

**The Full Request for Proposal (RFP)**

**REQUEST FOR PROPOSAL**

**(Proposal No. NBCPS01)**

**Procurement of Service Provider(s)**

**for**

**NBCPSS Health Plan**

# Contents

<b>SECTION 1: FORMAL REQUEST FOR PROPOSAL</b> .....	4
1.1 INTRODUCTION.....	4
1.2 INTERPRETATION .....	4
1.3 DEADLINE FOR SUBMISSION OF ELECTRONIC COPY.....	5
1.4 FRAUD AND CORRUPTION.....	5
1.5 CLARIFICATIONS.....	5
1.6 SUBMITTING PROPOSALS .....	5
1.7 VALIDITY .....	7
Tenders shall remain open for acceptance for ninety (90) days from the closing date. ....	7
1.8 NEGOTIATIONS AND CONTRACTING.....	7
1.9 BIDDERS TO BE INFORMED OF THE ACCEPTANCE OR OTHERWISE OF THEIR PROPOSALS .....	7
1.10 REASONS FOR REJECTION .....	7
1.11 PREMIUM RATES / FEES.....	8
1.12 CANCELLATION OF PROCUREMENT PROCESS .....	8
1.13 CONFIDENTIALITY STATEMENT .....	8
1.14 CONTRACT TERMS .....	9
1.15 CRITERIA FOR EVALUATION OF PROPOSALS .....	9
1.16 SPECIAL CONDITIONS .....	10
1.17 DISCLAIMERS.....	11
1.18 CONTACT DETAILS .....	11
1.19 CONTENT AND FORMAT OF THE PROPOSAL.....	12
PROPOSAL NUMBER: NBCPS01 .....	Error! Bookmark not defined.
Section 1: Particulars of the bidder .....	12
Section 2: Company profile(s) of bidder .....	12

<b>Section 3: Services and draft contract proposed .....</b>	<b>12</b>
<b>Section 4: References, qualifications and capabilities of the firm(s) of the bidder .....</b>	<b>14</b>
<b>Section 5: Proposed premium rate(s) / fee(s) .....</b>	<b>14</b>
<b>Section 6: Formal documents to be submitted .....</b>	<b>14</b>
<b>Section 8: Further particulars .....</b>	<b>16</b>
<b>Section 9: Authority and signature(s) .....</b>	<b>16</b>
<b>Section 10: Bidder's contact details.....</b>	<b>16</b>
<b>SECTION 3: DETAILED MEMBERSHIP AND CLAIMS EXPERIENCE .....</b>	<b>25</b>
<b>SECTION 4: PROVISIONAL SERVICE LEVEL AGREEMENT .....</b>	<b>25</b>
<b>SECTION 5: EVALUATION PROCESS .....</b>	<b>30</b>

# SECTION 1: FORMAL REQUEST FOR PROPOSAL

## 1.1 INTRODUCTION

The purpose of this request for proposal (RFP) is to attract and recruit a suitably qualified Bidder(s) to render the insurance and administration services of the Health Plan of the National Bargaining Council for the Private Security Sector (“NBCPSS”) for a contract period of 24 months from 1 March 2021 to 28 February 2023.

Bidders are requested to propose:

- for insurance of the Health Plan’s benefits;
- to administer the benefits as detailed in section 2; and
- the delivery of their services in principle on the basis of a service level agreement as detailed in section 4.

Appointment as a successful Bidder shall be subject to the parties agreeing to mutually acceptable contractual terms and conditions. In the event of the parties failing to reach such agreement within 30 days from the appointment date, the NBCPSS shall be entitled to appoint another bidder at its discretion.

## 1.2 INTERPRETATION

In this RFP, unless otherwise stipulated or the context clearly indicates the contrary, the following words and expressions shall have the meanings assigned to them:

“**Bidder**” – the natural or artificial person submitting a proposal.

“**Contract**” – the agreement which shall come into effect between the NBCPSS and the Bidder upon the conclusion of negotiations and signature of an agreement between the NBCPSS and the successful bidder.

“**Contract Period**” – a period of 24 months from 1 March 2021 to 28 February 2024.

“**Proposal**” – a submission by the bidder in response to this RFP;

“**Health Plan**” – the Health Plan of the NBCPSS;

“**NBCPSS**” – the National Bargaining Council for the Private Security Sector with its head office at Block Q, Central Park Office, 400 - 16<sup>th</sup> Road, Randjespark, Midrand.

### 1.3 DEADLINE FOR SUBMISSION OF ELECTRONIC COPY

Prospective bidders are required to also submit an electronic copy of their proposal, by no later than 12:00 noon on **7 September 2020** via CD Drive or USB.

### 1.4 FRAUD AND CORRUPTION

All bidders are to take note of the implications of contravening the Prevention and Combating of Corrupt Activities Act, 12 of 2004, the Competition Act and any other Act applicable.

### 1.5 CLARIFICATIONS

Telephonic requests for clarification will not be accepted. Any clarification required by a bidder regarding the meaning or interpretation of any part of the Request for Proposals or any other aspect concerning the bid, is to be requested in writing (by e-mail) from [ceo@nbcps.org.za](mailto:ceo@nbcps.org.za) by not later than 12h00 noon on 19 August 2020. Queries received after the deadline will not be responded to.

The bid number must be mentioned in all correspondence. Where appropriate, the clarifying information will be made available to all bidders by e-mail only.

### 1.6 SUBMITTING PROPOSALS

- (a) The deadline for submission of proposals is **12h00** noon on **7 September 2020**.

(b) An original printed version of the proposal must be submitted plus three (3) separate copies. The original version must be signed in ink, but the additional three (3) separate copies of the original do not have to be signed in ink. **Only proposals that are submitted as one original and three separate copies will be accepted.**

(c) The proposals must be submitted in a sealed envelope and delivered at:

**Block Q, Central Park Office**

**400 - 16th Road**

**Randjespark**

**Midrand**

The proposal box is open: 8 hours per day, 5 days per week.

(d) Proposals received at the physical address after the closing time and date above, shall be deemed to be received late and will not be considered for evaluation. Proposals received late shall be returned unopened where possible to the bidder. Bidders are therefore strongly advised to ensure that proposals be dispatched allowing enough time for any unforeseen events that may delay the delivery of the proposal.

(e) All proposals must conform to the minimum requirements as set out in this document and be submitted with the content and in the format specified in section 1.18 below. Additional information may be provided at the discretion of the bidder as provided for in the format specification.

(f) Notwithstanding any possible shortcomings in the specifications, the bidder must ensure that the services offered will form a complete and functional solution in respect of the services proposed by the bidder for the Health Plan of the NBCPSS.

## 1.7 VALIDITY

Tenders shall remain open for acceptance for ninety (90) days from the closing date.

## 1.8 NEGOTIATIONS AND CONTRACTING

- (a) The NBCPSS has the right to enter into negotiations with one or more bidders regarding any terms and conditions, including price(s), of a proposed contract.
- (b) The NBCPSS shall not be obliged to accept the lowest or any other quotation, offer or proposal.
- (c) The NBCPSS also reserves the right to enter into one contract with a provider for all required functions or into more than one contract with different providers for different functions.
- (d) A contract will only be deemed to be concluded when reduced to writing in a formal contract and Service Level Agreement signed by the designated responsible person of both parties.
- (e) Under no circumstances will negotiation with any bidders constitute an award or promise / undertaking to award the contract.

## 1.9 BIDDERS TO BE INFORMED OF THE ACCEPTANCE OR OTHERWISE OF THEIR PROPOSALS

All bidders will be informed of the status of their proposal once the procurement process has been completed.

## 1.10 REASONS FOR REJECTION

- (a) The NBCPSS shall reject a proposal for the award of a contract if the recommended provider has committed a corrupt or fraudulent act in competing for the particular contract.
- (b) The NBCPSS may disregard the proposal of any bidder if that bidder, or any of its directors:

- Have committed proven fraud or any other improper conduct in relation to this procurement process;
- Have failed to perform any contract for the NBCPSS and the proof exists; or
- No reasons for not accepting a bidder's proposal need be given to the bidder or any other party by the NBCPSS.

#### 1.11 PREMIUM RATES / FEES

- (a) The final premium rate / fee schedule will be negotiated, developed and included in the formal contract between the NBCPSS and the successful Bidder(s).
- (b) Payment for services forming part of the specified functions being co-administered and / or sub-contracted by the successful Bidder(s) must form part of the agreed contract premium rate / fee paid by the NBCPSS to the successful Bidder. No additional fee shall be charged to the NBCPSS.

#### 1.12 CANCELLATION OF PROCUREMENT PROCESS

This procurement process can be postponed or cancelled at any stage at the sole discretion of the NBCPSS provided that such cancellation or postponement takes place prior to entering into a Contract with a specific successful Bidder to which the proposal relates.

#### 1.13 CONFIDENTIALITY STATEMENT

- (a) The information contained in the RFP document, or provided by an appointed consultant for the NBCPSS, is solely for the purpose of providing bidders with the information on which to submit their proposals. It is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged information and material. Any review, retransmission, dissemination or other use of, or taking any action,



in reliance upon this information by persons or entities other than the intended recipient, is prohibited.

- (b) Recipients of this document shall respect the confidentiality of the information contained herein together with any other information obtained during the course of the RFP process. Upon acceptance of this document, bidders agree to ensure that their employees, consultants and agents are aware of the confidentiality requirements stated herein, and not to make any other use of such information and material other than as contemplated in this document.

#### 1.14 CONTRACT TERMS

NBCPSS will negotiate contract terms upon selection of successful bidders. All contracts are subject to review by NBCPSS legal counsel, and provisions of this RFP and the contents of the successful responses may be included in the contract.

#### 1.15 CRITERIA FOR EVALUATION OF PROPOSALS

The NBCPSS will evaluate proposals received in its sole discretion and may engage with one or more bidders for clarification of their proposals *inter alia* through personal interviews with bidders and key officials of bidders. It may conduct on-site visits and due diligence investigations of bidders and may negotiate final terms and conditions with bidders.

The principal criteria to be used by the NBCPSS to adjudicate proposals are to identify the bidder which in the considered opinion of the NBCPSS is expected to:

- render the best quality services required for the Health Plan at the agreed premium;
- contract in a manner that is entirely compliant with all relevant legislation or regulation and/or exempted from legislation or regulation which may otherwise be relevant; and

- conduct its business with the NBCPSS in a totally ethical manner.

The full evaluation criteria are set out in section 4 below.

## 1.16 SPECIAL CONDITIONS

The following special conditions will be applied:

- i. The NBCPSS reserves the right not to award the contract;
- ii. All disbursement costs will be for the account of the Bidder;
- iii. The successful bidder must submit all tools, reports, data sets and databases (including all other relevant items) to the NBCPSS after the completion of the bidder's appointment. All items mentioned are and will remain the property of NBCPSS;
- iv. The successful bidder may not use this information or tools for any other project without getting prior written approval from the NBCPSS Council;
- v. Contact by any means whatsoever with NBCPSS personnel, actuaries and/or service providers that forms part of the Proposal process is not permitted during the Proposal process other than as permitted through the clarifications process set out in 1.5 above and/or as requested by the NBCPSS. Respondents shall not offer or give any consideration of any kind to any employee or representative of the NBCPSS as an inducement or reward for doing, or refraining from doing, any act in relation to the obtaining or execution of this or any other contract with NBCPSS;
- vi. Bidders are expected to fully acquaint themselves with the conditions, requirements and specifications of this process before submitting their proposal. Each respondent assumes all risks for resource commitment and expenses, direct or indirect, of the proposal preparation and participation throughout the process. The NBCPSS is not responsible directly or indirectly for any costs incurred by bidders; and

- vii. The bidder is responsible for all costs incurred in the preparation and submission of its proposal.

## 1.17 DISCLAIMERS

The NBCPSS has produced this document in good faith. However, the NBCPSS, its agents and its servants do not warrant its accuracy or completeness. The NBCPSS will not be liable for any claim whatsoever and howsoever arising (including, without limitation, any claim in contract, delict or otherwise) for any incorrect or misleading information contained in this process due to any misinterpretation of this process.

This document is a request for proposal only and not an offer document; answers to it must not be construed as acceptance of an offer or imply the existence of a Contract between the parties. By submission of its proposal, bidders shall be deemed to have satisfied themselves with and to have accepted the NBCPSS terms and conditions contained in this document. NBCPSS makes no representation, warranty, assurance, guarantee or endorsements to any bidder concerning the process, whether with regard to its accuracy, completeness or otherwise and the NBCPSS shall have no liability towards the bidder or any other party in connection therewith.

## 1.18 CONTACT DETAILS

Should any information be required with regards to this RFP, the following persons may be contacted:

Name:           Christiaan Oelofse;or  
                          Phillemon Bhembe

Tel no:           C Oelofse: 0823393398  
                          P Bhembe: 0721543010

Email:           ceo@nbcps.org.za

## 1.19 CONTENT AND FORMAT OF THE PROPOSAL

Bidders must submit their proposals with the following prescribed content and in this prescribed format. Bidders are advised that their proposal should be concise, written in plain English and simply presented. The format and all instructions set out below must strictly be adhered to. Non-compliance will result in the disqualification of such proposals.

Four copies of the proposal must be submitted, including the original. In the event of a contradiction between the submitted copies, the original shall take precedence.

<b>Section 1: Particulars of the bidder</b>
The registered name and trading name (if applicable), CIPC registration number, registered address, postal address, telephone and facsimile numbers of the organisation.
Name, e-mail address and contact details of the bidder's representative.
<b>Section 2: Company profile(s) of bidder</b>
Company profiles should be submitted of the bidder and all entities whose services are proposed. It should include at least the following:
<ul style="list-style-type: none"><li>i. Details of the entity's group structure through shareholdings in the entity and shareholdings by the entity with details of all such shareholdings</li><li>ii. Details of Boards of Directors and short CV's of all directors and CEO's</li><li>iii. Overview of historic development and roll-out of the entities' products and services and main achievements</li><li>iv. List of significant current and recent major clients</li><li>v. Specify any business by the entity, its shareholders and the associated businesses in its group that anyone of these have or had with any aspect of the business of the NBCPSS</li></ul>
<b>Section 3: Services and draft contract proposed</b>
<b>Section 3.1: Narrative</b>

This section must contain a narrative summary of the services proposed by the bidder setting out in broad terms the insurance and/or various administrative services it proposes to offer. If different services are to be offered by different entities of the bidder, the service(s) offered by each such entity should be clearly described separately. If the proposal contains significant deviations from the benefit structure of the Health Plan or any of its features as provided in this RFP, or if it contains significant deviations from the detail of the service level agreement provided in the RFP, such differences must be clearly described and motivated as part of this narrative.

### **Section 3.2: Motivation of legal structure**

This section must contain a full motivation with reference to and quoting such relevant clauses or sections of the applicable legislation or regulation, for the bidder's proposed legal structure by which the insurance of and provision of services for the Health Plan are to be contractually arranged.

Of specific relevance is:

1. Whether the bidder is or would be required in law to register as a "*medical scheme*" in terms of the Medical Schemes Act, 1998, by virtue of the definition of "*the business of a medical scheme*" and related sections of that Act, in relation to the provision of services and benefits for the Health Plan.
2. Whether the bidder is exempt by the Council for Medical Schemes from the requirement to register as a "*medical scheme*" in terms of the Medical Schemes Act, 1998, by virtue of the definition of "*the business of a medical scheme*" and related sections of that Act, in relation to the provision of services and benefits for the Health Plan. If the bidder so exempt, the bidder is requested to provide details of the exemption, specifically including but not limited to the duration of the exemption.
3. Any other details pertaining to the legal structure in terms of which the bidder intends to provide benefits and services to the Health Plan, including but not limited to the Demarcation Regulations issued in terms of the Long-Term Insurance Act, 1998 and/or Short-Term Insurance Act and/or the proposed Low-Cost-Benefit-Option being developed by the Department of Health.

### **Section 3.3: Proposed draft contract**

For this section, the bidder must provide in an annexure a draft contract for its proposed insurance of and services for the Health Plan. The service level agreement(s) referred to in section 3.4 are additional to this draft contract.

### **Section 3.4: List of annexures detailing proposed services**

This section must contain a list of annexures that the bidder should append to its proposal that contains details of its proposed services and its proposed provisional service level agreement(s) specifications.

**Section 4: References, qualifications and capabilities of the firm(s) of the bidder**

List clients your firm has worked with that best reflects your work and relevancy to this project. Briefly describe the role your firm played in each project.

Submit signed client reference letter(s) (on the client's letterhead) where healthcare services were provided in the past 4 years (between January 2016 and March 2020). The letters must indicate the year in which the services were provided, including the options offered by the service provider, and must not be older than three months as at the closing date. The letters must indicate the industrial sectors where the healthcare services were provided.

Briefly describe your firm's organizational capacity to effectively perform managed health care services.

Provide CV's of key officials.

How many full-time staff does your firm employ? Please include a copy of your firm's organizational chart.

What team will be assigned to this project with names and roles of the members of the team?

Disclose any planned mergers / acquisitions insofar as these may be relevant to NBCPSS's adjudication of your proposal.

Describe your hardware / software vendor partnerships.

**Section 5: Proposed premium rate(s) / fee(s)**

The proposed premium rate(s) and/or fee(s) applicable to the service(s) proposed must be stated here expressed as a Rand amount per member per month and shown separately for each service as may be applicable to the bidder's and its entities' proposal(s). Insofar as it relates to the insurance service, the bidder may propose the premium rate(s) either or both on a non-profit-sharing or profit-sharing basis. The premium rate(s) / fee(s) must be fixed for the entire contract period on a per member per month basis. Value Added Tax (VAT) must be included and shown separately where appropriate.

**Section 6: Formal documents to be submitted**

In this section the following documents must be submitted.

**Section 6A: Audited financial statements**

Copies of the last available audited financial statements of each entity involved in the proposal.

**Section 6B: SARS Tax Clearance Certificate**

The Bidder must be registered with SARS for all taxes and must be tax compliant as at the date of award. A letter from SARS providing a PIN to be used to verify the Bidder's tax compliance status must be submitted for each entity involved in the proposal.

**Section 6C: Vendor Application Form**

A vendor form must be completed and submitted by all prospective bidders which a copy is attached hereto

**Section 6D: Company Registration Document (COR29)**

A copy of a company registration document must be submitted for each entity involved in the proposal.

**Section 6E: Identification Documents (ID) of directors**

ID copies of all directors of the Company shall be submitted.

**Section 6F: Cancelled Cheque or Bank letter**

A certified copy of a Cancelled Cheque or a certified letter from the bank must be submitted.

**Note:** letter from the bank must not be older than three months and must have a bank stamp.

**Section 6G: B-BBEE Certificate**

An original valid B-BBEE Certificate or Sworn Affidavit were applicable (QSEs and EMEs) must be submitted for each entity involved in the proposal. It must be valid at the date of closing of the proposal submissions.

In bids where consortia / joint ventures are involved, these parties will qualify for points for their B-BBEE status level as an unincorporated entity provided that the entity submits their consolidated B-BBEE certificate (by a SANAS accredited rating agency) as if they were a group structure.

**Section 6H: Proof of indemnity insurance**

Supply a copy of the current and valid indemnity insurance policy.

**Section 6I: Proof of Registrations / License(s)**

Supply copies of all relevant statutory insurance and/or other license(s) or registration(s) in support of the motivated proposed legal structure provided under section 3.2.

**Section 7: Confidentiality, copyright and other warranties**

The bidder and each entity as may be applicable must certify and warrant the following.

(a) The proposal and all information in connection therewith shall be held in strict confidence and usage of such information shall be limited to the preparation of the proposal.
(b) Copyright of all documentation relating to this proposal belongs to the NBCPSS. The bidder may not disclose any information or documentation to other persons without the written approval of the NBCPSS. This obligation shall survive this proposal process.
(c) The bidder is able to conclude an Agreement to the satisfaction of the NBCPSS.
<b>Section 8: Further particulars</b>
In this section the bidder may submit any further particulars it so wishes to expand, enhance, inform or elucidate its proposal that is not provided for in the previous sections. Bidders are reminded to be concise in submitting such further particulars.
<b>Section 9: Authority and signature(s)</b>
Provide the legally binding signatures and proof of authority of such signatories to the full proposal.
<b>Section 10: Bidder's contact details</b>
Provide telephone and cell phone numbers, e-mail, postal and physical addresses of all persons representing the party (parties) that submit the proposal and of other persons that may reasonably be contacted by the NBCPSS regarding the bidder's proposal.

## **SECTION 2: DETAILED BENEFITS**

During the wage negotiation period for 2018/2019, the security industry concluded a wage agreement wherein the parties agreed to arrange medical cover for Eligible Members. The security industry employs more than 200 000 workers.

The NBCPSS is seeking a healthcare service provider which has a national footprint and will be able to provide the following services to its members or employees:

- i) primary healthcare;
- ii) 24/7 emergency medical services; and
- iii) hospital benefits and any other additional benefits that would add value to the members or employees.



# HEALTH PLAN BENEFITS

## 1. GENERAL PRACTITIONERS:

- 1.1. This benefit comprises access to general practitioners specifically appointed by the service provider at its sole discretion, to manage treatment cost for Eligible Members.
- 1.2. This benefit shall include at least consultations with a general practitioner in a 12-month period.
- 1.3. This benefit includes maternity benefits which, at a minimum, must comprise:
  - 1.3.1. One (1) growth sonogram in the first trimester of the pregnancy;
  - 1.3.2. One (1) growth sonogram in the third trimester of the pregnancy;
  - 1.3.3. Specified blood tests necessary for the monitoring of the pregnancy required by a network general practitioner.
- 1.4. The service provider must have a national footprint, with a network of general practitioners that exceeds 3, 000.

## 2. BASIC RADIOLOGY (X-RAYS):

- 2.1. This benefit comprises access to black and white diagnostic X-rays on referral by a general practitioner appointed by the service provider at one or more of the consultations referred to above, if required, and subject to a list of X-ray procedures approved by the service provider, available through a specialist radiologist identified by the service provider.

### PROCEDURE DESCRIPTION

The list of X-rays approved by the service provider shall include as a minimum the following:

## CODE

- 30110 - Chest, two views, anteroposterior (AP) and lateral;
- 64100 - Forearm - Left;
- 64105 - Forearm - Right;
- 65430 - Wrist - Left;
- 65135 - Wrist – Right;
- 65100 - Hand – Left;
- 65105 - Hand – Right;
- 65120 - Finger;
- 65140 - Scaphoid – Left;
- 65145 - Scaphoid – Right;
- 61000 - Humerus – Left;
- 62105 - Humerus – Right;
- 63100 - Elbow – Left;
- 63105 - Elbow – Right;
- 72100 - Knee, one or two views – Left;
- 72105 - Knee, one or two views – Right;
- 72120 - Knee including patella – Left;
- 72125 - Knee including patella – Right;
- 72140 - Patella – Left;
- 72145 - Patella – Right;
- 71100 - Femur – Left;
- 71105 - Femur – Right;
- 73100 - Lower leg – Left;
- 73105 - Lower leg – Right;
- 74100 - Ankle – Left;
- 74105 - Ankle – Right;
- 74120 - Foot – Left;
- 74125 - Foot – Right;
- 74130 - Calcaneus – Left;
- 74135 - Calcaneus – Right;
- 74145 - Toe.

### 3. BASIC PATHOLOGY:

- 3.1. This benefit comprises access to diagnostic pathology tests on referral by a general practitioner appointed by the service provider at one or more of the consultations referred to above, if required, and subject to a list of basic pathology tests approved by the service provider, available through a pathologist identified by the service provider.
- 3.2. The list of pathology tests approved by the service provider includes, at a minimum:

<b>Code</b>	<b>Test Description</b>
4009	- Bilirubin total;
4130	- Aspartate aminotransferase (AST);
4131	- Alanine aminotransferase (ALT);
4001	- Alkaline phosphatase;
4027	- Cholesterol total;
4147	- Triglyceride;
4025	- Cholesterol, HDL/LDL, triglycerides;
4113	- Potassium;
4114	- Sodium;
4151	- Urea;
4032	- Creatinine;
4057	- Glucose;
4064	- HbA1C;
3865	- Parasites blood smear
3883	- Concentration techniques for Malaria;
3762	- Haemoglobin estimation;
3785	- Leucocyte: total count;
3743	- Erythrocyte sedimentation rate;
3755	- Full blood count;
3797	- Platelet count;
4188	- Urine Dipstick, per stick;

- 3947 - C-Reactive protein;
- 3949 - Qualitative Kahn, VDRL or other flocculation; and
- 4351 - Occult blood: chemical test.

#### **4. ACUTE MEDICATION**

4.1. This benefit comprises access to acute medicines prescribed by an appointed general practitioner at one or more of the consultations referred to above, if required, and subject to a list of medicines (“medicine formulary”) approved by the service provider for acute illness and formulary reference pricing (“FRP”), as amended from time to time and available through the pharmacies or dispensing general practitioners identified by the service provider.

#### **5. CHRONIC MEDICATION:**

5.1. This benefit comprises access to medication for the specified chronic conditions listed below and a formulary reference price (being the maximum price covered per medicine on the list of medicines) approved by the service provider as amended from time to time and available through the pharmacies or dispensing medical practitioners identified by the service provider, and subject to registration of the specified chronic condition through the service provider, subject to a medicine formulary (being a list of covered medicines).

5.2. Eligible Members will be covered for this benefit only once they register as a Chronic Member for Chronic Medication and if they need chronic disease support.

5.3. This minimum chronic conditions for which benefits are to be provided are:

##### **Chronic Condition**

Asthma;

Bronchiectasis;

Cardiac failure;

Cardiomyopathy;  
 Chronic obstructive pulmonary disease (“**COPD**”);  
 Chronic renal disease;  
 Coronary artery disease;  
 Crohn’s disease;  
 Diabetes insipidus;  
 Diabetes mellitus type 1;  
 Diabetes mellitus type 2;  
 Dysrhythmias;  
 Epilepsy;  
 Glaucoma;  
 Haemophilia;  
 Hyperlipidaemia;  
 Hypertension;  
 Hypothyroidism;  
 Multiple sclerosis;  
 Parkinson’s disease;  
 Rheumatoid arthritis;  
 Systematic lupus erythematosus; and  
 Ulcerative colitis.

## **6. BASIC DENTISTRY:**

6.1. This benefit comprises access to a dental practitioner or dental therapist specifically identified by the service provider, and emergency dental treatment for pain and sepsis, including extractions.

6.2. Minimum dentistry benefits to be provided are:

<b>Code</b>	<b>Procedure</b>	<b>Application</b>
8110	- Sterilised instrumentation	The use of this code is limited to autoclaved, vapour or heat sterilised instruments (i.e. sets of long-handled instruments and/or forceps).

8201	-	Extraction, single tooth	Code 8201 is charged for the first extraction in a quadrant
8202	-	Extraction, each additional tooth.	Code 8202 is charged for each additional extraction in the same quadrant
8935	-	Treatment of septic socket	Treatment of septic socket
8109	-	Infection control / barrier techniques.	Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc, for an Eligible Member
8145	-	Local anaesthetic	Available once per event.
8159	-	Prophylaxis (scaling and polishing)	Complete dentition Prophylaxis (scaling and polishing)

6.3. In addition to the benefits set out in clause 6.2 above, the dentistry benefit must also include at a minimum the following:

- 6.3.1. One (1) full month assessment per annum;
- 6.3.2. Two (2) intraoral radiographs per annum;
- 6.3.3. Three (3) extractions per annum; and
- 6.3.4. Three (3) amalgam fillings per annum.

6.4. The service provider must have a national footprint comprising a functional network of at least 2, 000 active dentists.

## **7. HOSPITAL ACCIDENT BENEFIT:**

7.1. The Hospital Accident Benefit to be provided in terms of this agreement comprises:

- 7.1.1. the actual cost of hospitalisation as an in-patient, including all associated services during the hospital admission at a private facility in the event of injuries sustained due to an accident.

- 7.1.2. the actual cost of hospitalisation as an in-patient, in the event of an emergency that necessitates the stabilisation of the patient before the patient is transferred to a public hospital.
- 7.2. This benefit must provide for Eligible Members to have access to:
  - 7.2.1. The nationwide network of hospitals operated by at least two of either Netcare Group, MediClinic and/or Life Healthcare;
  - 7.2.2. A functional panel of at least 30 day clinics and/or sub-acute facilities; and
  - 7.2.3. public hospitals.
- 7.3. The bidder must submit proof of the relevant agreements for purposes of clause 7.2 above.

## **8. EMERGENCY MEDICAL SERVICES (EMS):**

- 8.1. The benefit for Emergency Medical Services shall be delivered by any provider as may be appointed from time to time for the following necessary medical assistance arising from an Emergency:
  - 8.1.1. a 24 (twenty-four) hour medical information hotline which shall include the necessary medical personnel including paramedics, nurses and doctors, shall be available 24 (twenty-four) hours a day to provide general medical information and advice;
  - 8.1.2. in addition to the general medical information service, medical operators shall be available to guide a person through a medical crisis situation, by providing emergency advice or by organising for the Eligible Member to receive the necessary support required;
  - 8.1.3. 24 (twenty-four) hours emergency medical response to the scene of an Emergency. Emergency medical response shall include an appropriate road and/or air response to be undertaken utilising an ambulance, and/or rapid response

vehicle, and/or helicopter and/or a fixed wing aircraft (all of which are manned by appropriately qualified and experienced emergency care practitioners, paramedics or medical doctors) immediately to the site of the Emergency. Where appropriate lifesaving support will be provided to the Eligible Member/s and where relevant, the Eligible Member/s will be stabilised before transfer is provided to the closest appropriate medical facility;

- 8.1.4. 24 (twenty-four) hour Medical Transportation in the event of an Eligible Member's involvement in an Emergency by road and/or by air ambulance, under appropriate medical supervision, if necessary, to the nearest medical facility capable of providing adequate care. Medical considerations, the degree of urgency, the Member's state and fitness to travel and other considerations, including, but not limited to, airport availability, weather conditions and distance to be covered as assessed by the contact centre doctor and support staff will determine whether transport will be provided by medically equipped aircraft, helicopter, regular scheduled flight, rail or road. Service provider will cover all the costs of the medical transfer.

- 8.2. Emergency Medical Services are available to Eligible Members by phoning the provided telephone number (on their membership cards).

## **9. BASIC OPTOMETRY:**

- 9.1. This benefit comprises:

- 9.1.1. access to an optometrist specifically identified by the service provider for an annual optometric wellness examination;
- 9.1.2. a basic pair of frames and clear plastic single vision or bifocal lenses approved by the service provider once every 24 months per Eligible Member, as required subject to qualifying norms (including an unaided visual acuity of worse than 6/9 on the Snellen Scale for distance vision and near vision; a refraction



requirement exceeding 0,5 dioptre sphere and /or 0.5 dioptre cylinder on a distance vision and 1, 25 dioptre sphere on near vision).

### **SECTION 3: DETAILED MEMBERSHIP AND CLAIMS EXPERIENCE**

Membership consists of Eligible Members contributing to the Health Plan.

As at March 2020, there were approximately 400 000 Eligible Members. These figures may vary slightly as new members are admitted and old members leave employment in the sector.

Since this is a new plan, the NBCPSS does not have claims experience figures as yet.

### **SECTION 4: PROVISIONAL SERVICE LEVEL AGREEMENT**

	<b>Service Item</b>	<b>Service Level Standard</b>	<b>Measurement</b>
<b>1.</b>	<b>Membership administration and communication</b>		
1.1	Receive daily membership files up to the 10 <sup>th</sup> of each month from NBCPSS and update electronic member records accordingly.	Update electronic records within 24 hours of receipt of each membership file.	Daily system report up to the 10 <sup>th</sup> of the month showing membership totals balancing with input files and turnaround times.
1.2	Maintain member records, retaining history.	Update all membership records before the 15 <sup>th</sup> of each month.	Monthly report indicating build-up with all changes from in-force previous month to in-force current month.
1.3	Issue and distribute membership cards with welcome pack to each	Within 5 working days of processing new member or change of member details.	System report showing activities and turnaround

	member through pay points as indicated by members or employers.		times and totals delivered per pay point.
1.4	Maintain website with valid membership for access by healthcare providers.	As 1.1 above	Daily confirmation up to 10 <sup>th</sup> of the month.
1.5	Provide all third parties including healthcare providers and clearing houses as appropriate with detailed member data.	As 1.1 above	Daily confirmation up to the 10 <sup>th</sup> of the month.
1.6	Prepare and provide members with a summary of any benefit and contributions changes or any rule changes affecting the conditions of membership and communicate these through various media.	45 days before the effective date of the relevant rule change.	Published on website. Monthly report.
1.8	Presentation and attendance at NBCPSS forums and at participating employers' workplaces to market, inform and explain the Health Plan to employers and members using various modes of notifications and publications.	Ongoing	Monthly report.
<b>2.</b>	<b>Contributions / premiums administration</b>		

2.1	Raise monthly premium invoice for the Health Plan.	Raise premium invoice within 5 days after receiving the monthly membership file.	System report detailing turnaround times.
<b>3.</b>	<b>Healthcare provider network maintenance</b>		
3.1	Maintain and enhance network of appointed healthcare providers for ease of access by members and publication thereof on the website and in call centre database, EDI setup where possible.	Ongoing maintenance of proof of contracting with providers and ensuring providers are aware of the Health Plan's treatment program benefits, how they can check valid membership and how they are to be reimbursed.	Monthly report on list of providers and changes from previous month.
3.2	Enrol providers onto network upon reasonable request of members.	Part of 3.1	Part of 3.1
<b>4.</b>	<b>Medicine management and formulary</b>		
4.1	Compile and maintain a medicine formulary of acute medicines and medicines for the eligible chronic conditions.	Formulary to be maintained on ongoing basis according to appropriate industry standard.	Published on website.
4.2	Communicate formulary to provider network.	Ongoing.	Maintain record of provider communication.
4.3	Subcontract pharmacy medicine claims clearing to an accredited pharmaceutical benefit management organisation ("clearing house").	Agreement to be in place at prior to start. Daily data exchanges with clearing house.	Maintain record of contracting.
<b>5.</b>	<b>Chronic disease management</b>		

5.1	Register members with eligible and verified chronic conditions upon application.	Registration completed within 24 hours of application by member/provider.	System report on request.
5.2	Authorise formulary medicines for re-imburement and communicate to member.	Ongoing	System report on request.
<b>6.</b>	<b>Claims administration</b>		
6.1	Set up and maintain claims rules engine that electronically assesses claims according to the Health Plan's benefit structure and protocols.	To be done prior to going live and ongoing thereafter.	Initial confirmation report and monthly thereafter.
6.2	Maintain EDI processes with healthcare providers that are engaged.	Ongoing as part of provider network maintenance.	Part of 3.1
6.3	Upload and process EDI claims.	Within 48 hours.	Daily system report showing activities and turnaround times.
6.4	Process paper claims.	Within 5 working days.	Daily system report showing activities and turnaround times.
<b>7.</b>	<b>Payment of benefits</b>		
7.1	Payment of benefits due to members and providers into the member's or provider's nominated bank accounts (subject to benefit rules, assessments and procedures).	Process two payment runs per month.	Monthly claims report (see "Reporting" below).

7.2	Dispatch claims advices to providers. (No routine member advices to be provided).	Within 5 working days after payment date.	Monthly report.
<b>8.</b>	<b>Call centre service</b>		
8.1	Answer all telephone calls from members, employers or healthcare providers.	90% of all calls to be answered (measured monthly) i.e., 10% lost call ratio and within 60 seconds.	Telephone system report.
8.2	Respond to all enquiries (written and telephonic) which require attention.	Within 5 working days of receipt of the enquiry.	Monthly activity and turnaround report.
<b>9.</b>	<b>Management services</b>		
9.1	Monitor the administrative services of the Health Plan and provide the NBCPSS with feedback on general and specific issues relating to the administration program.	Ongoing	Monthly report.
9.2	Attend, present and assist with the preparation and co-ordination of regular monthly and ad hoc Health Plan program management meetings of NBCPSS, service provider(s) and other representatives.	One week prior to meetings.	Monthly report.
9.3	Maintain the rules of the Health Plan	Ongoing	Monthly report.

9.4	Provide membership and claims data to the Health Plan's actuaries on their specifications via FTP site.	Monthly after the last claims pay run of the month.	Monthly report.
<b>10.</b>	<b>Financial accounts</b>		
10.1	Maintain financial account systems of all income and expenditure of the Health Plan.	When applicable.	Monthly accounts.
10.2	Prepare monthly financial management accounts.	By the 7 <sup>th</sup> of the month following reporting period.	Monthly accounts.
<b>11.</b>	<b>Reporting</b>		
11.1	Maintain systems to produce comprehensive and detailed management reports on all activities of the service providers to the Health Plan.	Ongoing	Monthly, Quarterly and Annual report.
11.2	Produce monthly and ad hoc management reports.	No later than 10 working days after month end.	Monthly, quarterly, Annual and ad hoc reports.

## SECTION 5: EVALUATION PROCESS

The bids submitted will be evaluated in three stages:

- Firstly the bids will be evaluated for administrative compliance, whose object is to determine whether the bidder has complied with the mandatory bid requirements;
- Secondly the bids will be evaluated for functionality; and
- Finally the bids will be evaluated for product/ services and preference points.

### 1. Phase 1: Administrative Compliance

- 1.1. In this phase the bids will be evaluated for administrative compliance, whose object is to determine whether the bidder has complied with the following mandatory bid requirements:
  - 1.1.1. Attendance of compulsory briefing session;
  - 1.1.2. Submission of an original and the necessary copies (including electronic) of the bid document;
  - 1.1.3. Submission of company profile;
  - 1.1.4. Reference letter(s) from previous clients where similar services were rendered;
  - 1.1.5. Submission of company registration documents;
  - 1.1.6. Short CVs of all directors and CEOs;
  - 1.1.7. Audited financial statements;
  - 1.1.8. Letter issued by SARS reflecting the Bidder's unique tax compliance status PIN;
  - 1.1.9. Copies of identity documents of all directors;
  - 1.1.10. Cancelled cheque or bank letter;
  - 1.1.11. Proof of indemnity insurance; and
  - 1.1.12. Proof of registration / licences.
- 1.2. Compliance with the aforementioned will result in the bidder proceeding to the next phase of the evaluation process. Non-compliant bids will be disqualified from further evaluation.

## **2. Functionality evaluation**

- 2.1. All the bidders whose bids comply with the gatekeeping criteria listed above will be subjected to a functionality evaluation. In this phase bidders will be evaluated against the following criteria:

No.	Criterion	Points
1	Adherence to RFP Instructions	5
2	Provision of required provider information	5
3	Understanding of NBCPSS needs	20
4	Bidder's Delivery Capability	20
5	Solution Viability & History	20
6	Benefits to be provided as against the bid specification	30

2.2. Bidders must score at least 70 out of 100 available points in order for their bids to progress to the product/services and preference points evaluation.

### 3. Services and preference points evaluation

3.1. Only those bids that obtain a score of at least 70 during the functionality evaluation will be evaluated for product/ services and BBBEE.

3.2. In this phase, the 80/20 method will be used, where:

3.2.1. a maximum of 20 points may be allocated for specific goals (i.e., contracting with persons, or categories of persons, historically disadvantaged by unfair discrimination on the basis of race, gender or disability) provided that the lowest acceptable tender scores 80 points for product/ services; and

3.2.2. the contract is awarded to the tenderer who scores the highest points, unless objective criteria justify the award to another tenderer; and

3.3. The following formula will be used to calculate the points out of 80 for services, inclusive of all applicable taxes:

$$Ser = 80(1 - (Pt - Pmin)/Pmin)$$

Where-



Ps= Points scored for product of tender under consideration;

Pt = Services/product of tender under consideration; and

Pmin = Services/ product of lowest acceptable tender.

- 3.4. The following table must be used to calculate the score out of 20 for B-BBEE:

<b>B-BBEE Status Level of Contributor</b>	<b>Number of Points</b>
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

- 3.5. A tenderer must submit proof of its B-BBEE status level of contributor.
- 3.6. A tenderer failing to submit proof of B-BBEE status level of contributor or is a non-compliant contributor to B-BBEE may not be disqualified, but may only score points out of 80 for product/ services, and scores 0 points out of 20 for B-BBEE.
- 3.7. A tenderer may not be awarded points for B-BBEE status level of contributor if the tender documents indicate that the tenderer intends subcontracting more than 25% of the value of the contract to any other person not qualifying for at least the points that the tenderer qualifies for, unless the intended subcontractor is an EME that has the capability to execute the subcontract.
- 3.8. A person awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B -BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.

- 3.9. The points scored by a tenderer for B-BBEE must be added to the points scored for product/ services. The points scored must be rounded off to the nearest two decimal places.
- 3.10. Bidders who qualify as EMEs in terms of the B-BBEE Act must submit a certificate issued by an Accounting Officer as contemplated in the Close Corporations Act or a Verification Agency accredited by SANAS or a Registered Auditor. Registered auditors do not need to meet the prerequisite for IRBA's approval to conduct verification and issue EMEs with BBEE status level certificates.
- 3.11. Bidders other than EMEs must submit their original and valid B -BBEE status level verification certificate or a certified copy thereof, substantiating their B-BBEE rating issued by a Registered Auditor approved by IRBA or a verification agency accredited by SANAS
- 3.12. A trust, consortium or joint venture will qualify for points for their B -BBEE status level as an unincorporated entity, provided that the entity submits its consolidated BBEE certificate as if they were a group structure.
- 3.13. Tertiary institutions and public entities will be required to submit their B -BBEE status level certificates in terms of the specialized scorecard contained in the B-BBEE Codes of Good Practice.