**GOVERNMENT PENSIONS ADMINISTRATION AGENCY**

**(“GPAA”)**

**REQUEST FOR PROPOSAL**

**RFP NO: GPAA 43/2016**

**REQUEST FOR CLARIFICATION**

**Ad para 1.4.3**

1. Is it intended that the COIDA protocols and tariffs be applied to both injury on duty and medical pension medical expense claims?Yes we are adopting COID
2. By when is the appointed MCA required to develop a tariff file? It will be joint effort and will be assisted by an Actuary.I think 3 months after employment of an actuary

**Ad para 1.4**

1. What is intended by reference to “…*do*…” in relation to the items listed in paras 1.4.5 to 1.4.8? Is this just a typo error?Delete 1.4.4
2. If strategies and /or policies / pricing tariffs (or anything similar) are to be developed by the MCA, by when are these to be delivered?The MCA will use COIDFA tariffs from say day one until all other instruments/policies are in place

**Ad para 1.5.1**

1. Reference is made to “…*monitoring*…” treatment programs. What exactly is intended and 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, as would appear to be the express requirement? Monitoring treatment programmes means monitoring of trends for pensioner treatment i.e if the Pensioner was accepted for PTSD treatment will be inline with that. However if patient starts including other medines outside the PTSD treatment ,we need to be notified so that we can attend to that anomaly. It could result in a re assessment of the Pensioner. This function of case management will be handled by GPAA Nurses and Dr

**Ad para 1.5.2**

1. Following the compulsory briefing on 14 October 2016, it is understood that this provision of the RFP is to be deleted in its entirety. Is this correct? If not, then what exactly is intended by reference to “…*reserve calculation tracking*…”? Please clarify in detail. Yes this Clause should be deleted

**Ad para 1.5.3**

1. What exactly is intended by reference to “…*narrative reports*…”? Please explain and clarify in detail.Narrative reports refers to the analysis and explanations on all statisticall information given as part of a monthly or quarterly report
2. What is meant / intended by reference to “…*settlement requests*…”? Please explain and clariy in detail.Settlement request also means payment reconcilliatins for service providers
3. Exactly what information and detail is required in these narrative reports? Please clarify in detail.Analysis of payment trends i.e hospitalisation Dr Prosthysis etc Volumes handled by service category etc

**Ad para 1.5.5**

1. What is meant / intended by reference to “…*documented notes*…”? Please clarify in detail.This refers to hospital services case management from admission to discharge of patient.
2. Are these documented notes limited to claimants who have been hospitalised only or is it wider than that? Please explain and clarify in detail.It refers to hospitals

**Ad para 1.5.17**

1. What is intended by reference to the MCA having to “…*participate in skills transfer*…”? Please clarify in detail.Skills transfer in so far as the MCA’s new processes that will be introduced. Meaning if the MCA introduces new processes that will need changes within GPAA it is expected that the MCA will transfer skills or render training to GPAA staff. This is not an ongoing function but as and when new processes are introduced
2. Does this include training and, if so, to what persons, how many individuals are to be trained, where are they located and what is the intended focus of any training? Please clarify in detail.Currently we have 5 employees and two nurses and a supervisor who are currently processing the claim from adjudication to payment. Adjudication will now be the function of the MCA and the role of the employees will now be focusing on payments,case management,education of members and service providers.Skills and or training will be limited to changes caused by the MCA and is not on going but a once off

**Ad para 1.5.18**

1. This requirement is open-ended such that it could involve multiple meetings, on demand by the GPAA. There must be a limit on the number of meetings the MCA is required to attend, not least in order for the bidding MCA to include the relevant costs in the pricing of its response to the RFP. Please clarify in detail. 1.5.7 -Meeting only once a month should be provided for.

**Ad para 1.5.22**

1. What exactly is the MCA required to communicate to service providers and members (claimants)? Further thereto, how often and in what format(s)? This requirement needs to be clarified in detail in order that a bidder is in a position to include the relevant costs in pricing the response to the RFP. This is an issue that cannot be addressed only with the preferred bidder.This communication is only limited to the operations of the business i.e adjudication of the claim that the MCA is expected to do. I envisage to be once amonth or where there is a rejection or so of a medical line item.

**Evaluation Criteria, page 8 of 78**

1. What is intended by reference to “…positive risk assessment prior award…”? Please clarify in detail. Our Risk Assessment is normally done by an organisation called experian who does a financial due diligence on all our service providers, It includes lthe use of financial ratios i.e Liquidity Rations,Debt to Equity ROI etc.
2. Under functionality, part B, there is no score allocated to presentations. There is a score allocated to the presentation of contactable references. Why has no score been allocated to presentations? Because not all the bidders will be assessed on presentations only the top three. Presentation is not part of the evaluation criteria, therefore suppliers will not be evaluated on presentation.
3. Please confirm that if three contactable references are provided by the bidder the bidder will be awarded 5 points. If not, please clarify in detail how the points from a zero (0) to the full five (5) points are to be awarded in respect of contactable references. 3 references will give you 3 points and 4 and 5 will give maximum. Will be scored based on National Treasury scores which range from 1-5.

**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 turnaround times are proposed in this tender but you can demonstrate what you are currently achieving vs industry standard. Currently Governments/ GPAA payment policy turnaround time is 30 days

**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.This simply means in terms of this project and with your experience what kind of operational reports and project reports are you generating. What aspects of the operations and financials do you report on
2. What is meant by the reference to the development of these reports?This means you should demonstrate the ability to design the templates or you already have exsting reports that you are generating for your clients and how you are packaging them.
3. Please clarify in detail what is meant and required by *“projects reporting”*? Also clarify the frequency, format and content of these reports in detail. Project Reporting is output/deliverable based and also whether outcomes and impact is being realised. For GPAA the outcomes should be a satisfied service provider and pensioner . The cost aspects is also important. GPAA uses PMBOK system for project t reporting

**Ad para 1.13.1**

1. What is the purpose of the presentation if it is not to be scored?It gives the short listed bidders the opportunity to demonstrate their solution/proposal to the evaluation panel.
2. Are all bidders invited to do presentations or only a short-list of bidders?No not all bidders are invited for the presentations only short listed bidders or the first 3 with highest scores.

**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? If so, are comments requirement as part of the response to the RFP? If no draft SLA is provided then this RFP requirement must be deleted. No SLA is to be provided. This clause is deleted from the RFP

**Ad para 1.18**

1. The volume of invoices is materially outdated. Could current volumes as at the date of the RFP be provided?But for the purpose of this execise please use the current volumes as supplied in the RFP
2. What is included in backlog cases? How many are there? How did these arise? Over what period? Ignore all other information and focus on the volumes given. The volumes given will be the bases of our price proposal and will not change.
3. Is the MCA expected to process these backlog cases in addition to the ‘new’ incoming cases? If so, in what time frame?This aspect will be discussed with the preffed bidder and is not material to the RFP
4. With bidder’s submission only due by 28 October 2016 please clarify how an MCA is going to be appointed and a Service Level Agreement concluded and signed by November 2016. It is highly unlikely that the RFP will be settled and an MCA appointed by November 2016. It is suggested that a later date such as January 2017 should be considered.I envisage that January/February 2017 is more realistic for appointment
5. Historically, what percentage of total cases relates to IOD and what percentage relates to military pensions?In the briefing Session we said les than 10% of total volumes represent IOD

**Page 16 of 78**

1. The total claims for the three-year period April 2013 to March 2016 were 18,743. On average this is 6,247 per year. This differs materially from other statistics provided. Why? Please clarify in detail.

For example: On page 13 of the RFP it is stated 10,161 cases for 2014/2015 and 10,178 for 2015/2016. Logically this equates to in excess of 30,000 cases in a three-year period and not 18,743. Please explain and clarify.

Even allowing for the fact that the graph on page 16 alludes to ‘top ten expenditure’ that would mean 12,000 unaccounted for in the three years, 4000 per annum. That equates to approximately 40% of claims per annum unaccounted for outside of the ‘top ten’ – this seems inconceivable. Please clarify in detail.Ignore and delete all other slides and focus on slide on page 18 and the volumes to be used for calculation of price proposal

**Page 21 of 78**

1. This relates exclusively to IOD claims. What of military pension claims? What process applies to military pension medical expense claims? These processes relates to Military Medical Accounts and IOD

**Page 26 of 78**

1. Are prices to be quoted inclusive or exclusive of VAT? Yes inclusive of vat
2. As per the table on page 26 the volumes provided for in Year 1- 16/2017 are outdated (they relate to April 2015 to March 2016) and cannot be utilised for the calculation of pricing in the first year, especially considering the 30% compounded escalation provided for in the RFP table for year 2 and year 3. At the very least the 10,178 number in line 1 of the table must be increased by 30% in order to be current. i.e. 13,231

Then year 2 and year 3 must in turn be increased by 30% annually giving 17,200 in year 2 and 22,361 in year three. Please clarify.The volumes supplied in the RFP and the 30% escalations will not be changed and are not guaranteed. Thease volumes will be used for pricing purposes only

**Other Issues**

1. What electronic data is to be provided to the MCA on implementation of the RFP and thereafter? Pensioner data, claims per category i.e hospitals ,Dr,specialist and any information that you need for implementation of the RFP
2. At what frequency will additional data be provided? As per the Preffered Bidders requirements
3. In what file format will the data be provided? Data extracts are done by our ICT Unit and are per the format and request of the service provider after signing a confidentiality agreement.
4. Will ICD-10 and NAPPI codes be included in the data provided? If tghese are available yes it will include that. Currently we do not have a tariff structure that is published or is unique to Military Pensions and hence our inclusion in the RFP that we will initially adopt COIDA Tarriffs and Protocol and then with the assistance from the actuary and Preffered service provider we will develop our own tariff and protocol.
5. Will a full claim history be provided in relation to each claimant? Yes at least up to 3 years
6. Will all supporting documents relating to previous claims be provided? For now I will say we will endeavour to supply the preferred bidder all the information required to ensure success in the implementation of his proposal
7. Overall, the RFP is clearly suggestive of a requirement for case management skills and expertise as well as other functions, being provided by the appointed MCA, rather than the service being simply a perfunctory IT and administrative function and the mere rubber-stamping of service provider invoices. As illustration page 4 of the RFP *“…monitor the reasonability and the need for the medical services”* is case management / investigation.

As such, please confirm that the pricing per processing of each medical invoice must take into account that the cost of *inter alia*, trend analysis of each pensioner claims, tariff guideline development, meetings, reports, cost of call centre, file storage, training, IT system integration, data and file transfer, transition of the business to the GPAA IT system and travel 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.

Yes agreed pricing will include all the above mentioned functions we expect that the MCA will have the capabilities to implement them including skills transfer interms of process changes for GPAA staff that will be responsible for payments .Case management as mentioned above is confined to trend analysis of claims by pensioners.

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. Yes this will be arranged
2. When should bidders expect to hear from the GPAA tender adjudication committee?Tender Evaluation will take place in November and by 1st or second week December 2016 we expect conclusion and appointment of a preferred bidder all things working as planned. NB these targets maybe exceeded if there are activities happening which are beyond our control
3. Will there definitely be presentations and when are presentations expected to be held? Yes ,there will be presentations required after evaluations as part of the due diligence process
4. By when is the GPAA expecting the MCA to be appointed? December say 1st or 2nd week
5. When would the contract start? By January/February 2017 is now the realistic target date
6. Taking cognisance of 11 and 12 above when would the three months’ setup period commence? We hope January to March

**Soma Initiative (Pty) Ltd**

**Cape Town**

**19 October 2016**