

## RFP 31/2015: CLARIFICATION QUESTIONS AND ANSWERS

QUESTION	ANSWER
<b>1 CLARICATIONS QUESTIONS RECEIVED BEFORE THE BRIEFING SESSION</b>	
1.1 Could you please provide a breakdown of the broad medical classification of the 903 cases referred to in Table 8A (e.g. orthopaedic back; psychiatric; cardiac; stoke; surgery; lung conditions; etc.)	The information will be disclosed to the appointed bidder.
1.2 How much 'normal' sick leave does each employee get in a three year cycle? (e.g. 30 or 36 days in three years)	All employees are entitled to 36 days of sick leave in a 3 year cycle.
1.3 Is the three year sick leave cycle a fixed cycle for all employees irrespective of on what date an employee was first employed?	Not applicable for the tender.
1.4 In table 8 A please clarify what is meant by "Full Health Assessment". Are these the "complex" cases to which Annexure B refers or are these medical panel referrals for work screening and a work-related effectiveness assessment is required?	A "full health assessment" is a consultation with a specialist for thorough examination to diagnose/determine the severity of the condition and provide a prognosis as well as recommendations.
1.5 What are the specific criteria required for the SARS CMO to refer a case to the appointed service provider? Or is it just at the discretion of the SARS CMO without any definite referral criteria required?	There are no specific criteria, except when seeking a second opinion from OT/specialist in order to assist in adjudicating cases.
1.6 Will the SARS CMO dictate to the appointed service provider exactly what investigations / referrals it must do in any particular referral or is it	SARS will provide the background in certain cases and indicate the type of specialist referral we require to appointed

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up to the service provider to decide?	service provider. However we are open to advice from the human risk manager, subject to authorisation by SARS.
1.7 In respect of Service requirements (page 6) Items 1 to 3 – does the appointed service provider need to draft an incapacity report in addition to any medical specialist or OT report sourced?	Yes.
1.8 In respect of Service requirements (page 6) Items 4 – does the appointed service provider need to draft an ill - Health Retirement report in addition to the medical specialist or OT report sourced?	Yes.
1.9 If the appointed service provider is required to provide an ill - health retirement assessment report what is the time line for this report?	6 weeks after completed assessments.
1.10 In respect of Service requirements (page 6) does the six weeks response time commence from the date of the referral or from the date the individual is examined? If it is from the referral date this is not that feasible as we often have to wait for an appointment date and secondly, doctors take a long time generally to provide such reports.	6 weeks after completed assessments.
1.11 What would be the case with the six week response time where the appointed service provider requires more than one specialist examination and these two appointments are for example a month apart?	6 weeks after completed assessments.

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<p>1.12 How does SARS intend to deal with broken or missed appointments where employees don't turn up or are late for an appointment? The doctors all charge for missed / broken appointments. This cost cannot be absorbed by the appointed service provider as it is impossible to price, it being an unknown quantum year by year.</p>	<p>SARS will take full responsibility for any missed appointment by its employees.</p>
<p>1.13 Medical specialists are NOT available all around the country and specifically not in the vicinity of a large number of SARS offices. Can the appointed service provider utilise General Practitioners instead?</p>	<p>No. The service provider should have national footprint of all categories of specialists. Please refer to <b>Annexure C</b> of the RFP document.</p>
<p>1.14 What is going to be the situation where there are no OT's in the vicinity of numerous SARS offices? Referred employees are thus going to be required to travel to OT's / Specialists at their own costs. Is SARS aware of this fact?</p>	<p>Yes, SARS is aware. The service provider should have national footprint of all categories of specialists. Please refer to <b>Annexure C</b> of the RFP document.</p>
<p>1.15 The appointed service provider cannot be expected to price in travel costs of OT's where both the quantum and distance of travel is completely unknown. Please clarify the situation in this regard.</p>	<p>There will be no expectation that OT/specialist will travel to the employee. Service provider will be required to arrange appointment with OT/specialist within reasonable distance of employee's residing area.</p>
<p>1.16 In respect of Service requirements (page 6) "Output" – examining doctors are not going to provide recommendations in respect of an individual examined by them as regards fitness to work, task accommodation, redeployment etc. How does SARS intend to deal with this?</p>	<p>These recommendation are critical and a requirement.</p>

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1.17 What is the exact function of the SARS medical panel?	It includes but not limited to: a) Receiving and processing of all applications for extended sick leave (ESL); and b) Analysing the employee's sick leave profile in considering the application for ESL as well as to identify trends and possible interventions.
1.18 What cases are specifically referred to the panel?	All critical ESL applications.
1.19 What are the qualifying referral criteria to the panel?	All critical ESL applications.
1.20 What is the appeal rate / percentage of cases referred to the panel?	Not specific to this tender.
1.21 How often does the panel sit?	Weekly
1.22 In general who is going to be responsible for transport costs that may arise from time to time (e.g. an OT has to travel to a specific SARS office to do a work place assessment?) The service provider cannot include this in the bid price as the quantum and extent of travel is completely unknown. Please clarify.	There will be no expectation that OT/specialist will travel to the employee. Service provider will be required to arrange appointment with OT/specialist within reasonable distance of employee's residing area.
1.23 In Annexure B what exactly defines a "Simple" case and what exactly defines a "Complex" case?	Simple cases require full health assessment with a view to obtain health risk manager's opinion. Complex cases refer to cases that require opinion from

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	independent specialists / occupational therapists.
1.24 In the RFP wording of a “severe case” is utilised at one point. Is this the same as a complex case or is this something different?	The terms complex and severe go hand in hand keeping in mind that ESL can only be applied for in the event of severe illness and / or serious injury.
1.25 In respect of the total 903 cases referenced how many “simple” cases are there and how many “complex” cases are there?	The information will be disclosed to the appointed bidder.
1.26 Does every referred case have to be seen by a medical specialist or OT? Can the appointed service provider not provide a report once establishing the reason for the protracted absence? This would alleviate every case having to be referred to a medical specialist.	All cases will be referred to the required medical specialist or OT where necessary.
1.27 Can a referral be assessed by the appointed service provider simply by making telephonic contact with the employee’s treating doctor or must each case be referred for an independent specialist medical opinion?	No, each case has to be referred for an independent specialist medical opinion.
1.28 How much and what is the quality of medical and other data provided with a referral? Is it simply the Medical Certificate booking the employee off or is there other additional supporting documentation? (e.g. a comprehensive medical report)	All available supporting medical information will be provided.
1.29 In extended sick leave is an employee required to fill in any forms of motivation and detail about his/her medical condition and associated absence?	Yes.

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1.30 In extended sick leave is an employee required to provide a more detailed medical report than merely a medical certificate?	Employees are required to provide available supporting medical information.
1.31 In a referred case does the appointed service provider get the employee's full absentee records and all accompanying medical certificates	Yes.
1.32 In a referred case does the appointed service provider get the employee's full sick leave history for at least the past two sick leave cycles?	Sick leave history is usually requested for period of 2 years.
1.33 Is there going to be any data handover from the current service provider to the new appointed service provider?	Yes, the handover will happen via the SARS OMP.
1.34 Meetings – what are these meetings and how often are they to take place?	As and when there are completed cases to be reported back.
1.35 Where are these meetings to take place?	SARS Head Office.
1.36 What exactly is a panel meeting?	It is a delegate decision making body.
1.37 How often are there panel meetings and where are they held?	As and when there are completed cases to be reported back at SARS Head Office.
1.38 Who does SARS require from the appointed service provider to attend these panel meetings?	Service provider to appoint a matter expert to attend the meetings.

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1.39 If an OT and/or doctor is required to attend a panel meeting are these people from the appointed service provider or are they the independent medical specialists who examined the employee? If it is the independent medical specialists then this will not happen as they will not attend, as would be the case with independent OT's.	The OT and/or doctor's attendance is not required.
1.40 Must the appointed service provider attend all panel meetings?	No, the appointed service provider will attend meetings as and when required.
1.41 Workshop or training – where? What? How often?	To be discussed with the appointed bidder.
1.42 In Annexure B please clarify whether in Table 1 items 4 and 5 are being included in calculating the bid price	All items will be included in the calculations.
1.43 In respect of determining the bidder's price proposal are only items 1, 2 and 3 of Table 1 utilised in the calculation or are items 4 and 5 utilised as well?	All items will be included in the calculations.
1.44 Please clarify exactly how items 1 to 5 in Table 1 Annexure B are to be utilised in determining the bidder's price as per the price evaluation formula.	The tender is an as-and-when required service and the calculation for a bid price will be based on note 5&6 of <b>Annexure B (Pricing Schedule)</b> .
1.45 Please clarify how Items 1 to 5 in Table 2 Annexure B are to utilised in determining the bidders price as per the price evaluation formula.	Table 2 will not be used as part of price evaluation formula. This is a rate card to be used as and when required.
1.46 We note that SARS employees who are absent from work due to surgery do not utilise normal sick leave of 36 days for surgical absence.	Yes, except cosmetics surgery.

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Thus, do surgical cases form part of extended sick leave?	
1.47 Could you please provide the SARS Sick Leave Policy document?	Will only be provided to the appointed bidder.
1.48 Please explain exactly what you mean by “all in price”. It is not possible to provide a pricing for the unknown e.g. quantum of travel, number of missed / broken appointments, required X-Rays, Blood tests, MRI scans etc.	Travel expenses should be included in the pricing. SARS can be invoiced for any additional medical assessments where necessary, subject to authorisation by SARS.
1.49 The RFP says the Bidder must be registered with the HPCSA. This is not possible – only individual medical professionals can be so registered and not companies or entities. Please clarify.	Indeed, individual medical professionals are required to be registered throughout the 3 years of the tender.
1.50 Please detail exactly the requirements of SARS from the appointed service provider in respect of ill - Health Retirement cases. It is unclear as to exactly what SARS requires – is it simply an independent medical specialist report or is it a ill health retirement assessment report from the appointed service provider, or both?	Both the independent medical specialist opinion and ill - health retirement assessment opinion.
1.51 Must the appointed service provider price in an annual escalation per each year of the three-year service contract?	SARS will negotiate with the appointed service provider the annual escalation on a yearly basis using consumer price index as a base for negotiations.



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<p>1.52 Please clarify exactly what SARS requires in terms of RFP 9.2.1 that the bidder must be registered with the Occupational Health and Safety Advisory Services (OHSA). OHSA is the Occupational Health and Safety Act and NOT Occupational Health and Safety Advisory Services. In addition OHSA does not require a specific registration for a medical consulting company but merely requires compliance to the Act. Please clarify.</p>	<p>Registration with Occupational Health and Safety Advisory Services is not required.</p>
<p>1.53 The RFP requires commentary on the intended SLA. This SLA is not available despite our repeated inquiries. Please clarify when this SLA will be available as we require legal opinion of the draft SLA prior to tender submission.</p>	<p>SLA will be discussed and agreed with the appointed bidder.</p>
<p>1.54 Clauses 11.5 on p. 10 and 12.1 on page 12 of the RFP document indicate that Pricing Schedule – Annexure B should be included in FILE 1, Exhibit 1. However, lower down on p. 10 the RFP indicates that the Pricing Schedule should be provided in FILE 2, Exhibit 6. Please confirm that you want the pricing schedule duplicated, or indicate which is the correct positioning.</p>	<p>Pricing Schedule should be provided in FILE 2, Exhibit 6.</p>
<p>1.55 FORM PROC1, the New Application Trade Creditor Request, has been included in the tender pack and annexures. Please confirm that this form would only need to be completed on awarding of contract.</p>	<p>Yes, this form will only need to be completed upon awarding of contract.</p>