



SEN RFP 027 20/21

Health and Disability Case Management Services

Questions and Answers #1

September 3, 2020

- Q-1 Annex A – Statement of Work #5 Scope – can you advise of the anticipated volume of claims where a medical examination is required or the frequency with which they have been required over the past 3 years? Is it acceptable for this service to be provided by a qualified member of the vendor’s IME Roster?
- R-1 We had three independent medical examinations over the past 3 years which were conducted by the one of the provider’s sub-contractors.
- Q-2 Annex A – Statement of Work #5 Scope – can you advise on the number of claims submitted for each of the past 3 years or if not available the anticipated number of claims per year for the term of the contract.
- R-2 An average of 10 to 15 claims are submitted each year.
- Q-3 Annex B – Basis of Payment 1. Standard Fees – hourly pricing is requested for a registered nurse. For what purpose are RN services required? Would alternative professionals be suitable for this service?
- R-3 We need an RN because the person will look at the medical file, the proposed treatment and may come up with suggestions to the employee as to how take the medication to mitigate side effects for example. The person needs to have medical knowledge.
- Q-4 Annex B – Basis of Payment 1. Standard Fees – requests an hourly rate for Case Management then 2. Case Fees lists a flat fee based on case complexity. These rates are combined for a total cost. If the case fees include case management, there would not be an hourly rate for case management. Should the Case Management fee in 1. Standard Fees be entered as \$0/hour or is this supposed to reflect an alternative price model (per hour or per file)?
- R-4 Fees for payment purposes should be submitted per hour and per case.