Hel PCMM Web Upload Technical Documentation Package.

VA will provide an extract of PCMM Web data in a documented, flat file format and will provide historical extracts and daily updates as required for end-user program functionality and user acceptance.

Additional data ingests may be executed via the use of Optional Task 5.4.

Deliverables:

- A. Hel PCMM Upload Plan
- B. Hel PCMM Upload Technical Documentation Package

5.3 SCANNED DOCUMENT, CLINICAL MULTIMEDIA, AND HISTORICAL ECG MIGRATION EXECUTION

The Contractor shall develop and execute scanned document, multimedia, and ECG data migrations as defined by the Data Migration Requirements Definition Documentation delivered in TO4: EHRM IOC Data Migration and Enterprise Interface Development. Specific migration requirements for the base task are listed below:

5.3.1 SCANNED DOCUMENT AND CLINICAL MULTIMEDIA IN VISTA IMAGING FOR IOC SITES

The Contractor shall migrate all scanned documents and clinical multimedia contained in VistA Imaging. The Contractor shall:

- a. Migrate all versions of images including annotations and overlays as prepared by the Picture Archive and Communication system (PACS) and stored in VistA Imaging.
- b. Ensure the ability to retrieve all versions of images including annotations and overlays.
- c. Migrate and archive deleted images; ensure images are retrievable for medicolegal purposes but are hidden from a typical user view.

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

- d. Develop a tracking and management database for all Scanned Document and Clinical Multimedia migrations.
- e. Coordinate with VA to document and complete a Scanned Document and Clinical Multimedia Upload Readiness Plan to include:
 - 1. Validation strategy
 - 2. Implementation timeline/schedule
 - 3. Analysis of performance engineering requirements with network load, and infrastructure resources required to handle each data migration
 - 4. Plan to receive and load historical and daily data from VistA Imaging
 - 5. Environment Readiness Checklist
- f. Coordinate with VA to perform connectivity tasks including establishing authority to connect and connection access to the source system. Connectivity tasks shall be processed in a timely manner to maintain the IMS.
- g. Develop and deliver an **extract utility** that would be reusable for all Scanned Document and Clinical Multimedia migrations across all VA Sites, which shall:
 - 1. Extract and convert the defined image types
 - 2. Provide Scanned Document and Clinical Multimedia Extraction Progress within the Monthly Progress Report that includes statistical analysis of individual sites Scanned Document and Clinical Multimedia data
 - i. i.e. number of images, notes, data volume
 - ii. Report missing data and any detectable anomalies
- h. Extract Scanned Documents and Clinical Multimedia and convert the extracted documents/multimedia from IOC Site VistA Imaging Databases.
 - 1. Extract the following file types/formats:
 - i. Scanned documents
 - ii. Multimedia
 - iii. Non-Radiology and Non-Cardiology DICOM
 - 2. Convert the following:
 - i. .DOC / .TIF / .PDF to the latest version of .PDF
 - ii. .TGA /.DCM to .DCM
 - 3. Provide robust extraction reports to include:
 - i. Scanned Document and Clinical Multimedia Extraction Progress Report
 - ii. Provide Scanned Document and Clinical Multimedia Extraction Processing Report within the Monthly Progress Report
 - 1. Number of images extracted
 - 2. Exception reporting
- i. Develop and deliver an **ingestion service** that would be reusable for all Scanned Document and Clinical Multimedia migrations across all VA sites, which shall:
 - 1. Process data into for scanned documents and clinical multimedia into CAMM/Millennium by performing the following:
 - i. Read extracted metadata and populate tracking database (DB)
 - ii. Post to application programming interface (API) and update tracking DB with the results

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

1. Includes data validation prior to upload
- iii. Ingestion Service Reporting
 1. Provide Scanned Document and Clinical Multimedia Ingestion Upload Progress within the Monthly Progress Report
 2. Provide Scanned Document and Clinical Multimedia Ingestion Processing Report within the Monthly Progress Report
 - a. Number of images ingested
 - b. Exception reporting
 - iv. Connect any associated reports migrated from Vista, through VX130 processing, to migrated images based on functional mapping of existing VistA/VistA Imaging references.
2. Include Scanned Document and Clinical Multimedia Technical Documentation Package
 - i. Dataflow and Connectivity Architecture Diagrams
 - ii. Ingest Processes Technical Design Document
- j. Perform upload execution for extracted and converted data for the following phases: test run, initial data pull, data delta results, and final historical and daily data pulls.

Deliverables:

- A. Scanned Document and Clinical Multimedia Upload Readiness Plan
- B. Scanned Document and Clinical Multimedia Technical Documentation Package

5.3.2 HISTORICAL ELECTROCARDIOGRAM (ECG) MIGRATION

The Contractor shall:

- a. Develop a tracking and management database for all ECG migrations
- b. Coordinate with VA to document and complete an ECG Upload Readiness Plan to include:
 1. Validation strategy
 2. Implementation timeline/schedule
 3. Analysis of performance engineering requirements with network load, and infrastructure resources required to handle each data migration
 4. Plan to receive and load historical and daily data from ECG Storage System
 5. Environment Readiness Checklist
- c. Coordinate with VA to perform connectivity tasks including establishing authority to connect and connection access to the source system. Connectivity tasks shall be processed in a timely manner to maintain the IMS.
- d. Develop and deliver of an **extract utility** that would be reusable for all ECG migrations across all VA Sites, which shall:

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

1. Extract and transform ECG Studies
2. Extract ECG Reports
 - i. Provide ECG Extraction Progress within the Monthly Progress Report that includes statistical analysis of individual sites ECG data
 - ii. Provide ECG Extraction Processing Report within the Monthly Progress Report
 1. Number of studies, reports, data volume
 2. Report missing data and any detectable anomalies
- e. Extract ECG data and convert the extracted documents/multimedia from IOC Site GE Muse.
- f. Develop and deliver an **ingestion service** that would be reusable for all ECG migrations across all VA sites, which shall:
 1. Process data into CAMM/Millennium.
 2. Provide Ingestion Service Reporting
 - i. Provide ECG Ingestion Upload Progress within the Monthly Progress Report
 - ii. Provide ECG Ingestion Processing Report within the Monthly Progress Report
 1. Number of studies and reports
 2. Exception reporting
 3. Include ECG Technical Documentation Package
 - i. Dataflow and Connectivity Architecture Diagrams
 - ii. Ingest Processes Technical Design Document
- g. Perform upload execution for extracted and converted data for the following phases: test run, initial data pull, data delta results, and final historical and daily data pulls.

Deliverables:

- A. Electrocardiogram (ECG) Upload Readiness Plan
- B. Electrocardiogram (ECG) Technical Documentation Package

5.3.3 DATA TRANSFER AND TESTING

The Contractor shall provide robust testing to included:

- a. Perform data validation for all file types
- b. Perform data validation for image to report matching (where report is applicable)

Migration Record Retention - To maintain the integrity of the service history of every migration, the Contractor shall provide VA a backup copy of the migration database, and any associated databases and/or logs, for a period not to exceed six months after the completion of the migration.

Additional Data Migration Development for IOC

TAC Number: ***TAC-19-56302***

- The backup copies will be stored at a Cerner Data Center. These backups are in place to ensure traceability of all migration activities during each project, should any mitigation be required.
- If any detail of the migration requires mitigation, these backups will be restored into an active database for analysis of the migration events.

The Contractor shall:

- a. Provide the encrypted portable storage required to transport data from VA as required.
- b. Provide security appropriate for transfer of data from VA to Cerner.
- c. Develop a Data Migration Test Plan and approach tailored to each migration to be addressed within the scope of this TO. The Data Migration Test Plan shall be integrated into the overall Contractor Master Test Plan with input and concurrence from the VA EHRM Test Lead.
- d. Develop Testing Artifacts such as test scenarios, test cases, test data and test results to execute and report on data migration testing activities. The Contractor Test Report of Findings/Test Analysis Report shall serve as the key test artifact for the formal deliverable process. Other test artifacts: test cases, test results, etc. shall be entered and maintained in tools as outlined in Contractor Master Test Plan and OEHRM Test Evaluation Master Plan as the work is being executed. The Contractor shall coordinate with VA Test & Evaluation team to define methodology to test the integrity of each data migration including the transformations from VA to Hel, VA to Millennium and methodology to test the integrity of data migration from Hel to Millennium or Millennium to Hel.
- e. Provide support for execution of VA Test & Evaluation, acceptance and data integrity and validation testing including defect/issue process, assistance in troubleshooting/triaging, jointly troubleshooting issues, and responding to findings from test activities.
- f. Conduct system performance monitoring to ensure scalability, reliability and availability of the data architecture. The goal is assessing performance of the migration activity from the VA boundary to CAMM/Millennium.
- g. Execute data migration into both non-production (Millennium, only) and production environment.
- h. Test and validate data migration in both non-production (Millennium, only) and production environment.
- i. Develop the Data Migration Deployment Guide Including back-out and rollback procedures.

For IOC sites, the Contractor shall conduct a Pre-Go-Live Review with data migration stakeholders outlining the enterprise-wide and site-specific data migration pre-deployment activities, and the tasks, responsibilities and support required from VA during go-live and in accordance with the VA-approved Deployment Plan. The site-specific data migration pre-deployment activities will align with the VA-approved

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

Deployment Plan. Following the Review, the Contractor shall obtain official VA Go-Live Authorization by obtaining approvals from the key stakeholders including:

- a. VA Test Lead
- b. Site Clinical Lead – for site-specific data migrations

Upon successful migration of the initial data load, the Contractor shall support an ongoing data ingestion to refresh data. Data feeds and ingestions should be near real-time and in no case to exceed a four-hour lag.

The Contractor shall provide/update Data Migration Technical Documentation including the following:

- Data Migration Testing update to the Contractor Master Test Plan
- Testing Artifacts
- Contractor Test Report of Findings/Test Analysis Report
- Data Migration Deployment Guide

Deliverables:

- A. Migration Database Backup
- B. Data Migration Technical Documentation
- C. Go-Live Authorization

5.4 ADDITIONAL DATA MIGRATION AND INGESTION DEVELOPMENT (OPTIONAL TASK)

Data migration and ingestion requirements continue to evolve to meet VA priorities and may require completion of additional data migrations and ingestions throughout the PoP of this Task Order. VA may exercise this optional task for additional data migrations and ingestions following the applicable process described in Section 5.2 and 5.3 of this PWS. This optional task can be exercised multiple times, from time to time, throughout the period of performance for a total amount not to exceed the NTE CLIN ceiling.

Tasks that may be executed through this optional task include, but are not limited to:

- a. Intra-agency Interoperability extensions
 - i. Modifications to VistA Imaging eXchange (VIX)/ CVIX solution to incorporate images stored in Cerner as part of the exchange to non-converted VA sites.
 - ii. Extensions to facilitate delivery of images stored in VistA Imaging into Cerner.
- b. Tele Retinal/Tele Dermatology – Updates and extensions to services that support Tele Health Store and Forward solutions to continue to support remote reading including reading VistA Images at a Cerner site as well as supporting reading of Cerner stored images for readers at a VistA site.
- c. VistA Viewer re-use – updates to support use of existing VistA viewer within Cerner Millennium to support viewing of image types not supported by Cerner. Including but not limited to Dental Images, Ophthalmology Images and Tele Retinal studies.

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

- d. Joint Legacy Viewer (JLV) Integration – Components necessary to support viewing of content stored in Cerner to JLV, including possible re-use of VistA Viewer (see above) within JLV to view Cerner stored images
- e. Additional source system (Gastrointestinal, etc.) migrations

6.0 GENERAL REQUIREMENTS

6.1 PERFORMANCE METRICS

The table below defines the Performance Standards and Acceptable Levels of Performance associated with this effort. The Government may also utilize the commercially available and VA-specific Key Performance Indicators (KPIs) and Service Level Agreements (SLAs) defined at the ID/IQ level to measure performance under this TO, as applicable.

Performance Objective	Performance Standard	Acceptable Levels of Performance
A. Technical / Quality of Product or Service	<ol style="list-style-type: none"> 1. Shows understanding of requirements 2. Efficient and effective in meeting requirements 3. Meets technical needs and mission requirements 4. Provides quality services/products 5. Meets performance thresholds/metrics defined in applicable Service Level Agreements 	Satisfactory or higher
B. Project Milestones and Schedule	<ol style="list-style-type: none"> 1. Quick response capability 2. Products completed, reviewed, delivered in accordance with the established schedule 3. Notifies customer in advance of potential problems 	Satisfactory or higher
C. Staffing	<ol style="list-style-type: none"> 1. Currency of expertise and staffing levels appropriate 2. Personnel possess necessary knowledge, skills and abilities to perform tasks 	Satisfactory or higher

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

Performance Objective	Performance Standard	Acceptable Levels of Performance
D. Invoicing	1. Invoices are current, accurate, and complete.	Satisfactory or higher
E. Management	1. Integration and coordination of all activities to execute effort	Satisfactory or higher

The COR will utilize a QASP throughout the life of the TO to ensure that the Contractor is performing the services required by this PWS in an acceptable level of performance. The Government reserves the right to alter or change the QASP at its own discretion. A Performance Based Service Assessment will be used by the COR in accordance with the QASP to assess Contractor performance.

6.2 SECTION 508 –INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STANDARDS

All requirements in Sections 8.10, including subparagraphs, of the EHRM Basic PWS apply to this effort. Deliverable requirements are further defined in the following subparagraphs. The Contractor shall comply with the technical standards at: <https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/single-file-version>

6.2.1 REPRESENTATION OF CONFORMANCE

The Contractor shall provide a Section 508 Subject Matter Expert lead for VA EHRM 508 resources to work with. The Contractor shall adhere to the VA-approved Section 508 Test and Delivery Plan and Section 508 Accessibility Roadmap delivered under TO 0001. The Contractor shall update the Government Product Accessibility Template (GPAT) and/or Voluntary Product Accessibility Template (VPAT) delivered under TO 0001 to indicate the level of Section 508 conformance as updates are made to its products and/or services to ensure and sustain 508 compliance.

The Contractor shall work closely with VA Section 508 representatives to verify Section 508 conformance of its products and/or services.

6.2.2 ACCEPTANCE AND ACCEPTANCE TESTING

The Contractor shall provide Final Section 508 Compliance Test Results. The Section 508 Test Results shall include a GPAT/VPAT Conformance Statement validating conformance to Section 508 Refresh Success Criteria and Conformance Requirements for already-developed ICT deliverables.

The Final Section 508 Test Results shall be reviewed and approved by VA Section 508 representatives to validate conformance to Section 508 Refresh Success Criteria and Conformance Requirements for ICT deliverables.

Additional Data Migration Development for IOC

TAC Number: ***TAC-19-56302***

For software development for VA interfaces/systems, the Contractor shall prepare and submit a Section 508 Conformance Validation Package with content as outlined in VA Process Asset Library, Software Development Product Build process map.

The Section 508 Conformance Validation Package shall be reviewed and approved by VA Section 508 representatives to validate conformance to Section 508 Refresh Success Criteria and Conformance Requirements for ICT deliverables.

Automated test tools, manual techniques, and checklists are used in the VA Section 508 compliance assessment.

Deliverable:

- A. Final Section 508 Compliance Test Results for ICT Deliverables
- B. Section 508 Compliance Validation Package for ICT Deliverables

6.3 DELIVERABLES

The Contractor shall provide deliverables for Government review and acceptance IAW with Section B.2 of the Task Order. The Contractor shall incorporate Government feedback provided via the OEHRM Deliverables review process into Task Order deliverables as applicable. Feedback shall be incorporated in either the resubmission or next required submission of the deliverable based upon the timeframe in which it is provided by the Government. For Government feedback requiring additional discussion and/or clarification, the Contractor shall coordinate language updates with VA to resolve and finalize revisions to the affected deliverable. The Contractor shall appropriately mark and date deliverables to maintain version control using the following format: TO Number – CLIN Number Formal Deliverable Title – Deliverable Due Date IAW Section B.2– Version X.X. The Contractor shall annotate major (initial submission) and minor (resubmission) deliverable releases using a numerical system (e.g. Initial submission: TO 0001 – 0001AA Contractor Project Management Plan - August 2018 – Version 1.0; Resubmission: TO 0001 – 0001AA Contractor Project Management Plan – August 2018 – Version 1.1). Resubmitted deliverables shall maintain the original due date defined in Section B.2 of the TO. The Contractor shall provide discrete deliverables in separate email submissions. Email submissions shall include the Contract/Task Order numbers and corresponding deliverable CLIN number. The Contractor shall track updates in both major and minor deliverable releases in an agreed upon format, such that the Government can identify and review language revisions for acceptance.

Additional Data Migration Development for IOC

TAC Number: **TAC-19-56302**

**CONTRACTOR EMPLOYEE
PERSONAL FINANCIAL INTEREST/PROTECTION OF SENSITIVE INFORMATION
AGREEMENT**

This Agreement refers to Contract/Order _____ entered into between the Department of Veterans Affairs and _____ (Contractor).

As an employee of the aforementioned Contractor, I understand that in connection with my involvement in the support of the above-referenced Contract/Order, I may receive or have access to certain "sensitive information" relating to said Contract/Order, and/or may be called upon to perform services which could have a potential impact on the financial interests of other companies, businesses or corporate entities. I hereby agree that I will not discuss or otherwise disclose (except as may be legally or contractually required) any such "sensitive information" maintained by the Department of Veterans Affairs or by others on behalf of the Department of Veterans Affairs, to any person, including personnel in my own organization, not authorized to receive such information.

"Sensitive information" includes:

- (a) Information provided to the Contractor or the Government that would be competitively useful on current or future related procurements; or
- (b) Is considered source selection information or bid and proposal information as defined in FAR 2.101, and FAR 3.104-4; or
- (c) Contains (1) information about a Contractor's pricing, rates, costs, schedule, or contract performance; or (2) the Government's analysis of that information; or
- (d) Program information relating to current or estimated budgets, schedules or other financial information relating to the program office; or
- (e) Is properly marked as source selection information or any similar markings.

Should "sensitive information" be provided to me under this Contract/Order, I agree not to discuss or disclose such information with/to any individual not authorized to receive such information. If there is any uncertainty as to whether the disclosed information comprises "sensitive information", I will request my employer to request a determination in writing from the Department of Veterans Affairs Contracting Officer as to the need to protect this information from disclosure.

I will promptly notify my employer if, during my participation in the subject Contract/Order, I am assigned any duties that could affect the interests of a company, business or corporate entity in which either I, my spouse or minor children, or any member of my immediate family/household has a personal financial interest. "Financial

Additional Data Migration Development for IOC
TAC Number: ***TAC-19-56302***