REQUEST FOR BID

BID DETAILS

REFERENCE NUMBER: **POLMED/ManagedHealthCare/2020**

CLOSE **Date:** **30 July 2020**

Time: **11:00**

Place: **See paragraph 4 on page 7 of this RFB document**

DESCRIPTION: **APPOINTMENT OF A SERVICE PROVIDER TO RENDER MANAGED HEALTHCARE SERVICES TO POLMED FOR A PERIOD OF THREE YEARS COMMENCING ON 1 JANUARY 2021, WHICH CONTRACT MAY BE ANNUALLY RENEWABLE TO A TOTAL MAXIMUM PERIOD OF FIVE YEARS**

BRIEFING SESSION: Yes [X]

DETAILS OF BIDDER

Organisation: .....

Procurement process administered by Gildenhuys Malatji Incorporated and Alexander Forbes Health (Pty) Ltd

GLOSSARY

Accreditation	Accreditation granted in terms of section 58(3) of the Medical Schemes Act by the Council established by section 3 of the Act or, if applicable, any compulsory accreditation required in terms of any relevant legislation, regulations or rules regulating the Bidder including any compulsory registration with a professional body and "Accredited" shall have a corresponding meaning
Authorised representative	Person/ legal entity authorised by the Board of Trustees or by its delegate, the Principal Officer of Polmed, to represent Polmed from time to time
Award	Conclusion of the procurement process and final notification to this effect to the successful Bidder
B-BBEE	Broad-Based Black Economic Empowerment Act, Act No. 53 of 2003) and the Codes of Good Practice issued thereunder by the Department of Trade and Industry
Beneficiaries	The principal members of Polmed and their registered dependants and "Beneficiary" shall have a corresponding meaning
Bid	A formal submission by a Bidder in response to this RFB document
Bidder	An entity or entities submitting a bid as above in response to this RFB, and includes a Bidder consortium
Board	The duly elected Board of Trustees of Polmed
Contractor	Contracting entity with whom Polmed will conclude a formal contract and service level agreement subsequent to the final award of the contract based on this Request for Bid
Council	The Council for Medical Schemes established in terms of section 3 of the Medical Schemes Act 131 of 1998
CPI	The Consumer Price Index Published in its publication P0141 (or any substitute publication) by Statistics South Africa (or its successor in title)
Dependant	A person who qualifies as a Child Dependant or as an Adult Dependant of a Member in accordance with the definitions in the Scheme Rules.
dti	Department of Trade and Industry, a national Government department
EME	Exempted Micro Enterprise in terms of the Codes of Good Practice
May be deemed	Bidder will not summarily be excluded from further evaluation without

non-responsive	consideration of the detail. Clarification may be requested from the bidder in such instance
Medical Schemes Act	The Medical Schemes Act, Act No 131 of 1998, as amended from time to time and any regulations published in terms thereof
Member	Any person registered as a principal member of Polmed, who enjoys benefits in terms of the Rules, but will exclude Suspended Members, with effect from the date of suspension, for purposes of the calculation of the Bidder's monthly administration fees
Original bid	An original document, or a copy of an original document, or a facsimile of an original document, provided such document is signed in original ink by the person duly authorised to commit the bidder.
PO	Principal Officer
Polmed	The South African Police Service Medical Scheme being a medical scheme registered under the Medical Schemes Act, 1998
Procurement Policy	Procurement Management, based on the terms and conditions in the prevailing Procurement Policy, read with the Terms of Reference of the BTEC as approved by the Board of Polmed, and which Policy is applicable to this RFB
QSE	Qualifying small enterprise in terms of the codes of good practice
RFB	Request for Bid for the procurement of managed healthcare services, on the terms and conditions contained in this bid document
Scheme Rules	The Rules registered by the Council in terms of section 32 of the Medical Schemes Act
SLA	Service Level Agreement entered into between Polmed and the preferred Bidder setting out the terms and conditions for the services to be provided by the preferred Bidder
Statistics South Africa	The department contemplated in Section 4(1) of the Statistics Act 6 of 1999, amended from time to time
TOR	Terms of Reference
Trustees	The members of the Board of Trustees of Polmed, as constituted in terms of the Rules to manage Polmed
Valid document	A document containing authentic information conforming to legally binding status and is enforceable by the executing authority on the bidding authority whether in an original, copied, reproduced, photo, faxed or in electronic format and that has bearing to transaction(s) with Polmed. Such submission must be valid at the closing date and time of submission
Will be deemed non-responsive	Bidder will immediately be excluded from further evaluation

DOCUMENTS IN THIS RFB PACK

Bidders are to ensure that they have received all pages (pp. 51) of this document, which consist of the following two sections:

SECTION A

Note: Documents in this section are for information and/ or instruction to Bidders and must not be returned with bids.

- ❒ Section A-1: Bid Submission Conditions and Instructions
- ❒ Section A-2: Terms of Reference
- ❒ Section A-3: Evaluation Process/Criteria

SECTION B

Note: Documents in this section must be completed and returned or supplied with bids.

- ❒ Section B-1: Proposal Checklist
- ❒ Section B-2: Special Conditions of Bid that the Bidder needs to accept
- ❒ Section B-3: Invitation to Bid
- ❒ Section B-4: Pricing Schedule
- ❒ Section B-5: Declaration of Interest
- ❒ Section B-6: Declaration of Bidder's past Procurement practices

ANNEXURES

Note: Documents in this section are for information and/or instruction to bidders and must not be returned with bids.

Annexure A: Communication Schedule

SECTION A

BID SUBMISSION CONDITIONS AND INSTRUCTIONS

1 FRAUD AND CORRUPTION

1.1 All Bidders are to take note of the implications of contravening the Prevention and Combating of Corrupt Activities Act, Act No 12 of 2004 and any other Act applicable.

2 COMPULSORY BRIEFING SESSION

2.1 A **compulsory** briefing session will be held from 13:00pm to 15:00pm at a venue that will be confirmed closer to the date of the briefing session. The requisite building hygiene protocols will be observed in light of the COVID-19 outbreak, taking into account social distancing, sanitizing and other safety precautions to ensure the safety and health of all individuals present at the briefing session.

2.2 Any organization wishing to bid must:

2.2.1 Have a maximum of two representatives in attendance.

2.2.2 For bids from a Consortium or Joint Venture, there may be one representative per entity within the Consortium or Joint Venture, but limited to a maximum of 3 delegates, irrespective on how many entities form part of such a Consortium or Joint Venture.

2.2.3 Prospective bidders are to notify polmedtender@aforbes.com no later than 19 June 2020 of their intention to participate in this RFB and to attend the electronic briefing session and how many persons will be attending.

2.3 Bids from organisations or consortia of organisations that have not met the attendance requirements will not be considered.

2.4 Bidders are advised to study this document before attending the briefing session to have their questions ready.

2.5 All questions, and their responses, asked at the briefing session will be circulated to all attendees by 15 July 2020.

3 CLARIFICATIONS/ QUERIES

3.1 Any clarification required by a bidder regarding the meaning or interpretation of any part of the Terms of Reference or any other aspect concerning the bid, is to be requested in writing (e-mail) at polmedtender@aforbes.com by not later than 1 July 2020. A consolidated response document will be circulated by close of business on 15 July 2020. The clarifying information will be made available to all bidders by e-mail only.

3.2 The bid number must be mentioned in all correspondence.

3.3 Telephonic requests for clarification will not be accepted.

4 SUBMITTING BIDS

4.1 One (1) original plus an electronic version of the original, either on a flash disc or readable CD-Rom included in the same envelope as the original and shall be delivered to:

Address:
POLMED HOUSE
20 HOTEL STREET
PERSEQUOR
PRETORIA

4.2 The electronic version of the bid must be password protected and the password must be emailed to polmedtender@aforbes.com by the closing time of the bid.

4.3 An original version of the bid must be submitted. The original version must be signed in ink. Only bids that are submitted as aforesaid will be accepted as valid and responsive.

4.4 Bids should be submitted in a sealed envelope/ pack, marked with:

- ❒ Bid number (POLMED/ManagedHealthCare/2020)
- ❒ Closing date and time (at 11:00 am)
- ❒ The name and address of the Bidder.

4.5 All bids submitted to Polmed on time will become the property of Polmed and will as such not be returned to the Bidder. Polmed will make all reasonable efforts to maintain proposals in confidence. **Proprietary information should be identified as such in each bid.**

5 LATE BIDS

5.1 Bids received late will not be considered. A bid will be considered late if it arrived even one second after the closing hour or any time thereafter on the closing date. The tender box shall be locked at exactly 11:00am and bids arriving late will not be considered under any circumstances. Bids received late shall be returned unopened where possible to the Bidder. Bidders are therefore strongly advised to ensure that bids be dispatched allowing enough time for any unforeseen events that may delay the delivery of the bid.

5.2 The official Telkom time (Dial 1026) will be used to verify the exact closing time.

5.3 Bids submitted via any other mechanism other than set out above shall be deemed to be invalid

6 FORMAT IN WHICH BIDS ARE REQUIRED

6.1 Bidders must complete all the necessary documents and undertakings required in this bid document. Bidders are advised that their proposal should be concise, written in plain English and simply presented. Bidders are to set out their submission in the format prescribed hereunder.

6.2	**Part 1: Proposal Checklist**
6.2.1	Bidders must complete, sign and return the “Proposal Checklist”.
6.2.2	Bids submitted without the Proposal Checklist **may** be deemed to be non-responsive.
6.3	**Part 2: Special Conditions of Bid**

6.3.1	Bidders must sign and return the “Special Conditions of Bid”.
6.3.2	Bids submitted without the signed “Special Conditions of Bid” **will** be deemed to be non-responsive.
6.4	**Part 3: Invitation to Bid**
6.4.1	Bidders must complete, sign and return the full “Invitation to Bid” document.
6.4.2	Bids submitted without the “Invitation to Bid” **will** be deemed to be non-responsive.
6.5	**Part 4: Pricing Schedule**
6.5.1	Bidders must complete and return the “Pricing Schedule.
6.5.2	All costs related to this assignment are to be allowed for in the pricing schedule, in the format prescribed, and must be returned as part of the submission.
6.5.4	A Pricing Schedule with any one of the specified elements omitted from the costing **will** be considered non-responsive.
6.5.5	Value Added Tax (VAT) must be included and shown separately.
6.5.6	Bids submitted without a “Pricing Schedule” **will** be deemed to be non-responsive.
6.6	**Part 5: SARS Tax Clearance Certificate(s)**
6.6.1	An **original valid** SARS Tax Clearance Certificate must accompany the proposal and must be valid at the date of closing of the bid. In case of a consortium / joint venture, or where sub-contractors are utilised, an original valid SARS Tax Clearance Certificate for each consortium/ joint venture member
6.6.2	Where no tax clearance exists for any party noted above, a letter from SARS needs to be provided for that party, indicating that satisfactory arrangements have been made with SARS to meet the party’s tax obligations.
6.6.3	Bids submitted without an original valid Tax Clearance Certificate(s) or proof of arrangements made with SARS for all **consortium/ joint venture members and/or sub-contractor(s)** (individuals) **will** be deemed to be non-responsive.
	Bidders will also have to provide the PIN number generated by SARS so that the authenticity of the tax clearance certificate can be validated
6.7	**Part 6: Declaration of Interest**
6.7.1	The **Bidder** must complete, sign and return the “Declaration of Interest” form on behalf of all parties to the bid.
6.7.2	Bids submitted without a completed and signed “Declaration of Interest” **will** be deemed to be non-responsive.
6.8	**Part 7: Declaration of Bidder’s Past Procurement Practices**
6.8.1	The contracting entity must complete and return the “Declaration of Bidder’s Procurement Past Procurement Practices” on behalf of all parties to the bid.

6.8.2	Bids submitted without a completed and signed "Declaration of Bidder's Past Procurement Procurement Practices" **will** be deemed to be non-responsive.
6.9	**Part 8: Company Registration Certificates**
6.9.1	The contracting entity **must** be a South African entity and **must** submit a **copy** of its "Certificate of Confirmation" issued by the Companies and Intellectual Properties Registration Office (CIPRO) or Companies and Intellectual Property Commission (CIPC). Other forms of proof that will be regarded as acceptable if the Certificate of Confirmation is not available, are the Certificate of Incorporation or the Certificate of Director Amendments (COR 39) also issued by CIPRO/ CIPC and which also shows enterprise information and active directors and confirms the registration of the company.
6.9.2	In cases where the contracting entity, by law, does not require registration, such as sole proprietors, partnerships, etc. a letter to this effect must be provided.
6.9.3	Bids submitted without the required certificate or letter for the contracting **Bidder Will be** deemed to be non-responsive.
6.9.4	The bidder **must** submit proof of Fidelity Cover
6.10	**Part 9: VAT Registration Certificate**
6.10.1	The Bidder must submit a certified copy of its VAT registration certificate (VAT103), if applicable. Where the bidder forms part of a consortium or joint venture, a VAT certificate in respect of each of the members of the consortium and/or joint venture must be included
6.10.2	In cases where the contracting entity, by law, does not require to be registered for VAT, a letter to this effect must be provided.
6.10.3	Bids submitted without the required certificate or letter for the **Bidder will** be deemed to be non-responsive.
6.11	**Part 10: Claim in terms of the B-BBEE Act and the Codes of Good Practice and further preferential initiative**

6.11.1	Bidders must provide proof, in the form of a certificate, of their level contributor status in terms of the B-BBEE Act and the Codes of Good Practice issued by the dti or the approved sector codes issued in terms thereof. Such certificate must be issued by a South African National Accreditation System (SANAS) accredited B-BBEE verification agency or an IRBA accredited auditor If a party to the bid is not a large enterprise as defined in the Codes, it may provide other proof of its status, which proof must be legally allowable and may be in the form of a certificate issued by a registered auditor or an Accounting Officer (as contemplated in the Close Corporations Act, Act No 69 of 1984) or a sworn affidavit (only in terms of the new Codes of Good Practice). Note: Polmed reserves the right to validate the accreditation status of the verification agency used. The bidder, or each JV/ consortium member, must provide proof of its level contributor status in terms of the B-BBEE Act and the Codes of Good Practice issued by the dti in October 2013, as amended. The proof submitted must be valid at the closing date of the submission. All proof which is aligned with the Codes of Good Practice will be considered.
6.11.2	The name of the bidding entity must appear on the certificate.
6.11.3	Should the bidding entity be a consortium or a joint venture, each party to the consortium or joint venture should submit a certificate or such other proof which is legally acceptable and in which case it must be indicated what percentage of work each entity will be responsible for (provided for in the pricing schedule addendum).
6.11.4	In order to be awarded points for B-BBEE status, the certificate(s) must be valid as at the date and time of the closing of the bid.
6.11.5	Should no certificate(s) or an invalid certificate(s) be submitted for the relevant parties to the bid, zero points will be awarded for B-BBEE status during the evaluation process.
6.11.6	In line with paragraph 17 of the Special Conditions of Bid, bidders must indicate on a separate page, at least which one additional B-BBEE initiative it will promote towards achieving Polmed's objectives of promoting broad-based black economic empowerment. This element will be considered, but not scored.
6.12	**Part 11: Accreditation Requirements[1]**
6.12.1	The bidder must provide proof of accreditation with the Council for Medical Schemes as at least a Managed Care Service Provider and with the Financial Sector Conduct Authority ("FSCA"). As a minimum requirement, a valid copy of the certificate granting accreditation to the bidder must be submitted for all services which require accreditation as per the CMS, the Medical Schemes Act and the FSCA requirements. Any qualifications/ conditions attached to the accreditation by the CMS must be provided. The certificate must be valid at the closing date and time of the bid.
6.12.2	The bidding entity must maintain its accreditation for the duration of the contract.
6.12.3	Bids submitted without the required proof of accreditation as a Managed Care Service Provider with the Council for Medical Schemes and the FSCA **will** be deemed to be non-responsive.

6.13	**Part 12: Proof of Financial Soundness**
6.13.1	As a minimum requirement, the contracting entity submits confirmation of financial soundness to prove that it is a going concern. This could be done either through audited financial statements.
6.13.2	Bids submitted without the required proof of financial soundness for the contracting entity **will** be deemed to be non-responsive.
6.14	**Part 13: Company Profile**
6.14.1	The contracting entity must submit an overall company profile including the number of staff and the growth in the number of members managed over the last five years.
6.15	**Part 14: Experience in this field**
	Bidders must have been rendering full managed care services to another scheme for at least 5 years. Bidders must also have or have had in the last 12 months, at least **one** scheme which covers at least 300 000 lives. Bidders that don't meet these two requirements will not be considered.
6.15.1	Bidders must submit and return in this part, details of similar contracts where the full managed care services as per the requirement were provided, with a focus on at least the past 12 months. This detail should at least include the following: • Client name • Basic description of the service rendered • Contract duration • Total size of the client where it is a medical scheme, i.e. the number of principal members managed and the number of beneficiaries serviced for that client • Total size of the staffing complement of the bidding entity
	The bidder must indicate the total number of medical schemes under management at the closing time of the bid. Reference letters of at least 2 other schemes have to be provided, which have to specify the respective managed care programs provided by the bidder
6.15.2	Bidders must also provide the details of at least two previous and/ or existing clients' (which must be medical schemes) for whom similar work was done during the past five years.
6.15.3	Bids submitted without the required information **will** be deemed to be non-responsive.

6.16	**Part 15: Resources**
6.16.1	Bidders must submit a staffing plan that includes the key roles as well as the size of the teams that would be required to supply these services to the scheme. The plan must also show which of the roles will be dedicated to Polmed only and which will be shared. The skills and experience of the staff that would be put into key roles should be detailed.
6.16.2	The information provided in this part may not exceed 5 pages.
6.16.3	Bids submitted without the required information **will** be deemed to be non-responsive.
6.17	**Part 16: Terms of Reference Questions**
6.17.1	Bidders must develop, complete and return their response to the Terms of Reference (TOR) document's specific questions.
6.17.2	Bidders must respond to all the questions in the "Questions" portion of the TOR. Bidders must clearly indicate where they have added points in addition to the questions that are stated in the TOR. There is no restriction on the format of the response, but there is a restriction on the length of the responses to the various components as highlighted in the Terms of Reference.
6.17.3	Bids submitted without a response to the TOR questions will be deemed to be non-responsive.
6.18	**Part 17: Overall Methodology and Approach**
6.18.1	Bidders must, in addition to their response to the Terms of Reference in Part 16, provide an overall view of the solution proposed and in particular address at least the undermentioned if not covered in this format in the Terms of Reference Questions responses. This part of the submission is restricted to a maximum of 10 pages.

6.18.2	❒ Describe your overall integrated solution that is being proposed, with particular reference to at least the interface required with the administration service provider. The bidder should identify any possible problems that might hinder delivery and indicate how they will avoid or overcome such problems. ❒ Provide details on the bidder's capabilities to take on and set up a Scheme of a similar size to Polmed. Please also indicate the scalability of the bidder's operations, resources and structures. ❒ Please provide a motivation as to why the bidder is suitable to act as a strategic and business partner to Polmed. ❒ Describe and detail any parts of the proposed solution which may be outsourced to other providers and how this will be managed. ❒ Provide any results from member satisfaction surveys undertaken or industry reviews for similar contracts of the bidder. ❒ Describe impacting legislation and how legislative compliance on all levels of this assignment will be ensured. ❒ Describe how systems and controls will be managed and reviewed, inclusive of internal audit arrangements. ❒ Describe how quality assurance reviews will be performed objectively against performance by the Contractor.
6.18.3	Bids submitted without the required information **will** be deemed to be non-responsive.
6.19	**Part 18: Project plan (limited to 5 pages)**
6.19.1	Provide your proposed approach and timelines for service transition, migration and implementation. Please cover all business activities that form part of your proposed solution.
	Bidders must supply a risk register setting out the possible risks related to the handover from the current administrator to the Contractor as well as the proposed mitigatory measures which will be implemented for such risks.
6.19.2	Please describe your approach to knowledge and skills transfer
6.19.3	Describe the implementation and migration team that you will provide as part of your solution. Please ensure you provide details of all proposed roles and responsibilities
6.19.4	Describe how you propose to manage change on an ongoing basis. Include details on and experience of the proposed staff and resources responsible for change management. Also, highlight any project management approaches, techniques that will be applied. Examples should be provided of where this has been done in the past.
6.19.5	Bids submitted without the required project plan **will** be deemed to be non-responsive.

TERMS OF REFERENCE

1. OBJECTIVE

The objective of the 2020 bid process is for Polmed to appoint a contactor to render managed care services to Polmed in accordance with the Medical Schemes Act 131 of 1998, its regulations, the registered Rules of Polmed and the principles of sound corporate governance. The contract will be established for a period of three years commencing 1 January 2020, with the option to extend it to a maximum period of five years.

2. BACKGROUND

The South African Police Service Medical Scheme (Polmed/the Scheme) was formed to cater for the healthcare needs of employees of the South African Police Service (SAPS) appointed under the South African Police Act, Act No. 68 of 1995. The Scheme is a not for profit restricted medical scheme registered in terms of the Medical Schemes Act, Act No. 131 of 1998 and its rules are registered with the Council for Medical Schemes (CMS) in terms of the Act.

Polmed's structure consists of a Board of Trustees that direct the Scheme's activities. The Board of Trustees consists of 14 members, seven of whom are designated by the National Commissioner and seven elected by members. The duties and responsibilities of the Board of Trustees are regulated by the Rules of the Scheme and the Medical Schemes Act, 131 of 1998, as amended. The Board of Trustees has a number of Board committees that are designed to allow every Trustee to play a role in the governance of the Scheme.

These committees have their own Chairpersons and meet on a regular basis to deal with issues that are relevant to them and issues that have been delegated to them by the Board. Trustees have the fiduciary responsibility of looking after the Scheme's funds on behalf of members.

3. POLMED STRATEGIC OBJECTIVES

Polmed's core strategic objectives are:

- To ensure members are able to receive appropriate healthcare through benefit provision and management.
- The provision of sustainable healthcare through a focus on prevention and primary healthcare services.
- To ensure a well-informed stakeholder base.
- To remain a sustainable Scheme within a changing business environment.
- To ensure that Scheme resources are effectively leveraged in order to optimise performance.

4. POLMED MEMBERSHIP

Polmed had 176 981 members and 507 764 beneficiaries as at 31 December 2014, with an average age of beneficiaries of 26.42 years. The majority of Polmed's members are in South Africa, however, there are a few members based in Namibia.

4.1. MEMBERSHIP DISTRIBUTION BY PLAN

Polmed currently has two registered benefit plans. The plan distribution of the existing scheme beneficiaries is as follows:

Marine Plan	339 338 (67%)
Aquarium Plan	168 428 (33%)

More detailed information on the Polmed benefit plans can be obtained by visiting the Polmed website at www.Polmed.co.za.

5. FINANCIAL INFORMATION

Financial information for the year ending 31 December 2019 is as follows:

Net Contribution Income	R10 013 million
Claims paid	R9 918 million
Net Surplus	R10 087 million
Solvency	40.45%
Claims ratio	100.33 %

6. CURRENT SERVICE ENVIRONMENT

Polmed has contracted with a number of third-party providers in order to support its strategic goals and service delivery to its members. The current service environment for Polmed is reflected in the table below.

Main Service Area	Sub-Service Area (Current Provider in Brackets)
Administration Services	
	Processing Functions (Medscheme)
	Risk Management Functions (Medscheme)
	Client Management Services (Medscheme)
Managed Care Services	
	Disease Risk Management (Medscheme)
	Medical Advisory Services (Medscheme)
	Network Management (Medscheme)
	Client Management Services (Medscheme)
	Capitated Optometry Network (PPN)
	Emergency Medical Services – Call Centre (Netcare 911)
	Wellness Program (Medscheme – Wellness Odyssey)

Main Service Area	Sub-Service Area (Current Provider in Brackets)
Independent 3rd Party Providers	
Provider Profiling (Insight Actuaries and Consultants)	
Actuarial Services (Insight Actuaries)	
Marketing, Brand and Positioning (In-house)	

7. THIS BID PROCESS

This bid process is open to any CMS accredited managed care provider in the South African market. Polmed seeks to partner with a Managed Healthcare who is committed to an integrated approach to the provision, management and administration of data and services. The provider should have the expertise to integrate networks and stakeholders across clinical, administration and managed care providers.

In addition, the service provider needs to provide innovative solutions in an ever-changing environment and assist with ensuring that Polmed remains sustainable and effective.

Polmed is committed to the financing and provision of sustainable healthcare to the SAPS employees and their dependants. Therefore, the bid process will not only consider the cost and effectiveness of the provision of services in 2021 but will also consider the ability of the managed care provider to partner with Polmed in the achievement of this goal. For sustainable healthcare, Polmed believes that primary prevention should be a key focus.

The managed care provider is required to demonstrate their ability to integrate a service delivery framework with a strong focus on primary healthcare delivery.

8. THE SERVICES AND SCOPE REQUIRED

Bidders are required to submit a proposal for all the services mentioned below, making provision for interfacing with third-party service providers. The scope outlined below is service-orientated, however the bidder should include a member- and outcome-based approach as well.

The administrator and managed care providers may be separate providers and as such, integration and real-time interfacing between providers is an essential component of the services required. The administrator will primarily be responsible for membership, claims and contribution management and data, while the managed care provider will be responsible for all clinical management and data integration including funding protocols, formularies and treatment plans.

The service provider will report to the designated functional representative on all matters pertaining to this contract and will report at regular intervals as agreed upon. Penalties will apply when the contract and service level agreements are not adhered to.

The services within this tender are broken down into the following three sections:

1. Clinical Risk Management
2. Risk Management Functions
3. Client Management Functions
4. Innovation

8.1. CLINICAL RISK MANAGEMENT

Clinical risk management relates to the management of the risks faced by Polmed as a result of the morbidity of its beneficiaries. This function is broken down into the following main services:

- Outcome's based Disease Risk Management (Including Personal health record and service integration) with focused mental health programmes and substance abuse programmes.
- Medical Advisory Services
- Wellness screening and Member Education Services
- Trend analysis
- Strategic support in addressing adverse claim trends
- Assist the scheme with the development of alternative reimbursement models
- Support the Scheme in the annual Benefit design process
- Ex-gratia Management
- Strategic purchasing
- Pharmacy network management (managing adherence at point of sale,
- Dental network management
- High cost medicine management (chronic medicine, oncology medicine, and HIV medicine)
- Proven and established cost containment programmes

8.1.1. Disease Risk Management

Disease risk management includes all services relating to beneficiary health risk management and is facilitated through the use of various disease risk and treatment management programs. The focus of these programs is on improved healthcare outcomes through effective use of healthcare resources, integration with the preventative care benefits and the facilitation of lifestyle changes. Polmed is looking for a provider that can develop an integrated and holistic approach to these services and focus on stimulating appropriate member and provider behaviour.

The functions within disease risk management include:

- Member education and awareness programs
- Proper identification and recruitment of high and emerging risk beneficiaries into the program
- The monitoring of the Scheme's demographic and risk profile relative to a risk pool benchmark.

- The management and integration of the various disease management programs.
- Specific management of high-risk cases that focus on high quality care in a cost effective manner.
- Assistance in product design, including the setting of appropriate healthcare limits and use of various reimbursement models and the updating of Scheme rules as may be required.
- The development of detailed care plans with suitable monitoring processes of compliance to the programs through the primary care provider.
- The development of baseline indicators to measure the health outcomes of the disease management programs. The service provider is required to report to Polmed on the performance of the Scheme in relation to the indicators on a regular basis. Additionally, the managed care provider should inform the Scheme of any specific trends and shifts in the underlying risk pool.

The current disease risk and treatment programs include:

- Prescribed Minimum Benefits (PMB) risk management
- Major medical event management, including hospital benefit management
- Medicine risk management
- HIV management program
- Maternity program
- Psychiatry program
- Oncology risk management
- Dental benefit management
- A general disease risk management program including but not limited to management of asthma, COPD, diabetes, high blood pressure and heart failure.

The main functions for each of the disease risk and treatment programs include:

- The registration of members on the disease and treatment programs based on identification or request.
- The registration of members on the chronic medicine risk management program.
- Proactive identification of high-and emerging risk beneficiaries based on:
    - Past trends and expectation of future risk based on current clinical evidence
    - Health risk stratification of new members through health risk assessments
- Monitoring of member compliance and adherence to programs through the primary care provider and defined processes.
- The establishment of a home based/ Prolonged Illness Management Program and other new programs, as may be required, to limit major medical expenses.

- Monitoring of service provider claims to identify potential over-servicing or up-coding by service providers and the reporting thereof to Polmed.
- Member education through disease specific newsletters, targeted health days and health risk screenings.
- Effective and innovative ways of measuring and reporting on the healthcare outcomes of the various programs.
- Established Electronic health record infrastructure whereby clinical results/measurements are captured in order to allow patients and providers access to information. POPIA compliance is a prerequisite.
- Disease risk management progress should be monitored and tracked via specific clinical parameters.

In addition to the functions outlined above, the provider is required to provide the following additional services in respect of Polmed' s current disease management programs

Disease Management Programs	
Program	**Program Specific Services**
PMB Risk Management	The PMB risk management program includes the monitoring and management of all PMB conditions. This includes the targeted management of high and emerging risk chronic conditions and Diagnosis and treatment pairs (DTP) PMB condition management.
Major Medical Event Management	Major medical event management includes the management of low and high-risk elective events and emergency events, including in-hospital benefit management. Specific management functions include: • hospital admission protocol development • pre-authorisation • case management • beneficiary and next-of-kin management • step-down and discharge planning and management • retrospective clinical audit of hospital claims and rectification of irregularities • inter-hospital t • transfer coordination • Strategic purchasing of medical assistive devices such as hearing aids, wheelchairs, prosthesis etc. • procurement contracting for specialised services and procedures, such as high cost radiology procedures or renal dialysis • detection and reporting of possible injury on duty claims. Unnecessary hospitalisations and costs should be prevented through admission and re-admission rate monitoring as well as retrospective clinical audits of hospital claims and care plans that focus on home-based care, where appropriate.

Program	Program Specific Services
Medicine Risk Management	Medicine risk management relates to the management of all medicine related benefits and costs. Specific management functions include: • on-line real-time medicine claims authorisation and processing • real time interface between managed care and Polmed's pharmacy network • application of the formulary and clinical funding protocols, including compliance management • reimbursement of acute and chronic medication and management of co-payments • Medicine costs should be controlled through utilisation reviews, the identification of abnormal trends and audits of pharmaceutical processes
HIV Management Program	The HIV management program requires the following specialised services: • identification and recruitment into the program • case management and outcomes monitoring • Care coordination • A dedicated call centre service
Maternity Program	The maternity program requires the following specialised services: • identification of pregnancies • member education and awareness • risk stratification of pregnancies • case management of high-risk beneficiaries • ongoing development and maintenance of obstetrics risk management strategies • Active management of caesarean section incidence, and applying risk mitigation actions to manage elective caesarean section funding
Psychiatry Program	The psychiatry program includes the management of low and medium to high risk psychiatric conditions. The management of medium to high risk conditions include the following specific services: • Holistic care program to manage the mental health risk exposure of Polmed • Care coordination between the treating psychiatrist, psychologist and GP • In hospital case management, discharge planning and post discharge follow up management • case management • customised member education and services • expert external panel review of clinical protocols

Program	Program Specific Services
Oncology Risk Management	The oncology risk management program requires the following specialised services: • pre-authorisation • case management • care plan registration • support groups • ongoing development and maintenance of oncology risk management strategies • network support and service coordination
Dental Benefit Management	The dental benefit management program requires the following specialised services: • Provider support ensuring care coordination and compliance monitoring of primary care dentistry • pre-authorisation for specialist dentistry services • ongoing development and maintenance of dental risk management strategies, with a focus on periodontal disease

The provider needs to be able to provide all of the above managed care services as well as the other required services. In the case where the potential service provider does not currently offer a specific program, the service provider should commit to developing and launching the respective program or service or partner with another provider who can offer the service.

Included in this function is the coordination of the Scheme's Clinical Committee meetings, Health Technology and Guidelines Committee meetings, Drugs and Therapeutics Committee meetings and meetings with regulatory bodies as may be required. Additionally, the managed care provider should provide the Scheme with any internal audit reports as may be required.

8.1.2. Medical Advisory Services

The provision of medical advisory services pertains to the ongoing development and maintenance of the clinical risk management strategies. This includes the integration of medical and clinical data, adverse trend analyses and reporting and advice on appropriate remedial actions. The functions include:

- Clinical expert panel support
- The coordination and consolidation of Polmed's Clinical Committee.
- The development of funding guidelines for the implementation of the disease risk management programs.
- The development and maintenance of formularies, clinical protocols and care pathways.
- Appeal management
- Annual Benefit design support
- The procurement of mandates for expensive treatments.
- The identification of high-risk conditions that require risk management and monitoring.

- The development of customised programs to manage these conditions, including processes for authorisations, procurement, placement, case management, supporting services, tracking of outcomes and reporting.

8.1.3. Wellness and Member Education Services

The current wellness and member education services include the facilitation, development and support to the Scheme's wellness initiatives. The current initiatives focus on prevention, screening and active targeting of beneficiaries through the use of member education and wellness days. The Scheme is however looking to expand its wellness and preventative initiatives.

Service providers are required to ensure integration via its Wellness program by effective patient risk stratification at wellness events and successful registration on the DRM program. Patient clinical progress should be measured via analysing future investigations with baseline measurements.

Care coordination from the wellness event to primary care practitioners is a prerequisite.

The provision of a loyalty rewards programme that supports the wellness initiatives should be available to the scheme.

8.1.4. Ex-Gratia Management

The managed care provider is required to assess and process ex-gratia applications according to the Ex-gratia Policy and refer cases to the ex-gratia committee and the Scheme's Senior manager Clinical services for approval where required. Trend analysis, monitoring and reporting on the number of applications received, accepted and declined for each discipline forms an integral part of this service. It will also be the responsibility of the service provider to own the decisions register and update the register as required.

8.2. RISK MANAGEMENT FUNCTIONS

The risk management functions required are broken down into the following four main functions:

- Strategic Network development and support
- Provider profiling and liaison with stakeholders
- Provider relations/communication and Network management
- IT and Data Management
- Business Continuity
- Fraud Awareness and Management
- Annual Benefit design support
- Annual tariff negotiations through collective bargaining
- Pharmacy risk management to scheme formularies and medicine protocols

8.2.1. Strategic Network development and support

Network management relates to the maintenance and monitoring of the existing Polmed service provider networks. Polmed has developed their various provider networks. The successful bidder will be required to manage and monitor the provider networks including hospital groups.

The successful bidder will be required to strategically develop networks in order to mitigate clinical and claims risk, for example dental, pathology and radiology networks.

This function includes the following services:

- Monitoring of the various networks to ensure cost-effectiveness and quality healthcare outcomes.
- Measuring the compliance of the network in terms of the contractual agreements between the service providers and Polmed.
- Reporting on the effectiveness of the service provider networks.
- The set-up of new service providers on the networks as may be required.
- Profiling of network and non-network providers in line with agreed parameters
- Network provider management and managed care strategies communicated to providers
- Development of new networks based on clinical need for example radiology, pathology and Dental networks
- Annual tariff negotiations
- Development of alternative reimbursement model

Polmed's current networks include but are not limited to:

- GP network
- Specialist network
- Oncology network
- Designated pharmacy network
- Hospital network
- Psycho-social network
- Renal dialysis network

8.2.2. IT and Data Management:

This function includes ensuring system and technology integration, functional capabilities of the IT structures and data warehouses, as well as the confidentially of data. The service provider should host and maintain:

- Appropriate, effective, flexible and current IT systems and structures.
- Database integration capabilities to ensure effective integration of data across various data sources.
- Interfacing with the various Polmed service providers, in particular with the administrator.

- Current protocols and procedures to ensure the confidentiality and integrity of the Polmed data.
- Annual and ad-hoc reviews, testing and reports on the IT control environment and structures.
- Integration and interfacing with the administrator.
- Implementation and management of an electronic health record system
- Capturing of clinical information from service providers, pathology labs
- Geomapping of members and service providers
- Compliance to the Protection of Personal Information Act.

The service provider should maintain effective Cyber Security practices.

The service provider should assist Polmed with all reasonable requests for information from, but not limited to, the CMS, the National Treasury Department and the Auditor General. In addition, the service provider should provide monthly operational reports on the IT system and data warehouse.

8.2.3. Business Continuity

The service provider should have the ability to maintain business continuity and limit operational down time during any unforeseen circumstances. This includes implementing and adhering to a business continuity plan during power failures and other events which may impact business operations. These plans should be reviewed frequently, comply with international best practices and include a disaster recovery plan.

The service provider should integrate with Polmed's risk management team and adhere to reasonable requests on an ad hoc basis.

8.2.4. Fraud, Waste and Abuse Awareness and Management

The services provider will be responsible for enhancing fraud awareness. They will also be required to identify fraud and waste as well as make recoveries.

8.2.5. Annual Benefit design development

The service provider should clearly outline how it will support the Scheme during annual Benefit design development including tariff finalisation.

8.3. CLIENT MANAGEMENT FUNCTIONS

The client management function consolidates the integrated service delivery for Polmed and all the stakeholders involved. It should focus on establishing Polmed with a high-quality, member-centric delivery culture with effective business relationships between the Scheme, providers and members. The managed care provider should:

- Provide the administrator with all the information required for Polmed's website.
- Provide a call centre, for members and providers that is operational between 7:30 and 17:00 on business days, with English as the primary language.

- Provide walk in centres. for members and providers that is operational between 7:30 and 17:00
- Provide a 24-hour medical emergency advice line.
- Develop technology enablers to facilitate stakeholder communication.
- Provide customer relationship management reports.
- Design, print and distribute, via post, email or website, various other communications that include:
    - Care packs
    - Disease-specific patient information and related health risks
    - Major Medical Event information brochures
    - Preventive messages
- Integrate with other Polmed stakeholders, specifically the administrator, to effectively provider customer support and communication services.

8.3.1. GENERAL

- The bidders to provide full details of experience in the field and current work.
- The bidders must accept that confidentiality must be maintained in respect of all information handled and supplied.
- The bidders must undertake to liaise with officials at the Medical Scheme specifically as well as assigned medical scheme administrator.
- The bidder must accept to negotiate a Service Level Agreement based on the terms of this tender, which must be preceded by a contract.
- It is a condition of the bid that only one bidder can be accepted to render this service.

8.3.2. PROPRIETY OF RIGHT/SECURITY OF DATA

- The intellectual propriety and ownership of all materials and products developed in the execution of the contract will be vested with Polmed in electronic form and hard copies.
- Materials and products may not be made available to any unauthorized person or sold for profit without prior written consent from Polmed.
- No media release concerning the tender, or any other information relating to the tender, or concerning the award of the tender maybe made by the tenderer without prior consultation and written approval from POLMED Principal Officer

MANAGED CARE EVALUATION CRITERIA

This section of the Terms of Reference requires the bidder to demonstrate an understanding of the Polmed services and requirements. For each question below, as well as with reference to the services described in the Services and Scope Required section above, the bidder is required to provide concise information relating to how the services will delivered and how service delivery to Polmed and its members will continuously be improved. Examples and past experience or references should be specified in the response to the points below, where appropriate. The response to section is limited to the number of pages reflected in brackets.

1. CLINICAL RISK MANAGEMENT (Response limited to 30 pages)

1.1. Disease Risk Management

1.1.1. Please can you provide a description of all disease risk and treatment management services that can be offered to Polmed.

1.1.2. Describe the processes and approach that will be undertaken in order to provide the disease risk and treatment management services required. The response should include specific reference to the following functions:

- Registration of members on disease or treatment programs
- Identification of high and emerging risk members
- Monitoring member adherence to programs
- Incorporating best practice
- Monitoring of service provider claims
- Member education
- Implementation of effective care coordination between all service providers in disease risk management
- Monitoring provider compliance to programs
- Clinical data collection
- Patient progress monitoring via clinical parameters with relevant action plans including communication to providers
- Monthly and Quarterly reports demonstrating the impact of DRM program.

1.1.3. Clearly demonstrate the process that will be followed to obtain an accurate assessment of new members on the Scheme, in order to fast-track the integration of new members into the Scheme's health risk management processes. The response should include the following elements:

- Conducting of Health Risk Assessments (HRA)
- Capturing of clinical information after HRA
- Risk stratification of patients based on HRA results
- Pro-active identification of clinical risks amongst all new members
- Communication strategies for all new members and employer liaisons

1.1.4. Describe the approach for the identification of the key health risk indicators that will be monitored and used to measure the effectiveness of the disease risk management programs, with reporting thereof to Polmed.

1.1.5. Please provide evidence for each of the various managed care programs on the on the effectiveness of the program on the following elements:

- Length of stay in hospital
- Hospitalisation rates
- Positive Healthcare outcomes
- Cost mitigation for the scheme

1.1.6. Detail the approach to monitoring and reporting on health outcomes of the Scheme. The response should focus on the bidder's approach to:

- Establishing baseline indicators to measure the performance of the Scheme and proposed service delivery framework.
- Reporting on key trends, shifts in the underlying risk pools and proposed benefit and program changes.

1.1.7. Please provide details of take up and compliance to the programme for each of the managed care programmes offered in 2019. Please provide details of approaches used to improve these metrics over time.

1.1.8. Please provide the monthly average number of cases/beneficiaries that have been managed for each of the various manged care programs for 2019.

1.1.9. Outline strategies to manage the costs of Diagnosis and Treatment Pairs (DTP) PMB conditions and Chronic Disease List (CDL) PMB conditions through:

- The evaluation of costs DTP data on costs
- Devising strategies with the Scheme to address these with:
  - Specialist provider disciplines and groups
  - Network and non-network doctors
  - Council of Medical Schemes and Department of Health
  - Board of Healthcare Funders
  - Health Professions Council of SA
- The implementation of strategies in collaboration with the Scheme

1.1.10. Detail the approach to overall medicine benefit management, including:

- Medicine utilisation review
- Optimisation of reimbursement and management of co-payments
- Optimisation of Drug Utilisation Review (DUR) process
- Implementation of alternative reimbursement models
- Appeals and disputes
- Integration with Polmed's networks

1.1.11. Outline the approach that will be undertaken for on-line real-time medicine claims management, including reference to:

- claim processing
- corrections to claims
- audit of processes
- systems availability
- pharmacy networks

1.1.12. Outline the processes that will be utilised in the identification of key risk areas across the Scheme's demographics and for monitoring changes relative to a risk pool benchmark.

1.1.13. Outline the process and strategy for the integration of hospital risk management with disease management and medicine management, with particular reference to the management of claims in order to deliver quality health outcomes while simultaneously reducing over-servicing. The response should demonstrate how health screening and preventative treatments and monitoring compliance with chronic and other disease management regimes will assist in achieving this outcome.

1.1.14. Detail the approach and methodology that the bidder intends to take regarding the holistic management of high-risk cases (in hospital as well out of hospital management).

1.1.15. Clearly demonstrate how, through a collaborative effort with the Scheme, the bidder intends to add value in the following areas:

- Product structure and option range
- Benefit design and benefit limits and sub-limits
- Contribution levels and reimbursement models
- Alignment of contributions with the cost of benefit provision
- Rules of the Scheme

1.1.16. Clearly demonstrate the process that the bidder intends to follow to develop an in lieu of hospitalisation management program to support patients who suffer from chronic ailments that can effectively be managed on an outpatient/homebased basis.

1.1.17. Please include details, within the above page limit, around the proposed schedule of reports relating to disease risk management including a short description of the main objectives and key fields of the reports, and the frequency of the reports. A report on the day-to-day productivity and performance of the managed care provider against the service level standards should be included.

1.1.18. Describe how provider networks will be utilised within clinical risk management.

1.2. Medical Advisory Services

1.2.1. For each of the specific areas listed below, detail in full the processes that will be undertaken in order to provide the required service. Specific references should be made to the best practice principles and standards used by the bidder for the delivery of the managed care functions.

- Coordination of the Clinical Committee
- Clinical expert panel support
- Updating of evidence-based information on new treatment modalities, devices, medical processes and medication
- Medical Advisory Services where cases are referred from managed healthcare services and programs
- Consultation with the Scheme's senior manager: Clinical services. medical advisor
- Implementation or withdrawal of clinical interventions.

1.2.2. Detail the approach and methodology that the bidder intends to take regarding the development and maintenance of evidence-based formularies, up-to-date clinical and funding protocols and care pathways for the management of acute and chronic benefits.

1.2.3. Describe the approach for the identification of high-risk conditions that the Scheme should manage and monitor through disease risk management based on:

- Prevalence
- Impact of disease
- Availability of healthcare resources
- Accessibility to appropriate medical facilities
- Cost versus benefit of management of the disease
- Health economic evaluation of managed care interventions
- Assist the Scheme with the development of innovative alternative reimbursement models.

1.2.4. Describe your reference pricing methodology utilised.

1.2.5. Detail the approach and methodology that the bidder intends to take regarding he development of customised programs to manage these high-risk conditions, including processes for authorisations, procurement, placement, case management, supporting services, tracking of outcomes and reporting.

1.2.6. Detail your approach and methodology that the bidder intends to take regarding the development of guidelines for the implementation and monitoring of disease risk management programs.

1.3. Wellness Services

1.3.1. Describe the approach and the vision for the delivery of wellness services to Polmed. The response should focus on the merits of wellness initiatives with respect to:

- Affecting behaviour change in terms of maintaining good health and early disease management intervention.
- Improving participation in wellness initiatives
- The use thereof as an entry point into the disease risk management programs.
- The use of Polmed's preventive benefits, wellness days and member education within the wellness initiatives.
- The use of technology to, as a minimum, extract clinical data records from wellness days and other service providers.
- The use of clinical data to measure clinical progress of patients
- System integration with Wellness service provider

1.3.2. Describe the rewards program that would be available to members? If yes describe how it is integrated with your managed care programs also provide evidence that it is working.

1.4. Ex-Gratia Management

1.4.1. Clearly outline the process for the provision of ex-gratia services to Polmed, in accordance with the outline provided in the detailed scope of services.

1.4.2. Outline the monthly and quarterly Ex Gratia reports, with specific focus on trend analysis and Benefit design recommendations based on Ex Gratia applications.

2. RISK MANAGEMENT FUNCTIONS (Response limited to 20 pages)

2.1. Network development and Management:

2.1.1. Please describe how internal processes will be adapted to accommodate the existing Polmed networks.

2.1.2. Describe how the various networks will be monitored to ensure cost-effectiveness and quality healthcare outcomes.

2.1.3. Describe how the networks will be measured to be compliant to the contractual agreements between the service providers and Polmed.

2.1.4. Describe the reporting on the effectiveness of the service provider networks.

2.1.5. Describe how networks will be expanded or new ones created to cater for Polmed's clinical requirements, i.e. Radiology, pathology and dental networks.

2.1.6. Describe the profiling processes that will be followed to measure compliance against set clinical parameters.

2.1.7. Describe how annual tariff negotiations will be conducted on behalf of the scheme including the skillset of the team involved in the negotiation

2.1.8. Describe the process that will be undertaken in order to monitor service provider networks with respect to compliance and quality outcomes to DRM care plans, cost-effectiveness and the delivery of quality healthcare outcomes. The response should detail how these variables will be measured and reported on.

2.1.9. Describe the processes that will be followed to ensure the successful development and implementation of alternative reimbursement models.

2.1.10. Describe the process that will be followed to support managed care interventions communication to network providers.

2.2. IT and Data Management:

2.2.1. Please describe the IT system and infrastructure that will be used when rendering the managed care services. Please include reference to the capabilities, integrity and the flexibility of the system and infrastructure, as well as annual reviews done and links to international guidelines and standards.

2.2.2. Please describe the IT systems functionality in terms of collection, capturing and management of clinical data.

2.2.3. Describe the control measures in place to ensure the confidentiality and integrity of the Polmed and Polmed beneficiaries' data in accordance to the relevant legislation (including POPIA) and best practice.

2.2.4. Provide evidence of Cyber security initiatives

2.2.5. Describe how it will be ensured that a full data transfer to Polmed's database, of the managed care data will occur on at least a monthly basis. Please provide the turnaround times for the data to be transferred to Polmed each month.

2.2.6. Polmed requires a complete copy of all line by line data. Fully detail your organisation's policy and approach to data ownership. Clearly document your view on any intellectual property generated through processing and specify any constraints which may hinder Polmed in having full access to all of their raw and processed data.

2.2.7. Describe how the bidder will interface with and support the various Polmed service providers, in particular with the administrator. The response should include detail on the ability to provide monthly data transfers to both the Scheme and the administrator.

2.2.8. Fully describe the data transfers that will occur between the administrator and the managed care provider, including the frequency of the data transfers. Detail should be provided that indicates the ability of the bidder to provide real-time data transfers and interfacing.

2.2.9. Describe the controls and processes in place to ensure that consistent and correct data is provided to all parties.

2.2.10. Detail the approach and methodology for testing and conducting annual reviews of the IT control environment and structures.

2.2.11. Detail the approach and methodology that will be applied to implementing and management of an electronic health record whereby both members and providers have access to clinical information online:

- Capturing of clinical information from service providers, pathology labs
- Geomapping of members and service providers
- Complying with Protection of Personal Information Act.

2.2.12. Please provide details around the process that will be followed to set Polmed up as a client in terms of operational activities and the IT and data environment including expected timeframes.

2.2.13. Please include details, within the above page limit, around the proposed schedule of reports including a short description of the main objectives and key fields of the reports, and the frequency of the reports. These reports should include any operational reports on the IT system and data warehouse, as well as report on the IT control environment and structures.

2.3. Business Continuity:

2.3.1. Detail the business continuity plan and disaster recovery plan in place to ensure full-time system availability for Polmed. The response should include details on the testing undertaken and compliance with international best practices.

2.3.2. Please provide statistics on the average downtime and recovery time that your organisation has experienced over the last number of years.

2.3.3. Please provide details around reporting on downtime per month as a result of specific software issues or due to software defects.

2.4. Fraud, Waste and Abuse Awareness and Management

2.4.1. Provide detail on how the effective detection and prevention of fraudulent and wasteful activities from members and providers will be incorporated into the service delivery of the provider.

2.4.2. Describe the action that will be undertaken when fraudulent activities are identified. The approach should include, but not be limited to, the reporting to the administrator as well as Polmed's appointed fraud waste and abuse service provider, including details of recoveries for the financial statements, and the Scheme, processing of affidavits and testifying in court cases.

2.4.3. Provide evidence of the financial savings generated through the fraud management efforts.

2.5. Annual Benefit design development

2.5.1. The service provider should clearly outline how it will support the Scheme during annual Benefit design development including tariff finalisation.

3. CLIENT MANAGEMENT FUNCTIONS (Response limited to 15 pages)

3.1.1. For each of the specific areas listed below, the bidder should describe how the service will be undertaken. The response should include, a description of the service that will be provided, the infrastructure required, the staff compliment and skill level and the performance measures in place:

- Call centre, for members, providers that is operational between 7:30 and 17:00 on business days, with English as the primary language. The service provider should also indicate how they intend to support the other languages. The current Polmed-owned dedicated telephone number, postal address and fax number should be utilised. This is the same number that will be used for administration call centre. Please provide the total calls received, actual drop call rates, average handling time, call rate (calls per 1,000 lives) for 2019
- Walk in centres, the service provider should indicate the number of walk in centres in each province and describe how they will reach areas with no walk in centres
- Self-help fax service.
- 24-hour medical emergency help line.
- Member disease specific and preventative communication.
- Customer relationship management reports.
- Provider communication.

3.1.2. Discuss how technology will be used to enhance member communication as well as educational engagements with members. In particular reference should be made to mobile applications and internet sites.

4. INNOVATION (Response limited to 1 page)

4.1.1. Please provide information on any new innovations that would differentiate your service from your competitors that are not covered in the sections above.

BIDDERS MUST TAKE NOTE OF THE EVALUATION PROCESS THAT WILL BE FOLLOWED

1 EVALUATION PROCESS

The phases of evaluation will be as noted below and in the order described.

1.1 COMPLIANCE WITH MINIMUM REQUIREMENTS/ SHORTLISTING CRITERIA

1.1.1 All bids duly lodged as specified in this RFB will be examined to determine compliance with procurement requirements and conditions. Bids with deviations from the stipulated requirements/ conditions will be eliminated from further consideration.

1.2 EVALUATION OF FUNCTIONALITY

1.2.1 All remaining bids will be evaluated functionally as per the evaluation criteria and weights in the table in paragraph 2. Polmed reserves the right to determine technical sub-criteria and to weigh each of those criteria; ultimately adding up to the overall weight noted in paragraph 2.

1.2.2 Bidders that score less than **70%** of the points available for functionality will be eliminated from further consideration. Points will therefore not be awarded for their cost proposals or for preference.

1.3 DETERMINATION OF OVERALL SCORE FOR FUNCTIONALITY, PRICE AND B-BBEE STATUS

1.3.1 In this last phase of evaluation, the points for price and B-BBEE for all remaining bids will be added to the functional points to obtain a total score.

1.4 PRESENTATIONS

1.4.1 Polmed or its authorised representatives reserve the right to call any shortlisted Bidder for a presentation regarding any aspect of its bid.

1.4.2 Should Polmed decide to call for presentations, shortlisted Bidders invited to present will be notified of the date, time, venue and their allocated time slot at least three (3) days in advance.

1.4.3 Under no circumstances will a presentation by any Bidder constitute an award or promise / undertaking to award the contract.

1.5 ADJUDICATION OF BID

1.5.1 Polmed's relevant award structure will consider the recommendations of the bid evaluation committee(s) and make the final award.

1.5.2 Polmed reserves the right to award the contract to one or more providers or not to award the contract at all.

2 EVALUATION CRITERIA AND FORMULAE

2.1 MAIN EVALUATION CRITERIA

2.1.1 The main criteria and weights referred to in paragraph 1 above, are as follows:

CRITERIA	OVERALL WEIGHT
Functionality	**60%**
Price	**20%**
B-BBEE	**20%**
TOTAL	**100%**

2.2 FUNCTIONAL EVALUATION CRITERIA AND MAIN BREAKDOWN

2.2.1 The functional sub-criteria and their importance are as follows:

FUNCTIONAL SUB-CRITERIA	OVERALL WEIGHT
Team skills, experience and qualifications and their relevance	10%
Technical response to Terms of Reference questions	75%
Overall methodology and approach	5%
Project plan suitability	5%
Total:	100%

2.2.2 Relevant company experience will be measured as follows:

EXPERIENCE		SCORE	WEIGHT
Number of clients for similar services that are of similar size			
	5 or more clients	4	4%
	More than 2 clients but less than 5 clients	3	
	Up to 2 clients	2	
	Bonus point if 3 or more clients are medical schemes	1	
	Bonus point if 2 or more clients are medical schemes of a similar size	1	

2.2.3 The points scored for all other functional sub-criteria will be calculated by evaluators awarding a score between 0 and 5 for each individual criterion. Ultimately, each criterion will be weighted.

2.3 DETERMINATION OF POINTS FOR PRICE

2.3.1 Polmed reserves the right to request either a total price or various prices for various elements informing the evaluation of the price and to weigh each of those price components; ultimately adding up to the overall weight noted in paragraph 2.1.

2.3.2 The percentage scored for price shall be calculated by applying the undermentioned formula to each price component:

- ❒ The lowest acceptable bid/proposal (adjusted or not), will obtain the maximum points allocated for the price/ price component. The other bids/proposals with higher prices (adjusted or not) for that element/ price component, will proportionately obtain lower points based on the following formula:

$$Ps = \frac{P\min}{Pt} X\ Ap$$

where

Ps = points scored for price/ price component by bid/proposal under consideration

Pmin = lowest acceptable price/ price component of bid/proposal

Pt = price/ price for that component of bid/proposal under consideration

Ap = percentage/weight allocated for price/ price component

2.4 DETERMINATION OF POINTS FOR B-BBEE STATUS

2.4.1 The proof pertaining to the bidder's level contributor status in terms of the B-BBEE Act and the Codes of Good Practice, issued by **the dti**[2] as required in Section A-1 of this bid document, will be evaluated. Information is available at www.dti.gov.za.

Bidders will be allowed to score up to a maximum of 20% depending on the bidder's level contributor status as per the evaluation criteria and weights in the table in paragraph 2.4.2 below. To determine the final score in the case of a joint venture/ consortium, the score for each party to the bid will be determined and pro-rated based on the percentage of the contract that the party will execute.

2.4.2 The B-BBEE scores will be allocated as noted below. The maximum score of 5 will achieve the full 20%.

B-BBEE	SCORE	WEIGHT
Level one Scores obtained for large and QSE organisations respectively	5	

Level two Scores obtained for large and QSE organisations respectively	4.5	20%
Scores obtained for at least 51% black owned QSEs and at least 51% black owned EMEs respectively	5	
Level three Scores obtained for large and QSE organisations respectively	4	
Level four Scores obtained for large and QSE organisations respectively as well as Exempted Micro Enterprise with less than 51% black ownership	3	
Level five to six Scores obtained for large and QSE organisations respectively	2	
Level seven to eight Scores obtained for large and QSE organisations respectively	1	
Non-compliant contributor	N/A	

[2] See GLOSSARY.

SECTION B

PROPOSAL CHECKLIST
(Return with proposal as Part 1)

NOTE: This page reflects a summary of the requirements of the bid document. Information not submitted in the relevant part, may not be considered for evaluation purposes.

Part in which information must be returned	Part Description	Have you structured your bid in the required format? Tick √ in the relevant block below	
		YES	NO
1.	Proposal Checklist		
2.	Special Conditions of Bid		
3.	"Invitation to Bid		
4.	Pricing Schedule		
5.	Original, valid SARS Tax Clearance Certificate(s)		
6.	Declaration of Interest		
7.	Declaration of Bidder's past Supply Chain Management Practices		
8.	Company Registration Certificates		
9.	VAT Registration Certificate(s)		
10.	Valid B-BBEE certificate or other valid documentary evidence		
11.	Accreditation Certificate		
12.	Proof of Financial Soundness		
13.	Company Profile		
14.	Experience in this field		
15.	Resources		
16.	Terms of Reference Questions		
17.	Methodology and Approach		
18.	Project Plan		

I/we declare that the accompanying documentation contains all the documents as listed in the parts above. I/we acknowledge that any part or document not submitted may render my/our bid to be deemed non-responsive and may therefore be rejected for evaluation purposes at the sole discretion of Polmed.

Name of Bidder: _____

Signature of Bidder: _____

Date: _____

SPECIAL CONDITIONS OF BID THAT THE BIDDER NEEDS TO ACCEPT
(Return as Part 2)

1	**GENERAL**
1.1	Bidders must clearly state if a deviation from these "Special Conditions of Bid" are offered and the reason therefor. If a deviation is offered, the paragraph reference must be indicated in a supporting appendix.
1.2	Proposals submitted without the full "Special Conditions of Bid" **with** the completed and signed last page **may** be considered non-responsive.
1.3	Polmed shall not be liable for any expense incurred in the preparation and submission of a bid.
1.4	No entity may be involved, whether directly or indirectly, in more than one bid. Failure to comply with this requirement may, within the sole discretion of Polmed, result in disqualification of the relevant Bidder.
2	**SPECIAL CONDITIONS AND INSTRUCTIONS AND EVALUATION PROCESS**
2.1	The "Bid Submission Conditions and Instructions" as well as the "Evaluation Process" as per Sections A-1 and A-3 have been noted.
3	**SPECIAL CONDITIONS OF BID**
3.1	The "Special Conditions of Bid" as per Section B-2 of this RFB must be accepted.
3.2	Non-adherence to this requirement may deem your bid non-responsive.
4	**NEGOTIATION AND CONTRACTING**
4.1	A bid will constitute a binding offer which offer will be deemed not to have been accepted and no agreement will be deemed to be reached with any Bidder, unless and until a definitive Agreement and other related transaction documents are concluded between Polmed and the preferred Bidder.
4.2	Polmed or its authorised representatives have the right to enter into negotiation with one or more Bidders regarding any terms and conditions, including price(s), of a proposed contract.
4.3	Polmed shall not be obliged to accept the lowest or any quotation, offer or proposal.
4.4	Negotiation with one or more preferred Bidders will take place subsequent to the relevant stakeholders in Polmed considering the recommendations of the Bid Evaluation Committee.
4.5	Polmed reserves the right to select another preferred Bidder in the event that negotiations with the originally selected preferred Bidder prove unsuccessful and/or are unduly delayed.

4.6	Upon final selection and notification of the preferred Bidder, a process of final negotiations will commence. Negotiations will be used to agree the SLA in an effort to arrive at a comprehensive binding SLA that will govern the relationship between Polmed and the Successful Bidder.
4.7	Under no circumstances will negotiation with any Bidders, including with the preferred Bidder, constitute an award or promise/ undertaking to award the contract.
4.8	Polmed reserves its rights to conduct a due diligence on a shortlisted Bidder should it deem it to be necessary.
5	**ACCESS TO INFORMATION**
5.1	All Bidders will be informed of the status of their bid once the procurement process has been concluded.
5.2	Requests for information regarding the bid process will be dealt with in line with the Polmed Procurement Policy and relevant legislation.
5.3	Alexander Forbes will facilitate such communication on behalf of Polmed.
6	**REASONS FOR REJECTION**
6.1	Polmed shall reject a proposal for the award of a contract if the Bidder has committed a corrupt or fraudulent act in competing for the particular contract.
6.2	Polmed may disregard the bid of any Bidder if that Bidder, or any of its directors: • Have abused the Procurement system of Polmed. • Have committed fraud or any other improper conduct in relation to such system. • Have failed to perform on any previous contract and the proof exists.
7	**CANCELLATION OF PROCUREMENT PROCESS**
7.1	Polmed reserves the right to amend, modify or withdraw this RFB at any time, without prior notice and without liability to compensate or reimburse any person.
8	**CONTRACT PERIOD**
8.1	The contract term shall be for duration of five years. The contract shall commence on 1 January 2021 or any other date agreed in writing between the parties during negotiations.
8.2	Prior to the expiration of the contract period, Polmed may elect to renew this Agreement for a period determined by it.
9	**NON-COMPLIANCE WITH DELIVERY TERMS**
9.1	As soon as it becomes known to the Contractor that he/ she will not be able to deliver the services within the delivery period and/ or against the quoted price

	and/ or s specified, the Principal Officer of Polmed or the delegate must be given immediate written notice to this effect. Polmed reserves the right to implement remedies including termination as provided for in the Contract.
10	**PENALTIES**
10.1	Polmed will invoke financial penalties based on non-performance in accordance with the penalty clauses which will be finalised as part of the contract negotiations and included in the final contract.
11	**LEGISLATIVE COMPLIANCE**
11.1	Bidders must be compliant with all legislation impacting on this environment covered by the scope of the project and not only the Medical Schemes Act.
12	**PRICE ADJUSTMENTS**
12.1	Should the contract still proceed after the first year, the fees and rates for the subsequent years shall be adjusted year-on-year with not more than the average annual CPI for the month, three months preceding the starting month of the contract of the renewed contract (i.e. should the renewed contract start in January, the CPI for the previous October) shall be used as per Statistical Release P0141, Table B. Such adjusted fee and rate shall then be fixed for the further period of twelve months.
12.2	Should the number of principal members per month increase exponentially and outside of the noted sliding scales, Polmed reserves the right to renegotiate the contractual rates.
13	**ADDITIONAL INFORMATION REQUIREMENTS**
13.1	During evaluation of the bids, additional information and any supporting documentary evidence may be requested from Bidders in writing. Replies to such requests must be submitted in writing within 3 (three) working days or as otherwise indicated.
13.2	No additional information will be accepted from any individual bidder without such information having been requested.
14	**CONFIDENTIALITY**
14.1	The bid and all information in connection therewith shall be held in strict confidence by bidders and usage of such information shall be limited to the preparation of the bid.
15	**INTELLECTUAL PROPERTY RIGHTS**
15.1	All intellectual property created during the execution of this contract as part of its deliverables shall belong to Polmed, but the service provider shall however retain all of its intellectual property rights in respect of any and all of its models, methodologies or the like of a common or generic nature supplied or developed by the service provider in the conduct of its business, before, during or after the Agreement established as a result of this bid process.

15.2	In the event that the Contractor, any of the sub-contractors or any of its team members or any project team member would like to use information or data generated by the project, for academic or any other purpose, prior written permission must be obtained from the Principal Officer.
15.3	This paragraph shall survive termination of this Contract.
16	**COPYRIGHT**
16.1	Copyright of all documentation relating to this bid belongs to Polmed. No bidder may disclose any information or documentation to other persons without the written approval of the Principal Officer or his/her delegate.
17	**PREFERENTIAL PROCUREMENT**
17.1	Polmed shall not do business with non-compliant contributors.
17.2	Tenderers who fail to submit proper B-BBEE Recognition Level verification certificates will not receive points for B-BBEE.
17.3	If a contractor loses its B-BBEE Contributor Status at any time or a change has occurred which could lead to its status being different, Polmed must be informed in writing within 30 days and Polmed reserves the right to require of the contractor to improve and rectify its status within an agreed period; failing which, Polmed may cancel the contract.
17.4	Written contracts concluded between Polmed and an accepted contractor will contain a clause providing for: ■ An undertaking by the contractor that, with effect from the date of signature, it will be in possession of a valid B-BBEE Recognition Level Verification Certificate; ■ An undertaking by the contractor that, for the duration of the Agreement, it agrees to maintain its B-BBEE Contributor Status Level to, at least, that of a particular status level;
17.5	When it is detected that a preference has been obtained on a fraudulent basis, Polmed will act against the tenderer to whom the contract has been awarded. Such action may include the following: ■ Recovery of all costs, losses or damages it has incurred or suffered as a result of that tenderer's conduct; ■ Cancellation of the contract and the claim of any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation; ■ Impose a financial penalty more severe than the theoretical financial preference associated with the claim which was made in the tender; and ■ Restrict the contractor, its shareholders and directors from obtaining business from Polmed for a period not exceeding 10 years.
17.6	Bidders must indicate at tendering stage at least which one additional B-BBEE initiative it will promote towards achieving Polmed's objectives of promoting broad-based black economic empowerment.

	This initiative will be considered for applicability, but will not be scored per se. It will however be negotiated with the preferred bidder at contracting stage and must be acceptable to Polmed. The cost of this initiative is for the account of the service provider. The framework within which this initiative must fall must either be the use of one or more sub-contractors rendering a core component of the service that will be at least level 4 contributor status. The promotion of this initiative must expand year-on-year during the contract period. It may also include a component of skills development. These initiatives must be able to be monitored and must be measurable; details of which will be confirmed and agreed during negotiation.
18	**WARRANTIES**
18.1	The Bidder warrants that it is able to conclude an Agreement to the satisfaction of Polmed and that it will not be involved in any manner in activities which conflict with the obligations of the contractor to provide the contracted services.
19	**OWNERSHIP AND TRANSFER OF DATA**
19.1	The Contractor acknowledges that all raw claims and other related data remains the property of Polmed.
19.2	All data that can reasonably be deemed to be the property of Polmed and data that should be considered necessary for Polmed to conduct its business must be handed over to a third party as and when required by Polmed.
19.3	Data must be transferred in agreed formats with corresponding quality standards.
19.4	The Contractor must allow Polmed access to data within reasonable periods through relevant project and execution plans.
19.5	The handover period for data to a third party will be determined during the contracting stage, but will be for a period not exceeding six (6) months.
20	**RETENTION**
20.1	On termination of this agreement the Contractor shall, on demand, hand over all documentation provided as part of the service and all deliverables, etc., without the right of retention, to Polmed.
20.2	No agreement to amend or vary a contract or order or the conditions, stipulations or provisions thereof shall be valid and of any force and effect unless such agreement to amend or vary is entered into in writing and signed by the authorised contracting parties. Any waiver of the requirement that the agreement to amend or vary shall be in writing, shall also be in writing.
21	**AGREEMENT TO BE CONCLUDED**
21.1	The Agreement and SLA will be negotiated with the preferred bidder. The fee schedule, based on the Pricing Schedule in this Bid document, will be included in the formal contract between Polmed and the Contractor.

I/we **offer/do not offer** a deviation. I/we **attach/do not attach** our deviation as an appendix to this Part 2 of my/our bid. I/we agree that if no appendix detailing our deviation is attached to this Part 2 of my/our bid, it will be construed that I/we accept all the above-mentioned “Conditions of Bid”.

Name of Bidder: _____

Signature of Bidder: _____

Date: _____

INVITATION TO BID
(Return as Part 3)

YOU ARE HEREBY INVITED TO RESPOND TO THE BID OF POLMED

BID NUMBER	POLMED/ManagedHealthCare/2020	CLOSING DATE	30 July 2020	CLOSING TIME	11:00 AM

DESCRIPTION: APPOINTMENT OF A CONTRACTOR TO RENDER MANAGED HEALTHCARE SERVICES TO POLMED FOR A PERIOD OF THREE YEARS COMMENCING ON 1 JANUARY 2021, WHICH CONTRACT MAY BE ANNUALLY RENEWABLE TO A TOTAL MAXIMUM PERIOD OF FIVE

VALIDITY: Offer to be valid for 90 days from the closing date of the bid.

The successful Bidder will be required to fill in and sign a written Formal Contract and SLA

BID DOCUMENTS MAY BE:

DEPOSITED IN THE TENDER BOX OR HANDED IN OVER THE COUNTER AT RECEPTION SITUATED AT THE ADDRESS NOTED SHOULD THE SUBMISSION BE TOO BIG FOR THE TENDER BOX

POLMED HOUSE
20 HOTEL STREET
PERSEQUOR
PRETORIA

No posted, faxed or e-mailed bids will be accepted

Bidders should ensure that bids are delivered to POLMED before the closing date and time to the correct physical address.
If the bid is late*, it will not be accepted for consideration.
*** Refer to Paragraph 5 of SECTION A-1: "Bid Submission Conditions and Instructions".**

- ❒ Bids may be delivered and deposited into the tender box between 08:00 and 16:30, Mondays to Thursdays and 08:00 to 16:00 on Fridays, prior to the closing date, and between 08:00 and 11:00 on the closing date.
- ❒ All bids must be submitted on the official bid forms (not to be re-typed).
- ❒ Bids submitted that do not comply with the minimum requirements will not be considered for evaluation.
- ❒ Any queries regarding tender procedures and technical information may be directed to:

e-Mail: polmedtender@aforbes.com

Note: Bidders should refer to Section A-1, paragraph 3 for more information on when queries will be responded to.

Invitation to Bid Continues

All Bidders must furnish the following particulars and include it in their submission
(Failure to do so may result in your bid being disqualified)

Name of bidder[3]: .....

Name of Contracting Entity[4] .....

DETAILS REQUIRED FROM CONTRACTING ENTITY

VAT registration number .....

Tax Clearance Certificate submitted YES / NO

Company registration number .....

Income tax reference number .....

Company PAYE number .....

Company UIF number .....

Postal address: .....

Street address: .....

Telephone number: Code ..... Number .....

Cellular number: .....

Facsimile number: Code ..... Number .....

e-Mail address: .....

Web address: .....

In case where the bidder is a consortium/joint venture, provide the following details on all parties to the consortium/joint venture members except the contractor covered above: Should more space be required, please add the detail as an attachment to this document.

Entity name ..... VAT registration number ..... Tax Clearance Certificate submitted YES / NO

Entity name ..... VAT registration number ..... Tax Clearance Certificate submitted YES / NO

Entity name ..... VAT registration number ..... Tax Clearance Certificate submitted YES / NO

Names of subcontractors to be used:

Entity name ..... VAT registration number ..... Tax Clearance Certificate submitted YES / NO

Entity name ..... VAT registration number ..... Tax Clearance Certificate submitted YES / NO

Entity name ..... VAT registration number ..... Tax Clearance Certificate submitted YES / NO

[3] See Glossary
[4] See Glossary

Invitation to Bid Continues

Contact details of responsible person who will act on behalf of the bidding entity for this bid

Name and Surname .....

Telephone number: Code ..... Number .....

Cellular number: .....

Facsimile number: Code ..... Number .....

e-Mail address: .....

Contact details of alternative responsible person who will act on behalf of the person above should he/she not be available

Name and Surname .....

Telephone number: Code ..... Number .....

Cellular number: .....

Facsimile number: Code ..... Number .....

e-Mail address: .....

Domicilium

Polmed chooses the following as its domicilium citandi et executandi for all purposes of and in connection with the final contract:

Crestway Office Park, Block A (Polmed House), 20 Hotel Road, Persequor Park, Lynnwood, Pretoria

The Bidder must indicate its domicilium citandi et executandi for all purposes of and in connection with the final contract.

Confirmation

Declaration

I/We have examined the information provided in your bid documents and offer to undertake the work prescribed in accordance with the requirements as set out in the bid document. The prices quoted in this bid are valid for the stipulated period. We confirm that the information provided in the response is true and correct. We confirm that this bid will remain binding upon us and may be accepted by you at any time before the expiry date.

Signature of Bidder: .....

Date: .....

Are you duly authorised to commit the Bidder: YES / NO

Capacity under which this bid is signed

PRICING SCHEDULE
(Return as Part 4)

NAME OF BIDDER:

1. The bidder must complete and submit the pricing schedule below based on both benefit plans:

2. Price Component 1: Functions within the scope of work as per the Terms of Reference for Year 1

3. It is required that a pricing schedule in this format be submitted for each of the respective managed care services that are being offered by the Bidder

FOR THE PERIOD 1 JANUARY 2021 TO 31 DECEMBER 2021

NUMBER OF REGISTERED PRINCIPAL MEMBERS IN GOOD STANDING AT THE END OF EACH CALENDAR MONTH	FEE PER MEMBER PER MONTH EXCLUDING VAT	VAT @ 15%	FEE PER MEMBER PER MONTH INCLUDING VAT
Up to 175 000 members			
175 001 up to 185 000 members			
More than 185 000 members			

PRICING SCHEDULE ADDENDUM
(RETURN AS PART OF PART 4)

The information below is required to inform the calculation of the bidder's B-BBEE score and will form the basis for work breakdown on which Polmed will contract.

Only in the event that the bidder is a joint venture/ consortium, the following information must be furnished in order to be entitled to be awarded points for B-BBEE.

No	Name of consortium/joint venture member	Percentage (%) of the contract value managed and/or executed by the consortium/ joint venture member
1		
2		
3		
4		

NOTE: Should no breakdown per entity to the bid be submitted where the bidder is a joint venture/ consortium, zero points will be awarded for B-BBEE.

DECLARATION OF INTEREST
(Return as Part 6)

1. Any legal person, including persons employed by Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator), or persons having a kinship with persons employed by Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc e (as joint procurement administrator), including a blood relationship, may make an offer or offers in terms of this bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator), or to persons connected with or related to Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator), it is required that the contractor on behalf of the bidder, or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where:

- ❒ the bidder is employed by Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator); and/or
- ❒ the bidder is a management board member of Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator); and/or
- ❒ the legal person on whose behalf the bid document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. In order to give effect to the above, the following questionnaire **must** be completed and submitted with the bid.

2.1	Are you or any person connected with the bidder, employed by Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator)?	YES/NO
2.1.2	If so, state particulars.	
2.2	Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by Polmed and/or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator) and who may be involved with the evaluation and or adjudication of this bid?	YES/NO
2.2.1	If so, state particulars	
2.3	Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between the bidder and any person employed by Polmed and / or Alexander Forbes or Gildenhuys Malatji Inc (as joint procurement administrator) who may be involved with the evaluation and or adjudication of this bid?	YES/NO
2.3.1	If so, state particulars	

DECLARATION

I, THE UNDERSIGNED (NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT.
I ACCEPT THAT POLMED MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature ..... Date .....

Position ..... Name of bidder .....

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES
(Return as Part 7)

1 This declaration will be used by institutions to ensure that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.

2 The bid of any Bidder may be disregarded if that Bidder, or any of its directors have:

a. abused Polmed' s supply chain management system;
b. committed fraud or any other improper conduct in relation to such system; or
c. failed to perform on any previous contract.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
3.1	Is the Bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? **(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the *audi alteram partem* rule was applied).**	Yes ☐	No ☐
3.1.1	If so, furnish particulars:		
3.2	Is the Bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? **To access the Register enter the National Treasury's website, www.treasury.gov.za click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number 012-3265445.**	Yes ☐	No ☐
3.2.1	If so, furnish particulars:		
3.3	Was the Bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes ☐	No ☐
3.3.1	If so, furnish particulars:		
3.4	Was any contract between the Bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes ☐	No ☐
3.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) ……
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature ..... Date .....

Position ..... Name of Bidder .....