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REQUEST FOR PROPOSAL

BID DESCRIPTION:

APPOINTMENT OF A SERVICE PROVIDER(S) FOR THE PROVISION OF WELLNESS CENTRES
IN KWAZULU-NATAL, WESTERN CAPE AND GAUTENG

BID NUMBER:

POLMED004/2026/WELLNESS

COMPULSORY BRIEFING SESSION:

28 April 2026

CLOSING DATE:

11 May 2026



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GLOSSARY

Abbreviation	Description
Administrator	The Administrator of the Scheme, as envisaged in the Medical Scheme Act.
Authorised Representative	Person/ legal entity authorised by the Board of Trustees or by its delegate, the POLMED 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	The Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003), and the Codes of Good Practice issued thereunder by the Department of Trade and Industry.
Bid	A written offer on the official bid documents and in a prescribed or stipulated form in response to an invitation by POLMED for the provision of services, works or goods.
Bidder	Entity/joint venture/consortium responding to the Request for Proposals.
BMI	Body Mass Index.
Board of Trustees	The duly elected and appointed Board of Trustees of POLMED.
CDL	Chronic Disease List, as defined by the Medical Schemes Act and its Regulations.
CMS/ Council	The Council for Medical Schemes was established in terms of section 3 of the Medical Schemes Act.
CoGP	The Department of Trade and Industry B-BBEE Codes of Good Practice.
Contracting Entity/ Contractor	Contracting entity with whom POLMED will conclude a formal contract and service level agreement, after the final award of the contract, based on this Request for Bid.
DTI	Department of Trade and Industry.
EHR	Electronic Health Record.



Abbreviation	Description
EME	Exempted Micro Enterprise in terms of the Codes of Good Practice.
GP	General Practitioner.
HbA1c	Glycated Haemoglobin, a measure of average blood glucose levels over 2–3 months.
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome.
HPCSA	Health Professions Council of South Africa.
HPV	Human Papillomavirus.
IP	Intellectual Property.
KPI	Key Performance Indicator.
Medical Schemes Act	The Medical Schemes Act, Act No. 131 of 1998, and any regulations published in terms thereof.
Member	Any person who is enrolled as a Member of the Scheme and who is a member in terms of the Rules shall be deemed to include the registered dependents of a Member.
NDoH	National Department of Health.
OOH	Out-of-Hospital.
Original bid	Original document signed in ink by the person duly authorised to commit the Bidder. Copies of the original document signed in ink by the person duly authorised to commit the Bidder.
PAP	Papanicolaou test (cervical cancer screening).
PCNS	Practice Code Number System, as administered by the Board of Healthcare Funders (BHF).
PMB	Prescribed Minimum Benefits, as defined in the Medical Schemes Act 131 of 1998.
PO	Principal Officer.
PoC	Proof of Concept.



Abbreviation	Description
POLMED	The South African Police Service Medical Scheme is a medical scheme registered under the Medical Schemes Act, 1998 (the Scheme).
POPIA	Protection of Personal Information Act, Act No. 4 of 2013.
PSA	Prostate-Specific Antigen.
QSE	Qualifying Small Enterprise in terms of the codes of good practice.
RFP	Request for Proposals.
Rules	The registered Rules of the Scheme are defined in terms of the Medical Schemes Act.
SANC	South African Nursing Council.
SAPC	South African Pharmacy Council.
SAPS	South African Police Service.
SCM	Supply Chain Management.
SLA	Service Level Agreement.
TB	Tuberculosis.
ToR	Terms of Reference.
Trustees	The members of the Board of Trustees of the Scheme, as constituted in terms of the Rules, manage the Scheme.
Valid document	A document containing authentic information conforming to a legally binding status and is enforceable by the executing authority on the bidding authority, whether in an original, copied, reproduced, photo, faxed or 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.	The Bidder will be immediately excluded from further evaluation.



1. GENERAL TERMS AND CONDITIONS OF THE BID

1.1 FRAUD AND CORRUPTION

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 applicable Act.

1.2 BRIEFING SESSION

Compulsory Briefing Session:

1.2.1 Attendance at the Compulsory Briefing Session is mandatory. Bids submitted by Bidders who did not attend the briefing session will be deemed non-responsive and will be disqualified from further evaluation.

1.2.2 The purpose of the briefing session is to allow POLMED to clarify the requirements of this RFP and to afford Bidders the opportunity to seek guidance on any aspect of the bid prior to submission.

1.2.3 The briefing session details are as follows:

Date: 28 April 2026

Time: 13:00 (South African Standard Time)

Venue: Crestway Office Park, Block A, 20 Hotel Street, Persequor Park, Lynnwood, Pretoria, 0020

Virtual option: A Microsoft Teams link will be circulated to all registered Bidders prior to the session.

1.2.4 Bidders wishing to attend — whether in person or virtually — must confirm their attendance in writing to procurement@polmed.co.za no later than two (2) business days prior to the scheduled date. The RFP number (POLMED004/2026/WELLNESS) must be referenced in all correspondence.

1.2.5 Written questions arising from the briefing session must be submitted via email to procurement@polmed.co.za within two (2) business days of the briefing session. POLMED will issue a written addendum containing responses to all questions received. Any addendum issued will form part of the RFP documentation and must be read in conjunction with this document.

1.2.6 Telephonic requests for clarification will not be accepted at any stage of the procurement process.



1.3 CLARIFICATIONS AND QUERIES

Telephonic requests for clarification will not be accepted. 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 RFP is to be requested in writing (email) from procurement@polmed.co.za. The RFP number must be mentioned in all correspondence.

1.4 SUBMISSION OF RESPONSES

Responses to the RFP document must be submitted in the following manner:

Hard Copies Submissions

The tender box is situated at the reception of the POLMED head office: **Crestway Office Park, Block A, 20 Hotel Street, Persequor Park, Lynnwood, Pretoria.**

For purposes of this RFP, bids submitted via facsimile will not be considered.

The two (2) envelope system will be followed. One (1) original and one (1) copy of both the technical and financial bid must be submitted in a sealed envelope/ pack. The technical and financial bids must be submitted in separate envelopes. A total of six (6) envelopes must be submitted. Bidders must indicate on the cover of each document whether it is the original or a copy of the submission.

All bids must be submitted together with an **electronic copy (Memory Stick/USB)** of the entire bid in the format prescribed in section 1.4 of the bid document.

Failure to submit an electronic copy of the bid will render it non-responsive and disqualify it.

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

- RFP number: POLMED004/2026/WELLNESS
- **Closing date and time:** 11 May 2026 at 12:00pm
- The name and address of the Bidder.
- Indication if the envelope/ pack relates to the technical or financial response.

Electronic Bid Submissions

Failure to comply with the following electronic submission format will



invalidate the bid by the closing date and time to procurement@polmed.co.za:

- Part 1 - Administrative Documents
- Part 2 - Technical Proposal
- Part 3 - Pricing and B-BBEE Information

The bid reference number must be clearly indicated in the subject line.

All bids submitted to POLMED will become the property of POLMED and shall not be returned to the Bidder. POLMED will maintain all reasonable efforts to maintain bids in confidence. Proprietary information should be indicated as such in each bid.

1.5 LATE SUBMISSIONS

Bids received after the deadline will not be considered. A bid will be considered late if it arrives one (1) second after 12:00 PM. The tender box shall be locked at exactly 12:00 PM, and bids arriving after that time will not be considered under any circumstances.

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

Bids received late shall, where possible, be returned unopened to the Bidder. Bidders are therefore strongly advised to ensure that bids are dispatched in time to allow for unforeseen events that may delay delivery.

1.6 FORMAT OF THE TECHNICAL BID

Submissions by Bidders must be in the following format:

- A: Executive Summary.
- B: Company Profile, Capacity and Geographical Footprint
- C: Company Competency and Expertise
- D: Methodology and Approach
- E: Team Competency and Experience, including CVs and Qualifications
- F: Financial Soundness (Financial Statements)



- G: Investigation by Regulatory Bodies
- H: Client References (Contactable)

1.7 VALIDITY OF THE BID

The functional and financial bids must remain valid for 90 days from the closing date of this RFP.

1.8 DURATION OF APPOINTMENT

The contract will be for one (1) year, renewable annually based on performance and the utilisation of the facilities by POLMED beneficiaries. POLMED reserves the right to terminate the service provider's contract for poor performance, provided the service provider is given sufficient prior written notice.

1.9 NEGOTIATING AND CONTRACTUAL OBLIGATIONS

A bid will constitute a binding offer, but such an offer will be deemed not accepted unless and until a definitive contractual agreement and related documents are concluded between POLMED and the preferred Bidder.

POLMED or its authorised representatives have the right to enter into negotiation with one (1) or more bidders regarding any terms and conditions, including price(s), of a proposed contract.

POLMED shall not be obliged to accept the lowest bid price.

POLMED reserves the right to select another Preferred Bidder if negotiations with the originally selected Preferred Bidder prove unsuccessful and/or unduly delayed.

Upon final selection and notification of the Preferred Bidder, negotiations will commence. Negotiations will be used to finalise outstanding elements of the SLA and arrive at a comprehensive, binding SLA that will govern the relationship between POLMED and the Successful Bidder.

Under no circumstances will negotiation with any Bidders, including with preferred Bidders, constitute an award or promise/ undertaking to award the contract or be construed as legitimate expectations by such Bidder.

1.10 BIDDER SELECTION

POLMED reserves the right to select the appropriate service provider based on its requirements.



1.11 ACCESS TO INFORMATION

All Bidders will be informed of the status of their bid once the procurement process is complete. Requests for information regarding the RFP process will be dealt with in line with the POLMED SCM Policy and other relevant legislation on access to information.

1.12 BIDDER ENQUIRIES

All technical and Supply Chain-related enquiries must be sent in writing to procurement@polmed.co.za. The RFP number must be mentioned in all correspondence.

1.13 REASONS FOR REJECTION

POLMED shall reject a bid for the award of a contract if the recommended Bidder is suspected of fraud or improper conduct or has committed a proven corrupt or fraudulent act in competing for the particular contract.

POLMED may disregard the bid of any Bidder if that Bidder, or any of its directors:

- Have abused the Supply Chain Management (SCM) system of POLMED.
- Are suspected of or have committed proven fraud or any other improper conduct in relation to such system.
- Have failed to perform on any previous contract.
- In case of collusive tendering by the Bidders or any anti-competitive conduct as determined in terms of the Competition Act, 89 of 1998.
- In case a Bidder, a member of the Bidder, has an interest (directly or indirectly) in any other Bidder.

1.14 CANCELLATION OF PROCUREMENT PROCESS

POLMED reserves the right to amend, modify or withdraw this RFP or amend, modify or terminate any of the procedures or requirements set out herein at any time and from time to time, without prior notice and without liability to compensate or reimburse any person.

1.15 ADMINISTRATIVE REQUIREMENTS

Refer to Gate 1 of this document for the full list of mandatory administrative documentation requirements.



1.16 COMPANY REGISTRATION AND SHAREHOLDING INFORMATION

The Bidder must be a South African entity and must submit its company registration details and documentation.

1.17 VALID, ORIGINAL TAX CLEARANCE CERTIFICATE

A valid SARS Tax Clearance Certificate must accompany the bid and be valid on the date of the RFP closing. In the case of a consortium/joint venture, a valid SARS Tax Clearance Certificate for each consortium/joint venture member must be submitted.

The following options will be regarded as a valid tax clearance certificate:

- A valid original tax clearance pin certificate printed directly by SARS; or
- A valid tax clearance certificate is mailed to the relevant party to the bid, printed by that party, and accompanied by a PIN that POLMED may use to confirm the certificate's validity on the bid's closing date. Failing to provide a PIN will result in verification at a later stage, requiring the party's tax compliance status to be measured after the closing date and to be in order on the date of measurement.
- Where no valid 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.

1.18 B-BBEE STATUS LEVEL

Proof of the Bidder's level contributor status or a sworn affidavit should be provided. Information is available at www.dti.gov.za.

1.19 DECLARATION OF INTEREST

The Bidder must complete and return the "Declaration of Interest" on behalf of all parties to the bid.

The Bidder must fully declare all co-administration or sub-contracting arrangements/agreements/financial interests between the organisation and other entities, including POLMED and its service providers.

Irrespective of the "Declaration of Interest" form, the Bidder must submit a full declaration of relationships between the Bidder and other service providers in the healthcare industry (including POLMED). If no such relationships exist, the Bidder must indicate this in their submission, in accordance with this requirement.

1.20 DECLARATION OF BIDDER'S PAST SCM PRACTICES



The Bidder must complete and return the "Declaration of bidder's past Supply Chain Management practices" on behalf of all parties to the bid.

1.21 INVESTIGATIONS BY REGULATORY BODIES

The Bidder must confirm that it is not under investigation by any regulatory body, irrespective of the nature of the investigation. If it is under investigation, the relevant details are to be supplied as part of this submission.

1.22 SIGNATORY BY DULY AUTHORISED REPRESENTATIVE







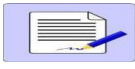
Bidders must provide proof that the individual signing the bid documents is duly authorised to do so, e.g., a resolution of the directors.

1.23 FINANCIAL SOUNDNESS

Service Providers must submit annual financial statements covering a period of three (3) financial years. POLMED reserves the right to request the financial statements to be independently reviewed or audited.

1.24 EVALUATION PROCESS

Evaluation of the responses from the Bidders will be done in a phased approach as per the following criteria:

Stage 1	Stage 2	Stage 3	Stage 4
<p>ADMINISTRATIVE COMPLIANCE</p>  <p>RETURNABLE DOCUMENTS</p> 	<p>TECHNICAL EVALUATION</p>  <p>70% THRESHOLD</p> 	<p>PRICE & B-BBEE EVALUATION</p> <div style="border: 1px solid blue; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Price = 80 B-BBEE = 20</p> </div> <p>WEIGHTED SCORING / 100</p> 	<p>FINAL AWARD</p> <p>Post tender negotiation (if applicable) Requesting the best & final offer.</p>  <p>Negotiation of final terms & conditions of the contract</p> 



1.25 MANDATORY LEGAL AND REGULATORY REGISTRATIONS

Bidders must provide proof of mandatory legal and regulatory registrations as detailed in Gate 1 of this document. Failure to provide these will result in immediate disqualification.

2. GATE 1 – ADMINISTRATIVE DOCUMENTS AND COMPLIANCE

2.1 ADMINISTRATIVE COMPLIANCE

Refer to the checklist for a summary of the compulsory documentation and information. All bid documents must be completed and signed by the Bidder's duly authorised representative. During this phase, Bidders' responses will be evaluated for compliance with the listed administrative and mandatory bid requirements. The Bidders' bid will be disqualified for failure to submit any document.

CHECKLIST – COMPLIANCE TO ADMINISTRATIVE COMPLIANCE

No	Document Required	Submitted (Y/N)	Cross Reference to Bid Document
1	Company registration and shareholding information to support the B-BBEE contribution certificate.		
2	Valid, original tax clearance certificate or equivalent.		
3	B-BBEE status level of contribution certification or sworn affidavit.		
4	Declaration of interest and Declaration of Bidder's past SCM practices.		
5	Investigation by regulatory bodies.		
6	Signature by a duly authorised representative of the Bidder and all pages of the bid documents initialled for correctness.		



No	Document Required	Submitted (Y/N)	Cross Reference to Bid Document
7	Service Providers must submit annual financial statements covering a period of three (3) financial years. POLMED reserves the right to request the financial statements to be independently reviewed or audited.		
8	Mandatory legal and regulatory registrations – Valid registrations with NDoH/Provincial DoH, BHF (PCNS), HPCSA/SANC/SAPC, pharmacy license, radiation control license, and medical waste disposal contract, as detailed under Mandatory Legal and Regulatory Registrations.		

Bids submitted without any of the above mandatory documents will be deemed to be non-responsive and will be disqualified.



STANDARD BID DOCUMENTS

i). INVITATION TO BID

YOU ARE HEREBY INVITED TO RESPOND TO A BID OF POLMED					
BID NUMBER	POLMED004/2026/WELLNESS	CLOSING DATE	11 May 2026	CLOSING TIME	12:00
DESCRIPTION	APPOINTMENT OF A SERVICE PROVIDER(S) FOR THE PROVISION OF WELLNESS CENTRES IN KWAZULU-NATAL, WESTERN CAPE AND GAUTENG				
VALIDITY	90 Days				
The successful Bidder will be required to complete and sign a written Formal Contract and an SLA.					
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT:					
Crestway Office Park Block A, 20 Hotel Street, Persequor Park Lynnwood, Pretoria					
No posted OR faxed Bids will be accepted.					
Bidders should ensure that bids are delivered before the closing date and time to the correct physical address and email address. Late bids will not be accepted. Bids can be delivered and deposited into the tender box between 08:00 and 16:30, Mondays to 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 retyped).					
TECHNICAL AND SUPPLY CHAIN ENQUIRIES MAY BE DIRECTED VIA EMAIL TO					
EMAIL ADDRESS	procurement@polmed.co.za				



SUPPLIER INFORMATION			
NAME OF BIDDER			
POSTAL ADDRESS			
STREET ADDRESS			
TELEPHONE NUMBER	CODE		NUMBER
CELLPHONE NUMBER			
FACSIMILE NUMBER	CODE		NUMBER
EMAIL ADDRESS			
COMPANY REGISTRATION NUMBER			
INCOME TAX REFERENCE NUMBER			
COMPANY PAYE NUMBER			
COMPANY UIF NUMBER			
VAT REGISTRATION NUMBER			
TAX CLEARANCE CERTIFICATE / TAX COMPLIANCE SYSTEM PIN NUMBER	TICK APPLICABLE BOX <input type="checkbox"/> Yes <input type="checkbox"/> No <i>PROOF MUST BE SUBMITTED</i>		
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE / B-BBEE STATUS LEVEL SWORN AFFIDAVIT	TICK APPLICABLE BOX <input type="checkbox"/> Yes <input type="checkbox"/> No <i>PROOF MUST BE SUBMITTED</i> <i>A B-BBEE STATUS LEVEL VERIFICATION CERT/FICATEI SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED</i>		
POLMED DOMICILIUM			



DECLARATION	
I/we have examined the information provided in your bid documents and offer to perform the work prescribed therein in accordance with the requirements set out therein. The prices quoted in this bid are valid for the stipulated period. 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 the Bidder	
Position	
Date	
Duly authorised to commit the Bidder.	<p>TICK APPLICABLE BOX</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>PROOF MUST BE SUBMITTED</i></p>

ii). TAX COMPLIANCE REQUIREMENTS

It is a condition of this bid that the taxes of the successful Bidder must be in order, or that satisfactory arrangements have been made with South African Revenue Services (SARS) to meet the Bidder's tax obligations.

Bidders are required to submit their Unique Personal Identification Number (PIN) issued by SARS to enable POLMED to view the Bidders' profile and tax status.

Application for tax compliance status (TCS) or PIN may also be made via e-filing.

To use this provision, taxpayers must register with SARS e-filing on **www.sars.co.za**.

Bidders may also submit a printed Tax Clearance Certificate or Tax Clearance Status.

In bids involving consortia/joint ventures/subcontractors, each party must submit a separate Tax Clearance Certificate or proof of Tax Clearance Status/**PIN**.

iii). DECLARATION OF INTEREST

Any legal person, including persons employed by POLMED, or persons having a kinship with persons employed by POLMED, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by POLMED, or to persons connected with or related to them, it is required that the Bidder or their authorised representative declare his/her position in relation to the evaluation/adjudicating authority and/or take an oath declaring his/her interest where:



- POLMED employs the Bidder, and/or
- The Bidder is a management Board of Trustees member; and/or
- the legal person on whose behalf the bidding 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.

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

1. Are you or any person connected with the Bidder, employed by POLMED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, provide particulars:		
2. Do you or any person connected with the Bidder have any relationship (family, friend, other) with a person employed by POLMED and who may be involved with the evaluation and/or adjudication of this bid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, provide particulars:		
3. Are you, or any person connected with the Bidder, aware of any relationship (family, friend, other) between any other Bidder and any person employed by POLMED who may be involved with the evaluation and or adjudication of this bid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, provide particulars:		



4. Do you or any of the directors/ trustees/ shareholders/ members of the Company have any interest in any other related companies, whether or not they are bidding for this contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, provide particulars:		

DECLARATION	
I, the undersigned (name) _____ certify that the information furnished above is correct. I accept that POLMED may reject the bid or take action against me if this Declaration proves to be false.	
Name of Bidder	
Signature	
Position	
Date	

iv). DECLARATION OF BIDDER'S PAST SCM PRACTICES

Institutions will use this Declaration to ensure that, when procuring goods and services, all reasonable steps are taken to combat the abuse of the supply chain management system.

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

- 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.

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

1. Is the Bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<p>from doing business with the public sector?</p> <p>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the sudit alteram partem rule was applied)</p>		
<p>If so, provide particulars:</p>		
<p></p>		
<p></p>		
<p>Is the Bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention of Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p>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 the facsimile number 012-3235445.</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
<p>If so, provide particulars:</p>		
<p></p>		
<p></p>		
<p>2. 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 (5) years?</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
<p>If so, provide particulars:</p>		
<p></p>		
<p></p>		
<p>3. Was any contract between the Bidder and any organ of state or private entity terminated during the past five (5) years on account of failure to perform on or comply with the contract?</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
<p>If so, provide particulars:</p>		
<p></p>		



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DECLARATION

I, the undersigned (name) certify that the information furnished above is correct. I accept that POLMED may reject the bid or take action against me if this Declaration proves to be false.

Name of Bidder	
Signature	
Position	
Date	

v). SUB-CONTRACTING

Will any portion of the contract be subcontracted?

(Tick applicable box)

YES NO

If yes, indicate:

a) What percentage of the contract will be subcontracted?

.....%

b) The name of the sub-contractor(s)

c) The B-BBEE status level of the sub-contractor(s)

d) The Service Provider may use subcontractors in connection with the work performed under this Agreement. When using subcontractors, if they are not listed in the proposal at the time of selection, the Service Provider must obtain prior written approval from POLMED. In using subcontractors, the Service Provider is responsible for all their acts and omissions to the same extent as if the subcontractor and its employees were employees of the Main Contractor. All requirements outlined in the bid will apply to all subcontractors and their employees to the same extent as if the Main Contractor and its employees had performed the service.



Terms of Reference: Establishment and Management of POLMED Wellness Centres

3.1. Project Background and Purpose

POLMED (South African Police Service Medical Scheme) aims to establish physical Wellness Centres in Gauteng, KwaZulu-Natal (KZN), and the Western Cape- at least **one (1) centre per province**. This project is a Proof of Concept (PoC) intended to provide members with fixed-site access to comprehensive preventative and primary healthcare services currently offered via POLMED's mobile clinics.

The centres are intended to address the unique health profile of SAPS members, with a specific focus on mental health, trauma debriefing, and chronic disease management, in a culturally sensitive manner that is appropriate to the law enforcement environment.

3.2. Scope of Services

The service provider(s) must deliver a full range of primary and preventive healthcare services that match the capabilities of the POLMED Mobile Clinic.

3.3. Clinical Services

- Primary Care: General medical consultations, diagnosis, and treatment of acute conditions.
- Mental Health Support: Specialised trauma debriefing, stress management, depression screening, and counselling (crucial for SAPS culture).
- Chronic Disease Management: Monitoring and treatment for Hypertension, Diabetes, HIV/AIDS, and Asthma.
- Preventive Screening: Mammograms, PAP smear tests, Prostate screening (PSA tests), and Cardiovascular risk assessments.
- Wellness Assessment: Medical surveillance, Spirometry, Audiometry, and Vision screening.
- Diagnostic Services: On-site Radiology (X-ray), Ultrasound, and basic Pathology laboratory services.
- Emergency Care: Stabilisation, stabilisation, and first aid for transfer to higher-level facilities.

3.4. Operational Requirements

- Operating Hours: 10-12 hours daily, with flexibility to accommodate SAPS shift cycles.
- A dedicated 24-hour counselling line for POLMED dependents.



- Technology Integration: Full integration with POLMED's digital ecosystem, including the electronic health record (EHR) system and appointment booking functionality.
- Pharmacy: On-site dispensing of essential medications aligned with the POLMED formulary.

4. Site and Location Requirements

- Provinces: Gauteng, KwaZulu-Natal, and Western Cape.
- High-Density Focus: Centres must be located in areas with a high concentration of SAPS members and POLMED beneficiaries (e.g., near major police station clusters or administrative hubs).
- Accessibility: Sites must be easily accessible by public transport and must provide access for disabled beneficiaries.
- SAPS Culture: The aesthetic and operational flows should minimise the stigma associated with mental health services in a law enforcement environment (e.g., discreet consultation areas).

5. Proof of Concept (PoC) Model

As this is a PoC project, the following conditions apply:

- Scope Amendments: POLMED reserves the right to amend the scope of services or the number of sites during the contract period based on pilot outcomes.
- Provincial Appointment: Bidders may bid for one, two, or all three provinces. POLMED may appoint multiple providers to ensure localised expertise and capacity.
- Termination for Convenience: Given the PoC nature, a flexible exit or transition clause will be included in the Service Level Agreement (SLA).

5.1. Fixed Wellness Centre Facilities Delivery Model

In addition to the clinical services specified above, the service provider must implement a screening and service delivery model to maximise preventive health outcomes:

In-Centre Comprehensive Screening

The fixed Wellness Centre facilities include the following services:

- Full pathology panel: fasting glucose, HbA1c, lipogram, liver function tests (LFTs), kidney function tests (U&E), full blood count (FBC), and PSA (males over 45).
- Cardiovascular risk assessment, including resting ECG and Framingham risk scoring.
- Women's health: PAP smears, HPV screening, and mammography referral for women over 40.
- Spirometry and audiometry for health surveillance.



- Radiology (X-ray and Ultrasound) as clinically indicated.
- Comprehensive mental health assessment by a registered counsellor or psychologist.
- Chronic disease enrolment and initiation for newly diagnosed conditions on the POLMED Chronic Disease List (CDL).

5.2. SAPS-Specific Mental Health Programme

Recognising the unique hazards faced by SAPS members, the service provider must establish a dedicated mental health programme that includes the following components:

- Biometric screening: blood pressure, BMI, waist circumference, blood glucose (random and HbA1c), and total cholesterol.
- HIV counselling and testing (HCT) with pre- and post-test counselling.
- TB symptom screening using the WHO four-symptom screen.
- Mental health screening using validated instruments (PHQ-9 for depression, GAD-7 for anxiety, PCL-5 for PTSD).
- Visual acuity screening.
- Mandatory post-incident trauma debriefing capacity, available within 72 hours of a critical incident, delivered by practitioners with specific training in law enforcement trauma.
- Structured post-traumatic stress management programme including evidence-based interventions such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).
- Confidential counselling services by registered psychologists or counsellors with demonstrable experience in law enforcement mental health, available during and outside standard working hours.
- Suicide prevention protocols, including risk assessment, safety planning, and a 24-hour crisis intervention capability.
- Substance abuse screening, brief intervention, and referral to treatment (SBIRT) aligned with the SAPS substance abuse policy framework.
- Substance use screening (AUDIT-C for alcohol, DAST-10 for drugs).
- Stigma reduction measures incorporated into facility design, including discreet consultation areas, separate entrances for mental health services where feasible, and unmarked appointment scheduling.
- A dedicated 24-hour telephonic counselling line for POLMED members and dependants, staffed by appropriately qualified professionals.
- Peer support training programme for identified SAPS members to serve as mental health first responders within their units.
- Referral pathways to POLMED's existing mental health benefits (21 in-hospital days or



15 out-of-hospital sessions per beneficiary per annum) and external specialist services.

- Individual member health risk assessment report with immediate feedback.

5.3. Minimum Staffing Requirements per Centre

Each Wellness Centre must be staffed with, at a minimum, the following clinical and administrative personnel during all operating hours:

- General Practitioner(s): Minimum one (1) GP registered with the HPCSA, present during all operating hours.
- Professional Nurse(s): Minimum two (2) professional nurses registered with the SANC, including at least one (1) with a Primary Health Care qualification.
- Health Practitioner: At least one (1) nurse with an Occupational Health Nursing qualification (SANC-accredited).
- Psychologist or Registered Counsellor: Minimum one (1) registered with the HPCSA, available at least three (3) days per week.
- Pharmacist or Pharmacist's Assistant: Minimum one (1) registered with the SAPC for on-site dispensing.
- Radiographer: Minimum one (1) diagnostic radiographer registered with the HPCSA (where radiology services are offered on-site).
- Phlebotomist or trained blood collection staff for pathology specimen collection.
- Centre Manager: One (1) dedicated centre manager responsible for operations, staff coordination, and reporting.
- Administrative/Reception staff: Minimum two (2) for patient registration, appointment scheduling, and records management.

All clinical staff must maintain current registration with their respective statutory bodies (HPCSA, SANC, SAPC) for the duration of the contract. The service provider must submit proof of registration and ensure that no clinician practises beyond the scope permitted by their registration.

5.4. Equipment and Infrastructure Specifications

Each Wellness Centre shall have a minimum gross floor area of 250–350 square metres and must include the following dedicated areas and equipment:

Facility Layout:

- Reception and waiting area with capacity for a minimum of 15 seated patients.
- Minimum three (3) general consultation rooms.
- One (1) dedicated mental health consultation room (soundproofed, discreet access).
- One (1) treatment/procedure room.
- One (1) dispensary/pharmacy area compliant with SAPC Good Pharmacy Practice standards.



- Specimen collection area with appropriate biohazard controls.
- Radiology room (if X-ray offered) compliant with Radiation Control Directorate specifications.
- Staff rest area and storage facilities.
- Accessible ablution facilities compliant with the National Building Regulations (SANS 10400-S).

Minimum Clinical Equipment:

- Diagnostic equipment: stethoscopes, fundoscopes, otoscopes, ophthalmoscopes, blood pressure monitors (calibrated), glucometers, pulse oximeters, and ECG machines.
- Point-of-care testing: HbA1c analyser, cholesterol analyser, and urine dipstick capability.
- Screening equipment: audiometer, spirometer, Snellen chart, and BMI measurement apparatus.
- Emergency equipment: resuscitation trolley with defibrillator (AED), emergency medications, oxygen supply, and suction apparatus.
- IT infrastructure: electronic health record terminals in each consultation room, reliable broadband internet connectivity, and a secure local server or cloud-based data storage solution.
- Infection prevention and control: hand hygiene stations, sharps containers, appropriate PPE, and medical waste management infrastructure compliant with the National Health Act 61 of 2003 and the National Environmental Management: Waste Act 59 of 2008.

5.5. Performance Management Framework

The service provider shall be measured against the following Key Performance Indicators (KPIs), which will form part of the Service Level Agreement. Performance will be assessed every month with formal quarterly reviews:

5.5.1. Service Delivery KPIs:

- Beneficiary throughput: Minimum 500 unique beneficiary visits per centre per month within six (6) months of commencement.
- Screening completion rate: Minimum 85% of beneficiaries attending a screening event must complete the full screening protocol.
- Chronic disease detection rate: Newly identified chronic conditions must be registered on the POLMED Chronic Disease Management programme within five (5) working days.
- Mental health referral follow-through: Minimum 70% of members referred for mental health services must attend at least one (1) follow-up appointment within 30 days.
- Waiting time: The average patient wait from registration to consultation must not exceed 30 minutes during standard operating hours.

5.5.2. Quality KPIs:



- Patient satisfaction: Minimum 80% overall satisfaction score on the standardised patient experience survey, administered quarterly.
- Data capture accuracy: Minimum 98% accuracy rate on clinical data captured in the EHR system, measured by monthly data quality audits.
- Clinical protocol compliance: Minimum 90% compliance with POLMED-approved clinical protocols and guidelines, measured by quarterly clinical audits.
- Adverse event reporting: 100% of adverse events and clinical incidents must be reported within 24 hours.
- Integration with POLMED disease management: Minimum 95% of newly identified chronic patients successfully enrolled in the relevant POLMED disease management programme within 10 working days.

5.5.3. Operational KPIs:

- Centre availability: Minimum 98% uptime during published operating hours.
- Staff vacancy rate: Maximum 10% vacancy across all clinical positions at any given time. All vacancies must be filled within 30 days.
- Complaint resolution: 90% of formal complaints resolved within five (5) working days. Failure to meet the specified KPI thresholds for two (2) consecutive quarters will trigger a performance improvement plan. Sustained non-performance may result in contract termination in accordance with the SLA provisions.

5.6. Data Management and POPIA Compliance

The service provider must comply with the Protection of Personal Information Act (POPIA), Act 4 of 2013, and the health-specific data protection regulations that took effect on 6 March 2026.

The following requirements apply:

5.6.1. Electronic Health Records:

- The service provider must implement an EHR system that is interoperable with POLMED's existing data warehouse and managed care systems.
- All clinical encounters must be recorded in the EHR in real time, with data transmitted to POLMED's central systems within 24 hours.
- The EHR must comply with the Health Normative Standards Framework (HNSF) as published by the National Department of Health.

5.6.2. POPIA Compliance:

- Health information is classified as "special personal information" under Section 26 of POPIA. The service provider must demonstrate a lawful basis for every instance of processing health data in accordance with Regulation 4.
- The service provider must implement role-based access controls, encrypted data storage (AES-256 minimum), and encrypted data transmission (TLS 1.2 or higher).



- A designated Information Officer and Deputy Information Officer must be appointed and registered with the Information Regulator.
- All staff with access to personal information must sign confidentiality agreements and undergo POPIA awareness training before commencement.
- Cross-border transfer of personal information is prohibited unless the recipient country provides an adequate level of protection as determined by the Information Regulator, in compliance with Regulation 6.
- A data breach notification protocol must be in place, and any breach must be reported to POLMED and the Information Regulator within 72 hours.

5.6.3. Data Ownership and Intellectual Property:

- All patient data, health analytics, population health reports, and risk stratification models generated through the wellness centres remain the exclusive property of POLMED.
- Upon contract termination, the service provider must transfer all data to POLMED in a machine-readable format within thirty (30) calendar days.
- The service provider may not use POLMED beneficiary data for any purpose other than the delivery of services under this contract without prior written consent from POLMED.

5.7. Reporting Requirements

The service provider must deliver the following reports at the specified intervals:

5.7.1. Individual-Level Reports:

- Individual Member Health Risk Assessment Report: Provided to each beneficiary upon completion of a screening, detailing results, risk factors, and recommended actions.
- Referral summaries for all patients referred to specialists, hospitals, or POLMED disease management programmes.

5.7.2. Monthly Operational Reports:

- Beneficiary throughput by centre and province.
- Service utilisation by category (primary care, screening, mental health, wellness screening, pharmacy).
- KPI dashboard with performance against all contracted targets.
- Staffing report including vacancy rate and locum utilisation.
- Complaints and incident register.
- Pharmacy dispensing report aligned with POLMED formulary.

5.7.3. Quarterly Reports:

- Comprehensive Population Health Risk Report: Aggregate risk profile of the screened population, including disease prevalence, risk stratification (low, moderate, high), and demographic analysis.
- Chronic Disease Detection and Enrolment Report: Number of newly identified chronic



conditions, enrolment rates in POLMED disease management, and treatment initiation statistics.

- Mental Health Programme Report: Utilisation of mental health services, referral outcomes, and trend analysis.
- Clinical Governance Report: Clinical audit findings, protocol compliance, and quality improvement actions.
- Patient satisfaction survey results and action plans.

5.7.4. Annual Reports:

- Annual Performance Report: Comprehensive assessment against all contracted KPIs with year-on-year trend analysis.
- Cost-Benefit Analysis: Quantified return on investment, including estimated cost avoidance through early disease detection and chronic disease management.
- Risk Stratification Model Update: Refined predictive model based on accumulated data for POLMED's actuarial and benefit design processes.
- Recommendations for service optimisation and expansion for the subsequent contract period.

5.8. Quality Assurance and Clinical Governance

The service provider must establish and maintain a clinical governance framework that ensures the safety, quality, and effectiveness of all services delivered. The following minimum requirements apply:

- Clinical Governance Committee: A formal governance structure comprising senior clinical staff, quality assurance personnel, and POLMED representatives, meeting at least quarterly.
- Standardised Clinical Protocols: All clinical services must be delivered in accordance with evidence-based protocols approved by POLMED. Protocols must be reviewed and updated annually.
- Infection Prevention and Control (IPC): Compliance with the National IPC Guidelines issued by the National Department of Health, including hand hygiene audits, environmental cleaning protocols, and waste management standards.
- Adverse Event Reporting: A formal adverse event and near-miss reporting system must be implemented. All serious adverse events must be reported to POLMED within 24 hours and investigated using root cause analysis methodology.
- Clinical Audits: Internal clinical audits must be conducted monthly, with results reported to the Clinical Governance Committee. POLMED reserves the right to conduct external audits at any time with reasonable notice.
- Continuing Professional Development (CPD): The service provider must ensure that all



clinical staff maintain current CPD compliance with their respective professional bodies.

- Quality Improvement Plan: A continuous quality improvement plan must be submitted within 60 days of contract commencement and updated annually.
- Accreditation: The service provider must maintain relevant accreditation from recognised bodies (e.g., COHSASA or equivalent) from commencement until termination.
- Compliance with the National Health Act 61 of 2003, the Norms and Standards Regulations of 2018, and all applicable Provincial Health regulations.

5.9. Implementation Timeline

The service provider must propose and implement a phased implementation plan. The maximum period from contract signature to full operational status for all contracted centres shall not exceed 120 calendar days. The following minimum milestones must be addressed:

- Phase 1 (Days 1–30): Mobilisation – Project team deployment, IT infrastructure planning and integration.
- Phase 2 (Days 31–75): Site Preparation – Facility fit-out and branding, IT system configuration and integration testing with POLMED systems, and staff onboarding and training.
- Phase 3 (Days 76–100): Soft Launch – Limited service delivery for system testing, patient flow optimisation, and staff familiarisation. POLMED to conduct a readiness assessment.
- Phase 4 (Days 101–120): Full Operations – Full service delivery across all contracted services. Post-launch support and daily operational reporting to POLMED for the first 30 days.

Bidders must submit a detailed implementation plan with their technical proposal, including a Gantt chart, resource allocation schedule, and risk mitigation strategy for each phase.

5.10. Transition and Exit Planning

Given the Proof-of-Concept nature of this project, the following transition and exit provisions shall apply:

- Minimum notice period: POLMED shall provide a minimum of ninety (90) calendar days' written notice of its intention to terminate or not renew the contract.
- Knowledge transfer: The service provider must deliver a comprehensive knowledge transfer programme, including operational manuals, clinical protocols, and patient management data, to POLMED or the successor service provider.
- Data migration: All patient records, health analytics, and operational data must be transferred to POLMED in a structured, machine-readable format within thirty (30) calendar days of the delivery of a termination notice.



- Staff transition: The service provider must cooperate with POLMED or the successor provider, where applicable, to facilitate staff transition in compliance with Section 197 of the Labour Relations Act 66 of 1995.
- Asset disposition: A full inventory of all equipment and assets must be provided. Any assets procured with POLMED funding shall revert to POLMED upon termination.
- Continuity of care: The service provider must ensure uninterrupted service delivery to beneficiaries throughout the transition period.
- Handover documentation: A complete handover report must be submitted no later than fifteen (15) working days before the termination date, covering all operational, clinical, financial, and administrative matters.

5.11. Service Level Agreement Framework

The successful Bidder will be required to enter into a comprehensive Service Level Agreement with POLMED. The SLA will, at a minimum, address the following matters:

- Service availability: Minimum operating hours, days of operation, and provisions for extended hours to accommodate SAPS shift patterns.
- Service levels: Detailed performance standards aligned with the KPIs specified in these Terms of Reference, including measurement methodology and reporting frequency.
- Penalty and incentive mechanisms: A structured penalty framework for sustained underperformance and an incentive mechanism for exceeding performance targets.
- Reporting obligations: Detailed reporting schedule, templates, and submission deadlines as set out in the Reporting Requirements section of these Terms of Reference.
- Dispute resolution: A tiered dispute resolution process comprising negotiation, mediation, and arbitration in accordance with the Arbitration Act 42 of 1965.
- Annual review: An annual review mechanism to assess performance, adjust service levels, and accommodate changes in POLMED's benefit design or membership profile.
- *Force majeure*: Provisions for unforeseen events beyond the reasonable control of either party.
- Insurance: The service provider must maintain professional indemnity insurance, public liability insurance, and employer's liability insurance at levels acceptable to POLMED throughout the contract term.

6. GATE 2: TECHNICAL EVALUATION

6.1. EVALUATION CRITERIA

Bids will be evaluated functionally in accordance with the evaluation criteria and weights shown in the table below.



No	Evaluation Criterion	Sub-Criteria	Weight (%)
1	Company Experience and Track Record	Proven experience operating primary healthcare or wellness facilities; number of operational sites; years in operation; relevant healthcare sector clients	15
2	Clinical Staffing Model and Qualifications	Proposed staffing complement per centre; CVs and registration of key clinical personnel; staff retention strategy; locum policy	15
3	Mental Health Service Capability	Demonstrated SAPS/law enforcement-specific mental health expertise; trauma-informed care model; psychologist/social worker qualifications; crisis intervention protocols	15
4	Methodology and Implementation Approach	Quality of the proposed two-tiered service delivery model; site selection rationale; patient flow design; operating hours model; mobilisation plan and timeline	15
5	Technology and EHR Integration	EHR system capability and POLMED data integration plan; POPIA compliance measures; real-time reporting capability; data analytics and population health reporting	10
6	Quality Assurance and Clinical Governance	Clinical governance framework; IPC protocols; adverse event reporting; accreditation status or plan; CPD policy	10
7	Geographical Footprint and Site Readiness	Current presence or site options in KZN, WC, and Gauteng; facility specifications and compliance with 250–350 sqm requirement; lease/ownership status	10
8	Transformation and B-BBEE	B-BBEE contribution level; subcontracting arrangements supporting black-owned enterprises; employment equity profile; community development initiatives	10
TOTAL			100

Service Providers will be required to meet a minimum threshold of 70% on technical evaluation to proceed to Gate 3, i.e., Price and B- BBEE Evaluation.



Failure to obtain a minimum of 70 points will result in disqualification on Gate 2.

7. GATE 3: PRICING AND BBEE

7.1. POINTS FOR PRICE

7.1.1. Bidders are required to include in their responses fee proposals detailing the amount and nature of their expected remuneration for the services they will provide. In this regard, Bidders are to indicate specific billing arrangements, hourly rates per professional level, details of any proposed discounts and whether the rates are negotiable. Only Bidders that have achieved a minimum score of 70 points on technical evaluation will be evaluated on price and B-BBEE.

7.1.2. The percentage scored for price shall be calculated by applying the undermentioned formula:

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

Where

- i). Ps: percentage scored for price under consideration
- ii). Pmin: lowest acceptable price
- iii). Pt: price under consideration
- iv). 80: percentage/weight allocated for price

7.1.3. The lowest acceptable bid will obtain the maximum percentage allocated for the price/ price component. The other bids with higher prices for the price component will receive lower percentages under the above-mentioned formula. POLMED shall not be obliged to accept the lowest price bid.

8. PRICING SCHEDULE

Service Providers must quote for bid evaluation; the fee must be based on the full implementation of the wellness centres.

8.1. Reimbursement Model Options

POLMED acknowledges that no single reimbursement model is universally optimal for a primary healthcare Proof of Concept of this nature. Bidders are required to propose pricing under the following models, which POLMED will evaluate comparatively:

- **Model A — Fixed Monthly Management Fee (Preferred for PoC)**

A fixed monthly fee is payable to the service provider for the full operation of each wellness



centre, inclusive of all operating costs (staffing, facility, consumables, and administration). POLMED pays a predictable, budgeted amount regardless of beneficiary utilisation volumes. This model:

- Provides POLMED with full cost certainty during the PoC period.
- Eliminates per-visit claims administration overhead.
- Is most appropriate for a PoC where throughput volumes are uncertain.
- Places operational efficiency risk with the service provider, incentivising cost management.
- Aligns with the managed care arrangement framework under Regulation 15A of the Medical Schemes Act.

Bidders must quote a fixed monthly management fee per centre, broken down by:

- (i) Staffing costs (clinical and administrative)
- (ii) Facility rental/occupancy costs
- (iii) Medical consumables and pharmaceuticals
- (iv) IT and EHR infrastructure
- (v) Management and overhead
- (vi) Any once-off establishment/mobilisation cost (separately itemised)

- **Model B — Capitation (Per Member Per Month)**

A fixed monthly fee per registered POLMED beneficiary within the designated catchment area, regardless of actual utilisation. POLMED's actuarial team will define the eligible beneficiary population per province prior to contract commencement.

Capitation is a viable and commonly used model in South African primary care (seven of the ten lowest-cost benefit options in the medical schemes environment have historically used capitated primary care). However, for a PoC with uncertain enrolment take-up, capitation carries the following risks:

- Adverse selection: Healthy members may not register, leaving the provider with high-risk, high-utilisation members and exposing it to losses.
- Uncertain population size: Catchment populations per province have not been finalised, making it difficult to set actuarially sound PMPM rates without historical utilisation data.
- Regulatory: Under the Medical Schemes Act, capitation arrangements with healthcare providers must comply with Regulation 15A managed care provisions and may require CMS notification depending on value thresholds.

Mitigation mechanisms that POLMED will consider in negotiations include: minimum/maximum utilisation corridors (risk bands), reinsurance arrangements for high-cost outliers, and a reconciliation mechanism at 6-month PoC review.



Bidders must quote a Per Member Per Month (PMPM) rate, inclusive of all services in scope, by province. Rates must be quoted for:

- Adults (18–64)
- Pensioners (65+)
- Children (0–17)

- **Model C — Blended / Hybrid Model (Base + Variable)**

A fixed base fee covering guaranteed minimum staffing and facility operating costs, plus a variable per-visit fee for actual consultations above a defined minimum throughput threshold.

This model:

- Protects the service provider from extreme under-utilisation.
- Retains volume incentives aligned with POLMED’s PoC measurement objectives.
- Is consistent with the 70/20/10 blended model recommended for South African PHC contracting (70% capitation/base, 20% FFS, 10% performance).

Bidders may propose a hybrid model as an alternative or supplementary option.

- **Model D — Fee-for-Service (FFS)**

Individual billing for consultations or procedures at agreed tariff rates, typically benchmarked to the POLMED Reimbursement Rate (PRR). FFS is the default model for most South African private provider billing, but is not recommended as the primary model for this PoC for the following reasons:

- FFS incentivises volume over value, which conflicts with preventive care objectives.
- Claims administration creates significant overhead for both POLMED and the provider.
- Cost unpredictability undermines PoC budget management.
- The CMS has noted FFS as a primary driver of cost escalation in the private sector.

POLMED will accept FFS quotes for specific out-of-scope or specialist services not included in the core service package, but not as the primary reimbursement model.



Pricing Submission Requirements

Service providers must complete the pricing schedules below for all applicable models (Models A through C are mandatory; Model D is optional for out-of-scope items only).

- **Model A — Fixed Monthly Management Fee**

Cost Component	Description	KZN (Rands, excl. VAT)	Western Cape (Rands, excl. VAT)	Gauteng (Rands, excl. VAT)
Once-off Establishment Costs	Capital expenditure, fit-out, equipment procurement			
Monthly: Clinical Staffing	All clinical personnel costs			
Monthly: Administrative Staffing	Reception, data capture, and management			
Monthly: Facility Occupancy	Rental, rates, utilities			
Monthly: Consumables & Pharmaceuticals	Medical supplies, dispensary stock			
Monthly: IT & EHR	System licences, connectivity, and hardware maintenance			
Monthly: Management & Overhead	Central governance, reporting, QA			
Total Monthly Fee per Centre				
Total Annual Fee (all three centres)				



- **Model B — Capitation (PMPM)**

Beneficiary Category	KZN (PMPM, excl. VAT)	Western Cape (PMPM, excl. VAT)	Gauteng (PMPM, excl. VAT)
Adults (18–64)			
Pensioners (65+)			
Children (0–17)			
Blended PMPM (all categories)			

Bidders must state the actuarial assumptions underpinning their PMPM rate, including the assumed utilisation rate (visits per member per year) and assumed risk pool size.

- **Model C — Hybrid (Base + Variable)**

Component	KZN (Rands, excl. VAT)	Western Cape (Rands, excl. VAT)	Gauteng (Rands, excl. VAT)
Fixed Base Monthly Fee per Centre			
Variable Per-Visit Rate (above minimum threshold)			
Minimum Throughput Threshold (visits/month)			

Cost Escalation

All pricing must include a cost escalation methodology for the annual renewal period. Escalation must be indexed to either:

- Consumer Price Index (CPI) as published by Statistics South Africa, or
- A blended index (CPI for non-clinical components; HPCSA-approved tariff adjustments for clinical staffing), with the methodology clearly explained.

9. B-BBEE STATUS

The proof pertaining to the Bidder's level contributor status under the B-BBEE Act and the Codes of Good Practice, issued by the DTI on 11 October 2013, as amended, will be evaluated. Information is available at www.dti.gov.za.



The Bidder will be allowed to score up to 20 points, depending on the Bidder's contributor status, as per the POLMED B-BBEE Contributor level scorecard.

The following table will be used to allocate points for B-BBEE, with the 80/20 rule applying to all Request for Quotation requests.

B-BBEE Status Level Contributor	Points allocated for B-BBEE Level Contributor
1	10
2	9
3	6
4	5
5	4
6	3
7	2
8	1
Non-Compliant	0

The remaining ten (10) will be allocated for **B-BBEE** bonus points as follows:

An EME or QSE which is at least 51% black owned	5 Points
An EME or QSE which is at least 31% black owned by women	5 Points

10. **ADJUDICATION OF THE BID**

The scores for functionality, price, and B-BBEE will be combined to obtain a final score for the Bidder. The Tender Evaluation Committee will make its recommendation to the Principal Officer on the final score received by each Bidder. POLMED reserves the right to award the contract to one (1) or more service providers or not to award the contract at all.

