

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Brunswick
E2L 2B9

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution
Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Bruns
E2L 2B9

Title - Sujet Svc, Federal Health Claims Process	
Solicitation No. - N° de l'invitation 51019-072007/K	Amendment No. - N° modif. 006
Client Reference No. - N° de référence du client 51019-072007	Date 2013-05-03
GETS Reference No. - N° de référence de SEAG PW-\$PWB-011-3203	
File No. - N° de dossier PWB-7-20036 (011)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-05-14	
Time Zone Fuseau horaire Atlantic Standard Time AST	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Keith, Allan B.	Buyer Id - Id de l'acheteur pwb011
Telephone No. - N° de téléphone (506) 636-4416 ()	FAX No. - N° de FAX (506) 636-4376
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N° de l'invitation

51019-072007/K

Client Ref. No. - N° de réf. du client

51019-072007

Amd. No. - N° de la modif.

006

File No. - N° du dossier

PWB-7-20036

Buyer ID - Id de l'acheteur

pwb011

CCC No./N° CCC - FMS No/ N° VME

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RFP CHANGES

The following changes are made to the Solicitation document:

1) Reference Table of Contents, Part 6 - Security, Financial and Other Requirements

Delete 6.2, 6.3 and 6.4 in their entirety and insert the following:

6.2 Price Breakdown

6.3 Financial Capability Requirements

6.4 Insurance Requirements

6.5 SACC Manual Clauses

2) Reference, Appendix B, Basis of Payment, Table 2.1 Titled Firm Unit Prices for Version One Communications Materials, Top of Column two

Delete in its entirety and insert Firm Unit Price

3) Reference, Appendix B, Basis of Payment, Table 3.1 Titled Phase 2 Operations and Maintenance, Column One, Row 2

Delete in its entirety and insert the following:

Operations and Maintenance of the Federal Health Claims Processing Services as detailed in the Statement of Work excluding claims authorizations, claims processing and VIP Annual Renewals.

4) Reference, Appendix B, Basis of Payment, Section 4 Titled Treatment Authorization Services

Delete Title in its entirety and insert the following:

Treatment Authorizations (including HRT) and VIP Annual Renewals

5) Reference, Appendix B, Basis of Payment, Table 4.1 Titled Treatment Authorization Services for Operation and Maintenance period

Delete Table 4.1 in its entirety and insert the following Table:

Table 4.1 Treatment Authorization (including HRT) and VIP Renewals for Operation and Maintenance Period

Resource Category	Firm Hourly Rate
Call Centre Administrator	\$.....
Task Authorization Manager	\$.....
Benefits Analyst	\$.....
Physician	\$.....
Registered Nurse	\$.....
Pharmacist	\$.....
Audiologist	\$.....
Prosthetist	\$.....
Orthotist	\$.....
Nutritionist	\$.....
Dentist	\$.....
Occupational Therapist	\$.....
Optometrist	\$.....
Psychologist	\$.....
Clerical Staff	\$.....
VIP Renewal Analyst	\$.....

6) Reference, Attachment 1, Financial Bid Requirements and Bidder Instructions, Table 3.1
Titled Phase 2 Operations and Maintenance

Delete the following:

Operations and Maintenance of the Federal Health Claims Processing Services as detailed in
the Statement of Work excluding claims authorizations and claims processing.

Insert the following:

Operations and Maintenance for the Federal Health Claims Processing Services as detailed in
the Statement of Work excluding claims authorizations, claims processing and VIP Annual
Renewals.

Delete the entire contents of cell B2 and insert the following:

= ((B1*1.022*1.022),2)

Delete the entire contents of cell B12 and insert the following:

= SUM(B10+B11)

7) Reference, Attachment 1, Financial Bid Requirements and Bidder Instructions, Table 4.0B-1
Titled Electronic Transactions Price Schedule

Delete the entire contents of cell D7 and insert the following:

=SUM(D3:D6)

Delete the entire contents of cell E19 and insert the following:

=((E1*D19),2)

Delete the entire contents of cell E20 and insert the following:

=((E1*D20),2)

Delete the entire contents of cell E22 and insert the following:

=SUM(E15+E18+E21)

8) Reference, Attachment 1, Financial Bid Requirements and Bidder Instructions, Table 4.0B-2
Titled Electronic Transaction Processing for CF On-Base Pharmacy

Delete the entire contents of cell D6 and insert the following:

=SUM(D3:D5)

Delete the entire contents of cell E7 and insert the following:

=(E1*D7),2)

9) Reference, Attachment 1, Financial Bid Requirements and Bidder Instructions, Table 4.0C-2 Titled Annual Communications Materials for each year of the Contract

Delete the entire contents of cell D6 and insert the following:

=(D5*1.022*1.022),2)

Delete the entire contents of cell D12 and insert the following:

=(D11*1.022),2)

10) Reference, Attachment 1, Financial Bid Requirements and Bidder Instructions, Table 4.1 Titled Treatment Authorization Services.

Delete Table 4.1 in its entirety and insert the following Table:

Table 4.1 Treatment Authorizations (including HRT) and VIP Renewals for Operation and Maintenance Period. These Prices are subject to EPA. Below is a table to show calculation of Table 4.1 - Treatment Authorization (including HRT) and VIP Renewals for Operations and Maintenance period for evaluation purposes.

	A	B	C	D	E
	Resource Category	Employee (E) Contract (C)	Firm Hourly Rate	Estimated Hours (Annual)	Total Extended Price
1	Call Centre Administrator		\$.....	3,200	=(C1*D1)
	Task				=(C2*D2)

2	Authorization Manager		\$.....	3,200	
3	Benefits Analyst		\$.....	79,500	=(C3*D3)
4	Physician		\$.....	4,000	=(C4*D4)
5	Registered Nurse		\$.....	11,900	=(C5*D5)
6	Pharmacist		\$.....	800	=(C6*D6)
7	Audiologist		\$.....	300	=(C7*D7)
8	Prosthetist		\$.....	160	=(C8*D8)
9	Orthotist		\$.....	160	=(C9*D9)
10	Nutritionist		\$.....	70	=(C10*D10)
11	Dentist		\$.....	1,200	=(C11*D11)
12	Occupational Therapist		\$.....	300	=(C12*D12)
13	Optometrist		\$.....	300	=(C13*D13)
14	Psychologist		\$.....	160	=(C14*D14)
15	Clerical Staff		\$.....	3,200	=(C15*D15)

16	VIP Renewal Analyst		\$.....	30,000	=(C16*D16)
17	Estimated Annual Price			=SUM(E1:E16)	
18	Year 1			=((E17*1.022*1.022),2)	
19	Year 2			=((E18*1.022),2)	
20	Year 3			=((E19*1.022),2)	
21	Year 4			=((E20*1.022),2)	
22	Year 5			=((E21*1.022),2)	
23	Year 6			=((E22*1.022),2)	
24	Year 7			=((E23*1.022),2)	
25	Initial Contract Period of 7 years			=SUM(E18:E24)	
	Option Period 1				
26	Year 1			=((E24*1.022),2)	
27	Year 2			=((E26*1.022),2)	
28	Estimated Price for Option Period 1			=SUM(E26+E27)	
	Option Period 2				
29	Year 1			=((E27*1.022),2)	
30	Year 2			=((E29*1.022),2)	
31	Estimated Price for Option Period 2			=SUM(E29+E30)	
32	Estimated Price for 11 Years of Treatment Authorization Services			=SUM(E25+E28+E31)	

11) Reference, Attachment 1, Financial Bid Requirements and Bidder Instructions, Phase 3, Table titled Contract Phase-Out

Delete the entire contents of cell B2 and insert the following:

$=((B1*1.022*1.022),2)$

12) Reference Part 3 - Bid Preparation Instructions, Paragraph 3.1 (b)

Delete in its entirety the Excel Spreadsheet issued with the original RFP on January 25, 2013.

Replace with the Excel Spreadsheet issued with this Solicitation Amendment Number Six (6).

Changes to the spreadsheet are as follows:

Table 4.1 has been changed to add VIP Renewal Analyst

Tables 4.0 B-1, 4.0B.2 and 4.0B-3 deleted Firm Unit Price and replaced with Firm all Inclusive Price per Transaction

Table 4.0F-1 Estimated Annual hours have changed

Bidders must complete and submit this new Excel spreadsheet as their financial bid.

Any bidder that has already submitted a proposal in response to this RFP using the originally issued Excel spreadsheet must resubmit the revised spreadsheet.

When resubmitting the bidder must clearly reference the solicitation number along with the closing date and state that the new spreadsheet cancels and supersedes any previously submitted spreadsheets.

QUESTIONS AND ANSWERS

Note, questions are numerically sequenced upon arrival at PWGSC. A question and its answer will be provided via MERX as the response becomes available. Potential bidders are therefore advised that questions and answers may be issued via MERX out of sequence. The following questions have been received from potential bidders. In accordance with Article 13 under 2003 Standard Instructions - Goods or Services - Competitive Requirements (2012-11-19) which has

been incorporated into the Request For Proposals (RFP) in accordance with Article 2.1 (c) of the RFP, the questions and corresponding answers are provided to all potential bidders as set out below:

This question reposted with additional information:

Q86. SOW 6.7.12- Ability to communicate program information in the Claims Statement package: please provide the max length (# of characters including spaces) for this message to be printed on the statement and the frequency that this form of communication is used. Is this message printed in both official languages or language of choice for providers/clients/third parties?

A86. The length and frequency of claim statements vary depending upon the information being provided in the statement. This message is in the official language of choice.

Q100. Where there is no access to PHI or PI data involved can resources outside of Canada be used to perform work during the pre-implementation phase.

A100. This requirement implicates Canada's National Security as such all work is to be performed in Canada.

Q101. During the operation phase can resources outside of Canada be used to perform work where there is no access to PHI or PI data involved?

A101. This requirement implicates Canada's National Security as such all work is to be performed in Canada.

Q104. RFP Page 52 item #5 - The Contractor must ensure that all domestic network traffic (meaning traffic or transmissions initiated in one part of Canada to a destination or individual located in another part of Canada) is routed exclusively through Canada, unless the Contracting Authority has first consented in writing to an alternate route. The Contracting Authority will only consider requests to route domestic traffic through another country that meets the requirements of subsection 1. Does this apply for leased lines only?

A104. This applies to all lines.

This question reposted with additional information:

Q116. Provider management rigor is significant to support quality healthcare delivery. Is it the departments desire to have all claims paid using authorized providers only? Which claims or POC's may be excluded?

A116. For CF, all claims should be paid through authorized providers however we recognize that in some cases the good/service would have been provided and payment must be made. We recommend that the non registered provider receive a registration form, the FHCPS Provider Kit and a letter encouraging registration in the program with their payment. Out of Country providers in specific would be excluded from the registration requirements.

For RCMP Yes all claims should be paid through authorized providers.

The claims administrator should notify the RCMP in following instances:

1 - When the provider meets the authorized criteria, but is refusing to register. The claims administrator will be asked to investigate provider's lack of compliance with registration, e.g. offer additional information and/ or support on required process(es). The claims administrator will assess impact on RCMP members' access to this provider, e.g. payment out-of -pocket and consequent client reimbursement.

2 - When the provider doesn't meet the authorized criteria, but is trying to bill for rendered services. This is usually the case of newly regulated health care profession in one of the Provinces/Territories or the case when provider services are offered in isolated posts (limited access to care). The claims administrator will notify the RCMP and present relevant research information for the RCMP to make assessment/ decision.

For VAC, all claims should be paid through registered providers. However, we recognize that in some cases the benefit would have been provided by a qualified non-registered provider and therefore payment must be made. We recommend that the non-registered provider receive a registration form, the FHCPS provider kit and a letter encouraging registration in the program with their payment.

Q122. SOW 6.26 - 1. The Contractor must ensure that the security standards are met at all times when handling Protected "B" material and that all employees handling protected information must be cleared to Reliability Status as required by PWGSC. All contractor resources that will access RCMP employees' information must have a valid RCMP Reliability Status (RSS) prior to commencing work. Is there a difference in "Reliability Status as required by PWGSC" and "RCMP Reliability Status (RSS)"?

A122. An RCMP Reliability Status (RRS) is based on an individual's honesty, trustworthiness, reliability, and integrity and is a prerequisite to a security clearance. The

RRS indicates successful completion of reliability checks, and allows regular access to RCMP assets and need-to-know access to all levels of protected information. The RRS must be maintained throughout an individual's entire period of employment. The checks include a number of law enforcement database checks that are not covered in the standard CISD reliability status screening process.

Q126. The Contact volume statistics provided are 5-6 years old (2008-2009). Are you able to provide more current Call statistics eg. 2011 or 2012 actual results in a similar format?

**A126. Please refer to the following sections of the RFP:
Page 12 - PART 2 BIDDER INSTRUCTIONS - 2.7 Volumetric Data
Page 61 – Basis of Payment – 4. Treatment Authorization Services**

Q128. Please provide historical call volume for those services proposed to be provided by the contractor. Including segmentation by department, provider and client and calls related to the Treatment Authorization Centre and non-Treatment Authorization Centre.

**A128. Please refer to the following sections of the RFP:
Page 12 - PART 2 BIDDER INSTRUCTIONS - 2.7 Volumetric Data
Page 61 – Basis of Payment – 4. Treatment Authorization Services**

Q129. Please indicate roles and responsibilities related to interactions with the Treatment Authorization Centre. What roles are conducted by the departments and by the Contractor?

A129. The Departments provide the business rules and policies to be used by the contractor and provides advice and guidance on any exceptional requests. The contractor prepares the claims according to the business rules and policies, and makes payment.

Q130. Please provide an explanation of the difference between the 3 million electronic claims, 3 million paper claim and 675k CF claims in the pricing template and the 15,599,696 transactions indicated in Claims Trans POC.PDF file for 2011.

A130. The 15,500,696 transactions in the POC.PDF file represent the actual historical data for the period April 1, 2010 to March 31, 2011. The 3 million electronic claims, 3 million non-electronic claims and 675k CF claims in the pricing template are not true estimates but, as stated in the RFP, these are provided solely for the purpose of evaluation.

Q133. For those providers where there are no governing bodies and the Department does not require valid credentials of the provider (group) such as Grounds Maintenance or Housekeeping provider groups –

i. Is it the Department's expectation that these providers be included in the provider registry?

ii. If so, will the Department provide eligibility criteria and guidelines to the Contractor as the basis for determining whether a provider in these groups should be registered and maintained in the provider registry?

A133.

i. For Grounds Maintenance and Housekeeping, the answer is no.

ii. Eligibility criteria and guidelines will be provided for all VIP services.

Q136. Max/Avg Holding Time is used throughout the RFP. Could you please define or describe the calculations for Holding Time? Is this the time the call is waiting in a queue before a first live agent answers or time of the actual call being placed on hold?

A136. VAC calculates the Grade of Service. The Grade of Service calculation is as follows:

Grade of Service = Calls answered within 120 seconds ÷ total calls - calls abandoned within 120 seconds

Q138. Under Historical Transactional Volumes by Year(Invoiced Transactions), what does Calls representTable B1

A138. The historical volume of calls in Table B1 represents the number of incoming and outgoing phone calls and faxes by the Special Authorization Unit (Pharmacy).

Q141. R4 Factor VI Veterans Independence Program, Page 122; SOW 6.11, Page 39 Veterans Independence Program (VIP)

Please provide the volumetric data that specifically support the VIP Grant and VIP Follow-up and Renewal portions of this work. This volumetric data is required to provide all vendors with the same data upon which to base their pricing. We request further clarification on the following components directly related to this VIP Follow-up work.

A. Please provide a description of the work involved in completing an annual VIP Follow-up.

B. Is there any existing system functionality or tools that need to be retrofitted into the claims or eligibility systems?

C. Please provide potential volumes and time frames required to document the work associated specifically with VIP Grants and VIP Follow-ups.

D. Please provide the service level targets or other performance measurements related to VIP Grant / VIP Follow-ups.

E. Would Canada consider a pricing model similar to that described in the RFP for "Authorizations"?

A141. A: - Processing annual follow-up forms received

- Contacting recipients when the annual follow-up form has not been received or when additional information is required

- Conducting a reassessment when the recipient indicates a change in need

- Making appropriate referrals to the Department when there are matters that need to be addressed by the Department (possible termination of benefit, recipient requires other benefits, etc.)

- Renewing clients' benefits

- Issuing appropriate correspondence and benefits

B : VIP Grant functionality is to be integrated with or supported by both claims and eligibility functionality.

C: There are approximately 102,000 recipients, expiring at various times during the year depending on their benefit year (8,000 - 10,000 per month approximately). The annual follow-up form is sent to them (by another process) approximately two months before their benefit year ends, and is to be received and processed by their renewal date.

D: That annual follow-up forms are received and processed before the recipient's renewal date and that VIP benefits are renewed at the proper amount(s) on the renewal date for those clients who continue to be eligible.

E. Yes, the pricing model for VIP Annual Follow-ups is similar to the pricing model for Authorizations. The RFP will be amended to reflect this.

Q142. SOW Annex A Overview of Departments and Client/Member Eligibility for Health Care Benefits, Page 98 -POC Ambulance Services and Health Related Travel (HRT)

Please provide the volumetrics that specifically support the HRT portion of this work. This data is required to provide all vendors with the same information upon which to base their pricing. We request further clarification on the following components directly related to this work, as opposed to the total requirements for the entire POC 2 deliverables:

A. Please provide a description of the work involved in authorizing a health related travel claim.

B. What are the potential volumes and time frames required to document the work associated specifically with HRT?

C. What are the service level targets or other performance measurements related to HRT?

D. Would Canada consider a pricing model similar to that described in the RFP for "Authorizations"?

A142. A. Example of an HRT claim.

Veteran travelled from his home in Charlottetown PE to see a heart specialist in Halifax NS. Veteran has submitted a request for reimbursement for kilometres, meals, and overnight accommodations.

The contractor would have to:

- review the claim submitted, determine if each of the elements (kilometres, meals and overnight accommodations) are eligible for payment. This determination is based on business rules and policies provided by VAC.
- enter the claim into the claims payment system (any elements determined to be ineligible for payment would have to be explained on an explanation of benefits or a letter)
- process the payment

B. Please refer to the following sections of the RFP:

Page 12 - PART 2 BIDDER INSTRUCTIONS - 2.7 Volumetric Data

Page 61 – Basis of Payment – 4. Treatment Authorization Services

HRT claims are expected to be processed within 10 business days 80% of the time.

C. HRT claims are expected to be processed within 10 business days 80% of the time.

D. Yes, the pricing model for Treatment Authorizations includes authorizations for Health Related Travel. The RFP will be amended to clarify this point.

Q146. SOW6.9.1.c. Can you please provide a definition of roles and responsibilities for the Case Manager versus the Treatment Authorization Analyst.

A146. As it relates to the FHCPS contracting process, the Case Manager is currently the only position authorized to provide authorization for benefits and services under the Rehabilitation program. The Treatment Authorization Analyst would provide authorization for any other benefits and services in the Treatment program not related to Rehabilitation.

Q148. Benefits Grid. In reviewing the Benefits Grid for the Drug Benefit POC 10 - we noticed that there are different identifiers for the same drug in differing provinces (example Insulin/syringes in Ontario and Quebec). Is there a reason for this approach?

A 148. Normally this would occur for products that do not have a drug identification number (DIN) supplied by Health Canada. In these cases product identification numbers (PIN) are created. These numbers are established individually by provinces and therefore

can vary from province to province for the same product. VAC enters into its benefit grids the PINs provided in each province.

Q150. 6.12.2.d. Can you please give examples within your program where dispensing fees are based on the # of days for which a product has been supplied? Ideally can you provide a grid indicating dispensing fee rules within each Province and Territory?

A150. In Quebec, VAC has an agreement with the pharmacy association that states when dispensing medications for a chronic medical condition the dispensing fee is equal to the full dispensing fee divided by 30 multiplied by the number of days dispensed.

Example:

Full dispensing fee is \$9.46

Daily dispensing fee is \$.32 (9.46/30)

5 days dispensed = dispensing fee of \$1.60 (.32*5)

Attached is a grid showing the dispensing fee rules for most provinces (subject to change). Atlantic provinces are excluded on the chart as these agreements are negotiated by the current FHCPs contractor as part of their private business.

ALL OTHER TERMS AND CONDITIONS OF THE RFP REMAIN UNCHANGED.