



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving - PWGSC / Réception des soumissions
- TPSGC
Place du Portage, Phase III
Core 0B2 / Noyau 0B2
11 Laurier St./11, rue Laurier
Gatineau, Québec K1A 0S5
Bid Fax: (613) 997-9776

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
Health Services Project Division (XF)/Division des
projets de services de santé (XF)
Place du Portage, Phase III, 12C1
11 Laurier St./11 rue, Laurier
Gatineau
Gatineau
K1A 0S5

Title - Sujet HICPS	
Solicitation No. - N° de l'invitation HT426-144642/F	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client HT426-144642	Date 2017-07-19
GETS Reference No. - N° de référence de SEAG PW-\$\$XF-008-31604	
File No. - N° de dossier 008xf.HT426-144642	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2017-08-11	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes	
Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input checked="" type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Wong-Sing, Aaron	Buyer Id - Id de l'acheteur 008xf
Telephone No. - N° de téléphone (819) 420-2213 ()	FAX No. - N° de FAX (819) 934-1235
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

Health Information and Claims Processing Services

Request for Proposals

HT426-144642/F

Questions & Answers Set #3

Question 10:

Should our bid include proof that we have a performance bond?

I cannot find any relevant references in the Request for Proposals document.

Answer 10:

There is no requirement for bid financial security or contract financial security (i.e. a bid bond or a performance bond) for this procurement.

Ref: SOW 3.3.15

3.3.15.1 For All Paper Based HICPS Documentation and NIHB Claim Forms

- a) The Contractor must retain and store all paper based documentation and records related to HICPS at the Contractor's expense. Such documentation may include, but is not limited to: claim forms and associated records, communication materials, manuals, financial records, Provider agreements and enrolment documentation, and Provider claim verification records.

Question 11:

What is the annual paper box volume for the paper documents referenced in SOW 3.3.15.1.a?

Answer 11:

HC does not have this information and would suggest that potential bidders review the number of paper claims referenced in Appendix A, Section 8, of the Statement of Work.

Question 12:

Will the new contractor be required to store the documents to be transferred from the previous contractor as referenced in SOW 3.3.15.1.a ? If yes, what is the paper box volume and the duration of the storage expected from the new contractor?

Answer 12:

There will be no boxes or containers of hard paper copies transferred to the winning Contractor.

Ref: Part 6.2.1 Financial Capability SACC Manual Clause A9033T (2012-07-16)

SACC Item: "Use the following clause in bid solicitations when a financial opinion is required. If the required information must be received either before or after the number of days indicated in the clause, the contracting officer may modify the clause accordingly.

Contracting officers must consult with the Cost and Price Analysis Group of the Policy, Risk, Integrity and Strategic Management Sector, during the evaluation of bids to determine what financial information may be required from the bidder(s)."

"Financial Capability Requirement: The Bidder must have the financial capability to fulfill this requirement. To determine the Bidder's financial capability, the Contracting Authority may, by written notice to the Bidder, require the submission of some or all of the financial information detailed below during the evaluation of bids. The Bidder must provide the following"

Question 13:

The Financial Capability Requirement 1. (a) to (f). The RFP does not specify which financial capability requirement is required. Please confirm that the item 1. (a) to (f) is not required as part of the RFP submission until the Contracting Officers determine whether a financial opinion is required and specify what financial information is required from the Bidder.

Answer 13:

In accordance with Article 1. of SACC A9033T, the provision of the financial information for the financial capability assessment will be requested by the Contracting Authority during the evaluation of the bids. Therefore, this information is not required to be submitted with the Bid. In the written notice to the Bidder, the Contracting Authority will specify which financial information the Bidder is required to submit.

Ref: Part 6.2.1 Financial Capability SACC Manual Clause A9033T (2012-07-16)

3. If the Bidder is a subsidiary of another company, then any financial information 1. (a) to (f) above required by the Contracting Authority must be provided by the ultimate parent company. Provision of parent company financial information does not by itself satisfy the requirement for the provision of the financial information of the Bidder, and the financial capability of a parent cannot be substituted for the financial capability of the Bidder itself unless an agreement by the parent company to sign a Parental Guarantee, as drawn up by the Public Works and Government Services Canada (PWGSC), is provided with the required information.

Question 14:

There is no wording provided within the RFP for the Parental Guarantee agreement, please confirm that the signed Parental Guarantee agreement is not expected as part of the RFP submission.

Answer 14:

Please refer to Answer 13. The provision of the financial information for the financial capability assessment will be requested by the Contracting Authority during the evaluation of the bids. Therefore, this information is not required to be submitted with the Bid. In the written notice to the Bidder, the

Contracting Authority will specify which financial information the Bidder is required to submit. If applicable, a Parental Guarantee will be provided to the Bidder to complete and submit at that time.

Ref: Part 6.2.1 Financial Capability SACC Manual Clause A9033T (2012-07-16)

7. Security: In determining the Bidder's financial capability to fulfill this requirement, Canada may consider any security the Bidder is capable of providing, at the Bidder's sole expense (for example, an irrevocable letter of credit from a registered financial institution drawn in favour of Canada, a performance guarantee from a third party or some other form of security, as determined by Canada).

Question 15:

Please confirm that the Security requirement for an irrevocable letter of credit from a registered financial institution drawn in favour of Canada, a performance guarantee from a third party or some other form of security is not required as part of the RFP submission until the Contracting Officers is determined what is required from the Bidder.

Answer 15:

Please refer to Answer 13. The provision of the financial information for the financial capability assessment will be requested by the Contracting Authority during the evaluation of the bids. Therefore, this security is not required to be submitted with the Bid. In assessing the financial capability of the Bidder, Canada may consider any security the Bidder is capable of providing at that time.

Question 16:

Will the SVS feeds be enhanced to include information about Mental Health and Vision care?

Answer 16:

The Status Verification System (SVS) only contains the names of eligible clients. It does not contain any benefit-specific eligibility criteria/data or banking information for payments.

Question 17:

Can you please indicate what volume of client calls can be expected?

Answer 17:

The inclusion of the Mental Health Counseling and Vision Care benefits are new to this procurement of HICPS. HC does not have any volumetrics on clients calls related to these benefits as they are administered by HC staff in Regional Offices that rely on legacy systems and applications with limited functionality.

Question 18:

Can you please provide the 2016 call volumes from pharmacy, dental and MS&E providers? Can you please also confirm the call volumes provided for the years 2015?

Answer 18:

The Statement of Work currently published on Canada's *BuyandSell* website related to this Request for Proposals (Notice of Proposed Procurement <https://buyandsell.gc.ca/procurement-data/tender-notice/PW-XF-008-31604>) provides the call volumes for the three benefits in question for 2013, 2014, and 2015. Please consult Appendix A, Section 11. HICPS Provider Call Volumes, for a breakdown of Provider call volumes by Region and by benefit type.

Call volumes, by benefit type, for 2016 are presented in the table below:

Call Centre Volumes 2016							
French Calls	Dental	Pharmacy	MS&E	English Calls	Dental	Pharmacy	MS&E
January	1330	275	53	January	20508	4779	861
March	1300	277	63	March	20468	4445	878
April	1299	334	69	April	20129	4800	803
May	1363	319	40	May	19484	4803	893
June	1243	294	68	June	19438	4691	904
July	910	290	43	July	16449	3989	805
August	1115	286	55	August	19366	4513	822
September	1384	327	57	September	20342	4515	841
October	1350	322	56	October	19776	4284	951
November	1372	304	101	November	21700	4054	1197
December	982	341	1395	December	15181	3851	1029
	13648	3369	2000		212841	48724	9984

Ref: SOW 3.3.3.5

Question 19:

Will the Project Authority provide NIHB Client contact information to support the dissemination of communication products via the NIHB Client preferred mode of communication (electronic, fax and mail)?

Answer 19:

Client contact information, if and when on file in the current HICPS solution, will be transmitted to the Contractor as part of the data migration activities during the pre-Implementation Phase. HC does not maintain its own or separate NIHB Client contact database. It will be the Client's choice to create Web accounts to receive communications.

Question 20:

How many NIHB Clients have mail as their preferred mode of communication?

Answer 20:

Due to the sensitive nature of client-specific information being communicated to Clients and HC's obligation to meet privacy and data protection laws, regulations, policies, and best practices any communication with Clients that transmits sensitive Client data has been communicated via paper mail exclusively to date. With the inclusion of secure web accounts in this procurement of HICPS, electronic communication could be an alternative method of communication provided that Clients identify it as their preferred method of communication.

Question 21:

Are communications to be sent to all NIHB clients who reside at the same address or can one communication be sent per address?

Answer 21:

For NIHB Program purposes, Clients are handled as individuals and communication with them, therefore, must be done on an individual basis; although communication to dependent minors and incapacitated individuals can be made to their parent, guardian, or authorized (legal) representative on their behalf.

Question 22:

Ref: SOW 3.3.3.5

What number of broadcast communications does HC anticipate being sent for clients?

Answer 22:

HC does not currently send broadcast communications to Clients. It is not possible, therefore, for HC to estimate how many Clients will create Web accounts to receive communications.

Question 23:

Ref: SOW Appendix A, Table 1 (Historical volumetrics)

The total number of providers for all benefits listed is 33,188, but the volumes listed for each provider type equal 38,557. Can you please confirm the total volume?

Answer 23:

Total number of providers enrolled in the NIHB Program is 38,560. The number 33,188 is total number of providers that are current enrolled under the NIHB Program; and this excludes providers for Vision and Mental Health estimated at 4397 and 975 respectively.

Question 24:

Ref: SOW 3.3.13.9.1

The Contractor must:

- a) Execute 50 Provider verifications through a combination of desk and on-site claim verification processes outlined in the APM per year. A Task Authorization will assign the program benefit to be verified.
- ii) Note: ad hoc desk and on-site claim verifications upon the Project Authority's request above the stated annual amount through a Task Authorization process.

Can the estimated volume for ad hoc requests be supplied?

Answer 24:

HC cannot estimate any volume for *ad hoc* requests as any such requests above the stated annual amount will depend, in large part, on emerging risks to the NIHB Program. Such risks will be identified by the Project Authority in the future.

Question 25:

Ref: SOW 3.3 (throughout)

Please provide the breakdown for Providers the current preferred communication delivery option breakdown (Secure Web Account, email, fax or Mail).

Answer 25:

This breakdown by preferred method of communication for each benefit type comes from the breakdown for quarterly newsletters as a reference.

Dental Providers				
Language	1-Mail	2-Fax	3-Email	Grand Total
E	7,588	5,954	7,971	21,513
F	2,410	848	1,328	4,586
Grand Total	9,998	6,802	9,299	26,099

MS&E Providers				
Language	1-Mail	2-Fax	3-Email	Grand Total
E	82	383	2222	2687
F	14	29	242	285
Grand Total	96	412	2,464	2,972

Pharmacy Providers				
Language	1-Mail	2-Fax	3-Email	Grand Total
E	195	1699	6330	8224
F	59	1310	538	1907
Grand Total	254	3,009	6,868	10,131

Question 26:

Ref: SOW 3.3 (throughout)

Please provide the breakdown for Clients the current preferred communication delivery option breakdown (Secure Web Account, email, fax or Mail).

Answer 26:

HC does not currently send communications to Clients. It is not possible, therefore, for HC to estimate how many Clients will create Web accounts to receive communications.

Question 27:

Ref: SOW 3.3 (throughout)

Please provide the breakdown for Prescribers the current preferred communication delivery option breakdown (Secure Web Account, email, fax or Mail).

Answer 27:

The requirement to capture prescriber data is new to this procurement of HICPS. HC, therefore, does not have any historical data.

Question 28:

Ref: SOW 3.3.1.5.1 i)

- i) on a monthly basis, monitor disciplinary actions taken against Providers (and all the representatives that were identified during the enrolment process) by their licensing bodies through publications by the provincial or territorial licensing organizations where available;

If provider status is posted on a public website is this considered to be a 'publication' and would the website require review monthly to obtain the current provider status?

Answer 28:

Yes, provider status posted on a public website would be considered as "published" so would be relevant for purposes of the HICPS requirement.

Ref: SOW 3.3.3.3.1

- a) develop and maintain accessible online forms (form content to be provided by the Project Authority), used by Providers, Clients, and where applicable Prescribers, including, but not limited to claim forms, client reimbursement forms, Prior Approvals, special communication letters used for routine tasks, BEQ's, etc. (Not included at this time are Dental pre-determinations see SOW Article 3.4.7 *Integration with Third Party Information or Submission Systems*);
- b) allow the forms to:
- i. be completed online by users the Contractor has authenticated;

Question 29:

Please provide additional information about the registration and authentication process for Clients and Prescribers.

Answer 29:

This is a new functionality for this procurement of HICPS. There is an expectation that the Contractor will propose and design a process for the Project Authority's review and approval for the authentication of users to complete online forms.

Question 30:

Please provide information on volumes of Clients and Prescribers for registration, authentication for online forms. Please provide numbers from an initial migration perspective and annually addition perspective.

Answer 30:

Please see Answer 29.

Ref: SOW Appendix A Section 12

Quarterly, approximately 16,000 dentists, 9,000 pharmacists, 2,400 MSE Benefit Providers are mailed, emailed and/or faxed newsletters updating them on NIHB Program changes and claims processing enhancements.

Question 31:

What is the breakdown in the distribution method (Mail, email, fax) for newsletters.

Answer 31:

Please see Answer 25 for the breakdown by benefit type for quarterly newsletters.

Question 32:

What is the growth rate over prior 5 years? If not 5 over 3 or vs. prior year.

Answer 32:

Information for this level of detail is not available.

Question 33:

Ref: SOW Appendix A Section 12

In 2016 the Contractor printed and mailed out approximately 87,343 MSE prior approval Confirmation Letters, 133,848 Dental predetermination letters, and 88,095 Drug Exception prior approval Confirmation Letters.

What is the growth rate over prior 5 years? If not 5 over 3 or vs. prior year.

Answer 33:

HC does not have this information. HC cannot estimate the number of Providers that would elect to use the new secure web portal functionality under the eventual HICPS contract for communication purposes.

Question 34:

Ref: SOW Appendix A Section 13

Client Volumes as per link http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/2014_rpt/index-eng.php @ March 31, 2014 # of eligible clients was 808,666 with 0.8% growth rate over 10 years.

Ref: SOW Appendix A Section 15

Section 15 indicated that # of client records was 1,381,833 (of which 247,902 were infants).

Of the 1,381,833 how many were 'eligible clients'?

If significantly different that the 2014 number please provide estimate of growth rate 2017 through next 10 years.

Answer 34:

The number of eligible clients will differ from the number of clients identified in HICPS for a number of reasons. The HICPS client tables identify all clients that have been eligible to make a claim and are retained even after death or determining a client is no longer eligible, the eligibility period for the client is ended. The eligible client population on March 31, 2017 was 853,088 which is less than the number of records in the HICPS data base for the reason identified above. The 0.8% 10 year growth rate is a period over period percentage change but it does not take into account the forces that affect the change. The Program has undergone significant changes in eligibility over the last number of years, for instance in FY 2013/14 the First Nations Health Authority took over the responsibility for provision of NIHB benefits to First Nations in British Columbia (a net reduction of over 100,000 clients) there have also been block increases in clients due to eligibility changes and new band creation (e.g. creation of the Qalipu Mi'Kmaq band). Eligible population growth is generally assumed to be 2% though given the potential influence of external forces it is not possible to provide a firm population estimate beyond normal growth.

Question 35:

Ref: SOW Appendix D

The SVS file format specified does not include banking or address information. How is the banking or address information used to pay or communicate with the clients maintained?

Answer 35:

The Status Verification System (SVS) only identifies clients eligible for coverage under the NIHB Program and does not capture any benefit-specific eligibility nor claims settlement (banking) information. Banking details and Client addresses are handled by the Contractor.

Question 36:

Ref: SOW Appendix A Section 10

In Summary of Provider Enrolment Requests in fiscal 2015-2016, Table e) indicates 2,575 New enrolment requests for Dental & 1,100 for Pharmacy/MSE.

Table f) indicates average per month for Dental is 234 (or 2,808 for 12 months) and for Pharmacy & MSE combined is 1,212 for 12 month period.

Which numbers are more accurate? Table e) or f).

Answer 36:

Table (e) indicates Provider Enrolment requests in 2015-2016 while table (f) indicates per month average over two years 2014-2015 and 2015-2016 for Provider Enrolment. Both sets of numbers are accurate.

Question 37:

Ref: SOW 3.3.7.3

Please provide an example of the pricing category, the rules HC uses and the business scenario that plays out at pharmacy level as a result of this

Answer 37:

Examples of pricing categories are prescription drugs and over the counter (OTC) drugs. The rules are defined by HC and include for example the pricing or markup related to a prescription drug. When a pharmacy submits a claim to the Program, the claim would be adjudicated based on pricing rules and the Provider would receive notification of the result.

Question 38:

Ref: SOW 3.3.7.3.1

Please provide an example of a subset of providers, how this is differentiated, and the business rationale for this differentiation?

How are these provider lists maintained/updated. I.e. is this manually updated as new providers are added, or are their pharmacy attributes that allow for rules to ensure the list is always current

Answer 38:

An example of a subset of providers could be providers located in a remote area may be subject to different pricing rules. These providers could be differentiated by an indicator in the system. The business rationale for this differentiation is based on NIHB program policy.

Please refer to Section 3.3.1 of the SOW for the answer to the question regarding provider lists maintenance and updates.

Question 39:

Ref: SOW 3.3.7.3.3

Can you confirm that pricing categories are provided by the contractor, but the pricing schedule itself (creation, philosophy, and updates) is under the responsibility of NIHB

Answer 39:

Please refer to Section 3.3.7.3.1 b) of the SOW for the first part of the question.
Please refer to Section 3.3.7.3.1 a) of the SOW for the second part of the question.

Question 40:

Ref: SOW 3.3.7.3.5

SOW 3.3.7.3.3 indicates NIHB requires the ability to view, and edit pricing schedules. SOW 3.3.7.3.5 suggests that these changes must be completed within 10 days. Assuming a HC user has edited a pricing schedule (per SOW 3.3.7.3.3) under what scenario would the contractor be asked to make edits/create new pricing schedules? Can you provide an example?

Answer 40:

The Contractor would be required to edit/update multiple pricing schedules at a time resulting from changes made by industry pricing sources as defined in Section 3.3.7.3.1 of the SOW. However, HC Users require the ability to make single or a small volume of pricing edits.

Question 41:

Ref: SOW 3.3.7.4.2

Under what circumstances would HC edit entries made by Contractor? Looking for business rationale.

What is the frequency this occurs today with the incumbent?

Answer 41:

As per Section 3.3.7.4.2 of the SOW, HC Users ability to edit is only identified under items d) and f). These edits relate to entries previously made by HC Users not Contractor. As such, the second question does not apply.

Question 42:

Ref: SOW 3.3.7.4.2 b)

Please define operational directive, clinical directive

Answer 42:

Operational directives are defined as direction for the internal HC phone operators; while clinical directives are direction for the HC clinicians.

Question 43:

Ref: SOW 3.3.13 a)

For Pharmacy - this Bidder defines an investigation as being a situation where Contractor contacts the pharmacy to verify the directions on a prescription, or obtain the prescription. Does this align with the HC's definition?

What is the split between benefit lines? As we are attempting to reconcile against the estimated usage information provided by HC.

Is there a daily minimum investigated amount or proportion of total claims?

Answer 43:

Yes, the bidder's definition of an investigation aligns with HC's definition in that it is a situation where the pharmacy, for example, is contacted to verify directions on a prescription or to obtain the prescription.

The claims selected for verification are dependent on the risk criteria established for each benefit type.

While there are a minimum daily number of claims to be verified, they are not necessarily proportional to the total number of claims for the Program.

Question 44:

Ref: SOW 3.3.13.6.1

Historically what has the split been for the 1800 written communication pieces?

Answer 44:

There is no historical data available for this requirement.

Question 45:

Ref: SOW 3.3.13.9.1

What has been the historical split between benefit?

Within that figure what is the proportion of desk vs onsite?

Answer 45:

There is no historical data available for this requirement.

Question 46:

Ref: SOW 3.3.2.2.1 b , e & g

The Contractor must support the following :

- b) benefit eligibility such as Frequency Limits, including Pre-Verification(see SOW 3.3.2.3 Determine Client Eligibility for Benefits (Pre-verification)
- e) PAs, PDs, SAs, Client Reimbursements;
- g) support for the dedicated HICPS Website (Provider, Client);

Can we get the breakdown of calls by Call Type / Call Reason for b, e & g related calls?

Answer 46:

There is no historical data available for this requirement.

Question 47:

Ref: SOW 3.3.2.2.1 o

The Contractor must support the following :

- o) Transferring calls to HC attendants at any HC call centres

What type of calls are handled by HC Call Centres?

Answer 47:

HC's *Drug Exception Centre (DEC)*, *Dental Predetermination Centre (DPC)* and other call centres in HC's Regional Offices handle calls related to prior approvals and predeterminations. Please consult the following website for additional information on the types of calls handled by these centres: <https://www.canada.ca/en/health-canada/corporate/contact-us/prior-approvals-predeterminations-toll-free-lines-non-insured-health-benefits.html>

Ref: SOW Appendix A 11 a & b

11. Volumes of Provider Communication Services :

- a) Call Volumes
 - a. HICPS Provider Call Volumes
- b) NIHB Regional Mental Health and Vision Care Provider Call Volumes

Question 48:

Do these Call Volumes include all calls related to PA, PD, Claims etc.?

Answer 48:

The call volumes were compiled from a variety of sources; including legacy systems and applications that have limited functionality and used in HC's regional offices. As these are manually compiled, the numbers may conflict with actuals. The reports that are used to compile these numbers include *all calls* made to the current claims processor.

Question 49:

We see a big drop in call Volume from 2013 to 2015 for all the services (Though we do see an increase in Claims), can you share the reason behind this change? Were there any process improvement activities?

Answer 49:

In 2013, an agreement was reached with the *First Nations Health Authority (FNHA)* in British Columbia. While this ultimately resulted in a lower HICPS call volume, it caused a higher than normal volume early in the transition phase. Also, in 2014, there was an administrative challenge that resulted in a large influx of calls over a number of months.

Question 50:

The 2015 call volume for Vision calls is 115,921 and the total transactions or claims in the same year is 147,569, which means there were around 785 calls every 1000 transactions. Can you share the breakdown of calls by call reason or type of calls?

Answer 50:

There is currently no information available at this level of detail due to reliance on legacy systems and applications with limited functionality (aging technologies).

Question 51:

Ref: SOW 3.3.1

In regards to Provider Registration Agreements, does the incumbent or HC own the agreements and data related to the providers? If this is the case, are the agreements transferable to the new contractor?

Answer 51:

Yes, HC owns the Provider agreements and related data. As part of the Provider communication strategy during the transition phase, HC recommends that providers be informed of the transition and be invited to re-enrol. HC would allow a grace period of three to four months between contracts to allow interested providers sufficient time to re-enrol. Providers who have not re-enrolled by the deadline would be delisted for NIHB Program purposes.

Question 52:

Can Health Canada provide bidders with a file naming convention for submission of the final bid?

Answer 52:

Ref: RFP 3.1

Further to the request that Bidders provide their bid in separate USB Memory Drives for each section in accordance with Article 3.1.1 of the RFP, Canada requests that Bidders use a logical file naming convention that corresponds to the sections or bid submission requirements of the bid solicitation.

Questions & Answers Set #4

Question 53:

We have identified some inconsistencies in the SOW and would like further clarification. This clarification is critical to ensure that bidders will be compliant with all sections in the SOW. Having these inconsistencies creates a level of risk for bidders that is problematic if not clearly addressed by Canada. On Page 17 of the SOW – article 1.3 HICPS Scope, states the contractor must deliver the services outlined below. SOW article 1.3.2 goes on to state that those services encompass Benefit Solution Services which include maintaining NIHB benefit lists, their associated pricing, and frequency limits in accordance with NIHB policy.

In contrast, on pages 60-63 of the SOW (articles 3.3.4.1.7, 3.3.4.1.8, 3.3.4.1.9), it states that the contractor must provide HC Users with an interface that implies **direct access** to add, create and maintain NIHB Dental schedule detailed data (benefit codes, fees, etc..). This type of direct access contradicts the earlier SOW sections (i.e. article 1.3) where it implies that the contractor will deliver those services – maintaining the various schedules and fees, at the direction of Health Canada. Furthermore, page 17 would lead us to believe that Canada is flexible in the solution implementation to deliver the service requested and yet throughout section 3.3.4.1.7 there are very prescriptive requirements that HC Users **must have this access to affect change directly** in the production system(s).

Please clarify roles and accountabilities for HC Users vs. the Contractor as it pertains to creating and editing benefit codes and fees.

Answer 53:

The roles related to creating and editing benefit codes and fees are defined in section 3.3.4. However, accountability will rest with Canada in the event that errors are made by HC users while creating and editing benefit codes and fees.

Question 54:

Does Canada intend for the contractor to be accountable and responsible for the HC User's actions and their impacts on the production system(s) which support real-time electronic claims adjudication from health care providers?

Answer 54:

Canada is responsible and accountable for HC User's actions and their impacts on the production system(s).

Question 55:

Please provide us with a copy of the Parental Guarantee, as drawn up by Public Works and Government Services Canada (PWGSC), referenced in article 3 of the SACC Manual clause A9033T (2012-07-16) Financial Capability.

Answer 55:

Please refer to Answer 14. The provision of the financial information for the financial capability assessment will be requested by the Contracting Authority during the evaluation of the bids. In the written notice to the Bidder, the Contracting Authority will specify which financial information the Bidder is

required to submit. If applicable, a Parental Guarantee will be provided to the Bidder to complete and submit at that time.

RFP Changes

3. At Article 2.3 of Annex E Aboriginal Participation Component Requirements:

Delete:

2.3. The Contractor must provide supporting documentation that Aboriginal firms certify they meet the definition of an Aboriginal Business, and that Aboriginal employees meet the definition of Aboriginal Person, as well as provide proof of Aboriginal status, in accordance with <https://buyandsell.gc.ca/policy-and-guidelines/supply-manual/annex/9/4>

Insert:

2.3. The Contractor must provide certifications from Aboriginal firms and supporting documentation that they meet the definition of an Aboriginal Business, and certifications from Aboriginal employees and supporting documentation that they meet the definition of Aboriginal Person, as well as provide proof of Aboriginal status, in accordance with <https://buyandsell.gc.ca/policy-and-guidelines/supply-manual/annex/9/4> by submitting the applicable certifications in Appendix B to the APC Authority with a copy to the Contracting Authority, and in accordance with Section 6. Below.

4. At Annex E Aboriginal Participation Component Requirements:

Insert:

6. Aboriginal Participation Component Certification

- 6.1. The Contractor must obtain and submit to Canada the certifications of compliance in Appendix B in accordance with the "Requirements for the Set-aside Program for Aboriginal Business" detailed in Annex 9.4 of the *Supply Manual*.
- 6.2. The Contractor must keep proper records and documentation relating to the accuracy of the certification provided to Canada. The Contractor must obtain the written consent of the Contracting Authority before disposing of any such records or documentation before the expiration of six years after final payment under the Contract, or until settlement of all outstanding claims and disputes, under the Contract, whichever is later. All such records and documentation must at all times during the retention period be open to audit by the representatives of Canada, who may make copies and take extracts. The Contractor must provide all reasonably required facilities for any audits.
- 6.3. Nothing in this clause must be interpreted as limiting the rights and remedies which Canada may otherwise have pursuant to the Contract.

5. At Annex E Aboriginal Participation Component Requirements:

Insert:

**Appendix B to Annex E
Aboriginal Participation Component Certifications**

1. Aboriginal Participation Component Certification

1. In order for Work to be considered as an APC Transaction, and for transactions to be considered as Direct Benefits, Aboriginal firms and Aboriginal employees performing the Work must meet the definitions in accordance with Annex 9.4, Supply Manual.
2. The Aboriginal firm subcontracted to provide work for the HICPS requirement:
 - i. certifies that it meets, and will continue to meet throughout the duration of any subcontract, the requirements described in the above-mentioned annex;
 - ii. agrees that any subcontractor it engages must satisfy the requirements described in the above-mentioned annex; and
 - iii. agrees to provide to Canada, immediately upon request, evidence supporting any subcontractor's compliance with the requirements described in the above-mentioned annex.
3. The Aboriginal subcontractor must check the applicable box below:
 - i. () The subcontractor is an Aboriginal business that is a sole proprietorship, band, limited company, co-operative, partnership or not-for-profit organization.
OR
 - ii. () The subcontractor is either a joint venture consisting of two or more Aboriginal businesses or a joint venture between an Aboriginal business and a non-Aboriginal business.
4. The Aboriginal subcontractor must check the applicable box below:
 - i. () The Aboriginal business has fewer than six full-time employees.
OR
 - ii. () The Aboriginal business has six or more full-time employees.
5. The Aboriginal subcontractor must, upon request by Canada, provide all information and evidence supporting this certification. The Aboriginal subcontractor must ensure that this evidence will be available for audit during normal business hours by a representative of Canada, who may make copies and take extracts from the evidence. The Aboriginal subcontractor must provide all reasonably required facilities for any audits.
6. The Aboriginal subcontractor certifies that the information submitted by the Aboriginal subcontractor in response to the above requirements is accurate and complete.

Date

Signature

Place

Title (Duly authorized representative of business)

For:

Name of Business

2. Owner/Employee Certification - Aboriginal Participation Component

If requested by the Contracting Authority, the Contractor and/or Aboriginal subcontractor must provide the following certification for each owner and employee who is Aboriginal, if they are engaged to perform any Work considered as APC Transactions, as applicable:

1. I am _____ (*insert "an owner" and/or "a full-time employee"*) of _____ (*insert name of business*), and an Aboriginal person, as defined in Annex 9.4 of the *Supply Manual* entitled "Requirements for the Set-aside Program for Aboriginal Business".
2. I certify that the above statement is true and consent to its verification upon request by Canada.

Printed name of owner and/or employee

Signature of owner and/or employee

Date

All other terms and conditions of the Bid Solicitation remain unchanged.