



## SARS RESPONSE TO BIDDERS' QUESTIONS

RFP 26/2019: Appointment of a Service Provider for the Provision of Health Risk Management Services

Non - Compulsory Briefing Session


Briefing Session Question & Answers

Date: 06 December 2019

Time: 12h00

Last updated: 13/12/2019

#	QUESTION	SARS RESPONSE
<b>Questions received before the briefing session</b>		
1.	<ul style="list-style-type: none"><li>I refer to the abovementioned RFP - Page 28 of the "Description" document indicates that <b>Annexure E</b> is a draft service level agreement.</li><li>In the downloaded documents, there is a word document marked <b>Annexure E1</b>, the document inside is however marked <b>Annexure D1</b>, this is a one-page document. There is no <b>Annexure E</b>.</li></ul>	<ul style="list-style-type: none"><li>Bidder(s) should note that the draft Service Level Agreement (SLA) <b>Annexure E</b> is not yet uploaded, refer to the note stated as follows, "Please note that the draft service level agreement (SLA) for RFP26/2019 will be uploaded when it becomes available, bidders need to continuously check the SARS website", within the SARS published tenders 1st page written in red.</li><li>Bidder(s) should note that <b>Annexure E1</b> – Service Levels, was mistakenly marked/labelled inside as <b>Annexure D1</b> instead of <b>Annexure E1</b>.</li><li>Bidder(s) should also note that <b>Annexure E</b> – Draft service level agreement and <b>Annexure E1</b> – Service Levels will be uploaded as supporting documents.</li></ul>

	<ul style="list-style-type: none"> <li>• Could you please forward the draft service level agreement?</li> </ul>	<ul style="list-style-type: none"> <li>• “Please note that the draft service level agreement (SLA) for RFP26/2019 will be uploaded when it becomes available, bidders need to continuously check the SARS website”</li> </ul>
2.	<p>One of the mandatory requirements is the completion of <b>Annexure C</b> - Database of Network Specialists. SARS requested the qualifications and proof of registration for these entire specialists. We are able to provide proof of their registration and qualifications in the form of HPCSA and other professional body’s confirmation, as illustrated attached. The HPCSA confirmation, confirms the specialist’s qualifications, their registration status, as well as their status to legally practice on an annual basis. Obtaining copies of specialist’s qualifications due to the nature of their working environment is a challenge in general, however during December and January when most practices close this challenge multiplies. In addition, copies of qualifications have no value if the specialist legally not allowed practicing due to misconduct or any other reasons applicable, thus the HPCSA confirmation and other professional bodies is the most valid source of evidence.</p> <ul style="list-style-type: none"> <li>• Could you kindly confirm whether the attached will be accepted by SARS in meeting the below mandatory requirement:             <ul style="list-style-type: none"> <li>• Proof of qualification(s); - <b>Reflected in attached;</b></li> <li>• An evaluation certificate from the South African Qualification Authority (SAQA) if in possession of the foreign qualification(s); and – <b>Active status is proof of this;</b> and</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Bidder(s) should note that the completion of Annexure C is not mandatory requirement in the sense that non-compliance therewith will result in a disqualification of a bid proposal.</li> <li>• However, <b>Annexure C</b> being a technical evaluation material, it is important that it is completed in full to score the maximum points. Having said this, SARS will accept proof from the HPCSA that the medical professional has an active registration and, by implication, a recognised SAQA evaluation certificate of the foreign qualification reflected in the HPCSA proof of registration document. See attachment below.</li> </ul> <div style="text-align: center;">  <p>Proof of HPCSA Registration.jpg</p> </div>

	<ul style="list-style-type: none"> <li>• Proof of registration with HPCSA specifying the field of specialisation. – <b>Active status is proof of this.</b></li> </ul>	
#	QUESTION	SARS RESPONSE
	<b>Questions received during the briefing session</b>	
	<b>Technical evaluation related questions</b>	
1.	<ul style="list-style-type: none"> <li>• Where there are no specialists within certain regions or towns, will SARS provide/ cover transportation costs for their employees where the specialists are not available within that particular region?</li> </ul>	<ul style="list-style-type: none"> <li>• The bidder(s) should note that where it is necessary SARS would be responsible for transportation costs. However, bidder(s) should provide a mitigating strategy to combat such occurrences. Refer to <b>Annexure C</b></li> </ul>
2.	<ul style="list-style-type: none"> <li>• Is the service provider accountable for payments to specialists?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, the relationship is between the bidder and the specialist; therefore, the bidder(s) will be required to attach the specialists invoice when billing SARS and the payment will be made to the bidder without mark-up.</li> </ul>
3.	<ul style="list-style-type: none"> <li>• Concerning the specialists billing criteria, is there a certain benchmark criteria? Alternatively, the service provider should just schedule the appointment with the specialists and SARS will just settle the bill irrespective?</li> </ul>	<ul style="list-style-type: none"> <li>• The bidder(s) will be required to obtain an approval of cost for specialist before referring an employee to a specialist. The regulatory board prices /cost range will be utilised as guideline and will be agreed upon with the bidder post award.</li> </ul>
#	<b>Price evaluation related questions (Annexure D – Pricing schedule)</b>	
4.	<ul style="list-style-type: none"> <li>• <b>Annexure D – Pricing schedule</b></li> <li>• <b>Table 1 – Main Services Required</b></li> <li>• Item 1 is for both Extended sick leave and Ill Health Retirement applications – these 2 services are different and the cost for the recommendations are also different – can we split this into 2 separate costings; and</li> </ul>	<ul style="list-style-type: none"> <li>• The bidder(s) should note that the line items will be separated and new pricing schedule will be published on SARS website latest close of business – 13 December 2019</li> </ul>

	<ul style="list-style-type: none"> <li>There is no line item for panel meetings – although it is required in the scope of work / requirements.</li> </ul>	<ul style="list-style-type: none"> <li>It will be marked/labelled as <b>Annexure D – Revised Pricing schedule</b></li> <li>The bidder(s) should refer to the pricing notes on the pricing schedule that all cost inclusive and the payment will be done per case concluded.</li> </ul>
#	<b>Service Levels Agreement (SLA) related questions</b>	
5.	<ul style="list-style-type: none"> <li>How does the penalty clause function, if for instance there are some outstanding SARS employee’s medical history documents, which impedes the process?</li> </ul>	<ul style="list-style-type: none"> <li>The bidder(s) should note that where there is reciprocity of obligations, the penalty clause would <b>ONLY</b> function once SARS has complied with an obligation that requires a response action from the service provider. In the given example, the corresponding obligation on the part of the service provider will become enforceable and subject to the penalty clause, once SARS has supplied the outstanding information.</li> </ul>
6.	<ul style="list-style-type: none"> <li>Is there a room to negotiate turnaround time per case?</li> </ul>	<ul style="list-style-type: none"> <li>The bidders can propose their turnaround times as part of their contract mark-up. SARS reserves the right to accept or reject the proposal from the bidders to the SLA.</li> </ul>
#	<b>General service delivery related questions</b>	
7.	<ul style="list-style-type: none"> <li>What happens when an employee does not pitch for an appointment?</li> </ul>	<ul style="list-style-type: none"> <li>The bidder(s) should note that if such happens SARS would bear the costs.</li> </ul>
8.	<ul style="list-style-type: none"> <li>What is the structure of maintaining the confidentiality information?</li> </ul>	<ul style="list-style-type: none"> <li>The bidder(s) should note that SARS employees’ signs a consent form as part of their application process.</li> </ul>
9.	<ul style="list-style-type: none"> <li>According to page 7 of the RFP document there are a number of cases stated stipulated</li> </ul>	<ul style="list-style-type: none"> <li>The bidder(s) should note that these are not conclusive/ guaranteed numbers but are the historical data of the past 3yrs.</li> </ul>

#	QUESTION	SARS RESPONSE
<b>Questions received after the briefing session</b>		
<b>Technical evaluation related questions</b>		
1.	<ul style="list-style-type: none"> <li>• Could you please advise on how you would like <b>Annexure C</b> to be filed. Is it sufficient to complete the <b>Annexure</b> and then just attach the relevant proof of professional registration for all areas or do they need to be separated into the various Provinces/Regions?</li> </ul>	<ul style="list-style-type: none"> <li>• The bidder(s) should note that the required supporting documents should be attached as per region.</li> </ul>
2.	<p><b>Clarification question 2: Reference: RFP Document, page 8 – Table 9C (Service Deliverables)</b></p> <ul style="list-style-type: none"> <li>• According to the tender the turnaround times for Ill-health retirement is listed as 10 working days.</li> <li>• Could you please confirm whether this is an error, as ill-health retirement recommendations and reports need to be sent to independent specialists?</li> <li>• The standard turnaround times for this service is either 60 working days or 90 calendar days. Thus, our assumption is that this turnaround time is an error.</li> </ul>	<ul style="list-style-type: none"> <li>• The bidder(s) should note that the 10 working days turnaround period refers to ESL (incapacity/disability leave) applications only, not Ill-health retirement.</li> </ul>