**REQUESTS AND ANSWERS FOR MEDICAL CLAIM BID (GPAA 10/2019)**

1. What is meant by ‘*validating beneficiaries’*? Does this ‘validation’ refer to establishing only the validity of an invoice claim as it relates to what treatment a member / beneficiary is entitled to? Or, is some other / additional validation required. Please elaborate in detail.

Ans: Only the validity of an invoice claim and no additional validations

**Ad para 1.4.3**

1. Within what timeframe is the appointed MCA expected to develop a tariff file with the GPAA for approval thereafter by the GPAA Exco?

Ans: The preffered service provider will use current system where no GPAA tariffs exist. Tarriffs will be developed by GPAA

1. As the price proposal is confined to a ‘price per invoice processed’, how should the costs of this exercise be charged? Or is the MCA expected to incorporate these costs into the price per processed invoice? If so, how can this possibly be done when invoice volumes fluctuate – for example: to incorporate this “tariff development” cost in the fee per invoice will be vastly different if there are 100 invoices as opposed to 1000 invoices.

Ans: Delete development of a tariff this will be developed by GPAA

**Ad para 1.5.1**

1. Reference is made to “…*monitoring*…” treatment trends for identified persons. What exactly is intended and then included in the reference to “…*monitoring*…”? Specifically, what is expected of the MCA in this regard? Is the intention that the MCA provide case management expertise, or is a data analysis sufficient and then limited to linking medical claims to the underlying and previously approved impairment or disability?

**Ans : It means monitoring trends for pensioner treatment i.e If pensioner was accepted for PTSD treatment must be in line with that.,if there is a deviation in chronic treatment GPAA need to be notified**

1. Reference to the MCA “‘...*maintaining contact*...” with providers (doctors, specialists and other health care providers) is vague. What precisely is required of the MCA in this regard?

Ans: Normal Contact where there is a query or issues with an invoice to be processed.

**Ad para 1.5.2**

1. The difficulty with the clause is the reference to “...*as requested by the GPAA....”* Monthly and quarterly reporting is clear but such that the GPAA requires additional analysis or explanations then the scope of this requirement is overly expansive such that pricing is almost impossible. This clause requires clarification such that the GPAA cannot simply change the reporting requirements which could result in additional costs for the MCA. So in essence, what exactly is required to be reported upon; this must be defined; and if varied at some point within the contract period will possibly attract additional fees which are to be mutually agreed at that time.

The clause refers to service provider payment reconcilliations. If changes occur then these will be discussed and agreed with Preferred service provider

1. What “*statistical information*” is to be reported upon in the “*monthly and quarterly reports*”? Is this limited to “*payment reconciliations of medical providers*”?

Ans: All statistical information that will be usefull for decision making

**Ad para 1.5.4**

1. The contents of this paragraph are vague and require amplification. What precisely is required from the MCA? And again, how is this to be priced?

Ans: Delete this clause-Case Management will be done by GPAA, but hospital invoices will be done by the Preffered Service provider

As the price proposal is confined to a ‘price per invoice processed’, how should the costs of this service be charged? How can the fee applicable to this service be incorporated in a per invoice fee when firstly, the quantum of case management cases is unknown, and secondly, when invoice volumes fluctuate – the fee would be very different if there are 100 invoices as opposed to 1000 invoices.

Ans: Case management will be done by GPAA only invoices from Hospitals should be processed

**Ad para 1.5.6**

1. Where are the steering committee meetings to be held and how is the MCA to charge for this? Or are the costs to be included in the “per invoice processed fee”? Again the same fee problem arises as outlined in para 1.4.3 and 1.5.4 above

Ans: All Steering Committee meetings will held at the GPAA Offices( Quarterly) and Monthly meetings for at least six months until the operation is running smoothly. If there are any changes these will be discussed and agreed with Preffered service provider

1. Reference to “...etc.” is problematic such that it becomes impossible for the MCA to price for unknown requirements. Such reference needs to be deleted.

Ans: Yes Agreed delete etc.

**Ad para 1.5.10**

1. While understood and accepted, any audit must be on reasonable notice and the resultant costs must be for the exclusive account of the GPAA. Additionally, any audit must be restricted to activities performed in terms of the service level agreement concluded between the GPAA and the MCA. To this extent, the GPAA must agree that any and all information obtained in any audit will be confidential in all respects and then individuals undertaking any such audit will individually bind themselves as such.

Ans: Agreed as proposed above

**Ad para 1.5.12**

1. What precisely is meant by reference to a ‘finalised file?

Ans: Invoices that have been processed and are due for payment( Payment file)

1. Within what time period is such a file to be sent to the GPAA?

Ans:This will be agreed with Preffered Bidder

1. Who will be responsible for the costs of doing so? Again, the same fee problem arises as outlined in para 1.4.3 and 1.5.4 above

Ans: Your cost is limited to the processing of the invoice and sending it to the GPAA in an electronic file format.

**Ad para 1.5.13**

1. The precise scope and meaning of this paragraph are unclear, more so given the provisions of paragraph 1.5.10. What specifically is to be audited and then who is liable for the consequent costs? Presumably, the GPAA will be liable.

Ans: Scope limited as per the processing of invoices as per SLA. Agreed as per 1.5.10 above

**Ad para 1.5.14**

1. Such that any consultations require the MCA to attend at the premises of the GPAA, who will be responsible for the travel and related costs that may be incurred? Again, the same fee problem arises as outlined in para 1.4.3 and 1.5.4 above

Ans: This will be part of the six monthly meetings envisaged and should be part of the per invoice price

**Ad para 1.5.15**

1. Again, the same fee problem arises as outlined in para 1.4.3 and 1.5.4 above for this service required of the MCA

Ans: Part of the six meetings envisaged

**Ad para 1.5.16**

1. By all accounts, this requires that the MCA to train GPAA personnel. How is the MCA to charge for this training? How is the training to be provided, where, at what frequency and for what duration? Again, the same fee problem arises as outlined in para 1.4.3 and 1.5.4 above

Ans: Skills transfer or training in so far as there are changes or procedures emanating from the MCA that requires GPAA personnel to adhere to if no changes ,no training is needed.

**Ad para 1.5.17**

1. That the GPAA can request information from the MCA, in a format and time-frame laid down solely by the GPAA ICT and the MCA cannot charge for this is unreasonable and unacceptable such that the tasks required are undefined and have no boundaries. Costs incurred by the MCA complying with any request in this regard can’t possibly be included in a fee per invoice scenario and must be an additional fee for the account of the GPAA if and when this service requirement may be needed.

Ans: This will be a transitional exercise and will be discussed with MCA. We envisage that this exercise will be done by our ICT Unit’. They might consider your cost in this exercise

**Evaluation Criteria, page 7 of 61**

1. By all accounts, bidders meeting the minimum threshold of 60% will be invited to make presentations. Yet the presentations are not scored. What then is the purpose of the presentations and how can the presentations even be considered given the express and then circumscribed functional criteria set out in Part B? This despite the presentation (see para 1.13) being intended as part of a due diligence. Any appointment must be exclusively in terms of Part B- Functionality. No presentation can then alter this approach. Rather, a presentation ought to be included and then scored under Part B. Otherwise, it is irrelevant and subverts the adjudication approach adopted and is likely to be legally challenged by any losing bidder.

Ans: Correct only as part of Due diligence process

1. What exactly is meant and intended in the “positive risk assessment”? This is usually an analysis of a bidder’s Balance Sheet but as per the RFP requirements the GPAA Bid Adjudication Committee already has three years of Annual Financial Statements of each bidder in its possession.

Ans: The risk assessment is a Post Evaluation process and forms part an integral part of due diligence exercise that will be conducted by SCM.

Ans: Yes correct as above

**Ad para 1.9.6**

1. There is a reference to “…turnaround times”. These are not set out in the RFP. What are the required turnaround times? No turn-around times are mentioned in the RFP

Ans: No turnaround times are mentioned in the RFP these will be contained in the SLA with the preferred bidder.

**Ad para 1.9.11**

1. What exactly is required in respect of the “…*detailed assessment reports*…” that the MCA is to deliver? Please explain and clarify in detail.
2. Ans:This refers to your current operational and financial assessment reports that you are generating for your clients
3. Please clarify in detail what is meant and required by *“projects reporting”*? Also, clarity is required as to the frequency, format and content of these reports.

Ans: This aspect relate to outcome and impact that is being realised by the service providers and pensioners. GPAA goal is to achieve a satisfied service provider and pensioner

**Ad para 1.13.1**

1. What is the purpose of the presentation if it is not to be scored as part of any adjudication, an issue addressed in detail above?

Ans: Only to the shortlisted bidders, GPAA has a right to appoint a service provider on condition we are satisfied that the bidder has the required experience and capability. This should not be a problem for prospective bidders who has been in this business of medical claim administration.

1. Nevertheless, will all bidders be invited to make presentations or only a short-list of bidders?

The answer above will assist here.

Ans: Only to the short listed bidders

**Ad para 1.17.a**

1. How is the 30-day period to be calculated? From what date is this calculated and does this relate to working days or calendar days? Further, where the MCA is not actually making the payment, how can the MCA possibly guarantee that a payment will be made within 30 days when it is actually the GPAA’s responsibility. The MCA would be taking on risk on behalf of the GPAA in respect of its employees and systems. The MCA can guarantee the process turnaround time of 30 days for the invoice verification and validation but certainly not the final payment of the claim

Ans: If GPAA received a complete verified adjudicated invoices ,it takes maximum 7 days to pay those invoices.

**Ad para 1.17.e**

1. A draft service level agreement was not appended to the RFP? Will a draft service level agreement be provided prior to the closing date of the RFP and if so when? If so, are comments required as part of the response to the RFP? If no draft SLA is provided by the GPAA then this RFP requirement must be deleted.

Ans: The GPAA will provide the successful bidder with a draft SLA, the General condition of Contracting and Special Conditions are attached to RFQ and bidders should familiarise themselves with such.

**Ad para 1.18**

1. The volume of actual invoices is materially different from those recorded in the prior RFP (43/2016) for the periods April 2014 to March 2015 and then April 2015 to March 2016. By all accounts the invoices numbers now recorded in the RFP are almost 100% higher than those previously disclosed in the 2016 RFP for the same periods. How is it that such a material difference arises?

Ans: The volumes provided in the RFP will not be amended or changed and are not guaranteed. These volumes will be used for pricing purposes only.

1. How is the significant increase in invoice volumes for the period April 2016 to March 2017 explained?

Ans: As per (1) above

1. It is apparent that for the year ending March 2014 and 2016 more cases are finalised than were received in those years, indicating that there must have been a carry-over of cases from the previous year(s). Is this a correct assumption?

Ans: As per (1) above

1. As per page 17 of the RFP the total number of cases received was 33 604, and the number of completed cases over the same period is 29 043 meaning that there is currently a carry-over of 4 561 cases into year 2019. Yet as per page 24 of the RFP the total number of cases to be assessed is 7 951 meaning that only 3 390 new cases are expected in 2019 which is lower than any year provided in the RFP. This seems highly improbable and the figures can thus simply not be accurate.

Ans: As per (1)

1. More specifically, from March 2017 to March 2018 there is a carry-over of 3532 cases giving a total of 7951 + 3532 = 11483 cases in total for the 2018 year and yet only 5796 (50%) are actually processed and there is a carry over to 2019 of 5 687. This clearly doesn’t align with the total carry over of 4 561 in point 4 above further indicating that the provided volumes are inaccurate.

Ans: As per (1)

1. For a response to this RFP on a fee per processed invoice basis to be submitted when the historic data is at best questionable as to actual volumes means that bidders in fact have no basis for any determination as to the expected number of cases which will require consideration and assessment.

Ans: As per(1) above

1. What is the extent of backlog cases? How many are there? How did these arise? Over what period?

Ans : As per (1) above

1. Is the MCA expected to process these backlog cases in addition to the ‘new’ incoming cases? If so, within in what time frame?

Ans : This aspect will be discussed with the preffered bidder and is not material to the RFP

1. Historically, what percentage of the total invoices received relate to military pensions, special pensions, post-retirement subsidies, injury on duty and other pensions?

Ans: This question is irrelevant to the RFP

**Other Issues**

1. What electronic data is to be provided to the MCA on implementation of the RFP and thereafter?

Ans: Pensioner data, claims per category i.e hospitals, Doctor specialist and any information that you need for implementation of the RFP

1. At what frequency will additional data be provided?

Ans: As per the Preffered Bidders requirement

1. In what file format will the data be provided?

Ans: Data extracts are done by our ICT Unit and are per the format and request by the service provider after signing a confidentiality agreement with GPAA

1. Will ICD-10 and NAPPI codes be included in the data provided?

Ans: Bidders who are in this business already have these codes and these won’t be provided

1. Will a full claim history be provided in relation to each claimant?

Ans: Yes to the preffered bidder

1. Will all supporting documents relating to previous claims be provided?

And: We will strive to provide the preffered bidder with all the information required in order to successfully implement the intended project

1. Is it correct that the pricing per processing of each medical invoice must take into account the cost, *inter alia*, of trend analysis of each claim, tariff guideline development, meetings, reports, file storage, training, IT system integration, data and file transfer, transition of the business to the GPAA IT system and travel which must be included in the “price per Invoice processed”? That is, that the quoted price per invoice takes into account all the functions / services that are required and to be provided by the MCA.

This seems to be irrational, fraught with complication and conflates distinctly separate services in a totally inappropriate one invoice fee captures all structure.

Ans: GPAA cannot prescribe what a bidders cost structure should be

1. If the bidder’s tender proposal is too large to fit into the Bid Box please clarify that a GPAA official will be available to receive the proposal documents.

Ans Yes that will be arranged

1. When is the GPAA expecting the MCA to be appointed?

Ans: Approximately 3 to 4 months after receipt of proposals

1. When would the contract commence?

Ans: As agreed with the preffered bidder

1. When would the three months’ setup period referred to in para 1.18.(a) commence?

Ans: As agreed with the preffered bidder

**Price Table (page 24 of 61)**

1. By all accounts, a price proposal is required on a price per invoice processed, inclusive of VAT. This requires accurate historical data which, as set out above, does not seem to be the case.

Ans: Data or volume estimates supplied are for pricing purposes only and not guaranteed.

1. Such that historic claim volumes appear not to be accurate and that consequent thereupon projected claims volumes on page 24 of the RFP may well be significantly inaccurate, how is any bidder expected to formulate an accurate price offering as *inter alia*, operational overhead costs cannot even be accurately determined by the bidder. Pricing is entirely volume dependant as per the RFP. Pricing thus requires accuracy and specificity in the base data, which by all accounts seems not to be the case.

Ans: Volume estimates supplied are for pricing purposes only and not guaranteed

1. By all accounts, insufficient accurate data has been provided such that any bidder would be able to price any accurate offer in response to the Bid.

Ans: Volume estimates are for price purposes only and not guaranteed.

1. How will the payment mechanism work, for example:
2. Will an electronic payment instruction be accepted to be loaded on the ftp site of Treasury – YES of GPAA-

Ans: This detail will be discussed with the preffered bidder

1. Will treasury make all payments –

Ans: This detail will be discussed with the preffered bidder

c.       Will treasury provide confirmation of all payments made back electronically (e.g. payment file) to the MCA –

Ans: This detail will be discussed with the preffered bidder

d.      So that the MCA can recon against this confirmation and generate a remittance advice to then be sent to providers by the MCA – Yes, good and valuable suggestion

5. Do you have any negotiated tariffs with any providers?

Ans: No we don’t have a tariff structure, some service providers use COIDA. We will develop a tariff structure

6. Can you provide us with a breakdown of authorised conditions/diagnoses made during the past two years – a.       Can your provide an example of such an authorisation (i.e. how determine the extent and whether ongoing/once-off treatment) –

Ans: This question falls outside the scope of this tender

7. What will the current staff be doing once the MCA starts to assess the claims?

Ans: This is outside the scope of the RFP

8. When do you envisage the new modernised GPAA system to be available?

Ans : We cannot say at this stage what timeframe but this won’t affect the work of the preffered bidder

1. How long do you envision the adjudication process to take? Normally adjudication until  final

appointment is approximately three months

Ans ; Adjudication to award approximately 3 to 4 months